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

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Acknowledgments

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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

** Milford Valley Memorial Hospital, and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2010.

*** 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.

2010 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

Executive Summary

The 2010 Utah ambulatory surgery database contains data on reportable procedures from 81 ambulatory surgery facilities throughout the state, which includes 45 acute care hospital based surgery centers and 36 freestanding ambulatory surgery centers and health centers that submitted ambulatory data for 2010. 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, 2010 and December 31, 2010. 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. In addition, some health centers are also included in the FASC category due to recent revisions in reporting from the University Health Care (UHC).

Highlights

- There were 362,106 patient visits with 388,538 reportable ambulatory ICD-9 procedures and 466,929 reportable CPT4 procedures for 81 facilities that reported in 2010. Approximately 70% of outpatient visits occurred in hospitals. FASCs accounted for the remaining 30% of outpatient visits. 85% of ICD9 code procedures occurred in hospitals, while the remaining 15% occurred in FASCs. 70% of CPT4 code procedures occurred in hospitals, while the remaining 30% occurred in FASCs.
- The statewide total charges reported for all reportable ambulatory procedures for all facilities were \$1,764,033,012 in 2010. The average total charge for all reported ambulatory procedures was \$4,871 with the average total hospital charge being \$5,383 and the average total FASC charge being \$2,832. 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 prior to 2009, 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 69,654 procedures),

followed by Diagnostic Upper Gastrointestinal Endoscopy or Intubation (EAPG 134, with 39,770 procedures), and Level I Arthroscopy (EAPG 037, with 31,083 procedures). For hospitals the most commonly reported procedure was also Diagnostic Lower Gastrointestinal Endoscopy (EAPG 136, with 41,709 procedures), followed by Diagnostic Upper Gastrointestinal Endoscopy or Intubation (EAPG 134, with 24,909 procedures), and Level I Arthroscopy (EAPG 037, with 22,380 procedures). For FASCs the most commonly reported procedures were Diagnostic Lower Gastrointestinal Endoscopy (EAPG 136, with 27,945 procedures) followed by Diagnostic Upper Gastrointestinal Endoscopy or Intubation (EAPG 134, with 14,861 procedures), and Cataract Procedures (EAPG 233, with 13,482 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 reported over 300 times as many Cardiovascular System Procedures (EAPG Category 05, with 11,285 procedures at hospitals and 33 procedures at FASCs). Furthermore, hospitals performed about 2.0 as many Ear, Nose, Mouth, and Throat Procedures (EAPG Category 13, with 30,136 procedures at hospitals and 15,218 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 Cochlear Device Implantation (EAPG 250, \$55,645 for hospitals, FASCs did not report this procedure). Second highest average charge was for Angioplasty and Transcatheter Procedures (EAPG 085, \$40,293 for hospitals, FASCs did not report this procedure). Third highest average charge was for Level III Nerve Procedures (EAPG 223, \$37,287 for hospitals, \$10,618 for FASCs). 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 \$2,155 for hospitals and \$2,966 for FASCs.
- In 2010, the records from the University of Utah (UHC) underwent a dramatic revision. UHC has identified a substantial number of procedures that had been under-reported in recent years. UHC is now reporting data from ten new health centers and has also improved reporting at the main University of Utah Hospital, Orthopedic Specialty Center, Huntsman Cancer Hospital, and the John A. Moran Eye Center. Thus, many of the identified trends below were likely influenced by this recent event and reporting revision. During the past 12 years (1999 through 2010), the number of Diagnostic Lower Gastrointestinal Endoscopies (EAPG 136) performed at FASCs and health centers has nearly increased fivefold (from 4,924 to 27,945 procedures per year). At hospitals this number has more than doubled (from 14,567 to 41,709 procedures per year). The annual percentage of these procedures performed at hospitals is higher than at FASCs (60% at hospitals, 40% 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). However, in 2010, the annual percentage of these procedures performed at FASCs has now increased back to 40%. During this same period, the number of Cataract Procedures (EAPG 233) performed at FASCs has increased (from 6,177 in 1999 to 13,482 in 2010, a 118% increase), while hospitals showed a slight increase (from 4,270 in 1999 to 5,367 in 2010 or about a 26% increase). The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 72%), with a complementary drop in the annual percentage at hospitals (from 41% to 28%, see Figure 2).

- During the past 12 years, the average charge for Diagnostic Lower Gastrointestinal Endoscopies (EAPG 136) performed at hospitals has increased (\$691 to \$1,365, or a 98% increase since 1999). In 2010 the average facility charge for this procedure was comparable at FASCs (\$1,428) and hospitals (\$1,365). The FASC average charge trend first decreased then increased until 2009, showing at 137% increase in average charges since 1999, (see Figure 3). The FASC has since decreased from \$1,544 in 2009 to \$1,428 in 2010. The average charge for Cataract Procedures (EAPG 233) at hospitals has increased (\$2,239 to \$3,654, or 63%, from 1999 through 2010). The average charge at FASCs for Cataract Procedures (EAPG 233) has increased (\$2,211 to \$2,990, or 35%, from 1999 through 2010).
- The average charges are based on single-reportable-procedure discharges only (41% of ICD-

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 14 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 81 Utah ambulatory surgery facilities in 2010. Of these 81 facilities, 45 are acute care hospitals, while the remaining 36 are FASC health centers. From 2008 to 2009, data submitted by 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 2010.

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) starting with 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 2010 81 facilities reported ambulatory surgery data. Among these 66 facilities, 45 were hospitals and the remaining 36 were FASCs. Among the 45 hospitals, 44 reported both ICD-9 and CPT-4 codes, and one reported only CPT-4 codes. Among the 36 FASCs, none reported ICD-9 codes exclusively, 21 reported CPT-4 codes exclusively, and 15 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 (EAPG) Manual, Version 3.5*, by 3M Health Information Systems, which this report began using starting with the 2009 report, 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 2010, the total number of reported ambulatory surgery visits was 362,106, but the total number of reportable procedures performed was 388,538 under the ICD-9 coding system and 466,929 under the CPT-4 coding system (See Table 2). Among all facilities that report ICD-9-CM codes, 59% of all visits include multiple procedures. For all facilities that report CPT-4 codes, this percentage is at 64%. These percentages are not listed in the report tables.

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. 41% of all visits that include ICD-9 procedures have single reportable ICD-9 entries. 36% 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 2010.

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 (388,538) does not match the total number of CPT-4 procedures (466,929). 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—2010.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2010.

Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2010.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2010.

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) or health centers 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' (Cholecystec-

tomy) 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 '47600' 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 2010 was \$34,863. 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 2010 seventeen 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.

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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: 2010

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
111	Allen Memorial Hospital - CAH	G	Rural Health Management	Grand	Moab	R	N	25	Y	N
428	Alpine Surgery Center	I	Freestanding	Weber	Ogden	U	N	2	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
431	American Fork Surgery Center	I	Freestanding	Utah	American Fork	U	N	3	Y	Y
134	Ashley Regional Medical Center	I	LifePoint Hospitals Inc.	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 Inc.	Carbon	Price	R	N	39	Y	Y
401	Central Utah Surgical Center	I	Nueterra	Utah	Provo	U	N	6	Y	N
113	Central Valley Medical Center - CAH	N	Rural Health Management	Juab	Nephi	R	N	25	Y	Y
423	Coral Desert Surgery Center	I	Nueterra	Washington	St. George	R	N	5	Y	Y
119	Cottonwood Hospital Medical Center***	N	Intermountain Healthcare	Salt Lake	Murray	U	N	213	Y	Y
415	Davis Surgical Center	I	Freestanding	Davis	Layton	U	N	4	Y	Y
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	Washinton	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
429	Granite Peaks Endoscopy Center	I	Freestanding	Salt Lake	Sandy	U	N	4	Y	N

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: 2010

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
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
403	Intermountain Avenues Surgical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	4	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
426	Lakeview Endoscopy Center	I	MountainStar Healthcare	Davis	Bountiful	U	N	2	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
105	Logan Regional Hospital	N	Intermountain Healthcare	Cache	Logan	R	N	146	Y	Y
412	Madsen Surgery Center (now 504)	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	2	Y	Y
141	McKay-Dee Hospital Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	304	Y	Y
404	McKay-Dee Surgical Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	6	Y	Y
102	Milford Valley Memorial Hospital** - CAH	G	Freestanding	Beaver	Milford	R	N	23	N	N
414	Mount Ogden Surgical Center	I	Freestanding	Weber	Ogden	U	Y	3	Y	N
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	114	Y	Y
432	Mountain West Endoscopy Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	2	Y	Y
133	Mountain West Medical Center	G	Community Health System	Tooele	Tooele	R	N	44	Y	Y
424	Mountain West Surgical Center	I	Nueterra	Davis	Bountiful	U	N	4	Y	Y
419	Northern Utah Endoscopy Center	I	Nueterra	Cache	Logan	R	N	2	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	Pionner Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139	Y	Y

*Utah Basin Medical Center submitted only a few CPT4 codes.

** Moran Eye Center is included in UHC University Hospital in 2008 and 2009.

*** 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: 2010

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
122	Primary Children's Medical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	235	Y	Y
420	Ridgeline Endoscopy Center	I	Freestanding	Weber	Ogden	U	N	2	Y	N
148	Riverton Hospital	N	Intermountain Healthcare	Salt Lake	Riverton	U	Y	97	Y	Y
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
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	158	Y	Y
407	Salt Lake Surgical Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	7	Y	N
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
417	South Towne Surgery Center	I	MountainStar Healthcare	Salt Lake	Sandy	U	N	4	Y	Y
430	St. George Endoscopy Center	I	Freestanding	Washington	St. George	R	N	2	Y	N
408	St. George Surgical Center		Freestanding	Washington	St. George	R	N	4	Y	N
124	St. Mark's Hospital	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	294	Y	Y
409	St. Mark's Outpatient Surgery Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	4	Y	Y
410	SurgiCare Center (with Eye Institute)	I	Freestanding	Salt Lake	Salt Lake City	U	N	4	Y	N
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	N	Y
501	UHC/Centerville Health Center	G	University Healthcare	Davis	Centerville	U	Y	NA	Y	N
502	UHC/Daybreak Health Center	G	University Healthcare	Salt Lake	South Jordan	U	Y	NA	Y	N
503	UHC/Greenwood Health Center	G	University Healthcare	Salt Lake	Midvale	U	Y	NA	Y	N

** Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2010.
 ***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

Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2010

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
310	UHC/Huntsman Cancer Hospital	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	See UU	Y	Y
504	UHC/Madsen Health Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA	Y	Y
416	UHC/Moran Eye Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	10	Y	Y
505	UHC/Parkway Health Center	G	University Healthcare	Utah	Orem	U	Y	NA	Y	N
506	UHC/Redwood Health Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA	Y	N
507	UHC/Redstone Health Center	G	University Healthcare	Summit	Park City	R	Y	NA	Y	N
508	UHC/South Jordan Health Center	G	University Healthcare	Salt Lake	South Jordan	U	Y	NA	Y	N
509	UHC/Stansbury Health Center	G	University Healthcare	Tooele	Stansbury Park	R	Y	NA	Y	N
125	UHC/University Hospitals & Clinics	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	508	Y	Y
309	UHC/University Orthopaedic Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	See UU	Y	Y
510	UHC/Westridge Health Center	G	University Healthcare	Salt Lake	West Valley	U	Y	NA	Y	N
422	Utah Surgical Center	I	Nueterra Healthcare	Salt Lake	West Valley	U	N	4	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
411	Wasatch Endoscopy Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	3	Y	Y
421	Zion Eye Institute/Red Cliffs Surgery Center	I	Freestanding	Washington	St. George	R	N	2	Y	N

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** Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2010.
 ***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/hflicra/facinfo/factype.php>.

**TABLE 2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)	388,538	100.0	331,127	100.0	57,411	100.0
Mastectomy (85.0-85.99)	9,080	2.3	8,130	2.5	950	1.7
Musculoskeletal (76.0-84.99)	80,237	20.7	67,729	20.5	12,508	21.8
Respiratory (30.0-34.99)	3,132	0.8	3,049	0.9	83	0.1
Cardiovascular (35.0-39.99)	24,703	6.4	24,686	0.9	17	0.0
Lymphatic/Hemetic (40.0-41.99)	3,037	0.8	2,918	0.9	119	0.2
Digestive System (42.0-54.99)	122,833	31.6	106,281	32.1	16,552	28.8
Urinary (55.0-59.99)	11,720	3.0	11,247	3.4	473	0.8
Male Genital (60.0-64.99)	4,177	1.1	3,928	1.2	249	0.4
Female Genital (65.0-71.99)	15,848	4.1	15,188	4.6	660	1.1
Endocrine/Nervous (01.0-07.99)	28,814	7.4	24,832	7.5	3,982	6.9
Eye (08.0-16.99)	29,212	7.5	20,768	6.3	8,444	14.7
Ear (18.0-20.99)	17,018	4.4	13,638	4.1	3,380	5.9
Nose,Mouth,Pharynx (21.0-29.99)	38,727	10.0	28,733	8.7	9,994	17.4
Reporting Category(CPT-4 CODES)	466,929	100.0	325,030	100.0	141,899	100.0
Mastectomy (19120-19220)	2,060	0.4	1,713	0.5	347	0.2
Musculoskeletal (20000-29909)	98,544	21.1	74,330	22.9	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	24,577	5.3	16,226	5.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	29,227	6.3	29,073	8.9	154	0.1
Lymphatic/Hemetic (38100-38999)	4,311	0.9	4,116	1.3	195	0.1
Digestive System (40490-49999)	185,991	39.8	123,353	38.0	62,638	44.1
Urinary (50010-53899)	17,110	3.7	15,063	4.6	2,047	1.4
Male Genital (54000-55899)	4,781	1.0	3,821	1.2	960	0.7
Female Genital (56405-58999)	16,305	3.5	14,294	4.4	2,011	1.4
Endocrine/Nervous (60000-64999)	34,213	7.3	22,577	6.9	11,636	8.2
Eye (65091-68899)	37,607	8.1	12,170	3.7	25,437	17.9
Ear (69000-69979)	12,203	2.6	8,294	2.6	3,909	2.8

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, 2010
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	388,538	100.0	331,127	100.0	57,411	100.0
4523	COLONOSCOPY	26,292	6.8	22,562	6.8	3,730	6.5
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	21,973	5.7	18,613	5.6	3,360	5.9
4542	ENDO POLYPECTOMY LG INTESTINE	15,478	4.0	14,058	4.2	1,420	2.5
2001	MYRINGOTOMY W/INSRT TUBE	13,951	3.6	11,080	3.3	2,871	5.0
4525	CLO [ENDO] BX LG INTESTINE	12,189	3.1	7,588	2.3	4,601	8.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	9,679	2.5	5,065	1.5	4,614	8.0
283	TONSILLECTOMY W/ADENOIDECTOMY	8,082	2.1	6,374	1.9	1,708	3.0
0392	INJ OTH AGENT SPINAL CANAL	7,974	2.1	6,842	2.1	1,132	2.0
5123	LAP CHOLEY	7,688	2.0	7,360	2.2	328	0.6
806	EXC SEMILUNAR CARTILAGE-KNEE	7,378	1.9	5,531	1.7	1,847	3.2
1341	PHACOEMULSIFICATION-ASPIR CATARACT	6,439	1.7	5,015	1.5	1,424	2.5
4513	OTH ENDO SM INTESTINE	5,886	1.5	5,432	1.6	454	0.8
0391	INJ ANES SPINAL CANAL-ANALGESIA	5,805	1.5	5,789	1.7	16	0.0
4292	DILAT ESOPH	5,192	1.3	4,473	1.4	719	1.3
0443	RELEASE CARPAL TUNNEL	4,122	1.1	3,207	1.0	915	1.6
4836	[ENDO] POLYPECTOMY RECTUM	4,009	1.0	3,988	1.2	21	0.0
3722	LT HEART CARD CATH	3,902	1.0	3,902	1.2	.	.
2169	OTH TURBINECTOMY	3,839	1.0	2,471	0.7	1,368	2.4
8183	OTH REPR SHLDR	3,532	0.9	2,540	0.8	992	1.7
8147	OTH REPR KNEE	3,255	0.8	3,083	0.9	172	0.3

CPT-4 CODE	CPT-4 DESCRIPTION	ALL FACILITIES		HOSPITALS		FASCs	
		#	%	#	%	#	%
All Reportable*	CPT-4 Procedures	466,929	100.0	325,030	100.0	141,899	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	34,624	7.4	21,589	6.6	13,035	9.2
45380	COLONOSCOPY FLEX; W/BX 1/MX	34,356	7.4	19,778	6.1	14,578	10.3
43239	UGI ENDO; W/BX 1/MX	32,240	6.9	19,544	6.0	12,696	8.9
66984	EXTRACAPSULAR CATARACT REMV IOL	17,368	3.7	4,963	1.5	12,405	8.7
45385	COLONOSCOPY FLEX; W/REMV LES-SNPL	9,739	2.1	5,882	1.8	3,857	2.7
69436	TYMPANOSTOMY GENERAL ANESTHESIA	9,192	2.0	5,863	1.8	3,329	2.3
29881	SCOPE KNEE SURG;W/MENISCECT MED/	6,916	1.5	4,736	1.5	2,180	1.5
42820	T&A; UNDER AGE 12	6,378	1.4	4,938	1.5	1,440	1.0
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	6,067	1.3	3,995	1.2	2,072	1.5
41899	UNLIST PROC DENTOALVEOL STRUCTUR	5,478	1.2	2,489	0.8	2,989	2.1
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	5,242	1.1	3,055	0.9	2,187	1.5
29826	SCOPE SHOULDER; DECOMP SUBACROM	5,202	1.1	3,625	1.1	1,577	1.1
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4,687	1.0	4,293	1.3	394	0.3
30140	SUBMUCOS RES TURBINATE PART/CMPL	4,186	0.9	2,217	0.7	1,969	1.4
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	3,962	0.8	2,447	0.8	1,515	1.1
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	3,761	0.8	2,944	0.9	817	0.6
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	3,682	0.8	1,980	0.6	1,702	1.2
20680	REMOVAL OF IMPLANT; DEEP	3,649	0.8	3,019	0.9	630	0.4
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	3,632	0.8	2,266	0.7	1,366	1.0
47562	LAPAROSCOPY SURGICAL; CHOLECT	3,283	0.7	3,063	0.9	220	0.2

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2010
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	11,496	9,461	2,035
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2,335	2,291	44
003 LEVEL I SKIN INCISION AND DRAINAGE	241	185	56
004 LEVEL II SKIN INCISION AND DRAINAGE	138	106	32
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	139	107	32
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	233	193	40
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1,354	948	406
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5,691	4,468	1,223
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	49	0
012 LEVEL I SKIN REPAIR	25	13	12
013 LEVEL II SKIN REPAIR	929	842	87
014 LEVEL III SKIN REPAIR	360	257	103
015 LEVEL IV SKIN REPAIR	2	2	0
02 BREAST PROCEDURES	2,071	1,750	321
020 LEVEL I BREAST PROCEDURES	2,034	1,713	321
021 LEVEL II BREAST PROCEDURES	37	37	0
03 MUSCULOSKELETAL SYSTEM PROCEDURES	85,902	64,178	21,724
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3,034	2,480	554
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6,238	4,672	1,566
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3,000	2,206	794
033 LEVEL I HAND PROCEDURES	5,520	3,900	1,620
034 LEVEL II HAND PROCEDURES	1,521	1,135	386
035 LEVEL I FOOT PROCEDURES	8,191	6,043	2,148
036 LEVEL II FOOT PROCEDURES	2,093	1,635	458
037 LEVEL I ARTHROSCOPY	31,083	22,380	8,703
038 LEVEL II ARTHROSCOPY	7,218	5,428	1,790
039 REPLACEMENT OF CAST	129	125	4
040 SPLINT, STRAPPING AND CAST REMOVAL	1,992	1,991	1
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	870	709	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	812	567	245
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	6,709	5,284	1,425
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	670	467	203
045 BUNION PROCEDURES	2,418	1,790	628
046 LEVEL I ARTHROPLASTY	878	660	218
047 LEVEL II ARTHROPLASTY	198	177	21
048 HAND AND FOOT TENOTOMY	438	323	115
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2,890	2,206	684
04 RESPIRATORY PROCEDURES	15,119	11,235	3,884
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2,112	2,056	56
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3,178	2,652	526
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7,498	4,200	3,298
064 ENDOSCOPY OF THE LOWER AIRWAY	2,331	2,327	4
05 CARDIOVASCULAR PROCEDURES	11,318	11,285	33
081 ECHOCARDIOGRAPHY	71	71	0
082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1,944	1,944	0
083 PLACEMENT OF TRANSVENOUS CATHETERS	1,094	1,077	17

**TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2010
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	2,312	2,312	0
085	ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1,649	1,649	0
086	PACEMAKER INSERTION AND REPLACEMENT	285	284	1
087	REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	833	831	2
088	LEVEL I CARDIOTHORACIC PROCEDURES	199	198	1
089	LEVEL II CARDIOTHORACIC PROCEDURES	2,376	2,371	5
090	SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	58	56	2
091	VASCULAR LIGATION AND RECONSTRUCTION	131	126	5
092	RESUSCITATION	30	30	0
096	ATRIAL AND VENTRICULAR RECORDING AND PACING	20	20	0
097	AICD IMPLANT	316	316	0
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4,305	4,121	184
110	PHARMACOTHERAPY BY EXTENDED INFUSION	133	133	0
111	PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	21	21	0
113	LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2,356	2,319	37
114	LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	53	53	0
115	DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1,742	1,595	147
07	GASTROINTESTINAL SYSTEM PROCEDURES	168,553	112,375	56,178
130	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	337	336	1
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2,708	1,234	1,474
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	858	748	110
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	709	528	181
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	39,770	24,909	14,861
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8,565	5,445	3,120
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	69,654	41,709	27,945
137	THERAPEUTIC COLONOSCOPY	12,705	7,586	5,119
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2,163	2,130	33
139	LEVEL I HERNIA REPAIR	6,681	5,690	991
140	LEVEL II HERNIA REPAIR	1,363	1,145	218
141	LEVEL I ANAL AND RECTAL PROCEDURES	1,059	851	208
142	LEVEL II ANAL AND RECTAL PROCEDURES	1,516	1,189	327
143	LEVEL I GASTROINTESTINAL PROCEDURES	387	374	13
144	LEVEL II GASTROINTESTINAL PROCEDURES	213	206	7
145	LEVEL I LAPAROSCOPY	2,717	2,518	199
146	LEVEL II LAPAROSCOPY	9,217	8,555	662
147	LEVEL III LAPAROSCOPY	7,817	7,108	709
148	LEVEL IV LAPAROSCOPY	114	114	0
08	GENITOURINARY SYSTEM PROCEDURES	13,730	11,520	2,210
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,410	625	785
161	URINARY STUDIES AND PROCEDURES	575	575	0
162	URINARY CATHETERIZATION AND DILATATION	223	218	5
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	6,330	5,655	675
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	4,189	3,683	506
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	61	61	0
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	234	219	15
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	708	484	224

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure EAPG category	ALL FACILITIES	HOSPITALS	FASCs
Procedure EAPG	#	#	#
09 MALE REPRODUCTIVE SYSTEM	4,723	4,036	687
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1,803	1,441	362
181 CIRCUMCISION	1,206	947	259
182 INSERTION OF PENILE PROSTHESIS	79	76	3
183 LEVEL I PENILE AND PROSTATE PROCEDURES	10	9	1
184 LEVEL II PENILE AND PROSTATE PROCEDURES	1,358	1,309	49
185 PROSTATE NEEDLE AND PUNCH BIOPSY	267	254	13
10 FEMALE REPRODUCTIVE SYSTEM	9,606	8,528	1,078
190 ARTIFICIAL FERTILIZATION	3	3	0
193 TREATMENT OF INCOMPLETE ABORTION	3	3	0
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1,706	1,525	181
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1,716	1,641	75
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2,015	1,872	143
199 DILATION AND CURETTAGE	590	552	38
200 HYSTEROSCOPY	2,535	2,238	297
201 COLPOSCOPY	1,038	694	344
11 NEUROLOGIC SYSTEM PROCEDURES	33,325	21,879	11,446
213 NERVE AND MUSCLE TESTS	277	277	0
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5,159	3,252	1,907
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	202	183	19
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	218	208	10
217 LEVEL I NERVE PROCEDURES	5,987	4,138	1,849
218 LEVEL II NERVE PROCEDURES	895	777	118
219 SPINAL TAP	434	427	7
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	15,961	8,680	7,281
221 LAMINOTOMY AND LAMINECTOMY	3,319	3,130	189
223 LEVEL III NERVE PROCEDURES	873	807	66
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	37,094	11,976	25,118
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	274	27	247
232 LASER EYE PROCEDURES	3,604	566	3,038
233 CATARACT PROCEDURES	18,849	5,367	13,482
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1,397	158	1,239
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	837	244	593
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	891	171	720
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1,052	291	761
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	2,872	1,722	1,150
239 STRABISMUS AND MUSCLE EYE PROCEDURES	1,594	964	630
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1,989	935	1,054
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3,735	1,531	2,204
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	45,354	30,136	15,218
250 COCHLEAR DEVICE IMPLANTATION	136	136	0
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	35	33	2
252 LEVEL I FACIAL AND ENT PROCEDURES	22,121	12,925	9,196
253 LEVEL II FACIAL AND ENT PROCEDURES	1,945	1,444	501
254 LEVEL III FACIAL AND ENT PROCEDURES	5,183	3,450	1,733
255 LEVEL IV FACIAL AND ENT PROCEDURES	3,627	3,077	550

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure EAPG category Procedure EAPG	ALL FACILITIES #	HOSPITALS #	FASCs #
256 TONSIL AND ADENOID PROCEDURES	12,307	9,071	3,236

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2010
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	\$3,627	\$3,970	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$4,673	\$4,740	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	\$2,089	\$2,702	\$760
	004 LEVEL II SKIN INCISION AND DRAINAGE	\$3,915	\$4,621	\$1,953
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	\$347	\$380	\$201
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	\$2,448	\$2,635	\$1,085
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$2,334	\$2,798	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$3,384	\$3,724	\$2,137
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$6,933	\$6,933	.
	012 LEVEL I SKIN REPAIR	\$3,426	\$6,740	\$1,533
	013 LEVEL II SKIN REPAIR	\$4,620	\$4,647	\$3,371
	014 LEVEL III SKIN REPAIR	\$6,379	\$7,173	\$5,207
	015 LEVEL IV SKIN REPAIR	\$3,343	\$3,343	.
02	BREAST PROCEDURES	\$3,590	\$4,055	\$1,217
	020 LEVEL I BREAST PROCEDURES	\$3,528	\$3,990	\$1,217
	021 LEVEL II BREAST PROCEDURES	\$7,438	\$7,438	.
03	MUSCULOSKELETAL SYSTEM PROCEDURES	\$5,050	\$5,625	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$4,337	\$4,903	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$5,504	\$6,230	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$9,110	\$10,772	\$3,913
	033 LEVEL I HAND PROCEDURES	\$2,688	\$2,911	\$2,232
	034 LEVEL II HAND PROCEDURES	\$4,464	\$5,270	\$2,745
	035 LEVEL I FOOT PROCEDURES	\$3,527	\$3,958	\$2,504
	036 LEVEL II FOOT PROCEDURES	\$6,621	\$7,753	\$3,680
	037 LEVEL I ARTHROSCOPY	\$4,648	\$4,877	\$4,139
	038 LEVEL II ARTHROSCOPY	\$10,318	\$11,622	\$6,361
	039 REPLACEMENT OF CAST	\$2,955	\$2,955	.
	040 SPLINT, STRAPPING AND CAST REMOVAL	\$1,652	\$1,652	.
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	\$4,062	\$6,129	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	\$2,617	\$3,602	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$7,254	\$8,351	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$2,896	\$3,636	\$1,745
	045 BUNION PROCEDURES	\$4,850	\$5,503	\$3,215
	046 LEVEL I ARTHROPLASTY	\$6,762	\$7,830	\$3,669
	047 LEVEL II ARTHROPLASTY	\$21,782	\$23,934	\$4,140
	048 HAND AND FOOT TENOTOMY	\$2,408	\$3,086	\$1,731
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$1,546	\$1,578	\$1,081
04	RESPIRATORY PROCEDURES	\$2,191	\$2,155	\$2,966
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$2,428	\$2,308	\$6,957
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	\$1,139	\$1,131	\$1,305
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	\$4,184	\$4,751	\$2,114
	064 ENDOSCOPY OF THE LOWER AIRWAY	\$2,759	\$2,759	.
05	CARDIOVASCULAR PROCEDURES	\$15,932	\$16,047	\$2,663
	081 ECHOCARDIOGRAPHY	\$31,633	\$31,633	.
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$2,076	\$2,076	.
	083 PLACEMENT OF TRANSVENOUS CATHETERS	\$6,040	\$6,105	\$2,610
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	\$5,820	\$5,820	.

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	\$40,293	\$40,293	.
	086 PACEMAKER INSERTION AND REPLACEMENT	\$34,863	\$34,863	.
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$9,059	\$9,059	.
	088 LEVEL I CARDIOTHORACIC PROCEDURES	\$8,436	\$8,436	.
	089 LEVEL II CARDIOTHORACIC PROCEDURES	\$7,528	\$7,553	\$2,581
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$8,595	\$8,595	.
	091 VASCULAR LIGATION AND RECONSTRUCTION	\$7,494	\$7,679	\$3,046
	092 RESUSCITATION	\$12,312	\$12,312	.
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	\$1,906	\$1,906	.
	097 AICD IMPLANT	\$31,670	\$31,670	.
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	\$5,560	\$5,731	\$2,033
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	\$6,157	\$6,157	.
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	\$4,785	\$4,793	\$1,550
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$6,719	\$7,309	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	\$2,538	\$3,034	\$1,533
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$1,414	\$1,415	\$1,002
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$1,728	\$2,587	\$1,263
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$1,069	\$1,093	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$1,319	\$1,458	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,589	\$1,690	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$2,206	\$2,516	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	\$1,390	\$1,365	\$1,428
	137 THERAPEUTIC COLONOSCOPY	\$1,644	\$1,781	\$1,433
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$5,502	\$5,559	\$2,984
	139 LEVEL I HERNIA REPAIR	\$4,301	\$4,575	\$2,662
	140 LEVEL II HERNIA REPAIR	\$5,114	\$5,741	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	\$2,628	\$3,151	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	\$3,384	\$3,992	\$1,223
	143 LEVEL I GASTROINTESTINAL PROCEDURES	\$5,216	\$5,411	\$1,285
	144 LEVEL II GASTROINTESTINAL PROCEDURES	\$8,629	\$8,883	\$1,920
	145 LEVEL I LAPAROSCOPY	\$5,664	\$5,993	\$2,618
	146 LEVEL II LAPAROSCOPY	\$8,441	\$8,741	\$3,903
	147 LEVEL III LAPAROSCOPY	\$8,356	\$8,742	\$4,748
	148 LEVEL IV LAPAROSCOPY	\$13,700	\$13,700	.
08	GENITOURINARY SYSTEM PROCEDURES	\$5,040	\$5,060	\$4,967
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$9,145	\$11,450	\$7,847
	161 URINARY STUDIES AND PROCEDURES	\$584	\$584	.
	162 URINARY CATHETERIZATION AND DILATATION	\$5,819	\$5,951	\$1,527
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	\$2,724	\$2,751	\$2,453
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	\$5,022	\$5,471	\$2,812
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	\$16,838	\$16,838	.
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	\$1,652	\$1,639	\$1,848
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	\$9,446	\$13,497	\$2,143
09	MALE REPRODUCTIVE SYSTEM	\$4,416	\$4,814	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$3,196	\$3,299	\$2,565
	181 CIRCUMCISION	\$1,850	\$2,186	\$834
	182 INSERTION OF PENILE PROSTHESIS	\$33,212	\$34,604	\$8,153

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	\$1,949	\$1,949	.
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	\$6,949	\$7,079	\$3,733
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	\$1,740	\$1,734	\$2,200
10	FEMALE REPRODUCTIVE SYSTEM	\$4,475	\$4,923	\$1,920
	190 ARTIFICIAL FERTILIZATION	\$2,831	\$2,831	.
	193 TREATMENT OF INCOMPLETE ABORTION	\$8,091	\$8,091	.
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	\$3,672	\$4,052	\$1,632
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	\$4,923	\$5,205	\$1,575
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	\$7,167	\$7,555	\$3,492
	199 DILATION AND CURETTAGE	\$3,260	\$3,369	\$1,350
	200 HYSTEROSCOPY	\$5,139	\$5,363	\$3,476
	201 COLPOSCOPY	\$920	\$1,063	\$665
11	NEUROLOGIC SYSTEM PROCEDURES	\$3,928	\$4,943	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$1,195	\$1,457	\$754
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	\$11,001	\$11,949	\$1,900
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	\$9,136	\$9,372	\$2,697
	217 LEVEL I NERVE PROCEDURES	\$3,030	\$3,417	\$2,141
	218 LEVEL II NERVE PROCEDURES	\$11,923	\$12,912	\$2,871
	219 SPINAL TAP	\$2,314	\$2,340	\$620
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	\$1,562	\$1,808	\$900
	221 LAMINOTOMY AND LAMINECTOMY	\$10,285	\$10,971	\$4,534
	223 LEVEL III NERVE PROCEDURES	\$35,024	\$37,287	\$10,618
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	\$2,979	\$3,736	\$2,678
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$359	\$1,098	\$311
	232 LASER EYE PROCEDURES	\$851	\$818	\$857
	233 CATARACT PROCEDURES	\$3,178	\$3,654	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	\$2,354	\$3,753	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	\$2,777	\$3,814	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	\$6,684	\$9,495	\$5,915
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	\$971	\$3,792	\$807
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	\$5,731	\$6,285	\$5,214
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	\$2,967	\$2,883	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,393	\$2,259	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	\$3,443	\$4,073	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	\$3,463	\$4,038	\$1,990
	250 COCHLEAR DEVICE IMPLANTATION	\$55,645	\$55,645	.
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	\$6,314	\$6,314	.
	252 LEVEL I FACIAL AND ENT PROCEDURES	\$2,280	\$2,385	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	\$3,158	\$3,554	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	\$6,217	\$7,156	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	\$8,453	\$9,193	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	\$2,645	\$2,992	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2010
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	193,920	53.6	135,467	53.6	58,453	53.4
Male	168,170	46.4	117,109	46.4	51,061	46.6
Unknown	4	0.0	1	0.0	3	0.0
Not Reported	12	0.0	1	0.0	11	0.0
AGE						
1-28 days	1,870	0.5	1,741	0.7	129	0.1
29-365 days	3,601	1.0	2,971	1.2	630	0.6
1-4 years	15,852	4.4	10,916	1.2	4,936	4.5
5-9	9,088	2.5	6,723	4.3	2,365	2.2
10-14	6,614	1.8	5,235	2.7	1,379	1.3
15-17	6,908	1.9	5,307	2.1	1,601	1.5
18-19	4,896	1.4	3,697	2.1	1,199	1.1
20-24	13,537	3.7	10,057	1.5	3,480	3.2
25-29	16,333	4.5	12,635	4.0	3,698	3.4
30-34	19,320	5.3	14,894	5.9	4,426	4.0
35-39	18,110	5.0	13,867	5.5	4,243	3.9
40-44	18,828	5.2	14,264	5.6	4,564	4.2
45-49	23,317	6.4	17,450	6.9	5,867	5.4
50-54	39,199	10.8	27,955	11.1	11,244	10.3
55-59	35,114	9.7	24,928	9.9	10,186	9.3
60-64	32,338	8.9	22,206	8.8	10,132	9.3
65-69	30,690	8.5	19,059	7.5	11,631	10.6
70-74	25,209	7.0	14,720	5.8	10,489	9.6
75-79	20,197	5.6	11,676	4.6	8,521	7.8
80-84	13,310	3.7	7,598	3.0	5,712	5.2
85-89	6,033	1.7	3,582	1.4	2,451	2.2
90 +	1,742	0.5	1,097	0.4	645	0.6
Not Reported	0	0.0	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN						
Physician Referral	300,291	82.9	208,190	82.4	92,101	84.1
Clinic Referral	42,849	11.8	38,248	15.1	4,601	4.2
HMO Referral	621	0.2	619	0.2	2	0.0
Other Hospital	280	0.1	262	0.1	18	0.0
Skilled Nursing Facility	234	0.1	234	0.1	0	0.0
Other Health Care Facility	24	0.0	24	0.0	0	0.0
ER (Not valid since 7/2010)	2,930	0.8	2,929	1.2	1	0.0
Court/Law Enforcement	13	0.0	13	0.0	0	0.0
Unknown	7,897	2.2	2,037	0.8	5,860	5.4
Not Reported	6,967	1.9	22	0.0	6,945	6.3

(Continued)

TABLE 6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	353,469	97.6	251,393	99.5	102,076	93.2
Another Hospital	203	0.1	135	0.1	68	0.1
Skilled Nursing Facility	171	0.0	166	0.1	5	0.0
Intermediate Care	16	0.0	13	0.0	3	0.0
Another Type of Institution	97	0.0	87	0.0	10	0.0
Under Care of Home Service	277	0.1	275	0.1	2	0.0
Left Against Medical Advice	19	0.0	18	0.0	1	0.0
Under care of Home Provider	0	0.0	0	0.0	0	0.0
Expired	20	0.0	20	0.0	0	0.0
Unknown	7,810	2.2	451	0.2	7,359	6.7
Not Reported	24	0.0	20	0.0	4	0.0
PRIMARY PAYER						
Medicare	89,211	24.6	55,732	22.1	33,479	30.6
Medicaid	25,884	7.1	18,214	7.2	7,670	7.0
Other Government	9,852	2.7	5,636	2.2	4,216	3.8
Blue Cross/Blue Shield	55,037	15.2	33,140	13.1	21,897	20.0
Other Commercial	25,248	7.0	17,547	6.9	7,701	7.0
Managed Care(HMO, PPO)	142,926	39.5	113,327	44.9	29,599	27.0
Self Pay	5,046	1.4	3,334	1.3	1,712	1.6
Industrial & Worker Comp	4,841	1.3	3,165	1.3	1,676	1.5
Charity and Unclassified	1,462	0.4	1,228	0.5	234	0.2
Childrens Health Insurance	242	0.1	189	0.1	53	0.0
Unknown	1,187	0.3	1,055	0.4	132	0.1
Not Reported	1,170	0.3	11	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE						
Bear River	20,304	5.6	15,912	6.3	4,392	4.0
Central Utah	10,882	3.0	9,352	3.7	1,530	1.4
Davis County	42,390	11.7	27,390	10.8	15,000	13.7
Salt Lake County	124,381	34.3	87,767	34.7	36,614	33.4
Southeastern Utah	6,159	1.7	5,222	2.1	937	0.9
Southwest Utah	27,991	7.7	15,992	6.3	11,999	11.0
Summit County	5,408	1.5	3,893	1.5	1,515	1.4
Tooele County	6,893	1.9	5,148	2.0	1,745	1.6
Tri-County	7,163	2.0	6,710	2.7	453	0.4
Utah County	53,287	14.7	38,568	15.3	14,719	13.4
Wasatch County	2,437	0.7	1,970	0.8	467	0.4
Weber County	35,519	9.8	21,374	8.5	14,145	12.9
Unknown Utah	34	0.0	17	0.0	17	0.0
Outside Utah	19,115	5.3	13,138	5.2	5,977	5.5
Unknown, Not Reported	144	0.0	126	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 2009-2010) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2010

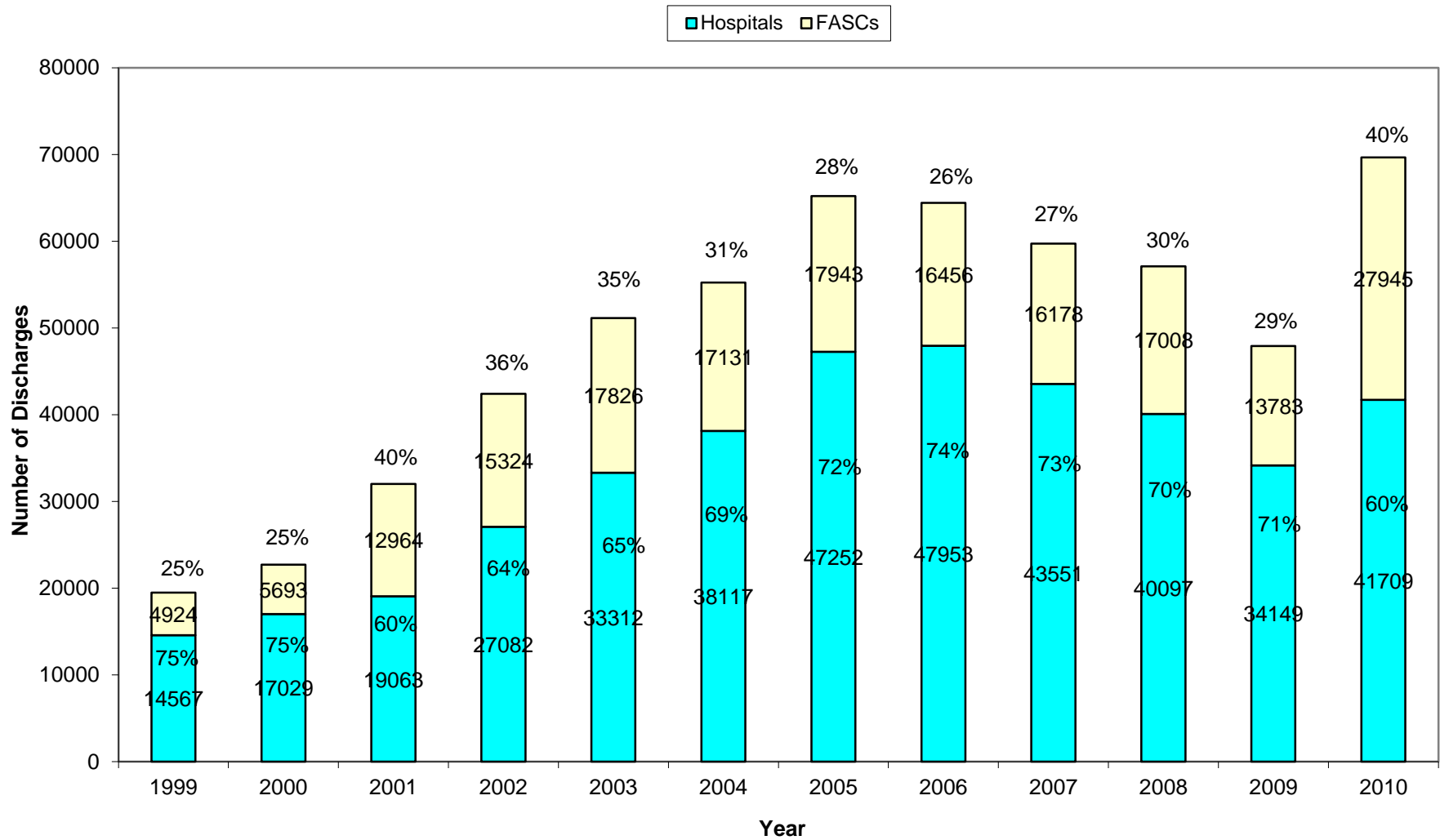


Figure 2. Number and Percentage of Cataract Procedures (APG 214, EAPG 233 in 2009-2010) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2010

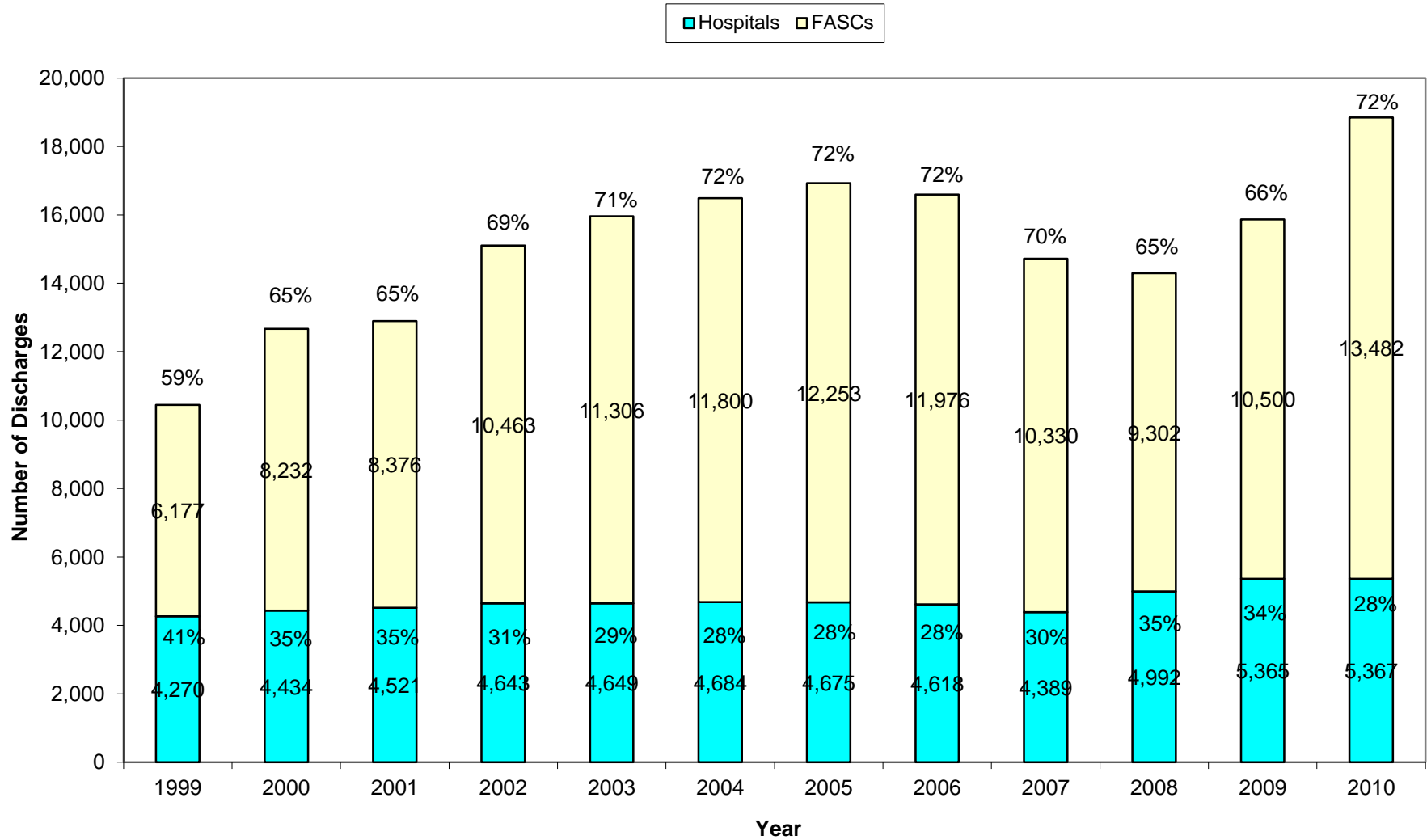


Figure 3. Average Charge for Lower Gastrointestinal Endoscopies (APG 117, EAPG 136 in 2009-2010) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2010

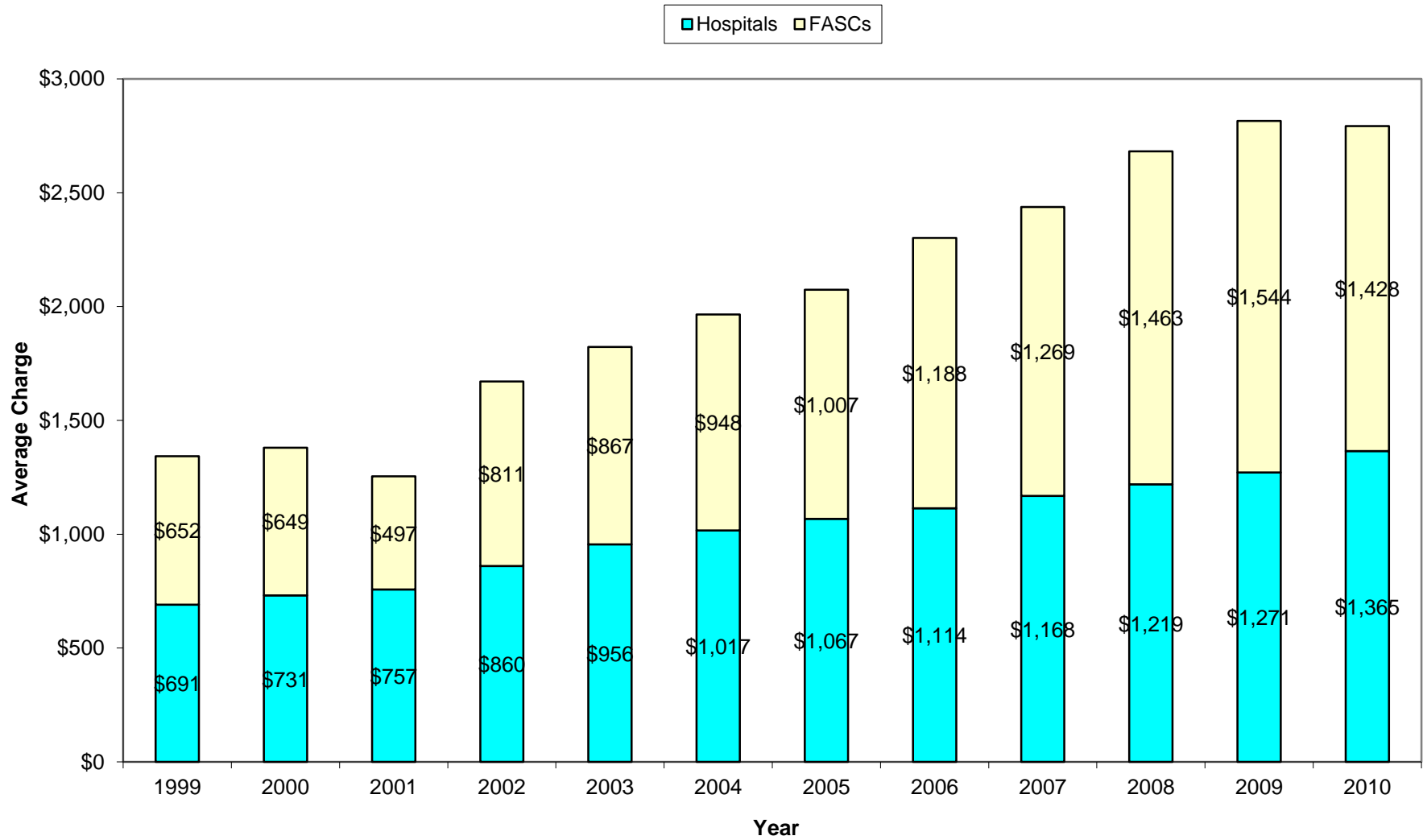
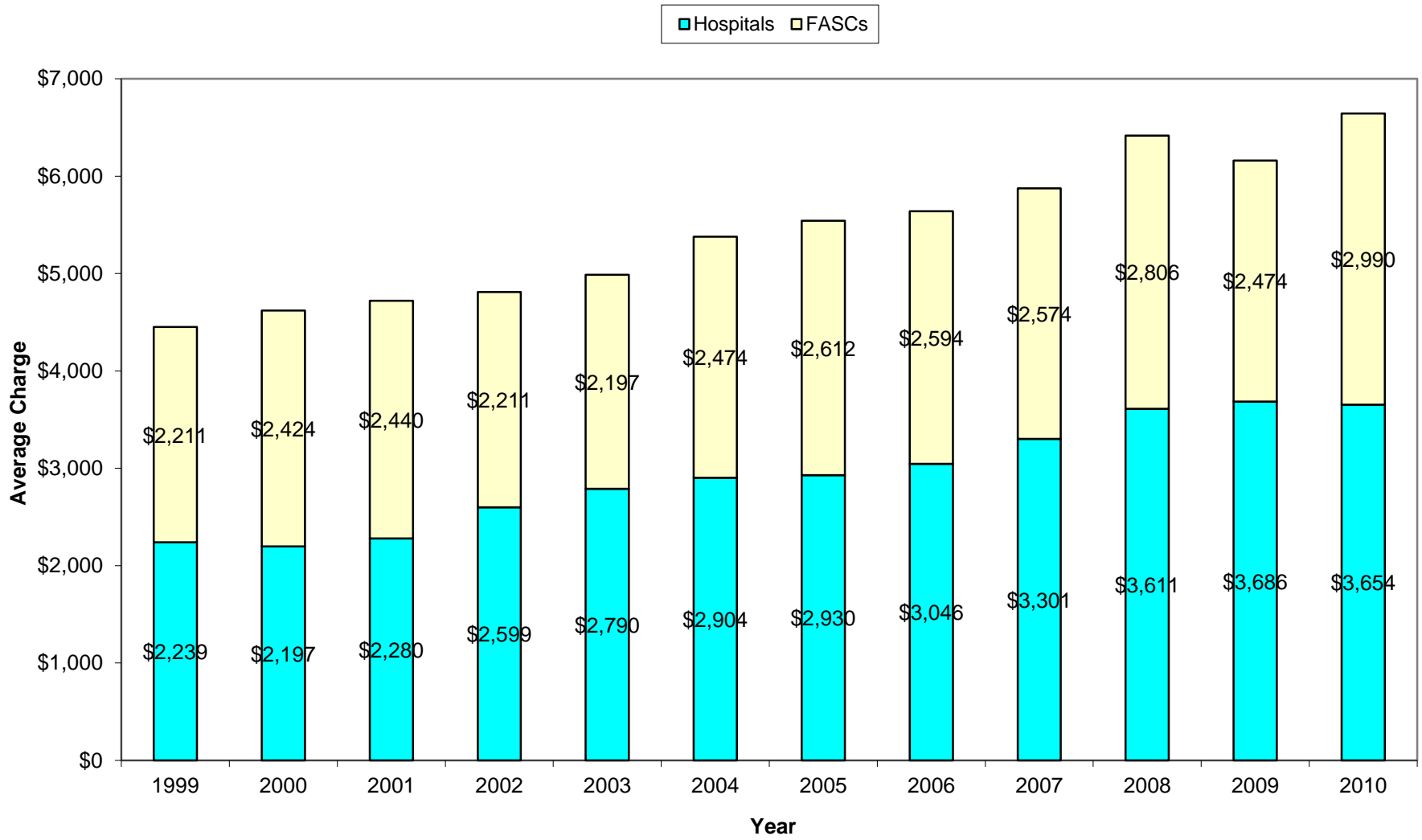


Figure 4. Average Charge for Cataract Procedures (APG 214, EAPG 233 in 2009-2010) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2010



AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

118 Alta View Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	15,999	100.0	331,127	100.0
Mastectomy (85.0-85.99)	627	3.9	8,130	2.5
Musculoskeletal (76.0-84.99)	3,223	20.1	67,729	20.5
Respiratory (30.0-34.99)	33	0.2	3,049	0.9
Cardiovascular (35.0-39.99)	8	0.1	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	38	0.2	2,918	0.9
Digestive System (42.0-54.99)	8,353	52.2	106,281	32.1
Urinary (55.0-59.99)	653	4.1	11,247	3.4
Male Genital (60.0-64.99)	169	1.1	3,928	1.2
Female Genital (65.0-71.99)	885	5.5	15,188	4.6
Endocrine/Nervous (01.0-07.99)	214	1.3	24,832	7.5
Eye (08.0-16.99)	1,026	6.4	20,768	6.3
Ear (18.0-20.99)	165	1.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	605	3.8	28,733	8.7
Reporting Category(CPT-4 CODES)	13,933	100.0	325,030	100.0
Mastectomy (19120-19220)	50	0.4	1,713	0.5
Musculoskeletal (20000-29909)	3,087	22.2	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	204	1.5	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	7	0.1	29,073	8.9
Lymphatic/Hemetic (38100-38999)	37	0.3	4,116	1.3
Digestive (40490-49999)	8,213	58.9	123,353	38.0
Urinary (50010-53899)	688	4.9	15,063	4.6
Male Genital (54000-55899)	124	0.9	3,821	1.2
Female Genital (56405-58999)	660	4.7	14,294	4.4
Endocrine/Nervous (60000-64999)	273	2.0	22,577	6.9
Eye (65091-68899)	510	3.7	12,170	3.7
Ear (69000-69979)	80	0.6	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	1,915	12.0	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,605	10.0	5.62
4542	ENDO POLYPECTOMY LG INTESTINE	1,481	9.3	4.25
4525	CLO [ENDO] BX LG INTESTINE	882	5.5	2.29
4836	[ENDO] POLYPECTOMY RECTUM	438	2.7	1.20
5123	LAP CHOLEY	420	2.6	2.22
806	EXC SEMILUNAR CARTILAGE-KNEE	418	2.6	1.67
8147	OTH REPR KNEE	290	1.8	0.93
1341	PHACOEMULSIFICATION-ASPIR CATARACT	229	1.4	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	228	1.4	1.53
598	URETERAL CATH	208	1.3	0.75
4292	DILAT ESOPH	206	1.3	1.35
8363	ROTATOR CUFF REPR	197	1.2	0.76
4513	OTH ENDO SM INTESTINE	194	1.2	1.64
4824	CLO [ENDO] BX RECTUM	169	1.1	0.46
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	145	0.9	0.44
560	TRANSURETH REMOV OBST URETER-PELV	131	0.8	0.52
0887	UPPER EYELID RHYTIDECTOMY	129	0.8	0.22
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	121	0.8	0.56
0443	RELEASE CARPAL TUNNEL	118	0.7	0.97

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,268	16.3	6.08
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,702	12.2	6.64
43239	UGI ENDO; W/BX 1/MX	1,600	11.5	6.01
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	435	3.1	1.81
47562	LAPAROSCOPY SURGICAL; CHOLECT	386	2.8	0.94
29881	SCOPE KNEE SURG;W/MENISCECT MED/	306	2.2	1.46
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	258	1.9	0.91
66984	EXTRACAPSULAR CATARACT REMV IOL	203	1.5	1.53
52332	CYSTOURETHROSCOPY W/INSRT STENT	182	1.3	0.69
49505	REPR INIT ING HERNIA 5YR/MORE; R	136	1.0	0.78
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	132	0.9	1.23
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	131	0.9	0.51
29826	SCOPE SHOULDER; DECOMP SUBACROM	129	0.9	1.12
29880	SCOPE KNEE SURG;W/MENISCECT MED&	120	0.9	0.46
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	102	0.7	0.94
29823	SCOPE SHOULDER SURGICAL; DEBRID	100	0.7	0.18
26055	TENDON SHEATH INCISION	96	0.7	0.44
28285	CORRECTION HAMMERTOE	95	0.7	0.55
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	95	0.7	0.36
41899	UNLIST PROC DENTOALVEOL STRUCTUR	92	0.7	0.77

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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	6,982	\$2,556	\$4,764
4523	COLONOSCOPY	1,569	\$836	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	1,021	\$1,199	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	751	\$1,113	\$1,732
4525	CLO [ENDO] BX LG INTESTINE	450	\$1,139	\$1,777
5123	LAP CHOLEY	382	\$5,447	\$7,823
4836	[ENDO] POLYPECTOMY RECTUM	181	\$1,083	\$1,527
4513	OTH ENDO SM INTESTINE	103	\$1,065	\$1,513
6952	ASPIR CURET FOLLOWING DELIV/AB	74	\$2,291	\$3,192
0443	RELEASE CARPAL TUNNEL	73	\$2,103	\$2,598
8532	BILAT REDUC MAMMO	72	\$8,667	\$10,334
8051	EXC INTERVERTEBRAL DISC	68	\$7,442	\$10,835
598	URETERAL CATH	61	\$5,074	\$6,367
806	EXC SEMILUNAR CARTILAGE-KNEE	61	\$3,890	\$4,677
4701	LAP APPENDECTOMY	60	\$9,933	\$11,713
283	TONSILLECTOMY W/ADENOIDECTOMY	59	\$2,678	\$3,030
5304	UNILAT REPR INDIRECT ING HERN-GFT	56	\$3,287	\$4,980
8554	BILAT BREAST IMPLNT	48	\$4,792	\$5,219
8201	EXPLOR TENDON SHEATH HAND	47	\$1,738	\$2,312
4824	CLO [ENDO] BX RECTUM	43	\$1,022	\$1,554
282	TONSILLECTOMY WO ADENOIDECTOMY	40	\$2,205	\$3,118

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	7,263	\$2,551	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,635	\$1,149	\$1,602
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,405	\$837	\$1,186
43239	UGI ENDO; W/BX 1/MX	733	\$1,097	\$1,698
47562	LAPAROSCOPY SURGICAL; CHOLECT	357	\$5,343	\$6,966
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	216	\$1,374	\$1,753
66984	EXTRACAPSULAR CATARACT REMV IOL	202	\$3,729	\$3,643
49505	REPR INIT ING HERNIA 5YR/MORE; R	109	\$3,543	\$4,904
41899	UNLIST PROC DENTOALVEOL STRUCTUR	90	\$2,910	\$3,377
29881	SCOPE KNEE SURG;W/MENISCECT MED/	81	\$3,715	\$4,675
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	78	\$885	\$1,404
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	72	\$2,136	\$2,664
44970	LAPAROSCOPY SURGICAL APPENDECTOM	62	\$9,870	\$11,662
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	62	\$3,793	\$6,301
69436	TYMPANOSTOMY GENERAL ANESTHESIA	48	\$980	\$1,547
63056	TRANSPEDIC W/DECOM 1 SEG; LUMBAR	43	\$7,055	\$7,690
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	40	\$4,385	\$4,631
19120	EXC BRST CYST TUMR/LES OPN M/F 1	39	\$3,539	\$3,656
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	38	\$2,237	\$3,172
49650	LAPARSCPY SURG; REPR INIT ING HE	38	\$7,692	\$7,927
26055	TENDON SHEATH INCISION	37	\$1,649	\$2,112

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	182	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	12	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	7	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	96	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	49
	013 LEVEL II SKIN REPAIR	3	842
	014 LEVEL III SKIN REPAIR	20	257
02	BREAST PROCEDURES	50	1,750
	020 LEVEL I BREAST PROCEDURES	50	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,822	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	211	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	174	2,206
	033 LEVEL I HAND PROCEDURES	200	3,900
	034 LEVEL II HAND PROCEDURES	28	1,135
	035 LEVEL I FOOT PROCEDURES	238	6,043
	036 LEVEL II FOOT PROCEDURES	32	1,635
	037 LEVEL I ARTHROSCOPY	1,238	22,380
	038 LEVEL II ARTHROSCOPY	238	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	19	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	188	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	467
	045 BUNION PROCEDURES	102	1,790
	046 LEVEL I ARTHROPLASTY	4	660
	047 LEVEL II ARTHROPLASTY	8	177
	048 HAND AND FOOT TENOTOMY	16	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	2,206
04	RESPIRATORY PROCEDURES	82	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	42	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	37	2,327
05	CARDIOVASCULAR PROCEDURES	5	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,077
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	198
	092 RESUSCITATION	1	30
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	28	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	28	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	8,230	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	97	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	25	748

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,736	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	210	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,009	41,709
	137 THERAPEUTIC COLONOSCOPY	496	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	110	2,130
	139 LEVEL I HERNIA REPAIR	264	5,690
	140 LEVEL II HERNIA REPAIR	58	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	78	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	91	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	19	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	206
	145 LEVEL I LAPAROSCOPY	116	2,518
	146 LEVEL II LAPAROSCOPY	663	8,555
	147 LEVEL III LAPAROSCOPY	232	7,108
08	GENITOURINARY SYSTEM PROCEDURES	643	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	24	625
	162 URINARY CATHETERIZATION AND DILATATION	12	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	292	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	274	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	33	484
09	MALE REPRODUCTIVE SYSTEM	144	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	59	1,441
	181 CIRCUMCISION	21	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	64	1,309
10	FEMALE REPRODUCTIVE SYSTEM	392	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	84	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	124	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	60	1,872
	199 DILATION AND CURETTAGE	30	552
	200 HYSTEROSCOPY	84	2,238
	201 COLPOSCOPY	10	694
11	NEUROLOGIC SYSTEM PROCEDURES	290	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	183
	217 LEVEL I NERVE PROCEDURES	135	4,138
	218 LEVEL II NERVE PROCEDURES	20	777
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	7	8,680
	221 LAMINOTOMY AND LAMINECTOMY	119	3,130
	223 LEVEL III NERVE PROCEDURES	4	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	508	11,976
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	27
	232 LASER EYE PROCEDURES	1	566
	233 CATARACT PROCEDURES	233	5,367

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	25	244
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	69	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	171	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	513	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	239	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	38	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	54	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	66	3,077
	256 TONSIL AND ADENOID PROCEDURES	116	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	99	\$3,344	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$4,485	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	6	\$2,590	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$4,922	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	\$1,627	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	\$2,243	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	55	\$2,514	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$4,214	\$6,933
	014 LEVEL III SKIN REPAIR	11	\$8,532	\$7,173
02	BREAST PROCEDURES	43	\$3,472	\$4,055
	020 LEVEL I BREAST PROCEDURES	43	\$3,472	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	679	\$4,614	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$3,956	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$3,987	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$6,451	\$10,772
	033 LEVEL I HAND PROCEDURES	89	\$1,897	\$2,911
	034 LEVEL II HAND PROCEDURES	6	\$3,334	\$5,270
	035 LEVEL I FOOT PROCEDURES	80	\$2,698	\$3,958
	036 LEVEL II FOOT PROCEDURES	13	\$4,328	\$7,753
	037 LEVEL I ARTHROSCOPY	173	\$3,812	\$4,877
	038 LEVEL II ARTHROSCOPY	35	\$12,404	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$4,379	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	\$4,017	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	131	\$7,138	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$2,569	\$3,636
	045 BUNION PROCEDURES	56	\$3,771	\$5,503
	047 LEVEL II ARTHROPLASTY	6	\$8,415	\$23,934
	048 HAND AND FOOT TENOTOMY	1	\$2,312	\$3,086
04	RESPIRATORY PROCEDURES	15	\$2,902	\$2,155
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,834	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	10	\$2,436	\$2,759
05	CARDIOVASCULAR PROCEDURES	3	\$7,791	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$3,706	\$6,105
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$8,339	\$9,059
	092 RESUSCITATION	1	\$11,328	\$12,312
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	17	\$6,015	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$6,015	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,177	\$1,872	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$1,167	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	18	\$993	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	815	\$1,079	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	68	\$2,108	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,044	\$1,005	\$1,365
	137 THERAPEUTIC COLONOSCOPY	229	\$1,400	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	26	\$2,387	\$5,559

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	139 LEVEL I HERNIA REPAIR	176	\$3,672	\$4,575
	140 LEVEL II HERNIA REPAIR	21	\$4,018	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	33	\$1,808	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	37	\$2,888	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$3,934	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$5,144	\$8,883
	145 LEVEL I LAPAROSCOPY	30	\$4,063	\$5,993
	146 LEVEL II LAPAROSCOPY	542	\$6,161	\$8,741
	147 LEVEL III LAPAROSCOPY	117	\$6,800	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	159	\$5,851	\$5,060
	162 URINARY CATHETERIZATION AND DILATATION	1	\$5,772	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	76	\$3,811	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	50	\$3,783	\$5,471
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$3,247	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	29	\$15,034	\$13,497
09	MALE REPRODUCTIVE SYSTEM	108	\$5,104	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	34	\$3,205	\$3,299
	181 CIRCUMCISION	20	\$2,773	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	54	\$7,164	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	138	\$4,093	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	17	\$2,296	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	37	\$4,480	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	31	\$6,132	\$7,555
	199 DILATION AND CURETTAGE	17	\$2,757	\$3,369
	200 HYSTEROSCOPY	32	\$3,170	\$5,363
	201 COLPOSCOPY	4	\$5,413	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	169	\$4,891	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$1,286	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$1,923	\$11,949
	217 LEVEL I NERVE PROCEDURES	86	\$2,438	\$3,417
	218 LEVEL II NERVE PROCEDURES	12	\$10,133	\$12,912
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$3,680	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	66	\$7,317	\$10,971
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	319	\$3,788	\$3,736
	233 CATARACT PROCEDURES	226	\$3,803	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,148	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	15	\$3,770	\$3,814
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	19	\$2,604	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	57	\$4,114	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	326	\$2,819	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	174	\$2,179	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	18	\$3,650	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	7	\$3,791	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	27	\$7,394	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	100	\$2,478	\$2,992

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,112	56.9	135,467	53.6
Male	4,631	43.1	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	17	0.2	2,971	1.2
1-4 years	132	1.2	10,916	4.3
5-9	68	0.6	6,723	2.7
10-14	66	0.6	5,235	2.1
15-17	143	1.3	5,307	2.1
18-19	142	1.3	3,697	1.5
20-24	445	4.1	10,057	4.0
25-29	556	5.2	12,635	5.0
30-34	718	6.7	14,894	5.9
35-39	628	5.8	13,867	5.5
40-44	594	5.5	14,264	5.6
45-49	817	7.6	17,450	6.9
50-54	1,682	15.7	27,955	11.1
55-59	1,392	13.0	24,928	9.9
60-64	1,223	11.4	22,206	8.8
65-69	855	8.0	19,059	7.5
70-74	565	5.3	14,720	5.8
75-79	388	3.6	11,676	4.6
80-84	195	1.8	7,598	3.0
85-89	88	0.8	3,582	1.4
90 +	29	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	9,568	89.1	208,190	82.4
Clinic Referral	1,037	9.7	38,248	15.1
HMO Referral	4	0.0	619	0.2
Other Hospital	4	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	130	1.2	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,732	99.9	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	1	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	2	0.0	87	0.0
Under Care of Home Service	5	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	2	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,754	16.3	55,732	22.1
Medicaid	388	3.6	18,214	7.2
Other government	108	1.0	5,636	2.2
Blue Cross/Blue Shield	243	2.3	33,140	13.1
Other Commercial	579	5.4	17,547	6.9
Managed Care(HMO, PPO)	7,379	68.7	113,327	44.9
Self Pay	116	1.1	3,334	1.3
Industrial & Worker Comp	100	0.9	3,165	1.3
Charity and Unclassified	54	0.5	1,228	0.5
Childrens Health Insurance	7	0.1	189	0.1
Unknown	15	0.1	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	19	0.2	15,912	6.3
Central Utah	24	0.2	9,352	3.7
Davis County	151	1.4	27,390	10.8
Salt Lake County	9,558	89.0	87,767	34.7
Southeastern Utah	15	0.1	5,222	2.1
Southwest Utah	34	0.3	15,992	6.3
Summit County	110	1.0	3,893	1.5
Tooele County	137	1.3	5,148	2.0
Tri-County	20	0.2	6,710	2.7
Utah County	476	4.4	38,568	15.3
Wasatch County	35	0.3	1,970	0.8
Weber County	41	0.4	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	117	1.1	13,138	5.2
Unknown, Not Reported	6	0.1	125	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, 2010
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)	13,206	100.0	331,127	100.0
Mastectomy (85.0-85.99)	237	1.8	8,130	2.5
Musculoskeletal (76.0-84.99)	2,610	19.8	67,729	20.5
Respiratory (30.0-34.99)	48	0.4	3,049	0.9
Cardiovascular (35.0-39.99)	94	0.7	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	89	0.7	2,918	0.9
Digestive System (42.0-54.99)	5,484	41.5	106,281	32.1
Urinary (55.0-59.99)	246	1.9	11,247	3.4
Male Genital (60.0-64.99)	107	0.8	3,928	1.2
Female Genital (65.0-71.99)	679	5.1	15,188	4.6
Endocrine/Nervous (01.0-07.99)	629	4.8	24,832	7.5
Eye (08.0-16.99)	458	3.5	20,768	6.3
Ear (18.0-20.99)	1,117	8.5	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	1,408	10.7	28,733	8.7
Reporting Category(CPT-4 CODES)	11,690	100.0	325,030	100.0
Mastectomy (19120-19220)	101	0.9	1,713	0.5
Musculoskeletal (20000-29909)	2,939	25.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	603	5.2	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	26	0.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	78	0.7	4,116	1.3
Digestive (40490-49999)	6,137	52.5	123,353	38.0
Urinary (50010-53899)	239	2.0	15,063	4.6
Male Genital (54000-55899)	76	0.7	3,821	1.2
Female Genital (56405-58999)	491	4.2	14,294	4.4
Endocrine/Nervous (60000-64999)	185	1.6	22,577	6.9
Eye (65091-68899)	225	1.9	12,170	3.7
Ear (69000-69979)	590	5.0	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,361	10.3	6.81
2001	MYRINGOTOMY W/INSRT TUBE	1,031	7.8	3.35
4542	ENDO POLYPECTOMY LG INTESTINE	895	6.8	4.25
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	827	6.3	5.62
4513	OTH ENDO SM INTESTINE	520	3.9	1.64
283	TONSILLECTOMY W/ADENOIDECTOMY	472	3.6	1.92
5123	LAP CHOLEY	456	3.5	2.22
4292	DILAT ESOPH	275	2.1	1.35
4525	CLO [ENDO] BX LG INTESTINE	254	1.9	2.29
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	207	1.6	1.53
1341	PHACOEMULSIFICATION-ASPIR CATARACT	203	1.5	1.51
4701	LAP APPENDECTOMY	170	1.3	0.63
2169	OTH TURBINECTOMY	152	1.2	0.75
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	150	1.1	0.23
4836	[ENDO] POLYPECTOMY RECTUM	150	1.1	1.20
806	EXC SEMILUNAR CARTILAGE-KNEE	146	1.1	1.67
282	TONSILLECTOMY WO ADENOIDECTOMY	145	1.1	0.52
6952	ASPIR CURET FOLLOWING DELIV/AB	131	1.0	0.43
0392	INJ OTH AGENT SPINAL CANAL	128	1.0	2.07
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	124	0.9	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,267	10.8	6.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	965	8.3	6.08
43239	UGI ENDO; W/BX 1/MX	777	6.6	6.01
69436	TYMPANOSTOMY GENERAL ANESTHESIA	520	4.4	1.80
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	396	3.4	1.32
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	362	3.1	1.23
42820	T&A; UNDER AGE 12	357	3.1	1.52
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	344	2.9	1.81
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	268	2.3	0.94
66984	EXTRACAPSULAR CATARACT REMV IOL	205	1.8	1.53
28285	CORRECTION HAMMERTOES	185	1.6	0.55
44970	LAPAROSCOPY SURGICAL APPENDECTOM	171	1.5	0.66
30140	SUBMUCOS RES TURBINATE PART/CMPL	157	1.3	0.68
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	154	1.3	0.70
29826	SCOPE SHOULDER; DECOMP SUBACROM	144	1.2	1.12
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	131	1.1	0.44
28080	EXC INTERDIGTL NEUROMA SINGLE EA	117	1.0	0.17
42821	T&A; AGE 12 OR OVER	115	1.0	0.41
29881	SCOPE KNEE SURG;W/MENISCECT MED/	99	0.8	1.46
49505	REPR INIT ING HERNIA 5YR/MORE; R	94	0.8	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

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ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		6,419	\$3,233	\$4,764
4523	COLONOSCOPY	1,162	\$1,188	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	675	\$1,590	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	452	\$1,379	\$1,732
283	TONSILLECTOMY W/ADENOIDECTOMY	401	\$2,695	\$3,030
5123	LAP CHOLEY	376	\$6,367	\$7,823
4513	OTH ENDO SM INTESTINE	258	\$1,174	\$1,513
4701	LAP APPENDECTOMY	152	\$9,562	\$11,713
4525	CLO [ENDO] BX LG INTESTINE	150	\$1,571	\$1,777
6952	ASPIR CURET FOLLOWING DELIV/AB	126	\$2,220	\$3,192
282	TONSILLECTOMY WO ADENOIDECTOMY	103	\$2,781	\$3,118
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	75	\$2,960	\$5,449
0443	RELEASE CARPAL TUNNEL	71	\$1,912	\$2,598
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	67	\$2,047	\$3,240
4836	[ENDO] POLYPECTOMY RECTUM	67	\$1,454	\$1,527
8221	EXC LES TENDON SHEATH HAND	61	\$2,116	\$2,745
8521	LOC EXC LES BREAST	59	\$3,108	\$3,725
6823	ENDOMETRIAL ABLATION	58	\$5,123	\$6,274
806	EXC SEMILUNAR CARTILAGE-KNEE	55	\$4,570	\$4,677
8201	EXPLOR TENDON SHEATH HAND	51	\$1,775	\$2,312
8183	OTH REPR SHLDR	47	\$11,339	\$8,353

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,721	\$3,007	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,076	\$1,187	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	689	\$1,500	\$1,602
43239	UGI ENDO; W/BX 1/MX	425	\$1,383	\$1,698
69436	TYMPANOSTOMY GENERAL ANESTHESIA	395	\$1,124	\$1,547
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	331	\$6,459	\$8,264
42820	T&A; UNDER AGE 12	296	\$2,681	\$2,869
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	228	\$1,114	\$1,404
66984	EXTRACAPSULAR CATARACT REMV IOL	203	\$3,002	\$3,643
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	176	\$1,717	\$1,753
44970	LAPAROSCOPY SURGICAL APPENDECTOM	153	\$9,560	\$11,662
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	111	\$1,901	\$1,979
42821	T&A; AGE 12 OR OVER	104	\$2,762	\$3,363
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	98	\$2,823	\$3,172
49505	REPR INIT ING HERNIA 5YR/MORE; R	77	\$4,005	\$4,904
29848	ENDO WRST SURG REL TRNS CARP LIG	76	\$1,967	\$2,596
49650	LAPARSCPY SURG; REPR INIT ING HE	63	\$5,890	\$7,927
28080	EXC INTERDIGTL NEUROMA SINGLE EA	60	\$1,997	\$2,865
19120	EXC BRST CYST TUMR/LES OPN M/F 1	55	\$3,156	\$3,656
28299	CORR HALLUX VALGUS; DBL OSTEOT	52	\$2,878	\$5,280
47562	LAPAROSCOPY SURGICAL; CHOLECT	51	\$5,922	\$6,966

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, 2010
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	167	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	7	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	116	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	49
	013 LEVEL II SKIN REPAIR	9	842
	014 LEVEL III SKIN REPAIR	2	257
02	BREAST PROCEDURES	102	1,750
	020 LEVEL I BREAST PROCEDURES	101	1,713
	021 LEVEL II BREAST PROCEDURES	1	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,722	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	135	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	2,206
	033 LEVEL I HAND PROCEDURES	244	3,900
	034 LEVEL II HAND PROCEDURES	36	1,135
	035 LEVEL I FOOT PROCEDURES	624	6,043
	036 LEVEL II FOOT PROCEDURES	86	1,635
	037 LEVEL I ARTHROSCOPY	687	22,380
	038 LEVEL II ARTHROSCOPY	223	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	33	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	250	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	467
	045 BUNION PROCEDURES	227	1,790
	046 LEVEL I ARTHROPLASTY	30	660
	047 LEVEL II ARTHROPLASTY	4	177
	048 HAND AND FOOT TENOTOMY	4	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	2,206
04	RESPIRATORY PROCEDURES	257	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	36	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	176	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	41	2,327
05	CARDIOVASCULAR PROCEDURES	14	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	1,077
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2,371
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	126
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	66	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	66	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,544	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	748

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	528
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,178	24,909
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	312	5,445
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,257	41,709
137	THERAPEUTIC COLONOSCOPY	381	7,586
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	36	2,130
139	LEVEL I HERNIA REPAIR	194	5,690
140	LEVEL II HERNIA REPAIR	40	1,145
141	LEVEL I ANAL AND RECTAL PROCEDURES	11	851
142	LEVEL II ANAL AND RECTAL PROCEDURES	14	1,189
143	LEVEL I GASTROINTESTINAL PROCEDURES	12	374
144	LEVEL II GASTROINTESTINAL PROCEDURES	6	206
145	LEVEL I LAPAROSCOPY	118	2,518
146	LEVEL II LAPAROSCOPY	468	8,555
147	LEVEL III LAPAROSCOPY	492	7,108
148	LEVEL IV LAPAROSCOPY	7	114
08	GENITOURINARY SYSTEM PROCEDURES	208	11,520
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	625
162	URINARY CATHETERIZATION AND DILATATION	4	218
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	118	5,655
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	76	3,683
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	1	219
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	4	484
09	MALE REPRODUCTIVE SYSTEM	98	4,036
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	42	1,441
181	CIRCUMCISION	10	947
182	INSERTION OF PENILE PROSTHESIS	1	76
183	LEVEL I PENILE AND PROSTATE PROCEDURES	1	9
184	LEVEL II PENILE AND PROSTATE PROCEDURES	42	1,309
185	PROSTATE NEEDLE AND PUNCH BIOPSY	2	254
10	FEMALE REPRODUCTIVE SYSTEM	287	8,528
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	61	1,525
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	61	1,641
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	49	1,872
199	DILATION AND CURETTAGE	14	552
200	HYSTEROSCOPY	95	2,238
201	COLPOSCOPY	7	694
11	NEUROLOGIC SYSTEM PROCEDURES	171	21,879
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	3,252
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	183
217	LEVEL I NERVE PROCEDURES	95	4,138
218	LEVEL II NERVE PROCEDURES	16	777
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	10	8,680
221	LAMINOTOMY AND LAMINECTOMY	42	3,130
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	222	11,976
233	CATARACT PROCEDURES	213	5,367

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,722
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,791	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	765	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	78	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	182	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	65	3,077
	256 TONSIL AND ADENOID PROCEDURES	701	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	90	\$2,490	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$2,344	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$3,205	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,163	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	\$2,088	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$2,256	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	71	\$2,490	\$3,724
02	BREAST PROCEDURES	63	\$3,283	\$4,055
	020 LEVEL I BREAST PROCEDURES	63	\$3,283	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,080	\$4,252	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$4,049	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	\$5,108	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$8,170	\$10,772
	033 LEVEL I HAND PROCEDURES	134	\$2,295	\$2,911
	034 LEVEL II HAND PROCEDURES	9	\$4,391	\$5,270
	035 LEVEL I FOOT PROCEDURES	211	\$2,744	\$3,958
	036 LEVEL II FOOT PROCEDURES	39	\$6,704	\$7,753
	037 LEVEL I ARTHROSCOPY	209	\$3,846	\$4,877
	038 LEVEL II ARTHROSCOPY	29	\$13,472	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	\$5,166	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	13	\$2,729	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	187	\$5,576	\$8,351
	045 BUNION PROCEDURES	112	\$3,053	\$5,503
	046 LEVEL I ARTHROPLASTY	16	\$8,471	\$7,830
	047 LEVEL II ARTHROPLASTY	4	\$11,463	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,017	\$1,578
04	RESPIRATORY PROCEDURES	33	\$3,001	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$4,946	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	\$4,406	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	\$5,093	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	26	\$2,523	\$2,759
05	CARDIOVASCULAR PROCEDURES	4	\$11,631	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$13,549	\$6,105
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$5,878	\$7,553
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	39	\$7,818	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	39	\$7,818	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,759	\$2,666	\$3,034
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,830	\$2,587
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$826	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,517	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	677	\$1,290	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	140	\$1,930	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,773	\$1,311	\$1,365
	137 THERAPEUTIC COLONOSCOPY	192	\$1,714	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$3,900	\$5,559

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	139 LEVEL I HERNIA REPAIR	132	\$3,891	\$4,575
	140 LEVEL II HERNIA REPAIR	21	\$5,559	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$3,082	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	13	\$3,210	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	3	\$6,224	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	\$4,256	\$8,883
	145 LEVEL I LAPAROSCOPY	32	\$5,570	\$5,993
	146 LEVEL II LAPAROSCOPY	355	\$7,590	\$8,741
	147 LEVEL III LAPAROSCOPY	386	\$6,535	\$8,742
	148 LEVEL IV LAPAROSCOPY	4	\$11,760	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	70	\$3,657	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$6,386	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	2	\$2,274	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	41	\$2,847	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	23	\$3,337	\$5,471
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	\$17,190	\$13,497
09	MALE REPRODUCTIVE SYSTEM	66	\$4,469	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	\$3,288	\$3,299
	181 CIRCUMCISION	8	\$2,539	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	37	\$5,650	\$7,079
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$1,565	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	164	\$4,059	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	37	\$2,327	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	32	\$4,670	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	25	\$6,504	\$7,555
	199 DILATION AND CURETTAGE	12	\$2,525	\$3,369
	200 HYSTEROSCOPY	54	\$4,257	\$5,363
	201 COLPOSCOPY	4	\$1,837	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	35	\$2,866	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$128	\$1,457
	217 LEVEL I NERVE PROCEDURES	27	\$2,273	\$3,417
	218 LEVEL II NERVE PROCEDURES	1	\$13,265	\$12,912
	221 LAMINOTOMY AND LAMINECTOMY	3	\$8,387	\$10,971
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	215	\$2,973	\$3,736
	233 CATARACT PROCEDURES	210	\$2,998	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,549	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,489	\$3,814
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,095	\$2,468	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	453	\$1,304	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	39	\$3,118	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	30	\$5,091	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	48	\$8,643	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	525	\$2,708	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,230	55.0	135,467	53.6
Male	4,273	45.0	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	133	1.4	2,971	1.2
1-4 years	465	4.9	10,916	4.3
5-9	316	3.3	6,723	2.7
10-14	259	2.7	5,235	2.1
15-17	234	2.5	5,307	2.1
18-19	193	2.0	3,697	1.5
20-24	426	4.5	10,057	4.0
25-29	616	6.5	12,635	5.0
30-34	791	8.3	14,894	5.9
35-39	638	6.7	13,867	5.5
40-44	644	6.8	14,264	5.6
45-49	619	6.5	17,450	6.9
50-54	1,099	11.6	27,955	11.1
55-59	833	8.8	24,928	9.9
60-64	723	7.6	22,206	8.8
65-69	557	5.9	19,059	7.5
70-74	379	4.0	14,720	5.8
75-79	318	3.3	11,676	4.6
80-84	165	1.7	7,598	3.0
85-89	72	0.8	3,582	1.4
90 +	23	0.2	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	8,975	94.4	208,190	82.4
Clinic Referral	386	4.1	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	3	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	139	1.5	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	9,494	99.9	251,393	99.5
Another Hospital	3	0.0	135	0.1
Skilled Nursing Facility	1	0.0	166	0.1
Intermediate Care Facility	1	0.0	13	0.0
Another Type of Institution	2	0.0	87	0.0
Under Care of Home Service	2	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,385	14.6	55,732	22.1
Medicaid	541	5.7	18,214	7.2
Other government	142	1.5	5,636	2.2
Blue Cross/Blue Shield	229	2.4	33,140	13.1
Other Commercial	379	4.0	17,547	6.9
Managed Care(HMO, PPO)	6,550	68.9	113,327	44.9
Self Pay	116	1.2	3,334	1.3
Industrial & Worker Comp	54	0.6	3,165	1.3
Charity and Unclassified	39	0.4	1,228	0.5
Childrens Health Insurance	2	0.0	189	0.1
Unknown	66	0.7	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6	0.1	15,912	6.3
Central Utah	160	1.7	9,352	3.7
Davis County	9	0.1	27,390	10.8
Salt Lake County	210	2.2	87,767	34.7
Southeastern Utah	51	0.5	5,222	2.1
Southwest Utah	14	0.1	15,992	6.3
Summit County	8	0.1	3,893	1.5
Tooele County	19	0.2	5,148	2.0
Tri-County	12	0.1	6,710	2.7
Utah County	8,907	93.7	38,568	15.3
Wasatch County	45	0.5	1,970	0.8
Weber County	5	0.1	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	53	0.6	13,138	5.2
Unknown, Not Reported	4	0.0	125	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, 2010
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)	4,167	100.0	331,127	100.0
Mastectomy (85.0-85.99)	64	1.5	8,130	2.5
Musculoskeletal (76.0-84.99)	932	22.4	67,729	20.5
Respiratory (30.0-34.99)	10	0.2	3,049	0.9
Cardiovascular (35.0-39.99)	88	2.1	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	8	0.2	2,918	0.9
Digestive System (42.0-54.99)	851	20.4	106,281	32.1
Urinary (55.0-59.99)	38	0.9	11,247	3.4
Male Genital (60.0-64.99)	19	0.5	3,928	1.2
Female Genital (65.0-71.99)	137	3.3	15,188	4.6
Endocrine/Nervous (01.0-07.99)	725	17.4	24,832	7.5
Eye (08.0-16.99)	173	4.2	20,768	6.3
Ear (18.0-20.99)	468	11.2	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	654	15.7	28,733	8.7
Reporting Category(CPT-4 CODES)	3,601	100.0	325,030	100.0
Mastectomy (19120-19220)	19	0.5	1,713	0.5
Musculoskeletal (20000-29909)	914	25.4	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	111	3.1	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	415	11.5	29,073	8.9
Lymphatic/Hemetic (38100-38999)	6	0.2	4,116	1.3
Digestive (40490-49999)	1,208	33.5	123,353	38.0
Urinary (50010-53899)	42	1.2	15,063	4.6
Male Genital (54000-55899)	15	0.4	3,821	1.2
Female Genital (56405-58999)	117	3.2	14,294	4.4
Endocrine/Nervous (60000-64999)	425	11.8	22,577	6.9
Eye (65091-68899)	84	2.3	12,170	3.7
Ear (69000-69979)	245	6.8	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		4,167	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	455	10.9	3.35
0392	INJ OTH AGENT SPINAL CANAL	323	7.8	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	307	7.4	1.75
4523	COLONOSCOPY	224	5.4	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	177	4.2	5.62
283	TONSILLECTOMY W/ADENOIDECTOMY	157	3.8	1.92
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	141	3.4	0.61
806	EXC SEMILUNAR CARTILAGE-KNEE	128	3.1	1.67
2349	OTH DENTAL RESTORATION	124	3.0	0.22
2341	APPLIC CROWN	116	2.8	0.43
5123	LAP CHOLEY	97	2.3	2.22
1341	PHACOEMULSIFICATION-ASPIR CATARACT	83	2.0	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	83	2.0	1.53
2309	EXTRACT OTH TOOTH	64	1.5	0.15
0443	RELEASE CARPAL TUNNEL	52	1.2	0.97
4542	ENDO POLYPECTOMY LG INTESTINE	51	1.2	4.25
8363	ROTATOR CUFF REPR	41	1.0	0.76
6909	OTH D&C UTERUS	36	0.9	0.42
3999	OTH OPER VESSELS	35	0.8	0.06
286	ADENOIDECTOMY WO TONSILLECTOMY	34	0.8	0.34

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,601	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	316	8.8	0.75
36416	COLLECTON CAPILLARY BLOOD SPECIM	256	7.1	0.76
69436	TYMPANOSTOMY GENERAL ANESTHESIA	232	6.4	1.80
45378	COLONOSCOPY FLEX; DX-SEP PROC	208	5.8	6.64
43239	UGI ENDO; W/BX 1/MX	177	4.9	6.01
41899	UNLIST PROC DENTOALVEOL STRUCTUR	141	3.9	0.77
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	135	3.7	0.37
42820	T&A; UNDER AGE 12	110	3.1	1.52
66984	EXTRACAPSULAR CATARACT REMV IOL	83	2.3	1.53
47562	LAPAROSCOPY SURGICAL; CHOLECT	79	2.2	0.94
29881	SCOPE KNEE SURG;W/MENISCECT MED/	78	2.2	1.46
45380	COLONOSCOPY FLEX; W/BX 1/MX	77	2.1	6.08
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	70	1.9	0.69
29880	SCOPE KNEE SURG;W/MENISCECT MED&	49	1.4	0.46
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	48	1.3	0.64
42821	T&A; AGE 12 OR OVER	47	1.3	0.41
20680	REMOVAL OF IMPLANT; DEEP	36	1.0	0.93
36478	ENDOVEN ABLAT TX VN EXT LASR; 1	34	0.9	0.02
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	33	0.9	0.30
29826	SCOPE SHOULDER; DECOMP SUBACROM	30	0.8	1.12

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, 2010
 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		1,534	\$5,378	\$4,764
4523	COLONOSCOPY	172	\$1,648	\$1,184
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	121	\$1,444	\$1,578
283	TONSILLECTOMY W/ADENOIDECTOMY	117	\$4,884	\$3,030
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	103	\$2,266	\$1,732
5123	LAP CHOLEY	89	\$12,379	\$7,823
806	EXC SEMILUNAR CARTILAGE-KNEE	52	\$8,072	\$4,677
3999	OTH OPER VESSELS	34	\$5,441	\$7,404
4542	ENDO POLYPECTOMY LG INTESTINE	34	\$2,221	\$1,643
0443	RELEASE CARPAL TUNNEL	30	\$4,201	\$2,598
8511	CLO [PERCUT] [NEEDLE] BX BREAST	29	\$2,580	\$2,328
3893	VENOUS CATH-NEC	23	\$6,270	\$5,038
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	21	\$10,490	\$10,003
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	19	\$5,167	\$3,648
4701	LAP APPENDECTOMY	18	\$17,748	\$11,713
5304	UNILAT REPR INDIRECT ING HERN-GFT	18	\$8,231	\$4,980
0392	INJ OTH AGENT SPINAL CANAL	17	\$921	\$1,206
4525	CLO [ENDO] BX LG INTESTINE	17	\$2,304	\$1,777
8221	EXC LES TENDON SHEATH HAND	17	\$4,547	\$2,745
8363	ROTATOR CUFF REPR	17	\$15,154	\$11,096
8201	EXPLOR TENDON SHEATH HAND	16	\$3,966	\$2,312

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,315	\$4,494	\$4,004
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	314	\$874	\$1,383
69436	TYMPANOSTOMY GENERAL ANESTHESIA	170	\$2,392	\$1,547
45378	COLONOSCOPY FLEX; DX-SEP PROC	158	\$1,652	\$1,186
41899	UNLIST PROC DENTOALVEOL STRUCTUR	140	\$5,838	\$3,377
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	116	\$1,491	\$1,455
43239	UGI ENDO; W/BX 1/MX	104	\$2,261	\$1,698
42820	T&A; UNDER AGE 12	83	\$4,775	\$2,869
66984	EXTRACAPSULAR CATARACT REMV IOL	83	\$4,919	\$3,643
36416	COLLECTON CAPILLARY BLOOD SPECIM	80	\$2,609	\$248
47562	LAPAROSCOPY SURGICAL; CHOLECT	74	\$12,132	\$6,966
45380	COLONOSCOPY FLEX; W/BX 1/MX	54	\$2,195	\$1,602
29881	SCOPE KNEE SURG;W/MENISCECT MED/	49	\$7,818	\$4,675
42821	T&A; AGE 12 OR OVER	34	\$5,151	\$3,363
36478	ENDOVEN ABLAT TX VN EXT LASR; 1	33	\$5,434	\$5,518
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	33	\$4,430	\$2,664
20680	REMOVAL OF IMPLANT; DEEP	30	\$4,900	\$3,851
49505	REPR INIT ING HERNIA 5YR/MORE; R	29	\$8,287	\$4,904
29880	SCOPE KNEE SURG;W/MENISCECT MED&	28	\$8,440	\$5,236
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	28	\$6,247	\$4,545
44970	LAPAROSCOPY SURGICAL APPENDECTOM	23	\$17,278	\$11,662

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, 2010
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	120	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	2,291
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	63	4,468
	013 LEVEL II SKIN REPAIR	30	842
02	BREAST PROCEDURES	19	1,750
	020 LEVEL I BREAST PROCEDURES	19	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	822	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	2,206
	033 LEVEL I HAND PROCEDURES	63	3,900
	034 LEVEL II HAND PROCEDURES	9	1,135
	035 LEVEL I FOOT PROCEDURES	38	6,043
	036 LEVEL II FOOT PROCEDURES	7	1,635
	037 LEVEL I ARTHROSCOPY	242	22,380
	038 LEVEL II ARTHROSCOPY	14	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	6	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	32	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	87	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	467
	045 BUNION PROCEDURES	15	1,790
	046 LEVEL I ARTHROPLASTY	6	660
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	154	2,206
04	RESPIRATORY PROCEDURES	66	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	36	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	3	2,327
05	CARDIOVASCULAR PROCEDURES	54	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	9	1,077
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	34	1,649
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	6	2,371
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	126
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	70	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	70	2,319
07	GASTROINTESTINAL SYSTEM PROCEDURES	847	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	748
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	188	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	16	5,445

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	285	41,709
137 THERAPEUTIC COLONOSCOPY	37	7,586
139 LEVEL I HERNIA REPAIR	62	5,690
140 LEVEL II HERNIA REPAIR	15	1,145
141 LEVEL I ANAL AND RECTAL PROCEDURES	13	851
142 LEVEL II ANAL AND RECTAL PROCEDURES	12	1,189
144 LEVEL II GASTROINTESTINAL PROCEDURES	10	206
145 LEVEL I LAPAROSCOPY	53	2,518
146 LEVEL II LAPAROSCOPY	124	8,555
147 LEVEL III LAPAROSCOPY	26	7,108
08 GENITOURINARY SYSTEM PROCEDURES	38	11,520
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	12	625
162 URINARY CATHETERIZATION AND DILATATION	2	218
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	23	5,655
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	3,683
09 MALE REPRODUCTIVE SYSTEM	11	4,036
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,441
181 CIRCUMCISION	3	947
185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	254
10 FEMALE REPRODUCTIVE SYSTEM	83	8,528
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	1,525
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	20	1,641
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	12	1,872
199 DILATION AND CURETTAGE	18	552
200 HYSTEROSCOPY	21	2,238
201 COLPOSCOPY	5	694
11 NEUROLOGIC SYSTEM PROCEDURES	416	21,879
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	321	3,252
217 LEVEL I NERVE PROCEDURES	52	4,138
218 LEVEL II NERVE PROCEDURES	1	777
219 SPINAL TAP	9	427
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	33	8,680
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	84	11,976
233 CATARACT PROCEDURES	83	5,367
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	935
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	697	30,136
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	33
252 LEVEL I FACIAL AND ENT PROCEDURES	437	12,925
253 LEVEL II FACIAL AND ENT PROCEDURES	10	1,444
254 LEVEL III FACIAL AND ENT PROCEDURES	35	3,450
255 LEVEL IV FACIAL AND ENT PROCEDURES	4	3,077
256 TONSIL AND ADENOID PROCEDURES	210	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	98	\$5,044	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	\$2,988	\$4,740
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$5,367	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$4,474	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	\$4,804	\$3,724
	013 LEVEL II SKIN REPAIR	29	\$6,324	\$4,647
02	BREAST PROCEDURES	15	\$5,390	\$4,055
	020 LEVEL I BREAST PROCEDURES	15	\$5,390	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	457	\$6,191	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$8,461	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$8,499	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$14,810	\$10,772
	033 LEVEL I HAND PROCEDURES	38	\$4,593	\$2,911
	034 LEVEL II HAND PROCEDURES	5	\$6,541	\$5,270
	035 LEVEL I FOOT PROCEDURES	22	\$5,093	\$3,958
	036 LEVEL II FOOT PROCEDURES	6	\$9,033	\$7,753
	037 LEVEL I ARTHROSCOPY	97	\$8,702	\$4,877
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	\$3,138	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	\$4,980	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	26	\$3,020	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	55	\$11,838	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$3,107	\$3,636
	045 BUNION PROCEDURES	13	\$5,123	\$5,503
	046 LEVEL I ARTHROPLASTY	2	\$8,917	\$7,830
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	124	\$1,448	\$1,578
04	RESPIRATORY PROCEDURES	25	\$2,093	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	18	\$1,198	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$4,141	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$6,092	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	\$3,953	\$2,759
05	CARDIOVASCULAR PROCEDURES	43	\$6,757	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	\$7,045	\$6,105
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	33	\$5,434	\$40,293
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	\$22,647	\$7,553
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,023	\$8,595
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	15	\$3,199	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	15	\$3,199	\$4,793
07	GASTROINTESTINAL SYSTEM PROCEDURES	593	\$5,384	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	\$617	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$4,356	\$1,093
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	112	\$2,297	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	12	\$2,850	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	212	\$1,790	\$1,365
	137 THERAPEUTIC COLONOSCOPY	24	\$2,177	\$1,781
	139 LEVEL I HERNIA REPAIR	52	\$7,763	\$4,575

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	140 LEVEL II HERNIA REPAIR	7	\$5,086	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	\$5,120	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	\$5,212	\$3,992
	144 LEVEL II GASTROINTESTINAL PROCEDURES	10	\$9,834	\$8,883
	145 LEVEL I LAPAROSCOPY	17	\$8,130	\$5,993
	146 LEVEL II LAPAROSCOPY	106	\$13,227	\$8,741
	147 LEVEL III LAPAROSCOPY	22	\$14,009	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	22	\$6,336	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	\$11,852	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	2	\$8,289	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	15	\$4,718	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$4,638	\$5,471
09	MALE REPRODUCTIVE SYSTEM	9	\$4,135	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$7,401	\$3,299
	181 CIRCUMCISION	2	\$3,996	\$2,186
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	\$2,883	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	12	\$5,236	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$5,784	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$5,880	\$5,205
	199 DILATION AND CURETTAGE	4	\$4,597	\$3,369
	200 HYSTEROSCOPY	1	\$4,075	\$5,363
	201 COLPOSCOPY	3	\$5,682	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	375	\$1,277	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	317	\$871	\$1,457
	217 LEVEL I NERVE PROCEDURES	34	\$4,569	\$3,417
	218 LEVEL II NERVE PROCEDURES	1	\$1,444	\$12,912
	219 SPINAL TAP	9	\$2,523	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	14	\$1,660	\$1,808
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	84	\$4,886	\$3,736
	233 CATARACT PROCEDURES	83	\$4,919	\$3,654
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,136	\$2,259
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	474	\$4,254	\$4,038
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$4,128	\$6,314
	252 LEVEL I FACIAL AND ENT PROCEDURES	327	\$3,906	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$3,069	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	7	\$6,109	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	\$14,183	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	126	\$4,825	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,490	50.3	135,467	53.6
Male	1,474	49.7	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	100	3.4	1,741	0.7
29-365 days	111	3.7	2,971	1.2
1-4 years	292	9.9	10,916	4.3
5-9	108	3.6	6,723	2.7
10-14	69	2.3	5,235	2.1
15-17	50	1.7	5,307	2.1
18-19	37	1.2	3,697	1.5
20-24	111	3.7	10,057	4.0
25-29	161	5.4	12,635	5.0
30-34	167	5.6	14,894	5.9
35-39	162	5.5	13,867	5.5
40-44	177	6.0	14,264	5.6
45-49	171	5.8	17,450	6.9
50-54	224	7.6	27,955	11.1
55-59	222	7.5	24,928	9.9
60-64	184	6.2	22,206	8.8
65-69	158	5.3	19,059	7.5
70-74	205	6.9	14,720	5.8
75-79	128	4.3	11,676	4.6
80-84	79	2.7	7,598	3.0
85-89	39	1.3	3,582	1.4
90 +	9	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,905	98.0	208,190	82.4
Clinic Referral	3	0.1	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	56	1.9	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,960	99.9	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	1	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	2	0.1	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	671	22.6	55,732	22.1
Medicaid	368	12.4	18,214	7.2
Other government	77	2.6	5,636	2.2
Blue Cross/Blue Shield	715	24.1	33,140	13.1
Other Commercial	327	11.0	17,547	6.9
Managed Care(HMO, PPO)	610	20.6	113,327	44.9
Self Pay	91	3.1	3,334	1.3
Industrial & Worker Comp	96	3.2	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	9	0.3	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	15,912	6.3
Central Utah	1	0.0	9,352	3.7
Davis County	1	0.0	27,390	10.8
Salt Lake County	8	0.3	87,767	34.7
Southeastern Utah	8	0.3	5,222	2.1
Southwest Utah	3	0.1	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	2	0.1	5,148	2.0
Tri-County	2,847	96.1	6,710	2.7
Utah County	7	0.2	38,568	15.3
Wasatch County	2	0.1	1,970	0.8
Weber County	2	0.1	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	80	2.7	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	1,546	100.0	331,127	100.0
Mastectomy (85.0-85.99)	131	8.5	8,130	2.5
Musculoskeletal (76.0-84.99)	471	30.5	67,729	20.5
Respiratory (30.0-34.99)	1	0.1	3,049	0.9
Cardiovascular (35.0-39.99)	1	0.1	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	5	0.3	2,918	0.9
Digestive System (42.0-54.99)	627	40.6	106,281	32.1
Urinary (55.0-59.99)	1	0.1	11,247	3.4
Male Genital (60.0-64.99)	8	0.5	3,928	1.2
Female Genital (65.0-71.99)	23	1.5	15,188	4.6
Endocrine/Nervous (01.0-07.99)	207	13.4	24,832	7.5
Eye (08.0-16.99)	4	0.3	20,768	6.3
Ear (18.0-20.99)	27	1.7	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	40	2.6	28,733	8.7
Reporting Category(CPT-4 CODES)	1,449	100.0	325,030	100.0
Mastectomy (19120-19220)	5	0.3	1,713	0.5
Musculoskeletal (20000-29909)	587	40.5	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	3	0.2	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	29,073	8.9
Lymphatic/Hemetic (38100-38999)	5	0.3	4,116	1.3
Digestive (40490-49999)	646	44.6	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	7	0.5	3,821	1.2
Female Genital (56405-58999)	14	1.0	14,294	4.4
Endocrine/Nervous (60000-64999)	168	11.6	22,577	6.9
Eye (65091-68899)	0	0.0	12,170	3.7
Ear (69000-69979)	13	0.9	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		1,546	100.0	100.0
4523	COLONOSCOPY	136	8.8	6.81
4542	ENDO POLYPECTOMY LG INTESTINE	115	7.4	4.25
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	111	7.2	5.62
0392	INJ OTH AGENT SPINAL CANAL	69	4.5	2.07
8554	BILAT BREAST IMPLNT	66	4.3	0.13
0391	INJ ANES SPINAL CANAL-ANALGESIA	63	4.1	1.75
8147	OTH REPR KNEE	47	3.0	0.93
5123	LAP CHOLEY	46	3.0	2.22
4525	CLO [ENDO] BX LG INTESTINE	36	2.3	2.29
8183	OTH REPR SHLDR	34	2.2	0.77
806	EXC SEMILUNAR CARTILAGE-KNEE	32	2.1	1.67
0443	RELEASE CARPAL TUNNEL	31	2.0	0.97
4836	[ENDO] POLYPECTOMY RECTUM	30	1.9	1.20
2001	MYRINGOTOMY W/INSRT TUBE	26	1.7	3.35
283	TONSILLECTOMY W/ADENOIDECTOMY	26	1.7	1.92
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	26	1.7	0.61
4701	LAP APPENDECTOMY	24	1.6	0.63
8594	REMOV IMPLNT BREAST	22	1.4	0.13
8363	ROTATOR CUFF REPR	16	1.0	0.76
4824	CLO [ENDO] BX RECTUM	15	1.0	0.46

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,449	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	146	10.1	6.08
45378	COLONOSCOPY FLEX; DX-SEP PROC	133	9.2	6.64
43239	UGI ENDO; W/BX 1/MX	111	7.7	6.01
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	45	3.1	1.32
29881	SCOPE KNEE SURG;W/MENISCECT MED/	38	2.6	1.46
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	35	2.4	1.81
29826	SCOPE SHOULDER; DECOMP SUBACROM	34	2.3	1.12
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	34	2.3	0.75
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	32	2.2	0.61
29807	SCOPE SHLDR SURG; REPR SLAP LESI	27	1.9	0.21
29848	ENDO WRST SURG REL TRNS CARP LIG	27	1.9	0.34
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	1.9	0.46
28285	CORRECTION HAMMERTOE	26	1.8	0.55
44970	LAPAROSCOPY SURGICAL APPENDECTOM	26	1.8	0.66
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	25	1.7	0.24
64623	DESTRUC FACET JT NRV; L/S-EA AD	25	1.7	0.33
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	24	1.7	0.62
42820	T&A; UNDER AGE 12	19	1.3	1.52
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	16	1.1	0.52
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	16	1.1	0.36

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2010
 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	777	\$3,105	\$4,764
4523	COLONOSCOPY	115	\$876	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	82	\$1,176	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	58	\$1,163	\$1,732
8554	BILAT BREAST IMPLNT	52	\$1,405	\$5,219
8147	OTH REPR KNEE	36	\$4,477	\$5,985
5123	LAP CHOLEY	33	\$5,653	\$7,823
8183	OTH REPR SHLDR	31	\$7,615	\$8,353
283	TONSILLECTOMY W/ADENOIDECTOMY	26	\$2,402	\$3,030
0443	RELEASE CARPAL TUNNEL	22	\$2,209	\$2,598
4701	LAP APPENDECTOMY	22	\$6,599	\$11,713
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	20	\$2,243	\$1,578
4525	CLO [ENDO] BX LG INTESTINE	18	\$1,381	\$1,777
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	13	\$11,336	\$10,003
806	EXC SEMILUNAR CARTILAGE-KNEE	13	\$4,256	\$4,677
4836	[ENDO] POLYPECTOMY RECTUM	11	\$1,308	\$1,527
5341	REPR UMB HERN W/PROSTH	9	\$3,582	\$5,494
8532	BILAT REDUC MAMMO	8	\$9,549	\$10,334
5304	UNILAT REPR INDIRECT ING HERN-GFT	7	\$5,383	\$4,980
5349	OTH UMB HERNIORRHAPHY	7	\$2,715	\$3,693
8363	ROTATOR CUFF REPR	7	\$8,103	\$11,096

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	730	\$2,786	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	113	\$881	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	113	\$1,207	\$1,602
43239	UGI ENDO; W/BX 1/MX	57	\$1,186	\$1,698
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	33	\$5,653	\$8,264
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	31	\$1,604	\$1,383
29848	ENDO WRST SURG REL TRNS CARP LIG	24	\$2,267	\$2,596
44970	LAPAROSCOPY SURGICAL APPENDECTOM	22	\$6,599	\$11,662
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	20	\$1,898	\$1,691
42820	T&A; UNDER AGE 12	19	\$2,437	\$2,869
29881	SCOPE KNEE SURG;W/MENISCECT MED/	15	\$4,414	\$4,675
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	14	\$3,212	\$4,631
49505	REPR INIT ING HERNIA 5YR/MORE; R	12	\$5,061	\$4,904
69436	TYMPANOSTOMY GENERAL ANESTHESIA	12	\$1,147	\$1,547
29880	SCOPE KNEE SURG;W/MENISCECT MED&	11	\$4,277	\$5,236
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	9	\$1,770	\$1,455
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	\$1,129	\$1,753
20680	REMOVAL OF IMPLANT; DEEP	7	\$2,349	\$3,851
42821	T&A; AGE 12 OR OVER	7	\$2,306	\$3,363
24358	24358	6	\$3,222	\$3,573
19120	EXC BRST CYST TUMR/LES OPN M/F 1	5	\$1,978	\$3,656

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, 2010
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	22	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,291
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	106
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	4,468
	012 LEVEL I SKIN REPAIR	1	13
02	BREAST PROCEDURES	5	1,750
	020 LEVEL I BREAST PROCEDURES	5	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	560	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	2,206
	033 LEVEL I HAND PROCEDURES	21	3,900
	034 LEVEL II HAND PROCEDURES	9	1,135
	035 LEVEL I FOOT PROCEDURES	58	6,043
	036 LEVEL II FOOT PROCEDURES	15	1,635
	037 LEVEL I ARTHROSCOPY	222	22,380
	038 LEVEL II ARTHROSCOPY	61	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	467
	045 BUNION PROCEDURES	15	1,790
	046 LEVEL I ARTHROPLASTY	3	660
	047 LEVEL II ARTHROPLASTY	2	177
	048 HAND AND FOOT TENOTOMY	1	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	23	2,206
04	RESPIRATORY PROCEDURES	1	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,056
05	CARDIOVASCULAR PROCEDURES	1	11,285
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	126
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	613	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,234
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	113	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	23	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	279	41,709
	137 THERAPEUTIC COLONOSCOPY	42	7,586
	139 LEVEL I HERNIA REPAIR	39	5,690
	140 LEVEL II HERNIA REPAIR	8	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	206
	145 LEVEL I LAPAROSCOPY	13	2,518

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	146 LEVEL II LAPAROSCOPY	31	8,555
	147 LEVEL III LAPAROSCOPY	46	7,108
09	MALE REPRODUCTIVE SYSTEM	7	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,441
	181 CIRCUMCISION	1	947
10	FEMALE REPRODUCTIVE SYSTEM	13	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	1,872
	199 DILATION AND CURETTAGE	1	552
	200 HYSTEROSCOPY	3	2,238
11	NEUROLOGIC SYSTEM PROCEDURES	168	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	34	3,252
	217 LEVEL I NERVE PROCEDURES	14	4,138
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	120	8,680
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	51	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	15	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	3,077
	256 TONSIL AND ADENOID PROCEDURES	29	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	15	\$2,563	\$3,970
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$3,466	\$4,621
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$2,431	\$3,724
	012 LEVEL I SKIN REPAIR	1	\$2,336	\$6,740
02	BREAST PROCEDURES	5	\$1,978	\$4,055
	020 LEVEL I BREAST PROCEDURES	5	\$1,978	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	179	\$4,784	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$3,475	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$4,088	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$8,180	\$10,772
	033 LEVEL I HAND PROCEDURES	8	\$2,558	\$2,911
	034 LEVEL II HAND PROCEDURES	1	\$2,304	\$5,270
	035 LEVEL I FOOT PROCEDURES	10	\$4,009	\$3,958
	036 LEVEL II FOOT PROCEDURES	4	\$7,368	\$7,753
	037 LEVEL I ARTHROSCOPY	65	\$3,623	\$4,877
	038 LEVEL II ARTHROSCOPY	1	\$8,231	\$11,622
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$4,089	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	\$7,682	\$8,351
	045 BUNION PROCEDURES	4	\$4,353	\$5,503
	047 LEVEL II ARTHROPLASTY	2	\$16,211	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	\$1,827	\$1,578
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	\$3,026	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$3,026	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	408	\$2,119	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	58	\$1,183	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$1,646	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	226	\$1,044	\$1,365
	137 THERAPEUTIC COLONOSCOPY	10	\$1,288	\$1,781
	139 LEVEL I HERNIA REPAIR	32	\$3,809	\$4,575
	140 LEVEL II HERNIA REPAIR	4	\$4,823	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	\$2,527	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$2,597	\$3,992
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$6,548	\$8,883
	146 LEVEL II LAPAROSCOPY	25	\$6,857	\$8,741
	147 LEVEL III LAPAROSCOPY	33	\$5,653	\$8,742
09	MALE REPRODUCTIVE SYSTEM	2	\$2,011	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,883	\$3,299
	181 CIRCUMCISION	1	\$2,138	\$2,186
10	FEMALE REPRODUCTIVE SYSTEM	6	\$3,977	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,236	\$4,052
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	\$5,131	\$7,555
	199 DILATION AND CURETTAGE	1	\$4,184	\$3,369
	200 HYSTEROSCOPY	2	\$3,589	\$5,363
11	NEUROLOGIC SYSTEM PROCEDURES	64	\$1,975	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	31	\$1,604	\$1,457

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
	217 LEVEL I NERVE PROCEDURES	8	\$3,319	\$3,417
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	25	\$2,005	\$1,808
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	46	\$2,125	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	14	\$1,198	\$2,385
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$3,910	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$3,311	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	29	\$2,429	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	639	57.1	135,467	53.6
Male	481	42.9	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	3	0.3	2,971	1.2
1-4 years	22	2.0	10,916	4.3
5-9	22	2.0	6,723	2.7
10-14	18	1.6	5,235	2.1
15-17	35	3.1	5,307	2.1
18-19	18	1.6	3,697	1.5
20-24	43	3.8	10,057	4.0
25-29	68	6.1	12,635	5.0
30-34	80	7.1	14,894	5.9
35-39	92	8.2	13,867	5.5
40-44	74	6.6	14,264	5.6
45-49	92	8.2	17,450	6.9
50-54	158	14.1	27,955	11.1
55-59	113	10.1	24,928	9.9
60-64	96	8.6	22,206	8.8
65-69	58	5.2	19,059	7.5
70-74	51	4.6	14,720	5.8
75-79	42	3.8	11,676	4.6
80-84	17	1.5	7,598	3.0
85-89	13	1.2	3,582	1.4
90 +	5	0.4	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	924	82.5	208,190	82.4
Clinic Referral	184	16.4	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	1	0.1	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	11	1.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,117	99.7	251,393	99.5
Another Hospital	1	0.1	135	0.1
Skilled Nursing Facility	1	0.1	166	0.1
Intermediate Care Facility	1	0.1	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	186	16.6	55,732	22.1
Medicaid	47	4.2	18,214	7.2
Other government	53	4.7	5,636	2.2
Blue Cross/Blue Shield	182	16.3	33,140	13.1
Other Commercial	78	7.0	17,547	6.9
Managed Care(HMO, PPO)	447	39.9	113,327	44.9
Self Pay	92	8.2	3,334	1.3
Industrial & Worker Comp	17	1.5	3,165	1.3
Charity and Unclassified	16	1.4	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	2	0.2	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	942	84.1	15,912	6.3
Central Utah	0	0.0	9,352	3.7
Davis County	12	1.1	27,390	10.8
Salt Lake County	1	0.1	87,767	34.7
Southeastern Utah	0	0.0	5,222	2.1
Southwest Utah	0	0.0	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	3	0.3	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	56	5.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	106	9.5	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	161	100.0	331,127	100.0
Mastectomy (85.0-85.99)	1	0.6	8,130	2.5
Musculoskeletal (76.0-84.99)	2	1.2	67,729	20.5
Respiratory (30.0-34.99)	1	0.6	3,049	0.9
Cardiovascular (35.0-39.99)	10	6.2	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,918	0.9
Digestive System (42.0-54.99)	77	47.8	106,281	32.1
Urinary (55.0-59.99)	0	0.0	11,247	3.4
Male Genital (60.0-64.99)	0	0.0	3,928	1.2
Female Genital (65.0-71.99)	9	5.6	15,188	4.6
Endocrine/Nervous (01.0-07.99)	5	3.1	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	37	23.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	19	11.8	28,733	8.7
Reporting Category(CPT-4 CODES)	184	100.0	325,030	100.0
Mastectomy (19120-19220)	0	0.0	1,713	0.5
Musculoskeletal (20000-29909)	0	0.0	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	2	1.1	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	0	0.0	4,116	1.3
Digestive (40490-49999)	133	72.3	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	8	4.3	14,294	4.4
Endocrine/Nervous (60000-64999)	4	2.2	22,577	6.9
Eye (65091-68899)	0	0.0	12,170	3.7
Ear (69000-69979)	37	20.1	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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				
2001	MYRINGOTOMY W/INSRT TUBE	37	23.0	3.35
4523	COLONOSCOPY	29	18.0	6.81
4525	CLO [ENDO] BX LG INTESTINE	26	16.1	2.29
283	TONSILLECTOMY W/ADENOIDECTOMY	17	10.6	1.92
3899	OTH PUNCT VEIN	10	6.2	0.00
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	10	6.2	5.62
5305	UNILAT REPR ING HERN-GFT-NOS	7	4.3	0.09
0443	RELEASE CARPAL TUNNEL	5	3.1	0.97
6902	D&C FOLLOWING DELIV/AB	5	3.1	0.17
282	TONSILLECTOMY WO ADENOIDECTOMY	2	1.2	0.52
6909	OTH D&C UTERUS	2	1.2	0.42
3491	THORACENTESIS	1	0.6	0.08
5300	UNILAT REPR ING HERN-NOS	1	0.6	0.10
5302	UNILAT REPR INDIRECT ING HERN	1	0.6	0.08
5349	OTH UMB HERNIORRHAPHY	1	0.6	0.28
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	1	0.6	0.09
5411	EXPLOR LAPAROTOMY	1	0.6	0.00
6525	OTH LAP LOC EXC/DESTRUC OVARY	1	0.6	0.23
697	INSRT IUD	1	0.6	0.03
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	1	0.6	0.28

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	51	27.7	6.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	37	20.1	6.08
69436	TYMPANOSTOMY GENERAL ANESTHESIA	37	20.1	1.80
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	12	6.5	1.23
42820	T&A; UNDER AGE 12	10	5.4	1.52
42821	T&A; AGE 12 OR OVER	10	5.4	0.41
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	3.8	0.78
58120	DILATION & CURET DX &/ THERAPEUT	6	3.3	0.17
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	5	2.7	0.04
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	2.2	0.64
32421	32421	2	1.1	0.10
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	1	0.5	0.36
58301	REMOVAL OF INTRAUTERINE DEVICE	1	0.5	0.05
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	1	0.5	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

101 Beaver Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	157	\$1,680	\$4,764
2001	MYRINGOTOMY W/INSRT TUBE	37	\$1,567	\$1,960
4523	COLONOSCOPY	29	\$1,004	\$1,184
4525	CLO [ENDO] BX LG INTESTINE	25	\$1,169	\$1,777
283	TONSILLECTOMY W/ADENOIDECTOMY	17	\$2,799	\$3,030
3899	OTH PUNCT VEIN	10	\$67	\$1,007
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	9	\$1,180	\$1,732
5305	UNILAT REPR ING HERN-GFT-NOS	7	\$3,699	\$5,893
0443	RELEASE CARPAL TUNNEL	5	\$2,044	\$2,598
6902	D&C FOLLOWING DELIV/AB	4	\$3,105	\$3,566
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$2,522	\$3,118
6909	OTH D&C UTERUS	2	\$2,349	\$3,411
3491	THORACENTESIS	1	\$844	\$1,943
5300	UNILAT REPR ING HERN-NOS	1	\$3,024	\$3,009
5302	UNILAT REPR INDIRECT ING HERN	1	\$3,528	\$3,302
5349	OTH UMB HERNIORRHAPHY	1	\$7,222	\$3,693
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	1	\$2,767	\$6,147
5411	EXPLOR LAPAROTOMY	1	\$4,482	\$7,647
6525	OTH LAP LOC EXC/DESTRUC OVARY	1	\$4,988	\$7,488
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	1	\$243	\$3,648
8201	EXPLOR TENDON SHEATH HAND	1	\$1,338	\$2,312

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	180	\$1,614	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	50	\$980	\$1,186
69436	TYMPANOSTOMY GENERAL ANESTHESIA	37	\$1,567	\$1,547
45380	COLONOSCOPY FLEX; W/BX 1/MX	36	\$1,196	\$1,602
42820	T&A; UNDER AGE 12	10	\$2,541	\$2,869
42821	T&A; AGE 12 OR OVER	10	\$2,989	\$3,363
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	10	\$1,164	\$1,404
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$3,473	\$4,904
58120	DILATION & CURET DX &/ THERAPEUT	6	\$2,988	\$3,369
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	5	\$1,055	\$1,303
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	\$2,028	\$2,664
32421	32421	2	\$620	\$1,668
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	1	\$7,222	\$4,631
58301	REMOVAL OF INTRAUTERINE DEVICE	1	\$4,482	\$3,604
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	1	\$4,988	\$6,301

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

101 Beaver Valley Hospital

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
04 RESPIRATORY PROCEDURES	1	11,235
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,056
07 GASTROINTESTINAL SYSTEM PROCEDURES	114	112,000
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	12	24,909
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	93	41,709
139 LEVEL I HERNIA REPAIR	8	5,690
147 LEVEL III LAPAROSCOPY	1	7,108
10 FEMALE REPRODUCTIVE SYSTEM	6	8,528
199 DILATION AND CURETTAGE	6	552
11 NEUROLOGIC SYSTEM PROCEDURES	4	21,879
217 LEVEL I NERVE PROCEDURES	4	4,138
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	56	30,136
252 LEVEL I FACIAL AND ENT PROCEDURES	37	12,925
256 TONSIL AND ADENOID PROCEDURES	19	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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)
04	RESPIRATORY PROCEDURES	1	\$844	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$844	\$2,308
07	GASTROINTESTINAL SYSTEM PROCEDURES	110	\$1,323	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$1,164	\$1,690
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	91	\$1,070	\$1,365
	139 LEVEL I HERNIA REPAIR	8	\$3,941	\$4,575
	147 LEVEL III LAPAROSCOPY	1	\$4,988	\$8,742
10	FEMALE REPRODUCTIVE SYSTEM	6	\$2,988	\$4,923
	199 DILATION AND CURETTAGE	6	\$2,988	\$3,369
11	NEUROLOGIC SYSTEM PROCEDURES	4	\$2,028	\$4,943
	217 LEVEL I NERVE PROCEDURES	4	\$2,028	\$3,417
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	56	\$1,975	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	37	\$1,567	\$2,385
	256 TONSIL AND ADENOID PROCEDURES	19	\$2,770	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	103	51.2	135,467	53.6
Male	98	48.8	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	18	9.0	2,971	1.2
1-4 years	20	10.0	10,916	4.3
5-9	6	3.0	6,723	2.7
10-14	10	5.0	5,235	2.1
15-17	2	1.0	5,307	2.1
18-19	1	0.5	3,697	1.5
20-24	4	2.0	10,057	4.0
25-29	5	2.5	12,635	5.0
30-34	9	4.5	14,894	5.9
35-39	4	2.0	13,867	5.5
40-44	3	1.5	14,264	5.6
45-49	7	3.5	17,450	6.9
50-54	27	13.4	27,955	11.1
55-59	17	8.5	24,928	9.9
60-64	15	7.5	22,206	8.8
65-69	27	13.4	19,059	7.5
70-74	14	7.0	14,720	5.8
75-79	8	4.0	11,676	4.6
80-84	4	2.0	7,598	3.0
85-89	0	0.0	3,582	1.4
90 +	0	0.0	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	201	100.0	208,190	82.4
Clinic Referral	0	0.0	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	0	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	200	99.5	251,393	99.5
Another Hospital	1	0.5	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	51	25.4	55,732	22.1
Medicaid	36	17.9	18,214	7.2
Other government	2	1.0	5,636	2.2
Blue Cross/Blue Shield	23	11.4	33,140	13.1
Other Commercial	20	10.0	17,547	6.9
Managed Care(HMO, PPO)	52	25.9	113,327	44.9
Self Pay	14	7.0	3,334	1.3
Industrial & Worker Comp	1	0.5	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	2	1.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,912	6.3
Central Utah	0	0.0	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	0	0.0	87,767	34.7
Southeastern Utah	0	0.0	5,222	2.1
Southwest Utah	199	99.0	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	0	0.0	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	2	1.0	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	4,501	100.0	331,127	100.0
Mastectomy (85.0-85.99)	76	1.7	8,130	2.5
Musculoskeletal (76.0-84.99)	863	19.2	67,729	20.5
Respiratory (30.0-34.99)	4	0.1	3,049	0.9
Cardiovascular (35.0-39.99)	10	0.2	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	27	0.6	2,918	0.9
Digestive System (42.0-54.99)	1,633	36.3	106,281	32.1
Urinary (55.0-59.99)	42	0.9	11,247	3.4
Male Genital (60.0-64.99)	26	0.6	3,928	1.2
Female Genital (65.0-71.99)	196	4.4	15,188	4.6
Endocrine/Nervous (01.0-07.99)	660	14.7	24,832	7.5
Eye (08.0-16.99)	593	13.2	20,768	6.3
Ear (18.0-20.99)	201	4.5	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	170	3.8	28,733	8.7
Reporting Category(CPT-4 CODES)	3,645	100.0	325,030	100.0
Mastectomy (19120-19220)	37	1.0	1,713	0.5
Musculoskeletal (20000-29909)	599	16.4	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	64	1.8	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	225	6.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	27	0.7	4,116	1.3
Digestive (40490-49999)	1,567	43.0	123,353	38.0
Urinary (50010-53899)	35	1.0	15,063	4.6
Male Genital (54000-55899)	23	0.6	3,821	1.2
Female Genital (56405-58999)	108	3.0	14,294	4.4
Endocrine/Nervous (60000-64999)	564	15.5	22,577	6.9
Eye (65091-68899)	301	8.3	12,170	3.7
Ear (69000-69979)	95	2.6	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		4,501	100.0	100.0
4523	COLONOSCOPY	357	7.9	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	297	6.6	5.62
1341	PHACOEMULSIFICATION-ASPIR CATARACT	258	5.7	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	258	5.7	1.53
4542	ENDO POLYPECTOMY LG INTESTINE	247	5.5	4.25
0392	INJ OTH AGENT SPINAL CANAL	231	5.1	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	228	5.1	1.75
2001	MYRINGOTOMY W/INSRT TUBE	172	3.8	3.35
5123	LAP CHOLEY	142	3.2	2.22
0481	INJ ANES PERIPH NERV-ANALGESIA	95	2.1	0.38
283	TONSILLECTOMY W/ADENOIDECTOMY	92	2.0	1.92
4525	CLO [ENDO] BX LG INTESTINE	86	1.9	2.29
8026	ARTHSCPY-KNEE	83	1.8	0.15
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	75	1.7	0.61
4836	[ENDO] POLYPECTOMY RECTUM	71	1.6	1.20
806	EXC SEMILUNAR CARTILAGE-KNEE	63	1.4	1.67
8021	ARTHSCPY-SHLDR	61	1.4	0.10
0489	INJ NON-NEUROLYTIC PERIPH NERV	59	1.3	0.20
4292	DILAT ESOPH	55	1.2	1.35
8183	OTH REPR SHLDR	48	1.1	0.77

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,645	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	305	8.4	6.08
43239	UGI ENDO; W/BX 1/MX	295	8.1	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	295	8.1	6.64
66984	EXTRACAPSULAR CATARACT REMV IOL	252	6.9	1.53
36416	COLLECTON CAPILLARY BLOOD SPECIM	142	3.9	0.76
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	136	3.7	1.32
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	135	3.7	0.61
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	118	3.2	0.36
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	92	2.5	0.75
69436	TYMPANOSTOMY GENERAL ANESTHESIA	88	2.4	1.80
42820	T&A; UNDER AGE 12	64	1.8	1.52
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	58	1.6	0.69
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	57	1.6	0.07
43248	UGI ENDO; W/INSRT GUIDE WIRE	55	1.5	0.10
29826	SCOPE SHOULDER; DECOMP SUBACROM	53	1.5	1.12
49505	REPR INIT ING HERNIA 5YR/MORE; R	53	1.5	0.78
29881	SCOPE KNEE SURG;W/MENISCECT MED/	49	1.3	1.46
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	47	1.3	1.81
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	47	1.3	0.30
44970	LAPAROSCOPY SURGICAL APPENDECTOM	41	1.1	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, 2010
 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		1,377	\$4,352	\$4,764
4523	COLONOSCOPY	286	\$1,908	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	165	\$2,429	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	145	\$2,050	\$1,732
5123	LAP CHOLEY	119	\$10,471	\$7,823
283	TONSILLECTOMY W/ADENOIDECTOMY	85	\$2,965	\$3,030
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	52	\$2,060	\$1,578
4525	CLO [ENDO] BX LG INTESTINE	36	\$2,521	\$1,777
4836	[ENDO] POLYPECTOMY RECTUM	27	\$2,417	\$1,527
4701	LAP APPENDECTOMY	22	\$12,839	\$11,713
5304	UNILAT REPR INDIRECT ING HERN-GFT	22	\$8,177	\$4,980
4513	OTH ENDO SM INTESTINE	19	\$3,302	\$1,513
8521	LOC EXC LES BREAST	19	\$4,669	\$3,725
5349	OTH UMB HERNIORRHAPHY	18	\$5,288	\$3,693
5303	UNILAT REPR DIRECT ING HERN-GFT	15	\$7,731	\$5,043
6902	D&C FOLLOWING DELIV/AB	13	\$3,896	\$3,566
0481	INJ ANES PERIPH NERV-ANALGESIA	12	\$3,245	\$3,328
6952	ASPIR CURET FOLLOWING DELIV/AB	12	\$4,095	\$3,192
0611	CLO PERCUT NEEDLE BX THYROID GLAND	11	\$771	\$1,078
8201	EXPLOR TENDON SHEATH HAND	9	\$2,908	\$2,312
8511	CLO [PERCUT] [NEEDLE] BX BREAST	9	\$1,239	\$2,328

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,132	\$4,229	\$4,004
66984	EXTRACAPSULAR CATARACT REMV IOL	247	\$5,544	\$3,643
45380	COLONOSCOPY FLEX; W/BX 1/MX	246	\$2,401	\$1,602
45378	COLONOSCOPY FLEX; DX-SEP PROC	233	\$1,880	\$1,186
43239	UGI ENDO; W/BX 1/MX	152	\$2,064	\$1,698
36416	COLLECTON CAPILLARY BLOOD SPECIM	140	\$195	\$248
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	114	\$10,499	\$8,264
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	88	\$572	\$1,383
69436	TYMPANOSTOMY GENERAL ANESTHESIA	74	\$2,686	\$1,547
42820	T&A; UNDER AGE 12	57	\$2,891	\$2,869
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	54	\$1,908	\$1,691
49505	REPR INIT ING HERNIA 5YR/MORE; R	44	\$8,516	\$4,904
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	41	\$7,570	\$6,827
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	29	\$2,823	\$1,753
42821	T&A; AGE 12 OR OVER	28	\$3,115	\$3,363
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	26	\$1,914	\$4,768
29881	SCOPE KNEE SURG;W/MENISCECT MED/	25	\$5,786	\$4,675
44970	LAPAROSCOPY SURGICAL APPENDECTOM	23	\$12,692	\$11,662
19120	EXC BRST CYST TUMR/LES OPN M/F 1	20	\$4,806	\$3,656
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	15	\$6,592	\$4,631
29848	ENDO WRST SURG REL TRNS CARP LIG	13	\$4,523	\$2,596

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, 2010
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	41	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	4,468
	013 LEVEL II SKIN REPAIR	1	842
	014 LEVEL III SKIN REPAIR	1	257
02	BREAST PROCEDURES	37	1,750
	020 LEVEL I BREAST PROCEDURES	37	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	571	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	2,206
	033 LEVEL I HAND PROCEDURES	23	3,900
	034 LEVEL II HAND PROCEDURES	8	1,135
	035 LEVEL I FOOT PROCEDURES	60	6,043
	036 LEVEL II FOOT PROCEDURES	13	1,635
	037 LEVEL I ARTHROSCOPY	220	22,380
	038 LEVEL II ARTHROSCOPY	35	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	13	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	467
	045 BUNION PROCEDURES	32	1,790
	046 LEVEL I ARTHROPLASTY	6	660
	047 LEVEL II ARTHROPLASTY	1	177
	048 HAND AND FOOT TENOTOMY	2	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	2,206
04	RESPIRATORY PROCEDURES	18	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	11	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	2,327
05	CARDIOVASCULAR PROCEDURES	22	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	18	1,077
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	198
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	126
	092 RESUSCITATION	2	30
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	82	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	58	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	24	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,495	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	336

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	748
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	315	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	91	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	602	41,709
	137 THERAPEUTIC COLONOSCOPY	63	7,586
	139 LEVEL I HERNIA REPAIR	103	5,690
	140 LEVEL II HERNIA REPAIR	24	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	17	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	15	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	206
	145 LEVEL I LAPAROSCOPY	35	2,518
	146 LEVEL II LAPAROSCOPY	69	8,555
	147 LEVEL III LAPAROSCOPY	153	7,108
08	GENITOURINARY SYSTEM PROCEDURES	20	11,520
	162 URINARY CATHETERIZATION AND DILATATION	2	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	8	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	10	3,683
09	MALE REPRODUCTIVE SYSTEM	20	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	1,441
	181 CIRCUMCISION	4	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	1,309
10	FEMALE REPRODUCTIVE SYSTEM	67	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	1,872
	199 DILATION AND CURETTAGE	1	552
	200 HYSTEROSCOPY	48	2,238
11	NEUROLOGIC SYSTEM PROCEDURES	560	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	98	3,252
	217 LEVEL I NERVE PROCEDURES	7	4,138
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	455	8,680
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	301	11,976
	233 CATARACT PROCEDURES	259	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	171
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	23	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	244	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	112	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	20	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	3,077

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	24	\$3,759	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$772	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$6,529	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$7,034	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$4,680	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$4,792	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$3,912	\$3,724
	013 LEVEL II SKIN REPAIR	1	\$1,037	\$4,647
	014 LEVEL III SKIN REPAIR	1	\$6,528	\$7,173
02	BREAST PROCEDURES	28	\$5,066	\$4,055
	020 LEVEL I BREAST PROCEDURES	28	\$5,066	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	197	\$8,248	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$6,956	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$8,175	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$16,911	\$10,772
	033 LEVEL I HAND PROCEDURES	11	\$3,551	\$2,911
	034 LEVEL II HAND PROCEDURES	1	\$4,767	\$5,270
	035 LEVEL I FOOT PROCEDURES	16	\$4,655	\$3,958
	036 LEVEL II FOOT PROCEDURES	4	\$14,398	\$7,753
	037 LEVEL I ARTHROSCOPY	63	\$6,698	\$4,877
	038 LEVEL II ARTHROSCOPY	4	\$38,011	\$11,622
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$4,293	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$7,285	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	\$5,121	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	35	\$13,304	\$8,351
	045 BUNION PROCEDURES	7	\$9,984	\$5,503
	048 HAND AND FOOT TENOTOMY	1	\$3,759	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$1,327	\$1,578
04	RESPIRATORY PROCEDURES	6	\$3,042	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$1,096	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$4,163	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$6,636	\$4,751
05	CARDIOVASCULAR PROCEDURES	17	\$6,118	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	16	\$6,096	\$6,105
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$6,472	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	41	\$4,133	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	26	\$1,914	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$7,979	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	982	\$4,114	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$883	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,532	\$1,093
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	165	\$2,087	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	23	\$2,975	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	480	\$2,148	\$1,365
	137 THERAPEUTIC COLONOSCOPY	40	\$2,827	\$1,781

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	139 LEVEL I HERNIA REPAIR	74	\$7,640	\$4,575
	140 LEVEL II HERNIA REPAIR	17	\$6,307	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	10	\$4,784	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$4,928	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$5,818	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$10,344	\$8,883
	145 LEVEL I LAPAROSCOPY	5	\$7,169	\$5,993
	146 LEVEL II LAPAROSCOPY	37	\$11,631	\$8,741
	147 LEVEL III LAPAROSCOPY	121	\$10,321	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	7	\$6,692	\$5,060
	162 URINARY CATHETERIZATION AND DILATATION	1	\$3,942	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$5,944	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	4	\$7,753	\$5,471
09	MALE REPRODUCTIVE SYSTEM	7	\$4,217	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$4,944	\$3,299
	181 CIRCUMCISION	4	\$3,861	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$4,192	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	54	\$7,266	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	\$4,690	\$4,052
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$10,217	\$7,555
	199 DILATION AND CURETTAGE	1	\$3,612	\$3,369
	200 HYSTEROSCOPY	41	\$7,570	\$5,363
11	NEUROLOGIC SYSTEM PROCEDURES	159	\$1,230	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	94	\$631	\$1,457
	217 LEVEL I NERVE PROCEDURES	5	\$2,898	\$3,417
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	60	\$2,028	\$1,808
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	285	\$5,564	\$3,736
	233 CATARACT PROCEDURES	254	\$5,548	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$3,735	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$5,412	\$3,814
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$6,859	\$2,883
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$2,301	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	17	\$7,145	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	174	\$2,960	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	77	\$2,712	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$3,681	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$4,161	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$10,165	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	89	\$2,959	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,559	53.8	135,467	53.6
Male	1,339	46.2	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	121	4.2	1,741	0.7
29-365 days	54	1.9	2,971	1.2
1-4 years	93	3.2	10,916	4.3
5-9	48	1.7	6,723	2.7
10-14	38	1.3	5,235	2.1
15-17	61	2.1	5,307	2.1
18-19	33	1.1	3,697	1.5
20-24	88	3.0	10,057	4.0
25-29	116	4.0	12,635	5.0
30-34	133	4.6	14,894	5.9
35-39	129	4.5	13,867	5.5
40-44	138	4.8	14,264	5.6
45-49	179	6.2	17,450	6.9
50-54	284	9.8	27,955	11.1
55-59	216	7.5	24,928	9.9
60-64	190	6.6	22,206	8.8
65-69	250	8.6	19,059	7.5
70-74	234	8.1	14,720	5.8
75-79	232	8.0	11,676	4.6
80-84	183	6.3	7,598	3.0
85-89	65	2.2	3,582	1.4
90 +	13	0.4	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,511	52.1	208,190	82.4
Clinic Referral	1,350	46.6	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	2	0.1	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	35	1.2	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,889	99.7	251,393	99.5
Another Hospital	3	0.1	135	0.1
Skilled Nursing Facility	2	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	1	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	3	0.1	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,020	35.2	55,732	22.1
Medicaid	240	8.3	18,214	7.2
Other government	44	1.5	5,636	2.2
Blue Cross/Blue Shield	456	15.7	33,140	13.1
Other Commercial	158	5.5	17,547	6.9
Managed Care(HMO, PPO)	866	29.9	113,327	44.9
Self Pay	70	2.4	3,334	1.3
Industrial & Worker Comp	34	1.2	3,165	1.3
Charity and Unclassified	10	0.3	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,546	87.9	15,912	6.3
Central Utah	6	0.2	9,352	3.7
Davis County	34	1.2	27,390	10.8
Salt Lake County	12	0.4	87,767	34.7
Southeastern Utah	1	0.0	5,222	2.1
Southwest Utah	3	0.1	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	2	0.1	38,568	15.3
Wasatch County	1	0.0	1,970	0.8
Weber County	223	7.7	21,374	8.5
Unknown Utah	1	0.0	17	0.0
Outside Utah	69	2.4	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	1,176	100.0	331,127	100.0
Mastectomy (85.0-85.99)	0	0.0	8,130	2.5
Musculoskeletal (76.0-84.99)	778	66.2	67,729	20.5
Respiratory (30.0-34.99)	13	1.1	3,049	0.9
Cardiovascular (35.0-39.99)	2	0.2	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	19	1.6	2,918	0.9
Digestive System (42.0-54.99)	58	4.9	106,281	32.1
Urinary (55.0-59.99)	76	6.5	11,247	3.4
Male Genital (60.0-64.99)	45	3.8	3,928	1.2
Female Genital (65.0-71.99)	94	8.0	15,188	4.6
Endocrine/Nervous (01.0-07.99)	61	5.2	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	11	0.9	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	19	1.6	28,733	8.7
Reporting Category(CPT-4 CODES)	248	100.0	325,030	100.0
Mastectomy (19120-19220)	0	0.0	1,713	0.5
Musculoskeletal (20000-29909)	145	58.5	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	8	3.2	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	1	0.4	4,116	1.3
Digestive (40490-49999)	20	8.1	123,353	38.0
Urinary (50010-53899)	9	3.6	15,063	4.6
Male Genital (54000-55899)	1	0.4	3,821	1.2
Female Genital (56405-58999)	24	9.7	14,294	4.4
Endocrine/Nervous (60000-64999)	39	15.7	22,577	6.9
Eye (65091-68899)	0	0.0	12,170	3.7
Ear (69000-69979)	1	0.4	8,294	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		1,176	100.0	100.0
8154	TOT KNEE REPLCMT	183	15.6	0.07
8451	INSERTION INTRBOD SPINAL FUS DEVICE	70	6.0	0.07
8051	EXC INTERVERTEBRAL DISC	55	4.7	0.45
8162	FUSION OR REFUSION OF 2-3 VERTEBRAE	49	4.2	0.12
8452	INSRT RECOMB BN MORPHOGENETIC PROT	47	4.0	0.02
7779	EXC BONE GFT-OTH BONE	44	3.7	0.10
8108	LUMB-LUMBOSACRAL FUSION-POST TECH	42	3.6	0.01
8151	TOT HIP REPLCMT	40	3.4	0.01
5732	OTH CYSTOSCOPY	39	3.3	0.34
6029	OTH TRANSURETHRAL PROSTATECTOMY	33	2.8	0.13
6859	OTH VAG HYST	22	1.9	0.09
5123	LAP CHOLEY	21	1.8	2.22
7869	REMOV IMPLNT DEVICE-OTH BONE	19	1.6	0.12
5979	OTH REPR URIN STRESS INCONT	17	1.4	0.27
7770	EXC-BONE GFT-UNS SITE	17	1.4	0.01
7935	OP REDUC FX W/INT FIX-FEM	16	1.4	0.01
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	16	1.4	0.29
8181	PART SHLDR REPLCMT	16	1.4	0.01
0309	OTH EXPLOR & DECOMP SPINAL CANAL	15	1.3	0.14
8102	OTH CERV FUSION-ANT TECH	15	1.3	0.12

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		248	100.0	100.0
27447	ARTHPLSTY KNEE CONDYLE; MED&LAT	27	10.9	0.01
20985	20985	24	9.7	0.01
22851	APPLIC INTERVERT BIOMECH DEVICE	15	6.0	0.05
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	8	3.2	0.32
22554	ARTHRODESIS W/MINI DISKECT;BELOW	6	2.4	0.11
22630	ARTHRODSIS POST W/LAMINECT 1; LUM	6	2.4	0.00
22845	ANT INSTRUM; 2 3 VERTEBRAL SEGME	6	2.4	0.08
27130	ARTHPLSTY ACETABULAR&PROX FEM RE	6	2.4	0.00
58260	VAG HYST UTERUS 250 GRAMS OR LES	6	2.4	0.07
60220	TOT THYRD LOBECT UNI;W/VO ISTHMS	6	2.4	0.14
22585	ARTHRODESIS W/MINI DISKECT; EA A	5	2.0	0.07
22899	UNLISTED PROCEDURE SPINE	5	2.0	0.01
52601	TURP INCL CONTRL POSTOP BLEED CM	5	2.0	0.10
63047	LAMINECT 1 VERT SEGMENT-UNI/BIL; L	5	2.0	0.06
20936	AUTOGFT SPINE SURG; LOCAL-SAME I	4	1.6	0.01
23470	ARTHPLSTY GLENHUM JNT;HEMIARTHPL	4	1.6	0.01
44950	APPENDLECTOMY;	4	1.6	0.03
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	1.6	0.94
57260	COMBINED AP COLPORRHAPHY;	4	1.6	0.05
57288	SLING OPERATION STRESS INCONTINE	4	1.6	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, 2010
 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	401	\$26,873	\$4,764
8154	TOT KNEE REPLCMT	175	\$38,645	\$37,592
8151	TOT HIP REPLCMT	38	\$33,954	\$33,762
8051	EXC INTERVERTEBRAL DISC	16	\$11,114	\$10,835
7935	OP REDUC FX W/INT FIX-FEM	15	\$24,288	\$18,104
5123	LAP CHOLEY	14	\$11,184	\$7,823
8181	PART SHLDR REPLCMT	12	\$25,581	\$30,493
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	11	\$13,755	\$10,003
062	UNILAT THYROID LOBEC	10	\$7,273	\$9,570
0689	OTH PARATHYROIDECTOMY	9	\$8,125	\$8,835
4709	OTH APPENDECTOMY	9	\$9,334	\$8,766
064	COMPLT THYROIDECTOMY	7	\$9,451	\$10,371
6859	OTH VAG HYST	6	\$6,528	\$7,631
7915	CLO REDUC FX W/INT FIX-FEM	5	\$13,693	\$12,773
0639	OTH PART THYROIDECTOMY	4	\$10,927	\$9,177
2631	PART SIALOADENECTOMY	4	\$9,061	\$10,156
7931	OP REDUC FX W/INT FIX-HUMERUS	3	\$19,764	\$12,275
8152	PART HIP REPLCMT	3	\$27,502	\$27,502
8309	OTH INCIS SOFT TISS	3	\$5,770	\$4,357
0681	COMPLT PARATHYROIDECTOMY	2	\$7,392	\$9,666
3029	OTH PART LARYNGECTOMY	2	\$19,175	\$19,175

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	59	\$18,225	\$4,004
27130	ARTHPLSTY ACETABULAR&PROX FEM RE	6	\$32,622	\$31,383
23470	ARTHPLSTY GLENHUM JNT;HEMIARTHPL	4	\$28,217	\$35,449
44950	APPENDECTOMY;	4	\$6,565	\$8,435
60220	TOT THYRD LOBECT UNI;W/WO ISTHMS	4	\$6,706	\$9,289
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	4	\$8,478	\$8,920
27447	ARTHPLSTY KNEE CONDYLE; MED&LAT	3	\$37,840	\$27,736
47562	LAPAROSCOPY SURGICAL; CHOLECT	3	\$12,674	\$6,966
52601	TURP INCL CONTRL POSTOP BLEED CM	2	\$8,076	\$8,246
58260	VAG HYST UTERUS 250 GRAMS OR LES	2	\$7,023	\$7,587
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	2	\$8,642	\$10,994
21461	OPEN TX MAND FX; W/O INTRDNTL FI	1	\$11,549	\$15,380
22015	22015	1	\$3,609	\$3,609
23472	ARTHPLSTY GLENHUM JNT; TOT SHLD	1	\$41,497	\$31,539
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	1	\$10,045	\$10,752
25420	REP NON/MALUNION RADUS&ULNA; W/G	1	\$8,463	\$13,172
26990	I&D PELVIS/HIP JT; DP ABSC/HEMAT	1	\$27,514	\$8,713
27236	OPEN TX FEM FX PROX END FIX/PROS	1	\$27,464	\$22,699
27299	UNLISTED PROCEDURE PELVIS/HIP JO	1	\$27,729	\$9,873
27438	ARTHROPLASTY PATELLA; W/PROSTHES	1	\$14,542	\$23,508
27486	REV TOT KNEE ARTHPLSTY; 1 CMPNT	1	\$13,340	\$11,227

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, 2010
 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)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	62	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	2,206
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	9	5,284
	047 LEVEL II ARTHROPLASTY	33	177
04	RESPIRATORY PROCEDURES	3	11,235
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	4,200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	19	112,000
	139 LEVEL I HERNIA REPAIR	1	5,690
	140 LEVEL II HERNIA REPAIR	1	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	7	206
	145 LEVEL I LAPAROSCOPY	1	2,518
	146 LEVEL II LAPAROSCOPY	6	8,555
	147 LEVEL III LAPAROSCOPY	2	7,108
08	GENITOURINARY SYSTEM PROCEDURES	2	11,520
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	3,683
09	MALE REPRODUCTIVE SYSTEM	7	4,036
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	1,309
10	FEMALE REPRODUCTIVE SYSTEM	22	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	14	1,872
11	NEUROLOGIC SYSTEM PROCEDURES	69	21,879
	217 LEVEL I NERVE PROCEDURES	6	4,138
	218 LEVEL II NERVE PROCEDURES	16	777
	221 LAMINOTOMY AND LAMINECTOMY	46	3,130
	223 LEVEL III NERVE PROCEDURES	1	807
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	22	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	3	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	14	3,077
	256 TONSIL AND ADENOID PROCEDURES	1	9,071

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	23	\$27,473	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$27,622	\$4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$30,894	\$10,772
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	\$11,766	\$8,351
	047 LEVEL II ARTHROPLASTY	9	\$31,381	\$23,934
07	GASTROINTESTINAL SYSTEM PROCEDURES	8	\$9,146	\$3,034
	144 LEVEL II GASTROINTESTINAL PROCEDURES	4	\$6,565	\$8,883
	146 LEVEL II LAPAROSCOPY	3	\$12,674	\$8,741
	147 LEVEL III LAPAROSCOPY	1	\$8,887	\$8,742
09	MALE REPRODUCTIVE SYSTEM	3	\$10,557	\$4,814
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	3	\$10,557	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	3	\$7,032	\$4,923
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$7,032	\$7,555
11	NEUROLOGIC SYSTEM PROCEDURES	2	\$8,642	\$4,943
	221 LAMINOTOMY AND LAMINECTOMY	2	\$8,642	\$10,971
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	13	\$10,166	\$4,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$16,960	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$13,275	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	11	\$9,266	\$9,193

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	330	51.2	135,467	53.6
Male	314	48.8	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	0	0.0	2,971	1.2
1-4 years	0	0.0	10,916	4.3
5-9	3	0.5	6,723	2.7
10-14	7	1.1	5,235	2.1
15-17	8	1.2	5,307	2.1
18-19	4	0.6	3,697	1.5
20-24	11	1.7	10,057	4.0
25-29	10	1.6	12,635	5.0
30-34	17	2.6	14,894	5.9
35-39	18	2.8	13,867	5.5
40-44	23	3.6	14,264	5.6
45-49	46	7.1	17,450	6.9
50-54	58	9.0	27,955	11.1
55-59	52	8.1	24,928	9.9
60-64	68	10.6	22,206	8.8
65-69	105	16.3	19,059	7.5
70-74	70	10.9	14,720	5.8
75-79	81	12.6	11,676	4.6
80-84	45	7.0	7,598	3.0
85-89	14	2.2	3,582	1.4
90 +	4	0.6	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	51	7.9	208,190	82.4
Clinic Referral	5	0.8	38,248	15.1
HMO Referral	588	91.3	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	0	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	644	100.0	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	277	43.0	55,732	22.1
Medicaid	21	3.3	18,214	7.2
Other government	15	2.3	5,636	2.2
Blue Cross/Blue Shield	164	25.5	33,140	13.1
Other Commercial	30	4.7	17,547	6.9
Managed Care(HMO, PPO)	113	17.5	113,327	44.9
Self Pay	0	0.0	3,334	1.3
Industrial & Worker Comp	15	2.3	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	9	1.4	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	477	74.1	15,912	6.3
Central Utah	1	0.2	9,352	3.7
Davis County	6	0.9	27,390	10.8
Salt Lake County	1	0.2	87,767	34.7
Southeastern Utah	0	0.0	5,222	2.1
Southwest Utah	0	0.0	15,992	6.3
Summit County	1	0.2	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	0	0.0	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	11	1.7	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	147	22.8	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	2,871	100.0	331,127	100.0
Mastectomy (85.0-85.99)	56	2.0	8,130	2.5
Musculoskeletal (76.0-84.99)	753	26.2	67,729	20.5
Respiratory (30.0-34.99)	5	0.2	3,049	0.9
Cardiovascular (35.0-39.99)	15	0.5	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	16	0.6	2,918	0.9
Digestive System (42.0-54.99)	1,376	47.9	106,281	32.1
Urinary (55.0-59.99)	66	2.3	11,247	3.4
Male Genital (60.0-64.99)	22	0.8	3,928	1.2
Female Genital (65.0-71.99)	75	2.6	15,188	4.6
Endocrine/Nervous (01.0-07.99)	327	11.4	24,832	7.5
Eye (08.0-16.99)	88	3.1	20,768	6.3
Ear (18.0-20.99)	26	0.9	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	46	1.6	28,733	8.7
Reporting Category(CPT-4 CODES)	3,188	100.0	325,030	100.0
Mastectomy (19120-19220)	14	0.4	1,713	0.5
Musculoskeletal (20000-29909)	812	25.5	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	10	0.3	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	482	15.1	29,073	8.9
Lymphatic/Hemetic (38100-38999)	16	0.5	4,116	1.3
Digestive (40490-49999)	1,334	41.8	123,353	38.0
Urinary (50010-53899)	127	4.0	15,063	4.6
Male Genital (54000-55899)	19	0.6	3,821	1.2
Female Genital (56405-58999)	56	1.8	14,294	4.4
Endocrine/Nervous (60000-64999)	262	8.2	22,577	6.9
Eye (65091-68899)	43	1.3	12,170	3.7
Ear (69000-69979)	13	0.4	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		2,871	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	340	11.8	5.62
4523	COLONOSCOPY	320	11.1	6.81
4542	ENDO POLYPECTOMY LG INTESTINE	151	5.3	4.25
4525	CLO [ENDO] BX LG INTESTINE	142	4.9	2.29
5123	LAP CHOLEY	135	4.7	2.22
806	EXC SEMILUNAR CARTILAGE-KNEE	110	3.8	1.67
0443	RELEASE CARPAL TUNNEL	103	3.6	0.97
0392	INJ OTH AGENT SPINAL CANAL	94	3.3	2.07
8183	OTH REPR SHLDR	87	3.0	0.77
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	82	2.9	0.68
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	59	2.1	0.56
0391	INJ ANES SPINAL CANAL-ANALGESIA	57	2.0	1.75
1341	PHACOEMULSIFICATION-ASPIR CATARACT	43	1.5	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	43	1.5	1.53
8363	ROTATOR CUFF REPR	36	1.3	0.76
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	34	1.2	0.20
4836	[ENDO] POLYPECTOMY RECTUM	34	1.2	1.20
8201	EXPLOR TENDON SHEATH HAND	32	1.1	0.37
5303	UNILAT REPR DIRECT ING HERN-GFT	30	1.0	0.26
4701	LAP APPENDECTOMY	29	1.0	0.63

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,188	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	341	10.7	6.01
36416	COLLECTON CAPILLARY BLOOD SPECIM	336	10.5	0.76
45378	COLONOSCOPY FLEX; DX-SEP PROC	214	6.7	6.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	211	6.6	6.08
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	131	4.1	1.32
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	120	3.8	0.69
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	113	3.5	1.81
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	95	3.0	0.75
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	91	2.9	0.64
29881	SCOPE KNEE SURG;W/MENISCECT MED/	80	2.5	1.46
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	71	2.2	0.91
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	57	1.8	0.52
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	47	1.5	0.17
66984	EXTRACAPSULAR CATARACT REMV IOL	41	1.3	1.53
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	40	1.3	0.19
49505	REPR INIT ING HERNIA 5YR/MORE; R	39	1.2	0.78
29826	SCOPE SHOULDER; DECOMP SUBACROM	38	1.2	1.12
23130	ACROMPLSTY/ACROMNECT PART W/WO R	36	1.1	0.04
29880	SCOPE KNEE SURG;W/MENISCECT MED&	31	1.0	0.46
44970	LAPAROSCOPY SURGICAL APPENDECTOM	30	0.9	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, 2010
 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		1,512	\$5,337	\$4,764
4523	COLONOSCOPY	251	\$1,787	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	171	\$2,477	\$1,732
5123	LAP CHOLEY	112	\$12,548	\$7,823
4542	ENDO POLYPECTOMY LG INTESTINE	111	\$2,637	\$1,643
4525	CLO [ENDO] BX LG INTESTINE	80	\$2,555	\$1,777
806	EXC SEMILUNAR CARTILAGE-KNEE	38	\$7,599	\$4,677
0392	INJ OTH AGENT SPINAL CANAL	37	\$1,093	\$1,206
0443	RELEASE CARPAL TUNNEL	33	\$4,111	\$2,598
8183	OTH REPR SHLDR	29	\$14,261	\$8,353
4701	LAP APPENDECTOMY	27	\$14,668	\$11,713
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	24	\$4,525	\$2,650
8511	CLO [PERCUT] [NEEDLE] BX BREAST	23	\$2,179	\$2,328
5303	UNILAT REPR DIRECT ING HERN-GFT	22	\$7,467	\$5,043
598	URETERAL CATH	20	\$10,738	\$6,367
5341	REPR UMB HERN W/PROSTH	19	\$9,359	\$5,494
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	19	\$7,263	\$4,212
0331	SPINAL TAP	18	\$1,894	\$2,546
283	TONSILLECTOMY W/ADENOIDECTOMY	18	\$3,110	\$3,030
4836	[ENDO] POLYPECTOMY RECTUM	18	\$2,600	\$1,527
5749	OTH TRANSURETH EXC/DEST LES BLADDER	18	\$5,184	\$5,191

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,070	\$4,329	\$4,004
36416	COLLECTON CAPILLARY BLOOD SPECIM	332	\$72	\$248
43239	UGI ENDO; W/BX 1/MX	196	\$2,565	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	172	\$1,766	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	134	\$2,506	\$1,602
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	109	\$12,548	\$8,264
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	95	\$1,329	\$1,383
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	76	\$2,710	\$1,753
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	70	\$5,857	\$4,768
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	46	\$2,674	\$3,511
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	43	\$4,367	\$2,664
66984	EXTRACAPSULAR CATARACT REMV IOL	41	\$2,678	\$3,643
29881	SCOPE KNEE SURG;W/MENISCECT MED/	40	\$7,558	\$4,675
49505	REPR INIT ING HERNIA 5YR/MORE; R	33	\$7,555	\$4,904
44970	LAPAROSCOPY SURGICAL APPENDECTOM	26	\$14,747	\$11,662
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	23	\$13,665	\$11,450
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	22	\$1,703	\$1,455
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	19	\$7,203	\$4,092
29880	SCOPE KNEE SURG;W/MENISCECT MED&	18	\$8,194	\$5,236
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	18	\$8,871	\$4,631
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	18	\$1,894	\$2,348

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	62	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	25	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	185
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	4,468
	013 LEVEL II SKIN REPAIR	6	842
	014 LEVEL III SKIN REPAIR	1	257
02	BREAST PROCEDURES	14	1,750
	020 LEVEL I BREAST PROCEDURES	14	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	729	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	2,206
	033 LEVEL I HAND PROCEDURES	39	3,900
	035 LEVEL I FOOT PROCEDURES	22	6,043
	036 LEVEL II FOOT PROCEDURES	5	1,635
	037 LEVEL I ARTHROSCOPY	330	22,380
	038 LEVEL II ARTHROSCOPY	53	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	6	1,991
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	36	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	33	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	467
	045 BUNION PROCEDURES	13	1,790
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	2,206
04	RESPIRATORY PROCEDURES	11	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	2,056
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	4,200
05	CARDIOVASCULAR PROCEDURES	18	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	10	1,077
	086 PACEMAKER INSERTION AND REPLACEMENT	2	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	831
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	126
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	124	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	120	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,301	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,234
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	361	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	29	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	427	41,709
	137 THERAPEUTIC COLONOSCOPY	117	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,130
	139 LEVEL I HERNIA REPAIR	107	5,690

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	140 LEVEL II HERNIA REPAIR	38	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	8	206
	145 LEVEL I LAPAROSCOPY	16	2,518
	146 LEVEL II LAPAROSCOPY	44	8,555
	147 LEVEL III LAPAROSCOPY	136	7,108
08	GENITOURINARY SYSTEM PROCEDURES	112	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	40	625
	162 URINARY CATHETERIZATION AND DILATATION	1	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	54	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	17	3,683
09	MALE REPRODUCTIVE SYSTEM	23	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,441
	181 CIRCUMCISION	12	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	1,309
10	FEMALE REPRODUCTIVE SYSTEM	31	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	1,525
	199 DILATION AND CURETTAGE	2	552
	200 HYSTEROSCOPY	22	2,238
	201 COLPOSCOPY	1	694
11	NEUROLOGIC SYSTEM PROCEDURES	248	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	102	3,252
	217 LEVEL I NERVE PROCEDURES	124	4,138
	219 SPINAL TAP	18	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	8,680
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	43	11,976
	233 CATARACT PROCEDURES	43	5,367
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	54	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	20	12,925
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	3,077
	256 TONSIL AND ADENOID PROCEDURES	32	9,071

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	52	\$4,071	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	23	\$2,385	\$4,740
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$5,064	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$4,919	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	22	\$5,794	\$3,724
	013 LEVEL II SKIN REPAIR	3	\$1,753	\$4,647
	014 LEVEL III SKIN REPAIR	1	\$9,213	\$7,173
02	BREAST PROCEDURES	8	\$6,548	\$4,055
	020 LEVEL I BREAST PROCEDURES	8	\$6,548	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	274	\$8,005	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$8,523	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$8,414	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$14,492	\$10,772
	033 LEVEL I HAND PROCEDURES	18	\$4,476	\$2,911
	035 LEVEL I FOOT PROCEDURES	10	\$4,873	\$3,958
	036 LEVEL II FOOT PROCEDURES	4	\$7,776	\$7,753
	037 LEVEL I ARTHROSCOPY	99	\$7,882	\$4,877
	038 LEVEL II ARTHROSCOPY	14	\$17,643	\$11,622
	040 SPLINT, STRAPPING AND CAST REMOVAL	6	\$619	\$1,652
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	27	\$4,802	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	26	\$15,752	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,959	\$3,636
	045 BUNION PROCEDURES	9	\$8,997	\$5,503
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	\$1,595	\$1,578
04	RESPIRATORY PROCEDURES	9	\$2,790	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	\$2,790	\$2,308
05	CARDIOVASCULAR PROCEDURES	13	\$11,667	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	10	\$10,570	\$6,105
	086 PACEMAKER INSERTION AND REPLACEMENT	2	\$20,570	\$34,863
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$4,831	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	74	\$5,861	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	70	\$5,857	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$5,923	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	869	\$4,886	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$1,058	\$1,415
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$2,873	\$2,587
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$3,821	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	208	\$2,596	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	21	\$4,828	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	308	\$2,093	\$1,365
	137 THERAPEUTIC COLONOSCOPY	78	\$2,704	\$1,781
	139 LEVEL I HERNIA REPAIR	67	\$7,765	\$4,575
	140 LEVEL II HERNIA REPAIR	15	\$8,108	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$4,550	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$7,702	\$3,992

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
144 LEVEL II GASTROINTESTINAL PROCEDURES	8	\$13,768	\$8,883
145 LEVEL I LAPAROSCOPY	10	\$8,052	\$5,993
146 LEVEL II LAPAROSCOPY	33	\$13,793	\$8,741
147 LEVEL III LAPAROSCOPY	113	\$12,677	\$8,742
08 GENITOURINARY SYSTEM PROCEDURES	66	\$8,321	\$5,060
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	23	\$13,665	\$11,450
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	31	\$5,307	\$2,751
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	12	\$5,863	\$5,471
09 MALE REPRODUCTIVE SYSTEM	19	\$3,788	\$4,814
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$5,713	\$3,299
181 CIRCUMCISION	11	\$2,708	\$2,186
184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	\$5,211	\$7,079
10 FEMALE REPRODUCTIVE SYSTEM	29	\$5,972	\$4,923
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$4,773	\$4,052
199 DILATION AND CURETTAGE	2	\$5,126	\$3,369
200 HYSTEROSCOPY	21	\$6,395	\$5,363
11 NEUROLOGIC SYSTEM PROCEDURES	169	\$2,322	\$4,943
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	102	\$1,309	\$1,457
217 LEVEL I NERVE PROCEDURES	48	\$4,652	\$3,417
219 SPINAL TAP	18	\$1,894	\$2,340
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$1,532	\$1,808
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	43	\$2,678	\$3,736
233 CATARACT PROCEDURES	43	\$2,678	\$3,654
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	36	\$3,412	\$4,038
252 LEVEL I FACIAL AND ENT PROCEDURES	12	\$2,520	\$2,385
255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$14,611	\$9,193
256 TONSIL AND ADENOID PROCEDURES	23	\$3,391	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,422	52.7	135,467	53.6
Male	1,278	47.3	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	297	11.0	1,741	0.7
29-365 days	21	0.8	2,971	1.2
1-4 years	49	1.8	10,916	4.3
5-9	36	1.3	6,723	2.7
10-14	49	1.8	5,235	2.1
15-17	54	2.0	5,307	2.1
18-19	26	1.0	3,697	1.5
20-24	76	2.8	10,057	4.0
25-29	101	3.7	12,635	5.0
30-34	112	4.1	14,894	5.9
35-39	125	4.6	13,867	5.5
40-44	119	4.4	14,264	5.6
45-49	152	5.6	17,450	6.9
50-54	296	11.0	27,955	11.1
55-59	259	9.6	24,928	9.9
60-64	282	10.4	22,206	8.8
65-69	194	7.2	19,059	7.5
70-74	154	5.7	14,720	5.8
75-79	121	4.5	11,676	4.6
80-84	110	4.1	7,598	3.0
85-89	52	1.9	3,582	1.4
90 +	15	0.6	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,656	98.4	208,190	82.4
Clinic Referral	0	0.0	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	44	1.6	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,696	99.9	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	1	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	2	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	733	27.1	55,732	22.1
Medicaid	309	11.4	18,214	7.2
Other government	22	0.8	5,636	2.2
Blue Cross/Blue Shield	466	17.3	33,140	13.1
Other Commercial	521	19.3	17,547	6.9
Managed Care(HMO, PPO)	545	20.2	113,327	44.9
Self Pay	28	1.0	3,334	1.3
Industrial & Worker Comp	62	2.3	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	14	0.5	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	15,912	6.3
Central Utah	9	0.3	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	9	0.3	87,767	34.7
Southeastern Utah	2,639	97.7	5,222	2.1
Southwest Utah	1	0.0	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	20	0.7	6,710	2.7
Utah County	6	0.2	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	9	0.3	13,138	5.2
Unknown, Not Reported	6	0.2	125	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, 2010
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)	216	100.0	331,127	100.0
Mastectomy (85.0-85.99)	1	0.5	8,130	2.5
Musculoskeletal (76.0-84.99)	26	12.0	67,729	20.5
Respiratory (30.0-34.99)	3	1.4	3,049	0.9
Cardiovascular (35.0-39.99)	13	6.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,918	0.9
Digestive System (42.0-54.99)	69	31.9	106,281	32.1
Urinary (55.0-59.99)	19	8.8	11,247	3.4
Male Genital (60.0-64.99)	12	5.6	3,928	1.2
Female Genital (65.0-71.99)	62	28.7	15,188	4.6
Endocrine/Nervous (01.0-07.99)	11	5.1	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	0	0.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	28,733	8.7
Reporting Category(CPT-4 CODES)	789	100.0	325,030	100.0
Mastectomy (19120-19220)	8	1.0	1,713	0.5
Musculoskeletal (20000-29909)	163	20.7	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	7	0.9	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	0	0.0	4,116	1.3
Digestive (40490-49999)	519	65.8	123,353	38.0
Urinary (50010-53899)	15	1.9	15,063	4.6
Male Genital (54000-55899)	5	0.6	3,821	1.2
Female Genital (56405-58999)	10	1.3	14,294	4.4
Endocrine/Nervous (60000-64999)	13	1.6	22,577	6.9
Eye (65091-68899)	32	4.1	12,170	3.7
Ear (69000-69979)	17	2.2	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		216	100.0	100.0
6851	LAP ASSIST VAG HYST [LAVH]	28	13.0	0.10
4513	OTH ENDO SM INTESTINE	24	11.1	1.64
5979	OTH REPR URIN STRESS INCONT	10	4.6	0.27
640	CIRCUMCISION	10	4.6	0.20
4701	LAP APPENDECTOMY	9	4.2	0.63
6631	OTH BILAT LIG-CRUSH FALLOPIAN TUBES	9	4.2	0.00
0331	SPINAL TAP	8	3.7	0.16
7051	REPR CYSTOCELE	8	3.7	0.08
4525	CLO [ENDO] BX LG INTESTINE	7	3.2	2.29
3893	VENOUS CATH-NEC	6	2.8	0.24
3892	UMB VEIN CATH	5	2.3	0.00
4523	COLONOSCOPY	5	2.3	6.81
5123	LAP CHOLEY	5	2.3	2.22
4311	PERCUT [ENDO] GASTROSTOMY [PEG]	3	1.4	0.05
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	3	1.4	5.62
5451	LAP LYSIS PERITONEAL ADHES	3	1.4	0.23
598	URETERAL CATH	3	1.4	0.75
6563	LAP REMOV BIL OVARY-TUBE-SAME SURG	3	1.4	0.10
7050	REPR CYSTOCELE & RECTOCELE	3	1.4	0.05
8145	OTH REPR CRUCIATE LIGAMNT	3	1.4	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		789	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	185	23.4	6.64
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	107	13.6	1.23
45380	COLONOSCOPY FLEX; W/BX 1/MX	95	12.0	6.08
28285	CORRECTION HAMMERTOES	28	3.5	0.55
66984	EXTRACAPSULAR CATARACT REMV IOL	28	3.5	1.53
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	27	3.4	1.32
42820	T&A; UNDER AGE 12	20	2.5	1.52
29848	ENDO WRST SURG REL TRNS CARP LIG	16	2.0	0.34
43239	UGI ENDO; W/BX 1/MX	15	1.9	6.01
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	14	1.8	1.81
69436	TYMPANOSTOMY GENERAL ANESTHESIA	14	1.8	1.80
28296	HALLUX VALGUS; W/METATARSAL OSTE	10	1.3	0.24
49505	REPR INIT ING HERNIA 5YR/MORE; R	8	1.0	0.78
27612	ARTHROT POST CAPSULAR RELEASE ANK	7	0.9	0.00
20680	REMOVAL OF IMPLANT; DEEP	6	0.8	0.93
28300	OSTEOTOMY; CALCAN W/WO INTERNAL	6	0.8	0.06
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	6	0.8	0.94
28740	ARTHRODIS MIDTARSAL/TARSOMT 1 JN	5	0.6	0.04
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	0.5	0.35
19125	EXC BRST LES ID RAD MARKR OPN;1	4	0.5	0.17

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		109	\$13,756	\$4,764
6851	LAP ASSIST VAG HYST [LAVH]	17	\$11,801	\$12,121
4513	OTH ENDO SM INTESTINE	14	\$14,650	\$1,513
640	CIRCUMCISION	10	\$1,801	\$2,830
6631	OTH BILAT LIG-CRUSH FALLOPIAN TUBES	9	\$7,029	\$6,548
0331	SPINAL TAP	8	\$11,845	\$2,546
4701	LAP APPENDECTOMY	8	\$14,935	\$11,713
5123	LAP CHOLEY	5	\$16,549	\$7,823
3892	UMB VEIN CATH	3	\$3,387	\$3,387
8154	TOT KNEE REPLCMT	3	\$29,530	\$37,592
0392	INJ OTH AGENT SPINAL CANAL	2	\$15,030	\$1,206
3893	VENOUS CATH-NEC	2	\$38,937	\$5,038
4311	PERCUT [ENDO] GASTROSTOMY [PEG]	2	\$39,368	\$3,648
4525	CLO [ENDO] BX LG INTESTINE	2	\$17,678	\$1,777
8145	OTH REPR CRUCIATE LIGAMNT	2	\$10,917	\$12,530
3404	INSRT INTERCOSTAL DRAIN CATH	1	\$40,332	\$5,103
3491	THORACENTESIS	1	\$27,049	\$1,943
3891	ART CATH	1	\$2,354	\$2,186
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1	\$5,998	\$1,732
4903	EXC PERIAN SKIN TAGS	1	\$4,985	\$2,254
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$5,745	\$4,980

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		535	\$2,570	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	165	\$1,414	\$1,186
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	77	\$1,515	\$1,404
45380	COLONOSCOPY FLEX; W/BX 1/MX	75	\$1,699	\$1,602
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	27	\$7,113	\$8,264
66984	EXTRACAPSULAR CATARACT REMV IOL	27	\$2,994	\$3,643
42820	T&A; UNDER AGE 12	20	\$3,105	\$2,869
69436	TYMPANOSTOMY GENERAL ANESTHESIA	13	\$1,981	\$1,547
29848	ENDO WRST SURG REL TRNS CARP LIG	12	\$3,275	\$2,596
43239	UGI ENDO; W/BX 1/MX	9	\$1,636	\$1,698
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$4,909	\$4,904
28296	HALLUX VALGUS; W/METATARSAL OSTE	6	\$3,141	\$5,280
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	\$2,595	\$3,656
19125	EXC BRST LES ID RAD MARKR OPN;1	4	\$2,798	\$4,700
28285	CORRECTION HAMMERTO	4	\$3,435	\$3,802
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	4	\$2,847	\$2,651
49652	49652	4	\$9,966	\$9,939
28820	AMP TOE; METATARSOPHALANGEAL JOI	3	\$2,260	\$3,812
49520	REPR RECUR ING HERN ANY AGE; RDU	3	\$4,616	\$5,512
49653	49653	3	\$8,533	\$11,125
52000	CYSTOURETHROSCOPY-SEP PROC	3	\$2,719	\$990

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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	8	9,461
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	4,468
02	BREAST PROCEDURES	8	1,750
	020 LEVEL I BREAST PROCEDURES	8	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	154	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,206
	033 LEVEL I HAND PROCEDURES	6	3,900
	034 LEVEL II HAND PROCEDURES	2	1,135
	035 LEVEL I FOOT PROCEDURES	55	6,043
	036 LEVEL II FOOT PROCEDURES	19	1,635
	037 LEVEL I ARTHROSCOPY	24	22,380
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	10	5,284
	045 BUNION PROCEDURES	14	1,790
	046 LEVEL I ARTHROPLASTY	1	660
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,206
04	RESPIRATORY PROCEDURES	2	11,235
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	4,200
07	GASTROINTESTINAL SYSTEM PROCEDURES	490	112,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	122	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	280	41,709
	137 THERAPEUTIC COLONOSCOPY	14	7,586
	139 LEVEL I HERNIA REPAIR	11	5,690
	140 LEVEL II HERNIA REPAIR	3	1,145
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	206
	146 LEVEL II LAPAROSCOPY	22	8,555
	147 LEVEL III LAPAROSCOPY	29	7,108
08	GENITOURINARY SYSTEM PROCEDURES	12	11,520
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	8	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	4	3,683
09	MALE REPRODUCTIVE SYSTEM	7	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,441
	181 CIRCUMCISION	1	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	1,309
10	FEMALE REPRODUCTIVE SYSTEM	5	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,525
	199 DILATION AND CURETTAGE	1	552
	201 COLPOSCOPY	3	694
11	NEUROLOGIC SYSTEM PROCEDURES	13	21,879
	217 LEVEL I NERVE PROCEDURES	9	4,138
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	8,680
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	32	11,976
	232 LASER EYE PROCEDURES	2	566

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	233 CATARACT PROCEDURES	29	5,367
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	291
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	53	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	18	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	3,450
	256 TONSIL AND ADENOID PROCEDURES	30	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	\$3,251	\$3,970
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$3,185	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,382	\$3,724
02	BREAST PROCEDURES	8	\$2,697	\$4,055
	020 LEVEL I BREAST PROCEDURES	8	\$2,697	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	51	\$3,933	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$3,093	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$9,342	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$4,300	\$10,772
	033 LEVEL I HAND PROCEDURES	3	\$2,255	\$2,911
	034 LEVEL II HAND PROCEDURES	1	\$3,598	\$5,270
	035 LEVEL I FOOT PROCEDURES	12	\$2,742	\$3,958
	036 LEVEL II FOOT PROCEDURES	3	\$5,510	\$7,753
	037 LEVEL I ARTHROSCOPY	14	\$3,594	\$4,877
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7	\$5,404	\$8,351
	045 BUNION PROCEDURES	7	\$3,800	\$5,503
07	GASTROINTESTINAL SYSTEM PROCEDURES	381	\$2,326	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	86	\$1,528	\$1,690
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	240	\$1,503	\$1,365
	139 LEVEL I HERNIA REPAIR	9	\$4,953	\$4,575
	140 LEVEL II HERNIA REPAIR	3	\$4,616	\$5,741
	146 LEVEL II LAPAROSCOPY	15	\$9,226	\$8,741
	147 LEVEL III LAPAROSCOPY	28	\$7,052	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	8	\$2,956	\$5,060
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	6	\$2,886	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	2	\$3,165	\$5,471
09	MALE REPRODUCTIVE SYSTEM	1	\$2,642	\$4,814
	181 CIRCUMCISION	1	\$2,642	\$2,186
10	FEMALE REPRODUCTIVE SYSTEM	5	\$2,209	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,396	\$4,052
	199 DILATION AND CURETTAGE	1	\$2,991	\$3,369
	201 COLPOSCOPY	3	\$1,885	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	3	\$3,645	\$4,943
	217 LEVEL I NERVE PROCEDURES	2	\$4,223	\$3,417
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$2,490	\$1,808
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	30	\$2,851	\$3,736
	232 LASER EYE PROCEDURES	2	\$756	\$818
	233 CATARACT PROCEDURES	28	\$3,000	\$3,654
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	44	\$2,731	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	15	\$2,023	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$1,204	\$3,554
	256 TONSIL AND ADENOID PROCEDURES	28	\$3,165	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	421	52.8	135,467	53.6
Male	377	47.2	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	16	2.0	1,741	0.7
29-365 days	3	0.4	2,971	1.2
1-4 years	21	2.6	10,916	4.3
5-9	14	1.8	6,723	2.7
10-14	24	3.0	5,235	2.1
15-17	13	1.6	5,307	2.1
18-19	9	1.1	3,697	1.5
20-24	25	3.1	10,057	4.0
25-29	28	3.5	12,635	5.0
30-34	43	5.4	14,894	5.9
35-39	36	4.5	13,867	5.5
40-44	40	5.0	14,264	5.6
45-49	43	5.4	17,450	6.9
50-54	95	11.9	27,955	11.1
55-59	82	10.3	24,928	9.9
60-64	63	7.9	22,206	8.8
65-69	69	8.6	19,059	7.5
70-74	58	7.3	14,720	5.8
75-79	50	6.3	11,676	4.6
80-84	39	4.9	7,598	3.0
85-89	17	2.1	3,582	1.4
90 +	10	1.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	680	85.2	208,190	82.4
Clinic Referral	70	8.8	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	4	0.5	262	0.1
Skilled Nursing Facility	16	2.0	234	0.1
Other Health Care Facility	1	0.1	24	0.0
ER (Not valid since 7/2010)	21	2.6	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	6	0.8	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	750	94.0	251,393	99.5
Another Hospital	15	1.9	135	0.1
Skilled Nursing Facility	10	1.3	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	9	1.1	87	0.0
Under Care of Home Service	13	1.6	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.1	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	257	32.2	55,732	22.1
Medicaid	75	9.4	18,214	7.2
Other government	21	2.6	5,636	2.2
Blue Cross/Blue Shield	96	12.0	33,140	13.1
Other Commercial	109	13.7	17,547	6.9
Managed Care(HMO, PPO)	221	27.7	113,327	44.9
Self Pay	12	1.5	3,334	1.3
Industrial & Worker Comp	4	0.5	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	3	0.4	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,912	6.3
Central Utah	742	93.0	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	2	0.3	87,767	34.7
Southeastern Utah	2	0.3	5,222	2.1
Southwest Utah	3	0.4	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	4	0.5	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	39	4.9	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	1	0.1	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	5	0.6	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	11,997	100.0	331,127	100.0
Mastectomy (85.0-85.99)	446	3.7	8,130	2.5
Musculoskeletal (76.0-84.99)	1,257	10.5	67,729	20.5
Respiratory (30.0-34.99)	87	0.7	3,049	0.9
Cardiovascular (35.0-39.99)	1,103	9.2	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	49	0.4	2,918	0.9
Digestive System (42.0-54.99)	5,192	43.3	106,281	32.1
Urinary (55.0-59.99)	467	3.9	11,247	3.4
Male Genital (60.0-64.99)	113	0.9	3,928	1.2
Female Genital (65.0-71.99)	947	7.9	15,188	4.6
Endocrine/Nervous (01.0-07.99)	896	7.5	24,832	7.5
Eye (08.0-16.99)	150	1.3	20,768	6.3
Ear (18.0-20.99)	335	2.8	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	955	8.0	28,733	8.7
Reporting Category(CPT-4 CODES)	14,809	100.0	325,030	100.0
Mastectomy (19120-19220)	46	0.3	1,713	0.5
Musculoskeletal (20000-29909)	1,656	11.2	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	564	3.8	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	4,203	28.4	29,073	8.9
Lymphatic/Hemetic (38100-38999)	43	0.3	4,116	1.3
Digestive (40490-49999)	5,636	38.1	123,353	38.0
Urinary (50010-53899)	612	4.1	15,063	4.6
Male Genital (54000-55899)	70	0.5	3,821	1.2
Female Genital (56405-58999)	907	6.1	14,294	4.4
Endocrine/Nervous (60000-64999)	780	5.3	22,577	6.9
Eye (65091-68899)	94	0.6	12,170	3.7
Ear (69000-69979)	198	1.3	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

108 Davis Hospital & Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<hr/>				
All ICD-9 Procedures		11,997	100.0	100.0
4523	COLONOSCOPY	1,214	10.1	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,101	9.2	5.62
4525	CLO [ENDO] BX LG INTESTINE	673	5.6	2.29
4542	ENDO POLYPECTOMY LG INTESTINE	631	5.3	4.25
4292	DILAT ESOPH	347	2.9	1.35
2001	MYRINGOTOMY W/INSRT TUBE	269	2.2	3.35
3722	LT HEART CARD CATH	254	2.1	1.18
3723	COMBO RT & LT HEART CARD CATH	249	2.1	0.52
5123	LAP CHOLEY	238	2.0	2.22
0392	INJ OTH AGENT SPINAL CANAL	235	2.0	2.07
4836	[ENDO] POLYPECTOMY RECTUM	185	1.5	1.20
0391	INJ ANES SPINAL CANAL-ANALGESIA	180	1.5	1.75
8511	CLO [PERCUT] [NEEDLE] BX BREAST	176	1.5	0.39
283	TONSILLECTOMY W/ADENOIDECTOMY	165	1.4	1.92
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	160	1.3	0.29
8519	OTH DX PROC BREAST	143	1.2	0.28
282	TONSILLECTOMY WO ADENOIDECTOMY	126	1.1	0.52
560	TRANSURETH REMOV OBST URETER-PELV	126	1.1	0.52
598	URETERAL CATH	121	1.0	0.75
2188	OTH SEPTOPLASTY	112	0.9	0.47

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<hr/>				
All CPT-4 Procedures		14,809	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,210	8.2	6.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,145	7.7	6.08
43239	UGI ENDO; W/BX 1/MX	1,134	7.7	6.01
93545	INJ PROC-CATH; SELECT CORONRY AN	495	3.3	0.72
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	428	2.9	0.45
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	418	2.8	0.66
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	408	2.8	0.43
36416	COLLECTON CAPILLARY BLOOD SPECIM	381	2.6	0.76
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	343	2.3	0.94
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	324	2.2	1.81
93510	LT HRT CATH RETRO-BRACH/FEM; PER	255	1.7	0.42
93526	COMB RT HRT CATH&RETRO LT HRT CA	250	1.7	0.17
69436	TYMPANOSTOMY GENERAL ANESTHESIA	152	1.0	1.80
35493	TRNSLUM PERIPH ATHERCT PERQ FEM-	149	1.0	0.05
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	149	1.0	0.75
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	145	1.0	0.69
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	144	1.0	1.32
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	127	0.9	0.51
42820	T&A; UNDER AGE 12	126	0.9	1.52
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	124	0.8	0.19

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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	6,297	\$4,949	\$4,764
4523	COLONOSCOPY	1,091	\$1,607	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	617	\$2,091	\$1,732
4525	CLO [ENDO] BX LG INTESTINE	464	\$2,205	\$1,777
4542	ENDO POLYPECTOMY LG INTESTINE	442	\$2,438	\$1,643
5123	LAP CHOLEY	221	\$7,629	\$7,823
3723	COMBO RT & LT HEART CARD CATH	213	\$12,895	\$9,594
3722	LT HEART CARD CATH	184	\$17,381	\$9,623
283	TONSILLECTOMY W/ADENOIDECTOMY	143	\$3,040	\$3,030
282	TONSILLECTOMY WO ADENOIDECTOMY	107	\$3,171	\$3,118
4836	[ENDO] POLYPECTOMY RECTUM	79	\$2,238	\$1,527
0392	INJ OTH AGENT SPINAL CANAL	78	\$1,264	\$1,206
8511	CLO [PERCUT] [NEEDLE] BX BREAST	67	\$2,923	\$2,328
6952	ASPIR CURET FOLLOWING DELIV/AB	61	\$3,226	\$3,192
0611	CLO PERCUT NEEDLE BX THYROID GLAND	60	\$1,306	\$1,078
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	58	\$1,579	\$1,578
0331	SPINAL TAP	57	\$2,444	\$2,546
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	56	\$32,337	\$16,783
3893	VENOUS CATH-NEC	55	\$4,639	\$5,038
560	TRANSURETH REMOV OBST URETER-PELV	53	\$7,359	\$6,633
6859	OTH VAG HYST	53	\$8,638	\$7,631

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	7,222	\$3,774	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,093	\$1,602	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	873	\$2,122	\$1,602
43239	UGI ENDO; W/BX 1/MX	632	\$2,087	\$1,698
36416	COLLECTON CAPILLARY BLOOD SPECIM	381	\$261	\$248
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	140	\$1,202	\$1,383
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	138	\$2,541	\$1,753
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	135	\$8,317	\$8,264
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	125	\$3,179	\$4,768
42820	T&A; UNDER AGE 12	109	\$3,010	\$2,869
69436	TYMPANOSTOMY GENERAL ANESTHESIA	108	\$2,208	\$1,547
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	97	\$3,201	\$3,172
47562	LAPAROSCOPY SURGICAL; CHOLECT	88	\$6,616	\$6,966
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	88	\$11,080	\$11,450
29581	29581	86	\$2,402	\$2,158
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	83	\$1,369	\$1,691
58340	CATH&INTRO SALINE/CONTRAST SIS/H	82	\$803	\$908
49505	REPR INIT ING HERNIA 5YR/MORE; R	79	\$4,693	\$4,904
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	68	\$4,434	\$3,511
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	56	\$2,394	\$2,348
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	53	\$4,857	\$4,545

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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	210	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	27	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	106
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	81	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	49
	013 LEVEL II SKIN REPAIR	68	842
	014 LEVEL III SKIN REPAIR	6	257
02	BREAST PROCEDURES	46	1,750
	020 LEVEL I BREAST PROCEDURES	46	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,372	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	126	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	2,206
	033 LEVEL I HAND PROCEDURES	31	3,900
	034 LEVEL II HAND PROCEDURES	8	1,135
	035 LEVEL I FOOT PROCEDURES	126	6,043
	036 LEVEL II FOOT PROCEDURES	43	1,635
	037 LEVEL I ARTHROSCOPY	359	22,380
	038 LEVEL II ARTHROSCOPY	71	5,428
	039 REPLACEMENT OF CAST	56	125
	040 SPLINT, STRAPPING AND CAST REMOVAL	193	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	96	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	467
	045 BUNION PROCEDURES	46	1,790
	046 LEVEL I ARTHROPLASTY	4	660
	047 LEVEL II ARTHROPLASTY	1	177
	048 HAND AND FOOT TENOTOMY	3	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	90	2,206
04	RESPIRATORY PROCEDURES	362	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	89	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	35	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	195	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	43	2,327
05	CARDIOVASCULAR PROCEDURES	1,295	11,285
	081 ECHOCARDIOGRAPHY	26	71
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	23	1,944
	083 PLACEMENT OF TRANSVENOUS CATHETERS	82	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	529	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	537	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	16	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	24	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	13	198

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	24	2,371
	091 VASCULAR LIGATION AND RECONSTRUCTION	9	126
	097 AICD IMPLANT	12	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	183	4,121
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	5	21
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	145	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	33	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,458	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	26	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,199	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	415	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,361	41,709
	137 THERAPEUTIC COLONOSCOPY	420	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	93	2,130
	139 LEVEL I HERNIA REPAIR	168	5,690
	140 LEVEL II HERNIA REPAIR	32	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	12	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	26	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	9	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	4	206
	145 LEVEL I LAPAROSCOPY	77	2,518
	146 LEVEL II LAPAROSCOPY	233	8,555
	147 LEVEL III LAPAROSCOPY	348	7,108
	148 LEVEL IV LAPAROSCOPY	18	114
08	GENITOURINARY SYSTEM PROCEDURES	495	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	124	625
	162 URINARY CATHETERIZATION AND DILATATION	5	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	176	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	183	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	484
09	MALE REPRODUCTIVE SYSTEM	96	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	41	1,441
	181 CIRCUMCISION	11	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	44	1,309
10	FEMALE REPRODUCTIVE SYSTEM	524	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	63	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	81	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	220	1,872
	199 DILATION AND CURETTAGE	10	552
	200 HYSTEROSCOPY	143	2,238
	201 COLPOSCOPY	7	694

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
11	NEUROLOGIC SYSTEM PROCEDURES	609	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	208	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	183
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	208
	217 LEVEL I NERVE PROCEDURES	111	4,138
	218 LEVEL II NERVE PROCEDURES	11	777
	219 SPINAL TAP	58	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	160	8,680
	221 LAMINOTOMY AND LAMINECTOMY	49	3,130
	223 LEVEL III NERVE PROCEDURES	9	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	89	11,976
	232 LASER EYE PROCEDURES	3	566
	233 CATARACT PROCEDURES	26	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	33	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	998	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	346	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	58	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	147	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	114	3,077
	256 TONSIL AND ADENOID PROCEDURES	333	9,071

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	159	\$4,029	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	27	\$2,495	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$3,677	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$3,982	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	\$3,664	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	55	\$3,932	\$3,724
	013 LEVEL II SKIN REPAIR	58	\$4,946	\$4,647
	014 LEVEL III SKIN REPAIR	1	\$3,563	\$7,173
02	BREAST PROCEDURES	36	\$3,586	\$4,055
	020 LEVEL I BREAST PROCEDURES	36	\$3,586	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	647	\$4,842	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$5,502	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	\$6,320	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$12,703	\$10,772
	033 LEVEL I HAND PROCEDURES	19	\$4,190	\$2,911
	034 LEVEL II HAND PROCEDURES	2	\$11,339	\$5,270
	035 LEVEL I FOOT PROCEDURES	28	\$4,639	\$3,958
	036 LEVEL II FOOT PROCEDURES	9	\$7,876	\$7,753
	037 LEVEL I ARTHROSCOPY	109	\$5,762	\$4,877
	038 LEVEL II ARTHROSCOPY	12	\$14,510	\$11,622
	039 REPLACEMENT OF CAST	51	\$2,943	\$2,955
	040 SPLINT, STRAPPING AND CAST REMOVAL	164	\$1,982	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$4,234	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	\$4,510	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	67	\$11,525	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$2,751	\$3,636
	045 BUNION PROCEDURES	24	\$5,494	\$5,503
	046 LEVEL I ARTHROPLASTY	3	\$10,350	\$7,830
	047 LEVEL II ARTHROPLASTY	1	\$23,912	\$23,934
	048 HAND AND FOOT TENOTOMY	2	\$2,476	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	85	\$1,648	\$1,578
04	RESPIRATORY PROCEDURES	131	\$2,765	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	84	\$2,293	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	12	\$4,342	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	15	\$4,667	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	20	\$2,374	\$2,759
05	CARDIOVASCULAR PROCEDURES	139	\$15,500	\$16,047
	081 ECHOCARDIOGRAPHY	1	\$35,631	\$31,633
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$3,732	\$2,076
	083 PLACEMENT OF TRANSVENOUS CATHETERS	65	\$5,841	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	28	\$10,935	\$5,820
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	18	\$36,481	\$40,293
	086 PACEMAKER INSERTION AND REPLACEMENT	16	\$31,593	\$34,863
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$9,704	\$9,059
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$5,896	\$7,553

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$9,195	\$7,679
	097 AICD IMPLANT	3	\$68,199	\$31,670
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	146	\$4,180	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	125	\$3,179	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	\$10,137	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,573	\$2,891	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	24	\$803	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$1,219	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,364	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	677	\$2,073	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	61	\$1,903	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,968	\$1,833	\$1,365
	137 THERAPEUTIC COLONOSCOPY	173	\$2,467	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$9,782	\$5,559
	139 LEVEL I HERNIA REPAIR	138	\$4,328	\$4,575
	140 LEVEL II HERNIA REPAIR	12	\$4,866	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	10	\$3,948	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	22	\$4,127	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$2,837	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$7,466	\$8,883
	145 LEVEL I LAPAROSCOPY	27	\$5,251	\$5,993
	146 LEVEL II LAPAROSCOPY	192	\$7,528	\$8,741
	147 LEVEL III LAPAROSCOPY	235	\$9,040	\$8,742
	148 LEVEL IV LAPAROSCOPY	15	\$12,350	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	237	\$7,690	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	88	\$11,080	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	3	\$5,985	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	59	\$5,015	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	82	\$6,212	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	\$4,933	\$16,838
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$4,007	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$5,488	\$13,497
09	MALE REPRODUCTIVE SYSTEM	79	\$6,750	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	28	\$4,960	\$3,299
	181 CIRCUMCISION	10	\$4,304	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	41	\$8,569	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	212	\$6,807	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	\$3,150	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	13	\$5,588	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	108	\$8,328	\$7,555
	199 DILATION AND CURETTAGE	5	\$3,378	\$3,369
	200 HYSTEROSCOPY	63	\$6,073	\$5,363
	201 COLPOSCOPY	2	\$2,707	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	472	\$2,349	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	190	\$1,227	\$1,457

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$4,496	\$11,949
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$5,725	\$9,372
217 LEVEL I NERVE PROCEDURES	59	\$3,737	\$3,417
218 LEVEL II NERVE PROCEDURES	2	\$23,134	\$12,912
219 SPINAL TAP	57	\$2,406	\$2,340
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	133	\$1,216	\$1,808
221 LAMINOTOMY AND LAMINECTOMY	26	\$9,149	\$10,971
223 LEVEL III NERVE PROCEDURES	3	\$20,611	\$37,287
12 OPTHALMOLOGIC SYSTEM PROCEDURES	72	\$7,415	\$3,736
232 LASER EYE PROCEDURES	1	\$5,709	\$818
233 CATARACT PROCEDURES	25	\$6,494	\$3,654
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,547	\$3,753
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$6,778	\$3,814
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$22,661	\$9,495
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$5,632	\$3,792
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	26	\$9,878	\$6,285
239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$7,643	\$2,883
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$3,003	\$2,259
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$4,635	\$4,073
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	552	\$4,531	\$4,038
252 LEVEL I FACIAL AND ENT PROCEDURES	159	\$2,627	\$2,385
253 LEVEL II FACIAL AND ENT PROCEDURES	21	\$5,068	\$3,554
254 LEVEL III FACIAL AND ENT PROCEDURES	24	\$8,681	\$7,156
255 LEVEL IV FACIAL AND ENT PROCEDURES	88	\$10,981	\$9,193
256 TONSIL AND ADENOID PROCEDURES	260	\$3,087	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	5,609	55.0	135,467	53.6
Male	4,597	45.0	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	326	3.2	1,741	0.7
29-365 days	73	0.7	2,971	1.2
1-4 years	163	1.6	10,916	4.3
5-9	137	1.3	6,723	2.7
10-14	123	1.2	5,235	2.1
15-17	164	1.6	5,307	2.1
18-19	117	1.1	3,697	1.5
20-24	326	3.2	10,057	4.0
25-29	493	4.8	12,635	5.0
30-34	600	5.9	14,894	5.9
35-39	569	5.6	13,867	5.5
40-44	651	6.4	14,264	5.6
45-49	810	7.9	17,450	6.9
50-54	1,297	12.7	27,955	11.1
55-59	1,054	10.3	24,928	9.9
60-64	908	8.9	22,206	8.8
65-69	797	7.8	19,059	7.5
70-74	600	5.9	14,720	5.8
75-79	528	5.2	11,676	4.6
80-84	303	3.0	7,598	3.0
85-89	142	1.4	3,582	1.4
90 +	25	0.2	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	9,918	97.2	208,190	82.4
Clinic Referral	266	2.6	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	7	0.1	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	2	0.0	2,037	0.8
Not Reported	13	0.1	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	10,158	99.5	251,393	99.5
Another Hospital	3	0.0	135	0.1
Skilled Nursing Facility	8	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	1	0.0	87	0.0
Under Care of Home Service	12	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	24	0.2	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	2,413	23.6	55,732	22.1
Medicaid	458	4.5	18,214	7.2
Other government	1,020	10.0	5,636	2.2
Blue Cross/Blue Shield	1,492	14.6	33,140	13.1
Other Commercial	493	4.8	17,547	6.9
Managed Care(HMO, PPO)	4,265	41.8	113,327	44.9
Self Pay	28	0.3	3,334	1.3
Industrial & Worker Comp	17	0.2	3,165	1.3
Charity and Unclassified	1	0.0	1,228	0.5
Childrens Health Insurance	1	0.0	189	0.1
Unknown	18	0.2	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	105	1.0	15,912	6.3
Central Utah	7	0.1	9,352	3.7
Davis County	8,001	78.4	27,390	10.8
Salt Lake County	150	1.5	87,767	34.7
Southeastern Utah	4	0.0	5,222	2.1
Southwest Utah	11	0.1	15,992	6.3
Summit County	7	0.1	3,893	1.5
Tooele County	13	0.1	5,148	2.0
Tri-County	13	0.1	6,710	2.7
Utah County	25	0.2	38,568	15.3
Wasatch County	1	0.0	1,970	0.8
Weber County	1,783	17.5	21,374	8.5
Unknown Utah	1	0.0	17	0.0
Outside Utah	85	0.8	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	674	100.0	331,127	100.0
Mastectomy (85.0-85.99)	7	1.0	8,130	2.5
Musculoskeletal (76.0-84.99)	9	1.3	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	0	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	7	1.0	2,918	0.9
Digestive System (42.0-54.99)	332	49.3	106,281	32.1
Urinary (55.0-59.99)	1	0.1	11,247	3.4
Male Genital (60.0-64.99)	2	0.3	3,928	1.2
Female Genital (65.0-71.99)	24	3.6	15,188	4.6
Endocrine/Nervous (01.0-07.99)	0	0.0	24,832	7.5
Eye (08.0-16.99)	168	24.9	20,768	6.3
Ear (18.0-20.99)	59	8.8	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	65	9.6	28,733	8.7
Reporting Category(CPT-4 CODES)	549	100.0	325,030	100.0
Mastectomy (19120-19220)	3	0.5	1,713	0.5
Musculoskeletal (20000-29909)	8	1.5	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1	0.2	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	1	0.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	4	0.7	4,116	1.3
Digestive (40490-49999)	392	71.4	123,353	38.0
Urinary (50010-53899)	1	0.2	15,063	4.6
Male Genital (54000-55899)	2	0.4	3,821	1.2
Female Genital (56405-58999)	11	2.0	14,294	4.4
Endocrine/Nervous (60000-64999)	0	0.0	22,577	6.9
Eye (65091-68899)	95	17.3	12,170	3.7
Ear (69000-69979)	31	5.6	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		674	100.0	100.0
4523	COLONOSCOPY	135	20.0	6.81
1341	PHACOEMULSIFICATION-ASPIR CATARACT	73	10.8	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	72	10.7	1.53
283	TONSILLECTOMY W/ADENOIDECTOMY	59	8.8	1.92
2001	MYRINGOTOMY W/INSRT TUBE	53	7.9	3.35
4542	ENDO POLYPECTOMY LG INTESTINE	41	6.1	4.25
4836	[ENDO] POLYPECTOMY RECTUM	41	6.1	1.20
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	35	5.2	5.62
1364	DISCISSION SECNDRY MEMBRN	16	2.4	0.08
4513	OTH ENDO SM INTESTINE	14	2.1	1.64
6902	D&C FOLLOWING DELIV/AB	13	1.9	0.17
4824	CLO [ENDO] BX RECTUM	11	1.6	0.46
5123	LAP CHOLEY	11	1.6	2.22
5341	REPR UMB HERN W/PROSTH	11	1.6	0.23
4525	CLO [ENDO] BX LG INTESTINE	7	1.0	2.29
5303	UNILAT REPR DIRECT ING HERN-GFT	6	0.9	0.26
201	REMOV TYMPANOSTOMY TUBE	4	0.6	0.13
6909	OTH D&C UTERUS	4	0.6	0.42
1359	OTH EXTRACAPSUL LENS EXTRACT	3	0.4	0.02
4019	OTH DX PROC LYMPHATIC STRUCT	3	0.4	0.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		549	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	133	24.2	6.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	78	14.2	6.08
66984	EXTRACAPSULAR CATARACT REMV IOL	69	12.6	1.53
42820	T&A; UNDER AGE 12	46	8.4	1.52
43239	UGI ENDO; W/BX 1/MX	34	6.2	6.01
69436	TYMPANOSTOMY GENERAL ANESTHESIA	27	4.9	1.80
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	16	2.9	1.81
66821	DISCISSION 2ND CATARACT; LASER S	15	2.7	0.14
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	14	2.6	1.23
42821	T&A; AGE 12 OR OVER	13	2.4	0.41
47562	LAPAROSCOPY SURGICAL; CHOLECT	8	1.5	0.94
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	1.3	0.78
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	7	1.3	0.36
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	6	1.1	0.11
58120	DILATION & CURET DX &/ THERAPEUT	4	0.7	0.17
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	0.5	0.35
38500	BX/EXCISION LYMPH NODE; OPEN SUP	3	0.5	0.11
44950	APPENDECTOMY;	3	0.5	0.03
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3	0.5	1.32
49520	REPR RECUR ING HERN ANY AGE; RDU	3	0.5	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, 2010
 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		357	\$2,284	\$4,764
4523	COLONOSCOPY	115	\$1,227	\$1,184
283	TONSILLECTOMY W/ADENOIDECTOMY	57	\$3,019	\$3,030
4542	ENDO POLYPECTOMY LG INTESTINE	26	\$1,583	\$1,643
4836	[ENDO] POLYPECTOMY RECTUM	23	\$1,485	\$1,527
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	19	\$1,120	\$1,732
1364	DISCISSION SECNDRY MEMBRN	14	\$1,112	\$768
6902	D&C FOLLOWING DELIV/AB	13	\$2,547	\$3,566
5341	REPR UMB HERN W/PROSTH	11	\$4,819	\$5,494
5123	LAP CHOLEY	10	\$6,486	\$7,823
4824	CLO [ENDO] BX RECTUM	7	\$1,493	\$1,554
5303	UNILAT REPR DIRECT ING HERN-GFT	5	\$4,675	\$5,043
4513	OTH ENDO SM INTESTINE	4	\$1,094	\$1,513
4525	CLO [ENDO] BX LG INTESTINE	4	\$1,378	\$1,777
1359	OTH EXTRACAPSUL LENS EXTRACT	3	\$1,029	\$1,537
4029	SIMPL EXC OTH LYMPHATIC STRUCT	3	\$3,080	\$5,216
4709	OTH APPENDECTOMY	3	\$7,811	\$8,766
5305	UNILAT REPR ING HERN-GFT-NOS	3	\$6,692	\$5,893
6823	ENDOMETRIAL ABLATION	3	\$5,973	\$6,274
6909	OTH D&C UTERUS	3	\$2,526	\$3,411
8521	LOC EXC LES BREAST	3	\$2,940	\$3,725

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		443	\$2,399	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	113	\$1,225	\$1,186
66984	EXTRACAPSULAR CATARACT REMV IOL	69	\$3,605	\$3,643
45380	COLONOSCOPY FLEX; W/BX 1/MX	60	\$1,493	\$1,602
42820	T&A; UNDER AGE 12	45	\$3,042	\$2,869
69436	TYMPANOSTOMY GENERAL ANESTHESIA	27	\$1,498	\$1,547
43239	UGI ENDO; W/BX 1/MX	19	\$1,120	\$1,698
66821	DISCISSION 2ND CATARACT; LASER S	15	\$1,105	\$772
42821	T&A; AGE 12 OR OVER	12	\$2,932	\$3,363
47562	LAPAROSCOPY SURGICAL; CHOLECT	7	\$5,923	\$6,966
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$5,381	\$4,904
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	6	\$3,772	\$4,631
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	6	\$5,255	\$4,725
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	4	\$1,094	\$1,404
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$2,940	\$3,656
38500	BX/EXCISION LYMPH NODE; OPEN SUP	3	\$3,080	\$6,019
44950	APPENDECTOMY;	3	\$7,811	\$8,435
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	3	\$1,664	\$1,753
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3	\$7,798	\$8,264
58120	DILATION & CURET DX &/ THERAPEUT	3	\$2,526	\$3,369
66940	REMOVAL LENS MATERIAL; XTRACAPSL	3	\$1,029	\$1,945

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, 2010
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	3	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	185
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	948
02	BREAST PROCEDURES	3	1,750
	020 LEVEL I BREAST PROCEDURES	3	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	8	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,480
	035 LEVEL I FOOT PROCEDURES	1	6,043
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	567
	045 BUNION PROCEDURES	3	1,790
	048 HAND AND FOOT TENOTOMY	1	323
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	330	112,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	48	24,909
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	211	41,709
	137 THERAPEUTIC COLONOSCOPY	18	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,130
	139 LEVEL I HERNIA REPAIR	22	5,690
	140 LEVEL II HERNIA REPAIR	9	1,145
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	206
	145 LEVEL I LAPAROSCOPY	1	2,518
	146 LEVEL II LAPAROSCOPY	12	8,555
	147 LEVEL III LAPAROSCOPY	5	7,108
08	GENITOURINARY SYSTEM PROCEDURES	1	11,520
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	219
09	MALE REPRODUCTIVE SYSTEM	1	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,441
10	FEMALE REPRODUCTIVE SYSTEM	8	8,528
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,641
	199 DILATION AND CURETTAGE	4	552
	200 HYSTEROSCOPY	2	2,238
	201 COLPOSCOPY	1	694
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	94	11,976
	232 LASER EYE PROCEDURES	15	566
	233 CATARACT PROCEDURES	76	5,367
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	171
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	935
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	94	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	31	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,444
	256 TONSIL AND ADENOID PROCEDURES	60	9,071

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	2	\$1,092	\$3,970
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$972	\$2,702
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$1,212	\$2,798
02	BREAST PROCEDURES	3	\$2,940	\$4,055
	020 LEVEL I BREAST PROCEDURES	3	\$2,940	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4	\$5,918	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$7,381	\$4,903
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$2,305	\$3,602
	045 BUNION PROCEDURES	2	\$6,992	\$5,503
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$3,101	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$3,101	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	239	\$1,971	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	23	\$1,116	\$1,690
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	173	\$1,318	\$1,365
	137 THERAPEUTIC COLONOSCOPY	5	\$1,556	\$1,781
	139 LEVEL I HERNIA REPAIR	19	\$4,833	\$4,575
	140 LEVEL II HERNIA REPAIR	5	\$4,946	\$5,741
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$7,811	\$8,883
	145 LEVEL I LAPAROSCOPY	1	\$4,774	\$5,993
	146 LEVEL II LAPAROSCOPY	7	\$5,923	\$8,741
	147 LEVEL III LAPAROSCOPY	3	\$7,798	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	1	\$1,240	\$5,060
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$1,240	\$1,639
10	FEMALE REPRODUCTIVE SYSTEM	6	\$4,249	\$4,923
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$6,156	\$5,205
	199 DILATION AND CURETTAGE	3	\$2,526	\$3,369
	200 HYSTEROSCOPY	2	\$5,882	\$5,363
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	92	\$3,165	\$3,736
	232 LASER EYE PROCEDURES	15	\$1,105	\$818
	233 CATARACT PROCEDURES	74	\$3,498	\$3,654
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,791	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,127	\$9,495
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,833	\$2,259
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	91	\$2,468	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	31	\$1,512	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$1,508	\$3,554
	256 TONSIL AND ADENOID PROCEDURES	58	\$3,012	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	284	55.4	135,467	53.6
Male	229	44.6	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	9	1.8	2,971	1.2
1-4 years	43	8.4	10,916	4.3
5-9	22	4.3	6,723	2.7
10-14	17	3.3	5,235	2.1
15-17	10	1.9	5,307	2.1
18-19	8	1.6	3,697	1.5
20-24	8	1.6	10,057	4.0
25-29	14	2.7	12,635	5.0
30-34	12	2.3	14,894	5.9
35-39	9	1.8	13,867	5.5
40-44	8	1.6	14,264	5.6
45-49	18	3.5	17,450	6.9
50-54	59	11.5	27,955	11.1
55-59	52	10.1	24,928	9.9
60-64	60	11.7	22,206	8.8
65-69	32	6.2	19,059	7.5
70-74	41	8.0	14,720	5.8
75-79	40	7.8	11,676	4.6
80-84	36	7.0	7,598	3.0
85-89	11	2.1	3,582	1.4
90 +	4	0.8	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	504	98.2	208,190	82.4
Clinic Referral	7	1.4	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	2	0.4	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	513	100.0	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	162	31.6	55,732	22.1
Medicaid	59	11.5	18,214	7.2
Other government	6	1.2	5,636	2.2
Blue Cross/Blue Shield	45	8.8	33,140	13.1
Other Commercial	113	22.0	17,547	6.9
Managed Care(HMO, PPO)	113	22.0	113,327	44.9
Self Pay	3	0.6	3,334	1.3
Industrial & Worker Comp	1	0.2	3,165	1.3
Charity and Unclassified	2	0.4	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	9	1.8	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,912	6.3
Central Utah	495	96.5	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	1	0.2	87,767	34.7
Southeastern Utah	1	0.2	5,222	2.1
Southwest Utah	1	0.2	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	3	0.6	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	1	0.2	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	11	2.1	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	19,918	100.0	331,127	100.0
Mastectomy (85.0-85.99)	456	2.3	8,130	2.5
Musculoskeletal (76.0-84.99)	3,735	18.8	67,729	20.5
Respiratory (30.0-34.99)	269	1.4	3,049	0.9
Cardiovascular (35.0-39.99)	2,388	12.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	203	1.0	2,918	0.9
Digestive System (42.0-54.99)	3,023	15.2	106,281	32.1
Urinary (55.0-59.99)	813	4.1	11,247	3.4
Male Genital (60.0-64.99)	235	1.2	3,928	1.2
Female Genital (65.0-71.99)	1,322	6.6	15,188	4.6
Endocrine/Nervous (01.0-07.99)	4,210	21.1	24,832	7.5
Eye (08.0-16.99)	49	0.2	20,768	6.3
Ear (18.0-20.99)	1,093	5.5	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	2,122	10.7	28,733	8.7
Reporting Category(CPT-4 CODES)	14,916	100.0	325,030	100.0
Mastectomy (19120-19220)	155	1.0	1,713	0.5
Musculoskeletal (20000-29909)	3,547	23.8	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1,187	8.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	146	1.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	133	0.9	4,116	1.3
Digestive (40490-49999)	3,890	26.1	123,353	38.0
Urinary (50010-53899)	712	4.8	15,063	4.6
Male Genital (54000-55899)	134	0.9	3,821	1.2
Female Genital (56405-58999)	1,157	7.8	14,294	4.4
Endocrine/Nervous (60000-64999)	3,258	21.8	22,577	6.9
Eye (65091-68899)	11	0.1	12,170	3.7
Ear (69000-69979)	586	3.9	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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				
0392	INJ OTH AGENT SPINAL CANAL	1,324	6.6	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	1,267	6.4	1.75
2001	MYRINGOTOMY W/INSRT TUBE	934	4.7	3.35
3722	LT HEART CARD CATH	785	3.9	1.18
283	TONSILLECTOMY W/ADENOIDECTOMY	571	2.9	1.92
3723	COMBO RT & LT HEART CARD CATH	381	1.9	0.52
0481	INJ ANES PERIPH NERV-ANALGESIA	372	1.9	0.38
4523	COLONOSCOPY	370	1.9	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	364	1.8	5.62
0489	INJ NON-NEUROLYTIC PERIPH NERV	358	1.8	0.20
3607	INSERTION RX-ELUTING COR ART STENT	349	1.8	0.46
5123	LAP CHOLEY	333	1.7	2.22
806	EXC SEMILUNAR CARTILAGE-KNEE	318	1.6	1.67
4513	OTH ENDO SM INTESTINE	260	1.3	1.64
8363	ROTATOR CUFF REPR	237	1.2	0.76
0443	RELEASE CARPAL TUNNEL	232	1.2	0.97
4542	ENDO POLYPECTOMY LG INTESTINE	232	1.2	4.25
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	224	1.1	0.61
2349	OTH DENTAL RESTORATION	208	1.0	0.22
2263	ETHMOIDECTOMY	193	1.0	0.50

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	758	5.1	0.75
69436	TYMPANOSTOMY GENERAL ANESTHESIA	476	3.2	1.80
42820	T&A; UNDER AGE 12	455	3.1	1.52
43239	UGI ENDO; W/BX 1/MX	364	2.4	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	354	2.4	6.64
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	324	2.2	1.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	310	2.1	6.08
64493	64493	279	1.9	0.19
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	267	1.8	0.19
29826	SCOPE SHOULDER; DECOMP SUBACROM	261	1.7	1.12
64494	64494	257	1.7	0.16
64623	DESTRUC FACET JT NRV; L/S-EA AD	254	1.7	0.33
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	226	1.5	0.61
41899	UNLIST PROC DENTOALVEOL STRUCTUR	215	1.4	0.77
29881	SCOPE KNEE SURG;W/MENISCECT MED/	214	1.4	1.46
30140	SUBMUCOS RES TURBINATE PART/CMPL	203	1.4	0.68
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	190	1.3	0.70
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	185	1.2	1.23
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	178	1.2	0.62
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	171	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

140 Dixie Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		6,811	\$5,166	\$4,764
3722	LT HEART CARD CATH	537	\$7,730	\$9,623
283	TONSILLECTOMY W/ADENOIDECTOMY	417	\$2,687	\$3,030
4523	COLONOSCOPY	295	\$860	\$1,184
5123	LAP CHOLEY	291	\$6,538	\$7,823
3723	COMBO RT & LT HEART CARD CATH	276	\$8,239	\$9,594
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	214	\$1,692	\$1,732
2349	OTH DENTAL RESTORATION	203	\$2,594	\$3,081
4542	ENDO POLYPECTOMY LG INTESTINE	158	\$1,232	\$1,643
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	152	\$1,406	\$1,578
042	DESTRUC CRANIAL & PERIPH NERV	151	\$2,208	\$5,060
8521	LOC EXC LES BREAST	117	\$3,960	\$3,725
4701	LAP APPENDECTOMY	106	\$9,225	\$11,713
0443	RELEASE CARPAL TUNNEL	102	\$2,133	\$2,598
4513	OTH ENDO SM INTESTINE	98	\$1,183	\$1,513
5749	OTH TRANSURETH EXC/DEST LES BLADDER	76	\$4,588	\$5,191
806	EXC SEMILUNAR CARTILAGE-KNEE	76	\$3,544	\$4,677
8363	ROTATOR CUFF REPR	75	\$8,846	\$11,096
5011	CLO [PERCUT] [NEEDLE] BX LIVER	73	\$3,635	\$2,819
282	TONSILLECTOMY WO ADENOIDECTOMY	64	\$2,602	\$3,118
3324	CLO [ENDO] BX BRONCHUS	62	\$2,890	\$3,401

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,634	\$3,389	\$4,004
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	735	\$1,149	\$1,383
42820	T&A; UNDER AGE 12	324	\$2,647	\$2,869
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	288	\$6,565	\$8,264
45378	COLONOSCOPY FLEX; DX-SEP PROC	287	\$840	\$1,186
69436	TYMPANOSTOMY GENERAL ANESTHESIA	285	\$1,156	\$1,547
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	250	\$1,167	\$1,659
45380	COLONOSCOPY FLEX; W/BX 1/MX	215	\$1,256	\$1,602
43239	UGI ENDO; W/BX 1/MX	209	\$1,674	\$1,698
41899	UNLIST PROC DENTOALVEOL STRUCTUR	204	\$2,617	\$3,377
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	183	\$1,146	\$1,691
19120	EXC BRST CYST TUMR/LES OPN M/F 1	126	\$4,346	\$3,656
49505	REPR INIT ING HERNIA 5YR/MORE; R	124	\$4,460	\$4,904
44970	LAPAROSCOPY SURGICAL APPENDECTOM	105	\$9,248	\$11,662
20680	REMOVAL OF IMPLANT; DEEP	98	\$3,117	\$3,851
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	94	\$1,091	\$1,404
29881	SCOPE KNEE SURG;W/MENISCECT MED/	93	\$3,542	\$4,675
42821	T&A; AGE 12 OR OVER	90	\$2,829	\$3,363
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	87	\$2,039	\$2,664
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	82	\$1,187	\$1,455
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	58	\$2,733	\$3,172

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, 2010
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	330	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	19	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	8	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	106
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	107
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	212	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	49
	013 LEVEL II SKIN REPAIR	7	842
	014 LEVEL III SKIN REPAIR	27	257
02	BREAST PROCEDURES	159	1,750
	020 LEVEL I BREAST PROCEDURES	155	1,713
	021 LEVEL II BREAST PROCEDURES	4	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,147	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	127	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	187	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	142	2,206
	033 LEVEL I HAND PROCEDURES	184	3,900
	034 LEVEL II HAND PROCEDURES	70	1,135
	035 LEVEL I FOOT PROCEDURES	202	6,043
	036 LEVEL II FOOT PROCEDURES	46	1,635
	037 LEVEL I ARTHROSCOPY	1,179	22,380
	038 LEVEL II ARTHROSCOPY	306	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	24	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	23	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	306	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	467
	045 BUNION PROCEDURES	60	1,790
	046 LEVEL I ARTHROPLASTY	47	660
	047 LEVEL II ARTHROPLASTY	5	177
	048 HAND AND FOOT TENOTOMY	3	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	220	2,206
04	RESPIRATORY PROCEDURES	769	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	39	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	88	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	440	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	202	2,327
05	CARDIOVASCULAR PROCEDURES	118	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	15	1,077
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	1,649
	088 LEVEL I CARDIOTHORACIC PROCEDURES	5	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	75	2,371
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	16	126
	092 RESUSCITATION	1	30

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	116	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	116	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,257	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	73	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	45	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	49	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	557	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	136	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	666	41,709
	137 THERAPEUTIC COLONOSCOPY	68	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	68	2,130
	139 LEVEL I HERNIA REPAIR	295	5,690
	140 LEVEL II HERNIA REPAIR	58	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	21	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	48	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	23	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	4	206
	145 LEVEL I LAPAROSCOPY	154	2,518
	146 LEVEL II LAPAROSCOPY	352	8,555
	147 LEVEL III LAPAROSCOPY	623	7,108
	148 LEVEL IV LAPAROSCOPY	17	114
08	GENITOURINARY SYSTEM PROCEDURES	621	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	10	625
	162 URINARY CATHETERIZATION AND DILATATION	21	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	267	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	250	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	5	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	7	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	61	484
09	MALE REPRODUCTIVE SYSTEM	196	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	54	1,441
	181 CIRCUMCISION	37	947
	182 INSERTION OF PENILE PROSTHESIS	13	76
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	2	9
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	88	1,309
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	254
10	FEMALE REPRODUCTIVE SYSTEM	704	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	95	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	313	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	201	1,872
	199 DILATION AND CURETTAGE	30	552
	200 HYSTEROSCOPY	55	2,238
	201 COLPOSCOPY	10	694
11	NEUROLOGIC SYSTEM PROCEDURES	3,085	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,035	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	17	183

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	208
217 LEVEL I NERVE PROCEDURES	307	4,138
218 LEVEL II NERVE PROCEDURES	51	777
219 SPINAL TAP	16	427
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,557	8,680
221 LAMINOTOMY AND LAMINECTOMY	60	3,130
223 LEVEL III NERVE PROCEDURES	38	807
12 OPTHALMOLOGIC SYSTEM PROCEDURES	11	11,976
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	935
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	8	1,531
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,191	30,136
250 COCHLEAR DEVICE IMPLANTATION	4	136
252 LEVEL I FACIAL AND ENT PROCEDURES	1,018	12,925
253 LEVEL II FACIAL AND ENT PROCEDURES	80	1,444
254 LEVEL III FACIAL AND ENT PROCEDURES	242	3,450
255 LEVEL IV FACIAL AND ENT PROCEDURES	116	3,077
256 TONSIL AND ADENOID PROCEDURES	731	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	188	\$3,406	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	\$3,133	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$4,621	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$2,964	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	33	\$3,503	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	135	\$3,377	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,021	\$6,933
	013 LEVEL II SKIN REPAIR	1	\$5,163	\$4,647
	014 LEVEL III SKIN REPAIR	1	\$3,195	\$7,173
02	BREAST PROCEDURES	133	\$4,423	\$4,055
	020 LEVEL I BREAST PROCEDURES	132	\$4,396	\$3,990
	021 LEVEL II BREAST PROCEDURES	1	\$8,073	\$7,438
03	MUSCULOSKELETAL SYSTEM PROCEDURES	978	\$4,476	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$5,303	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	\$4,762	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$7,251	\$10,772
	033 LEVEL I HAND PROCEDURES	69	\$2,677	\$2,911
	034 LEVEL II HAND PROCEDURES	19	\$5,028	\$5,270
	035 LEVEL I FOOT PROCEDURES	51	\$3,324	\$3,958
	036 LEVEL II FOOT PROCEDURES	17	\$7,052	\$7,753
	037 LEVEL I ARTHROSCOPY	225	\$3,685	\$4,877
	038 LEVEL II ARTHROSCOPY	50	\$9,284	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	\$5,624	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	\$2,068	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	228	\$6,018	\$8,351
	045 BUNION PROCEDURES	22	\$4,506	\$5,503
	046 LEVEL I ARTHROPLASTY	4	\$5,691	\$7,830
	047 LEVEL II ARTHROPLASTY	1	\$11,992	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	130	\$1,364	\$1,578
04	RESPIRATORY PROCEDURES	90	\$3,284	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	\$3,307	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	13	\$3,635	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	32	\$3,686	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	26	\$2,597	\$2,759
05	CARDIOVASCULAR PROCEDURES	94	\$6,601	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	\$11,211	\$6,105
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$10,019	\$40,293
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	\$5,347	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	68	\$5,973	\$7,553
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$32,544	\$8,595
	091 VASCULAR LIGATION AND RECONSTRUCTION	13	\$3,171	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	75	\$7,039	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	75	\$7,039	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,927	\$3,662	\$3,034
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	\$1,337	\$2,587

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	38	\$578	\$1,093
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	33	\$880	\$1,458
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	303	\$1,493	\$1,690
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	52	\$1,526	\$2,516
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	503	\$1,018	\$1,365
137 THERAPEUTIC COLONOSCOPY	28	\$1,415	\$1,781
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	13	\$3,136	\$5,559
139 LEVEL I HERNIA REPAIR	213	\$4,138	\$4,575
140 LEVEL II HERNIA REPAIR	19	\$5,626	\$5,741
141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$2,275	\$3,151
142 LEVEL II ANAL AND RECTAL PROCEDURES	37	\$4,005	\$3,992
143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$8,434	\$5,411
144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$5,827	\$8,883
145 LEVEL I LAPAROSCOPY	34	\$4,560	\$5,993
146 LEVEL II LAPAROSCOPY	234	\$7,364	\$8,741
147 LEVEL III LAPAROSCOPY	394	\$6,927	\$8,742
148 LEVEL IV LAPAROSCOPY	7	\$8,301	\$13,700
08 GENITOURINARY SYSTEM PROCEDURES	212	\$5,204	\$5,060
162 URINARY CATHETERIZATION AND DILATATION	4	\$4,585	\$5,951
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	77	\$3,970	\$2,751
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	71	\$4,798	\$5,471
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	\$24,989	\$16,838
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	\$3,512	\$1,639
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	53	\$7,000	\$13,497
09 MALE REPRODUCTIVE SYSTEM	129	\$5,738	\$4,814
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	23	\$3,308	\$3,299
181 CIRCUMCISION	26	\$2,391	\$2,186
182 INSERTION OF PENILE PROSTHESIS	9	\$25,396	\$34,604
183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$2,685	\$1,949
184 LEVEL II PENILE AND PROSTATE PROCEDURES	70	\$5,297	\$7,079
10 FEMALE REPRODUCTIVE SYSTEM	154	\$4,062	\$4,923
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	28	\$3,139	\$4,052
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	56	\$4,264	\$5,205
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	36	\$5,596	\$7,555
199 DILATION AND CURETTAGE	11	\$2,725	\$3,369
200 HYSTEROSCOPY	22	\$2,864	\$5,363
201 COLPOSCOPY	1	\$4,496	\$1,063
11 NEUROLOGIC SYSTEM PROCEDURES	1,452	\$1,575	\$4,943
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	992	\$1,152	\$1,457
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	\$7,395	\$11,949
217 LEVEL I NERVE PROCEDURES	109	\$2,329	\$3,417
218 LEVEL II NERVE PROCEDURES	17	\$9,180	\$12,912
219 SPINAL TAP	16	\$1,391	\$2,340
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	288	\$1,309	\$1,808
221 LAMINOTOMY AND LAMINECTOMY	26	\$11,717	\$10,971

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	8	\$3,998	\$3,736
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,264	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$4,246	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,162	\$2,878	\$4,038
	250 COCHLEAR DEVICE IMPLANTATION	4	\$44,227	\$55,645
	252 LEVEL I FACIAL AND ENT PROCEDURES	535	\$1,856	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	42	\$2,856	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	19	\$5,182	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	72	\$8,888	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	490	\$2,685	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	6,472	52.4	135,467	53.6
Male	5,870	47.6	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	123	1.0	2,971	1.2
1-4 years	723	5.9	10,916	4.3
5-9	433	3.5	6,723	2.7
10-14	293	2.4	5,235	2.1
15-17	265	2.1	5,307	2.1
18-19	158	1.3	3,697	1.5
20-24	391	3.2	10,057	4.0
25-29	445	3.6	12,635	5.0
30-34	466	3.8	14,894	5.9
35-39	567	4.6	13,867	5.5
40-44	540	4.4	14,264	5.6
45-49	638	5.2	17,450	6.9
50-54	839	6.8	27,955	11.1
55-59	917	7.4	24,928	9.9
60-64	1,016	8.2	22,206	8.8
65-69	1,276	10.3	19,059	7.5
70-74	1,214	9.8	14,720	5.8
75-79	1,017	8.2	11,676	4.6
80-84	622	5.0	7,598	3.0
85-89	326	2.6	3,582	1.4
90 +	73	0.6	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	10,028	81.3	208,190	82.4
Clinic Referral	2,049	16.6	38,248	15.1
HMO Referral	2	0.0	619	0.2
Other Hospital	15	0.1	262	0.1
Skilled Nursing Facility	1	0.0	234	0.1
Other Health Care Facility	1	0.0	24	0.0
ER (Not valid since 7/2010)	240	1.9	2,929	1.2
Court/Law Enforcement	1	0.0	13	0.0
Unknown	5	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	12,300	99.7	251,393	99.5
Another Hospital	2	0.0	135	0.1
Skilled Nursing Facility	7	0.1	166	0.1
Intermediate Care Facility	1	0.0	13	0.0
Another Type of Institution	2	0.0	87	0.0
Under Care of Home Service	27	0.2	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	4,114	33.3	55,732	22.1
Medicaid	1,071	8.7	18,214	7.2
Other government	182	1.5	5,636	2.2
Blue Cross/Blue Shield	979	7.9	33,140	13.1
Other Commercial	960	7.8	17,547	6.9
Managed Care(HMO, PPO)	4,429	35.9	113,327	44.9
Self Pay	172	1.4	3,334	1.3
Industrial & Worker Comp	217	1.8	3,165	1.3
Charity and Unclassified	88	0.7	1,228	0.5
Childrens Health Insurance	6	0.0	189	0.1
Unknown	124	1.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	11	0.1	15,912	6.3
Central Utah	134	1.1	9,352	3.7
Davis County	13	0.1	27,390	10.8
Salt Lake County	52	0.4	87,767	34.7
Southeastern Utah	12	0.1	5,222	2.1
Southwest Utah	10,488	85.0	15,992	6.3
Summit County	5	0.0	3,893	1.5
Tooele County	3	0.0	5,148	2.0
Tri-County	5	0.0	6,710	2.7
Utah County	26	0.2	38,568	15.3
Wasatch County	4	0.0	1,970	0.8
Weber County	10	0.1	21,374	8.5
Unknown Utah	1	0.0	17	0.0
Outside Utah	1,577	12.8	13,138	5.2
Unknown, Not Reported	1	0.0	125	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, 2010
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)	185	100.0	331,127	100.0
Mastectomy (85.0-85.99)	0	0.0	8,130	2.5
Musculoskeletal (76.0-84.99)	2	1.1	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	0	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,918	0.9
Digestive System (42.0-54.99)	148	80.0	106,281	32.1
Urinary (55.0-59.99)	0	0.0	11,247	3.4
Male Genital (60.0-64.99)	0	0.0	3,928	1.2
Female Genital (65.0-71.99)	5	2.7	15,188	4.6
Endocrine/Nervous (01.0-07.99)	2	1.1	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	18	9.7	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	10	5.4	28,733	8.7
Reporting Category(CPT-4 CODES)	175	100.0	325,030	100.0
Mastectomy (19120-19220)	0	0.0	1,713	0.5
Musculoskeletal (20000-29909)	2	1.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	0	0.0	4,116	1.3
Digestive (40490-49999)	158	90.3	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	3	1.7	14,294	4.4
Endocrine/Nervous (60000-64999)	1	0.6	22,577	6.9
Eye (65091-68899)	0	0.0	12,170	3.7
Ear (69000-69979)	11	6.3	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		185	100.0	100.0
4523	COLONOSCOPY	45	24.3	6.81
4542	ENDO POLYPECTOMY LG INTESTINE	31	16.8	4.25
4525	CLO [ENDO] BX LG INTESTINE	23	12.4	2.29
2001	MYRINGOTOMY W/INSRT TUBE	18	9.7	3.35
283	TONSILLECTOMY W/ADENOIDECTOMY	10	5.4	1.92
4836	[ENDO] POLYPECTOMY RECTUM	10	5.4	1.20
4513	OTH ENDO SM INTESTINE	8	4.3	1.64
4824	CLO [ENDO] BX RECTUM	6	3.2	0.46
5123	LAP CHOLEY	6	3.2	2.22
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	5	2.7	5.62
4543	ENDO DEST OTH LES/TISS LG INTEST	4	2.2	0.05
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	1.1	0.34
5342	5342	2	1.1	0.04
6902	D&C FOLLOWING DELIV/AB	2	1.1	0.17
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	0.5	1.75
0392	INJ OTH AGENT SPINAL CANAL	1	0.5	2.07
4939	OTH LOC EXC/DESTRUC LES/TISS ANUS	1	0.5	0.09
4951	LT LAT ANAL SPHINCTEROTOMY	1	0.5	0.07
5122	CHOLECYSTECTOMY	1	0.5	0.01
5341	REPR UMB HERN W/PROSTH	1	0.5	0.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		175	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	45	25.7	6.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	42	24.0	6.08
45383	COLONOSCOPY FLEX; W/ABLAT LES	16	9.1	0.07
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	15	8.6	1.81
69436	TYMPANOSTOMY GENERAL ANESTHESIA	11	6.3	1.80
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	8	4.6	1.23
42820	T&A; UNDER AGE 12	7	4.0	1.52
43239	UGI ENDO; W/BX 1/MX	5	2.9	6.01
47562	LAPAROSCOPY SURGICAL; CHOLECT	5	2.9	0.94
42821	T&A; AGE 12 OR OVER	2	1.1	0.41
49652	49652	2	1.1	0.08
21933	21933	1	0.6	0.02
28296	HALLUX VALGUS; W/METATARSAL OSTE	1	0.6	0.24
45384	COLONOSCPY FLEX; REMV LES-FORCE	1	0.6	0.21
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	1	0.6	0.05
46940	CURET ANAL FISS DILAT SEP PROC;I	1	0.6	0.00
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	1	0.6	1.32
47600	CHOLECYSTECTOMY;	1	0.6	0.01
49320	LAP-ABD DX-W/VO SPECMN-SEP PROC	1	0.6	0.21
49505	REPR INIT ING HERNIA 5YR/MORE; R	1	0.6	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

115 Fillmore Community Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		119	\$2,697	\$4,764
4523	COLONOSCOPY	38	\$1,609	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	21	\$1,957	\$1,643
4525	CLO [ENDO] BX LG INTESTINE	17	\$1,732	\$1,777
283	TONSILLECTOMY W/ADENOIDECTOMY	8	\$4,852	\$3,030
5123	LAP CHOLEY	6	\$8,638	\$7,823
4836	[ENDO] POLYPECTOMY RECTUM	5	\$1,907	\$1,527
4513	OTH ENDO SM INTESTINE	4	\$1,193	\$1,513
4543	ENDO DEST OTH LES/TISS LG INTEST	3	\$1,972	\$2,167
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2	\$1,429	\$1,732
4824	CLO [ENDO] BX RECTUM	2	\$1,453	\$1,554
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$5,122	\$4,980
5342	5342	2	\$7,105	\$9,359
6902	D&C FOLLOWING DELIV/AB	2	\$4,953	\$3,566
5341	REPR UMB HERN W/PROSTH	1	\$3,527	\$5,494
5362	5362	1	\$5,433	\$12,496
5421	LAPAROSCOPY	1	\$12,183	\$5,423
6639	OTH BILAT DEST/OCCLU FALLOP TUBES	1	\$4,654	\$5,689
6959	OTH ASPIR CURET UTERUS	1	\$3,111	\$3,150
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	1	\$6,235	\$5,449
8332	EXC LES MUSC	1	\$3,137	\$4,199

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		125	\$2,588	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	38	\$1,609	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	32	\$1,748	\$1,602
45383	COLONOSCOPY FLEX; W/ABLAT LES	11	\$1,958	\$1,786
42820	T&A; UNDER AGE 12	7	\$4,625	\$2,869
69436	TYMPANOSTOMY GENERAL ANESTHESIA	7	\$2,224	\$1,547
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	\$1,970	\$1,753
47562	LAPAROSCOPY SURGICAL; CHOLECT	5	\$8,436	\$6,966
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	4	\$1,193	\$1,404
42821	T&A; AGE 12 OR OVER	2	\$5,972	\$3,363
43239	UGI ENDO; W/BX 1/MX	2	\$1,429	\$1,698
21933	21933	1	\$3,137	\$3,727
28296	HALLUX VALGUS; W/METATARSAL OSTE	1	\$6,235	\$5,280
45384	COLONOSCOPY FLEX; REMV LES-FORCE	1	\$2,042	\$1,803
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	1	\$9,651	\$8,264
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	1	\$12,183	\$5,456
49505	REPR INIT ING HERNIA 5YR/MORE; R	1	\$4,034	\$4,904
49521	REPR RECUR ING HERNIA; INCARC/ST	1	\$6,211	\$6,695
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	1	\$3,527	\$4,631
49652	49652	1	\$5,040	\$9,939
49654	49654	1	\$5,433	\$12,313

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, 2010
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	1	9,461
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4,468
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	64,178
	045 BUNION PROCEDURES	1	1,790
07	GASTROINTESTINAL SYSTEM PROCEDURES	149	112,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	13	24,909
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	87	41,709
	137 THERAPEUTIC COLONOSCOPY	32	7,586
	139 LEVEL I HERNIA REPAIR	2	5,690
	140 LEVEL II HERNIA REPAIR	1	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	851
	145 LEVEL I LAPAROSCOPY	1	2,518
	146 LEVEL II LAPAROSCOPY	9	8,555
	147 LEVEL III LAPAROSCOPY	2	7,108
10	FEMALE REPRODUCTIVE SYSTEM	2	8,528
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,641
	199 DILATION AND CURETTAGE	1	552
11	NEUROLOGIC SYSTEM PROCEDURES	1	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	3,252
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	20	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	11	12,925
	256 TONSIL AND ADENOID PROCEDURES	9	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	1	\$3,137	\$3,970
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,137	\$3,724
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$6,235	\$5,625
	045 BUNION PROCEDURES	1	\$6,235	\$5,503
07	GASTROINTESTINAL SYSTEM PROCEDURES	105	\$2,347	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$1,272	\$1,690
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	70	\$1,673	\$1,365
	137 THERAPEUTIC COLONOSCOPY	17	\$1,967	\$1,781
	139 LEVEL I HERNIA REPAIR	2	\$3,781	\$4,575
	140 LEVEL II HERNIA REPAIR	1	\$6,211	\$5,741
	145 LEVEL I LAPAROSCOPY	1	\$12,183	\$5,993
	146 LEVEL II LAPAROSCOPY	7	\$7,522	\$8,741
	147 LEVEL III LAPAROSCOPY	1	\$9,651	\$8,742
10	FEMALE REPRODUCTIVE SYSTEM	2	\$3,883	\$4,923
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$4,654	\$5,205
	199 DILATION AND CURETTAGE	1	\$3,111	\$3,369
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	16	\$3,743	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	7	\$2,224	\$2,385
	256 TONSIL AND ADENOID PROCEDURES	9	\$4,924	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	78	51.7	135,467	53.6
Male	73	48.3	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	3	2.0	2,971	1.2
1-4 years	9	6.0	10,916	4.3
5-9	2	1.3	6,723	2.7
10-14	2	1.3	5,235	2.1
15-17	1	0.7	5,307	2.1
18-19	0	0.0	3,697	1.5
20-24	1	0.7	10,057	4.0
25-29	2	1.3	12,635	5.0
30-34	5	3.3	14,894	5.9
35-39	2	1.3	13,867	5.5
40-44	8	5.3	14,264	5.6
45-49	1	0.7	17,450	6.9
50-54	29	19.2	27,955	11.1
55-59	27	17.9	24,928	9.9
60-64	14	9.3	22,206	8.8
65-69	24	15.9	19,059	7.5
70-74	8	5.3	14,720	5.8
75-79	8	5.3	11,676	4.6
80-84	5	3.3	7,598	3.0
85-89	0	0.0	3,582	1.4
90 +	0	0.0	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	147	97.4	208,190	82.4
Clinic Referral	4	2.6	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	0	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	151	100.0	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	37	24.5	55,732	22.1
Medicaid	6	4.0	18,214	7.2
Other government	2	1.3	5,636	2.2
Blue Cross/Blue Shield	20	13.2	33,140	13.1
Other Commercial	13	8.6	17,547	6.9
Managed Care(HMO, PPO)	64	42.4	113,327	44.9
Self Pay	2	1.3	3,334	1.3
Industrial & Worker Comp	1	0.7	3,165	1.3
Charity and Unclassified	2	1.3	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	4	2.6	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,912	6.3
Central Utah	151	100.0	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	0	0.0	87,767	34.7
Southeastern Utah	0	0.0	5,222	2.1
Southwest Utah	0	0.0	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	0	0.0	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	0	0.0	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	250	100.0	331,127	100.0
Mastectomy (85.0-85.99)	1	0.4	8,130	2.5
Musculoskeletal (76.0-84.99)	2	0.8	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	0	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	3	1.2	2,918	0.9
Digestive System (42.0-54.99)	224	89.6	106,281	32.1
Urinary (55.0-59.99)	0	0.0	11,247	3.4
Male Genital (60.0-64.99)	0	0.0	3,928	1.2
Female Genital (65.0-71.99)	3	1.2	15,188	4.6
Endocrine/Nervous (01.0-07.99)	1	0.4	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	5	2.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	11	4.4	28,733	8.7
Reporting Category(CPT-4 CODES)	239	100.0	325,030	100.0
Mastectomy (19120-19220)	1	0.4	1,713	0.5
Musculoskeletal (20000-29909)	2	0.8	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	1	0.4	4,116	1.3
Digestive (40490-49999)	231	96.7	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	0	0.0	14,294	4.4
Endocrine/Nervous (60000-64999)	1	0.4	22,577	6.9
Eye (65091-68899)	0	0.0	12,170	3.7
Ear (69000-69979)	3	1.3	8,294	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		250	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	58	23.2	4.25
4523	COLONOSCOPY	51	20.4	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	48	19.2	5.62
4525	CLO [ENDO] BX LG INTESTINE	28	11.2	2.29
4836	[ENDO] POLYPECTOMY RECTUM	15	6.0	1.20
283	TONSILLECTOMY W/ADENOIDECTOMY	8	3.2	1.92
4513	OTH ENDO SM INTESTINE	5	2.0	1.64
5123	LAP CHOLEY	5	2.0	2.22
2001	MYRINGOTOMY W/INSRT TUBE	4	1.6	3.35
282	TONSILLECTOMY WO ADENOIDECTOMY	3	1.2	0.52
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	3	1.2	0.09
4824	CLO [ENDO] BX RECTUM	3	1.2	0.46
6902	D&C FOLLOWING DELIV/AB	3	1.2	0.17
4019	OTH DX PROC LYMPHATIC STRUCT	2	0.8	0.10
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	0.8	0.34
0392	INJ OTH AGENT SPINAL CANAL	1	0.4	2.07
201	REMOV TYMPANOSTOMY TUBE	1	0.4	0.13
4011	BX LYMPHATIC STRUCT	1	0.4	0.19
4413	OTH GASTROSCOPY	1	0.4	0.01
4685	DILAT INTESTINE	1	0.4	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		239	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	91	38.1	6.08
43239	UGI ENDO; W/BX 1/MX	53	22.2	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	46	19.2	6.64
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	10	4.2	1.81
42820	T&A; UNDER AGE 12	7	2.9	1.52
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5	2.1	1.23
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	1.7	0.94
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	1.3	0.44
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	3	1.3	0.07
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	0.8	0.78
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2	0.8	1.80
19120	EXC BRST CYST TUMR/LES OPN M/F 1	1	0.4	0.35
21556	EXC TUMR SFT TISS NCK/THOR; DEEP	1	0.4	0.02
25071	25071	1	0.4	0.01
38510	BX/EXC LYMPH NODE; OPN DP CERV N	1	0.4	0.10
42821	T&A; AGE 12 OR OVER	1	0.4	0.41
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	1	0.4	0.02
46250	HEMORRHOIDECTOMY EXTERNAL COMPLE	1	0.4	0.03
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	1	0.4	0.11
46922	DESTRUC LESION ANUS SMPL; SURG E	1	0.4	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, 2010
 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	136	\$1,133	\$4,764
4523	COLONOSCOPY	42	\$776	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	28	\$1,071	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	18	\$821	\$1,732
4525	CLO [ENDO] BX LG INTESTINE	9	\$1,306	\$1,777
283	TONSILLECTOMY W/ADENOIDECTOMY	7	\$1,120	\$3,030
4836	[ENDO] POLYPECTOMY RECTUM	5	\$948	\$1,527
5123	LAP CHOLEY	5	\$3,064	\$7,823
282	TONSILLECTOMY WO ADENOIDECTOMY	3	\$1,134	\$3,118
6902	D&C FOLLOWING DELIV/AB	3	\$2,094	\$3,566
4513	OTH ENDO SM INTESTINE	2	\$637	\$1,513
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$2,076	\$4,980
201	REMOV TYMPANOSTOMY TUBE	1	\$659	\$1,936
4011	BX LYMPHATIC STRUCT	1	\$1,374	\$4,601
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$836	\$2,099
4413	OTH GASTROSCOPY	1	\$577	\$2,082
4685	DILAT INTESTINE	1	\$1,327	\$2,404
4921	ANOSCOPY	1	\$1,087	\$2,414
4939	OTH LOC EXC/DESTRUC LES/TISS ANUS	1	\$2,856	\$3,084
4946	EXC HEMORRHOIDS	1	\$3,072	\$3,595
5359	REPR OTH HERN ANT ABD WALL	1	\$1,392	\$3,538

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	131	\$1,136	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	46	\$1,157	\$1,602
45378	COLONOSCOPY FLEX; DX-SEP PROC	37	\$792	\$1,186
43239	UGI ENDO; W/BX 1/MX	17	\$767	\$1,698
42820	T&A; UNDER AGE 12	6	\$1,117	\$2,869
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	\$2,705	\$6,966
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	\$1,134	\$3,172
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	\$541	\$1,404
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$2,076	\$4,904
19120	EXC BRST CYST TUMR/LES OPN M/F 1	1	\$2,251	\$3,656
21556	EXC TUMR SFT TISS NCK/THOR; DEEP	1	\$2,563	\$4,471
25071	25071	1	\$4,006	\$3,367
38510	BX/EXC LYMPH NODE; OPN DP CERV N	1	\$1,374	\$5,565
42821	T&A; AGE 12 OR OVER	1	\$1,139	\$3,363
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$836	\$1,920
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	1	\$768	\$1,356
46250	HEMORRHOIDECTOMY EXTERNAL COMPLE	1	\$3,072	\$4,062
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	1	\$1,087	\$287
46922	DESTRUC LESION ANUS SMPL; SURG E	1	\$2,856	\$3,485
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	1	\$4,501	\$8,264
49570	REPR EPIGASTRIC HERN; RDUC-SEP P	1	\$1,392	\$3,423

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, 2010
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	3	9,461
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4,468
02	BREAST PROCEDURES	1	1,750
	020 LEVEL I BREAST PROCEDURES	1	1,713
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	218	112,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	58	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	137	41,709
	137 THERAPEUTIC COLONOSCOPY	10	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,130
	139 LEVEL I HERNIA REPAIR	3	5,690
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,189
	146 LEVEL II LAPAROSCOPY	4	8,555
	147 LEVEL III LAPAROSCOPY	1	7,108
11	NEUROLOGIC SYSTEM PROCEDURES	1	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	3,252
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	14	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,444
	256 TONSIL AND ADENOID PROCEDURES	11	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	3	\$3,142	\$3,970
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,856	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$4,006	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,563	\$3,724
02	BREAST PROCEDURES	1	\$2,251	\$4,055
	020 LEVEL I BREAST PROCEDURES	1	\$2,251	\$3,990
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$1,374	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,374	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	113	\$1,081	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$743	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$836	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	83	\$994	\$1,365
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$768	\$5,559
	139 LEVEL I HERNIA REPAIR	3	\$1,848	\$4,575
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$3,072	\$3,992
	146 LEVEL II LAPAROSCOPY	4	\$2,705	\$8,741
	147 LEVEL III LAPAROSCOPY	1	\$4,501	\$8,742
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	12	\$1,047	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$658	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$659	\$3,554
	256 TONSIL AND ADENOID PROCEDURES	10	\$1,124	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	97	51.3	135,467	53.6
Male	92	48.7	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	0	0.0	2,971	1.2
1-4 years	8	4.2	10,916	4.3
5-9	1	0.5	6,723	2.7
10-14	1	0.5	5,235	2.1
15-17	0	0.0	5,307	2.1
18-19	2	1.1	3,697	1.5
20-24	3	1.6	10,057	4.0
25-29	3	1.6	12,635	5.0
30-34	3	1.6	14,894	5.9
35-39	5	2.6	13,867	5.5
40-44	8	4.2	14,264	5.6
45-49	4	2.1	17,450	6.9
50-54	21	11.1	27,955	11.1
55-59	36	19.0	24,928	9.9
60-64	26	13.8	22,206	8.8
65-69	24	12.7	19,059	7.5
70-74	23	12.2	14,720	5.8
75-79	11	5.8	11,676	4.6
80-84	8	4.2	7,598	3.0
85-89	1	0.5	3,582	1.4
90 +	1	0.5	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	31	16.4	208,190	82.4
Clinic Referral	157	83.1	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	1	0.5	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	189	100.0	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	71	37.6	55,732	22.1
Medicaid	5	2.6	18,214	7.2
Other government	2	1.1	5,636	2.2
Blue Cross/Blue Shield	24	12.7	33,140	13.1
Other Commercial	7	3.7	17,547	6.9
Managed Care(HMO, PPO)	75	39.7	113,327	44.9
Self Pay	2	1.1	3,334	1.3
Industrial & Worker Comp	0	0.0	3,165	1.3
Charity and Unclassified	3	1.6	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,912	6.3
Central Utah	25	13.2	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	1	0.5	87,767	34.7
Southeastern Utah	0	0.0	5,222	2.1
Southwest Utah	158	83.6	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	1	0.5	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	4	2.1	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	1,268	100.0	331,127	100.0
Mastectomy (85.0-85.99)	17	1.3	8,130	2.5
Musculoskeletal (76.0-84.99)	61	4.8	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	5	0.4	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	6	0.5	2,918	0.9
Digestive System (42.0-54.99)	895	70.6	106,281	32.1
Urinary (55.0-59.99)	7	0.6	11,247	3.4
Male Genital (60.0-64.99)	3	0.2	3,928	1.2
Female Genital (65.0-71.99)	52	4.1	15,188	4.6
Endocrine/Nervous (01.0-07.99)	14	1.1	24,832	7.5
Eye (08.0-16.99)	92	7.3	20,768	6.3
Ear (18.0-20.99)	47	3.7	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	69	5.4	28,733	8.7
Reporting Category(CPT-4 CODES)	1,575	100.0	325,030	100.0
Mastectomy (19120-19220)	12	0.8	1,713	0.5
Musculoskeletal (20000-29909)	65	4.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	18	1.1	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	518	32.9	29,073	8.9
Lymphatic/Hemetic (38100-38999)	4	0.3	4,116	1.3
Digestive (40490-49999)	778	49.4	123,353	38.0
Urinary (50010-53899)	27	1.7	15,063	4.6
Male Genital (54000-55899)	8	0.5	3,821	1.2
Female Genital (56405-58999)	21	1.3	14,294	4.4
Endocrine/Nervous (60000-64999)	3	0.2	22,577	6.9
Eye (65091-68899)	97	6.2	12,170	3.7
Ear (69000-69979)	24	1.5	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		1,268	100.0	100.0
4523	COLONOSCOPY	265	20.9	6.81
4513	OTH ENDO SM INTESTINE	212	16.7	1.64
4525	CLO [ENDO] BX LG INTESTINE	103	8.1	2.29
1341	PHACOEMULSIFICATION-ASPIR CATARACT	67	5.3	1.51
5123	LAP CHOLEY	65	5.1	2.22
5159	INCIS OTH BILE DUCT	61	4.8	0.02
4542	ENDO POLYPECTOMY LG INTESTINE	49	3.9	4.25
2001	MYRINGOTOMY W/INSRT TUBE	40	3.2	3.35
283	TONSILLECTOMY W/ADENOIDECTOMY	38	3.0	1.92
5451	LAP LYSIS PERITONEAL ADHES	32	2.5	0.23
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	26	2.1	5.62
1364	DISCISSION SECNDRY MEMBRN	25	2.0	0.08
8147	OTH REPR KNEE	16	1.3	0.93
806	EXC SEMILUNAR CARTILAGE-KNEE	15	1.2	1.67
4292	DILAT ESOPH	14	1.1	1.35
0443	RELEASE CARPAL TUNNEL	13	1.0	0.97
4701	LAP APPENDECTOMY	13	1.0	0.63
282	TONSILLECTOMY WO ADENOIDECTOMY	12	0.9	0.52
8521	LOC EXC LES BREAST	12	0.9	0.60
5342	5342	10	0.8	0.04

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,575	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	473	30.0	0.76
45378	COLONOSCOPY FLEX; DX-SEP PROC	258	16.4	6.64
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	193	12.3	1.23
45380	COLONOSCOPY FLEX; W/BX 1/MX	98	6.2	6.08
66984	EXTRACAPSULAR CATARACT REMV IOL	72	4.6	1.53
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	49	3.1	1.81
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	36	2.3	0.69
42820	T&A; UNDER AGE 12	33	2.1	1.52
66821	DISCISSION 2ND CATARACT; LASER S	25	1.6	0.14
43239	UGI ENDO; W/BX 1/MX	23	1.5	6.01
69436	TYMPANOSTOMY GENERAL ANESTHESIA	20	1.3	1.80
49505	REPR INIT ING HERNIA 5YR/MORE; R	19	1.2	0.78
51702	INSERT TEMP INDWLL BLADD CATH; S	18	1.1	0.09
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	16	1.0	0.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	16	1.0	1.32
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	13	0.8	0.94
29848	ENDO WRST SURG REL TRNS CARP LIG	10	0.6	0.34
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	10	0.6	0.44
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	8	0.5	0.20
44970	LAPAROSCOPY SURGICAL APPENDECTOM	8	0.5	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, 2010
 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	724	\$1,714	\$4,764
4523	COLONOSCOPY	198	\$1,012	\$1,184
4513	OTH ENDO SM INTESTINE	115	\$965	\$1,513
4525	CLO [ENDO] BX LG INTESTINE	74	\$1,146	\$1,777
1341	PHACOEMULSIFICATION-ASPIR CATARACT	67	\$2,640	\$2,964
4542	ENDO POLYPECTOMY LG INTESTINE	39	\$1,212	\$1,643
283	TONSILLECTOMY W/ADENOIDECTOMY	36	\$1,513	\$3,030
1364	DISCISSION SECNDRY MEMBRN	25	\$915	\$768
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	14	\$1,541	\$1,732
4701	LAP APPENDECTOMY	13	\$6,744	\$11,713
282	TONSILLECTOMY WO ADENOIDECTOMY	12	\$1,506	\$3,118
8521	LOC EXC LES BREAST	10	\$2,748	\$3,725
0443	RELEASE CARPAL TUNNEL	9	\$2,268	\$2,598
5342	5342	8	\$7,121	\$9,359
6902	D&C FOLLOWING DELIV/AB	8	\$1,676	\$3,566
6823	ENDOMETRIAL ABLATION	6	\$4,223	\$6,274
3893	VENOUS CATH-NEC	5	\$3,371	\$5,038
5304	UNILAT REPR INDIRECT ING HERN-GFT	5	\$3,459	\$4,980
5123	LAP CHOLEY	4	\$5,882	\$7,823
4029	SIMPL EXC OTH LYMPHATIC STRUCT	3	\$2,088	\$5,216
5303	UNILAT REPR DIRECT ING HERN-GFT	3	\$3,275	\$5,043

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	1,326	\$1,133	\$4,004
36416	COLLECTON CAPILLARY BLOOD SPECIM	467	\$117	\$248
45378	COLONOSCOPY FLEX; DX-SEP PROC	192	\$1,002	\$1,186
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	112	\$949	\$1,404
45380	COLONOSCOPY FLEX; W/BX 1/MX	72	\$1,165	\$1,602
66984	EXTRACAPSULAR CATARACT REMV IOL	70	\$2,643	\$3,643
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	39	\$1,206	\$1,753
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	36	\$1,480	\$4,768
42820	T&A; UNDER AGE 12	31	\$1,502	\$2,869
66821	DISCISSION 2ND CATARACT; LASER S	25	\$915	\$772
51702	INSERT TEMP INDWLL BLADD CATH; S	18	\$413	\$4,149
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	16	\$6,231	\$8,264
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	\$861	\$1,547
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	12	\$672	\$1,455
43239	UGI ENDO; W/BX 1/MX	12	\$1,100	\$1,698
49505	REPR INIT ING HERNIA 5YR/MORE; R	12	\$3,346	\$4,904
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	11	\$1,048	\$1,979
29848	ENDO WRST SURG REL TRNS CARP LIG	10	\$2,237	\$2,596
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	10	\$1,544	\$3,172
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	8	\$3,353	\$6,398
44970	LAPAROSCOPY SURGICAL APPENDECTOM	8	\$6,148	\$11,662

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, 2010
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	1	9,461
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4,468
02	BREAST PROCEDURES	12	1,750
	020 LEVEL I BREAST PROCEDURES	12	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	62	64,178
	033 LEVEL I HAND PROCEDURES	1	3,900
	035 LEVEL I FOOT PROCEDURES	5	6,043
	037 LEVEL I ARTHROSCOPY	33	22,380
	039 REPLACEMENT OF CAST	1	125
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,991
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	567
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	467
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	2,206
04	RESPIRATORY PROCEDURES	9	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	5	4,200
05	CARDIOVASCULAR PROCEDURES	9	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	9	1,077
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	39	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	36	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	731	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	336
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	216	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	356	41,709
	137 THERAPEUTIC COLONOSCOPY	49	7,586
	139 LEVEL I HERNIA REPAIR	26	5,690
	140 LEVEL II HERNIA REPAIR	3	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	851
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	374
	145 LEVEL I LAPAROSCOPY	8	2,518
	146 LEVEL II LAPAROSCOPY	30	8,555
	147 LEVEL III LAPAROSCOPY	16	7,108
08	GENITOURINARY SYSTEM PROCEDURES	3	11,520
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	5,655
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	219
09	MALE REPRODUCTIVE SYSTEM	8	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,441
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	7	254
10	FEMALE REPRODUCTIVE SYSTEM	13	8,528
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	1,872
	199 DILATION AND CURETTAGE	2	552

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	200 HYSTEROSCOPY	9	2,238
	201 COLPOSCOPY	1	694
11	NEUROLOGIC SYSTEM PROCEDURES	3	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	3,252
	217 LEVEL I NERVE PROCEDURES	1	4,138
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	97	11,976
	232 LASER EYE PROCEDURES	25	566
	233 CATARACT PROCEDURES	72	5,367
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	86	30,136
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	33
	252 LEVEL I FACIAL AND ENT PROCEDURES	25	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	6	3,450
	256 TONSIL AND ADENOID PROCEDURES	51	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	1	\$2,318	\$3,970
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,318	\$3,724
02	BREAST PROCEDURES	11	\$2,678	\$4,055
	020 LEVEL I BREAST PROCEDURES	11	\$2,678	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	52	\$1,775	\$5,625
	033 LEVEL I HAND PROCEDURES	1	\$2,309	\$2,911
	035 LEVEL I FOOT PROCEDURES	3	\$3,024	\$3,958
	037 LEVEL I ARTHROSCOPY	29	\$2,274	\$4,877
	039 REPLACEMENT OF CAST	1	\$449	\$2,955
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$305	\$1,652
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$1,062	\$3,602
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$1,484	\$3,636
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	\$672	\$1,578
04	RESPIRATORY PROCEDURES	4	\$961	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$841	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,319	\$1,131
05	CARDIOVASCULAR PROCEDURES	9	\$3,366	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	9	\$3,366	\$6,105
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	39	\$1,547	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	36	\$1,480	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$2,354	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	522	\$1,622	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$766	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,136	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$940	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	124	\$964	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$1,010	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	264	\$1,046	\$1,365
	137 THERAPEUTIC COLONOSCOPY	39	\$1,206	\$1,781
	139 LEVEL I HERNIA REPAIR	18	\$3,933	\$4,575
	140 LEVEL II HERNIA REPAIR	2	\$5,037	\$5,741
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$857	\$5,411
	145 LEVEL I LAPAROSCOPY	7	\$3,378	\$5,993
	146 LEVEL II LAPAROSCOPY	30	\$5,893	\$8,741
	147 LEVEL III LAPAROSCOPY	16	\$6,231	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	3	\$1,131	\$5,060
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$1,094	\$2,751
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$1,207	\$1,639
09	MALE REPRODUCTIVE SYSTEM	8	\$1,712	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$2,589	\$3,299
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	7	\$1,587	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	12	\$3,666	\$4,923
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$5,020	\$7,555
	199 DILATION AND CURETTAGE	2	\$1,707	\$3,369
	200 HYSTEROSCOPY	8	\$4,184	\$5,363

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
201 COLPOSCOPY	1	\$2,090	\$1,063
11 NEUROLOGIC SYSTEM PROCEDURES	3	\$1,078	\$4,943
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$260	\$1,457
217 LEVEL I NERVE PROCEDURES	1	\$2,715	\$3,417
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	95	\$2,188	\$3,736
232 LASER EYE PROCEDURES	25	\$915	\$818
233 CATARACT PROCEDURES	70	\$2,643	\$3,654
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	72	\$1,356	\$4,038
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$2,077	\$6,314
252 LEVEL I FACIAL AND ENT PROCEDURES	20	\$840	\$2,385
253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$644	\$3,554
254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$2,465	\$7,156
256 TONSIL AND ADENOID PROCEDURES	47	\$1,505	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	905	58.5	135,467	53.6
Male	643	41.5	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	220	14.2	1,741	0.7
29-365 days	94	6.1	2,971	1.2
1-4 years	162	10.5	10,916	4.3
5-9	38	2.5	6,723	2.7
10-14	21	1.4	5,235	2.1
15-17	31	2.0	5,307	2.1
18-19	18	1.2	3,697	1.5
20-24	37	2.4	10,057	4.0
25-29	47	3.0	12,635	5.0
30-34	45	2.9	14,894	5.9
35-39	41	2.6	13,867	5.5
40-44	54	3.5	14,264	5.6
45-49	54	3.5	17,450	6.9
50-54	89	5.7	27,955	11.1
55-59	115	7.4	24,928	9.9
60-64	88	5.7	22,206	8.8
65-69	115	7.4	19,059	7.5
70-74	108	7.0	14,720	5.8
75-79	77	5.0	11,676	4.6
80-84	67	4.3	7,598	3.0
85-89	18	1.2	3,582	1.4
90 +	9	0.6	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,516	97.9	208,190	82.4
Clinic Referral	0	0.0	38,248	15.1
HMO Referral	1	0.1	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	31	2.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,547	99.9	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	1	0.1	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	350	22.6	55,732	22.1
Medicaid	212	13.7	18,214	7.2
Other government	18	1.2	5,636	2.2
Blue Cross/Blue Shield	120	7.8	33,140	13.1
Other Commercial	140	9.0	17,547	6.9
Managed Care(HMO, PPO)	612	39.5	113,327	44.9
Self Pay	89	5.7	3,334	1.3
Industrial & Worker Comp	0	0.0	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	7	0.5	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.2	15,912	6.3
Central Utah	1,498	96.8	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	13	0.8	87,767	34.7
Southeastern Utah	15	1.0	5,222	2.1
Southwest Utah	4	0.3	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	1	0.1	5,148	2.0
Tri-County	2	0.1	6,710	2.7
Utah County	10	0.6	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	1	0.1	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	1	0.1	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	1,029	100.0	331,127	100.0
Mastectomy (85.0-85.99)	50	4.9	8,130	2.5
Musculoskeletal (76.0-84.99)	348	33.8	67,729	20.5
Respiratory (30.0-34.99)	1	0.1	3,049	0.9
Cardiovascular (35.0-39.99)	1	0.1	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	1	0.1	2,918	0.9
Digestive System (42.0-54.99)	334	32.5	106,281	32.1
Urinary (55.0-59.99)	0	0.0	11,247	3.4
Male Genital (60.0-64.99)	2	0.2	3,928	1.2
Female Genital (65.0-71.99)	12	1.2	15,188	4.6
Endocrine/Nervous (01.0-07.99)	27	2.6	24,832	7.5
Eye (08.0-16.99)	212	20.6	20,768	6.3
Ear (18.0-20.99)	15	1.5	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	26	2.5	28,733	8.7
Reporting Category(CPT-4 CODES)	785	100.0	325,030	100.0
Mastectomy (19120-19220)	3	0.4	1,713	0.5
Musculoskeletal (20000-29909)	318	40.5	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	9	1.1	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	29,073	8.9
Lymphatic/Hemetic (38100-38999)	1	0.1	4,116	1.3
Digestive (40490-49999)	316	40.3	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	2	0.3	3,821	1.2
Female Genital (56405-58999)	5	0.6	14,294	4.4
Endocrine/Nervous (60000-64999)	19	2.4	22,577	6.9
Eye (65091-68899)	104	13.2	12,170	3.7
Ear (69000-69979)	7	0.9	8,294	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		1,029	100.0	100.0
4523	COLONOSCOPY	174	16.9	6.81
1341	PHACOEMULSIFICATION-ASPIR CATARACT	78	7.6	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	78	7.6	1.53
4525	CLO [ENDO] BX LG INTESTINE	56	5.4	2.29
806	EXC SEMILUNAR CARTILAGE-KNEE	37	3.6	1.67
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	28	2.7	0.68
8594	REMOV IMPLNT BREAST	21	2.0	0.13
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	20	1.9	5.62
5123	LAP CHOLEY	19	1.8	2.22
4701	LAP APPENDECTOMY	14	1.4	0.63
0443	RELEASE CARPAL TUNNEL	12	1.2	0.97
2001	MYRINGOTOMY W/INSRT TUBE	12	1.2	3.35
1359	OTH EXTRACAPSUL LENS EXTRACT	11	1.1	0.02
7756	REPR HAMMER TOE	11	1.1	0.37
7939	OP REDUC FX W/INT FIX-OTH BONE	11	1.1	0.13
8554	BILAT BREAST IMPLNT	11	1.1	0.13
4542	ENDO POLYPECTOMY LG INTESTINE	10	1.0	4.25
8076	SYNOVECT-KNEE	10	1.0	0.40
0886	LOWER EYELID RHYTIDECTOMY	9	0.9	0.04
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	9	0.9	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		785	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	147	18.7	6.64
66984	EXTRACAPSULAR CATARACT REMV IOL	79	10.1	1.53
45380	COLONOSCOPY FLEX; W/BX 1/MX	55	7.0	6.08
29881	SCOPE KNEE SURG;W/MENISCECT MED/	31	3.9	1.46
43239	UGI ENDO; W/BX 1/MX	20	2.5	6.01
20680	REMOVAL OF IMPLANT; DEEP	18	2.3	0.93
47562	LAPAROSCOPY SURGICAL; CHOLECT	18	2.3	0.94
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	16	2.0	0.91
28285	CORRECTION HAMMERTO	15	1.9	0.55
44970	LAPAROSCOPY SURGICAL APPENDECTOM	14	1.8	0.66
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	1.8	0.78
29826	SCOPE SHOULDER; DECOMP SUBACROM	13	1.7	1.12
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	11	1.4	0.64
66821	DISCISSION 2ND CATARACT; LASER S	11	1.4	0.14
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	9	1.1	0.13
29822	SCOPE SHOULDER SURGICAL; DEBRID	9	1.1	0.27
45384	COLONOSCOPY FLEX; REMV LES-FORCE	9	1.1	0.21
28080	EXC INTERDIGTL NEUROMA SINGLE EA	7	0.9	0.17
25111	EXCISION OF GANGLION WRIST; PRIM	6	0.8	0.17
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	6	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, 2010
 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	482	\$2,926	\$4,764
4523	COLONOSCOPY	166	\$1,159	\$1,184
4525	CLO [ENDO] BX LG INTESTINE	49	\$1,472	\$1,777
5123	LAP CHOLEY	19	\$6,299	\$7,823
4701	LAP APPENDECTOMY	14	\$9,492	\$11,713
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	12	\$1,274	\$1,732
1359	OTH EXTRACAPSUL LENS EXTRACT	11	\$1,293	\$1,537
7939	OP REDUC FX W/INT FIX-OTH BONE	9	\$8,310	\$10,851
806	EXC SEMILUNAR CARTILAGE-KNEE	9	\$3,500	\$4,677
0443	RELEASE CARPAL TUNNEL	7	\$2,538	\$2,598
4542	ENDO POLYPECTOMY LG INTESTINE	7	\$1,556	\$1,643
5303	UNILAT REPR DIRECT ING HERN-GFT	7	\$5,116	\$5,043
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$2,567	\$3,030
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$4,382	\$4,980
6902	D&C FOLLOWING DELIV/AB	6	\$3,315	\$3,566
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	6	\$5,001	\$10,003
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	5	\$3,602	\$3,648
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	5	\$8,082	\$10,328
8221	EXC LES TENDON SHEATH HAND	5	\$2,826	\$2,745
282	TONSILLECTOMY WO ADENOIDECTOMY	4	\$3,120	\$3,118
4513	OTH ENDO SM INTESTINE	4	\$1,450	\$1,513

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	560	\$3,251	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	140	\$1,162	\$1,186
66984	EXTRACAPSULAR CATARACT REMV IOL	79	\$4,092	\$3,643
45380	COLONOSCOPY FLEX; W/BX 1/MX	52	\$1,454	\$1,602
47562	LAPAROSCOPY SURGICAL; CHOLECT	18	\$6,338	\$6,966
29881	SCOPE KNEE SURG;W/MENISCECT MED/	16	\$3,578	\$4,675
44970	LAPAROSCOPY SURGICAL APPENDECTOM	14	\$9,492	\$11,662
49505	REPR INIT ING HERNIA 5YR/MORE; R	13	\$4,734	\$4,904
43239	UGI ENDO; W/BX 1/MX	12	\$1,274	\$1,698
20680	REMOVAL OF IMPLANT; DEEP	11	\$3,386	\$3,851
66821	DISCISSION 2ND CATARACT; LASER S	11	\$1,293	\$772
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	9	\$8,310	\$10,752
45384	COLONOSCOPY FLEX; REMV LES-FORCE	9	\$1,708	\$1,803
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	\$2,538	\$2,664
42820	T&A; UNDER AGE 12	6	\$2,567	\$2,869
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	6	\$4,104	\$4,631
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	6	\$4,459	\$3,705
29880	SCOPE KNEE SURG;W/MENISCECT MED&	5	\$3,427	\$5,236
69436	TYMPANOSTOMY GENERAL ANESTHESIA	5	\$1,450	\$1,547
25111	EXCISION OF GANGLION WRIST; PRIM	4	\$2,958	\$2,795
28296	HALLUX VALGUS; W/METATARSAL OSTE	4	\$4,977	\$5,280

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	29	9,461
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	4,468
02	BREAST PROCEDURES	3	1,750
	020 LEVEL I BREAST PROCEDURES	3	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	283	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	2,206
	033 LEVEL I HAND PROCEDURES	14	3,900
	034 LEVEL II HAND PROCEDURES	3	1,135
	035 LEVEL I FOOT PROCEDURES	54	6,043
	036 LEVEL II FOOT PROCEDURES	13	1,635
	037 LEVEL I ARTHROSCOPY	97	22,380
	038 LEVEL II ARTHROSCOPY	13	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	43	5,284
	045 BUNION PROCEDURES	14	1,790
04	RESPIRATORY PROCEDURES	3	11,235
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	4,200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	306	112,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26	24,909
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	202	41,709
	137 THERAPEUTIC COLONOSCOPY	10	7,586
	139 LEVEL I HERNIA REPAIR	25	5,690
	140 LEVEL II HERNIA REPAIR	2	1,145
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,189
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	206
	145 LEVEL I LAPAROSCOPY	1	2,518
	146 LEVEL II LAPAROSCOPY	37	8,555
	147 LEVEL III LAPAROSCOPY	1	7,108
09	MALE REPRODUCTIVE SYSTEM	1	4,036
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	9
10	FEMALE REPRODUCTIVE SYSTEM	2	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,525
	199 DILATION AND CURETTAGE	1	552
11	NEUROLOGIC SYSTEM PROCEDURES	21	21,879
	217 LEVEL I NERVE PROCEDURES	19	4,138
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	8,680
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	104	11,976
	232 LASER EYE PROCEDURES	12	566
	233 CATARACT PROCEDURES	80	5,367
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	244

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	28	30,136
252	LEVEL I FACIAL AND ENT PROCEDURES	9	12,925
253	LEVEL II FACIAL AND ENT PROCEDURES	2	1,444
254	LEVEL III FACIAL AND ENT PROCEDURES	3	3,450
255	LEVEL IV FACIAL AND ENT PROCEDURES	3	3,077
256	TONSIL AND ADENOID PROCEDURES	11	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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 CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	18	\$3,063	\$3,970
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,609	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	\$3,154	\$3,724
02	BREAST PROCEDURES	3	\$2,903	\$4,055
	020 LEVEL I BREAST PROCEDURES	3	\$2,903	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	117	\$4,882	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$3,189	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$3,725	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$7,085	\$10,772
	033 LEVEL I HAND PROCEDURES	7	\$2,735	\$2,911
	034 LEVEL II HAND PROCEDURES	2	\$3,541	\$5,270
	035 LEVEL I FOOT PROCEDURES	18	\$4,164	\$3,958
	036 LEVEL II FOOT PROCEDURES	5	\$6,710	\$7,753
	037 LEVEL I ARTHROSCOPY	32	\$3,698	\$4,877
	038 LEVEL II ARTHROSCOPY	3	\$11,058	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$10,012	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$3,588	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	30	\$6,362	\$8,351
	045 BUNION PROCEDURES	7	\$4,020	\$5,503
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$5,574	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$5,574	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	282	\$2,443	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$1,318	\$1,690
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	192	\$1,241	\$1,365
	137 THERAPEUTIC COLONOSCOPY	10	\$1,692	\$1,781
	139 LEVEL I HERNIA REPAIR	22	\$4,315	\$4,575
	140 LEVEL II HERNIA REPAIR	1	\$4,152	\$5,741
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$6,401	\$3,992
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$7,361	\$8,883
	145 LEVEL I LAPAROSCOPY	1	\$11,091	\$5,993
	146 LEVEL II LAPAROSCOPY	37	\$7,648	\$8,741
	147 LEVEL III LAPAROSCOPY	1	\$5,589	\$8,742
09	MALE REPRODUCTIVE SYSTEM	1	\$1,080	\$4,814
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$1,080	\$1,949
10	FEMALE REPRODUCTIVE SYSTEM	2	\$2,895	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$3,104	\$4,052
	199 DILATION AND CURETTAGE	1	\$2,685	\$3,369
11	NEUROLOGIC SYSTEM PROCEDURES	10	\$2,624	\$4,943
	217 LEVEL I NERVE PROCEDURES	10	\$2,624	\$3,417
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	104	\$3,759	\$3,736
	232 LASER EYE PROCEDURES	12	\$1,270	\$818
	233 CATARACT PROCEDURES	80	\$4,082	\$3,654
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	\$4,459	\$3,814
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$3,721	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	21	\$3,087	\$4,038

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
252 LEVEL I FACIAL AND ENT PROCEDURES	6	\$2,441	\$2,385
253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$3,514	\$3,554
255 LEVEL IV FACIAL AND ENT PROCEDURES	3	\$5,090	\$9,193
256 TONSIL AND ADENOID PROCEDURES	10	\$2,788	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	360	50.2	135,467	53.6
Male	357	49.8	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	2	0.3	2,971	1.2
1-4 years	6	0.8	10,916	4.3
5-9	9	1.3	6,723	2.7
10-14	17	2.4	5,235	2.1
15-17	20	2.8	5,307	2.1
18-19	13	1.8	3,697	1.5
20-24	18	2.5	10,057	4.0
25-29	21	2.9	12,635	5.0
30-34	34	4.7	14,894	5.9
35-39	29	4.0	13,867	5.5
40-44	41	5.7	14,264	5.6
45-49	45	6.3	17,450	6.9
50-54	129	18.0	27,955	11.1
55-59	69	9.6	24,928	9.9
60-64	78	10.9	22,206	8.8
65-69	62	8.6	19,059	7.5
70-74	47	6.6	14,720	5.8
75-79	38	5.3	11,676	4.6
80-84	27	3.8	7,598	3.0
85-89	10	1.4	3,582	1.4
90 +	2	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	669	93.3	208,190	82.4
Clinic Referral	27	3.8	38,248	15.1
HMO Referral	1	0.1	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	20	2.8	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	715	99.7	251,393	99.5
Another Hospital	1	0.1	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	1	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	177	24.7	55,732	22.1
Medicaid	28	3.9	18,214	7.2
Other government	4	0.6	5,636	2.2
Blue Cross/Blue Shield	67	9.3	33,140	13.1
Other Commercial	35	4.9	17,547	6.9
Managed Care(HMO, PPO)	338	47.1	113,327	44.9
Self Pay	40	5.6	3,334	1.3
Industrial & Worker Comp	11	1.5	3,165	1.3
Charity and Unclassified	11	1.5	1,228	0.5
Childrens Health Insurance	1	0.1	189	0.1
Unknown	5	0.7	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.4	15,912	6.3
Central Utah	1	0.1	9,352	3.7
Davis County	1	0.1	27,390	10.8
Salt Lake County	15	2.1	87,767	34.7
Southeastern Utah	0	0.0	5,222	2.1
Southwest Utah	0	0.0	15,992	6.3
Summit County	109	15.2	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	23	3.2	6,710	2.7
Utah County	6	0.8	38,568	15.3
Wasatch County	531	74.1	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	28	3.9	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	44,483	100.0	331,127	100.0
Mastectomy (85.0-85.99)	1,209	2.7	8,130	2.5
Musculoskeletal (76.0-84.99)	5,869	13.2	67,729	20.5
Respiratory (30.0-34.99)	344	0.8	3,049	0.9
Cardiovascular (35.0-39.99)	8,355	18.8	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	590	1.3	2,918	0.9
Digestive System (42.0-54.99)	13,825	31.1	106,281	32.1
Urinary (55.0-59.99)	1,518	3.4	11,247	3.4
Male Genital (60.0-64.99)	313	0.7	3,928	1.2
Female Genital (65.0-71.99)	1,044	2.3	15,188	4.6
Endocrine/Nervous (01.0-07.99)	1,735	3.9	24,832	7.5
Eye (08.0-16.99)	6,780	15.2	20,768	6.3
Ear (18.0-20.99)	484	1.1	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	2,417	5.4	28,733	8.7
Reporting Category(CPT-4 CODES)	30,351	100.0	325,030	100.0
Mastectomy (19120-19220)	367	1.2	1,713	0.5
Musculoskeletal (20000-29909)	5,497	18.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1,648	5.4	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	285	0.9	29,073	8.9
Lymphatic/Hemetic (38100-38999)	375	1.2	4,116	1.3
Digestive (40490-49999)	13,820	45.5	123,353	38.0
Urinary (50010-53899)	1,164	3.8	15,063	4.6
Male Genital (54000-55899)	218	0.7	3,821	1.2
Female Genital (56405-58999)	781	2.6	14,294	4.4
Endocrine/Nervous (60000-64999)	2,241	7.4	22,577	6.9
Eye (65091-68899)	3,676	12.1	12,170	3.7
Ear (69000-69979)	279	0.9	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,733	6.1	5.62
4542	ENDO POLYPECTOMY LG INTESTINE	2,596	5.8	4.25
4523	COLONOSCOPY	2,265	5.1	6.81
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,993	4.5	1.53
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,945	4.4	1.51
4525	CLO [ENDO] BX LG INTESTINE	1,148	2.6	2.29
3728	INTRACARDIAC ECHOCARDIOGRAPHY	1,030	2.3	0.47
5123	LAP CHOLEY	842	1.9	2.22
3726	CARD ELECTROPHYSIO STIMUL-RECORD	836	1.9	0.61
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	823	1.9	0.60
3727	CARD MAPPING	816	1.8	0.57
3729	OTH DX PROC HEART & PERICARDIUM	794	1.8	0.29
4836	[ENDO] POLYPECTOMY RECTUM	715	1.6	1.20
3722	LT HEART CARD CATH	639	1.4	1.18
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	613	1.4	0.36
1474	OTH MECH VITRECTOMY	573	1.3	0.38
4292	DILAT ESOPH	453	1.0	1.35
8521	LOC EXC LES BREAST	442	1.0	0.60
8051	EXC INTERVERTEBRAL DISC	429	1.0	0.45
3723	COMBO RT & LT HEART CARD CATH	387	0.9	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	3,334	11.0	6.08
43239	UGI ENDO; W/BX 1/MX	2,730	9.0	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,165	7.1	6.64
66984	EXTRACAPSULAR CATARACT REMV IOL	1,896	6.2	1.53
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	813	2.7	1.81
47562	LAPAROSCOPY SURGICAL; CHOLECT	697	2.3	0.94
30140	SUBMUCOS RES TURBINATE PART/CMPL	338	1.1	0.68
52332	CYSTOURETHROSCOPY W/INSRT STENT	329	1.1	0.69
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	312	1.0	0.70
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	312	1.0	0.94
49505	REPR INIT ING HERNIA 5YR/MORE; R	274	0.9	0.78
28285	CORRECTION HAMMERTO	272	0.9	0.55
20680	REMOVAL OF IMPLANT; DEEP	265	0.9	0.93
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	252	0.8	0.32
19120	EXC BRST CYST TUMR/LES OPN M/F 1	210	0.7	0.35
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	207	0.7	0.21
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	204	0.7	1.23
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	201	0.7	0.44
29826	SCOPE SHOULDER; DECOMP SUBACROM	186	0.6	1.12
67042	67042	183	0.6	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, 2010
 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		16,294	\$4,553	\$4,764
4523	COLONOSCOPY	1,988	\$836	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	1,703	\$1,239	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,568	\$1,269	\$1,732
5123	LAP CHOLEY	756	\$6,090	\$7,823
3722	LT HEART CARD CATH	480	\$6,357	\$9,623
4525	CLO [ENDO] BX LG INTESTINE	433	\$1,287	\$1,777
3725	BX HEART	301	\$4,041	\$4,086
3723	COMBO RT & LT HEART CARD CATH	300	\$6,596	\$9,594
5011	CLO [PERCUT] [NEEDLE] BX LIVER	264	\$2,637	\$2,819
8521	LOC EXC LES BREAST	260	\$3,064	\$3,725
4836	[ENDO] POLYPECTOMY RECTUM	243	\$1,096	\$1,527
8051	EXC INTERVERTEBRAL DISC	235	\$8,446	\$10,835
3721	RT HEART CARD CATH	206	\$4,956	\$6,015
283	TONSILLECTOMY W/ADENOIDECTOMY	205	\$2,483	\$3,030
3607	INSERTION RX-ELUTING COR ART STENT	170	\$28,046	\$35,172
4513	OTH ENDO SM INTESTINE	167	\$1,167	\$1,513
282	TONSILLECTOMY WO ADENOIDECTOMY	163	\$2,392	\$3,118
4131	BX BONE MARROW	134	\$4,759	\$4,544
5304	UNILAT REPR INDIRECT ING HERN-GFT	121	\$3,820	\$4,980
6952	ASPIR CURET FOLLOWING DELIV/AB	118	\$2,846	\$3,192

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		15,738	\$3,287	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,308	\$1,217	\$1,602
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,903	\$847	\$1,186
66984	EXTRACAPSULAR CATARACT REMV IOL	1,857	\$2,954	\$3,643
43239	UGI ENDO; W/BX 1/MX	1,554	\$1,267	\$1,698
47562	LAPAROSCOPY SURGICAL; CHOLECT	642	\$5,970	\$6,966
49505	REPR INIT ING HERNIA 5YR/MORE; R	226	\$4,089	\$4,904
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	225	\$1,250	\$1,753
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	218	\$8,324	\$10,994
20680	REMOVAL OF IMPLANT; DEEP	175	\$3,376	\$3,851
19120	EXC BRST CYST TUMR/LES OPN M/F 1	163	\$2,870	\$3,656
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	156	\$2,407	\$3,172
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	154	\$1,780	\$1,404
42820	T&A; UNDER AGE 12	128	\$2,401	\$2,869
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	122	\$1,976	\$2,664
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	118	\$7,247	\$8,264
69436	TYMPANOSTOMY GENERAL ANESTHESIA	109	\$1,096	\$1,547
19125	EXC BRST LES ID RAD MARKR OPN;1	108	\$3,778	\$4,700
44970	LAPAROSCOPY SURGICAL APPENDECTOM	105	\$12,010	\$11,662
67042	67042	104	\$4,656	\$5,444
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	95	\$3,988	\$4,631

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, 2010
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	601	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	29	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	9	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	7	106
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	107
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	30	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	73	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	397	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	49
	012 LEVEL I SKIN REPAIR	1	13
	013 LEVEL II SKIN REPAIR	14	842
	014 LEVEL III SKIN REPAIR	35	257
02	BREAST PROCEDURES	374	1,750
	020 LEVEL I BREAST PROCEDURES	367	1,713
	021 LEVEL II BREAST PROCEDURES	7	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,037	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	190	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	313	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	126	2,206
	033 LEVEL I HAND PROCEDURES	318	3,900
	034 LEVEL II HAND PROCEDURES	110	1,135
	035 LEVEL I FOOT PROCEDURES	777	6,043
	036 LEVEL II FOOT PROCEDURES	107	1,635
	037 LEVEL I ARTHROSCOPY	913	22,380
	038 LEVEL II ARTHROSCOPY	220	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	2	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	83	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	21	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	438	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	467
	045 BUNION PROCEDURES	268	1,790
	046 LEVEL I ARTHROPLASTY	28	660
	047 LEVEL II ARTHROPLASTY	14	177
	048 HAND AND FOOT TENOTOMY	25	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	62	2,206
04	RESPIRATORY PROCEDURES	807	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	20	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	130	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	439	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	218	2,327
05	CARDIOVASCULAR PROCEDURES	243	11,285
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	1,944
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	1	284

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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	2	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	26	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	179	2,371
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	12	126
	092 RESUSCITATION	2	30
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	1	20
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	229	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	229	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	13,407	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	55	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	56	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	60	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,962	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	602	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	5,541	41,709
	137 THERAPEUTIC COLONOSCOPY	1,155	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	289	2,130
	139 LEVEL I HERNIA REPAIR	579	5,690
	140 LEVEL II HERNIA REPAIR	141	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	163	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	162	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	22	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	11	206
	145 LEVEL I LAPAROSCOPY	192	2,518
	146 LEVEL II LAPAROSCOPY	1,134	8,555
	147 LEVEL III LAPAROSCOPY	279	7,108
	148 LEVEL IV LAPAROSCOPY	4	114
08	GENITOURINARY SYSTEM PROCEDURES	1,086	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	44	625
	162 URINARY CATHETERIZATION AND DILATATION	21	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	517	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	440	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	8	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	9	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	47	484
09	MALE REPRODUCTIVE SYSTEM	243	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	121	1,441
	181 CIRCUMCISION	30	947
	182 INSERTION OF PENILE PROSTHESIS	3	76
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	86	1,309
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	254
10	FEMALE REPRODUCTIVE SYSTEM	486	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	83	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	112	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	99	1,872

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	199 DILATION AND CURETTAGE	50	552
	200 HYSTEROSCOPY	124	2,238
	201 COLPOSCOPY	18	694
11	NEUROLOGIC SYSTEM PROCEDURES	2,552	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	111	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	40	183
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	70	208
	217 LEVEL I NERVE PROCEDURES	421	4,138
	218 LEVEL II NERVE PROCEDURES	152	777
	219 SPINAL TAP	1	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	574	8,680
	221 LAMINOTOMY AND LAMINECTOMY	1,080	3,130
	223 LEVEL III NERVE PROCEDURES	103	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3,599	11,976
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	27
	232 LASER EYE PROCEDURES	20	566
	233 CATARACT PROCEDURES	2,059	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	54	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	68	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	93	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	75	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	759	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	196	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	75	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	199	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,281	30,136
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	33
	252 LEVEL I FACIAL AND ENT PROCEDURES	752	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	165	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	453	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	434	3,077
	256 TONSIL AND ADENOID PROCEDURES	476	9,071

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	341	\$3,508	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	\$3,164	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$3,127	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$3,930	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	14	\$2,456	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	44	\$3,350	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	248	\$3,425	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$4,816	\$6,933
	013 LEVEL II SKIN REPAIR	2	\$10,383	\$4,647
	014 LEVEL III SKIN REPAIR	10	\$6,296	\$7,173
02	BREAST PROCEDURES	277	\$3,284	\$4,055
	020 LEVEL I BREAST PROCEDURES	271	\$3,232	\$3,990
	021 LEVEL II BREAST PROCEDURES	6	\$5,624	\$7,438
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,269	\$5,390	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	\$4,193	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	97	\$6,256	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$12,327	\$10,772
	033 LEVEL I HAND PROCEDURES	135	\$2,478	\$2,911
	034 LEVEL II HAND PROCEDURES	30	\$4,583	\$5,270
	035 LEVEL I FOOT PROCEDURES	217	\$2,959	\$3,958
	036 LEVEL II FOOT PROCEDURES	40	\$6,729	\$7,753
	037 LEVEL I ARTHROSCOPY	176	\$4,013	\$4,877
	038 LEVEL II ARTHROSCOPY	28	\$9,956	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	20	\$5,000	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	\$7,860	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	275	\$8,211	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$3,840	\$3,636
	045 BUNION PROCEDURES	106	\$4,767	\$5,503
	046 LEVEL I ARTHROPLASTY	5	\$5,332	\$7,830
	047 LEVEL II ARTHROPLASTY	8	\$20,304	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	\$1,441	\$1,578
04	RESPIRATORY PROCEDURES	131	\$3,208	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	\$2,804	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	31	\$2,775	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	39	\$3,113	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	48	\$3,675	\$2,759
05	CARDIOVASCULAR PROCEDURES	187	\$6,973	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$3,911	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$2,509	\$5,820
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$27,878	\$40,293
	086 PACEMAKER INSERTION AND REPLACEMENT	1	\$26,659	\$34,863
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$9,388	\$9,059
	088 LEVEL I CARDIOTHORACIC PROCEDURES	7	\$5,606	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	158	\$6,921	\$7,553
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$4,568	\$8,595

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	091 VASCULAR LIGATION AND RECONSTRUCTION	8	\$4,679	\$7,679
	092 RESUSCITATION	1	\$27,266	\$12,312
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	1	\$1,906	\$1,906
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	84	\$7,288	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	84	\$7,288	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	8,368	\$2,244	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	32	\$1,038	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	30	\$1,238	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,722	\$1,320	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	174	\$1,830	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,234	\$1,050	\$1,365
	137 THERAPEUTIC COLONOSCOPY	296	\$1,269	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	46	\$4,736	\$5,559
	139 LEVEL I HERNIA REPAIR	397	\$3,962	\$4,575
	140 LEVEL II HERNIA REPAIR	43	\$4,235	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	69	\$2,102	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	106	\$2,524	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$3,727	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$8,030	\$8,883
	145 LEVEL I LAPAROSCOPY	61	\$5,939	\$5,993
	146 LEVEL II LAPAROSCOPY	948	\$7,095	\$8,741
	147 LEVEL III LAPAROSCOPY	199	\$8,780	\$8,742
	148 LEVEL IV LAPAROSCOPY	2	\$15,633	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	309	\$6,843	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$9,034	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	10	\$5,585	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	147	\$4,549	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	100	\$4,708	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	4	\$26,092	\$16,838
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$5,707	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	43	\$18,131	\$13,497
09	MALE REPRODUCTIVE SYSTEM	161	\$4,946	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	60	\$3,922	\$3,299
	181 CIRCUMCISION	26	\$3,494	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	1	\$34,670	\$34,604
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	72	\$5,951	\$7,079
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$3,519	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	258	\$4,536	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	31	\$3,067	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	47	\$4,832	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	71	\$6,532	\$7,555
	199 DILATION AND CURETTAGE	31	\$2,482	\$3,369
	200 HYSTEROSCOPY	70	\$3,906	\$5,363
	201 COLPOSCOPY	8	\$4,234	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	707	\$5,975	\$4,943

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	94	\$1,637	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	9	\$15,128	\$11,949
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	37	\$7,920	\$9,372
	217 LEVEL I NERVE PROCEDURES	162	\$2,601	\$3,417
	218 LEVEL II NERVE PROCEDURES	20	\$12,712	\$12,912
	219 SPINAL TAP	1	\$1,650	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	81	\$1,784	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	282	\$8,582	\$10,971
	223 LEVEL III NERVE PROCEDURES	21	\$19,009	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,642	\$3,506	\$3,736
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,247	\$1,098
	232 LASER EYE PROCEDURES	5	\$3,311	\$818
	233 CATARACT PROCEDURES	1,979	\$2,976	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	16	\$4,095	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	31	\$3,218	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	73	\$9,667	\$9,495
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	18	\$3,210	\$3,792
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	407	\$5,042	\$6,285
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	13	\$2,507	\$2,883
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	28	\$3,321	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	71	\$3,502	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	952	\$3,856	\$4,038
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$4,010	\$6,314
	252 LEVEL I FACIAL AND ENT PROCEDURES	215	\$1,969	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	46	\$3,247	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	56	\$5,221	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	269	\$7,120	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	365	\$2,428	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	14,782	53.7	135,467	53.6
Male	12,727	46.3	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	31	0.1	2,971	1.2
1-4 years	160	0.6	10,916	4.3
5-9	173	0.6	6,723	2.7
10-14	252	0.9	5,235	2.1
15-17	357	1.3	5,307	2.1
18-19	319	1.2	3,697	1.5
20-24	1,062	3.9	10,057	4.0
25-29	1,318	4.8	12,635	5.0
30-34	1,620	5.9	14,894	5.9
35-39	1,507	5.5	13,867	5.5
40-44	1,621	5.9	14,264	5.6
45-49	1,995	7.3	17,450	6.9
50-54	3,639	13.2	27,955	11.1
55-59	3,376	12.3	24,928	9.9
60-64	3,074	11.2	22,206	8.8
65-69	2,387	8.7	19,059	7.5
70-74	1,807	6.6	14,720	5.8
75-79	1,384	5.0	11,676	4.6
80-84	874	3.2	7,598	3.0
85-89	422	1.5	3,582	1.4
90 +	131	0.5	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	24,451	88.9	208,190	82.4
Clinic Referral	2,668	9.7	38,248	15.1
HMO Referral	6	0.0	619	0.2
Other Hospital	47	0.2	262	0.1
Skilled Nursing Facility	1	0.0	234	0.1
Other Health Care Facility	6	0.0	24	0.0
ER (Not valid since 7/2010)	330	1.2	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	27,425	99.7	251,393	99.5
Another Hospital	10	0.0	135	0.1
Skilled Nursing Facility	20	0.1	166	0.1
Intermediate Care Facility	6	0.0	13	0.0
Another Type of Institution	15	0.1	87	0.0
Under Care of Home Service	22	0.1	275	0.1
Left Against Medical Advice	4	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	5	0.0	20	0.0
Unknown	2	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	6,374	23.2	55,732	22.1
Medicaid	1,084	3.9	18,214	7.2
Other government	370	1.3	5,636	2.2
Blue Cross/Blue Shield	970	3.5	33,140	13.1
Other Commercial	1,418	5.2	17,547	6.9
Managed Care(HMO, PPO)	16,474	59.9	113,327	44.9
Self Pay	204	0.7	3,334	1.3
Industrial & Worker Comp	309	1.1	3,165	1.3
Charity and Unclassified	233	0.8	1,228	0.5
Childrens Health Insurance	16	0.1	189	0.1
Unknown	57	0.2	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	299	1.1	15,912	6.3
Central Utah	232	0.8	9,352	3.7
Davis County	2,215	8.1	27,390	10.8
Salt Lake County	20,582	74.8	87,767	34.7
Southeastern Utah	112	0.4	5,222	2.1
Southwest Utah	253	0.9	15,992	6.3
Summit County	414	1.5	3,893	1.5
Tooele County	559	2.0	5,148	2.0
Tri-County	157	0.6	6,710	2.7
Utah County	1,180	4.3	38,568	15.3
Wasatch County	122	0.4	1,970	0.8
Weber County	350	1.3	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	1,021	3.7	13,138	5.2
Unknown, Not Reported	13	0.0	125	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, 2010
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)	9,643	100.0	331,127	100.0
Mastectomy (85.0-85.99)	218	2.3	8,130	2.5
Musculoskeletal (76.0-84.99)	2,404	24.9	67,729	20.5
Respiratory (30.0-34.99)	70	0.7	3,049	0.9
Cardiovascular (35.0-39.99)	202	2.1	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	33	0.3	2,918	0.9
Digestive System (42.0-54.99)	3,798	39.4	106,281	32.1
Urinary (55.0-59.99)	194	2.0	11,247	3.4
Male Genital (60.0-64.99)	60	0.6	3,928	1.2
Female Genital (65.0-71.99)	580	6.0	15,188	4.6
Endocrine/Nervous (01.0-07.99)	760	7.9	24,832	7.5
Eye (08.0-16.99)	113	1.2	20,768	6.3
Ear (18.0-20.99)	393	4.1	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	818	8.5	28,733	8.7
Reporting Category(CPT-4 CODES)	9,797	100.0	325,030	100.0
Mastectomy (19120-19220)	52	0.5	1,713	0.5
Musculoskeletal (20000-29909)	2,790	28.5	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	567	5.8	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	644	6.6	29,073	8.9
Lymphatic/Hemetic (38100-38999)	39	0.4	4,116	1.3
Digestive (40490-49999)	4,046	41.3	123,353	38.0
Urinary (50010-53899)	293	3.0	15,063	4.6
Male Genital (54000-55899)	66	0.7	3,821	1.2
Female Genital (56405-58999)	432	4.4	14,294	4.4
Endocrine/Nervous (60000-64999)	573	5.8	22,577	6.9
Eye (65091-68899)	56	0.6	12,170	3.7
Ear (69000-69979)	239	2.4	8,294	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		9,643	100.0	100.0
4523	COLONOSCOPY	896	9.3	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	876	9.1	5.62
4542	ENDO POLYPECTOMY LG INTESTINE	556	5.8	4.25
2001	MYRINGOTOMY W/INSRT TUBE	272	2.8	3.35
4525	CLO [ENDO] BX LG INTESTINE	267	2.8	2.29
0391	INJ ANES SPINAL CANAL-ANALGESIA	247	2.6	1.75
0392	INJ OTH AGENT SPINAL CANAL	236	2.4	2.07
4292	DILAT ESOPH	234	2.4	1.35
5123	LAP CHOLEY	232	2.4	2.22
806	EXC SEMILUNAR CARTILAGE-KNEE	195	2.0	1.67
4513	OTH ENDO SM INTESTINE	165	1.7	1.64
283	TONSILLECTOMY W/ADENOIDECTOMY	160	1.7	1.92
8147	OTH REPR KNEE	134	1.4	0.93
2169	OTH TURBINECTOMY	132	1.4	0.75
4836	[ENDO] POLYPECTOMY RECTUM	132	1.4	1.20
6952	ASPIR CURET FOLLOWING DELIV/AB	117	1.2	0.43
8363	ROTATOR CUFF REPR	115	1.2	0.76
8145	OTH REPR CRUCIATE LIGAMNT	103	1.1	0.52
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	102	1.1	0.56
0443	RELEASE CARPAL TUNNEL	99	1.0	0.97

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		9,797	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	889	9.1	6.64
43239	UGI ENDO; W/BX 1/MX	880	9.0	6.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	675	6.9	6.08
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	235	2.4	1.81
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	230	2.3	0.94
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	217	2.2	1.32
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	190	1.9	0.61
29826	SCOPE SHOULDER; DECOMP SUBACROM	158	1.6	1.12
69436	TYMPANOSTOMY GENERAL ANESTHESIA	156	1.6	1.80
29881	SCOPE KNEE SURG;W/MENISCECT MED/	154	1.6	1.46
30140	SUBMUCOS RES TURBINATE PART/CMPL	129	1.3	0.68
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	114	1.2	1.23
42820	T&A; UNDER AGE 12	108	1.1	1.52
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	105	1.1	0.17
20680	REMOVAL OF IMPLANT; DEEP	104	1.1	0.93
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	103	1.1	0.59
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	99	1.0	0.52
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	97	1.0	0.62
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	87	0.9	0.70
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	83	0.8	0.19

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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	4,040	\$5,819	\$4,764
4523	COLONOSCOPY	681	\$2,624	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	366	\$3,163	\$1,732
4542	ENDO POLYPECTOMY LG INTESTINE	357	\$3,383	\$1,643
5123	LAP CHOLEY	203	\$11,974	\$7,823
283	TONSILLECTOMY W/ADENOIDECTOMY	119	\$4,468	\$3,030
4525	CLO [ENDO] BX LG INTESTINE	116	\$3,294	\$1,777
6952	ASPIR CURET FOLLOWING DELIV/AB	115	\$4,017	\$3,192
4513	OTH ENDO SM INTESTINE	84	\$2,617	\$1,513
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	74	\$1,231	\$1,578
0443	RELEASE CARPAL TUNNEL	73	\$4,053	\$2,598
806	EXC SEMILUNAR CARTILAGE-KNEE	52	\$6,799	\$4,677
3722	LT HEART CARD CATH	51	\$12,985	\$9,623
282	TONSILLECTOMY WO ADENOIDECTOMY	49	\$4,658	\$3,118
4836	[ENDO] POLYPECTOMY RECTUM	44	\$3,250	\$1,527
5011	CLO [PERCUT] [NEEDLE] BX LIVER	44	\$3,350	\$2,819
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	41	\$6,140	\$5,188
3324	CLO [ENDO] BX BRONCHUS	39	\$2,850	\$3,401
6823	ENDOMETRIAL ABLATION	37	\$7,185	\$6,274
8521	LOC EXC LES BREAST	35	\$6,748	\$3,725
0611	CLO PERCUT NEEDLE BX THYROID GLAND	33	\$1,789	\$1,078

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	4,607	\$5,278	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	685	\$2,618	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	406	\$3,232	\$1,602
43239	UGI ENDO; W/BX 1/MX	360	\$3,166	\$1,698
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	195	\$12,078	\$8,264
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	172	\$1,412	\$1,691
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	134	\$3,211	\$1,753
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	101	\$3,570	\$3,511
69436	TYMPANOSTOMY GENERAL ANESTHESIA	95	\$2,637	\$1,547
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	78	\$2,604	\$1,404
42820	T&A; UNDER AGE 12	76	\$4,311	\$2,869
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	68	\$1,102	\$1,455
29881	SCOPE KNEE SURG;W/MENISCECT MED/	67	\$6,838	\$4,675
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	65	\$1,375	\$1,383
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	58	\$3,489	\$4,768
20680	REMOVAL OF IMPLANT; DEEP	53	\$5,137	\$3,851
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	52	\$10,736	\$11,450
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	48	\$3,293	\$2,416
60100	BX THYROID PERCUTANEOUS CORE NEE	44	\$1,808	\$1,606
66984	EXTRACAPSULAR CATARACT REMV IOL	43	\$6,479	\$3,643
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	42	\$3,268	\$1,979

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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	247	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	50	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	106
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	107
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	142	4,468
	012 LEVEL I SKIN REPAIR	1	13
	013 LEVEL II SKIN REPAIR	16	842
	014 LEVEL III SKIN REPAIR	14	257
02	BREAST PROCEDURES	52	1,750
	020 LEVEL I BREAST PROCEDURES	52	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,409	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	114	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,206
	033 LEVEL I HAND PROCEDURES	134	3,900
	034 LEVEL II HAND PROCEDURES	35	1,135
	035 LEVEL I FOOT PROCEDURES	255	6,043
	036 LEVEL II FOOT PROCEDURES	49	1,635
	037 LEVEL I ARTHROSCOPY	952	22,380
	038 LEVEL II ARTHROSCOPY	298	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	61	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	177	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	27	467
	045 BUNION PROCEDURES	71	1,790
	046 LEVEL I ARTHROPLASTY	18	660
	047 LEVEL II ARTHROPLASTY	4	177
	048 HAND AND FOOT TENOTOMY	1	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	96	2,206
04	RESPIRATORY PROCEDURES	345	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	65	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	60	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	162	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	58	2,327
05	CARDIOVASCULAR PROCEDURES	196	11,285
	081 ECHOCARDIOGRAPHY	2	71
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	1,944
	083 PLACEMENT OF TRANSVENOUS CATHETERS	13	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	82	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	58	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	14	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	23	831

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	126
	097 AICD IMPLANT	1	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	78	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	58	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,901	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	996	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	273	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,579	41,709
	137 THERAPEUTIC COLONOSCOPY	275	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	85	2,130
	139 LEVEL I HERNIA REPAIR	104	5,690
	140 LEVEL II HERNIA REPAIR	21	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	9	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	206
	145 LEVEL I LAPAROSCOPY	87	2,518
	146 LEVEL II LAPAROSCOPY	133	8,555
	147 LEVEL III LAPAROSCOPY	303	7,108
08	GENITOURINARY SYSTEM PROCEDURES	300	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	83	625
	162 URINARY CATHETERIZATION AND DILATATION	1	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	100	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	100	3,683
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	16	484
09	MALE REPRODUCTIVE SYSTEM	46	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	28	1,441
	181 CIRCUMCISION	11	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	1,309
10	FEMALE REPRODUCTIVE SYSTEM	214	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	41	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	35	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	38	1,872
	199 DILATION AND CURETTAGE	8	552
	200 HYSTEROSCOPY	91	2,238
	201 COLPOSCOPY	1	694
11	NEUROLOGIC SYSTEM PROCEDURES	523	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	77	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	183
	217 LEVEL I NERVE PROCEDURES	135	4,138
	218 LEVEL II NERVE PROCEDURES	7	777

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
	219 SPINAL TAP	23	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	231	8,680
	221 LAMINOTOMY AND LAMINECTOMY	36	3,130
	223 LEVEL III NERVE PROCEDURES	13	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	56	11,976
	233 CATARACT PROCEDURES	49	5,367
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	244
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	866	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	374	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	37	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	113	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	74	3,077
	256 TONSIL AND ADENOID PROCEDURES	268	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	151	\$4,330	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	47	\$1,814	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$5,009	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$5,559	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	\$4,430	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	75	\$5,170	\$3,724
	012 LEVEL I SKIN REPAIR	1	\$13,448	\$6,740
	013 LEVEL II SKIN REPAIR	13	\$4,228	\$4,647
	014 LEVEL III SKIN REPAIR	3	\$18,057	\$7,173
02	BREAST PROCEDURES	42	\$6,552	\$4,055
	020 LEVEL I BREAST PROCEDURES	42	\$6,552	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	757	\$7,775	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$6,570	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$8,737	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$12,388	\$10,772
	033 LEVEL I HAND PROCEDURES	62	\$4,293	\$2,911
	034 LEVEL II HAND PROCEDURES	9	\$9,601	\$5,270
	035 LEVEL I FOOT PROCEDURES	77	\$5,983	\$3,958
	036 LEVEL II FOOT PROCEDURES	17	\$7,991	\$7,753
	037 LEVEL I ARTHROSCOPY	191	\$7,100	\$4,877
	038 LEVEL II ARTHROSCOPY	39	\$18,650	\$11,622
	040 SPLINT, STRAPPING AND CAST REMOVAL	51	\$7,822	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$8,897	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$3,121	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	133	\$11,867	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	\$2,342	\$3,636
	045 BUNION PROCEDURES	30	\$7,826	\$5,503
	046 LEVEL I ARTHROPLASTY	5	\$9,551	\$7,830
	047 LEVEL II ARTHROPLASTY	1	\$3,382	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	70	\$1,116	\$1,578
04	RESPIRATORY PROCEDURES	120	\$3,369	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	64	\$3,095	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$5,177	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	\$9,825	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	45	\$2,593	\$2,759
05	CARDIOVASCULAR PROCEDURES	33	\$21,885	\$16,047
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$2,924	\$2,076
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	\$8,534	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$1,689	\$5,820
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	\$34,785	\$40,293
	086 PACEMAKER INSERTION AND REPLACEMENT	12	\$34,864	\$34,863
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$26,819	\$9,059
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	66	\$4,433	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	58	\$3,489	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$11,283	\$7,309

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,261	\$4,486	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	\$675	\$1,415
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$3,291	\$2,587
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$1,521	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$2,688	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	438	\$3,066	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	69	\$3,696	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,095	\$2,847	\$1,365
	137 THERAPEUTIC COLONOSCOPY	142	\$3,240	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	15	\$8,053	\$5,559
	139 LEVEL I HERNIA REPAIR	83	\$8,528	\$4,575
	140 LEVEL II HERNIA REPAIR	14	\$10,560	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$4,731	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$7,644	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$3,172	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$13,556	\$8,883
	145 LEVEL I LAPAROSCOPY	48	\$6,778	\$5,993
	146 LEVEL II LAPAROSCOPY	90	\$9,707	\$8,741
	147 LEVEL III LAPAROSCOPY	234	\$11,352	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	105	\$8,444	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIpsy	52	\$10,736	\$11,450
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	19	\$6,383	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	19	\$5,753	\$5,471
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	15	\$6,521	\$13,497
09	MALE REPRODUCTIVE SYSTEM	34	\$6,681	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	\$6,538	\$3,299
	181 CIRCUMCISION	8	\$5,330	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	\$8,613	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	114	\$6,581	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	\$4,640	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	17	\$7,383	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	22	\$8,642	\$7,555
	199 DILATION AND CURETTAGE	8	\$4,999	\$3,369
	200 HYSTEROSCOPY	51	\$6,282	\$5,363
11	NEUROLOGIC SYSTEM PROCEDURES	350	\$3,092	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	76	\$1,370	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$35,167	\$11,949
	217 LEVEL I NERVE PROCEDURES	46	\$5,049	\$3,417
	219 SPINAL TAP	23	\$2,616	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	177	\$1,415	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	20	\$12,868	\$10,971
	223 LEVEL III NERVE PROCEDURES	7	\$20,367	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	50	\$6,378	\$3,736
	233 CATARACT PROCEDURES	46	\$6,512	\$3,654
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$5,211	\$2,259

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRG	AVE TOT CHRG(ALL Hospitals)
13	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,462	\$4,073
	EAR, NOSE, MOUTH, & THROAT PROCEDURES	359	\$5,778	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	122	\$2,960	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	16	\$5,381	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	10	\$11,159	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	46	\$16,890	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	165	\$4,478	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	4,001	58.0	135,467	53.6
Male	2,893	42.0	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	37	0.5	2,971	1.2
1-4 years	122	1.8	10,916	4.3
5-9	111	1.6	6,723	2.7
10-14	99	1.4	5,235	2.1
15-17	161	2.3	5,307	2.1
18-19	108	1.6	3,697	1.5
20-24	330	4.8	10,057	4.0
25-29	480	7.0	12,635	5.0
30-34	542	7.9	14,894	5.9
35-39	524	7.6	13,867	5.5
40-44	520	7.5	14,264	5.6
45-49	575	8.3	17,450	6.9
50-54	813	11.8	27,955	11.1
55-59	604	8.8	24,928	9.9
60-64	561	8.1	22,206	8.8
65-69	496	7.2	19,059	7.5
70-74	332	4.8	14,720	5.8
75-79	222	3.2	11,676	4.6
80-84	159	2.3	7,598	3.0
85-89	76	1.1	3,582	1.4
90 +	22	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	6,833	99.1	208,190	82.4
Clinic Referral	52	0.8	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	1	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	4	0.1	2,037	0.8
Not Reported	4	0.1	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	6,853	99.4	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	2	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	1	0.0	87	0.0
Under Care of Home Service	2	0.0	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	34	0.5	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,397	20.3	55,732	22.1
Medicaid	468	6.8	18,214	7.2
Other government	255	3.7	5,636	2.2
Blue Cross/Blue Shield	2,030	29.4	33,140	13.1
Other Commercial	1,024	14.9	17,547	6.9
Managed Care(HMO, PPO)	1,635	23.7	113,327	44.9
Self Pay	32	0.5	3,334	1.3
Industrial & Worker Comp	38	0.6	3,165	1.3
Charity and Unclassified	2	0.0	1,228	0.5
Childrens Health Insurance	1	0.0	189	0.1
Unknown	12	0.2	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	11	0.2	15,912	6.3
Central Utah	26	0.4	9,352	3.7
Davis County	94	1.4	27,390	10.8
Salt Lake County	6,002	87.1	87,767	34.7
Southeastern Utah	55	0.8	5,222	2.1
Southwest Utah	5	0.1	15,992	6.3
Summit County	45	0.7	3,893	1.5
Tooele County	138	2.0	5,148	2.0
Tri-County	22	0.3	6,710	2.7
Utah County	342	5.0	38,568	15.3
Wasatch County	10	0.1	1,970	0.8
Weber County	40	0.6	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	102	1.5	13,138	5.2
Unknown, Not Reported	2	0.0	125	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, 2010
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)	387	100.0	331,127	100.0
Mastectomy (85.0-85.99)	0	0.0	8,130	2.5
Musculoskeletal (76.0-84.99)	11	2.8	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	0	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,918	0.9
Digestive System (42.0-54.99)	244	63.0	106,281	32.1
Urinary (55.0-59.99)	1	0.3	11,247	3.4
Male Genital (60.0-64.99)	0	0.0	3,928	1.2
Female Genital (65.0-71.99)	4	1.0	15,188	4.6
Endocrine/Nervous (01.0-07.99)	6	1.6	24,832	7.5
Eye (08.0-16.99)	121	31.3	20,768	6.3
Ear (18.0-20.99)	0	0.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	28,733	8.7
Reporting Category(CPT-4 CODES)	326	100.0	325,030	100.0
Mastectomy (19120-19220)	0	0.0	1,713	0.5
Musculoskeletal (20000-29909)	10	3.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	0	0.0	4,116	1.3
Digestive (40490-49999)	237	72.7	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	5	1.5	14,294	4.4
Endocrine/Nervous (60000-64999)	6	1.8	22,577	6.9
Eye (65091-68899)	68	20.9	12,170	3.7
Ear (69000-69979)	0	0.0	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		387	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	58	15.0	4.25
4523	COLONOSCOPY	56	14.5	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	55	14.2	5.62
1341	PHACOEMULSIFICATION-ASPIR CATARACT	54	14.0	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	54	14.0	1.53
4836	[ENDO] POLYPECTOMY RECTUM	29	7.5	1.20
4525	CLO [ENDO] BX LG INTESTINE	18	4.7	2.29
1364	DISCISSION SECNDRY MEMBRN	13	3.4	0.08
4513	OTH ENDO SM INTESTINE	8	2.1	1.64
4824	CLO [ENDO] BX RECTUM	6	1.6	0.46
0443	RELEASE CARPAL TUNNEL	4	1.0	0.97
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	4	1.0	0.09
4292	DILAT ESOPH	3	0.8	1.35
5303	UNILAT REPR DIRECT ING HERN-GFT	2	0.5	0.26
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	2	0.5	0.61
8201	EXPLOR TENDON SHEATH HAND	2	0.5	0.37
8339	EXC LES OTH SOFT TISS	2	0.5	0.34
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	0.3	1.75
0392	INJ OTH AGENT SPINAL CANAL	1	0.3	2.07
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	0.3	0.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		326	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	92	28.2	6.08
43239	UGI ENDO; W/BX 1/MX	56	17.2	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	54	16.6	6.64
66984	EXTRACAPSULAR CATARACT REMV IOL	53	16.3	1.53
66821	DISCISSION 2ND CATARACT; LASER S	14	4.3	0.14
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	10	3.1	1.23
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	8	2.5	1.81
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	1.2	0.64
43248	UGI ENDO; W/INSRT GUIDE WIRE	3	0.9	0.10
43258	UGI ENDO; W/ABLAT LES NOT SNARE	3	0.9	0.04
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	3	0.9	0.04
26055	TENDON SHEATH INCISION	2	0.6	0.44
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	0.6	0.07
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	0.6	0.78
57240	ANT COLPORRHAPHY REPR CYSTOCLE	2	0.6	0.10
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2	0.6	0.75
20600	ARTHROCEN ASPIR &/INJ; SM JNT/BU	1	0.3	0.04
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	1	0.3	0.37
20680	REMOVAL OF IMPLANT; DEEP	1	0.3	0.93
25075	EXC TUMR SFT TISS FORARM&/WRST;S	1	0.3	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, 2010
 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	186	\$1,430	\$4,764
4523	COLONOSCOPY	49	\$1,126	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	41	\$1,546	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	35	\$1,417	\$1,732
4836	[ENDO] POLYPECTOMY RECTUM	14	\$1,366	\$1,527
1364	DISCISSION SECNDRY MEMBRN	11	\$528	\$768
4525	CLO [ENDO] BX LG INTESTINE	11	\$1,484	\$1,777
4513	OTH ENDO SM INTESTINE	6	\$1,088	\$1,513
0443	RELEASE CARPAL TUNNEL	4	\$2,793	\$2,598
4824	CLO [ENDO] BX RECTUM	2	\$1,272	\$1,554
5303	UNILAT REPR DIRECT ING HERN-GFT	2	\$5,040	\$5,043
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$1,467	\$2,099
4524	FLEX SIGMOIDOSCOPY	1	\$1,100	\$1,218
5349	OTH UMB HERNIORRHAPHY	1	\$3,454	\$3,693
5491	PERCUT ABD DRAIN	1	\$481	\$2,124
6959	OTH ASPIR CURET UTERUS	1	\$2,233	\$3,150
7868	REMOV IMPLNT DEVICE-TARS-METATARS	1	\$2,895	\$3,736
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	1	\$2,806	\$1,578
8201	EXPLOR TENDON SHEATH HAND	1	\$2,441	\$2,312
8339	EXC LES OTH SOFT TISS	1	\$3,628	\$3,907
8411	AMPUT TOE	1	\$3,060	\$4,111

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	262	\$1,804	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	79	\$1,469	\$1,602
66984	EXTRACAPSULAR CATARACT REMV IOL	53	\$3,266	\$3,643
45378	COLONOSCOPY FLEX; DX-SEP PROC	49	\$1,126	\$1,186
43239	UGI ENDO; W/BX 1/MX	36	\$1,417	\$1,698
66821	DISCISSION 2ND CATARACT; LASER S	12	\$532	\$772
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	6	\$1,088	\$1,404
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6	\$1,618	\$1,753
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	\$2,793	\$2,664
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$5,040	\$4,904
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2	\$760	\$1,383
20600	ARTHROCEN ASPIR &/INJ; SM JNT/BU	1	\$2,806	\$2,693
20680	REMOVAL OF IMPLANT; DEEP	1	\$2,895	\$3,851
26055	TENDON SHEATH INCISION	1	\$2,441	\$2,112
26910	AMP MC 1 W/VO INTEROSSEOUS TRNSF	1	\$2,656	\$5,871
28039	28039	1	\$3,628	\$3,586
28232	TENOT OPN TENDON FLX; TOE 1 TEND	1	\$2,414	\$2,318
28820	AMP TOE; METATARSOPHALANGEAL JOI	1	\$3,060	\$3,812
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$1,467	\$1,920
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	\$1,100	\$894
49080	PERITONEOCENTESIS; INIT	1	\$481	\$1,480

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2	9,461
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	4,468
03	MUSCULOSKELETAL SYSTEM PROCEDURES	8	64,178
	033 LEVEL I HAND PROCEDURES	2	3,900
	034 LEVEL II HAND PROCEDURES	1	1,135
	035 LEVEL I FOOT PROCEDURES	2	6,043
	048 HAND AND FOOT TENOTOMY	1	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,206
04	RESPIRATORY PROCEDURES	1	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,056
07	GASTROINTESTINAL SYSTEM PROCEDURES	236	112,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	748
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	66	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	149	41,709
	137 THERAPEUTIC COLONOSCOPY	8	7,586
	139 LEVEL I HERNIA REPAIR	3	5,690
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,189
10	FEMALE REPRODUCTIVE SYSTEM	5	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	1,872
	199 DILATION AND CURETTAGE	1	552
11	NEUROLOGIC SYSTEM PROCEDURES	6	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	3,252
	217 LEVEL I NERVE PROCEDURES	4	4,138
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	68	11,976
	232 LASER EYE PROCEDURES	14	566
	233 CATARACT PROCEDURES	54	5,367

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1	\$2,895	\$3,970
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,895	\$3,724
03	MUSCULOSKELETAL SYSTEM PROCEDURES	6	\$2,834	\$5,625
	033 LEVEL I HAND PROCEDURES	1	\$2,441	\$2,911
	034 LEVEL II HAND PROCEDURES	1	\$2,656	\$5,270
	035 LEVEL I FOOT PROCEDURES	2	\$3,344	\$3,958
	048 HAND AND FOOT TENOTOMY	1	\$2,414	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,806	\$1,578
04	RESPIRATORY PROCEDURES	1	\$481	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$481	\$2,308
07	GASTROINTESTINAL SYSTEM PROCEDURES	181	\$1,406	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,100	\$1,093
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	42	\$1,370	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,467	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	128	\$1,337	\$1,365
	137 THERAPEUTIC COLONOSCOPY	6	\$1,618	\$1,781
	139 LEVEL I HERNIA REPAIR	3	\$4,511	\$4,575
10	FEMALE REPRODUCTIVE SYSTEM	1	\$2,233	\$4,923
	199 DILATION AND CURETTAGE	1	\$2,233	\$3,369
11	NEUROLOGIC SYSTEM PROCEDURES	6	\$2,115	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$760	\$1,457
	217 LEVEL I NERVE PROCEDURES	4	\$2,793	\$3,417
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	66	\$2,769	\$3,736
	232 LASER EYE PROCEDURES	12	\$532	\$818
	233 CATARACT PROCEDURES	54	\$3,266	\$3,654

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	155	53.1	135,467	53.6
Male	137	46.9	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	0	0.0	2,971	1.2
1-4 years	0	0.0	10,916	4.3
5-9	0	0.0	6,723	2.7
10-14	0	0.0	5,235	2.1
15-17	1	0.3	5,307	2.1
18-19	1	0.3	3,697	1.5
20-24	4	1.4	10,057	4.0
25-29	2	0.7	12,635	5.0
30-34	4	1.4	14,894	5.9
35-39	3	1.0	13,867	5.5
40-44	9	3.1	14,264	5.6
45-49	7	2.4	17,450	6.9
50-54	34	11.6	27,955	11.1
55-59	41	14.0	24,928	9.9
60-64	41	14.0	22,206	8.8
65-69	41	14.0	19,059	7.5
70-74	33	11.3	14,720	5.8
75-79	38	13.0	11,676	4.6
80-84	22	7.5	7,598	3.0
85-89	9	3.1	3,582	1.4
90 +	2	0.7	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	144	49.3	208,190	82.4
Clinic Referral	148	50.7	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	0	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	292	100.0	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	143	49.0	55,732	22.1
Medicaid	7	2.4	18,214	7.2
Other government	4	1.4	5,636	2.2
Blue Cross/Blue Shield	22	7.5	33,140	13.1
Other Commercial	109	37.3	17,547	6.9
Managed Care(HMO, PPO)	0	0.0	113,327	44.9
Self Pay	5	1.7	3,334	1.3
Industrial & Worker Comp	2	0.7	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,912	6.3
Central Utah	0	0.0	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	0	0.0	87,767	34.7
Southeastern Utah	0	0.0	5,222	2.1
Southwest Utah	246	84.2	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	0	0.0	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	46	15.8	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	5,076	100.0	331,127	100.0
Mastectomy (85.0-85.99)	376	7.4	8,130	2.5
Musculoskeletal (76.0-84.99)	1,695	33.4	67,729	20.5
Respiratory (30.0-34.99)	51	1.0	3,049	0.9
Cardiovascular (35.0-39.99)	235	4.6	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	17	0.3	2,918	0.9
Digestive System (42.0-54.99)	775	15.3	106,281	32.1
Urinary (55.0-59.99)	259	5.1	11,247	3.4
Male Genital (60.0-64.99)	81	1.6	3,928	1.2
Female Genital (65.0-71.99)	229	4.5	15,188	4.6
Endocrine/Nervous (01.0-07.99)	737	14.5	24,832	7.5
Eye (08.0-16.99)	263	5.2	20,768	6.3
Ear (18.0-20.99)	82	1.6	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	276	5.4	28,733	8.7
Reporting Category(CPT-4 CODES)	5,720	100.0	325,030	100.0
Mastectomy (19120-19220)	45	0.8	1,713	0.5
Musculoskeletal (20000-29909)	2,132	37.3	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	169	3.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	907	15.9	29,073	8.9
Lymphatic/Hemetic (38100-38999)	17	0.3	4,116	1.3
Digestive (40490-49999)	919	16.1	123,353	38.0
Urinary (50010-53899)	401	7.0	15,063	4.6
Male Genital (54000-55899)	36	0.6	3,821	1.2
Female Genital (56405-58999)	206	3.6	14,294	4.4
Endocrine/Nervous (60000-64999)	733	12.8	22,577	6.9
Eye (65091-68899)	118	2.1	12,170	3.7
Ear (69000-69979)	37	0.6	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		5,076	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	217	4.3	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	212	4.2	1.75
5123	LAP CHOLEY	179	3.5	2.22
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	151	3.0	0.68
806	EXC SEMILUNAR CARTILAGE-KNEE	143	2.8	1.67
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	129	2.5	0.61
4701	LAP APPENDECTOMY	96	1.9	0.63
3722	LT HEART CARD CATH	82	1.6	1.18
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	82	1.6	0.56
8076	SYNOVECT-KNEE	81	1.6	0.40
0443	RELEASE CARPAL TUNNEL	79	1.6	0.97
1341	PHACOEMULSIFICATION-ASPIR CATARACT	77	1.5	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	77	1.5	1.53
8183	OTH REPR SHLDR	63	1.2	0.77
8511	CLO [PERCUT] [NEEDLE] BX BREAST	62	1.2	0.39
8051	EXC INTERVERTEBRAL DISC	59	1.2	0.45
8363	ROTATOR CUFF REPR	59	1.2	0.76
8521	LOC EXC LES BREAST	59	1.2	0.60
0309	OTH EXPLOR & DECOMP SPINAL CANAL	57	1.1	0.14
560	TRANSURETH REMOV OBST URETER-PELV	51	1.0	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,720	100.0	100.0
29580	STRAPPING; UNNA BOOT	288	5.0	0.16
29581	29581	198	3.5	0.38
36416	COLLECTON CAPILLARY BLOOD SPECIM	184	3.2	0.76
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	171	3.0	1.32
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	124	2.2	0.69
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	123	2.2	0.61
29881	SCOPE KNEE SURG;W/MENISCECT MED/	114	2.0	1.46
93545	INJ PROC-CATH; SELECT CORONRY AN	102	1.8	0.72
29826	SCOPE SHOULDER; DECOMP SUBACROM	99	1.7	1.12
44970	LAPAROSCOPY SURGICAL APPENDECTOM	99	1.7	0.66
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	92	1.6	0.37
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	91	1.6	0.36
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	86	1.5	0.45
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	84	1.5	0.66
49505	REPR INIT ING HERNIA 5YR/MORE; R	81	1.4	0.78
93510	LT HRT CATH RETRO-BRACH/FEM; PER	81	1.4	0.42
66984	EXTRACAPSULAR CATARACT REMV IOL	76	1.3	1.53
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	75	1.3	0.43
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	72	1.3	0.52
20550	INJECTION; 1 TENDON SHEATH/LIGAM	70	1.2	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,881	\$9,466	\$4,764
5123	LAP CHOLEY	151	\$11,953	\$7,823
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	86	\$2,133	\$1,578
4701	LAP APPENDECTOMY	81	\$15,601	\$11,713
8511	CLO [PERCUT] [NEEDLE] BX BREAST	54	\$4,918	\$2,328
8051	EXC INTERVERTEBRAL DISC	52	\$14,550	\$10,835
3722	LT HEART CARD CATH	47	\$14,675	\$9,623
283	TONSILLECTOMY W/ADENOIDECTOMY	39	\$6,111	\$3,030
5303	UNILAT REPR DIRECT ING HERN-GFT	32	\$7,342	\$5,043
5794	INSRT INDWELLING URIN CATH	30	\$4,102	\$4,362
3893	VENOUS CATH-NEC	29	\$6,877	\$5,038
6029	OTH TRANSURETHRAL PROSTATECTOMY	29	\$12,449	\$7,813
6902	D&C FOLLOWING DELIV/AB	29	\$6,381	\$3,566
560	TRANSURETH REMOV OBST URETER-PELV	27	\$11,983	\$6,633
282	TONSILLECTOMY WO ADENOIDECTOMY	25	\$6,054	\$3,118
2189	OTH REPR & PLSTC OPER NOSE	24	\$8,395	\$5,467
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	23	\$6,306	\$1,732
5749	OTH TRANSURETH EXC/DEST LES BLADDER	23	\$7,249	\$5,191
806	EXC SEMILUNAR CARTILAGE-KNEE	23	\$8,598	\$4,677
5011	CLO [PERCUT] [NEEDLE] BX LIVER	21	\$3,934	\$2,819
8521	LOC EXC LES BREAST	21	\$7,853	\$3,725

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,790	\$6,721	\$4,004
29580	STRAPPING; UNNA BOOT	270	\$1,191	\$1,587
29581	29581	181	\$744	\$2,158
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	150	\$11,932	\$8,264
36416	COLLECTON CAPILLARY BLOOD SPECIM	141	\$68	\$248
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	108	\$3,880	\$4,768
44970	LAPAROSCOPY SURGICAL APPENDECTOM	89	\$15,431	\$11,662
29881	SCOPE KNEE SURG;W/MENISCECT MED/	73	\$8,593	\$4,675
66984	EXTRACAPSULAR CATARACT REMV IOL	73	\$8,148	\$3,643
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	69	\$1,110	\$1,455
49505	REPR INIT ING HERNIA 5YR/MORE; R	61	\$7,625	\$4,904
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	55	\$2,528	\$1,383
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	42	\$13,139	\$11,450
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	41	\$14,387	\$10,994
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	36	\$8,497	\$4,438
42820	T&A; UNDER AGE 12	36	\$6,090	\$2,869
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	35	\$2,778	\$1,691
44500	INTRODUCTION LONG GI TUBE-SEP PR	34	\$1,726	\$1,352
51702	INSERT TEMP INDWLL BLADD CATH; S	31	\$4,284	\$4,149
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	29	\$6,922	\$4,545
62284	INJ PROC MYELGRPH &/CT SPINAL	29	\$3,657	\$4,620

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, 2010
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	121	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	10	106
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	56	4,468
	012 LEVEL I SKIN REPAIR	1	13
	013 LEVEL II SKIN REPAIR	35	842
	014 LEVEL III SKIN REPAIR	1	257
02	BREAST PROCEDURES	46	1,750
	020 LEVEL I BREAST PROCEDURES	45	1,713
	021 LEVEL II BREAST PROCEDURES	1	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,003	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	92	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	2,206
	033 LEVEL I HAND PROCEDURES	77	3,900
	034 LEVEL II HAND PROCEDURES	24	1,135
	035 LEVEL I FOOT PROCEDURES	113	6,043
	036 LEVEL II FOOT PROCEDURES	37	1,635
	037 LEVEL I ARTHROSCOPY	571	22,380
	038 LEVEL II ARTHROSCOPY	97	5,428
	039 REPLACEMENT OF CAST	17	125
	040 SPLINT, STRAPPING AND CAST REMOVAL	491	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	15	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	61	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	467
	045 BUNION PROCEDURES	38	1,790
	046 LEVEL I ARTHROPLASTY	38	660
	047 LEVEL II ARTHROPLASTY	2	177
	048 HAND AND FOOT TENOTOMY	2	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	186	2,206
04	RESPIRATORY PROCEDURES	118	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	58	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	22	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	29	2,327
05	CARDIOVASCULAR PROCEDURES	179	11,285
	081 ECHOCARDIOGRAPHY	10	71
	083 PLACEMENT OF TRANSVENOUS CATHETERS	17	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	102	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	15	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	10	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	15	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	4	198

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	3	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	126
	092 RESUSCITATION	2	30
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	138	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	124	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	827	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	38	336
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	56	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	30	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	31	41,709
	137 THERAPEUTIC COLONOSCOPY	7	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	34	2,130
	139 LEVEL I HERNIA REPAIR	144	5,690
	140 LEVEL II HERNIA REPAIR	41	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	13	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	18	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	7	206
	145 LEVEL I LAPAROSCOPY	57	2,518
	146 LEVEL II LAPAROSCOPY	143	8,555
	147 LEVEL III LAPAROSCOPY	196	7,108
08	GENITOURINARY SYSTEM PROCEDURES	254	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	58	625
	162 URINARY CATHETERIZATION AND DILATATION	16	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	75	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	89	3,683
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	15	484
09	MALE REPRODUCTIVE SYSTEM	69	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	20	1,441
	181 CIRCUMCISION	9	947
	182 INSERTION OF PENILE PROSTHESIS	2	76
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	37	1,309
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	254
10	FEMALE REPRODUCTIVE SYSTEM	147	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	23	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	36	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	45	1,872
	199 DILATION AND CURETTAGE	5	552
	200 HYSTEROSCOPY	30	2,238
	201 COLPOSCOPY	8	694
11	NEUROLOGIC SYSTEM PROCEDURES	673	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	95	3,252

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	8	183
	217 LEVEL I NERVE PROCEDURES	58	4,138
	218 LEVEL II NERVE PROCEDURES	6	777
	219 SPINAL TAP	12	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	332	8,680
	221 LAMINOTOMY AND LAMINECTOMY	146	3,130
	223 LEVEL III NERVE PROCEDURES	16	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	118	11,976
	232 LASER EYE PROCEDURES	19	566
	233 CATARACT PROCEDURES	78	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	171
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	9	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	267	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	74	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	21	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	55	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	39	3,077
	256 TONSIL AND ADENOID PROCEDURES	78	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	\$6,830	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	\$2,613	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$6,570	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$7,799	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$6,589	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	26	\$7,470	\$3,724
	013 LEVEL II SKIN REPAIR	30	\$6,931	\$4,647
02	BREAST PROCEDURES	35	\$8,312	\$4,055
	020 LEVEL I BREAST PROCEDURES	34	\$8,264	\$3,990
	021 LEVEL II BREAST PROCEDURES	1	\$9,952	\$7,438
03	MUSCULOSKELETAL SYSTEM PROCEDURES	977	\$5,057	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$8,247	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$9,458	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$14,537	\$10,772
	033 LEVEL I HAND PROCEDURES	26	\$7,160	\$2,911
	034 LEVEL II HAND PROCEDURES	8	\$9,484	\$5,270
	035 LEVEL I FOOT PROCEDURES	32	\$7,505	\$3,958
	036 LEVEL II FOOT PROCEDURES	17	\$13,222	\$7,753
	037 LEVEL I ARTHROSCOPY	208	\$8,770	\$4,877
	038 LEVEL II ARTHROSCOPY	24	\$13,591	\$11,622
	039 REPLACEMENT OF CAST	4	\$800	\$2,955
	040 SPLINT, STRAPPING AND CAST REMOVAL	451	\$1,012	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$15,422	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	\$6,701	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	39	\$15,417	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	\$5,226	\$3,636
	045 BUNION PROCEDURES	13	\$11,426	\$5,503
	046 LEVEL I ARTHROPLASTY	3	\$12,163	\$7,830
	047 LEVEL II ARTHROPLASTY	2	\$25,650	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	71	\$1,134	\$1,578
04	RESPIRATORY PROCEDURES	68	\$3,683	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	50	\$3,127	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$7,223	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,172	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	13	\$4,618	\$2,759
05	CARDIOVASCULAR PROCEDURES	22	\$22,708	\$16,047
	081 ECHOCARDIOGRAPHY	1	\$30,766	\$31,633
	083 PLACEMENT OF TRANSVENOUS CATHETERS	9	\$10,131	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$9,444	\$5,820
	086 PACEMAKER INSERTION AND REPLACEMENT	8	\$38,373	\$34,863
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$17,691	\$8,436
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$12,013	\$8,595
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$31,506	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	119	\$4,731	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	108	\$3,880	\$4,793

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$13,091	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	528	\$9,912	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	38	\$1,752	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$6,291	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$6,110	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	25	\$5,786	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$4,854	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	19	\$4,916	\$1,365
	137 THERAPEUTIC COLONOSCOPY	2	\$5,689	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	\$10,367	\$5,559
	139 LEVEL I HERNIA REPAIR	82	\$7,918	\$4,575
	140 LEVEL II HERNIA REPAIR	17	\$8,565	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	7	\$7,660	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	13	\$7,867	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	9	\$13,953	\$5,411
	145 LEVEL I LAPAROSCOPY	23	\$8,773	\$5,993
	146 LEVEL II LAPAROSCOPY	110	\$14,526	\$8,741
	147 LEVEL III LAPAROSCOPY	160	\$11,822	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	103	\$10,357	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	42	\$13,139	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	9	\$11,065	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	21	\$6,730	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	18	\$7,091	\$5,471
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	13	\$11,256	\$13,497
09	MALE REPRODUCTIVE SYSTEM	43	\$10,842	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$7,461	\$3,299
	181 CIRCUMCISION	7	\$5,843	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	1	\$42,170	\$34,604
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	30	\$11,528	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	67	\$8,922	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	\$5,994	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$7,064	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	25	\$10,108	\$7,555
	199 DILATION AND CURETTAGE	4	\$6,938	\$3,369
	200 HYSTEROSCOPY	20	\$9,678	\$5,363
	201 COLPOSCOPY	3	\$9,150	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	233	\$7,277	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	80	\$2,447	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$11,560	\$11,949
	217 LEVEL I NERVE PROCEDURES	21	\$6,438	\$3,417
	219 SPINAL TAP	12	\$2,085	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	46	\$2,659	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	69	\$14,492	\$10,971
	223 LEVEL III NERVE PROCEDURES	3	\$64,718	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	107	\$6,888	\$3,736

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	232 LASER EYE PROCEDURES	19	\$1,846	\$818
	233 CATARACT PROCEDURES	75	\$8,153	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,119	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	\$5,692	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,242	\$9,495
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$7,750	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$8,790	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	161	\$8,916	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	32	\$6,773	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$7,804	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	21	\$13,606	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	32	\$14,283	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	67	\$6,056	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,437	58.2	135,467	53.6
Male	1,751	41.8	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	145	3.5	1,741	0.7
29-365 days	18	0.4	2,971	1.2
1-4 years	28	0.7	10,916	4.3
5-9	41	1.0	6,723	2.7
10-14	56	1.3	5,235	2.1
15-17	81	1.9	5,307	2.1
18-19	57	1.4	3,697	1.5
20-24	142	3.4	10,057	4.0
25-29	172	4.1	12,635	5.0
30-34	227	5.4	14,894	5.9
35-39	204	4.9	13,867	5.5
40-44	192	4.6	14,264	5.6
45-49	261	6.2	17,450	6.9
50-54	360	8.6	27,955	11.1
55-59	318	7.6	24,928	9.9
60-64	316	7.5	22,206	8.8
65-69	330	7.9	19,059	7.5
70-74	357	8.5	14,720	5.8
75-79	365	8.7	11,676	4.6
80-84	260	6.2	7,598	3.0
85-89	167	4.0	3,582	1.4
90 +	91	2.2	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,570	61.4	208,190	82.4
Clinic Referral	1,426	34.0	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	1	0.0	262	0.1
Skilled Nursing Facility	78	1.9	234	0.1
Other Health Care Facility	1	0.0	24	0.0
ER (Not valid since 7/2010)	112	2.7	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,134	98.7	251,393	99.5
Another Hospital	2	0.0	135	0.1
Skilled Nursing Facility	12	0.3	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	2	0.0	87	0.0
Under Care of Home Service	7	0.2	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	20	0.0
Unknown	29	0.7	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,472	35.1	55,732	22.1
Medicaid	201	4.8	18,214	7.2
Other government	61	1.5	5,636	2.2
Blue Cross/Blue Shield	650	15.5	33,140	13.1
Other Commercial	172	4.1	17,547	6.9
Managed Care(HMO, PPO)	1,461	34.9	113,327	44.9
Self Pay	119	2.8	3,334	1.3
Industrial & Worker Comp	40	1.0	3,165	1.3
Charity and Unclassified	12	0.3	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	28	0.7	15,912	6.3
Central Utah	6	0.1	9,352	3.7
Davis County	3,468	82.8	27,390	10.8
Salt Lake County	292	7.0	87,767	34.7
Southeastern Utah	11	0.3	5,222	2.1
Southwest Utah	6	0.1	15,992	6.3
Summit County	8	0.2	3,893	1.5
Tooele County	63	1.5	5,148	2.0
Tri-County	12	0.3	6,710	2.7
Utah County	17	0.4	38,568	15.3
Wasatch County	3	0.1	1,970	0.8
Weber County	187	4.5	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	87	2.1	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	16,530	100.0	331,127	100.0
Mastectomy (85.0-85.99)	373	2.3	8,130	2.5
Musculoskeletal (76.0-84.99)	1,854	11.2	67,729	20.5
Respiratory (30.0-34.99)	451	2.7	3,049	0.9
Cardiovascular (35.0-39.99)	136	0.8	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	321	1.9	2,918	0.9
Digestive System (42.0-54.99)	8,904	53.9	106,281	32.1
Urinary (55.0-59.99)	951	5.8	11,247	3.4
Male Genital (60.0-64.99)	142	0.9	3,928	1.2
Female Genital (65.0-71.99)	1,121	6.8	15,188	4.6
Endocrine/Nervous (01.0-07.99)	506	3.1	24,832	7.5
Eye (08.0-16.99)	306	1.9	20,768	6.3
Ear (18.0-20.99)	256	1.5	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	1,209	7.3	28,733	8.7
Reporting Category(CPT-4 CODES)	15,057	100.0	325,030	100.0
Mastectomy (19120-19220)	220	1.5	1,713	0.5
Musculoskeletal (20000-29909)	1,824	12.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1,162	7.7	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	11	0.1	29,073	8.9
Lymphatic/Hemetic (38100-38999)	264	1.8	4,116	1.3
Digestive (40490-49999)	8,860	58.8	123,353	38.0
Urinary (50010-53899)	834	5.5	15,063	4.6
Male Genital (54000-55899)	84	0.6	3,821	1.2
Female Genital (56405-58999)	948	6.3	14,294	4.4
Endocrine/Nervous (60000-64999)	477	3.2	22,577	6.9
Eye (65091-68899)	191	1.3	12,170	3.7
Ear (69000-69979)	182	1.2	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,611	9.7	5.62
4523	COLONOSCOPY	1,595	9.6	6.81
4542	ENDO POLYPECTOMY LG INTESTINE	1,345	8.1	4.25
4513	OTH ENDO SM INTESTINE	541	3.3	1.64
4525	CLO [ENDO] BX LG INTESTINE	509	3.1	2.29
4836	[ENDO] POLYPECTOMY RECTUM	489	3.0	1.20
5123	LAP CHOLEY	485	2.9	2.22
2169	OTH TURBINECTOMY	290	1.8	0.75
598	URETERAL CATH	279	1.7	0.75
8521	LOC EXC LES BREAST	275	1.7	0.60
4292	DILAT ESOPH	253	1.5	1.35
560	TRANSURETH REMOV OBST URETER-PELV	230	1.4	0.52
806	EXC SEMILUNAR CARTILAGE-KNEE	192	1.2	1.67
4824	CLO [ENDO] BX RECTUM	162	1.0	0.46
0443	RELEASE CARPAL TUNNEL	135	0.8	0.97
8339	EXC LES OTH SOFT TISS	134	0.8	0.34
2263	ETHMOIDECTOMY	130	0.8	0.50
6823	ENDOMETRIAL ABLATION	118	0.7	0.43
5211	CLO PERCUT NEEDLE ASPIR BX PANCREAS	117	0.7	0.04
4023	EXC AX LYMPH NODE	116	0.7	0.21

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,730	11.5	6.08
43239	UGI ENDO; W/BX 1/MX	1,519	10.1	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,390	9.2	6.64
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	390	2.6	1.81
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	355	2.4	1.32
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	303	2.0	0.19
52332	CYSTOURETHROSCOPY W/INSRT STENT	244	1.6	0.69
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	224	1.5	0.94
49650	LAPARSCPY SURG; REPR INIT ING HE	216	1.4	0.27
30140	SUBMUCOS RES TURBINATE PART/CMPL	208	1.4	0.68
43242	UGI ENDO; W/US GUID ASPIR/BX	200	1.3	0.12
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	170	1.1	0.70
29881	SCOPE KNEE SURG;W/MENISCECT MED/	161	1.1	1.46
52352	CYSURETH-URETR&/PYELSCPY; REMV C	145	1.0	0.24
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	139	0.9	1.23
19120	EXC BRST CYST TUMR/LES OPN M/F 1	132	0.9	0.35
29826	SCOPE SHOULDER; DECOMP SUBACROM	131	0.9	1.12
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	129	0.9	0.91
52353	CYSURETH W/URETR &/PYELSCPY; LIT	127	0.8	0.31
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	125	0.8	0.25

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, 2010
 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	7,718	\$3,202	\$4,764
4523	COLONOSCOPY	1,343	\$831	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	829	\$1,323	\$1,732
4542	ENDO POLYPECTOMY LG INTESTINE	801	\$1,276	\$1,643
5123	LAP CHOLEY	424	\$5,722	\$7,823
4513	OTH ENDO SM INTESTINE	316	\$1,494	\$1,513
4525	CLO [ENDO] BX LG INTESTINE	203	\$1,273	\$1,777
8521	LOC EXC LES BREAST	172	\$2,990	\$3,725
4836	[ENDO] POLYPECTOMY RECTUM	137	\$1,109	\$1,527
6952	ASPIR CURET FOLLOWING DELIV/AB	100	\$2,766	\$3,192
283	TONSILLECTOMY W/ADENOIDECTOMY	81	\$2,807	\$3,030
4524	FLEX SIGMOIDOSCOPY	80	\$1,421	\$1,218
5011	CLO [PERCUT] [NEEDLE] BX LIVER	76	\$2,370	\$2,819
6823	ENDOMETRIAL ABLATION	76	\$5,599	\$6,274
3322	FIBER-OPTIC BRONCHOSCOPY	75	\$1,727	\$1,772
0443	RELEASE CARPAL TUNNEL	74	\$2,058	\$2,598
4701	LAP APPENDECTOMY	74	\$9,301	\$11,713
598	URETERAL CATH	65	\$4,567	\$6,367
806	EXC SEMILUNAR CARTILAGE-KNEE	65	\$3,533	\$4,677
8339	EXC LES OTH SOFT TISS	63	\$3,267	\$3,907
3324	CLO [ENDO] BX BRONCHUS	58	\$3,081	\$3,401

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	7,666	\$3,260	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,186	\$1,204	\$1,602
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,166	\$834	\$1,186
43239	UGI ENDO; W/BX 1/MX	729	\$1,132	\$1,698
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	319	\$5,938	\$8,264
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	213	\$1,756	\$1,771
49650	LAPARSCPY SURG; REPR INIT ING HE	183	\$5,117	\$7,927
43242	UGI ENDO; W/US GUID ASPIR/BX	168	\$2,997	\$3,292
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	124	\$1,317	\$1,753
19120	EXC BRST CYST TUMR/LES OPN M/F 1	114	\$2,548	\$3,656
47562	LAPAROSCOPY SURGICAL; CHOLECT	106	\$5,139	\$6,966
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	87	\$930	\$1,404
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	81	\$2,077	\$2,664
44970	LAPAROSCOPY SURGICAL APPENDECTOM	75	\$9,293	\$11,662
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	74	\$8,846	\$8,917
49505	REPR INIT ING HERNIA 5YR/MORE; R	73	\$4,407	\$4,904
29881	SCOPE KNEE SURG;W/MENISCECT MED/	70	\$3,704	\$4,675
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	69	\$5,737	\$6,827
57288	SLING OPERATION STRESS INCONTINE	68	\$6,110	\$7,641
45341	SIGMOIDOSCOPY FLXIBLE; W/ENDO US	62	\$1,524	\$1,429
19125	EXC BRST LES ID RAD MARKR OPN;1	56	\$3,905	\$4,700

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, 2010
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	287	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	9	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	37	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	76	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	146	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	49
	013 LEVEL II SKIN REPAIR	5	842
	014 LEVEL III SKIN REPAIR	1	257
02	BREAST PROCEDURES	223	1,750
	020 LEVEL I BREAST PROCEDURES	220	1,713
	021 LEVEL II BREAST PROCEDURES	3	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,493	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	106	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	2,206
	033 LEVEL I HAND PROCEDURES	105	3,900
	034 LEVEL II HAND PROCEDURES	25	1,135
	035 LEVEL I FOOT PROCEDURES	31	6,043
	036 LEVEL II FOOT PROCEDURES	9	1,635
	037 LEVEL I ARTHROSCOPY	737	22,380
	038 LEVEL II ARTHROSCOPY	126	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	132	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	30	467
	045 BUNION PROCEDURES	5	1,790
	046 LEVEL I ARTHROPLASTY	17	660
	047 LEVEL II ARTHROPLASTY	4	177
	048 HAND AND FOOT TENOTOMY	1	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	52	2,206
04	RESPIRATORY PROCEDURES	666	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	73	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	230	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	354	2,327
05	CARDIOVASCULAR PROCEDURES	5	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,077
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	126
	092 RESUSCITATION	1	30
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	180	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	179	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	8,826	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	336

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	109	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	55	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,213	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	380	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,167	41,709
	137 THERAPEUTIC COLONOSCOPY	561	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	303	2,130
	139 LEVEL I HERNIA REPAIR	239	5,690
	140 LEVEL II HERNIA REPAIR	43	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	99	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	175	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	12	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	6	206
	145 LEVEL I LAPAROSCOPY	193	2,518
	146 LEVEL II LAPAROSCOPY	673	8,555
	147 LEVEL III LAPAROSCOPY	586	7,108
	148 LEVEL IV LAPAROSCOPY	5	114
08	GENITOURINARY SYSTEM PROCEDURES	788	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	29	625
	162 URINARY CATHETERIZATION AND DILATATION	8	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	365	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	363	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	8	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	13	484
09	MALE REPRODUCTIVE SYSTEM	104	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	43	1,441
	181 CIRCUMCISION	7	947
	182 INSERTION OF PENILE PROSTHESIS	3	76
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	51	1,309
10	FEMALE REPRODUCTIVE SYSTEM	629	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	110	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	87	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	147	1,872
	199 DILATION AND CURETTAGE	23	552
	200 HYSTEROSCOPY	255	2,238
	201 COLPOSCOPY	7	694
11	NEUROLOGIC SYSTEM PROCEDURES	348	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	183
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	208
	217 LEVEL I NERVE PROCEDURES	164	4,138
	218 LEVEL II NERVE PROCEDURES	15	777
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	51	8,680
	221 LAMINOTOMY AND LAMINECTOMY	84	3,130

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	223 LEVEL III NERVE PROCEDURES	18	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	182	11,976
	232 LASER EYE PROCEDURES	33	566
	233 CATARACT PROCEDURES	7	5,367
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	9	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	129	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,135	30,136
	250 COCHLEAR DEVICE IMPLANTATION	39	136
	252 LEVEL I FACIAL AND ENT PROCEDURES	326	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	57	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	275	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	261	3,077
	256 TONSIL AND ADENOID PROCEDURES	177	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	138	\$3,131	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	\$3,648	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$3,259	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	\$2,607	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	23	\$2,949	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	\$2,935	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	71	\$3,237	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$4,451	\$6,933
02	BREAST PROCEDURES	172	\$3,048	\$4,055
	020 LEVEL I BREAST PROCEDURES	170	\$2,995	\$3,990
	021 LEVEL II BREAST PROCEDURES	2	\$7,591	\$7,438
03	MUSCULOSKELETAL SYSTEM PROCEDURES	470	\$5,171	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$3,213	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$4,903	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$11,380	\$10,772
	033 LEVEL I HAND PROCEDURES	46	\$2,229	\$2,911
	034 LEVEL II HAND PROCEDURES	8	\$4,160	\$5,270
	035 LEVEL I FOOT PROCEDURES	6	\$3,368	\$3,958
	036 LEVEL II FOOT PROCEDURES	3	\$5,576	\$7,753
	037 LEVEL I ARTHROSCOPY	191	\$4,064	\$4,877
	038 LEVEL II ARTHROSCOPY	26	\$9,194	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$1,653	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$2,959	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	92	\$7,762	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$3,585	\$3,636
	045 BUNION PROCEDURES	2	\$6,284	\$5,503
	046 LEVEL I ARTHROPLASTY	3	\$3,378	\$7,830
	047 LEVEL II ARTHROPLASTY	2	\$21,108	\$23,934
	048 HAND AND FOOT TENOTOMY	1	\$4,405	\$3,086
04	RESPIRATORY PROCEDURES	180	\$2,261	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	\$2,129	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,234	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	19	\$3,597	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	150	\$2,057	\$2,759
05	CARDIOVASCULAR PROCEDURES	3	\$6,193	\$16,047
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$6,193	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	110	\$7,558	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$8,820	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	109	\$7,546	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,321	\$2,441	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	77	\$1,613	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	23	\$1,220	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,225	\$1,497	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	83	\$2,030	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,366	\$1,023	\$1,365

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	137 THERAPEUTIC COLONOSCOPY	140	\$1,388	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	19	\$5,260	\$5,559
	139 LEVEL I HERNIA REPAIR	163	\$4,087	\$4,575
	140 LEVEL II HERNIA REPAIR	17	\$4,190	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	45	\$2,521	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	118	\$2,936	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	7	\$4,050	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$21,283	\$8,883
	145 LEVEL I LAPAROSCOPY	81	\$5,035	\$5,993
	146 LEVEL II LAPAROSCOPY	513	\$6,476	\$8,741
	147 LEVEL III LAPAROSCOPY	438	\$7,009	\$8,742
	148 LEVEL IV LAPAROSCOPY	5	\$14,218	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	171	\$4,774	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$6,630	\$11,450
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	106	\$3,643	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	46	\$4,320	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	4	\$12,149	\$16,838
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$10,299	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	12	\$12,974	\$13,497
09	MALE REPRODUCTIVE SYSTEM	80	\$5,330	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	\$4,429	\$3,299
	181 CIRCUMCISION	7	\$2,902	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	2	\$30,144	\$34,604
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	41	\$5,194	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	306	\$4,684	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	39	\$3,213	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	26	\$4,025	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	90	\$6,127	\$7,555
	199 DILATION AND CURETTAGE	14	\$2,496	\$3,369
	200 HYSTEROSCOPY	135	\$4,469	\$5,363
	201 COLPOSCOPY	2	\$6,883	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	130	\$3,865	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	\$5,450	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$18,161	\$11,949
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$5,663	\$9,372
	217 LEVEL I NERVE PROCEDURES	97	\$2,230	\$3,417
	218 LEVEL II NERVE PROCEDURES	6	\$12,664	\$12,912
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$3,030	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	14	\$9,141	\$10,971
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	104	\$4,346	\$3,736
	232 LASER EYE PROCEDURES	32	\$730	\$818
	233 CATARACT PROCEDURES	1	\$3,638	\$3,654
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	70	\$6,032	\$6,285
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,673	\$2,259
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	453	\$7,732	\$4,038

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRG	AVE TOT CHRG(ALL Hospitals)
250 COCHLEAR DEVICE IMPLANTATION	39	\$38,872	\$55,645
252 LEVEL I FACIAL AND ENT PROCEDURES	74	\$1,981	\$2,385
253 LEVEL II FACIAL AND ENT PROCEDURES	17	\$3,184	\$3,554
254 LEVEL III FACIAL AND ENT PROCEDURES	35	\$6,559	\$7,156
255 LEVEL IV FACIAL AND ENT PROCEDURES	168	\$7,171	\$9,193
256 TONSIL AND ADENOID PROCEDURES	120	\$2,931	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,561	56.7	135,467	53.6
Male	5,006	43.3	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	1	0.0	2,971	1.2
1-4 years	30	0.3	10,916	4.3
5-9	37	0.3	6,723	2.7
10-14	71	0.6	5,235	2.1
15-17	125	1.1	5,307	2.1
18-19	127	1.1	3,697	1.5
20-24	451	3.9	10,057	4.0
25-29	668	5.8	12,635	5.0
30-34	763	6.6	14,894	5.9
35-39	703	6.1	13,867	5.5
40-44	804	7.0	14,264	5.6
45-49	959	8.3	17,450	6.9
50-54	1,530	13.2	27,955	11.1
55-59	1,402	12.1	24,928	9.9
60-64	1,171	10.1	22,206	8.8
65-69	943	8.2	19,059	7.5
70-74	739	6.4	14,720	5.8
75-79	524	4.5	11,676	4.6
80-84	359	3.1	7,598	3.0
85-89	125	1.1	3,582	1.4
90 +	35	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	10,624	91.8	208,190	82.4
Clinic Referral	821	7.1	38,248	15.1
HMO Referral	3	0.0	619	0.2
Other Hospital	14	0.1	262	0.1
Skilled Nursing Facility	3	0.0	234	0.1
Other Health Care Facility	1	0.0	24	0.0
ER (Not valid since 7/2010)	100	0.9	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	1	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	11,546	99.8	251,393	99.5
Another Hospital	5	0.0	135	0.1
Skilled Nursing Facility	6	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	1	0.0	87	0.0
Under Care of Home Service	6	0.1	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	20	0.0
Unknown	1	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	2,398	20.7	55,732	22.1
Medicaid	450	3.9	18,214	7.2
Other government	117	1.0	5,636	2.2
Blue Cross/Blue Shield	478	4.1	33,140	13.1
Other Commercial	672	5.8	17,547	6.9
Managed Care(HMO, PPO)	6,993	60.5	113,327	44.9
Self Pay	137	1.2	3,334	1.3
Industrial & Worker Comp	61	0.5	3,165	1.3
Charity and Unclassified	238	2.1	1,228	0.5
Childrens Health Insurance	9	0.1	189	0.1
Unknown	14	0.1	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	170	1.5	15,912	6.3
Central Utah	72	0.6	9,352	3.7
Davis County	2,118	18.3	27,390	10.8
Salt Lake County	7,366	63.7	87,767	34.7
Southeastern Utah	39	0.3	5,222	2.1
Southwest Utah	74	0.6	15,992	6.3
Summit County	241	2.1	3,893	1.5
Tooele County	296	2.6	5,148	2.0
Tri-County	50	0.4	6,710	2.7
Utah County	474	4.1	38,568	15.3
Wasatch County	85	0.7	1,970	0.8
Weber County	254	2.2	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	324	2.8	13,138	5.2
Unknown, Not Reported	4	0.0	125	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, 2010
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)	14,864	100.0	331,127	100.0
Mastectomy (85.0-85.99)	537	3.6	8,130	2.5
Musculoskeletal (76.0-84.99)	2,500	16.8	67,729	20.5
Respiratory (30.0-34.99)	69	0.5	3,049	0.9
Cardiovascular (35.0-39.99)	270	1.8	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	70	0.5	2,918	0.9
Digestive System (42.0-54.99)	4,682	31.5	106,281	32.1
Urinary (55.0-59.99)	586	3.9	11,247	3.4
Male Genital (60.0-64.99)	146	1.0	3,928	1.2
Female Genital (65.0-71.99)	564	3.8	15,188	4.6
Endocrine/Nervous (01.0-07.99)	1,956	13.2	24,832	7.5
Eye (08.0-16.99)	1,667	11.2	20,768	6.3
Ear (18.0-20.99)	508	3.4	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	1,309	8.8	28,733	8.7
Reporting Category(CPT-4 CODES)	11,069	100.0	325,030	100.0
Mastectomy (19120-19220)	75	0.7	1,713	0.5
Musculoskeletal (20000-29909)	2,499	22.6	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	359	3.2	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	56	0.5	29,073	8.9
Lymphatic/Hemetic (38100-38999)	42	0.4	4,116	1.3
Digestive (40490-49999)	5,399	48.8	123,353	38.0
Urinary (50010-53899)	578	5.2	15,063	4.6
Male Genital (54000-55899)	110	1.0	3,821	1.2
Female Genital (56405-58999)	461	4.2	14,294	4.4
Endocrine/Nervous (60000-64999)	282	2.5	22,577	6.9
Eye (65091-68899)	916	8.3	12,170	3.7
Ear (69000-69979)	292	2.6	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,249	8.4	4.25
0392	INJ OTH AGENT SPINAL CANAL	748	5.0	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	746	5.0	1.75
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	732	4.9	5.62
1341	PHACOEMULSIFICATION-ASPIR CATARACT	605	4.1	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	602	4.1	1.53
4523	COLONOSCOPY	596	4.0	6.81
2001	MYRINGOTOMY W/INSRT TUBE	396	2.7	3.35
4292	DILAT ESOPH	346	2.3	1.35
283	TONSILLECTOMY W/ADENOIDECTOMY	266	1.8	1.92
4836	[ENDO] POLYPECTOMY RECTUM	266	1.8	1.20
5123	LAP CHOLEY	266	1.8	2.22
4525	CLO [ENDO] BX LG INTESTINE	265	1.8	2.29
8147	OTH REPR KNEE	237	1.6	0.93
8511	CLO [PERCUT] [NEEDLE] BX BREAST	234	1.6	0.39
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	211	1.4	0.61
598	URETERAL CATH	201	1.4	0.75
806	EXC SEMILUNAR CARTILAGE-KNEE	173	1.2	1.67
0611	CLO PERCUT NEEDLE BX THYROID GLAND	169	1.1	0.18
560	TRANSURETH REMOV OBST URETER-PELV	165	1.1	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,151	10.4	6.08
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	797	7.2	1.81
43239	UGI ENDO; W/BX 1/MX	731	6.6	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	581	5.2	6.64
66984	EXTRACAPSULAR CATARACT REMV IOL	566	5.1	1.53
42820	T&A; UNDER AGE 12	228	2.1	1.52
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	227	2.1	0.94
29881	SCOPE KNEE SURG;W/MENISCECT MED/	210	1.9	1.46
69436	TYMPANOSTOMY GENERAL ANESTHESIA	207	1.9	1.80
41899	UNLIST PROC DENTOALVEOL STRUCTUR	193	1.7	0.77
47562	LAPAROSCOPY SURGICAL; CHOLECT	192	1.7	0.94
52332	CYSTOURETHROSCOPY W/INSRT STENT	186	1.7	0.69
29826	SCOPE SHOULDER; DECOMP SUBACROM	182	1.6	1.12
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	164	1.5	0.91
49505	REPR INIT ING HERNIA 5YR/MORE; R	153	1.4	0.78
66821	DISCISSION 2ND CATARACT; LASER S	140	1.3	0.14
44970	LAPAROSCOPY SURGICAL APPENDECTOM	133	1.2	0.66
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	115	1.0	0.36
29880	SCOPE KNEE SURG;W/MENISCECT MED&	108	1.0	0.46
52352	CYSURETH-URETR&/PYELSCPY; REMV C	107	1.0	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, 2010
 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	6,251	\$2,783	\$4,764
4542	ENDO POLYPECTOMY LG INTESTINE	954	\$1,206	\$1,643
4523	COLONOSCOPY	582	\$860	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	361	\$1,091	\$1,732
5123	LAP CHOLEY	244	\$4,973	\$7,823
283	TONSILLECTOMY W/ADENOIDECTOMY	204	\$1,482	\$3,030
8511	CLO [PERCUT] [NEEDLE] BX BREAST	202	\$1,895	\$2,328
8147	OTH REPR KNEE	189	\$4,835	\$5,985
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	175	\$1,312	\$1,578
4525	CLO [ENDO] BX LG INTESTINE	147	\$1,187	\$1,777
0611	CLO PERCUT NEEDLE BX THYROID GLAND	144	\$778	\$1,078
1364	DISCISSION SECNDRY MEMBRN	138	\$648	\$768
4701	LAP APPENDECTOMY	111	\$7,878	\$11,713
8183	OTH REPR SHLDR	111	\$6,111	\$8,353
3722	LT HEART CARD CATH	99	\$5,710	\$9,623
5304	UNILAT REPR INDIRECT ING HERN-GFT	95	\$2,780	\$4,980
0443	RELEASE CARPAL TUNNEL	88	\$1,970	\$2,598
806	EXC SEMILUNAR CARTILAGE-KNEE	85	\$2,926	\$4,677
282	TONSILLECTOMY WO ADENOIDECTOMY	77	\$1,976	\$3,118
8521	LOC EXC LES BREAST	69	\$2,757	\$3,725
6952	ASPIR CURET FOLLOWING DELIV/AB	59	\$1,689	\$3,192

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	5,746	\$2,734	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	659	\$1,142	\$1,602
45378	COLONOSCOPY FLEX; DX-SEP PROC	569	\$861	\$1,186
66984	EXTRACAPSULAR CATARACT REMV IOL	551	\$3,333	\$3,643
43239	UGI ENDO; W/BX 1/MX	356	\$1,082	\$1,698
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	318	\$1,184	\$1,753
41899	UNLIST PROC DENTOALVEOL STRUCTUR	177	\$2,716	\$3,377
47562	LAPAROSCOPY SURGICAL; CHOLECT	177	\$4,522	\$6,966
42820	T&A; UNDER AGE 12	169	\$1,425	\$2,869
66821	DISCISSION 2ND CATARACT; LASER S	140	\$645	\$772
49505	REPR INIT ING HERNIA 5YR/MORE; R	137	\$2,875	\$4,904
69436	TYMPANOSTOMY GENERAL ANESTHESIA	117	\$951	\$1,547
44970	LAPAROSCOPY SURGICAL APPENDECTOM	111	\$7,878	\$11,662
29881	SCOPE KNEE SURG;W/MENISCECT MED/	77	\$3,021	\$4,675
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	69	\$6,172	\$8,264
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	65	\$1,882	\$2,664
29880	SCOPE KNEE SURG;W/MENISCECT MED&	62	\$2,993	\$5,236
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	61	\$2,123	\$3,172
20680	REMOVAL OF IMPLANT; DEEP	58	\$2,754	\$3,851
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	50	\$8,387	\$10,994
19125	EXC BRST LES ID RAD MARKR OPN;1	36	\$3,551	\$4,700

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, 2010
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	150	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	106
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	107
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	112	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	49
	012 LEVEL I SKIN REPAIR	1	13
	013 LEVEL II SKIN REPAIR	4	842
	014 LEVEL III SKIN REPAIR	10	257
02	BREAST PROCEDURES	75	1,750
	020 LEVEL I BREAST PROCEDURES	75	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,232	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	82	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	117	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,206
	033 LEVEL I HAND PROCEDURES	91	3,900
	034 LEVEL II HAND PROCEDURES	24	1,135
	035 LEVEL I FOOT PROCEDURES	200	6,043
	036 LEVEL II FOOT PROCEDURES	45	1,635
	037 LEVEL I ARTHROSCOPY	1,009	22,380
	038 LEVEL II ARTHROSCOPY	254	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	16	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	18	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	202	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	467
	045 BUNION PROCEDURES	79	1,790
	046 LEVEL I ARTHROPLASTY	5	660
	047 LEVEL II ARTHROPLASTY	5	177
	048 HAND AND FOOT TENOTOMY	1	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	31	2,206
04	RESPIRATORY PROCEDURES	150	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	29	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	113	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	6	2,327
05	CARDIOVASCULAR PROCEDURES	48	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	19	1,077
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	1,649
	088 LEVEL I CARDIOTHORACIC PROCEDURES	12	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	15	2,371
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	38	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	38	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,874	112,000

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	115	1,234
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	748
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	18	528
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	786	24,909
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	330	5,445
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,736	41,709
137 THERAPEUTIC COLONOSCOPY	852	7,586
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	19	2,130
139 LEVEL I HERNIA REPAIR	264	5,690
140 LEVEL II HERNIA REPAIR	51	1,145
141 LEVEL I ANAL AND RECTAL PROCEDURES	11	851
142 LEVEL II ANAL AND RECTAL PROCEDURES	41	1,189
143 LEVEL I GASTROINTESTINAL PROCEDURES	15	374
144 LEVEL II GASTROINTESTINAL PROCEDURES	12	206
145 LEVEL I LAPAROSCOPY	104	2,518
146 LEVEL II LAPAROSCOPY	372	8,555
147 LEVEL III LAPAROSCOPY	128	7,108
08 GENITOURINARY SYSTEM PROCEDURES	561	11,520
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	625
162 URINARY CATHETERIZATION AND DILATATION	8	218
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	220	5,655
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	307	3,683
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	61
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	219
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	13	484
09 MALE REPRODUCTIVE SYSTEM	114	4,036
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	59	1,441
181 CIRCUMCISION	22	947
182 INSERTION OF PENILE PROSTHESIS	4	76
184 LEVEL II PENILE AND PROSTATE PROCEDURES	26	1,309
185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	254
10 FEMALE REPRODUCTIVE SYSTEM	311	8,528
193 TREATMENT OF INCOMPLETE ABORTION	1	3
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	71	1,525
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	75	1,641
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	56	1,872
199 DILATION AND CURETTAGE	14	552
200 HYSTEROSCOPY	91	2,238
201 COLPOSCOPY	3	694
11 NEUROLOGIC SYSTEM PROCEDURES	270	21,879
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	3,252
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	208
217 LEVEL I NERVE PROCEDURES	111	4,138
218 LEVEL II NERVE PROCEDURES	21	777
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	12	8,680
221 LAMINOTOMY AND LAMINECTOMY	94	3,130

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	223 LEVEL III NERVE PROCEDURES	25	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	916	11,976
	232 LASER EYE PROCEDURES	168	566
	233 CATARACT PROCEDURES	612	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	7	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	21	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	39	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	11	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	24	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	28	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,271	30,136
	250 COCHLEAR DEVICE IMPLANTATION	1	136
	252 LEVEL I FACIAL AND ENT PROCEDURES	575	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	64	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	130	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	92	3,077
	256 TONSIL AND ADENOID PROCEDURES	409	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	85	\$2,901	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$2,060	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$774	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,454	\$4,621
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,416	\$380
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,537	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$1,851	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	70	\$2,784	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,405	\$6,933
	012 LEVEL I SKIN REPAIR	1	\$4,433	\$6,740
	014 LEVEL III SKIN REPAIR	3	\$8,796	\$7,173
02	BREAST PROCEDURES	70	\$3,087	\$4,055
	020 LEVEL I BREAST PROCEDURES	70	\$3,087	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	712	\$4,459	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$4,002	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$4,009	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$8,406	\$10,772
	033 LEVEL I HAND PROCEDURES	43	\$1,948	\$2,911
	034 LEVEL II HAND PROCEDURES	8	\$4,098	\$5,270
	035 LEVEL I FOOT PROCEDURES	47	\$2,388	\$3,958
	036 LEVEL II FOOT PROCEDURES	16	\$6,115	\$7,753
	037 LEVEL I ARTHROSCOPY	269	\$3,151	\$4,877
	038 LEVEL II ARTHROSCOPY	60	\$9,291	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$4,407	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	\$2,554	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	137	\$6,445	\$8,351
	045 BUNION PROCEDURES	35	\$3,797	\$5,503
	046 LEVEL I ARTHROPLASTY	2	\$4,770	\$7,830
	047 LEVEL II ARTHROPLASTY	1	\$10,639	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$942	\$1,578
04	RESPIRATORY PROCEDURES	15	\$2,951	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$702	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,938	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	\$3,992	\$4,751
05	CARDIOVASCULAR PROCEDURES	35	\$5,382	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	12	\$7,187	\$6,105
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$3,358	\$40,293
	088 LEVEL I CARDIOTHORACIC PROCEDURES	9	\$3,707	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	13	\$5,030	\$7,553
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	29	\$6,490	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	29	\$6,490	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,771	\$1,986	\$3,034
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$730	\$2,587
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	\$880	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$872	\$1,458

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	386	\$1,055	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	56	\$1,916	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,231	\$1,012	\$1,365
	137 THERAPEUTIC COLONOSCOPY	323	\$1,204	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	7	\$3,555	\$5,559
	139 LEVEL I HERNIA REPAIR	212	\$2,809	\$4,575
	140 LEVEL II HERNIA REPAIR	25	\$3,155	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$1,954	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	39	\$2,451	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$3,004	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	9	\$5,548	\$8,883
	145 LEVEL I LAPAROSCOPY	42	\$3,361	\$5,993
	146 LEVEL II LAPAROSCOPY	308	\$5,782	\$8,741
	147 LEVEL III LAPAROSCOPY	87	\$6,035	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	114	\$4,581	\$5,060
	162 URINARY CATHETERIZATION AND DILATATION	2	\$3,510	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	38	\$3,399	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	58	\$4,125	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$2,042	\$16,838
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	\$928	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	10	\$14,018	\$13,497
09	MALE REPRODUCTIVE SYSTEM	75	\$4,354	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	35	\$3,122	\$3,299
	181 CIRCUMCISION	16	\$2,134	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	4	\$21,764	\$34,604
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	19	\$4,981	\$7,079
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,437	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	145	\$3,508	\$4,923
	193 TREATMENT OF INCOMPLETE ABORTION	1	\$7,368	\$8,091
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	29	\$1,843	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	33	\$4,068	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	30	\$4,673	\$7,555
	199 DILATION AND CURETTAGE	12	\$2,074	\$3,369
	200 HYSTEROSCOPY	39	\$3,762	\$5,363
	201 COLPOSCOPY	1	\$1,777	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	151	\$4,969	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	\$1,050	\$1,457
	217 LEVEL I NERVE PROCEDURES	77	\$2,207	\$3,417
	218 LEVEL II NERVE PROCEDURES	8	\$12,001	\$12,912
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	\$2,548	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	53	\$8,307	\$10,971
	223 LEVEL III NERVE PROCEDURES	1	\$18,093	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	848	\$2,750	\$3,736
	232 LASER EYE PROCEDURES	167	\$593	\$818
	233 CATARACT PROCEDURES	590	\$3,374	\$3,654

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,692	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	13	\$2,029	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$264	\$9,495
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$264	\$3,792
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	22	\$5,345	\$6,285
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	11	\$2,493	\$2,883
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$1,082	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	22	\$2,066	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	679	\$2,391	\$4,038
	250 COCHLEAR DEVICE IMPLANTATION	1	\$45,852	\$55,645
	252 LEVEL I FACIAL AND ENT PROCEDURES	314	\$2,020	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	28	\$2,438	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	17	\$6,048	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	45	\$7,368	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	274	\$1,608	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,619	55.8	135,467	53.6
Male	4,451	44.2	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	68	0.7	2,971	1.2
1-4 years	468	4.6	10,916	4.3
5-9	206	2.0	6,723	2.7
10-14	146	1.4	5,235	2.1
15-17	198	2.0	5,307	2.1
18-19	170	1.7	3,697	1.5
20-24	492	4.9	10,057	4.0
25-29	476	4.7	12,635	5.0
30-34	570	5.7	14,894	5.9
35-39	513	5.1	13,867	5.5
40-44	554	5.5	14,264	5.6
45-49	674	6.7	17,450	6.9
50-54	1,202	11.9	27,955	11.1
55-59	1,058	10.5	24,928	9.9
60-64	850	8.4	22,206	8.8
65-69	748	7.4	19,059	7.5
70-74	590	5.9	14,720	5.8
75-79	487	4.8	11,676	4.6
80-84	368	3.7	7,598	3.0
85-89	173	1.7	3,582	1.4
90 +	59	0.6	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	9,802	97.3	208,190	82.4
Clinic Referral	117	1.2	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	2	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	149	1.5	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	10,047	99.8	251,393	99.5
Another Hospital	13	0.1	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	1	0.0	13	0.0
Another Type of Institution	2	0.0	87	0.0
Under Care of Home Service	6	0.1	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	2,256	22.4	55,732	22.1
Medicaid	579	5.7	18,214	7.2
Other government	154	1.5	5,636	2.2
Blue Cross/Blue Shield	1,477	14.7	33,140	13.1
Other Commercial	711	7.1	17,547	6.9
Managed Care(HMO, PPO)	4,596	45.6	113,327	44.9
Self Pay	85	0.8	3,334	1.3
Industrial & Worker Comp	130	1.3	3,165	1.3
Charity and Unclassified	17	0.2	1,228	0.5
Childrens Health Insurance	14	0.1	189	0.1
Unknown	51	0.5	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	8,852	87.9	15,912	6.3
Central Utah	12	0.1	9,352	3.7
Davis County	34	0.3	27,390	10.8
Salt Lake County	50	0.5	87,767	34.7
Southeastern Utah	8	0.1	5,222	2.1
Southwest Utah	13	0.1	15,992	6.3
Summit County	4	0.0	3,893	1.5
Tooele County	4	0.0	5,148	2.0
Tri-County	4	0.0	6,710	2.7
Utah County	20	0.2	38,568	15.3
Wasatch County	2	0.0	1,970	0.8
Weber County	56	0.6	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	1,011	10.0	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	20,086	100.0	331,127	100.0
Mastectomy (85.0-85.99)	462	2.3	8,130	2.5
Musculoskeletal (76.0-84.99)	3,218	16.0	67,729	20.5
Respiratory (30.0-34.99)	238	1.2	3,049	0.9
Cardiovascular (35.0-39.99)	1,982	9.9	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	206	1.0	2,918	0.9
Digestive System (42.0-54.99)	10,589	52.7	106,281	32.1
Urinary (55.0-59.99)	730	3.6	11,247	3.4
Male Genital (60.0-64.99)	211	1.1	3,928	1.2
Female Genital (65.0-71.99)	924	4.6	15,188	4.6
Endocrine/Nervous (01.0-07.99)	623	3.1	24,832	7.5
Eye (08.0-16.99)	199	1.0	20,768	6.3
Ear (18.0-20.99)	161	0.8	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	543	2.7	28,733	8.7
Reporting Category(CPT-4 CODES)	16,568	100.0	325,030	100.0
Mastectomy (19120-19220)	88	0.5	1,713	0.5
Musculoskeletal (20000-29909)	3,093	18.7	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	428	2.6	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	131	0.8	29,073	8.9
Lymphatic/Hemetic (38100-38999)	144	0.9	4,116	1.3
Digestive (40490-49999)	10,266	62.0	123,353	38.0
Urinary (50010-53899)	591	3.6	15,063	4.6
Male Genital (54000-55899)	129	0.8	3,821	1.2
Female Genital (56405-58999)	822	5.0	14,294	4.4
Endocrine/Nervous (60000-64999)	664	4.0	22,577	6.9
Eye (65091-68899)	121	0.7	12,170	3.7
Ear (69000-69979)	91	0.5	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,701	13.4	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,238	11.1	5.62
4292	DILAT ESOPH	870	4.3	1.35
4525	CLO [ENDO] BX LG INTESTINE	856	4.3	2.29
4542	ENDO POLYPECTOMY LG INTESTINE	778	3.9	4.25
5123	LAP CHOLEY	630	3.1	2.22
3722	LT HEART CARD CATH	449	2.2	1.18
4513	OTH ENDO SM INTESTINE	287	1.4	1.64
4836	[ENDO] POLYPECTOMY RECTUM	271	1.3	1.20
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	259	1.3	0.29
4701	LAP APPENDECTOMY	203	1.0	0.63
3607	INSERTION RX-ELUTING COR ART STENT	179	0.9	0.46
8051	EXC INTERVERTEBRAL DISC	177	0.9	0.45
806	EXC SEMILUNAR CARTILAGE-KNEE	162	0.8	1.67
598	URETERAL CATH	143	0.7	0.75
0443	RELEASE CARPAL TUNNEL	129	0.6	0.97
4824	CLO [ENDO] BX RECTUM	128	0.6	0.46
5304	UNILAT REPR INDIRECT ING HERN-GFT	127	0.6	0.34
0392	INJ OTH AGENT SPINAL CANAL	124	0.6	2.07
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	122	0.6	0.60

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,544	15.4	6.64
43239	UGI ENDO; W/BX 1/MX	2,240	13.5	6.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,270	7.7	6.08
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	630	3.8	0.36
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	437	2.6	1.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	428	2.6	1.81
49505	REPR INIT ING HERNIA 5YR/MORE; R	289	1.7	0.78
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	237	1.4	0.94
20680	REMOVAL OF IMPLANT; DEEP	211	1.3	0.93
44970	LAPAROSCOPY SURGICAL APPENDECTOM	208	1.3	0.66
47562	LAPAROSCOPY SURGICAL; CHOLECT	193	1.2	0.94
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	187	1.1	1.23
29881	SCOPE KNEE SURG;W/MENISCECT MED/	133	0.8	1.46
45384	COLONOSCPY FLEX; REMV LES-FORCE	131	0.8	0.21
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	130	0.8	0.32
57288	SLING OPERATION STRESS INCONTINE	126	0.8	0.39
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	126	0.8	0.51
52332	CYSTOURETHROSCOPY W/INSRT STENT	125	0.8	0.69
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	106	0.6	0.36
28285	CORRECTION HAMMERTO	91	0.5	0.55

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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	9,940	\$4,313	\$4,764
4523	COLONOSCOPY	2,371	\$885	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,016	\$1,290	\$1,732
5123	LAP CHOLEY	565	\$6,641	\$7,823
4542	ENDO POLYPECTOMY LG INTESTINE	541	\$1,299	\$1,643
4525	CLO [ENDO] BX LG INTESTINE	480	\$1,346	\$1,777
3722	LT HEART CARD CATH	317	\$7,858	\$9,623
4701	LAP APPENDECTOMY	174	\$10,559	\$11,713
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	162	\$9,986	\$16,783
4513	OTH ENDO SM INTESTINE	137	\$1,040	\$1,513
4836	[ENDO] POLYPECTOMY RECTUM	135	\$1,234	\$1,527
5304	UNILAT REPR INDIRECT ING HERN-GFT	114	\$4,042	\$4,980
5303	UNILAT REPR DIRECT ING HERN-GFT	108	\$3,815	\$5,043
5011	CLO [PERCUT] [NEEDLE] BX LIVER	77	\$2,273	\$2,819
8051	EXC INTERVERTEBRAL DISC	77	\$10,522	\$10,835
283	TONSILLECTOMY W/ADENOIDECTOMY	74	\$2,853	\$3,030
806	EXC SEMILUNAR CARTILAGE-KNEE	71	\$3,846	\$4,677
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	69	\$9,732	\$10,328
3895	VENOUS CATH-RENAL DIALYSIS	65	\$3,800	\$5,065
3723	COMBO RT & LT HEART CARD CATH	64	\$7,897	\$9,594
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	63	\$9,238	\$10,003

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	8,999	\$3,419	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,229	\$887	\$1,186
43239	UGI ENDO; W/BX 1/MX	1,006	\$1,321	\$1,698
45380	COLONOSCOPY FLEX; W/BX 1/MX	890	\$1,344	\$1,602
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	391	\$6,699	\$8,264
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	308	\$1,292	\$1,753
49505	REPR INIT ING HERNIA 5YR/MORE; R	259	\$4,041	\$4,904
44970	LAPAROSCOPY SURGICAL APPENDECTOM	176	\$10,550	\$11,662
47562	LAPAROSCOPY SURGICAL; CHOLECT	176	\$6,553	\$6,966
20680	REMOVAL OF IMPLANT; DEEP	138	\$3,905	\$3,851
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	100	\$794	\$1,404
45384	COLONOSCPY FLEX; REMV LES-FORCE	88	\$1,267	\$1,803
29881	SCOPE KNEE SURG;W/MENISCECT MED/	76	\$3,758	\$4,675
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	76	\$10,343	\$10,994
57288	SLING OPERATION STRESS INCONTINE	70	\$6,860	\$7,641
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	66	\$3,671	\$4,631
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	64	\$2,971	\$3,843
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	63	\$9,725	\$8,917
42820	T&A; UNDER AGE 12	58	\$2,821	\$2,869
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	56	\$4,583	\$6,301
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	52	\$1,757	\$1,979

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, 2010
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	373	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	26	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	15	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	6	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	39	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	274	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	49
	013 LEVEL II SKIN REPAIR	5	842
	014 LEVEL III SKIN REPAIR	5	257
02	BREAST PROCEDURES	88	1,750
	020 LEVEL I BREAST PROCEDURES	88	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,480	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	105	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	317	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	145	2,206
	033 LEVEL I HAND PROCEDURES	134	3,900
	034 LEVEL II HAND PROCEDURES	85	1,135
	035 LEVEL I FOOT PROCEDURES	283	6,043
	036 LEVEL II FOOT PROCEDURES	114	1,635
	037 LEVEL I ARTHROSCOPY	574	22,380
	038 LEVEL II ARTHROSCOPY	98	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	35	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	21	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	371	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	24	467
	045 BUNION PROCEDURES	83	1,790
	046 LEVEL I ARTHROPLASTY	54	660
	047 LEVEL II ARTHROPLASTY	9	177
	048 HAND AND FOOT TENOTOMY	6	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	2,206
04	RESPIRATORY PROCEDURES	314	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	58	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	11	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	105	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	140	2,327
05	CARDIOVASCULAR PROCEDURES	118	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	30	1,077
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	1,649
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	11	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	71	2,371
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	126
	092 RESUSCITATION	1	30
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	117	4,121

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	117	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	10,367	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	631	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	30	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	18	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,431	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	348	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,854	41,709
	137 THERAPEUTIC COLONOSCOPY	601	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	156	2,130
	139 LEVEL I HERNIA REPAIR	542	5,690
	140 LEVEL II HERNIA REPAIR	115	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	90	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	149	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	15	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	33	206
	145 LEVEL I LAPAROSCOPY	147	2,518
	146 LEVEL II LAPAROSCOPY	522	8,555
	147 LEVEL III LAPAROSCOPY	657	7,108
	148 LEVEL IV LAPAROSCOPY	28	114
08	GENITOURINARY SYSTEM PROCEDURES	533	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	7	625
	162 URINARY CATHETERIZATION AND DILATATION	27	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	232	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	209	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	51	484
09	MALE REPRODUCTIVE SYSTEM	167	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	57	1,441
	181 CIRCUMCISION	26	947
	182 INSERTION OF PENILE PROSTHESIS	1	76
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	75	1,309
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	8	254
10	FEMALE REPRODUCTIVE SYSTEM	456	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	68	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	64	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	160	1,872
	199 DILATION AND CURETTAGE	24	552
	200 HYSTEROSCOPY	132	2,238
	201 COLPOSCOPY	8	694
11	NEUROLOGIC SYSTEM PROCEDURES	711	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	75	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	183
	217 LEVEL I NERVE PROCEDURES	175	4,138
	218 LEVEL II NERVE PROCEDURES	45	777

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	18	8,680
	221 LAMINOTOMY AND LAMINECTOMY	330	3,130
	223 LEVEL III NERVE PROCEDURES	66	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	117	11,976
	232 LASER EYE PROCEDURES	1	566
	233 CATARACT PROCEDURES	3	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	158
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	24	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	79	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	5	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	626	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	189	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	35	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	86	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	186	3,077
	256 TONSIL AND ADENOID PROCEDURES	130	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	220	\$3,969	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	\$6,657	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	6	\$2,490	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$6,211	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	\$2,412	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	\$3,176	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	175	\$4,105	\$3,724
	013 LEVEL II SKIN REPAIR	2	\$1,600	\$4,647
	014 LEVEL III SKIN REPAIR	2	\$2,547	\$7,173
02	BREAST PROCEDURES	74	\$3,907	\$4,055
	020 LEVEL I BREAST PROCEDURES	74	\$3,907	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	825	\$6,498	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$4,474	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	97	\$4,356	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$11,637	\$10,772
	033 LEVEL I HAND PROCEDURES	46	\$3,072	\$2,911
	034 LEVEL II HAND PROCEDURES	19	\$5,184	\$5,270
	035 LEVEL I FOOT PROCEDURES	74	\$4,107	\$3,958
	036 LEVEL II FOOT PROCEDURES	28	\$11,271	\$7,753
	037 LEVEL I ARTHROSCOPY	171	\$3,859	\$4,877
	038 LEVEL II ARTHROSCOPY	13	\$12,307	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$10,288	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	14	\$5,108	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	248	\$8,799	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$5,468	\$3,636
	045 BUNION PROCEDURES	40	\$6,926	\$5,503
	046 LEVEL I ARTHROPLASTY	3	\$12,289	\$7,830
	047 LEVEL II ARTHROPLASTY	6	\$25,906	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$7,269	\$1,578
04	RESPIRATORY PROCEDURES	117	\$1,809	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	54	\$1,658	\$2,308
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	5	\$4,243	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	58	\$1,740	\$2,759
05	CARDIOVASCULAR PROCEDURES	83	\$8,965	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	12	\$16,065	\$6,105
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$13,040	\$9,059
	088 LEVEL I CARDIOTHORACIC PROCEDURES	7	\$7,342	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	62	\$7,676	\$7,553
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$10,968	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	81	\$8,745	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	81	\$8,745	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	6,463	\$2,390	\$3,034
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$781	\$2,587
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	\$1,041	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	\$1,112	\$1,458

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,110	\$1,284	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	101	\$2,000	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,129	\$1,018	\$1,365
	137 THERAPEUTIC COLONOSCOPY	405	\$1,296	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	47	\$3,351	\$5,559
	139 LEVEL I HERNIA REPAIR	397	\$4,000	\$4,575
	140 LEVEL II HERNIA REPAIR	45	\$4,087	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	65	\$2,394	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	109	\$3,332	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$4,213	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	31	\$7,210	\$8,883
	145 LEVEL I LAPAROSCOPY	53	\$4,214	\$5,993
	146 LEVEL II LAPAROSCOPY	410	\$8,462	\$8,741
	147 LEVEL III LAPAROSCOPY	500	\$6,851	\$8,742
	148 LEVEL IV LAPAROSCOPY	21	\$12,280	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	164	\$5,640	\$5,060
	162 URINARY CATHETERIZATION AND DILATATION	8	\$5,703	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	65	\$3,826	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	54	\$3,725	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$16,457	\$16,838
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	36	\$11,473	\$13,497
09	MALE REPRODUCTIVE SYSTEM	115	\$5,416	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	\$4,156	\$3,299
	181 CIRCUMCISION	24	\$2,873	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	1	\$30,990	\$34,604
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	63	\$6,549	\$7,079
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,262	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	246	\$4,797	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	30	\$2,679	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	21	\$5,095	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	86	\$6,629	\$7,555
	199 DILATION AND CURETTAGE	16	\$2,846	\$3,369
	200 HYSTEROSCOPY	92	\$4,037	\$5,363
	201 COLPOSCOPY	1	\$5,841	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	195	\$8,384	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	20	\$763	\$1,457
	217 LEVEL I NERVE PROCEDURES	62	\$2,808	\$3,417
	218 LEVEL II NERVE PROCEDURES	4	\$11,750	\$12,912
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$3,863	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	83	\$10,465	\$10,971
	223 LEVEL III NERVE PROCEDURES	22	\$23,389	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	43	\$6,557	\$3,736
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,752	\$3,753
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	\$7,082	\$3,792
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	35	\$7,039	\$6,285

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRG(ALL Hospitals)
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$4,014	\$2,883
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$2,914	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	343	\$6,556	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	73	\$3,663	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	\$7,331	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	39	\$7,864	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	135	\$9,853	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	85	\$3,102	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	7,706	54.0	135,467	53.6
Male	6,564	46.0	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	16	0.1	2,971	1.2
1-4 years	127	0.9	10,916	4.3
5-9	71	0.5	6,723	2.7
10-14	173	1.2	5,235	2.1
15-17	227	1.6	5,307	2.1
18-19	207	1.5	3,697	1.5
20-24	546	3.8	10,057	4.0
25-29	763	5.3	12,635	5.0
30-34	857	6.0	14,894	5.9
35-39	858	6.0	13,867	5.5
40-44	818	5.7	14,264	5.6
45-49	1,103	7.7	17,450	6.9
50-54	2,085	14.6	27,955	11.1
55-59	1,567	11.0	24,928	9.9
60-64	1,331	9.3	22,206	8.8
65-69	1,183	8.3	19,059	7.5
70-74	928	6.5	14,720	5.8
75-79	719	5.0	11,676	4.6
80-84	438	3.1	7,598	3.0
85-89	203	1.4	3,582	1.4
90 +	50	0.4	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	8,519	59.7	208,190	82.4
Clinic Referral	5,466	38.3	38,248	15.1
HMO Referral	5	0.0	619	0.2
Other Hospital	6	0.0	262	0.1
Skilled Nursing Facility	2	0.0	234	0.1
Other Health Care Facility	1	0.0	24	0.0
ER (Not valid since 7/2010)	270	1.9	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	1	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	14,227	99.7	251,393	99.5
Another Hospital	8	0.1	135	0.1
Skilled Nursing Facility	8	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	2	0.0	87	0.0
Under Care of Home Service	21	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	20	0.0
Unknown	2	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	3,619	25.4	55,732	22.1
Medicaid	857	6.0	18,214	7.2
Other government	410	2.9	5,636	2.2
Blue Cross/Blue Shield	1,206	8.5	33,140	13.1
Other Commercial	655	4.6	17,547	6.9
Managed Care(HMO, PPO)	7,106	49.8	113,327	44.9
Self Pay	151	1.1	3,334	1.3
Industrial & Worker Comp	128	0.9	3,165	1.3
Charity and Unclassified	88	0.6	1,228	0.5
Childrens Health Insurance	16	0.1	189	0.1
Unknown	34	0.2	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	764	5.4	15,912	6.3
Central Utah	7	0.0	9,352	3.7
Davis County	3,528	24.7	27,390	10.8
Salt Lake County	92	0.6	87,767	34.7
Southeastern Utah	4	0.0	5,222	2.1
Southwest Utah	18	0.1	15,992	6.3
Summit County	34	0.2	3,893	1.5
Tooele County	14	0.1	5,148	2.0
Tri-County	9	0.1	6,710	2.7
Utah County	25	0.2	38,568	15.3
Wasatch County	2	0.0	1,970	0.8
Weber County	9,507	66.6	21,374	8.5
Unknown Utah	1	0.0	17	0.0
Outside Utah	263	1.8	13,138	5.2
Unknown, Not Reported	2	0.0	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

111 Moab Regional Hospital - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1	100.0	331,127	100.0
Mastectomy (85.0-85.99)	0	0.0	8,130	2.5
Musculoskeletal (76.0-84.99)	0	0.0	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	0	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,918	0.9
Digestive System (42.0-54.99)	1	100.0	106,281	32.1
Urinary (55.0-59.99)	0	0.0	11,247	3.4
Male Genital (60.0-64.99)	0	0.0	3,928	1.2
Female Genital (65.0-71.99)	0	0.0	15,188	4.6
Endocrine/Nervous (01.0-07.99)	0	0.0	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	0	0.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	28,733	8.7
Reporting Category(CPT-4 CODES)	346	100.0	325,030	100.0
Mastectomy (19120-19220)	3	0.9	1,713	0.5
Musculoskeletal (20000-29909)	110	31.8	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1	0.3	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	2	0.6	4,116	1.3
Digestive (40490-49999)	175	50.6	123,353	38.0
Urinary (50010-53899)	1	0.3	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	4	1.2	14,294	4.4
Endocrine/Nervous (60000-64999)	6	1.7	22,577	6.9
Eye (65091-68899)	44	12.7	12,170	3.7
Ear (69000-69979)	0	0.0	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

111 Moab Regional Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1	100.0	100.0
5342	5342	1	100.0	0.04

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		346	100.0	100.0
45384	COLONOSCOPY FLEX; REMV LES-FORCE	47	13.6	0.21
66984	EXTRACAPSULAR CATARACT REMV IOL	35	10.1	1.53
43239	UGI ENDO; W/BX 1/MX	32	9.2	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	23	6.6	6.64
29880	SCOPE KNEE SURG;W/MENISCECT MED&	22	6.4	0.46
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	21	6.1	0.04
29881	SCOPE KNEE SURG;W/MENISCECT MED/	16	4.6	1.46
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	15	4.3	1.81
29826	SCOPE SHOULDER; DECOMP SUBACROM	12	3.5	1.12
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	8	2.3	0.52
66821	DISCISSION 2ND CATARACT; LASER S	7	2.0	0.14
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	5	1.4	0.62
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	5	1.4	1.23
47562	LAPAROSCOPY SURGICAL; CHOLECT	5	1.4	0.94
49505	REPR INIT ING HERNIA 5YR/MORE; R	5	1.4	0.78
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4	1.2	1.32
28285	CORRECTION HAMMERTO	3	0.9	0.55
29823	SCOPE SHOULDER SURGICAL; DEBRID	3	0.9	0.18
46930	46930	3	0.9	0.00
49650	LAPARSCPY SURG; REPR INIT ING HE	3	0.9	0.27

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

111 Moab Regional Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1	\$16,705	\$4,764
5342	5342	1	\$16,705	\$9,359

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		268	\$5,192	\$4,004
45384	COLONOSCOPY FLEX; REMV LES-FORCE	39	\$2,038	\$1,803
66984	EXTRACAPSULAR CATARACT REMV IOL	35	\$2,162	\$3,643
29880	SCOPE KNEE SURG;W/MENISCECT MED&	21	\$15,296	\$5,236
43239	UGI ENDO; W/BX 1/MX	21	\$2,545	\$1,698
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	20	\$1,365	\$1,303
45378	COLONOSCOPY FLEX; DX-SEP PROC	18	\$1,354	\$1,186
29881	SCOPE KNEE SURG;W/MENISCECT MED/	14	\$13,617	\$4,675
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	12	\$1,631	\$1,753
66821	DISCISSION 2ND CATARACT; LASER S	7	\$646	\$772
47562	LAPAROSCOPY SURGICAL; CHOLECT	5	\$11,555	\$6,966
49505	REPR INIT ING HERNIA 5YR/MORE; R	5	\$4,911	\$4,904
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	4	\$2,638	\$1,404
29826	SCOPE SHOULDER; DECOMP SUBACROM	3	\$10,710	\$6,813
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3	\$13,936	\$8,264
49650	LAPARSCPY SURG; REPR INIT ING HE	3	\$11,144	\$7,927
19125	EXC BRST LES ID RAD MARKR OPN;1	2	\$5,593	\$4,700
24342	REINS RUP BICEPS/TRICEPS TEND DI	2	\$7,739	\$7,499
25605	CLOS TX DIST RADIAL FX; REQ MANI	2	\$2,766	\$2,574
25606	25606	2	\$10,203	\$4,105
26605	CLOS TX MC FX SINGLE; W/MANIP EA	2	\$1,465	\$2,511

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Moab Regional Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	9,461
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	106
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4,468
02	BREAST PROCEDURES	3	1,750
	020 LEVEL I BREAST PROCEDURES	3	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	105	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	2,206
	033 LEVEL I HAND PROCEDURES	2	3,900
	035 LEVEL I FOOT PROCEDURES	8	6,043
	036 LEVEL II FOOT PROCEDURES	1	1,635
	037 LEVEL I ARTHROSCOPY	67	22,380
	038 LEVEL II ARTHROSCOPY	7	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	5,284
	045 BUNION PROCEDURES	4	1,790
04	RESPIRATORY PROCEDURES	1	11,235
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	2,652
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	176	112,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	38	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	46	41,709
	137 THERAPEUTIC COLONOSCOPY	62	7,586
	139 LEVEL I HERNIA REPAIR	7	5,690
	140 LEVEL II HERNIA REPAIR	1	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,189
	145 LEVEL I LAPAROSCOPY	1	2,518
	146 LEVEL II LAPAROSCOPY	9	8,555
	147 LEVEL III LAPAROSCOPY	4	7,108
08	GENITOURINARY SYSTEM PROCEDURES	1	11,520
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	5,655
10	FEMALE REPRODUCTIVE SYSTEM	3	8,528
	199 DILATION AND CURETTAGE	2	552
	201 COLPOSCOPY	1	694
11	NEUROLOGIC SYSTEM PROCEDURES	6	21,879
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	183
	217 LEVEL I NERVE PROCEDURES	1	4,138
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	8,680
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	44	11,976
	232 LASER EYE PROCEDURES	7	566

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Moab Regional Hospital - CAH

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
233 CATARACT PROCEDURES	36	5,367
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,531

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Moab Regional Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	\$6,570	\$3,970
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$7,610	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$5,390	\$4,621
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$6,848	\$3,724
02	BREAST PROCEDURES	3	\$4,644	\$4,055
	020 LEVEL I BREAST PROCEDURES	3	\$4,644	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	70	\$11,667	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$4,217	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$9,941	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$23,182	\$10,772
	033 LEVEL I HAND PROCEDURES	2	\$5,059	\$2,911
	035 LEVEL I FOOT PROCEDURES	6	\$7,596	\$3,958
	037 LEVEL I ARTHROSCOPY	41	\$14,081	\$4,877
	038 LEVEL II ARTHROSCOPY	2	\$18,564	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$336	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$2,116	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$15,978	\$8,351
	045 BUNION PROCEDURES	4	\$6,113	\$5,503
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$3,940	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,940	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	140	\$2,989	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26	\$2,559	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,668	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	39	\$1,356	\$1,365
	137 THERAPEUTIC COLONOSCOPY	51	\$1,942	\$1,781
	139 LEVEL I HERNIA REPAIR	7	\$4,616	\$4,575
	140 LEVEL II HERNIA REPAIR	1	\$4,820	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$2,332	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$4,047	\$3,992
	146 LEVEL II LAPAROSCOPY	9	\$11,990	\$8,741
	147 LEVEL III LAPAROSCOPY	3	\$13,936	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	1	\$2,816	\$5,060
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$2,816	\$2,751
10	FEMALE REPRODUCTIVE SYSTEM	3	\$3,416	\$4,923
	199 DILATION AND CURETTAGE	2	\$3,556	\$3,369
	201 COLPOSCOPY	1	\$3,136	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	1	\$5,299	\$4,943
	217 LEVEL I NERVE PROCEDURES	1	\$5,299	\$3,417
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	44	\$1,984	\$3,736
	232 LASER EYE PROCEDURES	7	\$646	\$818
	233 CATARACT PROCEDURES	36	\$2,205	\$3,654
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,417	\$4,073

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Moab Regional Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	148	48.7	135,467	53.6
Male	156	51.3	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	0	0.0	2,971	1.2
1-4 years	1	0.3	10,916	4.3
5-9	0	0.0	6,723	2.7
10-14	2	0.7	5,235	2.1
15-17	4	1.3	5,307	2.1
18-19	1	0.3	3,697	1.5
20-24	3	1.0	10,057	4.0
25-29	5	1.6	12,635	5.0
30-34	7	2.3	14,894	5.9
35-39	9	3.0	13,867	5.5
40-44	19	6.3	14,264	5.6
45-49	22	7.2	17,450	6.9
50-54	50	16.4	27,955	11.1
55-59	49	16.1	24,928	9.9
60-64	26	8.6	22,206	8.8
65-69	28	9.2	19,059	7.5
70-74	37	12.2	14,720	5.8
75-79	21	6.9	11,676	4.6
80-84	11	3.6	7,598	3.0
85-89	9	3.0	3,582	1.4
90 +	0	0.0	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	302	99.3	208,190	82.4
Clinic Referral	1	0.3	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	0	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	1	0.3	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Moab Regional Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	304	100.0	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	104	34.2	55,732	22.1
Medicaid	21	6.9	18,214	7.2
Other government	1	0.3	5,636	2.2
Blue Cross/Blue Shield	57	18.8	33,140	13.1
Other Commercial	51	16.8	17,547	6.9
Managed Care(HMO, PPO)	62	20.4	113,327	44.9
Self Pay	0	0.0	3,334	1.3
Industrial & Worker Comp	7	2.3	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	1	0.3	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.3	15,912	6.3
Central Utah	0	0.0	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	0	0.0	87,767	34.7
Southeastern Utah	295	97.0	5,222	2.1
Southwest Utah	0	0.0	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	0	0.0	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	8	2.6	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	4,420	100.0	331,127	100.0
Mastectomy (85.0-85.99)	81	1.8	8,130	2.5
Musculoskeletal (76.0-84.99)	734	16.6	67,729	20.5
Respiratory (30.0-34.99)	65	1.5	3,049	0.9
Cardiovascular (35.0-39.99)	363	8.2	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	34	0.8	2,918	0.9
Digestive System (42.0-54.99)	1,753	39.7	106,281	32.1
Urinary (55.0-59.99)	253	5.7	11,247	3.4
Male Genital (60.0-64.99)	30	0.7	3,928	1.2
Female Genital (65.0-71.99)	194	4.4	15,188	4.6
Endocrine/Nervous (01.0-07.99)	244	5.5	24,832	7.5
Eye (08.0-16.99)	80	1.8	20,768	6.3
Ear (18.0-20.99)	172	3.9	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	417	9.4	28,733	8.7
Reporting Category(CPT-4 CODES)	4,400	100.0	325,030	100.0
Mastectomy (19120-19220)	12	0.3	1,713	0.5
Musculoskeletal (20000-29909)	735	16.7	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	259	5.9	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	670	15.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	24	0.5	4,116	1.3
Digestive (40490-49999)	1,894	43.0	123,353	38.0
Urinary (50010-53899)	268	6.1	15,063	4.6
Male Genital (54000-55899)	23	0.5	3,821	1.2
Female Genital (56405-58999)	201	4.6	14,294	4.4
Endocrine/Nervous (60000-64999)	171	3.9	22,577	6.9
Eye (65091-68899)	40	0.9	12,170	3.7
Ear (69000-69979)	103	2.3	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		4,420	100.0	100.0
4523	COLONOSCOPY	575	13.0	6.81
4513	OTH ENDO SM INTESTINE	278	6.3	1.64
3891	ART CATH	156	3.5	0.05
283	TONSILLECTOMY W/ADENOIDECTOMY	153	3.5	1.92
2001	MYRINGOTOMY W/INSRT TUBE	150	3.4	3.35
4542	ENDO POLYPECTOMY LG INTESTINE	148	3.3	4.25
5123	LAP CHOLEY	138	3.1	2.22
806	EXC SEMILUNAR CARTILAGE-KNEE	130	2.9	1.67
4292	DILAT ESOPH	123	2.8	1.35
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	111	2.5	5.62
0392	INJ OTH AGENT SPINAL CANAL	106	2.4	2.07
3722	LT HEART CARD CATH	84	1.9	1.18
4836	[ENDO] POLYPECTOMY RECTUM	74	1.7	1.20
598	URETERAL CATH	73	1.7	0.75
8147	OTH REPR KNEE	64	1.4	0.93
0391	INJ ANES SPINAL CANAL-ANALGESIA	54	1.2	1.75
8363	ROTATOR CUFF REPR	51	1.2	0.76
2349	OTH DENTAL RESTORATION	48	1.1	0.22
560	TRANSURETH REMOV OBST URETER-PELV	44	1.0	0.52
1341	PHACOEMULSIFICATION-ASPIR CATARACT	40	0.9	1.51

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,400	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	548	12.5	6.64
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	160	3.6	1.23
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	132	3.0	1.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	124	2.8	6.08
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	123	2.8	0.94
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	118	2.7	1.81
42820	T&A; UNDER AGE 12	112	2.5	1.52
43239	UGI ENDO; W/BX 1/MX	111	2.5	6.01
93545	INJ PROC-CATH; SELECT CORONRY AN	106	2.4	0.72
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	105	2.4	0.43
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	102	2.3	0.75
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	101	2.3	0.66
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	99	2.3	0.45
29881	SCOPE KNEE SURG;W/MENISCECT MED/	89	2.0	1.46
93510	LT HRT CATH RETRO-BRACH/FEM; PER	85	1.9	0.42
69436	TYMPANOSTOMY GENERAL ANESTHESIA	76	1.7	1.80
29826	SCOPE SHOULDER; DECOMP SUBACROM	71	1.6	1.12
52332	CYSTOURETHROSCOPY W/INSRT STENT	61	1.4	0.69
31720	CATHETER ASPIR; NASOTRACH SEP PR	54	1.2	0.04
41899	UNLIST PROC DENTOALVEOL STRUCTUR	48	1.1	0.77

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		2,393	\$4,160	\$4,764
4523	COLONOSCOPY	532	\$1,605	\$1,184
3891	ART CATH	156	\$1,299	\$2,186
4513	OTH ENDO SM INTESTINE	138	\$1,960	\$1,513
283	TONSILLECTOMY W/ADENOIDECTOMY	128	\$3,539	\$3,030
5123	LAP CHOLEY	114	\$8,454	\$7,823
4542	ENDO POLYPECTOMY LG INTESTINE	111	\$2,446	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	76	\$2,273	\$1,732
3722	LT HEART CARD CATH	56	\$14,892	\$9,623
0392	INJ OTH AGENT SPINAL CANAL	52	\$1,057	\$1,206
2349	OTH DENTAL RESTORATION	48	\$4,446	\$3,081
4836	[ENDO] POLYPECTOMY RECTUM	47	\$2,063	\$1,527
806	EXC SEMILUNAR CARTILAGE-KNEE	43	\$4,863	\$4,677
4525	CLO [ENDO] BX LG INTESTINE	33	\$2,161	\$1,777
8511	CLO [PERCUT] [NEEDLE] BX BREAST	33	\$2,966	\$2,328
6902	D&C FOLLOWING DELIV/AB	32	\$3,615	\$3,566
6823	ENDOMETRIAL ABLATION	26	\$6,524	\$6,274
598	URETERAL CATH	23	\$6,259	\$6,367
0611	CLO PERCUT NEEDLE BX THYROID GLAND	20	\$1,628	\$1,078
3723	COMBO RT & LT HEART CARD CATH	20	\$12,503	\$9,594
6952	ASPIR CURET FOLLOWING DELIV/AB	19	\$3,554	\$3,192

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,573	\$3,855	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	509	\$1,606	\$1,186
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	130	\$1,919	\$1,404
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	110	\$8,536	\$8,264
45380	COLONOSCOPY FLEX; W/BX 1/MX	104	\$2,088	\$1,602
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	100	\$2,640	\$1,753
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	100	\$1,085	\$1,383
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	92	\$2,133	\$1,979
42820	T&A; UNDER AGE 12	89	\$3,393	\$2,869
43239	UGI ENDO; W/BX 1/MX	76	\$2,273	\$1,698
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	\$4,772	\$4,675
31720	CATHETER ASPIR; NASOTRACH SEP PR	48	\$1,530	\$1,484
41899	UNLIST PROC DENTOALVEOL STRUCTUR	48	\$4,446	\$3,377
69436	TYMPANOSTOMY GENERAL ANESTHESIA	43	\$2,359	\$1,547
66984	EXTRACAPSULAR CATARACT REMV IOL	40	\$3,432	\$3,643
58340	CATH&INTRO SALINE/CONTRAST SIS/H	38	\$1,089	\$908
29880	SCOPE KNEE SURG;W/MENISCECT MED&	36	\$4,886	\$5,236
42821	T&A; AGE 12 OR OVER	34	\$4,013	\$3,363
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	28	\$3,536	\$4,768
49505	REPR INIT ING HERNIA 5YR/MORE; R	26	\$5,841	\$4,904
49650	LAPARSCPY SURG; REPR INIT ING HE	24	\$11,455	\$7,927

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, 2010
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	68	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	10	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	4,468
	013 LEVEL II SKIN REPAIR	18	842
	014 LEVEL III SKIN REPAIR	1	257
02	BREAST PROCEDURES	12	1,750
	020 LEVEL I BREAST PROCEDURES	12	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	649	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	2,206
	033 LEVEL I HAND PROCEDURES	8	3,900
	035 LEVEL I FOOT PROCEDURES	42	6,043
	036 LEVEL II FOOT PROCEDURES	8	1,635
	037 LEVEL I ARTHROSCOPY	339	22,380
	038 LEVEL II ARTHROSCOPY	74	5,428
	039 REPLACEMENT OF CAST	1	125
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	23	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	467
	045 BUNION PROCEDURES	13	1,790
	048 HAND AND FOOT TENOTOMY	2	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	36	2,206
04	RESPIRATORY PROCEDURES	160	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	39	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	46	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	66	2,327
05	CARDIOVASCULAR PROCEDURES	173	11,285
	081 ECHOCARDIOGRAPHY	1	71
	083 PLACEMENT OF TRANSVENOUS CATHETERS	13	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	111	2,312
	086 PACEMAKER INSERTION AND REPLACEMENT	11	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	18	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	4	198
	091 VASCULAR LIGATION AND RECONSTRUCTION	11	126
	092 RESUSCITATION	2	30
	097 AICD IMPLANT	2	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	48	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	30	2,319

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,665	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	336
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	748
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	271	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	156	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	672	41,709
	137 THERAPEUTIC COLONOSCOPY	126	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	2,130
	139 LEVEL I HERNIA REPAIR	59	5,690
	140 LEVEL II HERNIA REPAIR	7	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	10	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	206
	145 LEVEL I LAPAROSCOPY	42	2,518
	146 LEVEL II LAPAROSCOPY	125	8,555
	147 LEVEL III LAPAROSCOPY	166	7,108
08	GENITOURINARY SYSTEM PROCEDURES	213	11,520
	162 URINARY CATHETERIZATION AND DILATATION	3	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	113	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	89	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	484
09	MALE REPRODUCTIVE SYSTEM	27	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	1,441
	181 CIRCUMCISION	6	947
	182 INSERTION OF PENILE PROSTHESIS	1	76
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	1,309
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	254
10	FEMALE REPRODUCTIVE SYSTEM	90	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	11	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	32	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	17	1,872
	199 DILATION AND CURETTAGE	13	552
	200 HYSTEROSCOPY	16	2,238
	201 COLPOSCOPY	1	694
11	NEUROLOGIC SYSTEM PROCEDURES	145	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	110	3,252
	217 LEVEL I NERVE PROCEDURES	17	4,138
	218 LEVEL II NERVE PROCEDURES	1	777
	219 SPINAL TAP	6	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	10	8,680
	223 LEVEL III NERVE PROCEDURES	1	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	40	11,976

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	233 CATARACT PROCEDURES	40	5,367
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	457	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	194	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	35	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	23	3,077
	256 TONSIL AND ADENOID PROCEDURES	192	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	46	\$3,817	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	\$3,183	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$8,107	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$4,711	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$6,119	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$4,353	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$5,380	\$3,724
	013 LEVEL II SKIN REPAIR	17	\$2,271	\$4,647
	014 LEVEL III SKIN REPAIR	1	\$4,831	\$7,173
02	BREAST PROCEDURES	8	\$4,570	\$4,055
	020 LEVEL I BREAST PROCEDURES	8	\$4,570	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	275	\$6,304	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$8,132	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$9,090	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$16,008	\$10,772
	033 LEVEL I HAND PROCEDURES	3	\$3,046	\$2,911
	035 LEVEL I FOOT PROCEDURES	7	\$5,305	\$3,958
	036 LEVEL II FOOT PROCEDURES	2	\$7,701	\$7,753
	037 LEVEL I ARTHROSCOPY	156	\$5,452	\$4,877
	038 LEVEL II ARTHROSCOPY	20	\$12,922	\$11,622
	040 SPLINT, STRAPPING AND CAST REMOVAL	2	\$8,866	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$5,673	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$4,817	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	12	\$11,687	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	\$3,013	\$3,636
	045 BUNION PROCEDURES	7	\$7,885	\$5,503
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	23	\$1,738	\$1,578
04	RESPIRATORY PROCEDURES	42	\$3,221	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	22	\$2,197	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$6,136	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	\$5,305	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	8	\$2,493	\$2,759
05	CARDIOVASCULAR PROCEDURES	35	\$14,857	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	10	\$7,305	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$5,732	\$5,820
	086 PACEMAKER INSERTION AND REPLACEMENT	8	\$30,244	\$34,863
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	\$9,086	\$8,436
	091 VASCULAR LIGATION AND RECONSTRUCTION	10	\$10,722	\$7,679
	097 AICD IMPLANT	2	\$29,529	\$31,670
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	41	\$4,195	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	28	\$3,536	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	\$5,613	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,347	\$3,223	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	\$1,156	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$1,007	\$1,093

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	206	\$2,049	\$1,690
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	119	\$2,312	\$2,516
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	613	\$1,688	\$1,365
137 THERAPEUTIC COLONOSCOPY	105	\$2,632	\$1,781
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$1,367	\$5,559
139 LEVEL I HERNIA REPAIR	45	\$5,695	\$4,575
140 LEVEL II HERNIA REPAIR	1	\$7,400	\$5,741
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$5,253	\$3,151
142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$5,211	\$3,992
143 LEVEL I GASTROINTESTINAL PROCEDURES	7	\$2,130	\$5,411
145 LEVEL I LAPAROSCOPY	26	\$6,637	\$5,993
146 LEVEL II LAPAROSCOPY	78	\$10,298	\$8,741
147 LEVEL III LAPAROSCOPY	127	\$8,122	\$8,742
08 GENITOURINARY SYSTEM PROCEDURES	76	\$6,188	\$5,060
162 URINARY CATHETERIZATION AND DILATATION	1	\$5,582	\$5,951
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	44	\$5,260	\$2,751
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	24	\$5,682	\$5,471
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$23,289	\$16,838
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	\$12,270	\$13,497
09 MALE REPRODUCTIVE SYSTEM	15	\$7,531	\$4,814
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$6,732	\$3,299
181 CIRCUMCISION	4	\$4,019	\$2,186
182 INSERTION OF PENILE PROSTHESIS	1	\$30,449	\$34,604
184 LEVEL II PENILE AND PROSTATE PROCEDURES	4	\$6,940	\$7,079
185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$5,029	\$1,734
10 FEMALE REPRODUCTIVE SYSTEM	58	\$5,523	\$4,923
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	\$3,500	\$4,052
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	20	\$6,415	\$5,205
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	\$8,351	\$7,555
199 DILATION AND CURETTAGE	11	\$3,302	\$3,369
200 HYSTEROSCOPY	13	\$5,970	\$5,363
11 NEUROLOGIC SYSTEM PROCEDURES	123	\$2,054	\$4,943
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	106	\$1,115	\$1,457
217 LEVEL I NERVE PROCEDURES	8	\$8,877	\$3,417
218 LEVEL II NERVE PROCEDURES	1	\$13,787	\$12,912
219 SPINAL TAP	6	\$3,018	\$2,340
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$2,835	\$1,808
223 LEVEL III NERVE PROCEDURES	1	\$28,665	\$37,287
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	40	\$3,432	\$3,736
233 CATARACT PROCEDURES	40	\$3,432	\$3,654
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	287	\$4,161	\$4,038
252 LEVEL I FACIAL AND ENT PROCEDURES	106	\$3,394	\$2,385
253 LEVEL II FACIAL AND ENT PROCEDURES	12	\$3,975	\$3,554
254 LEVEL III FACIAL AND ENT PROCEDURES	12	\$8,460	\$7,156
255 LEVEL IV FACIAL AND ENT PROCEDURES	18	\$10,320	\$9,193

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
256 TONSIL AND ADENOID PROCEDURES	139	\$3,593	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,951	54.5	135,467	53.6
Male	1,626	45.5	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	5	0.1	1,741	0.7
29-365 days	41	1.1	2,971	1.2
1-4 years	166	4.6	10,916	4.3
5-9	89	2.5	6,723	2.7
10-14	46	1.3	5,235	2.1
15-17	79	2.2	5,307	2.1
18-19	54	1.5	3,697	1.5
20-24	132	3.7	10,057	4.0
25-29	156	4.4	12,635	5.0
30-34	192	5.4	14,894	5.9
35-39	145	4.1	13,867	5.5
40-44	165	4.6	14,264	5.6
45-49	186	5.2	17,450	6.9
50-54	354	9.9	27,955	11.1
55-59	319	8.9	24,928	9.9
60-64	282	7.9	22,206	8.8
65-69	352	9.8	19,059	7.5
70-74	309	8.6	14,720	5.8
75-79	261	7.3	11,676	4.6
80-84	170	4.8	7,598	3.0
85-89	60	1.7	3,582	1.4
90 +	14	0.4	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,816	50.8	208,190	82.4
Clinic Referral	1,684	47.1	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	4	0.1	262	0.1
Skilled Nursing Facility	15	0.4	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	58	1.6	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	3,558	99.5	251,393	99.5
Another Hospital	2	0.1	135	0.1
Skilled Nursing Facility	4	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	4	0.1	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	9	0.3	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,157	32.3	55,732	22.1
Medicaid	374	10.5	18,214	7.2
Other government	64	1.8	5,636	2.2
Blue Cross/Blue Shield	504	14.1	33,140	13.1
Other Commercial	238	6.7	17,547	6.9
Managed Care(HMO, PPO)	1,131	31.6	113,327	44.9
Self Pay	75	2.1	3,334	1.3
Industrial & Worker Comp	27	0.8	3,165	1.3
Charity and Unclassified	7	0.2	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	15,912	6.3
Central Utah	437	12.2	9,352	3.7
Davis County	6	0.2	27,390	10.8
Salt Lake County	14	0.4	87,767	34.7
Southeastern Utah	112	3.1	5,222	2.1
Southwest Utah	4	0.1	15,992	6.3
Summit County	1	0.0	3,893	1.5
Tooele County	4	0.1	5,148	2.0
Tri-County	12	0.3	6,710	2.7
Utah County	2,957	82.7	38,568	15.3
Wasatch County	2	0.1	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	2	0.1	17	0.0
Outside Utah	25	0.7	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

133 Mountain West Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,079	100.0	331,127	100.0
Mastectomy (85.0-85.99)	48	1.6	8,130	2.5
Musculoskeletal (76.0-84.99)	659	21.4	67,729	20.5
Respiratory (30.0-34.99)	4	0.1	3,049	0.9
Cardiovascular (35.0-39.99)	23	0.7	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	5	0.2	2,918	0.9
Digestive System (42.0-54.99)	799	25.9	106,281	32.1
Urinary (55.0-59.99)	126	4.1	11,247	3.4
Male Genital (60.0-64.99)	104	3.4	3,928	1.2
Female Genital (65.0-71.99)	161	5.2	15,188	4.6
Endocrine/Nervous (01.0-07.99)	193	6.3	24,832	7.5
Eye (08.0-16.99)	154	5.0	20,768	6.3
Ear (18.0-20.99)	188	6.1	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	615	20.0	28,733	8.7
Reporting Category(CPT-4 CODES)	.	.	325,030	100.0
Mastectomy (19120-19220)	.	.	1,713	0.5
Musculoskeletal (20000-29909)	.	.	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	.	.	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	.	.	29,073	8.9
Lymphatic/Hemetic (38100-38999)	.	.	4,116	1.3
Digestive (40490-49999)	.	.	123,353	38.0
Urinary (50010-53899)	.	.	15,063	4.6
Male Genital (54000-55899)	.	.	3,821	1.2
Female Genital (56405-58999)	.	.	14,294	4.4
Endocrine/Nervous (60000-64999)	.	.	22,577	6.9
Eye (65091-68899)	.	.	12,170	3.7
Ear (69000-69979)	.	.	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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				
4523	COLONOSCOPY	248	8.1	6.81
2001	MYRINGOTOMY W/INSRT TUBE	149	4.8	3.35
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	144	4.7	5.62
283	TONSILLECTOMY W/ADENOIDECTOMY	129	4.2	1.92
2188	OTH SEPTOPLASTY	105	3.4	0.47
5123	LAP CHOLEY	97	3.2	2.22
8147	OTH REPR KNEE	74	2.4	0.93
2169	OTH TURBINECTOMY	64	2.1	0.75
2263	ETHMOIDECTOMY	60	1.9	0.50
2252	SPHENOIDOTOMY	58	1.9	0.13
4542	ENDO POLYPECTOMY LG INTESTINE	57	1.9	4.25
1341	PHACOEMULSIFICATION-ASPIR CATARACT	50	1.6	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	50	1.6	1.53
5794	INSRT INDWELLING URIN CATH	48	1.6	0.10
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	47	1.5	0.03
2262	EXC LES MAXIL SINUS W/OTH APPRCH	45	1.5	0.24
0392	INJ OTH AGENT SPINAL CANAL	43	1.4	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	42	1.4	1.75
8363	ROTATOR CUFF REPR	38	1.2	0.76
282	TONSILLECTOMY WO ADENOIDECTOMY	37	1.2	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
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All CPT-4 Procedures

Does not report CPTs

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

133 Mountain West Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,520	\$6,854	\$4,764
4523	COLONOSCOPY	184	\$1,423	\$1,184
283	TONSILLECTOMY W/ADENOIDECTOMY	107	\$5,759	\$3,030
5123	LAP CHOLEY	95	\$14,397	\$7,823
4516	ESOPHAGOGASTROUDENOSCPY-CLO BX	75	\$2,118	\$1,732
8147	OTH REPR KNEE	60	\$12,737	\$5,985
5794	INSRT INDWELLING URIN CATH	46	\$4,386	\$4,362
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	45	\$1,902	\$2,430
4542	ENDO POLYPECTOMY LG INTESTINE	39	\$2,490	\$1,643
282	TONSILLECTOMY WO ADENOIDECTOMY	26	\$5,969	\$3,118
0331	SPINAL TAP	25	\$5,231	\$2,546
8511	CLO [PERCUT] [NEEDLE] BX BREAST	25	\$2,070	\$2,328
2751	SUT LAC LIP	23	\$1,886	\$2,384
4513	OTH ENDO SM INTESTINE	22	\$1,756	\$1,513
6823	ENDOMETRIAL ABLATION	20	\$9,936	\$6,274
0443	RELEASE CARPAL TUNNEL	19	\$5,503	\$2,598
0481	INJ ANES PERIPH NERV-ANALGESIA	19	\$941	\$3,328
0881	LINEAR REPR LAC EYELID/EYEBROW	19	\$1,808	\$2,320
6021	[TULIP]	19	\$10,709	\$7,793
4525	CLO [ENDO] BX LG INTESTINE	18	\$2,013	\$1,777
5341	REPR UMB HERN W/PROSTH	18	\$10,418	\$5,494

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures				

Does not report CPTs

SOURCE: Utah Ambulatory Surgery Database
 Reportable* excludes codes in the former "Other" category and CPT4 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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,174	54.3	135,467	53.6
Male	987	45.7	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	4	0.2	1,741	0.7
29-365 days	21	1.0	2,971	1.2
1-4 years	111	5.1	10,916	4.3
5-9	76	3.5	6,723	2.7
10-14	96	4.4	5,235	2.1
15-17	79	3.7	5,307	2.1
18-19	50	2.3	3,697	1.5
20-24	107	5.0	10,057	4.0
25-29	125	5.8	12,635	5.0
30-34	168	7.8	14,894	5.9
35-39	203	9.4	13,867	5.5
40-44	175	8.1	14,264	5.6
45-49	178	8.2	17,450	6.9
50-54	249	11.5	27,955	11.1
55-59	236	10.9	24,928	9.9
60-64	188	8.7	22,206	8.8
65-69	53	2.5	19,059	7.5
70-74	21	1.0	14,720	5.8
75-79	7	0.3	11,676	4.6
80-84	12	0.6	7,598	3.0
85-89	2	0.1	3,582	1.4
90 +	0	0.0	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,314	60.8	208,190	82.4
Clinic Referral	845	39.1	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	0	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	2	0.1	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,131	98.6	251,393	99.5
Another Hospital	26	1.2	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	1	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	2	0.1	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	1	0.0	20	0.0
PRIMARY PAYER				
Medicare	1	0.0	55,732	22.1
Medicaid	250	11.6	18,214	7.2
Other government	70	3.2	5,636	2.2
Blue Cross/Blue Shield	606	28.0	33,140	13.1
Other Commercial	206	9.5	17,547	6.9
Managed Care(HMO, PPO)	913	42.2	113,327	44.9
Self Pay	72	3.3	3,334	1.3
Industrial & Worker Comp	42	1.9	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	1	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	15,912	6.3
Central Utah	1	0.0	9,352	3.7
Davis County	6	0.3	27,390	10.8
Salt Lake County	54	2.5	87,767	34.7
Southeastern Utah	1	0.0	5,222	2.1
Southwest Utah	0	0.0	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	2,041	94.4	5,148	2.0
Tri-County	1	0.0	6,710	2.7
Utah County	4	0.2	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	3	0.1	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	49	2.3	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

142 Ogden Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	12,407	100.0	331,127	100.0
Mastectomy (85.0-85.99)	184	1.5	8,130	2.5
Musculoskeletal (76.0-84.99)	2,937	23.7	67,729	20.5
Respiratory (30.0-34.99)	93	0.7	3,049	0.9
Cardiovascular (35.0-39.99)	863	7.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	88	0.7	2,918	0.9
Digestive System (42.0-54.99)	4,036	32.5	106,281	32.1
Urinary (55.0-59.99)	322	2.6	11,247	3.4
Male Genital (60.0-64.99)	62	0.5	3,928	1.2
Female Genital (65.0-71.99)	796	6.4	15,188	4.6
Endocrine/Nervous (01.0-07.99)	447	3.6	24,832	7.5
Eye (08.0-16.99)	585	4.7	20,768	6.3
Ear (18.0-20.99)	592	4.8	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	1,402	11.3	28,733	8.7
Reporting Category(CPT-4 CODES)	14,825	100.0	325,030	100.0
Mastectomy (19120-19220)	35	0.2	1,713	0.5
Musculoskeletal (20000-29909)	4,192	28.3	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1,035	7.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	2,468	16.6	29,073	8.9
Lymphatic/Hemetic (38100-38999)	120	0.8	4,116	1.3
Digestive (40490-49999)	4,681	31.6	123,353	38.0
Urinary (50010-53899)	377	2.5	15,063	4.6
Male Genital (54000-55899)	42	0.3	3,821	1.2
Female Genital (56405-58999)	710	4.8	14,294	4.4
Endocrine/Nervous (60000-64999)	532	3.6	22,577	6.9
Eye (65091-68899)	309	2.1	12,170	3.7
Ear (69000-69979)	324	2.2	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

142 Ogden Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		12,407	100.0	100.0
4523	COLONOSCOPY	1,108	8.9	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	814	6.6	5.62
4542	ENDO POLYPECTOMY LG INTESTINE	492	4.0	4.25
2001	MYRINGOTOMY W/INSRT TUBE	489	3.9	3.35
283	TONSILLECTOMY W/ADENOIDECTOMY	300	2.4	1.92
806	EXC SEMILUNAR CARTILAGE-KNEE	250	2.0	1.67
4525	CLO [ENDO] BX LG INTESTINE	241	1.9	2.29
5123	LAP CHOLEY	234	1.9	2.22
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	216	1.7	1.53
1341	PHACOEMULSIFICATION-ASPIR CATARACT	215	1.7	1.51
3722	LT HEART CARD CATH	205	1.7	1.18
4292	DILAT ESOPH	187	1.5	1.35
2188	OTH SEPTOPLASTY	176	1.4	0.47
2169	OTH TURBINECTOMY	158	1.3	0.75
4836	[ENDO] POLYPECTOMY RECTUM	156	1.3	1.20
0443	RELEASE CARPAL TUNNEL	142	1.1	0.97
3893	VENOUS CATH-NEC	136	1.1	0.24
8147	OTH REPR KNEE	115	0.9	0.93
282	TONSILLECTOMY WO ADENOIDECTOMY	107	0.9	0.52
4701	LAP APPENDECTOMY	105	0.8	0.63

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		14,825	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,109	7.5	6.64
29581	29581	922	6.2	0.38
43239	UGI ENDO; W/BX 1/MX	814	5.5	6.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	583	3.9	6.08
93545	INJ PROC-CATH; SELECT CORONRY AN	260	1.8	0.72
69436	TYMPANOSTOMY GENERAL ANESTHESIA	252	1.7	1.80
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	240	1.6	0.66
66984	EXTRACAPSULAR CATARACT REMV IOL	216	1.5	1.53
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	209	1.4	0.45
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	207	1.4	0.43
42820	T&A; UNDER AGE 12	205	1.4	1.52
93510	LT HRT CATH RETRO-BRACH/FEM; PER	204	1.4	0.42
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	189	1.3	1.81
29881	SCOPE KNEE SURG;W/MENISCECT MED/	182	1.2	1.46
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	178	1.2	0.70
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	138	0.9	0.69
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	138	0.9	0.51
30140	SUBMUCOS RES TURBINATE PART/CMPL	133	0.9	0.68
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	127	0.9	0.36
28285	CORRECTION HAMMERTOES	125	0.8	0.55

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

142 Ogden Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	5,429	\$7,253	\$4,764
4523	COLONOSCOPY	998	\$1,555	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	486	\$2,326	\$1,732
4542	ENDO POLYPECTOMY LG INTESTINE	361	\$3,259	\$1,643
283	TONSILLECTOMY W/ADENOIDECTOMY	248	\$5,841	\$3,030
5123	LAP CHOLEY	217	\$13,385	\$7,823
3722	LT HEART CARD CATH	158	\$12,460	\$9,623
4525	CLO [ENDO] BX LG INTESTINE	157	\$3,290	\$1,777
3893	VENOUS CATH-NEC	123	\$7,667	\$5,038
806	EXC SEMILUNAR CARTILAGE-KNEE	102	\$7,288	\$4,677
4701	LAP APPENDECTOMY	99	\$20,224	\$11,713
282	TONSILLECTOMY WO ADENOIDECTOMY	77	\$5,948	\$3,118
4836	[ENDO] POLYPECTOMY RECTUM	75	\$2,787	\$1,527
8051	EXC INTERVERTEBRAL DISC	67	\$19,135	\$10,835
0443	RELEASE CARPAL TUNNEL	53	\$4,589	\$2,598
5304	UNILAT REPR INDIRECT ING HERN-GFT	51	\$7,376	\$4,980
6952	ASPIR CURET FOLLOWING DELIV/AB	51	\$5,163	\$3,192
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	43	\$8,257	\$5,188
5794	INSRT INDWELLING URIN CATH	40	\$6,200	\$4,362
062	UNILAT THYROID LOBEC	35	\$15,172	\$9,570
4513	OTH ENDO SM INTESTINE	35	\$1,603	\$1,513

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	6,504	\$6,144	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,000	\$1,558	\$1,186
43239	UGI ENDO; W/BX 1/MX	484	\$2,311	\$1,698
45380	COLONOSCOPY FLEX; W/BX 1/MX	433	\$3,149	\$1,602
66984	EXTRACAPSULAR CATARACT REMV IOL	214	\$6,978	\$3,643
69436	TYMPANOSTOMY GENERAL ANESTHESIA	186	\$3,667	\$1,547
42820	T&A; UNDER AGE 12	158	\$5,571	\$2,869
47562	LAPAROSCOPY SURGICAL; CHOLECT	114	\$13,304	\$6,966
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	104	\$13,485	\$8,264
29881	SCOPE KNEE SURG;W/MENISCECT MED/	101	\$7,006	\$4,675
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	101	\$2,835	\$1,753
49505	REPR INIT ING HERNIA 5YR/MORE; R	100	\$7,599	\$4,904
44970	LAPAROSCOPY SURGICAL APPENDECTOM	99	\$20,224	\$11,662
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	88	\$2,718	\$4,768
42821	T&A; AGE 12 OR OVER	87	\$6,301	\$3,363
45384	COLONOSCOPY FLEX; REMV LES-FORCE	86	\$2,452	\$1,803
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	80	\$8,837	\$6,301
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	74	\$6,580	\$4,545
20680	REMOVAL OF IMPLANT; DEEP	71	\$6,237	\$3,851
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	68	\$4,338	\$3,511
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	65	\$4,856	\$2,664

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, 2010
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	413	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	63	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	9	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	7	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	10	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	176	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	49
	012 LEVEL I SKIN REPAIR	4	13
	013 LEVEL II SKIN REPAIR	112	842
	014 LEVEL III SKIN REPAIR	5	257
02	BREAST PROCEDURES	35	1,750
	020 LEVEL I BREAST PROCEDURES	35	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,668	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	99	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	270	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	101	2,206
	033 LEVEL I HAND PROCEDURES	147	3,900
	034 LEVEL II HAND PROCEDURES	59	1,135
	035 LEVEL I FOOT PROCEDURES	521	6,043
	036 LEVEL II FOOT PROCEDURES	111	1,635
	037 LEVEL I ARTHROSCOPY	718	22,380
	038 LEVEL II ARTHROSCOPY	141	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	1,046	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	24	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	11	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	184	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	29	467
	045 BUNION PROCEDURES	108	1,790
	046 LEVEL I ARTHROPLASTY	40	660
	047 LEVEL II ARTHROPLASTY	3	177
	048 HAND AND FOOT TENOTOMY	11	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	45	2,206
04	RESPIRATORY PROCEDURES	594	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	150	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	66	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	299	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	79	2,327
05	CARDIOVASCULAR PROCEDURES	876	11,285
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	121	1,944
	083 PLACEMENT OF TRANSVENOUS CATHETERS	93	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	265	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	77	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	33	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	92	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	14	198

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	138	2,371
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	7	126
	092 RESUSCITATION	4	30
	097 AICD IMPLANT	26	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	202	4,121
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	10	21
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	139	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	53	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,369	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	27	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	129	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	870	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	94	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,699	41,709
	137 THERAPEUTIC COLONOSCOPY	356	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	19	2,130
	139 LEVEL I HERNIA REPAIR	194	5,690
	140 LEVEL II HERNIA REPAIR	38	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	41	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	89	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	7	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	206
	145 LEVEL I LAPAROSCOPY	87	2,518
	146 LEVEL II LAPAROSCOPY	351	8,555
	147 LEVEL III LAPAROSCOPY	322	7,108
	148 LEVEL IV LAPAROSCOPY	12	114
08	GENITOURINARY SYSTEM PROCEDURES	211	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	20	625
	162 URINARY CATHETERIZATION AND DILATATION	9	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	93	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	74	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	11	484
09	MALE REPRODUCTIVE SYSTEM	54	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	1,441
	181 CIRCUMCISION	5	947
	182 INSERTION OF PENILE PROSTHESIS	2	76
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	23	1,309
10	FEMALE REPRODUCTIVE SYSTEM	320	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	63	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	55	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	99	1,872

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	199 DILATION AND CURETTAGE	10	552
	200 HYSTEROSCOPY	84	2,238
	201 COLPOSCOPY	9	694
11	NEUROLOGIC SYSTEM PROCEDURES	592	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	47	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	183
	217 LEVEL I NERVE PROCEDURES	245	4,138
	218 LEVEL II NERVE PROCEDURES	36	777
	219 SPINAL TAP	40	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	7	8,680
	221 LAMINOTOMY AND LAMINECTOMY	192	3,130
	223 LEVEL III NERVE PROCEDURES	22	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	308	11,976
	232 LASER EYE PROCEDURES	3	566
	233 CATARACT PROCEDURES	220	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	9	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	6	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	7	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	16	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	33	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,382	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	553	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	59	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	236	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	85	3,077
	256 TONSIL AND ADENOID PROCEDURES	449	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	256	\$6,215	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	40	\$5,545	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$5,972	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$7,371	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	7	\$3,854	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	\$6,763	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	97	\$5,870	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$18,627	\$6,933
	013 LEVEL II SKIN REPAIR	83	\$6,544	\$4,647
	014 LEVEL III SKIN REPAIR	2	\$6,827	\$7,173
02	BREAST PROCEDURES	30	\$5,557	\$4,055
	020 LEVEL I BREAST PROCEDURES	30	\$5,557	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	759	\$8,852	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$7,311	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	63	\$10,836	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$19,649	\$10,772
	033 LEVEL I HAND PROCEDURES	52	\$4,972	\$2,911
	034 LEVEL II HAND PROCEDURES	12	\$9,086	\$5,270
	035 LEVEL I FOOT PROCEDURES	76	\$6,598	\$3,958
	036 LEVEL II FOOT PROCEDURES	16	\$10,616	\$7,753
	037 LEVEL I ARTHROSCOPY	219	\$7,537	\$4,877
	038 LEVEL II ARTHROSCOPY	19	\$21,770	\$11,622
	040 SPLINT, STRAPPING AND CAST REMOVAL	60	\$2,558	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	\$12,658	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$4,398	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	117	\$14,566	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$4,229	\$3,636
	045 BUNION PROCEDURES	27	\$8,262	\$5,503
	046 LEVEL I ARTHROPLASTY	6	\$11,029	\$7,830
	047 LEVEL II ARTHROPLASTY	2	\$58,401	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	\$858	\$1,578
04	RESPIRATORY PROCEDURES	166	\$3,826	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	123	\$2,885	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$5,670	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	18	\$9,330	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	20	\$4,202	\$2,759
05	CARDIOVASCULAR PROCEDURES	168	\$14,045	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	79	\$9,291	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	12	\$6,908	\$5,820
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$11,675	\$40,293
	086 PACEMAKER INSERTION AND REPLACEMENT	19	\$38,835	\$34,863
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	\$11,942	\$9,059
	088 LEVEL I CARDIOTHORACIC PROCEDURES	6	\$23,539	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	37	\$13,547	\$7,553
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$6,291	\$8,595

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$10,389	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	107	\$3,636	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	88	\$2,718	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	\$7,886	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,076	\$4,843	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	25	\$1,619	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	18	\$1,276	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$2,271	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	521	\$2,300	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	33	\$4,645	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,437	\$2,037	\$1,365
	137 THERAPEUTIC COLONOSCOPY	187	\$2,659	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	13	\$10,179	\$5,559
	139 LEVEL I HERNIA REPAIR	152	\$7,353	\$4,575
	140 LEVEL II HERNIA REPAIR	19	\$8,668	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	27	\$4,350	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	62	\$6,376	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$4,470	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$5,328	\$8,883
	145 LEVEL I LAPAROSCOPY	47	\$7,848	\$5,993
	146 LEVEL II LAPAROSCOPY	298	\$16,099	\$8,741
	147 LEVEL III LAPAROSCOPY	216	\$12,723	\$8,742
	148 LEVEL IV LAPAROSCOPY	9	\$19,292	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	84	\$9,776	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	18	\$17,268	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	1	\$4,873	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	38	\$7,563	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	18	\$7,399	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$18,598	\$16,838
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$2,813	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	7	\$9,069	\$13,497
09	MALE REPRODUCTIVE SYSTEM	30	\$11,921	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	\$7,189	\$3,299
	181 CIRCUMCISION	3	\$4,958	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	2	\$42,337	\$34,604
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	15	\$12,413	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	162	\$7,596	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	25	\$5,471	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	13	\$7,242	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	56	\$9,579	\$7,555
	199 DILATION AND CURETTAGE	8	\$4,163	\$3,369
	200 HYSTEROSCOPY	59	\$7,196	\$5,363
	201 COLPOSCOPY	1	\$5,376	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	255	\$8,519	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	43	\$1,205	\$1,457

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$13,302	\$11,949
	217 LEVEL I NERVE PROCEDURES	93	\$5,500	\$3,417
	218 LEVEL II NERVE PROCEDURES	3	\$10,814	\$12,912
	219 SPINAL TAP	40	\$2,308	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$5,510	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	68	\$19,064	\$10,971
	223 LEVEL III NERVE PROCEDURES	6	\$28,196	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	293	\$6,792	\$3,736
	232 LASER EYE PROCEDURES	3	\$1,006	\$818
	233 CATARACT PROCEDURES	218	\$6,970	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	\$10,567	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	\$6,462	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	\$13,046	\$9,495
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	4	\$11,377	\$6,285
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	7	\$6,290	\$2,883
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$3,838	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	29	\$4,787	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	667	\$6,445	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	230	\$3,958	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	26	\$6,427	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	37	\$14,797	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	48	\$16,038	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	326	\$5,840	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	5,331	56.2	135,467	53.6
Male	4,156	43.8	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	3	0.0	1,741	0.7
29-365 days	105	1.1	2,971	1.2
1-4 years	289	3.0	10,916	4.3
5-9	187	2.0	6,723	2.7
10-14	135	1.4	5,235	2.1
15-17	182	1.9	5,307	2.1
18-19	134	1.4	3,697	1.5
20-24	413	4.4	10,057	4.0
25-29	510	5.4	12,635	5.0
30-34	593	6.3	14,894	5.9
35-39	597	6.3	13,867	5.5
40-44	563	5.9	14,264	5.6
45-49	656	6.9	17,450	6.9
50-54	1,298	13.7	27,955	11.1
55-59	1,150	12.1	24,928	9.9
60-64	916	9.7	22,206	8.8
65-69	598	6.3	19,059	7.5
70-74	433	4.6	14,720	5.8
75-79	346	3.6	11,676	4.6
80-84	219	2.3	7,598	3.0
85-89	128	1.3	3,582	1.4
90 +	32	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,981	52.5	208,190	82.4
Clinic Referral	4,354	45.9	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	2	0.0	262	0.1
Skilled Nursing Facility	12	0.1	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	138	1.5	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	9,423	99.3	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	8	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	3	0.0	87	0.0
Under Care of Home Service	10	0.1	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	42	0.4	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,704	18.0	55,732	22.1
Medicaid	549	5.8	18,214	7.2
Other government	208	2.2	5,636	2.2
Blue Cross/Blue Shield	2,132	22.5	33,140	13.1
Other Commercial	561	5.9	17,547	6.9
Managed Care(HMO, PPO)	4,158	43.8	113,327	44.9
Self Pay	91	1.0	3,334	1.3
Industrial & Worker Comp	77	0.8	3,165	1.3
Charity and Unclassified	7	0.1	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	589	6.2	15,912	6.3
Central Utah	2	0.0	9,352	3.7
Davis County	1,878	19.8	27,390	10.8
Salt Lake County	51	0.5	87,767	34.7
Southeastern Utah	1	0.0	5,222	2.1
Southwest Utah	10	0.1	15,992	6.3
Summit County	23	0.2	3,893	1.5
Tooele County	6	0.1	5,148	2.0
Tri-County	6	0.1	6,710	2.7
Utah County	14	0.1	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	6,724	70.9	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	182	1.9	13,138	5.2
Unknown, Not Reported	1	0.0	125	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, 2010
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)	3,986	100.0	331,127	100.0
Mastectomy (85.0-85.99)	195	4.9	8,130	2.5
Musculoskeletal (76.0-84.99)	1,167	29.3	67,729	20.5
Respiratory (30.0-34.99)	2	0.1	3,049	0.9
Cardiovascular (35.0-39.99)	1	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	3	0.1	2,918	0.9
Digestive System (42.0-54.99)	26	0.7	106,281	32.1
Urinary (55.0-59.99)	14	0.4	11,247	3.4
Male Genital (60.0-64.99)	1	0.0	3,928	1.2
Female Genital (65.0-71.99)	203	5.1	15,188	4.6
Endocrine/Nervous (01.0-07.99)	924	23.2	24,832	7.5
Eye (08.0-16.99)	563	14.1	20,768	6.3
Ear (18.0-20.99)	51	1.3	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	836	21.0	28,733	8.7
Reporting Category(CPT-4 CODES)	2,981	100.0	325,030	100.0
Mastectomy (19120-19220)	4	0.1	1,713	0.5
Musculoskeletal (20000-29909)	1,225	41.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	23	0.8	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	7	0.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	3	0.1	4,116	1.3
Digestive (40490-49999)	376	12.6	123,353	38.0
Urinary (50010-53899)	6	0.2	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	105	3.5	14,294	4.4
Endocrine/Nervous (60000-64999)	927	31.1	22,577	6.9
Eye (65091-68899)	282	9.5	12,170	3.7
Ear (69000-69979)	23	0.8	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		3,986	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	348	8.7	1.75
0392	INJ OTH AGENT SPINAL CANAL	346	8.7	2.07
232	RESTORATION TOOTH-FILLING	275	6.9	0.46
1341	PHACOEMULSIFICATION-ASPIR CATARACT	246	6.2	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	246	6.2	1.53
2341	APPLIC CROWN	210	5.3	0.43
2370	ROOT CANAL-NOS	181	4.5	0.28
0443	RELEASE CARPAL TUNNEL	80	2.0	0.97
6952	ASPIR CURET FOLLOWING DELIV/AB	63	1.6	0.43
7756	REPR HAMMER TOE	55	1.4	0.37
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	54	1.4	0.30
2309	EXTRACT OTH TOOTH	47	1.2	0.15
8221	EXC LES TENDON SHEATH HAND	42	1.1	0.27
2001	MYRINGOTOMY W/INSRT TUBE	35	0.9	3.35
7768	LOC EXC LES/TISS-TARS-METATARS	35	0.9	0.25
8594	REMOV IMPLNT BREAST	33	0.8	0.13
042	DESTRUC CRANIAL & PERIPH NERV	32	0.8	0.15
7933	OP REDUC W/INT FIX-CARP-METACARP	30	0.8	0.14
8087	OTH LOC EXC/DESTRUC JT LES-ANK	28	0.7	0.10
8149	OTH REPR ANK	28	0.7	0.13

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,981	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	312	10.5	0.61
41899	UNLIST PROC DENTOALVEOL STRUCTUR	311	10.4	0.77
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	267	9.0	0.36
66984	EXTRACAPSULAR CATARACT REMV IOL	244	8.2	1.53
28285	CORRECTION HAMMERTOES	78	2.6	0.55
64623	DESTRUC FACET JT NRV; L/S-EA AD	73	2.4	0.33
20680	REMOVAL OF IMPLANT; DEEP	55	1.8	0.93
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	44	1.5	0.64
28296	HALLUX VALGUS; W/METATARSAL OSTE	28	0.9	0.24
27698	REPR SEC DISRUPTED LIG ANK COLLA	27	0.9	0.08
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	27	0.9	0.16
29898	SCOPE ANK SURGICAL; DEBRID EXT	26	0.9	0.07
28299	CORR HALLUX VALGUS; DBL OSTEOT	23	0.8	0.07
25111	EXCISION OF GANGLION WRIST; PRIM	22	0.7	0.17
29848	ENDO WRST SURG REL TRNS CARP LIG	22	0.7	0.34
26615	OPEN TX MC FX 1 W/NO INTRL/EXT F	21	0.7	0.11
28270	CAPSULOT; MTP JNT EA JT SEP PROC	21	0.7	0.09
29881	SCOPE KNEE SURG;W/MENISCECT MED/	21	0.7	1.46
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	21	0.7	0.75
28080	EXC INTERDIGITL NEUROMA SINGLE EA	19	0.6	0.17

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2010
 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	754	\$4,460	\$4,764
6952	ASPIR CURET FOLLOWING DELIV/AB	61	\$2,453	\$3,192
232	RESTORATION TOOTH-FILLING	56	\$2,567	\$2,790
042	DESTRUC CRANIAL & PERIPH NERV	32	\$3,263	\$5,060
8221	EXC LES TENDON SHEATH HAND	32	\$2,722	\$2,745
0443	RELEASE CARPAL TUNNEL	31	\$2,447	\$2,598
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	23	\$4,849	\$5,449
7933	OP REDUC W/INT FIX-CARP-METACARP	23	\$5,846	\$6,294
7914	CLO REDUC W/INT FIX-PHALANGES HAND	17	\$3,019	\$3,076
283	TONSILLECTOMY W/ADENOIDECTOMY	15	\$2,873	\$3,030
8532	BILAT REDUC MAMMO	14	\$10,811	\$10,334
6823	ENDOMETRIAL ABLATION	13	\$5,401	\$6,274
0481	INJ ANES PERIPH NERV-ANALGESIA	12	\$2,825	\$3,328
7868	REMOV IMPLNT DEVICE-TARS-METATARS	11	\$2,903	\$3,736
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	11	\$7,599	\$10,328
7937	OP REDUC W/INT FIX-TARS-METATARS	11	\$8,461	\$9,109
7768	LOC EXC LES/TISS-TARS-METATARS	10	\$4,448	\$4,713
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	9	\$1,937	\$1,578
8388	OTH PLSTC OPER TENDON	9	\$5,266	\$7,534
8411	AMPUT TOE	9	\$3,002	\$4,111
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	8	\$4,683	\$5,188

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	1,251	\$3,426	\$4,004
41899	UNLIST PROC DENTOALVEOL STRUCTUR	298	\$2,624	\$3,377
66984	EXTRACAPSULAR CATARACT REMV IOL	239	\$3,044	\$3,643
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	96	\$1,972	\$1,691
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	27	\$2,631	\$2,664
20680	REMOVAL OF IMPLANT; DEEP	24	\$3,165	\$3,851
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	17	\$1,926	\$1,659
69436	TYMPANOSTOMY GENERAL ANESTHESIA	17	\$1,234	\$1,547
28296	HALLUX VALGUS; W/METATARSAL OSTE	16	\$4,546	\$5,280
29848	ENDO WRST SURG REL TRNS CARP LIG	16	\$2,661	\$2,596
25111	EXCISION OF GANGLION WRIST; PRIM	15	\$2,696	\$2,795
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	15	\$2,859	\$3,843
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	15	\$1,718	\$1,383
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	14	\$5,728	\$5,895
42820	T&A; UNDER AGE 12	13	\$2,846	\$2,869
26727	PERQ FIX PHALANGEAL FX W/MANIP E	12	\$3,121	\$3,270
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	12	\$2,943	\$3,705
25112	EXCISION GANGLION WRIST; RECURRE	11	\$2,947	\$3,024
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	11	\$5,581	\$6,827
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	\$4,294	\$4,675
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	8	\$8,670	\$10,752

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	87	9,461
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	106
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	74	4,468
	014 LEVEL III SKIN REPAIR	3	257
02	BREAST PROCEDURES	4	1,750
	020 LEVEL I BREAST PROCEDURES	4	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,140	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	2,206
	033 LEVEL I HAND PROCEDURES	119	3,900
	034 LEVEL II HAND PROCEDURES	31	1,135
	035 LEVEL I FOOT PROCEDURES	257	6,043
	036 LEVEL II FOOT PROCEDURES	72	1,635
	037 LEVEL I ARTHROSCOPY	151	22,380
	038 LEVEL II ARTHROSCOPY	18	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	26	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	162	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	467
	045 BUNION PROCEDURES	70	1,790
	046 LEVEL I ARTHROPLASTY	3	660
	048 HAND AND FOOT TENOTOMY	15	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	26	2,206
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	4,121
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	1	53
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	50	112,000
	139 LEVEL I HERNIA REPAIR	7	5,690
	140 LEVEL II HERNIA REPAIR	2	1,145
	145 LEVEL I LAPAROSCOPY	15	2,518
	146 LEVEL II LAPAROSCOPY	17	8,555
	147 LEVEL III LAPAROSCOPY	9	7,108
08	GENITOURINARY SYSTEM PROCEDURES	6	11,520
	162 URINARY CATHETERIZATION AND DILATATION	1	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	4	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	3,683
10	FEMALE REPRODUCTIVE SYSTEM	73	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	9	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	1,872
	199 DILATION AND CURETTAGE	7	552
	200 HYSTEROSCOPY	43	2,238
	201 COLPOSCOPY	1	694

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
11 NEUROLOGIC SYSTEM PROCEDURES	931	21,879
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	41	3,252
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	183
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	208
217 LEVEL I NERVE PROCEDURES	86	4,138
218 LEVEL II NERVE PROCEDURES	14	777
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	768	8,680
221 LAMINOTOMY AND LAMINECTOMY	9	3,130
223 LEVEL III NERVE PROCEDURES	7	807
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	280	11,976
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	27
233 CATARACT PROCEDURES	249	5,367
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	158
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	13	244
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	10	171
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	291
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,531
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	399	30,136
252 LEVEL I FACIAL AND ENT PROCEDURES	345	12,925
253 LEVEL II FACIAL AND ENT PROCEDURES	11	1,444
254 LEVEL III FACIAL AND ENT PROCEDURES	11	3,450
255 LEVEL IV FACIAL AND ENT PROCEDURES	6	3,077
256 TONSIL AND ADENOID PROCEDURES	26	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	42	\$3,401	\$3,970
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,937	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,511	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$2,284	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	36	\$3,590	\$3,724
02	BREAST PROCEDURES	4	\$3,051	\$4,055
	020 LEVEL I BREAST PROCEDURES	4	\$3,051	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	362	\$4,610	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$4,156	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$5,644	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$7,574	\$10,772
	033 LEVEL I HAND PROCEDURES	58	\$2,807	\$2,911
	034 LEVEL II HAND PROCEDURES	6	\$4,095	\$5,270
	035 LEVEL I FOOT PROCEDURES	45	\$3,352	\$3,958
	036 LEVEL II FOOT PROCEDURES	17	\$4,742	\$7,753
	037 LEVEL I ARTHROSCOPY	44	\$3,879	\$4,877
	038 LEVEL II ARTHROSCOPY	3	\$10,883	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$6,707	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$3,210	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	101	\$6,137	\$8,351
	045 BUNION PROCEDURES	31	\$4,901	\$5,503
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$1,726	\$1,578
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$1,509	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,509	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	15	\$6,201	\$3,034
	139 LEVEL I HERNIA REPAIR	4	\$6,672	\$4,575
	145 LEVEL I LAPAROSCOPY	4	\$4,704	\$5,993
	146 LEVEL II LAPAROSCOPY	5	\$6,228	\$8,741
	147 LEVEL III LAPAROSCOPY	2	\$8,189	\$8,742
10	FEMALE REPRODUCTIVE SYSTEM	47	\$3,803	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$2,478	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$4,105	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$5,418	\$7,555
	199 DILATION AND CURETTAGE	6	\$3,043	\$3,369
	200 HYSTEROSCOPY	28	\$4,049	\$5,363
	201 COLPOSCOPY	1	\$4,655	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	167	\$2,123	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	35	\$1,892	\$1,457
	217 LEVEL I NERVE PROCEDURES	33	\$2,854	\$3,417
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	99	\$1,962	\$1,808
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	264	\$3,366	\$3,736
	233 CATARACT PROCEDURES	242	\$3,055	\$3,654
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	12	\$2,943	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	9	\$12,519	\$9,495
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,549	\$4,073

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	344	\$2,616	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	317	\$2,592	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$1,096	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$3,465	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3	\$3,385	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	22	\$2,877	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,216	58.1	135,467	53.6
Male	877	41.9	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	3	0.1	2,971	1.2
1-4 years	267	12.8	10,916	4.3
5-9	74	3.5	6,723	2.7
10-14	52	2.5	5,235	2.1
15-17	58	2.8	5,307	2.1
18-19	44	2.1	3,697	1.5
20-24	114	5.4	10,057	4.0
25-29	131	6.3	12,635	5.0
30-34	140	6.7	14,894	5.9
35-39	116	5.5	13,867	5.5
40-44	99	4.7	14,264	5.6
45-49	143	6.8	17,450	6.9
50-54	168	8.0	27,955	11.1
55-59	186	8.9	24,928	9.9
60-64	193	9.2	22,206	8.8
65-69	126	6.0	19,059	7.5
70-74	66	3.2	14,720	5.8
75-79	67	3.2	11,676	4.6
80-84	33	1.6	7,598	3.0
85-89	13	0.6	3,582	1.4
90 +	0	0.0	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,964	93.8	208,190	82.4
Clinic Referral	123	5.9	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	6	0.3	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,085	99.6	251,393	99.5
Another Hospital	7	0.3	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	1	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	240	11.5	55,732	22.1
Medicaid	226	10.8	18,214	7.2
Other government	13	0.6	5,636	2.2
Blue Cross/Blue Shield	30	1.4	33,140	13.1
Other Commercial	96	4.6	17,547	6.9
Managed Care(HMO, PPO)	1,324	63.3	113,327	44.9
Self Pay	27	1.3	3,334	1.3
Industrial & Worker Comp	86	4.1	3,165	1.3
Charity and Unclassified	6	0.3	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	45	2.2	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.2	15,912	6.3
Central Utah	204	9.7	9,352	3.7
Davis County	1	0.0	27,390	10.8
Salt Lake County	62	3.0	87,767	34.7
Southeastern Utah	48	2.3	5,222	2.1
Southwest Utah	4	0.2	15,992	6.3
Summit County	4	0.2	3,893	1.5
Tooele County	6	0.3	5,148	2.0
Tri-County	16	0.8	6,710	2.7
Utah County	1,693	80.9	38,568	15.3
Wasatch County	32	1.5	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	18	0.9	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	10,366	100.0	331,127	100.0
Mastectomy (85.0-85.99)	0	0.0	8,130	2.5
Musculoskeletal (76.0-84.99)	9,386	90.5	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	7	0.1	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	44	0.4	2,918	0.9
Digestive System (42.0-54.99)	0	0.0	106,281	32.1
Urinary (55.0-59.99)	0	0.0	11,247	3.4
Male Genital (60.0-64.99)	0	0.0	3,928	1.2
Female Genital (65.0-71.99)	0	0.0	15,188	4.6
Endocrine/Nervous (01.0-07.99)	928	9.0	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	0	0.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	1	0.0	28,733	8.7
Reporting Category(CPT-4 CODES)	10,322	100.0	325,030	100.0
Mastectomy (19120-19220)	0	0.0	1,713	0.5
Musculoskeletal (20000-29909)	9,909	96.0	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1	0.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	6	0.1	29,073	8.9
Lymphatic/Hemetic (38100-38999)	42	0.4	4,116	1.3
Digestive (40490-49999)	0	0.0	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	0	0.0	14,294	4.4
Endocrine/Nervous (60000-64999)	364	3.5	22,577	6.9
Eye (65091-68899)	0	0.0	12,170	3.7
Ear (69000-69979)	0	0.0	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		10,366	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	812	7.8	1.67
0443	RELEASE CARPAL TUNNEL	622	6.0	0.97
8147	OTH REPR KNEE	580	5.6	0.93
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	432	4.2	0.68
8183	OTH REPR SHLDR	412	4.0	0.77
8145	OTH REPR CRUCIATE LIGAMNT	394	3.8	0.52
8363	ROTATOR CUFF REPR	365	3.5	0.76
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	333	3.2	0.56
8201	EXPLOR TENDON SHEATH HAND	256	2.5	0.37
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	247	2.4	0.44
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	177	1.7	0.28
8388	OTH PLSTC OPER TENDON	157	1.5	0.31
7768	LOC EXC LES/TISS-TARS-METATARS	149	1.4	0.25
7757	REPR CLAW TOE	141	1.4	0.06
8221	EXC LES TENDON SHEATH HAND	138	1.3	0.27
7868	REMOV IMPLNT DEVICE-TARS-METATARS	135	1.3	0.15
8076	SYNOVECT-KNEE	132	1.3	0.40
8175	ARTHRLSTY CARPOCARPAL JT WO IMPLNT	118	1.1	0.13
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	113	1.1	0.22
8313	OTH TENOT	113	1.1	0.18

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		10,322	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	735	7.1	1.46
29826	SCOPE SHOULDER; DECOMP SUBACROM	655	6.3	1.12
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	616	6.0	0.91
20680	REMOVAL OF IMPLANT; DEEP	472	4.6	0.93
29848	ENDO WRST SURG REL TRNS CARP LIG	462	4.5	0.34
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	418	4.0	0.59
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	393	3.8	0.52
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	373	3.6	0.62
26055	TENDON SHEATH INCISION	241	2.3	0.44
29822	SCOPE SHOULDER SURGICAL; DEBRID	185	1.8	0.27
20900	BONE GRAFT ANY DONOR AREA; MINOR	176	1.7	0.08
29806	SCOPE SHOULDER SURGICAL; CPSLORR	154	1.5	0.21
29880	SCOPE KNEE SURG;W/MENISCECT MED&	134	1.3	0.46
28899	UNLISTED PROCEDURE FOOT OR TOES	119	1.2	0.13
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	106	1.0	0.24
25447	ARTHPLSTY INTERPSTN INTERCARPAL/	100	1.0	0.14
28313	RECON ANGULAR DEFORM TOE SOFT TI	99	1.0	0.05
25310	TEND TPLNT/TRNSF FOREARM&/WRIST	98	0.9	0.08
29882	SCOPE KNEE; W/MENISCUS REPR MED/	97	0.9	0.12
29823	SCOPE SHOULDER SURGICAL; DEBRID	89	0.9	0.18

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		2,797	\$4,710	\$4,764
0443	RELEASE CARPAL TUNNEL	259	\$2,195	\$2,598
806	EXC SEMILUNAR CARTILAGE-KNEE	240	\$3,371	\$4,677
8147	OTH REPR KNEE	219	\$4,940	\$5,985
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	159	\$3,468	\$4,212
8183	OTH REPR SHLDR	151	\$5,927	\$8,353
8145	OTH REPR CRUCIATE LIGAMNT	130	\$11,234	\$12,530
8201	EXPLOR TENDON SHEATH HAND	100	\$1,897	\$2,312
8363	ROTATOR CUFF REPR	97	\$9,099	\$11,096
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	72	\$2,019	\$3,648
8221	EXC LES TENDON SHEATH HAND	68	\$2,074	\$2,745
7933	OP REDUC W/INT FIX-CARP-METACARP	56	\$5,166	\$6,294
8182	REPR RECUR DISLOC SHLDR	56	\$8,878	\$10,803
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	52	\$8,168	\$9,398
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	49	\$8,101	\$10,328
8076	SYNOVECT-KNEE	47	\$3,016	\$4,334
7868	REMOV IMPLNT DEVICE-TARS-METATARS	46	\$2,451	\$3,736
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	46	\$5,504	\$6,631
8364	OTH SUT TENDON	40	\$4,104	\$6,628
7937	OP REDUC W/INT FIX-TARS-METATARS	39	\$7,583	\$9,109
8388	OTH PLSTC OPER TENDON	39	\$6,337	\$7,534

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,907	\$4,527	\$4,004
29848	ENDO WRST SURG REL TRNS CARP LIG	311	\$2,258	\$2,596
29881	SCOPE KNEE SURG;W/MENISCECT MED/	295	\$3,336	\$4,675
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	269	\$3,359	\$4,092
20680	REMOVAL OF IMPLANT; DEEP	157	\$2,428	\$3,851
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	148	\$11,130	\$12,355
29806	SCOPE SHOULDER SURGICAL; CPSLORR	114	\$8,497	\$10,339
29880	SCOPE KNEE SURG;W/MENISCECT MED&	68	\$3,700	\$5,236
26055	TENDON SHEATH INCISION	63	\$1,797	\$2,112
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	57	\$3,043	\$4,438
29826	SCOPE SHOULDER; DECOMP SUBACROM	45	\$5,328	\$6,813
25111	EXCISION OF GANGLION WRIST; PRIM	44	\$2,032	\$2,795
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	44	\$7,705	\$10,994
29822	SCOPE SHOULDER SURGICAL; DEBRID	36	\$5,354	\$6,267
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	34	\$3,778	\$5,401
27650	REPR PRIM OPN/PERQ RUP ACHILLES	33	\$3,833	\$5,966
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	33	\$9,482	\$11,187
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	33	\$2,821	\$4,336
26615	OPEN TX MC FX 1 W/NO INTRL/EXT F	31	\$5,032	\$5,895
25000	INCISION EXT TENDON SHEATH WRIST	29	\$2,049	\$2,439
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	29	\$2,384	\$2,664

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, 2010
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	562	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	42	2,291
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	514	4,468
	014 LEVEL III SKIN REPAIR	1	257
03	MUSCULOSKELETAL SYSTEM PROCEDURES	9,365	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	323	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	713	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	315	2,206
	033 LEVEL I HAND PROCEDURES	629	3,900
	034 LEVEL II HAND PROCEDURES	133	1,135
	035 LEVEL I FOOT PROCEDURES	552	6,043
	036 LEVEL II FOOT PROCEDURES	303	1,635
	037 LEVEL I ARTHROSCOPY	4,096	22,380
	038 LEVEL II ARTHROSCOPY	991	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	221	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	45	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	625	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	467
	045 BUNION PROCEDURES	85	1,790
	046 LEVEL I ARTHROPLASTY	133	660
	047 LEVEL II ARTHROPLASTY	10	177
	048 HAND AND FOOT TENOTOMY	75	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	102	2,206
05	CARDIOVASCULAR PROCEDURES	6	11,285
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	2,371
	092 RESUSCITATION	1	30
11	NEUROLOGIC SYSTEM PROCEDURES	381	21,879
	217 LEVEL I NERVE PROCEDURES	225	4,138
	218 LEVEL II NERVE PROCEDURES	9	777
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	29	8,680
	221 LAMINOTOMY AND LAMINECTOMY	118	3,130

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	176	\$2,435	\$3,970
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$2,172	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	172	\$2,441	\$3,724
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,583	\$4,655	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	\$3,568	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	146	\$4,712	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$8,301	\$10,772
	033 LEVEL I HAND PROCEDURES	214	\$2,380	\$2,911
	034 LEVEL II HAND PROCEDURES	33	\$4,464	\$5,270
	035 LEVEL I FOOT PROCEDURES	49	\$2,920	\$3,958
	036 LEVEL II FOOT PROCEDURES	27	\$3,873	\$7,753
	037 LEVEL I ARTHROSCOPY	1,333	\$3,464	\$4,877
	038 LEVEL II ARTHROSCOPY	311	\$9,830	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	18	\$4,370	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	23	\$2,361	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	269	\$6,302	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,327	\$3,636
	045 BUNION PROCEDURES	16	\$3,393	\$5,503
	046 LEVEL I ARTHROPLASTY	8	\$5,718	\$7,830
	047 LEVEL II ARTHROPLASTY	6	\$21,745	\$23,934
	048 HAND AND FOOT TENOTOMY	2	\$2,154	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$7,391	\$1,578
05	CARDIOVASCULAR PROCEDURES	2	\$8,316	\$16,047
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	\$8,316	\$7,553
11	NEUROLOGIC SYSTEM PROCEDURES	146	\$4,727	\$4,943
	217 LEVEL I NERVE PROCEDURES	79	\$2,754	\$3,417
	218 LEVEL II NERVE PROCEDURES	1	\$3,082	\$12,912
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	8	\$2,547	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	58	\$7,742	\$10,971

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	2,667	46.9	135,467	53.6
Male	3,021	53.1	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	0	0.0	2,971	1.2
1-4 years	0	0.0	10,916	4.3
5-9	2	0.0	6,723	2.7
10-14	97	1.7	5,235	2.1
15-17	222	3.9	5,307	2.1
18-19	143	2.5	3,697	1.5
20-24	347	6.1	10,057	4.0
25-29	361	6.3	12,635	5.0
30-34	479	8.4	14,894	5.9
35-39	469	8.2	13,867	5.5
40-44	480	8.4	14,264	5.6
45-49	541	9.5	17,450	6.9
50-54	612	10.8	27,955	11.1
55-59	630	11.1	24,928	9.9
60-64	461	8.1	22,206	8.8
65-69	324	5.7	19,059	7.5
70-74	241	4.2	14,720	5.8
75-79	167	2.9	11,676	4.6
80-84	75	1.3	7,598	3.0
85-89	26	0.5	3,582	1.4
90 +	11	0.2	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,468	78.6	208,190	82.4
Clinic Referral	1,217	21.4	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	2	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	0	0.0	2,929	1.2
Court/Law Enforcement	1	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	5,615	98.7	251,393	99.5
Another Hospital	12	0.2	135	0.1
Skilled Nursing Facility	21	0.4	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	1	0.0	87	0.0
Under Care of Home Service	38	0.7	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	740	13.0	55,732	22.1
Medicaid	119	2.1	18,214	7.2
Other government	71	1.2	5,636	2.2
Blue Cross/Blue Shield	708	12.4	33,140	13.1
Other Commercial	314	5.5	17,547	6.9
Managed Care(HMO, PPO)	3,174	55.8	113,327	44.9
Self Pay	54	0.9	3,334	1.3
Industrial & Worker Comp	438	7.7	3,165	1.3
Charity and Unclassified	59	1.0	1,228	0.5
Childrens Health Insurance	3	0.1	189	0.1
Unknown	8	0.1	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	59	1.0	15,912	6.3
Central Utah	37	0.7	9,352	3.7
Davis County	291	5.1	27,390	10.8
Salt Lake County	4,402	77.4	87,767	34.7
Southeastern Utah	21	0.4	5,222	2.1
Southwest Utah	32	0.6	15,992	6.3
Summit County	101	1.8	3,893	1.5
Tooele County	94	1.7	5,148	2.0
Tri-County	58	1.0	6,710	2.7
Utah County	377	6.6	38,568	15.3
Wasatch County	27	0.5	1,970	0.8
Weber County	57	1.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	127	2.2	13,138	5.2
Unknown, Not Reported	5	0.1	125	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, 2010
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)	5,576	100.0	331,127	100.0
Mastectomy (85.0-85.99)	74	1.3	8,130	2.5
Musculoskeletal (76.0-84.99)	4,339	77.8	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	2	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	6	0.1	2,918	0.9
Digestive System (42.0-54.99)	742	13.3	106,281	32.1
Urinary (55.0-59.99)	4	0.1	11,247	3.4
Male Genital (60.0-64.99)	3	0.1	3,928	1.2
Female Genital (65.0-71.99)	94	1.7	15,188	4.6
Endocrine/Nervous (01.0-07.99)	154	2.8	24,832	7.5
Eye (08.0-16.99)	85	1.5	20,768	6.3
Ear (18.0-20.99)	20	0.4	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	53	1.0	28,733	8.7
Reporting Category(CPT-4 CODES)	5,118	100.0	325,030	100.0
Mastectomy (19120-19220)	3	0.1	1,713	0.5
Musculoskeletal (20000-29909)	4,011	78.4	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	25	0.5	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	3	0.1	29,073	8.9
Lymphatic/Hemetic (38100-38999)	6	0.1	4,116	1.3
Digestive (40490-49999)	749	14.6	123,353	38.0
Urinary (50010-53899)	2	0.0	15,063	4.6
Male Genital (54000-55899)	3	0.1	3,821	1.2
Female Genital (56405-58999)	63	1.2	14,294	4.4
Endocrine/Nervous (60000-64999)	209	4.1	22,577	6.9
Eye (65091-68899)	35	0.7	12,170	3.7
Ear (69000-69979)	9	0.2	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		5,576	100.0	100.0
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	644	11.5	0.68
806	EXC SEMILUNAR CARTILAGE-KNEE	618	11.1	1.67
8145	OTH REPR CRUCIATE LIGAMNT	305	5.5	0.52
8076	SYNOVECT-KNEE	276	4.9	0.40
8147	OTH REPR KNEE	230	4.1	0.93
4523	COLONOSCOPY	209	3.7	6.81
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	186	3.3	0.56
8183	OTH REPR SHLDR	184	3.3	0.77
8363	ROTATOR CUFF REPR	154	2.8	0.76
4542	ENDO POLYPECTOMY LG INTESTINE	142	2.5	4.25
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	88	1.6	0.22
8388	OTH PLSTC OPER TENDON	83	1.5	0.31
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	81	1.5	5.62
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	70	1.3	0.28
8026	ARTHSCPY-KNEE	68	1.2	0.15
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	63	1.1	0.44
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	61	1.1	0.10
7766	LOC EXC LES/TISS-PATELLA	57	1.0	0.09
4525	CLO [ENDO] BX LG INTESTINE	54	1.0	2.29
4836	[ENDO] POLYPECTOMY RECTUM	53	1.0	1.20

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,118	100.0	100.0
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	547	10.7	0.91
29881	SCOPE KNEE SURG;W/MENISCECT MED/	490	9.6	1.46
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	296	5.8	0.59
29826	SCOPE SHOULDER; DECOMP SUBACROM	280	5.5	1.12
45380	COLONOSCOPY FLEX; W/BX 1/MX	212	4.1	6.08
45378	COLONOSCOPY FLEX; DX-SEP PROC	202	3.9	6.64
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	186	3.6	0.52
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	149	2.9	0.62
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	146	2.9	0.11
29880	SCOPE KNEE SURG;W/MENISCECT MED&	127	2.5	0.46
20680	REMOVAL OF IMPLANT; DEEP	109	2.1	0.93
29806	SCOPE SHOULDER SURGICAL; CPSLORR	83	1.6	0.21
43239	UGI ENDO; W/BX 1/MX	81	1.6	6.01
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	79	1.5	0.24
29882	SCOPE KNEE; W/MENISCUS REPR MED/	79	1.5	0.12
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	61	1.2	0.21
29828	29828	59	1.2	0.13
29879	SCOPE KNEE SURG; ABRASION ARTHPL	53	1.0	0.18
29823	SCOPE SHOULDER SURGICAL; DEBRID	37	0.7	0.18
47562	LAPAROSCOPY SURGICAL; CHOLECT	37	0.7	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, 2010
 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		1,702	\$5,190	\$4,764
4523	COLONOSCOPY	195	\$1,215	\$1,184
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	148	\$3,648	\$4,212
4542	ENDO POLYPECTOMY LG INTESTINE	107	\$1,471	\$1,643
806	EXC SEMILUNAR CARTILAGE-KNEE	86	\$3,840	\$4,677
8145	OTH REPR CRUCIATE LIGAMNT	67	\$11,802	\$12,530
8147	OTH REPR KNEE	57	\$6,688	\$5,985
8183	OTH REPR SHLDR	55	\$8,539	\$8,353
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	45	\$1,487	\$1,732
5123	LAP CHOLEY	44	\$7,545	\$7,823
8076	SYNOVECT-KNEE	43	\$3,875	\$4,334
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	41	\$9,438	\$9,398
0443	RELEASE CARPAL TUNNEL	40	\$2,775	\$2,598
4525	CLO [ENDO] BX LG INTESTINE	37	\$1,429	\$1,777
4701	LAP APPENDECTOMY	30	\$13,679	\$11,713
8363	ROTATOR CUFF REPR	30	\$11,014	\$11,096
7939	OP REDUC FX W/INT FIX-OTH BONE	28	\$11,762	\$10,851
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	26	\$11,843	\$10,328
8201	EXPLOR TENDON SHEATH HAND	26	\$2,152	\$2,312
4836	[ENDO] POLYPECTOMY RECTUM	25	\$1,399	\$1,527
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	19	\$3,535	\$3,648

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,836	\$5,042	\$4,004
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	199	\$3,779	\$4,092
45378	COLONOSCOPY FLEX; DX-SEP PROC	188	\$1,214	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	177	\$1,453	\$1,602
29881	SCOPE KNEE SURG;W/MENISCECT MED/	127	\$4,008	\$4,675
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	78	\$11,574	\$12,355
29806	SCOPE SHOULDER SURGICAL; CPSLORR	63	\$10,081	\$10,339
43239	UGI ENDO; W/BX 1/MX	45	\$1,487	\$1,698
29880	SCOPE KNEE SURG;W/MENISCECT MED&	39	\$4,312	\$5,236
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	36	\$3,940	\$4,438
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	36	\$4,703	\$4,481
47562	LAPAROSCOPY SURGICAL; CHOLECT	36	\$7,358	\$6,966
20680	REMOVAL OF IMPLANT; DEEP	33	\$4,325	\$3,851
44970	LAPAROSCOPY SURGICAL APPENDECTOM	30	\$13,679	\$11,662
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	28	\$11,762	\$10,752
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	25	\$5,096	\$5,401
49505	REPR INIT ING HERNIA 5YR/MORE; R	25	\$4,586	\$4,904
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	24	\$3,045	\$2,664
26055	TENDON SHEATH INCISION	23	\$2,076	\$2,112
66984	EXTRACAPSULAR CATARACT REMV IOL	19	\$4,130	\$3,643
29848	ENDO WRST SURG REL TRNS CARP LIG	18	\$3,181	\$2,596

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

147 Park City Medical Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	139	9,461
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,291
004 LEVEL II SKIN INCISION AND DRAINAGE	2	106
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	193
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	948
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	128	4,468
014 LEVEL III SKIN REPAIR	3	257
02 BREAST PROCEDURES	3	1,750
020 LEVEL I BREAST PROCEDURES	3	1,713
03 MUSCULOSKELETAL SYSTEM PROCEDURES	3,813	64,178
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	125	2,480
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	195	4,672
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	2,206
033 LEVEL I HAND PROCEDURES	99	3,900
034 LEVEL II HAND PROCEDURES	38	1,135
035 LEVEL I FOOT PROCEDURES	55	6,043
036 LEVEL II FOOT PROCEDURES	57	1,635
037 LEVEL I ARTHROSCOPY	2,300	22,380
038 LEVEL II ARTHROSCOPY	579	5,428
040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,991
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	21	709
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	15	567
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	176	5,284
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	467
045 BUNION PROCEDURES	5	1,790
046 LEVEL I ARTHROPLASTY	20	660
047 LEVEL II ARTHROPLASTY	22	177
048 HAND AND FOOT TENOTOMY	3	323
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	2,206
04 RESPIRATORY PROCEDURES	7	11,235
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	2,652
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	4,200
05 CARDIOVASCULAR PROCEDURES	3	11,285
083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,077
088 LEVEL I CARDIOTHORACIC PROCEDURES	1	198
089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2,371
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	4,121
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	1,595
07 GASTROINTESTINAL SYSTEM PROCEDURES	748	112,000
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	748
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	100	24,909
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	5,445
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	416	41,709
137 THERAPEUTIC COLONOSCOPY	34	7,586
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,130
139 LEVEL I HERNIA REPAIR	34	5,690

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	140 LEVEL II HERNIA REPAIR	2	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	10	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	1,189
	145 LEVEL I LAPAROSCOPY	14	2,518
	146 LEVEL II LAPAROSCOPY	106	8,555
	147 LEVEL III LAPAROSCOPY	14	7,108
08	GENITOURINARY SYSTEM PROCEDURES	2	11,520
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	3,683
09	MALE REPRODUCTIVE SYSTEM	3	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,441
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	1,309
10	FEMALE REPRODUCTIVE SYSTEM	41	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	1,872
	199 DILATION AND CURETTAGE	4	552
	200 HYSTEROSCOPY	17	2,238
	201 COLPOSCOPY	3	694
11	NEUROLOGIC SYSTEM PROCEDURES	245	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	18	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	183
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	208
	217 LEVEL I NERVE PROCEDURES	53	4,138
	218 LEVEL II NERVE PROCEDURES	17	777
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	83	8,680
	221 LAMINOTOMY AND LAMINECTOMY	63	3,130
	223 LEVEL III NERVE PROCEDURES	4	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	35	11,976
	232 LASER EYE PROCEDURES	1	566
	233 CATARACT PROCEDURES	24	5,367
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	61	30,136
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	33
	252 LEVEL I FACIAL AND ENT PROCEDURES	17	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	15	3,077
	256 TONSIL AND ADENOID PROCEDURES	14	9,071

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	47	\$4,115	\$3,970
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$4,986	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,513	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	42	\$4,050	\$3,724
	014 LEVEL III SKIN REPAIR	1	\$10,771	\$7,173
02	BREAST PROCEDURES	1	\$3,681	\$4,055
	020 LEVEL I BREAST PROCEDURES	1	\$3,681	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,014	\$6,255	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$5,318	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$6,032	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$12,065	\$10,772
	033 LEVEL I HAND PROCEDURES	63	\$3,069	\$2,911
	034 LEVEL II HAND PROCEDURES	11	\$5,282	\$5,270
	035 LEVEL I FOOT PROCEDURES	6	\$2,908	\$3,958
	036 LEVEL II FOOT PROCEDURES	5	\$6,473	\$7,753
	037 LEVEL I ARTHROSCOPY	566	\$4,316	\$4,877
	038 LEVEL II ARTHROSCOPY	168	\$10,943	\$11,622
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$5,378	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$8,198	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$5,987	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	102	\$10,254	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$6,361	\$3,636
	045 BUNION PROCEDURES	2	\$5,029	\$5,503
	046 LEVEL I ARTHROPLASTY	4	\$7,611	\$7,830
	047 LEVEL II ARTHROPLASTY	3	\$29,178	\$23,934
	048 HAND AND FOOT TENOTOMY	1	\$2,536	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,901	\$1,578
05	CARDIOVASCULAR PROCEDURES	3	\$5,200	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$6,425	\$6,105
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$1,926	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$7,248	\$7,553
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$5,340	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$5,340	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	607	\$3,129	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,189	\$1,093
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	60	\$1,383	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$1,582	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	366	\$1,329	\$1,365
	137 THERAPEUTIC COLONOSCOPY	16	\$1,507	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$5,432	\$5,559
	139 LEVEL I HERNIA REPAIR	31	\$4,412	\$4,575
	140 LEVEL II HERNIA REPAIR	2	\$4,132	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	7	\$2,857	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$4,373	\$3,992
	145 LEVEL I LAPAROSCOPY	10	\$8,470	\$5,993

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

147 Park City Medical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure	EAPG			
	146 LEVEL II LAPAROSCOPY	93	\$9,907	\$8,741
	147 LEVEL III LAPAROSCOPY	10	\$10,092	\$8,742
09	MALE REPRODUCTIVE SYSTEM	2	\$3,680	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$3,344	\$3,299
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$4,015	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	27	\$5,291	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$2,396	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$7,318	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$7,063	\$7,555
	199 DILATION AND CURETTAGE	1	\$8,459	\$3,369
	200 HYSTEROSCOPY	14	\$6,026	\$5,363
	201 COLPOSCOPY	2	\$3,316	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	63	\$3,791	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	\$1,599	\$1,457
	217 LEVEL I NERVE PROCEDURES	28	\$3,309	\$3,417
	218 LEVEL II NERVE PROCEDURES	1	\$10,578	\$12,912
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	\$2,511	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	12	\$7,686	\$10,971
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	31	\$5,367	\$3,736
	232 LASER EYE PROCEDURES	1	\$1,466	\$818
	233 CATARACT PROCEDURES	22	\$3,766	\$3,654
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$11,648	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$6,082	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	29	\$4,752	\$4,038
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$2,375	\$6,314
	252 LEVEL I FACIAL AND ENT PROCEDURES	7	\$2,223	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$3,186	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$16,295	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	6	\$10,476	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	11	\$2,834	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,475	45.3	135,467	53.6
Male	1,782	54.7	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	1	0.0	2,971	1.2
1-4 years	6	0.2	10,916	4.3
5-9	11	0.3	6,723	2.7
10-14	63	1.9	5,235	2.1
15-17	160	4.9	5,307	2.1
18-19	105	3.2	3,697	1.5
20-24	183	5.6	10,057	4.0
25-29	180	5.5	12,635	5.0
30-34	248	7.6	14,894	5.9
35-39	264	8.1	13,867	5.5
40-44	258	7.9	14,264	5.6
45-49	328	10.1	17,450	6.9
50-54	463	14.2	27,955	11.1
55-59	407	12.5	24,928	9.9
60-64	277	8.5	22,206	8.8
65-69	165	5.1	19,059	7.5
70-74	74	2.3	14,720	5.8
75-79	39	1.2	11,676	4.6
80-84	18	0.6	7,598	3.0
85-89	5	0.2	3,582	1.4
90 +	2	0.1	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,084	94.7	208,190	82.4
Clinic Referral	128	3.9	38,248	15.1
HMO Referral	1	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	44	1.4	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	3,233	99.3	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	23	0.7	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	285	8.8	55,732	22.1
Medicaid	36	1.1	18,214	7.2
Other government	48	1.5	5,636	2.2
Blue Cross/Blue Shield	724	22.2	33,140	13.1
Other Commercial	263	8.1	17,547	6.9
Managed Care(HMO, PPO)	1,693	52.0	113,327	44.9
Self Pay	39	1.2	3,334	1.3
Industrial & Worker Comp	134	4.1	3,165	1.3
Charity and Unclassified	16	0.5	1,228	0.5
Childrens Health Insurance	16	0.5	189	0.1
Unknown	3	0.1	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	18	0.6	15,912	6.3
Central Utah	14	0.4	9,352	3.7
Davis County	89	2.7	27,390	10.8
Salt Lake County	624	19.2	87,767	34.7
Southeastern Utah	9	0.3	5,222	2.1
Southwest Utah	15	0.5	15,992	6.3
Summit County	1,516	46.5	3,893	1.5
Tooele County	18	0.6	5,148	2.0
Tri-County	127	3.9	6,710	2.7
Utah County	117	3.6	38,568	15.3
Wasatch County	335	10.3	1,970	0.8
Weber County	40	1.2	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	317	9.7	13,138	5.2
Unknown, Not Reported	18	0.6	125	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, 2010
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)	3,836	100.0	331,127	100.0
Mastectomy (85.0-85.99)	41	1.1	8,130	2.5
Musculoskeletal (76.0-84.99)	1,099	28.6	67,729	20.5
Respiratory (30.0-34.99)	10	0.3	3,049	0.9
Cardiovascular (35.0-39.99)	55	1.4	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	12	0.3	2,918	0.9
Digestive System (42.0-54.99)	1,781	46.4	106,281	32.1
Urinary (55.0-59.99)	180	4.7	11,247	3.4
Male Genital (60.0-64.99)	62	1.6	3,928	1.2
Female Genital (65.0-71.99)	56	1.5	15,188	4.6
Endocrine/Nervous (01.0-07.99)	514	13.4	24,832	7.5
Eye (08.0-16.99)	2	0.1	20,768	6.3
Ear (18.0-20.99)	8	0.2	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	16	0.4	28,733	8.7
Reporting Category(CPT-4 CODES)	3,985	100.0	325,030	100.0
Mastectomy (19120-19220)	19	0.5	1,713	0.5
Musculoskeletal (20000-29909)	1,276	32.0	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	21	0.5	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	119	3.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	12	0.3	4,116	1.3
Digestive (40490-49999)	1,774	44.5	123,353	38.0
Urinary (50010-53899)	231	5.8	15,063	4.6
Male Genital (54000-55899)	35	0.9	3,821	1.2
Female Genital (56405-58999)	40	1.0	14,294	4.4
Endocrine/Nervous (60000-64999)	451	11.3	22,577	6.9
Eye (65091-68899)	2	0.1	12,170	3.7
Ear (69000-69979)	5	0.1	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		3,836	100.0	100.0
4523	COLONOSCOPY	445	11.6	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	420	10.9	5.62
4525	CLO [ENDO] BX LG INTESTINE	320	8.3	2.29
0392	INJ OTH AGENT SPINAL CANAL	147	3.8	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	143	3.7	1.75
4542	ENDO POLYPECTOMY LG INTESTINE	107	2.8	4.25
806	EXC SEMILUNAR CARTILAGE-KNEE	101	2.6	1.67
4513	OTH ENDO SM INTESTINE	97	2.5	1.64
0443	RELEASE CARPAL TUNNEL	92	2.4	0.97
5123	LAP CHOLEY	83	2.2	2.22
8201	EXPLOR TENDON SHEATH HAND	67	1.7	0.37
8363	ROTATOR CUFF REPR	56	1.5	0.76
560	TRANSURETH REMOV OBST URETER-PELV	42	1.1	0.52
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	42	1.1	0.44
8183	OTH REPR SHLDR	41	1.1	0.77
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	40	1.0	0.20
4292	DILAT ESOPH	40	1.0	1.35
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	40	1.0	0.68
598	URETERAL CATH	39	1.0	0.75
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	36	0.9	0.56

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,985	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	441	11.1	6.64
43239	UGI ENDO; W/BX 1/MX	424	10.6	6.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	332	8.3	6.08
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	136	3.4	0.61
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	106	2.7	1.81
29881	SCOPE KNEE SURG;W/MENISCECT MED/	93	2.3	1.46
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	87	2.2	0.64
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	74	1.9	0.36
47562	LAPAROSCOPY SURGICAL; CHOLECT	73	1.8	0.94
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	67	1.7	0.05
28285	CORRECTION HAMMERTOES	58	1.5	0.55
20680	REMOVAL OF IMPLANT; DEEP	53	1.3	0.93
29826	SCOPE SHOULDER; DECOMP SUBACROM	52	1.3	1.12
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	50	1.3	0.91
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	41	1.0	0.17
52332	CYSTOURETHROSCOPY W/INSRT STENT	39	1.0	0.69
26055	TENDON SHEATH INCISION	37	0.9	0.44
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	37	0.9	1.23
52353	CYSURETH W/URETR &/PYELSCPY; LIT	37	0.9	0.31
25000	INCISION EXT TENDON SHEATH WRIST	36	0.9	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, 2010
 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	1,862	\$5,537	\$4,764
4523	COLONOSCOPY	351	\$2,478	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	222	\$3,119	\$1,732
4525	CLO [ENDO] BX LG INTESTINE	217	\$3,074	\$1,777
4513	OTH ENDO SM INTESTINE	75	\$2,569	\$1,513
5123	LAP CHOLEY	71	\$9,640	\$7,823
4542	ENDO POLYPECTOMY LG INTESTINE	62	\$3,224	\$1,643
806	EXC SEMILUNAR CARTILAGE-KNEE	52	\$6,794	\$4,677
0443	RELEASE CARPAL TUNNEL	27	\$4,890	\$2,598
5011	CLO [PERCUT] [NEEDLE] BX LIVER	27	\$2,796	\$2,819
4514	CLO [ENDO] BX SM INTESTINE	25	\$2,628	\$1,927
6021	[TULIP]	24	\$8,181	\$7,793
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	24	\$5,445	\$3,705
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	20	\$27,671	\$31,471
7868	REMOV IMPLNT DEVICE-TARS-METATARS	16	\$4,843	\$3,736
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	16	\$1,682	\$1,578
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	15	\$7,636	\$4,212
8521	LOC EXC LES BREAST	15	\$6,816	\$3,725
3722	LT HEART CARD CATH	13	\$11,645	\$9,623
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	13	\$15,208	\$10,328
5749	OTH TRANSURETH EXC/DEST LES BLADDER	12	\$7,288	\$5,191

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,026	\$5,263	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	351	\$2,477	\$1,186
43239	UGI ENDO; W/BX 1/MX	227	\$3,125	\$1,698
45380	COLONOSCOPY FLEX; W/BX 1/MX	225	\$3,064	\$1,602
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	66	\$1,765	\$1,696
47562	LAPAROSCOPY SURGICAL; CHOLECT	65	\$9,226	\$6,966
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	61	\$2,825	\$1,753
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	60	\$2,013	\$1,691
29881	SCOPE KNEE SURG;W/MENISCECT MED/	56	\$6,968	\$4,675
20680	REMOVAL OF IMPLANT; DEEP	37	\$5,356	\$3,851
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	32	\$10,867	\$11,450
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	29	\$5,064	\$2,664
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	27	\$2,796	\$2,416
20670	REMOVAL OF IMPLANT; SUP SEP PROC	23	\$6,084	\$2,829
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	23	\$3,820	\$3,511
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	23	\$3,400	\$1,404
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	19	\$7,952	\$4,092
44360	SM INTEST ENDO NOT ILEUM; DX-SP	19	\$2,172	\$2,452
52648	CNTCT LASR VAPRIZ W/WO TURP COMP	19	\$7,668	\$8,272
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	16	\$2,640	\$2,129
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	\$7,241	\$4,904

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, 2010
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	115	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	185
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	107
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	99	4,468
	013 LEVEL II SKIN REPAIR	3	842
	014 LEVEL III SKIN REPAIR	3	257
02	BREAST PROCEDURES	19	1,750
	020 LEVEL I BREAST PROCEDURES	19	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,120	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	128	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	2,206
	033 LEVEL I HAND PROCEDURES	86	3,900
	034 LEVEL II HAND PROCEDURES	36	1,135
	035 LEVEL I FOOT PROCEDURES	115	6,043
	036 LEVEL II FOOT PROCEDURES	13	1,635
	037 LEVEL I ARTHROSCOPY	310	22,380
	038 LEVEL II ARTHROSCOPY	31	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	77	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	467
	045 BUNION PROCEDURES	33	1,790
	046 LEVEL I ARTHROPLASTY	22	660
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	126	2,206
04	RESPIRATORY PROCEDURES	48	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	44	2,056
	064 ENDOSCOPY OF THE LOWER AIRWAY	4	2,327
05	CARDIOVASCULAR PROCEDURES	50	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	4	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	15	2,312
	086 PACEMAKER INSERTION AND REPLACEMENT	12	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	19	831
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,740	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	14	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	498	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	47	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	776	41,709
	137 THERAPEUTIC COLONOSCOPY	131	7,586

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	57	2,130
	139 LEVEL I HERNIA REPAIR	56	5,690
	140 LEVEL II HERNIA REPAIR	12	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	206
	145 LEVEL I LAPAROSCOPY	21	2,518
	146 LEVEL II LAPAROSCOPY	96	8,555
	147 LEVEL III LAPAROSCOPY	16	7,108
08	GENITOURINARY SYSTEM PROCEDURES	206	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	36	625
	162 URINARY CATHETERIZATION AND DILATATION	4	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	64	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	93	3,683
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	7	484
09	MALE REPRODUCTIVE SYSTEM	50	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	17	1,441
	181 CIRCUMCISION	4	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	29	1,309
10	FEMALE REPRODUCTIVE SYSTEM	29	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	1,872
	199 DILATION AND CURETTAGE	4	552
	200 HYSTEROSCOPY	5	2,238
	201 COLPOSCOPY	2	694
11	NEUROLOGIC SYSTEM PROCEDURES	446	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	183
	217 LEVEL I NERVE PROCEDURES	183	4,138
	218 LEVEL II NERVE PROCEDURES	5	777
	219 SPINAL TAP	3	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	225	8,680
	221 LAMINOTOMY AND LAMINECTOMY	8	3,130
	223 LEVEL III NERVE PROCEDURES	13	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2	11,976
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	158
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	935
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	30	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	8	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	9	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	3,077

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	76	\$5,463	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$2,137	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$6,586	\$2,702
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,728	\$380
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	67	\$5,586	\$3,724
	013 LEVEL II SKIN REPAIR	3	\$5,244	\$4,647
	014 LEVEL III SKIN REPAIR	2	\$5,296	\$7,173
02	BREAST PROCEDURES	15	\$6,978	\$4,055
	020 LEVEL I BREAST PROCEDURES	15	\$6,978	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	359	\$7,927	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$6,906	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$9,398	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$18,229	\$10,772
	033 LEVEL I HAND PROCEDURES	23	\$6,546	\$2,911
	034 LEVEL II HAND PROCEDURES	9	\$9,042	\$5,270
	035 LEVEL I FOOT PROCEDURES	16	\$6,719	\$3,958
	036 LEVEL II FOOT PROCEDURES	5	\$13,050	\$7,753
	037 LEVEL I ARTHROSCOPY	104	\$8,091	\$4,877
	038 LEVEL II ARTHROSCOPY	11	\$17,888	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$10,225	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$4,796	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	54	\$11,802	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$3,120	\$3,636
	045 BUNION PROCEDURES	12	\$11,312	\$5,503
	046 LEVEL I ARTHROPLASTY	1	\$8,499	\$7,830
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	74	\$1,703	\$1,578
04	RESPIRATORY PROCEDURES	48	\$2,646	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	44	\$2,596	\$2,308
	064 ENDOSCOPY OF THE LOWER AIRWAY	4	\$3,199	\$2,759
05	CARDIOVASCULAR PROCEDURES	15	\$27,714	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$9,750	\$6,105
	086 PACEMAKER INSERTION AND REPLACEMENT	11	\$34,498	\$34,863
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$6,981	\$9,059
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	\$10,010	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$10,010	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,130	\$3,710	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,469	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,705	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	284	\$3,059	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	22	\$3,249	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	576	\$2,706	\$1,365
	137 THERAPEUTIC COLONOSCOPY	69	\$2,836	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	34	\$4,412	\$5,559
	139 LEVEL I HERNIA REPAIR	29	\$7,953	\$4,575
	140 LEVEL II HERNIA REPAIR	5	\$16,205	\$5,741

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	\$4,068	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$5,037	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$3,020	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$14,332	\$8,883
	145 LEVEL I LAPAROSCOPY	12	\$6,594	\$5,993
	146 LEVEL II LAPAROSCOPY	77	\$9,516	\$8,741
	147 LEVEL III LAPAROSCOPY	13	\$14,062	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	111	\$7,651	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	32	\$10,867	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	3	\$2,846	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	26	\$5,280	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	43	\$6,422	\$5,471
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$6,926	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	\$12,115	\$13,497
09	MALE REPRODUCTIVE SYSTEM	43	\$7,999	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$7,101	\$3,299
	181 CIRCUMCISION	4	\$5,981	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	28	\$8,640	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	22	\$8,773	\$4,923
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	\$7,663	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	\$10,720	\$7,555
	199 DILATION AND CURETTAGE	4	\$3,693	\$3,369
	200 HYSTEROSCOPY	3	\$10,902	\$5,363
11	NEUROLOGIC SYSTEM PROCEDURES	133	\$5,433	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	\$1,651	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$2,918	\$11,949
	217 LEVEL I NERVE PROCEDURES	54	\$7,550	\$3,417
	218 LEVEL II NERVE PROCEDURES	2	\$17,784	\$12,912
	219 SPINAL TAP	3	\$2,827	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	63	\$2,016	\$1,808
	223 LEVEL III NERVE PROCEDURES	4	\$32,772	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2	\$3,694	\$3,736
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,424	\$3,753
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,963	\$2,259
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	15	\$12,136	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$2,700	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$2,906	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$21,158	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	\$17,542	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	4	\$5,636	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,592	55.0	135,467	53.6
Male	1,300	45.0	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	1	0.0	2,971	1.2
1-4 years	6	0.2	10,916	4.3
5-9	4	0.1	6,723	2.7
10-14	17	0.6	5,235	2.1
15-17	30	1.0	5,307	2.1
18-19	37	1.3	3,697	1.5
20-24	111	3.8	10,057	4.0
25-29	184	6.4	12,635	5.0
30-34	205	7.1	14,894	5.9
35-39	223	7.7	13,867	5.5
40-44	219	7.6	14,264	5.6
45-49	264	9.1	17,450	6.9
50-54	415	14.3	27,955	11.1
55-59	319	11.0	24,928	9.9
60-64	279	9.6	22,206	8.8
65-69	178	6.2	19,059	7.5
70-74	161	5.6	14,720	5.8
75-79	137	4.7	11,676	4.6
80-84	70	2.4	7,598	3.0
85-89	27	0.9	3,582	1.4
90 +	5	0.2	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,882	99.7	208,190	82.4
Clinic Referral	2	0.1	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	1	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	5	0.2	24	0.0
ER (Not valid since 7/2010)	2	0.1	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,885	99.8	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	6	0.2	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	681	23.5	55,732	22.1
Medicaid	255	8.8	18,214	7.2
Other government	85	2.9	5,636	2.2
Blue Cross/Blue Shield	750	25.9	33,140	13.1
Other Commercial	405	14.0	17,547	6.9
Managed Care(HMO, PPO)	552	19.1	113,327	44.9
Self Pay	38	1.3	3,334	1.3
Industrial & Worker Comp	123	4.3	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	3	0.1	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.1	15,912	6.3
Central Utah	6	0.2	9,352	3.7
Davis County	49	1.7	27,390	10.8
Salt Lake County	2,610	90.2	87,767	34.7
Southeastern Utah	4	0.1	5,222	2.1
Southwest Utah	3	0.1	15,992	6.3
Summit County	6	0.2	3,893	1.5
Tooele County	122	4.2	5,148	2.0
Tri-County	3	0.1	6,710	2.7
Utah County	35	1.2	38,568	15.3
Wasatch County	6	0.2	1,970	0.8
Weber County	9	0.3	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	32	1.1	13,138	5.2
Unknown, Not Reported	3	0.1	125	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, 2010
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)	21,978	100.0	331,127	100.0
Mastectomy (85.0-85.99)	11	0.1	8,130	2.5
Musculoskeletal (76.0-84.99)	2,470	11.2	67,729	20.5
Respiratory (30.0-34.99)	599	2.7	3,049	0.9
Cardiovascular (35.0-39.99)	949	4.3	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	297	1.4	2,918	0.9
Digestive System (42.0-54.99)	2,790	12.7	106,281	32.1
Urinary (55.0-59.99)	797	3.6	11,247	3.4
Male Genital (60.0-64.99)	1,243	5.7	3,928	1.2
Female Genital (65.0-71.99)	50	0.2	15,188	4.6
Endocrine/Nervous (01.0-07.99)	700	3.2	24,832	7.5
Eye (08.0-16.99)	1,480	6.7	20,768	6.3
Ear (18.0-20.99)	4,769	21.7	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	5,823	26.5	28,733	8.7
Reporting Category(CPT-4 CODES)	16,352	100.0	325,030	100.0
Mastectomy (19120-19220)	5	0.0	1,713	0.5
Musculoskeletal (20000-29909)	2,414	14.8	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1,010	6.2	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	92	0.6	29,073	8.9
Lymphatic/Hemetic (38100-38999)	297	1.8	4,116	1.3
Digestive (40490-49999)	6,447	39.4	123,353	38.0
Urinary (50010-53899)	482	2.9	15,063	4.6
Male Genital (54000-55899)	1,432	8.8	3,821	1.2
Female Genital (56405-58999)	53	0.3	14,294	4.4
Endocrine/Nervous (60000-64999)	248	1.5	22,577	6.9
Eye (65091-68899)	1,131	6.9	12,170	3.7
Ear (69000-69979)	2,741	16.8	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
2001	MYRINGOTOMY W/INSRT TUBE	4,022	18.3	3.35
283	TONSILLECTOMY W/ADENOIDECTOMY	1,869	8.5	1.92
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	908	4.1	5.62
232	RESTORATION TOOTH-FILLING	751	3.4	0.46
2341	APPLIC CROWN	643	2.9	0.43
1511	RECESSION 1 EXTRAOCULAR MUSC	570	2.6	0.21
0392	INJ OTH AGENT SPINAL CANAL	471	2.1	2.07
2370	ROOT CANAL-NOS	421	1.9	0.28
286	ADENOIDECTOMY WO TONSILLECTOMY	401	1.8	0.34
640	CIRCUMCISION	366	1.7	0.20
2309	EXTRACT OTH TOOTH	306	1.4	0.15
625	ORCHIOPEXY	289	1.3	0.12
5845	REPR HYOSPADIAS/EPISPADIAS	278	1.3	0.09
2349	OTH DENTAL RESTORATION	257	1.2	0.22
3723	COMBO RT & LT HEART CARD CATH	250	1.1	0.52
194	MYRINGOPLASTY	244	1.1	0.21
4525	CLO [ENDO] BX LG INTESTINE	237	1.1	2.29
4131	BX BONE MARROW	236	1.1	0.21
5300	UNILAT REPR ING HERN-NOS	220	1.0	0.10
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	211	1.0	0.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2,231	13.6	1.80
42820	T&A; UNDER AGE 12	1,694	10.4	1.52
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,007	6.2	0.77
43239	UGI ENDO; W/BX 1/MX	886	5.4	6.01
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	386	2.4	0.30
54161	CIRC NO CLAMP/DORSAL SLIT; NOT NB	356	2.2	0.19
67311	STRABISMUS SURG; 1 HORIZONTAL MU	346	2.1	0.14
20680	REMOVAL OF IMPLANT; DEEP	334	2.0	0.93
54640	ORCHIPXY ING APPRCH W/WO HERN RE	232	1.4	0.09
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	201	1.2	0.14
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	183	1.1	0.21
45380	COLONOSCOPY FLEX; W/BX 1/MX	179	1.1	6.08
42821	T&A; AGE 12 OR OVER	175	1.1	0.41
49500	REPR INIT ING HERNIA 6MO-<5YR; R	170	1.0	0.07
49580	REPR UMBILIC HERNIA <5YR; REDUCI	164	1.0	0.06
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	163	1.0	0.44
49505	REPR INIT ING HERNIA 5YR/MORE; R	156	1.0	0.78
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	155	0.9	0.07
53020	MEATOTOMY CUT MEATUS; EXCEPT INF	137	0.8	0.05
67312	STRABISMUS SURG; 2 HORIZONTAL MU	132	0.8	0.05

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		7,497	\$3,456	\$4,764
283	TONSILLECTOMY W/ADENOIDECTOMY	1,454	\$2,577	\$3,030
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	662	\$2,593	\$1,732
0392	INJ OTH AGENT SPINAL CANAL	367	\$861	\$1,206
640	CIRCUMCISION	260	\$2,541	\$2,830
5845	REPR HYOSPADIAS/EPISPADIAS	227	\$4,015	\$4,046
5349	OTH UMB HERNIORRHAPHY	158	\$2,437	\$3,693
7911	CLO REDUC FX W/INT FIX-HUMERUS	146	\$3,886	\$4,292
625	ORCHIOPEXY	143	\$2,987	\$3,223
232	RESTORATION TOOTH-FILLING	118	\$2,751	\$2,790
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	111	\$2,856	\$2,811
5300	UNILAT REPR ING HERN-NOS	111	\$2,686	\$3,009
581	URETHRAL MEATOTOMY	110	\$554	\$750
4131	BX BONE MARROW	102	\$2,522	\$4,544
3723	COMBO RT & LT HEART CARD CATH	97	\$13,242	\$9,594
7865	REMOV IMPLNT DEVICE-FEM	93	\$3,602	\$5,196
282	TONSILLECTOMY WO ADENOIDECTOMY	90	\$2,310	\$3,118
5302	UNILAT REPR INDIRECT ING HERN	88	\$2,131	\$3,302
194	MYRINGOPLASTY	86	\$3,410	\$4,416
286	ADENOIDECTOMY WO TONSILLECTOMY	85	\$2,141	\$2,541
6493	DIVIS PENILE ADHES	85	\$1,070	\$1,224

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		9,268	\$3,043	\$4,004
42820	T&A; UNDER AGE 12	1,296	\$2,580	\$2,869
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,258	\$1,124	\$1,547
41899	UNLIST PROC DENTOALVEOL STRUCTUR	881	\$3,298	\$3,377
43239	UGI ENDO; W/BX 1/MX	659	\$2,588	\$1,698
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	262	\$2,542	\$2,889
67311	STRABISMUS SURG; 1 HORIZONTAL MU	207	\$2,811	\$2,897
20680	REMOVAL OF IMPLANT; DEEP	197	\$3,411	\$3,851
54640	ORCHIPXY ING APPRCH W/WO HERN RE	161	\$3,004	\$3,122
42821	T&A; AGE 12 OR OVER	156	\$2,598	\$3,363
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	145	\$2,410	\$5,561
49580	REPR UMBILIC HERNIA <5YR; REDUCI	121	\$2,477	\$2,562
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	120	\$3,634	\$3,798
53020	MEATOTOMY CUT MEATUS; EXCEPT INF	113	\$580	\$731
67312	STRABISMUS SURG; 2 HORIZONTAL MU	110	\$2,907	\$2,908
49505	REPR INIT ING HERNIA 5YR/MORE; R	108	\$2,411	\$4,904
54322	1 STAGE DSTL REPR; W/SMPL MEATL	97	\$3,542	\$3,544
49500	REPR INIT ING HERNIA 6MO-<5YR; R	88	\$2,297	\$3,163
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	84	\$2,158	\$2,449
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	76	\$1,969	\$2,348
54326	1 STAGE DSTL REPR;URETHROPLST MO	65	\$4,132	\$4,132

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, 2010
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	822	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	275	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	28	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	106
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	107
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	43	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	422	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	49
	012 LEVEL I SKIN REPAIR	1	13
	013 LEVEL II SKIN REPAIR	6	842
	014 LEVEL III SKIN REPAIR	27	257
	015 LEVEL IV SKIN REPAIR	2	2
02	BREAST PROCEDURES	5	1,750
	020 LEVEL I BREAST PROCEDURES	5	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,562	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	157	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	212	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	134	2,206
	033 LEVEL I HAND PROCEDURES	82	3,900
	034 LEVEL II HAND PROCEDURES	67	1,135
	035 LEVEL I FOOT PROCEDURES	94	6,043
	036 LEVEL II FOOT PROCEDURES	27	1,635
	037 LEVEL I ARTHROSCOPY	94	22,380
	038 LEVEL II ARTHROSCOPY	30	5,428
	039 REPLACEMENT OF CAST	4	125
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	20	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	89	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	270	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	467
	045 BUNION PROCEDURES	1	1,790
	048 HAND AND FOOT TENOTOMY	80	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	185	2,206
04	RESPIRATORY PROCEDURES	711	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	30	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	266	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	151	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	264	2,327
05	CARDIOVASCULAR PROCEDURES	64	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	49	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	2	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	1	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2,371

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	126
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	50	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	7	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	43	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,645	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	23	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	71	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	955	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	119	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	188	41,709
	137 THERAPEUTIC COLONOSCOPY	4	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	2,130
	139 LEVEL I HERNIA REPAIR	774	5,690
	140 LEVEL II HERNIA REPAIR	40	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	40	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	28	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	50	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	8	206
	145 LEVEL I LAPAROSCOPY	185	2,518
	146 LEVEL II LAPAROSCOPY	130	8,555
	147 LEVEL III LAPAROSCOPY	6	7,108
08	GENITOURINARY SYSTEM PROCEDURES	374	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	625
	162 URINARY CATHETERIZATION AND DILATATION	10	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	100	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	84	3,683
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	140	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	38	484
09	MALE REPRODUCTIVE SYSTEM	1,355	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	466	1,441
	181 CIRCUMCISION	477	947
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	4	9
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	408	1,309
10	FEMALE REPRODUCTIVE SYSTEM	37	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	18	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,641
	201 COLPOSCOPY	18	694
11	NEUROLOGIC SYSTEM PROCEDURES	206	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	183
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	9	208
	217 LEVEL I NERVE PROCEDURES	36	4,138
	218 LEVEL II NERVE PROCEDURES	21	777
	219 SPINAL TAP	104	427

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	16	8,680
	223 LEVEL III NERVE PROCEDURES	16	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,124	11,976
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	27
	232 LASER EYE PROCEDURES	9	566
	233 CATARACT PROCEDURES	46	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	26	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	14	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	9	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	3	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	659	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	253	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	99	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7,044	30,136
	250 COCHLEAR DEVICE IMPLANTATION	30	136
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	19	33
	252 LEVEL I FACIAL AND ENT PROCEDURES	3,792	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	313	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	194	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	285	3,077
	256 TONSIL AND ADENOID PROCEDURES	2,411	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	535	\$2,990	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	217	\$2,598	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	14	\$2,189	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$2,084	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	\$3,507	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	31	\$3,271	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	258	\$3,281	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$4,163	\$6,933
	012 LEVEL I SKIN REPAIR	1	\$6,742	\$6,740
	013 LEVEL II SKIN REPAIR	4	\$4,040	\$4,647
	015 LEVEL IV SKIN REPAIR	1	\$3,343	\$3,343
02	BREAST PROCEDURES	5	\$2,968	\$4,055
	020 LEVEL I BREAST PROCEDURES	5	\$2,968	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	667	\$4,278	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	\$2,840	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	\$5,413	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	\$6,707	\$10,772
	033 LEVEL I HAND PROCEDURES	36	\$2,897	\$2,911
	034 LEVEL II HAND PROCEDURES	20	\$3,124	\$5,270
	035 LEVEL I FOOT PROCEDURES	25	\$3,549	\$3,958
	036 LEVEL II FOOT PROCEDURES	7	\$8,131	\$7,753
	037 LEVEL I ARTHROSCOPY	37	\$5,868	\$4,877
	038 LEVEL II ARTHROSCOPY	15	\$7,782	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	\$4,210	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	55	\$4,052	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	193	\$4,288	\$8,351
	048 HAND AND FOOT TENOTOMY	3	\$2,657	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	46	\$814	\$1,578
04	RESPIRATORY PROCEDURES	111	\$3,673	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	25	\$5,132	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	29	\$2,190	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	16	\$4,569	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	41	\$3,482	\$2,759
05	CARDIOVASCULAR PROCEDURES	23	\$6,880	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	18	\$4,932	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$12,135	\$5,820
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$22,206	\$40,293
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$14,051	\$8,436
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$10,538	\$8,595
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	43	\$3,795	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	7	\$3,872	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	36	\$3,780	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,585	\$2,841	\$3,034
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	\$1,784	\$2,587
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$1,902	\$1,093

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$2,189	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	693	\$2,593	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	80	\$3,354	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	58	\$3,015	\$1,365
	137 THERAPEUTIC COLONOSCOPY	1	\$2,402	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$2,428	\$5,559
	139 LEVEL I HERNIA REPAIR	496	\$2,478	\$4,575
	140 LEVEL II HERNIA REPAIR	29	\$2,786	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	20	\$1,892	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	24	\$1,510	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	33	\$2,995	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	6	\$4,608	\$8,883
	145 LEVEL I LAPAROSCOPY	14	\$3,109	\$5,993
	146 LEVEL II LAPAROSCOPY	99	\$6,230	\$8,741
	147 LEVEL III LAPAROSCOPY	4	\$7,872	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	212	\$3,255	\$5,060
	162 URINARY CATHETERIZATION AND DILATATION	2	\$4,052	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	31	\$2,705	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	42	\$8,847	\$5,471
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	114	\$579	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	23	\$6,978	\$13,497
09	MALE REPRODUCTIVE SYSTEM	914	\$2,906	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	300	\$2,605	\$3,299
	181 CIRCUMCISION	329	\$2,383	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	285	\$3,827	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	5	\$1,388	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	\$1,284	\$4,052
	201 COLPOSCOPY	1	\$1,803	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	97	\$2,565	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$1,946	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$3,874	\$11,949
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	7	\$8,483	\$9,372
	217 LEVEL I NERVE PROCEDURES	5	\$3,039	\$3,417
	219 SPINAL TAP	77	\$1,951	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	5	\$3,251	\$1,808
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	595	\$2,902	\$3,736
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,419	\$1,098
	232 LASER EYE PROCEDURES	7	\$2,427	\$818
	233 CATARACT PROCEDURES	36	\$4,518	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	16	\$3,437	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	\$4,538	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	\$6,646	\$9,495
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$2,553	\$3,792
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	355	\$2,793	\$2,883
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	115	\$2,332	\$2,259

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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)
13	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	50	\$3,125	\$4,073
	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4,321	\$2,838	\$4,038
	250 COCHLEAR DEVICE IMPLANTATION	30	\$51,310	\$55,645
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	14	\$3,354	\$6,314
	252 LEVEL I FACIAL AND ENT PROCEDURES	2,334	\$2,173	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	121	\$2,262	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	79	\$5,091	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	113	\$6,893	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	1,630	\$2,546	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	5,544	41.2	135,467	53.6
Male	7,909	58.8	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	24	0.2	1,741	0.7
29-365 days	1,539	11.4	2,971	1.2
1-4 years	5,420	40.3	10,916	4.3
5-9	3,289	24.4	6,723	2.7
10-14	2,014	15.0	5,235	2.1
15-17	901	6.7	5,307	2.1
18-19	148	1.1	3,697	1.5
20-24	75	0.6	10,057	4.0
25-29	22	0.2	12,635	5.0
30-34	11	0.1	14,894	5.9
35-39	7	0.1	13,867	5.5
40-44	1	0.0	14,264	5.6
45-49	0	0.0	17,450	6.9
50-54	0	0.0	27,955	11.1
55-59	1	0.0	24,928	9.9
60-64	1	0.0	22,206	8.8
65-69	0	0.0	19,059	7.5
70-74	0	0.0	14,720	5.8
75-79	0	0.0	11,676	4.6
80-84	0	0.0	7,598	3.0
85-89	0	0.0	3,582	1.4
90 +	0	0.0	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	11,151	82.9	208,190	82.4
Clinic Referral	2,009	14.9	38,248	15.1
HMO Referral	1	0.0	619	0.2
Other Hospital	33	0.2	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	1	0.0	24	0.0
ER (Not valid since 7/2010)	258	1.9	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	13,446	99.9	251,393	99.5
Another Hospital	3	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	1	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	20	0.0
Unknown	1	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	13	0.1	55,732	22.1
Medicaid	3,519	26.2	18,214	7.2
Other government	287	2.1	5,636	2.2
Blue Cross/Blue Shield	2,195	16.3	33,140	13.1
Other Commercial	848	6.3	17,547	6.9
Managed Care(HMO, PPO)	6,121	45.5	113,327	44.9
Self Pay	139	1.0	3,334	1.3
Industrial & Worker Comp	2	0.0	3,165	1.3
Charity and Unclassified	20	0.1	1,228	0.5
Childrens Health Insurance	10	0.1	189	0.1
Unknown	299	2.2	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	306	2.3	15,912	6.3
Central Utah	167	1.2	9,352	3.7
Davis County	1,816	13.5	27,390	10.8
Salt Lake County	6,376	47.4	87,767	34.7
Southeastern Utah	161	1.2	5,222	2.1
Southwest Utah	224	1.7	15,992	6.3
Summit County	224	1.7	3,893	1.5
Tooele County	377	2.8	5,148	2.0
Tri-County	129	1.0	6,710	2.7
Utah County	1,742	12.9	38,568	15.3
Wasatch County	104	0.8	1,970	0.8
Weber County	693	5.2	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	1,126	8.4	13,138	5.2
Unknown, Not Reported	8	0.1	125	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, 2010
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)	7,368	100.0	331,127	100.0
Mastectomy (85.0-85.99)	35	0.5	8,130	2.5
Musculoskeletal (76.0-84.99)	1,203	16.3	67,729	20.5
Respiratory (30.0-34.99)	34	0.5	3,049	0.9
Cardiovascular (35.0-39.99)	16	0.2	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	20	0.3	2,918	0.9
Digestive System (42.0-54.99)	2,962	40.2	106,281	32.1
Urinary (55.0-59.99)	161	2.2	11,247	3.4
Male Genital (60.0-64.99)	31	0.4	3,928	1.2
Female Genital (65.0-71.99)	758	10.3	15,188	4.6
Endocrine/Nervous (01.0-07.99)	157	2.1	24,832	7.5
Eye (08.0-16.99)	176	2.4	20,768	6.3
Ear (18.0-20.99)	486	6.6	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	1,329	18.0	28,733	8.7
Reporting Category(CPT-4 CODES)	6,440	100.0	325,030	100.0
Mastectomy (19120-19220)	11	0.2	1,713	0.5
Musculoskeletal (20000-29909)	1,188	18.4	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	737	11.4	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	14	0.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	17	0.3	4,116	1.3
Digestive (40490-49999)	3,274	50.8	123,353	38.0
Urinary (50010-53899)	123	1.9	15,063	4.6
Male Genital (54000-55899)	23	0.4	3,821	1.2
Female Genital (56405-58999)	553	8.6	14,294	4.4
Endocrine/Nervous (60000-64999)	146	2.3	22,577	6.9
Eye (65091-68899)	77	1.2	12,170	3.7
Ear (69000-69979)	277	4.3	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		7,368	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	656	8.9	5.62
4523	COLONOSCOPY	549	7.5	6.81
4542	ENDO POLYPECTOMY LG INTESTINE	538	7.3	4.25
2001	MYRINGOTOMY W/INSRT TUBE	323	4.4	3.35
2169	OTH TURBINECTOMY	295	4.0	0.75
4525	CLO [ENDO] BX LG INTESTINE	285	3.9	2.29
283	TONSILLECTOMY W/ADENOIDECTOMY	193	2.6	1.92
4836	[ENDO] POLYPECTOMY RECTUM	161	2.2	1.20
5123	LAP CHOLEY	159	2.2	2.22
215	SUBMUCOUS RESECT NASAL SEPTUM	130	1.8	0.26
282	TONSILLECTOMY WO ADENOIDECTOMY	119	1.6	0.52
6952	ASPIR CURET FOLLOWING DELIV/AB	118	1.6	0.43
2263	ETHMOIDECTOMY	111	1.5	0.50
806	EXC SEMILUNAR CARTILAGE-KNEE	111	1.5	1.67
4513	OTH ENDO SM INTESTINE	109	1.5	1.64
222	INTRANASAL ANTROTOMY	87	1.2	0.30
6909	OTH D&C UTERUS	78	1.1	0.42
2262	EXC LES MAXIL SINUS W/OTH APPRCH	76	1.0	0.24
4701	LAP APPENDECTOMY	72	1.0	0.63
4292	DILAT ESOPH	71	1.0	1.35

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,440	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	716	11.1	6.08
43239	UGI ENDO; W/BX 1/MX	640	9.9	6.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	534	8.3	6.64
30140	SUBMUCOS RES TURBINATE PART/CMPL	195	3.0	0.68
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	169	2.6	1.81
69436	TYMPANOSTOMY GENERAL ANESTHESIA	166	2.6	1.80
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	150	2.3	0.70
47562	LAPAROSCOPY SURGICAL; CHOLECT	148	2.3	0.94
42820	T&A; UNDER AGE 12	130	2.0	1.52
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	104	1.6	0.51
29881	SCOPE KNEE SURG;W/MENISCECT MED/	100	1.6	1.46
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	93	1.4	0.44
44970	LAPAROSCOPY SURGICAL APPENDECTOM	71	1.1	0.66
42821	T&A; AGE 12 OR OVER	64	1.0	0.41
29826	SCOPE SHOULDER; DECOMP SUBACROM	63	1.0	1.12
31267	NASL/SINUS ENDO; W/TISS REMV MAX	62	1.0	0.22
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	62	1.0	0.30
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	59	0.9	0.28
66984	EXTRACAPSULAR CATARACT REMV IOL	58	0.9	1.53
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	56	0.9	0.33

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2010
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		3,047	\$2,930	\$4,764
4523	COLONOSCOPY	435	\$825	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	337	\$1,206	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	333	\$1,115	\$1,732
283	TONSILLECTOMY W/ADENOIDECTOMY	150	\$2,826	\$3,030
5123	LAP CHOLEY	144	\$5,997	\$7,823
4525	CLO [ENDO] BX LG INTESTINE	139	\$1,210	\$1,777
6952	ASPIR CURET FOLLOWING DELIV/AB	115	\$2,072	\$3,192
282	TONSILLECTOMY WO ADENOIDECTOMY	85	\$2,489	\$3,118
4701	LAP APPENDECTOMY	63	\$9,706	\$11,713
4836	[ENDO] POLYPECTOMY RECTUM	53	\$1,059	\$1,527
4513	OTH ENDO SM INTESTINE	49	\$1,045	\$1,513
6909	OTH D&C UTERUS	43	\$1,925	\$3,411
0443	RELEASE CARPAL TUNNEL	41	\$1,865	\$2,598
806	EXC SEMILUNAR CARTILAGE-KNEE	35	\$4,214	\$4,677
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	32	\$3,603	\$5,188
6823	ENDOMETRIAL ABLATION	31	\$5,110	\$6,274
8147	OTH REPR KNEE	23	\$6,202	\$5,985
8221	EXC LES TENDON SHEATH HAND	22	\$1,576	\$2,745
6902	D&C FOLLOWING DELIV/AB	21	\$2,365	\$3,566
062	UNILAT THYROID LOBEC	20	\$5,961	\$9,570

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		3,190	\$2,877	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	485	\$1,161	\$1,602
45378	COLONOSCOPY FLEX; DX-SEP PROC	422	\$825	\$1,186
43239	UGI ENDO; W/BX 1/MX	322	\$1,092	\$1,698
47562	LAPAROSCOPY SURGICAL; CHOLECT	136	\$5,849	\$6,966
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	106	\$1,399	\$1,753
42820	T&A; UNDER AGE 12	98	\$2,676	\$2,869
69436	TYMPANOSTOMY GENERAL ANESTHESIA	89	\$1,172	\$1,547
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	68	\$2,528	\$3,172
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	\$4,079	\$4,675
44970	LAPAROSCOPY SURGICAL APPENDECTOM	61	\$9,610	\$11,662
66984	EXTRACAPSULAR CATARACT REMV IOL	57	\$3,331	\$3,643
42821	T&A; AGE 12 OR OVER	50	\$3,127	\$3,363
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	48	\$4,409	\$6,301
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	39	\$964	\$1,404
58120	DILATION & CURET DX &/ THERAPEUT	34	\$1,858	\$3,369
29848	ENDO WRST SURG REL TRNS CARP LIG	32	\$1,902	\$2,596
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	27	\$5,367	\$6,827
20680	REMOVAL OF IMPLANT; DEEP	25	\$2,562	\$3,851
58558	HYSTEROscopy SURG; W/BX &/ POLYPE	25	\$2,470	\$3,843
49505	REPR INIT ING HERNIA 5YR/MORE; R	21	\$4,065	\$4,904

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, 2010
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	108	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	106
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	107
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	63	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	49
	012 LEVEL I SKIN REPAIR	1	13
	013 LEVEL II SKIN REPAIR	1	842
	014 LEVEL III SKIN REPAIR	16	257
02	BREAST PROCEDURES	11	1,750
	020 LEVEL I BREAST PROCEDURES	11	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,055	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	2,206
	033 LEVEL I HAND PROCEDURES	99	3,900
	034 LEVEL II HAND PROCEDURES	27	1,135
	035 LEVEL I FOOT PROCEDURES	64	6,043
	036 LEVEL II FOOT PROCEDURES	17	1,635
	037 LEVEL I ARTHROSCOPY	413	22,380
	038 LEVEL II ARTHROSCOPY	111	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	15	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	105	5,284
	045 BUNION PROCEDURES	31	1,790
	046 LEVEL I ARTHROPLASTY	16	660
	047 LEVEL II ARTHROPLASTY	4	177
	048 HAND AND FOOT TENOTOMY	5	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	2,206
04	RESPIRATORY PROCEDURES	321	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	65	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	251	4,200
05	CARDIOVASCULAR PROCEDURES	12	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,077
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	1,649
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	198
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	126
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	11	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,060	112,000

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	9	1,234
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	748
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	528
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	697	24,909
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	96	5,445
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,253	41,709
137 THERAPEUTIC COLONOSCOPY	222	7,586
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	97	2,130
139 LEVEL I HERNIA REPAIR	59	5,690
140 LEVEL II HERNIA REPAIR	8	1,145
141 LEVEL I ANAL AND RECTAL PROCEDURES	8	851
142 LEVEL II ANAL AND RECTAL PROCEDURES	11	1,189
143 LEVEL I GASTROINTESTINAL PROCEDURES	9	374
144 LEVEL II GASTROINTESTINAL PROCEDURES	2	206
145 LEVEL I LAPAROSCOPY	97	2,518
146 LEVEL II LAPAROSCOPY	357	8,555
147 LEVEL III LAPAROSCOPY	118	7,108
148 LEVEL IV LAPAROSCOPY	1	114
08 GENITOURINARY SYSTEM PROCEDURES	108	11,520
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	625
162 URINARY CATHETERIZATION AND DILATATION	8	218
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	48	5,655
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	43	3,683
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	61
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	219
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	484
09 MALE REPRODUCTIVE SYSTEM	30	4,036
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	1,441
181 CIRCUMCISION	8	947
184 LEVEL II PENILE AND PROSTATE PROCEDURES	10	1,309
10 FEMALE REPRODUCTIVE SYSTEM	314	8,528
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	67	1,525
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	36	1,641
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	53	1,872
199 DILATION AND CURETTAGE	46	552
200 HYSTEROSCOPY	102	2,238
201 COLPOSCOPY	10	694
11 NEUROLOGIC SYSTEM PROCEDURES	88	21,879
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	3,252
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	183
217 LEVEL I NERVE PROCEDURES	54	4,138
218 LEVEL II NERVE PROCEDURES	6	777
219 SPINAL TAP	2	427
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	5	8,680
221 LAMINOTOMY AND LAMINECTOMY	13	3,130
223 LEVEL III NERVE PROCEDURES	1	807

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	77	11,976
	233 CATARACT PROCEDURES	60	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	158
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	10	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,173	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	472	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	58	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	181	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	82	3,077
	256 TONSIL AND ADENOID PROCEDURES	380	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	58	\$2,568	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$3,592	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,958	\$2,702
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,249	\$380
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,313	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$2,592	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	40	\$2,459	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,107	\$6,933
	014 LEVEL III SKIN REPAIR	1	\$2,282	\$7,173
02	BREAST PROCEDURES	9	\$2,433	\$4,055
	020 LEVEL I BREAST PROCEDURES	9	\$2,433	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	418	\$5,102	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$5,621	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$5,169	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$7,417	\$10,772
	033 LEVEL I HAND PROCEDURES	44	\$1,740	\$2,911
	034 LEVEL II HAND PROCEDURES	12	\$4,252	\$5,270
	035 LEVEL I FOOT PROCEDURES	25	\$2,844	\$3,958
	036 LEVEL II FOOT PROCEDURES	11	\$7,857	\$7,753
	037 LEVEL I ARTHROSCOPY	157	\$4,054	\$4,877
	038 LEVEL II ARTHROSCOPY	29	\$11,443	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$5,699	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$3,405	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	72	\$6,673	\$8,351
	045 BUNION PROCEDURES	21	\$4,846	\$5,503
	047 LEVEL II ARTHROPLASTY	3	\$18,324	\$23,934
04	RESPIRATORY PROCEDURES	20	\$3,623	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$2,651	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,819	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	17	\$3,784	\$4,751
05	CARDIOVASCULAR PROCEDURES	4	\$4,607	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$4,095	\$6,105
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$8,021	\$8,436
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$2,965	\$8,595
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$3,346	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	\$5,055	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$5,055	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,890	\$2,195	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$2,008	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$1,203	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	364	\$1,076	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	25	\$1,870	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	908	\$1,005	\$1,365
	137 THERAPEUTIC COLONOSCOPY	135	\$1,361	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$1,769	\$5,559

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	139 LEVEL I HERNIA REPAIR	42	\$3,844	\$4,575
	140 LEVEL II HERNIA REPAIR	5	\$8,833	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$4,059	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	\$3,763	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$5,233	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$3,719	\$8,883
	145 LEVEL I LAPAROSCOPY	45	\$3,828	\$5,993
	146 LEVEL II LAPAROSCOPY	264	\$6,876	\$8,741
	147 LEVEL III LAPAROSCOPY	59	\$5,084	\$8,742
	148 LEVEL IV LAPAROSCOPY	1	\$8,207	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	28	\$4,817	\$5,060
	162 URINARY CATHETERIZATION AND DILATATION	1	\$2,119	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	13	\$4,770	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	12	\$5,305	\$5,471
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$3,541	\$13,497
09	MALE REPRODUCTIVE SYSTEM	21	\$4,392	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$3,439	\$3,299
	181 CIRCUMCISION	7	\$2,719	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	\$6,570	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	171	\$3,562	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	34	\$2,158	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	\$4,013	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	32	\$6,024	\$7,555
	199 DILATION AND CURETTAGE	34	\$1,858	\$3,369
	200 HYSTEROSCOPY	53	\$3,995	\$5,363
	201 COLPOSCOPY	3	\$2,599	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	39	\$3,518	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$561	\$1,457
	217 LEVEL I NERVE PROCEDURES	25	\$2,789	\$3,417
	218 LEVEL II NERVE PROCEDURES	1	\$14,614	\$12,912
	219 SPINAL TAP	2	\$1,615	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$1,193	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	5	\$8,999	\$10,971
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	68	\$3,359	\$3,736
	233 CATARACT PROCEDURES	59	\$3,316	\$3,654
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$5,513	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$3,103	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	447	\$3,044	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	126	\$1,616	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	15	\$2,818	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	20	\$5,745	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	48	\$7,458	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	238	\$2,697	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

148 Riverton Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,854	59.9	135,467	53.6
Male	1,911	40.1	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	38	0.8	2,971	1.2
1-4 years	170	3.6	10,916	4.3
5-9	137	2.9	6,723	2.7
10-14	101	2.1	5,235	2.1
15-17	135	2.8	5,307	2.1
18-19	88	1.8	3,697	1.5
20-24	262	5.5	10,057	4.0
25-29	375	7.9	12,635	5.0
30-34	498	10.5	14,894	5.9
35-39	389	8.2	13,867	5.5
40-44	367	7.7	14,264	5.6
45-49	406	8.5	17,450	6.9
50-54	623	13.1	27,955	11.1
55-59	440	9.2	24,928	9.9
60-64	325	6.8	22,206	8.8
65-69	182	3.8	19,059	7.5
70-74	110	2.3	14,720	5.8
75-79	50	1.0	11,676	4.6
80-84	41	0.9	7,598	3.0
85-89	20	0.4	3,582	1.4
90 +	8	0.2	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,060	85.2	208,190	82.4
Clinic Referral	621	13.0	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	84	1.8	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	4,757	99.8	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	4	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	3	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	376	7.9	55,732	22.1
Medicaid	199	4.2	18,214	7.2
Other government	49	1.0	5,636	2.2
Blue Cross/Blue Shield	97	2.0	33,140	13.1
Other Commercial	221	4.6	17,547	6.9
Managed Care(HMO, PPO)	3,713	77.9	113,327	44.9
Self Pay	28	0.6	3,334	1.3
Industrial & Worker Comp	40	0.8	3,165	1.3
Charity and Unclassified	17	0.4	1,228	0.5
Childrens Health Insurance	2	0.0	189	0.1
Unknown	23	0.5	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	15,912	6.3
Central Utah	18	0.4	9,352	3.7
Davis County	68	1.4	27,390	10.8
Salt Lake County	4,233	88.8	87,767	34.7
Southeastern Utah	20	0.4	5,222	2.1
Southwest Utah	6	0.1	15,992	6.3
Summit County	21	0.4	3,893	1.5
Tooele County	55	1.2	5,148	2.0
Tri-County	7	0.1	6,710	2.7
Utah County	296	6.2	38,568	15.3
Wasatch County	6	0.1	1,970	0.8
Weber County	12	0.3	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	19	0.4	13,138	5.2
Unknown, Not Reported	1	0.0	125	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, 2010
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)	914	100.0	331,127	100.0
Mastectomy (85.0-85.99)	7	0.8	8,130	2.5
Musculoskeletal (76.0-84.99)	42	4.6	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	0	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	3	0.3	2,918	0.9
Digestive System (42.0-54.99)	333	36.4	106,281	32.1
Urinary (55.0-59.99)	2	0.2	11,247	3.4
Male Genital (60.0-64.99)	1	0.1	3,928	1.2
Female Genital (65.0-71.99)	35	3.8	15,188	4.6
Endocrine/Nervous (01.0-07.99)	163	17.8	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	2	0.2	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	326	35.7	28,733	8.7
Reporting Category(CPT-4 CODES)	429	100.0	325,030	100.0
Mastectomy (19120-19220)	0	0.0	1,713	0.5
Musculoskeletal (20000-29909)	6	1.4	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	0	0.0	4,116	1.3
Digestive (40490-49999)	277	64.6	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	52	12.1	14,294	4.4
Endocrine/Nervous (60000-64999)	94	21.9	22,577	6.9
Eye (65091-68899)	0	0.0	12,170	3.7
Ear (69000-69979)	0	0.0	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		914	100.0	100.0
2341	APPLIC CROWN	94	10.3	0.43
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	76	8.3	5.62
2370	ROOT CANAL-NOS	73	8.0	0.28
0391	INJ ANES SPINAL CANAL-ANALGESIA	72	7.9	1.75
0392	INJ OTH AGENT SPINAL CANAL	72	7.9	2.07
4523	COLONOSCOPY	61	6.7	6.81
232	RESTORATION TOOTH-FILLING	59	6.5	0.46
4542	ENDO POLYPECTOMY LG INTESTINE	55	6.0	4.25
2301	EXTRACT DECIDUOUS TOOTH	49	5.4	0.03
4525	CLO [ENDO] BX LG INTESTINE	31	3.4	2.29
6909	OTH D&C UTERUS	24	2.6	0.42
247	APPLIC ORTHODONTIC APPLIANCE	18	2.0	0.01
5123	LAP CHOLEY	18	2.0	2.22
2499	OTH DENTAL OPER	16	1.8	0.00
4943	CAUT HEMORRHOIDS	16	1.8	0.01
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	1.1	0.34
8398	INJ LOC TX SUBSTNCE OTH SOFT TISS	10	1.1	0.04
0443	RELEASE CARPAL TUNNEL	9	1.0	0.97
4824	CLO [ENDO] BX RECTUM	9	1.0	0.46
4836	[ENDO] POLYPECTOMY RECTUM	9	1.0	1.20

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		429	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	147	34.3	6.08
43239	UGI ENDO; W/BX 1/MX	74	17.2	6.01
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	38	8.9	0.75
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	33	7.7	0.61
49500	REPR INIT ING HERNIA 6MO-<5YR; R	28	6.5	0.07
58120	DILATION & CURET DX &/ THERAPEUT	27	6.3	0.17
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	20	4.7	0.02
47600	CHOLECYSTECTOMY;	18	4.2	0.01
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	13	3.0	0.36
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	9	2.1	0.64
42820	T&A; UNDER AGE 12	7	1.6	1.52
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	4	0.9	0.05
58940	OOPHORECTOMY PART/TOTAL UNI/BIL;	3	0.7	0.00
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	2	0.5	0.06
43232	ESOPHSCOPY; US GUIDE NDLE ASPIR/	2	0.5	0.00
44950	APPENDECTOMY;	1	0.2	0.03
57240	ANT COLPORRHAPHY REPR CYSTOCELE	1	0.2	0.10
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	1	0.2	0.01
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	1	0.2	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, 2010
 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	263	\$4,108	\$4,764
4523	COLONOSCOPY	50	\$2,042	\$1,184
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	37	\$2,295	\$1,732
4542	ENDO POLYPECTOMY LG INTESTINE	25	\$2,504	\$1,643
6909	OTH D&C UTERUS	20	\$4,350	\$3,411
5123	LAP CHOLEY	17	\$13,817	\$7,823
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	\$5,957	\$4,980
0443	RELEASE CARPAL TUNNEL	9	\$3,822	\$2,598
4525	CLO [ENDO] BX LG INTESTINE	9	\$2,713	\$1,777
5303	UNILAT REPR DIRECT ING HERN-GFT	8	\$6,258	\$5,043
0601	ASPIR THYROID FIELD	5	\$717	\$1,150
232	RESTORATION TOOTH-FILLING	5	\$2,708	\$2,790
5341	REPR UMB HERN W/PROSTH	5	\$5,642	\$5,494
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	5	\$6,434	\$6,147
282	TONSILLECTOMY WO ADENOIDECTOMY	4	\$4,244	\$3,118
4943	CAUT HEMORRHOIDS	4	\$2,840	\$2,704
283	TONSILLECTOMY W/ADENOIDECTOMY	3	\$4,363	\$3,030
806	EXC SEMILUNAR CARTILAGE-KNEE	3	\$9,709	\$4,677
4513	OTH ENDO SM INTESTINE	2	\$1,838	\$1,513
4881	INCIS PERIRECTAL TISS	2	\$2,477	\$4,513
5302	UNILAT REPR INDIRECT ING HERN	2	\$4,792	\$3,302

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	270	\$3,558	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	113	\$2,386	\$1,602
43239	UGI ENDO; W/BX 1/MX	44	\$2,352	\$1,698
49500	REPR INIT ING HERNIA 6MO-<5YR; R	27	\$6,048	\$3,163
58120	DILATION & CURET DX &/ THERAPEUT	26	\$4,461	\$3,369
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	21	\$2,508	\$1,383
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	9	\$4,431	\$2,664
42820	T&A; UNDER AGE 12	7	\$4,295	\$2,869
47600	CHOLECYSTECTOMY;	7	\$10,807	\$10,513
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	6	\$11,463	\$16,734
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	3	\$2,547	\$1,691
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	2	\$3,178	\$1,743
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	1	\$1,469	\$1,696
43232	ESOPHSCOPY; US GUIDE NDLE ASPIR/	1	\$525	\$1,594
57240	ANT COLPORRHAPHY REPR CYSTOCELE	1	\$8,481	\$4,987
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	1	\$6,038	\$4,803
58940	OOPHORECTOMY PART/TOTAL UNI/BIL;	1	\$10,838	\$7,240

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, 2010
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)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	6	64,178
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	2,206
07	GASTROINTESTINAL SYSTEM PROCEDURES	272	112,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	76	24,909
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	147	41,709
	139 LEVEL I HERNIA REPAIR	28	5,690
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	206
	147 LEVEL III LAPAROSCOPY	20	7,108
10	FEMALE REPRODUCTIVE SYSTEM	29	8,528
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	1,641
	199 DILATION AND CURETTAGE	27	552
11	NEUROLOGIC SYSTEM PROCEDURES	94	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	38	3,252
	217 LEVEL I NERVE PROCEDURES	9	4,138
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	47	8,680
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	30,136
	256 TONSIL AND ADENOID PROCEDURES	7	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3	\$2,608	\$5,625
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$2,608	\$1,578
07	GASTROINTESTINAL SYSTEM PROCEDURES	191	\$3,171	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	45	\$2,311	\$1,690
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	113	\$2,386	\$1,365
	139 LEVEL I HERNIA REPAIR	27	\$6,048	\$4,575
	147 LEVEL III LAPAROSCOPY	6	\$11,463	\$8,742
10	FEMALE REPRODUCTIVE SYSTEM	28	\$4,661	\$4,923
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$7,260	\$5,205
	199 DILATION AND CURETTAGE	26	\$4,461	\$3,369
11	NEUROLOGIC SYSTEM PROCEDURES	33	\$3,036	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	21	\$2,508	\$1,457
	217 LEVEL I NERVE PROCEDURES	9	\$4,431	\$3,417
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	\$2,547	\$1,808
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	\$4,295	\$4,038
	256 TONSIL AND ADENOID PROCEDURES	7	\$4,295	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	287	56.1	135,467	53.6
Male	224	43.8	117,109	46.4
Unknown	1	0.2	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	0	0.0	2,971	1.2
1-4 years	79	15.4	10,916	4.3
5-9	23	4.5	6,723	2.7
10-14	5	1.0	5,235	2.1
15-17	3	0.6	5,307	2.1
18-19	3	0.6	3,697	1.5
20-24	5	1.0	10,057	4.0
25-29	16	3.1	12,635	5.0
30-34	20	3.9	14,894	5.9
35-39	27	5.3	13,867	5.5
40-44	14	2.7	14,264	5.6
45-49	21	4.1	17,450	6.9
50-54	69	13.5	27,955	11.1
55-59	36	7.0	24,928	9.9
60-64	57	11.1	22,206	8.8
65-69	47	9.2	19,059	7.5
70-74	36	7.0	14,720	5.8
75-79	19	3.7	11,676	4.6
80-84	24	4.7	7,598	3.0
85-89	6	1.2	3,582	1.4
90 +	2	0.4	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	507	99.0	208,190	82.4
Clinic Referral	0	0.0	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	2	0.4	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	3	0.6	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	501	97.9	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	11	2.1	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	115	22.5	55,732	22.1
Medicaid	113	22.1	18,214	7.2
Other government	8	1.6	5,636	2.2
Blue Cross/Blue Shield	79	15.4	33,140	13.1
Other Commercial	43	8.4	17,547	6.9
Managed Care(HMO, PPO)	141	27.5	113,327	44.9
Self Pay	9	1.8	3,334	1.3
Industrial & Worker Comp	1	0.2	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	2	0.4	1,055	0.4
Not Reported	1	0.2	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.2	15,912	6.3
Central Utah	0	0.0	9,352	3.7
Davis County	1	0.2	27,390	10.8
Salt Lake County	0	0.0	87,767	34.7
Southeastern Utah	404	78.9	5,222	2.1
Southwest Utah	2	0.4	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	0	0.0	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	1	0.2	17	0.0
Outside Utah	97	18.9	13,138	5.2
Unknown, Not Reported	6	1.2	125	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, 2010
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)	865	100.0	331,127	100.0
Mastectomy (85.0-85.99)	13	1.5	8,130	2.5
Musculoskeletal (76.0-84.99)	21	2.4	67,729	20.5
Respiratory (30.0-34.99)	2	0.2	3,049	0.9
Cardiovascular (35.0-39.99)	0	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	4	0.5	2,918	0.9
Digestive System (42.0-54.99)	642	74.2	106,281	32.1
Urinary (55.0-59.99)	0	0.0	11,247	3.4
Male Genital (60.0-64.99)	4	0.5	3,928	1.2
Female Genital (65.0-71.99)	11	1.3	15,188	4.6
Endocrine/Nervous (01.0-07.99)	6	0.7	24,832	7.5
Eye (08.0-16.99)	127	14.7	20,768	6.3
Ear (18.0-20.99)	18	2.1	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	17	2.0	28,733	8.7
Reporting Category(CPT-4 CODES)	764	100.0	325,030	100.0
Mastectomy (19120-19220)	10	1.3	1,713	0.5
Musculoskeletal (20000-29909)	18	2.4	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1	0.1	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	1	0.1	4,116	1.3
Digestive (40490-49999)	640	83.8	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	3	0.4	3,821	1.2
Female Genital (56405-58999)	5	0.7	14,294	4.4
Endocrine/Nervous (60000-64999)	6	0.8	22,577	6.9
Eye (65091-68899)	71	9.3	12,170	3.7
Ear (69000-69979)	9	1.2	8,294	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		865	100.0	100.0
4523	COLONOSCOPY	214	24.7	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	112	12.9	5.62
4542	ENDO POLYPECTOMY LG INTESTINE	84	9.7	4.25
5123	LAP CHOLEY	66	7.6	2.22
1341	PHACOEMULSIFICATION-ASPIR CATARACT	55	6.4	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	55	6.4	1.53
4513	OTH ENDO SM INTESTINE	32	3.7	1.64
4525	CLO [ENDO] BX LG INTESTINE	23	2.7	2.29
4836	[ENDO] POLYPECTOMY RECTUM	17	2.0	1.20
2001	MYRINGOTOMY W/INSRT TUBE	12	1.4	3.35
4701	LAP APPENDECTOMY	12	1.4	0.63
8521	LOC EXC LES BREAST	11	1.3	0.60
283	TONSILLECTOMY W/ADENOIDECTOMY	10	1.2	1.92
4292	DILAT ESOPH	10	1.2	1.35
5303	UNILAT REPR DIRECT ING HERN-GFT	10	1.2	0.26
1364	DISCISSION SECNDRY MEMBRN	8	0.9	0.08
5304	UNILAT REPR INDIRECT ING HERN-GFT	8	0.9	0.34
1369	OTH CATARACT EXTRACT	7	0.8	0.03
5341	REPR UMB HERN W/PROSTH	7	0.8	0.23
5361	INCIS HERN REPR W/PROSTH	7	0.8	0.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		764	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	203	26.6	6.64
43239	UGI ENDO; W/BX 1/MX	111	14.5	6.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	78	10.2	6.08
66984	EXTRACAPSULAR CATARACT REMV IOL	55	7.2	1.53
47562	LAPAROSCOPY SURGICAL; CHOLECT	49	6.4	0.94
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	39	5.1	1.81
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	26	3.4	1.23
49505	REPR INIT ING HERNIA 5YR/MORE; R	25	3.3	0.78
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	17	2.2	1.32
66821	DISCISSION 2ND CATARACT; LASER S	14	1.8	0.14
44970	LAPAROSCOPY SURGICAL APPENDECTOM	12	1.6	0.66
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	10	1.3	0.36
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	9	1.2	0.94
49560	REPR INIT INCS/VENT HERNIA; RDOC	9	1.2	0.13
42820	T&A; UNDER AGE 12	8	1.0	1.52
49568	IMPLNT MESH/OTH-INCS/VENT HERN R	7	0.9	0.15
69436	TYMPANOSTOMY GENERAL ANESTHESIA	6	0.8	1.80
19125	EXC BRST LES ID RAD MARKR OPN;1	5	0.7	0.17
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	0.5	0.35
49565	REPR RECUR INCS/VENT HERNIA; RDU	4	0.5	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, 2010
 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	526	\$3,391	\$4,764
4523	COLONOSCOPY	173	\$1,872	\$1,184
5123	LAP CHOLEY	65	\$6,985	\$7,823
4542	ENDO POLYPECTOMY LG INTESTINE	59	\$2,446	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	54	\$2,025	\$1,732
4513	OTH ENDO SM INTESTINE	14	\$1,948	\$1,513
4525	CLO [ENDO] BX LG INTESTINE	14	\$2,301	\$1,777
4701	LAP APPENDECTOMY	12	\$13,404	\$11,713
283	TONSILLECTOMY W/ADENOIDECTOMY	10	\$2,553	\$3,030
5303	UNILAT REPR DIRECT ING HERN-GFT	9	\$6,310	\$5,043
1364	DISCISSION SECNDRY MEMBRN	8	\$845	\$768
1369	OTH CATARACT EXTRACT	7	\$714	\$1,017
5304	UNILAT REPR INDIRECT ING HERN-GFT	7	\$5,604	\$4,980
5341	REPR UMB HERN W/PROSTH	7	\$4,312	\$5,494
5361	INCIS HERN REPR W/PROSTH	7	\$8,969	\$8,316
8521	LOC EXC LES BREAST	7	\$4,977	\$3,725
4836	[ENDO] POLYPECTOMY RECTUM	5	\$2,111	\$1,527
6952	ASPIR CURET FOLLOWING DELIV/AB	4	\$2,163	\$3,192
5314	BILAT REPR DIRECT ING HERN-GFT	3	\$8,298	\$7,606
5349	OTH UMB HERNIORRHAPHY	3	\$4,118	\$3,693
5351	INCIS HERN REPR	3	\$9,817	\$5,860

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	564	\$3,244	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	163	\$1,869	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	55	\$2,361	\$1,602
66984	EXTRACAPSULAR CATARACT REMV IOL	55	\$2,099	\$3,643
43239	UGI ENDO; W/BX 1/MX	53	\$1,999	\$1,698
47562	LAPAROSCOPY SURGICAL; CHOLECT	48	\$6,460	\$6,966
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	27	\$2,587	\$1,753
49505	REPR INIT ING HERNIA 5YR/MORE; R	22	\$5,928	\$4,904
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	17	\$8,465	\$8,264
66821	DISCISSION 2ND CATARACT; LASER S	14	\$794	\$772
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	13	\$2,010	\$1,404
44970	LAPAROSCOPY SURGICAL APPENDECTOM	12	\$13,404	\$11,662
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	10	\$4,254	\$4,631
42820	T&A; UNDER AGE 12	8	\$2,486	\$2,869
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	5	\$3,434	\$1,979
19125	EXC BRST LES ID RAD MARKR OPN;1	4	\$5,180	\$4,700
58120	DILATION & CURET DX &/ THERAPEUT	4	\$3,182	\$3,369
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4	\$1,185	\$1,547
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$4,706	\$3,656
28296	HALLUX VALGUS; W/METATARSAL OSTE	3	\$4,381	\$5,280
28820	AMP TOE; METATARSOPHALANGEAL JOI	2	\$2,488	\$3,812

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	4	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,291
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	106
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	948
02	BREAST PROCEDURES	10	1,750
	020 LEVEL I BREAST PROCEDURES	10	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	16	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,480
	033 LEVEL I HAND PROCEDURES	1	3,900
	035 LEVEL I FOOT PROCEDURES	4	6,043
	036 LEVEL II FOOT PROCEDURES	2	1,635
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	567
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	467
	045 BUNION PROCEDURES	5	1,790
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,206
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	624	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,234
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	137	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	15	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	282	41,709
	137 THERAPEUTIC COLONOSCOPY	45	7,586
	139 LEVEL I HERNIA REPAIR	44	5,690
	140 LEVEL II HERNIA REPAIR	15	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,189
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	206
	145 LEVEL I LAPAROSCOPY	2	2,518
	146 LEVEL II LAPAROSCOPY	61	8,555
	147 LEVEL III LAPAROSCOPY	17	7,108
09	MALE REPRODUCTIVE SYSTEM	2	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,441
10	FEMALE REPRODUCTIVE SYSTEM	5	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,525
	199 DILATION AND CURETTAGE	4	552
11	NEUROLOGIC SYSTEM PROCEDURES	5	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	3,252
	219 SPINAL TAP	2	427
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	71	11,976
	232 LASER EYE PROCEDURES	14	566
	233 CATARACT PROCEDURES	57	5,367
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	23	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	6	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	1,444

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	3	\$3,069	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$1,241	\$4,740
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,995	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$5,969	\$2,798
02	BREAST PROCEDURES	7	\$4,977	\$4,055
	020 LEVEL I BREAST PROCEDURES	7	\$4,977	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	13	\$3,622	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$5,342	\$4,903
	033 LEVEL I HAND PROCEDURES	1	\$3,218	\$2,911
	035 LEVEL I FOOT PROCEDURES	3	\$2,501	\$3,958
	036 LEVEL II FOOT PROCEDURES	1	\$2,475	\$7,753
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$1,119	\$3,602
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$5,116	\$3,636
	045 BUNION PROCEDURES	5	\$4,464	\$5,503
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$3,683	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,683	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	440	\$3,490	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	66	\$2,002	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$3,552	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	218	\$1,993	\$1,365
	137 THERAPEUTIC COLONOSCOPY	29	\$2,548	\$1,781
	139 LEVEL I HERNIA REPAIR	33	\$5,507	\$4,575
	140 LEVEL II HERNIA REPAIR	5	\$8,966	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$2,553	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$4,954	\$3,992
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$8,465	\$8,883
	145 LEVEL I LAPAROSCOPY	1	\$4,516	\$5,993
	146 LEVEL II LAPAROSCOPY	60	\$7,849	\$8,741
	147 LEVEL III LAPAROSCOPY	17	\$8,465	\$8,742
10	FEMALE REPRODUCTIVE SYSTEM	5	\$3,254	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$3,540	\$4,052
	199 DILATION AND CURETTAGE	4	\$3,182	\$3,369
11	NEUROLOGIC SYSTEM PROCEDURES	5	\$610	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	\$780	\$1,457
	219 SPINAL TAP	2	\$355	\$2,340
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	71	\$1,801	\$3,736
	232 LASER EYE PROCEDURES	14	\$794	\$818
	233 CATARACT PROCEDURES	57	\$2,048	\$3,654
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	17	\$2,196	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	4	\$1,185	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$2,076	\$3,554
	256 TONSIL AND ADENOID PROCEDURES	11	\$2,585	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	370	53.8	135,467	53.6
Male	318	46.2	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	1	0.1	2,971	1.2
1-4 years	6	0.9	10,916	4.3
5-9	9	1.3	6,723	2.7
10-14	15	2.2	5,235	2.1
15-17	15	2.2	5,307	2.1
18-19	20	2.9	3,697	1.5
20-24	14	2.0	10,057	4.0
25-29	15	2.2	12,635	5.0
30-34	35	5.1	14,894	5.9
35-39	32	4.7	13,867	5.5
40-44	27	3.9	14,264	5.6
45-49	28	4.1	17,450	6.9
50-54	99	14.4	27,955	11.1
55-59	69	10.0	24,928	9.9
60-64	71	10.3	22,206	8.8
65-69	76	11.0	19,059	7.5
70-74	66	9.6	14,720	5.8
75-79	45	6.5	11,676	4.6
80-84	21	3.1	7,598	3.0
85-89	18	2.6	3,582	1.4
90 +	6	0.9	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	585	85.0	208,190	82.4
Clinic Referral	91	13.2	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	12	1.7	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	685	99.6	251,393	99.5
Another Hospital	2	0.3	135	0.1
Skilled Nursing Facility	1	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	252	36.6	55,732	22.1
Medicaid	73	10.6	18,214	7.2
Other government	12	1.7	5,636	2.2
Blue Cross/Blue Shield	41	6.0	33,140	13.1
Other Commercial	52	7.6	17,547	6.9
Managed Care(HMO, PPO)	224	32.6	113,327	44.9
Self Pay	15	2.2	3,334	1.3
Industrial & Worker Comp	1	0.1	3,165	1.3
Charity and Unclassified	9	1.3	1,228	0.5
Childrens Health Insurance	1	0.1	189	0.1
Unknown	8	1.2	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	15,912	6.3
Central Utah	663	96.4	9,352	3.7
Davis County	1	0.1	27,390	10.8
Salt Lake County	5	0.7	87,767	34.7
Southeastern Utah	3	0.4	5,222	2.1
Southwest Utah	0	0.0	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	2	0.3	5,148	2.0
Tri-County	1	0.1	6,710	2.7
Utah County	5	0.7	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	7	1.0	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	2,978	100.0	331,127	100.0
Mastectomy (85.0-85.99)	29	1.0	8,130	2.5
Musculoskeletal (76.0-84.99)	212	7.1	67,729	20.5
Respiratory (30.0-34.99)	3	0.1	3,049	0.9
Cardiovascular (35.0-39.99)	7	0.2	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	7	0.2	2,918	0.9
Digestive System (42.0-54.99)	1,237	41.5	106,281	32.1
Urinary (55.0-59.99)	34	1.1	11,247	3.4
Male Genital (60.0-64.99)	20	0.7	3,928	1.2
Female Genital (65.0-71.99)	56	1.9	15,188	4.6
Endocrine/Nervous (01.0-07.99)	706	23.7	24,832	7.5
Eye (08.0-16.99)	291	9.8	20,768	6.3
Ear (18.0-20.99)	132	4.4	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	244	8.2	28,733	8.7
Reporting Category(CPT-4 CODES)	2,510	100.0	325,030	100.0
Mastectomy (19120-19220)	18	0.7	1,713	0.5
Musculoskeletal (20000-29909)	204	8.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	35	1.4	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	12	0.5	29,073	8.9
Lymphatic/Hemetic (38100-38999)	6	0.2	4,116	1.3
Digestive (40490-49999)	1,409	56.1	123,353	38.0
Urinary (50010-53899)	27	1.1	15,063	4.6
Male Genital (54000-55899)	16	0.6	3,821	1.2
Female Genital (56405-58999)	47	1.9	14,294	4.4
Endocrine/Nervous (60000-64999)	506	20.2	22,577	6.9
Eye (65091-68899)	164	6.5	12,170	3.7
Ear (69000-69979)	66	2.6	8,294	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		2,978	100.0	100.0
4523	COLONOSCOPY	432	14.5	6.81
0392	INJ OTH AGENT SPINAL CANAL	323	10.8	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	308	10.3	1.75
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	201	6.7	5.62
4542	ENDO POLYPECTOMY LG INTESTINE	138	4.6	4.25
2001	MYRINGOTOMY W/INSRT TUBE	132	4.4	3.35
1341	PHACOEMULSIFICATION-ASPIR CATARACT	120	4.0	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	120	4.0	1.53
4513	OTH ENDO SM INTESTINE	94	3.2	1.64
283	TONSILLECTOMY W/ADENOIDECTOMY	89	3.0	1.92
4525	CLO [ENDO] BX LG INTESTINE	76	2.6	2.29
4292	DILAT ESOPH	68	2.3	1.35
5123	LAP CHOLEY	65	2.2	2.22
232	RESTORATION TOOTH-FILLING	37	1.2	0.46
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	33	1.1	0.61
282	TONSILLECTOMY WO ADENOIDECTOMY	32	1.1	0.52
0443	RELEASE CARPAL TUNNEL	30	1.0	0.97
2349	OTH DENTAL RESTORATION	25	0.8	0.22
4836	[ENDO] POLYPECTOMY RECTUM	24	0.8	1.20
1364	DISCISSION SECNDRY MEMBRN	22	0.7	0.08

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,510	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	420	16.7	6.64
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	204	8.1	0.75
43239	UGI ENDO; W/BX 1/MX	201	8.0	6.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	156	6.2	6.08
66984	EXTRACAPSULAR CATARACT REMV IOL	120	4.8	1.53
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	82	3.3	1.81
42820	T&A; UNDER AGE 12	75	3.0	1.52
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	74	2.9	1.23
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	66	2.6	0.94
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	66	2.6	0.61
69436	TYMPANOSTOMY GENERAL ANESTHESIA	66	2.6	1.80
41899	UNLIST PROC DENTOALVEOL STRUCTUR	62	2.5	0.77
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	58	2.3	0.19
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	50	2.0	1.32
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	40	1.6	0.36
66821	DISCISSION 2ND CATARACT; LASER S	38	1.5	0.14
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	30	1.2	0.64
64623	DESTRUC FACET JT NRV; L/S-EA AD	29	1.2	0.33
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	26	1.0	0.44
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	25	1.0	0.37

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		1,266	\$2,758	\$4,764
4523	COLONOSCOPY	339	\$1,446	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	93	\$1,781	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	80	\$1,830	\$1,732
283	TONSILLECTOMY W/ADENOIDECTOMY	79	\$2,818	\$3,030
5123	LAP CHOLEY	53	\$8,825	\$7,823
4525	CLO [ENDO] BX LG INTESTINE	48	\$1,804	\$1,777
4513	OTH ENDO SM INTESTINE	35	\$1,588	\$1,513
232	RESTORATION TOOTH-FILLING	33	\$3,482	\$2,790
282	TONSILLECTOMY WO ADENOIDECTOMY	32	\$3,038	\$3,118
0443	RELEASE CARPAL TUNNEL	28	\$2,151	\$2,598
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	23	\$1,372	\$1,578
0392	INJ OTH AGENT SPINAL CANAL	22	\$1,593	\$1,206
1364	DISCISSION SECNDRY MEMBRN	19	\$935	\$768
2349	OTH DENTAL RESTORATION	19	\$3,280	\$3,081
0481	INJ ANES PERIPH NERV-ANALGESIA	16	\$2,371	\$3,328
042	DESTRUC CRANIAL & PERIPH NERV	15	\$2,591	\$5,060
1369	OTH CATARACT EXTRACT	14	\$748	\$1,017
8521	LOC EXC LES BREAST	14	\$3,250	\$3,725
4701	LAP APPENDECTOMY	13	\$11,106	\$11,713
5732	OTH CYSTOSCOPY	12	\$1,204	\$6,636

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,688	\$2,578	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	333	\$1,437	\$1,186
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	203	\$1,629	\$1,383
45380	COLONOSCOPY FLEX; W/BX 1/MX	116	\$1,733	\$1,602
66984	EXTRACAPSULAR CATARACT REMV IOL	116	\$2,983	\$3,643
43239	UGI ENDO; W/BX 1/MX	80	\$1,830	\$1,698
42820	T&A; UNDER AGE 12	66	\$2,705	\$2,869
41899	UNLIST PROC DENTOALVEOL STRUCTUR	62	\$3,411	\$3,377
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	57	\$1,567	\$1,659
69436	TYMPANOSTOMY GENERAL ANESTHESIA	48	\$1,069	\$1,547
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	45	\$1,849	\$1,753
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	41	\$8,558	\$8,264
66821	DISCISSION 2ND CATARACT; LASER S	37	\$905	\$772
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	34	\$1,497	\$1,404
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	27	\$2,126	\$2,664
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	26	\$2,914	\$3,172
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	26	\$1,635	\$1,691
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	24	\$1,436	\$1,455
19120	EXC BRST CYST TUMR/LES OPN M/F 1	17	\$3,718	\$3,656
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	\$4,493	\$4,904
42821	T&A; AGE 12 OR OVER	13	\$3,387	\$3,363

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, 2010
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	20	9,461
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	4,468
02	BREAST PROCEDURES	18	1,750
	020 LEVEL I BREAST PROCEDURES	18	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	187	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	4,672
	033 LEVEL I HAND PROCEDURES	20	3,900
	035 LEVEL I FOOT PROCEDURES	53	6,043
	036 LEVEL II FOOT PROCEDURES	4	1,635
	037 LEVEL I ARTHROSCOPY	35	22,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	10	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	467
	045 BUNION PROCEDURES	19	1,790
	048 HAND AND FOOT TENOTOMY	3	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	2,206
04	RESPIRATORY PROCEDURES	18	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	11	4,200
05	CARDIOVASCULAR PROCEDURES	11	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	1,077
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	831
	097 AICD IMPLANT	2	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,218	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,234
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	275	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	82	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	576	41,709
	137 THERAPEUTIC COLONOSCOPY	89	7,586
	139 LEVEL I HERNIA REPAIR	37	5,690
	140 LEVEL II HERNIA REPAIR	8	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	1,189
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	206
	145 LEVEL I LAPAROSCOPY	14	2,518
	146 LEVEL II LAPAROSCOPY	55	8,555
	147 LEVEL III LAPAROSCOPY	67	7,108
08	GENITOURINARY SYSTEM PROCEDURES	24	11,520
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	20	5,655

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	4	3,683
09	MALE REPRODUCTIVE SYSTEM	19	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	1,441
	181 CIRCUMCISION	4	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	3	1,309
10	FEMALE REPRODUCTIVE SYSTEM	29	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	1,872
	199 DILATION AND CURETTAGE	10	552
	200 HYSTEROSCOPY	4	2,238
	201 COLPOSCOPY	1	694
11	NEUROLOGIC SYSTEM PROCEDURES	505	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	267	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	183
	217 LEVEL I NERVE PROCEDURES	32	4,138
	218 LEVEL II NERVE PROCEDURES	2	777
	219 SPINAL TAP	2	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	201	8,680
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	164	11,976
	232 LASER EYE PROCEDURES	38	566
	233 CATARACT PROCEDURES	123	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	158
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	286	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	138	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	15	3,450
	256 TONSIL AND ADENOID PROCEDURES	131	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	15	\$2,917	\$3,970
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,998	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$2,777	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$2,864	\$3,724
02	BREAST PROCEDURES	17	\$3,718	\$4,055
	020 LEVEL I BREAST PROCEDURES	17	\$3,718	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	121	\$2,583	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$5,125	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$3,084	\$6,230
	033 LEVEL I HAND PROCEDURES	13	\$2,223	\$2,911
	035 LEVEL I FOOT PROCEDURES	32	\$2,397	\$3,958
	036 LEVEL II FOOT PROCEDURES	2	\$2,014	\$7,753
	037 LEVEL I ARTHROSCOPY	15	\$3,866	\$4,877
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$3,848	\$6,129
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	8	\$3,336	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,192	\$3,636
	045 BUNION PROCEDURES	15	\$2,985	\$5,503
	048 HAND AND FOOT TENOTOMY	1	\$1,315	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	27	\$1,443	\$1,578
04	RESPIRATORY PROCEDURES	3	\$1,922	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$1,499	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,770	\$1,131
05	CARDIOVASCULAR PROCEDURES	3	\$5,262	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$5,262	\$6,105
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$4,929	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$4,929	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	767	\$2,855	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	114	\$1,731	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$2,306	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	449	\$1,513	\$1,365
	137 THERAPEUTIC COLONOSCOPY	49	\$1,833	\$1,781
	139 LEVEL I HERNIA REPAIR	27	\$4,650	\$4,575
	140 LEVEL II HERNIA REPAIR	4	\$4,896	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$3,092	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	\$4,676	\$3,992
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$12,032	\$8,883
	145 LEVEL I LAPAROSCOPY	5	\$8,677	\$5,993
	146 LEVEL II LAPAROSCOPY	47	\$10,172	\$8,741
	147 LEVEL III LAPAROSCOPY	53	\$9,322	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	21	\$1,632	\$5,060
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	17	\$1,301	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	4	\$3,038	\$5,471
09	MALE REPRODUCTIVE SYSTEM	12	\$4,117	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$4,566	\$3,299
	181 CIRCUMCISION	4	\$2,897	\$2,186

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	3	\$4,995	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	20	\$3,786	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$2,992	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$6,661	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$6,088	\$7,555
	199 DILATION AND CURETTAGE	9	\$2,061	\$3,369
	200 HYSTEROSCOPY	2	\$5,613	\$5,363
	201 COLPOSCOPY	1	\$2,291	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	319	\$1,656	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	260	\$1,615	\$1,457
	217 LEVEL I NERVE PROCEDURES	27	\$2,126	\$3,417
	219 SPINAL TAP	2	\$1,335	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	30	\$1,613	\$1,808
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	156	\$2,486	\$3,736
	232 LASER EYE PROCEDURES	37	\$905	\$818
	233 CATARACT PROCEDURES	119	\$2,977	\$3,654
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	227	\$2,650	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	112	\$2,380	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$5,396	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$3,282	\$7,156
	256 TONSIL AND ADENOID PROCEDURES	111	\$2,881	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,133	54.1	135,467	53.6
Male	962	45.9	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	1	0.0	1,741	0.7
29-365 days	15	0.7	2,971	1.2
1-4 years	110	5.3	10,916	4.3
5-9	74	3.5	6,723	2.7
10-14	44	2.1	5,235	2.1
15-17	45	2.1	5,307	2.1
18-19	27	1.3	3,697	1.5
20-24	48	2.3	10,057	4.0
25-29	69	3.3	12,635	5.0
30-34	69	3.3	14,894	5.9
35-39	67	3.2	13,867	5.5
40-44	82	3.9	14,264	5.6
45-49	149	7.1	17,450	6.9
50-54	225	10.7	27,955	11.1
55-59	205	9.8	24,928	9.9
60-64	173	8.3	22,206	8.8
65-69	203	9.7	19,059	7.5
70-74	200	9.5	14,720	5.8
75-79	148	7.1	11,676	4.6
80-84	89	4.2	7,598	3.0
85-89	39	1.9	3,582	1.4
90 +	13	0.6	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,854	88.5	208,190	82.4
Clinic Referral	227	10.8	38,248	15.1
HMO Referral	2	0.1	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	12	0.6	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,092	99.9	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	2	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	664	31.7	55,732	22.1
Medicaid	256	12.2	18,214	7.2
Other government	39	1.9	5,636	2.2
Blue Cross/Blue Shield	146	7.0	33,140	13.1
Other Commercial	147	7.0	17,547	6.9
Managed Care(HMO, PPO)	768	36.7	113,327	44.9
Self Pay	14	0.7	3,334	1.3
Industrial & Worker Comp	20	1.0	3,165	1.3
Charity and Unclassified	28	1.3	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	13	0.6	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,912	6.3
Central Utah	2,016	96.2	9,352	3.7
Davis County	0	0.0	27,390	10.8
Salt Lake County	5	0.2	87,767	34.7
Southeastern Utah	13	0.6	5,222	2.1
Southwest Utah	40	1.9	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	1	0.0	5,148	2.0
Tri-County	0	0.0	6,710	2.7
Utah County	8	0.4	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	2	0.1	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	10	0.5	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

120 Salt Lake Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,884	100.0	331,127	100.0
Mastectomy (85.0-85.99)	189	2.7	8,130	2.5
Musculoskeletal (76.0-84.99)	1,482	21.5	67,729	20.5
Respiratory (30.0-34.99)	46	0.7	3,049	0.9
Cardiovascular (35.0-39.99)	730	10.6	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	57	0.8	2,918	0.9
Digestive System (42.0-54.99)	895	13.0	106,281	32.1
Urinary (55.0-59.99)	266	3.9	11,247	3.4
Male Genital (60.0-64.99)	86	1.2	3,928	1.2
Female Genital (65.0-71.99)	612	8.9	15,188	4.6
Endocrine/Nervous (01.0-07.99)	539	7.8	24,832	7.5
Eye (08.0-16.99)	1,264	18.4	20,768	6.3
Ear (18.0-20.99)	74	1.1	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	644	9.4	28,733	8.7
Reporting Category(CPT-4 CODES)	8,049	100.0	325,030	100.0
Mastectomy (19120-19220)	30	0.4	1,713	0.5
Musculoskeletal (20000-29909)	1,691	21.0	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	497	6.2	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	1,916	23.8	29,073	8.9
Lymphatic/Hemetic (38100-38999)	59	0.7	4,116	1.3
Digestive (40490-49999)	1,097	13.6	123,353	38.0
Urinary (50010-53899)	331	4.1	15,063	4.6
Male Genital (54000-55899)	48	0.6	3,821	1.2
Female Genital (56405-58999)	594	7.4	14,294	4.4
Endocrine/Nervous (60000-64999)	824	10.2	22,577	6.9
Eye (65091-68899)	909	11.3	12,170	3.7
Ear (69000-69979)	53	0.7	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

120 Salt Lake Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,884	100.0	100.0
0844	REPR ENTROPION/ECTROP-LID RECON	269	3.9	0.13
3722	LT HEART CARD CATH	229	3.3	1.18
0887	UPPER EYELID RHYTIDECTOMY	161	2.3	0.22
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	155	2.3	0.11
5123	LAP CHOLEY	150	2.2	2.22
806	EXC SEMILUNAR CARTILAGE-KNEE	148	2.1	1.67
2169	OTH TURBINECTOMY	122	1.8	0.75
0836	REPR BLEPHAROPTOSIS-OTH TECH	93	1.4	0.08
8183	OTH REPR SHLDR	91	1.3	0.77
2263	ETHMOIDECTOMY	84	1.2	0.50
4495	4495	82	1.2	0.06
6823	ENDOMETRIAL ABLATION	81	1.2	0.43
8363	ROTATOR CUFF REPR	81	1.2	0.76
2188	OTH SEPTOPLASTY	77	1.1	0.47
283	TONSILLECTOMY W/ADENOIDECTOMY	70	1.0	1.92
3726	CARD ELECTROPHYSIO STIMUL-RECORD	69	1.0	0.61
8511	CLO [PERCUT] [NEEDLE] BX BREAST	68	1.0	0.39
8051	EXC INTERVERTEBRAL DISC	67	1.0	0.45
0393	INSRT/REPLCMT SPINAL NEUROSTIM	64	0.9	0.08
3727	CARD MAPPING	64	0.9	0.57

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,049	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	272	3.4	0.72
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	255	3.2	0.66
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	240	3.0	0.45
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	240	3.0	0.43
93510	LT HRT CATH RETRO-BRACH/FEM; PER	232	2.9	0.42
67917	REPAIR OF ECTROPION; EXTENSIVE	188	2.3	0.09
30140	SUBMUCOS RES TURBINATE PART/CMPL	119	1.5	0.68
29881	SCOPE KNEE SURG;W/MENISCECT MED/	116	1.4	1.46
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	113	1.4	0.70
29826	SCOPE SHOULDER; DECOMP SUBACROM	105	1.3	1.12
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	105	1.3	0.07
67900	REPAIR OF BROW PTOSIS	84	1.0	0.05
43770	43770	82	1.0	0.06
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	79	1.0	0.30
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	78	1.0	1.32
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	70	0.9	0.62
47562	LAPAROSCOPY SURGICAL; CHOLECT	70	0.9	0.94
49505	REPR INIT ING HERNIA 5YR/MORE; R	67	0.8	0.78
93620	COMP EP EVAL;RT ATRIAL VENT HIS	67	0.8	0.27
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	65	0.8	0.51

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		2,489	\$10,362	\$4,764
3722	LT HEART CARD CATH	187	\$13,087	\$9,623
5123	LAP CHOLEY	129	\$10,339	\$7,823
0393	INSRT/REPLCMT SPINAL NEUROSTIM	61	\$52,997	\$42,927
283	TONSILLECTOMY W/ADENOIDECTOMY	61	\$4,020	\$3,030
806	EXC SEMILUNAR CARTILAGE-KNEE	60	\$7,949	\$4,677
6823	ENDOMETRIAL ABLATION	56	\$7,546	\$6,274
0443	RELEASE CARPAL TUNNEL	52	\$3,975	\$2,598
4495	4495	48	\$20,413	\$17,913
4513	OTH ENDO SM INTESTINE	48	\$1,934	\$1,513
8051	EXC INTERVERTEBRAL DISC	47	\$14,250	\$10,835
0390	INSRT SPINAL CANAL INFUS CATH	40	\$21,154	\$17,993
3723	COMBO RT & LT HEART CARD CATH	38	\$12,376	\$9,594
6952	ASPIR CURET FOLLOWING DELIV/AB	38	\$3,559	\$3,192
8511	CLO [PERCUT] [NEEDLE] BX BREAST	34	\$3,718	\$2,328
062	UNILAT THYROID LOBEC	33	\$12,383	\$9,570
282	TONSILLECTOMY WO ADENOIDECTOMY	26	\$4,455	\$3,118
5749	OTH TRANSURETH EXC/DEST LES BLADDER	26	\$6,798	\$5,191
5304	UNILAT REPR INDIRECT ING HERN-GFT	25	\$6,428	\$4,980
0611	CLO PERCUT NEEDLE BX THYROID GLAND	24	\$2,152	\$1,078
8183	OTH REPR SHLDR	24	\$12,243	\$8,353

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,699	\$8,392	\$4,004
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	71	\$11,284	\$8,264
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	\$6,667	\$4,675
47562	LAPAROSCOPY SURGICAL; CHOLECT	65	\$9,445	\$6,966
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	63	\$4,903	\$3,511
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	63	\$7,621	\$6,827
49505	REPR INIT ING HERNIA 5YR/MORE; R	57	\$6,379	\$4,904
29505	APPLICATION OF LONG LEG SPLINT	51	\$595	\$595
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	51	\$3,977	\$2,664
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	47	\$1,811	\$1,404
43770	43770	47	\$20,448	\$17,852
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	44	\$13,960	\$10,994
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	42	\$1,929	\$1,383
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	41	\$3,577	\$4,768
42821	T&A; AGE 12 OR OVER	38	\$4,119	\$3,363
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	38	\$8,732	\$11,450
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	38	\$4,970	\$3,843
58340	CATH&INTRO SALINE/CONTRAST SIS/H	35	\$1,254	\$908
60220	TOT THYRD LOBECT UNL;W/WO ISTHMS	33	\$12,383	\$9,289
29880	SCOPE KNEE SURG;W/MENISCECT MED&	28	\$7,829	\$5,236
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	27	\$10,387	\$8,920

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	196	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	48	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	9	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	6	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	25	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	72	4,468
	013 LEVEL II SKIN REPAIR	29	842
	014 LEVEL III SKIN REPAIR	5	257
02	BREAST PROCEDURES	30	1,750
	020 LEVEL I BREAST PROCEDURES	30	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,386	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	62	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	2,206
	033 LEVEL I HAND PROCEDURES	39	3,900
	034 LEVEL II HAND PROCEDURES	2	1,135
	035 LEVEL I FOOT PROCEDURES	105	6,043
	036 LEVEL II FOOT PROCEDURES	31	1,635
	037 LEVEL I ARTHROSCOPY	468	22,380
	038 LEVEL II ARTHROSCOPY	182	5,428
	039 REPLACEMENT OF CAST	42	125
	040 SPLINT, STRAPPING AND CAST REMOVAL	146	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	15	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	96	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	467
	045 BUNION PROCEDURES	25	1,790
	046 LEVEL I ARTHROPLASTY	7	660
	047 LEVEL II ARTHROPLASTY	14	177
	048 HAND AND FOOT TENOTOMY	3	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	2,206
04	RESPIRATORY PROCEDURES	222	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	39	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	35	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	131	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	17	2,327
05	CARDIOVASCULAR PROCEDURES	716	11,285
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	112	1,944
	083 PLACEMENT OF TRANSVENOUS CATHETERS	14	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	276	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	45	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	22	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	76	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	133	2,371

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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	2	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	126
	097 AICD IMPLANT	32	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	71	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	41	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,083	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	30	336
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	76	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	55	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	7	41,709
	137 THERAPEUTIC COLONOSCOPY	3	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	27	2,130
	139 LEVEL I HERNIA REPAIR	123	5,690
	140 LEVEL II HERNIA REPAIR	42	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	18	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	62	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	17	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	206
	145 LEVEL I LAPAROSCOPY	104	2,518
	146 LEVEL II LAPAROSCOPY	190	8,555
	147 LEVEL III LAPAROSCOPY	313	7,108
	148 LEVEL IV LAPAROSCOPY	9	114
08	GENITOURINARY SYSTEM PROCEDURES	279	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPS	39	625
	162 URINARY CATHETERIZATION AND DILATATION	7	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	114	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	105	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	10	484
09	MALE REPRODUCTIVE SYSTEM	67	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	1,441
	181 CIRCUMCISION	4	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	39	1,309
10	FEMALE REPRODUCTIVE SYSTEM	373	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	62	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	68	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	88	1,872
	199 DILATION AND CURETTAGE	6	552
	200 HYSTEROSCOPY	139	2,238
	201 COLPOSCOPY	10	694
11	NEUROLOGIC SYSTEM PROCEDURES	698	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	57	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	27	183

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
216	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	38	208
217	LEVEL I NERVE PROCEDURES	108	4,138
218	LEVEL II NERVE PROCEDURES	85	777
219	SPINAL TAP	24	427
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	98	8,680
221	LAMINOTOMY AND LAMINECTOMY	125	3,130
223	LEVEL III NERVE PROCEDURES	136	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	907	11,976
230	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	27
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	158
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	48	244
239	STRABISMUS AND MUSCLE EYE PROCEDURES	11	964
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	229	935
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	613	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	673	30,136
252	LEVEL I FACIAL AND ENT PROCEDURES	186	12,925
253	LEVEL II FACIAL AND ENT PROCEDURES	98	1,444
254	LEVEL III FACIAL AND ENT PROCEDURES	138	3,450
255	LEVEL IV FACIAL AND ENT PROCEDURES	139	3,077
256	TONSIL AND ADENOID PROCEDURES	112	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	134	\$5,006	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	40	\$2,705	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$5,407	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$5,197	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	\$2,365	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$4,701	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	42	\$6,724	\$3,724
	013 LEVEL II SKIN REPAIR	25	\$6,213	\$4,647
	014 LEVEL III SKIN REPAIR	1	\$6,445	\$7,173
02	BREAST PROCEDURES	26	\$4,986	\$4,055
	020 LEVEL I BREAST PROCEDURES	26	\$4,986	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	590	\$6,936	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$5,809	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$11,781	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$13,894	\$10,772
	033 LEVEL I HAND PROCEDURES	15	\$4,650	\$2,911
	034 LEVEL II HAND PROCEDURES	2	\$10,544	\$5,270
	035 LEVEL I FOOT PROCEDURES	47	\$5,159	\$3,958
	036 LEVEL II FOOT PROCEDURES	13	\$11,008	\$7,753
	037 LEVEL I ARTHROSCOPY	158	\$6,864	\$4,877
	038 LEVEL II ARTHROSCOPY	30	\$15,611	\$11,622
	039 REPLACEMENT OF CAST	4	\$5,882	\$2,955
	040 SPLINT, STRAPPING AND CAST REMOVAL	142	\$705	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	\$1,356	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	8	\$880	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	61	\$14,028	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$2,319	\$3,636
	045 BUNION PROCEDURES	15	\$11,989	\$5,503
	047 LEVEL II ARTHROPLASTY	6	\$38,546	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$1,931	\$1,578
04	RESPIRATORY PROCEDURES	44	\$3,076	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	27	\$2,815	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$4,199	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	\$6,468	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	9	\$2,105	\$2,759
05	CARDIOVASCULAR PROCEDURES	63	\$24,291	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	13	\$6,578	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$12,370	\$5,820
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	29	\$32,121	\$40,293
	086 PACEMAKER INSERTION AND REPLACEMENT	15	\$31,274	\$34,863
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$7,820	\$8,436
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$4,596	\$8,595
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	\$7,427	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	58	\$4,519	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	41	\$3,577	\$4,793

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$6,792	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	653	\$8,713	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	30	\$1,323	\$1,415
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,324	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	60	\$2,012	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	49	\$2,931	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3	\$2,480	\$1,365
	137 THERAPEUTIC COLONOSCOPY	2	\$2,393	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	\$8,807	\$5,559
	139 LEVEL I HERNIA REPAIR	91	\$6,429	\$4,575
	140 LEVEL II HERNIA REPAIR	18	\$7,380	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	13	\$4,753	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	52	\$4,422	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$7,612	\$5,411
	145 LEVEL I LAPAROSCOPY	22	\$9,139	\$5,993
	146 LEVEL II LAPAROSCOPY	138	\$11,643	\$8,741
	147 LEVEL III LAPAROSCOPY	156	\$15,046	\$8,742
	148 LEVEL IV LAPAROSCOPY	4	\$23,177	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	134	\$8,085	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	38	\$8,732	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	1	\$11,401	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	42	\$6,146	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	43	\$6,575	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	\$17,054	\$16,838
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	8	\$20,648	\$13,497
09	MALE REPRODUCTIVE SYSTEM	54	\$9,213	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	\$6,643	\$3,299
	181 CIRCUMCISION	4	\$3,139	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	34	\$11,137	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	154	\$6,986	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	\$6,026	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$5,864	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	28	\$9,602	\$7,555
	199 DILATION AND CURETTAGE	4	\$3,560	\$3,369
	200 HYSTEROSCOPY	106	\$6,578	\$5,363
11	NEUROLOGIC SYSTEM PROCEDURES	292	\$15,284	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	54	\$2,299	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	10	\$9,039	\$11,949
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	23	\$7,036	\$9,372
	217 LEVEL I NERVE PROCEDURES	62	\$4,483	\$3,417
	218 LEVEL II NERVE PROCEDURES	10	\$13,039	\$12,912
	219 SPINAL TAP	23	\$3,014	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	\$6,374	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	51	\$14,239	\$10,971
	223 LEVEL III NERVE PROCEDURES	50	\$56,510	\$37,287

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	74	\$5,419	\$3,736
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,257	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$8,166	\$3,814
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$2,860	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	67	\$5,617	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	220	\$7,570	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	23	\$3,868	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	\$6,008	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	12	\$11,047	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	86	\$11,723	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	86	\$4,158	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,689	57.7	135,467	53.6
Male	1,972	42.3	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	26	0.6	1,741	0.7
29-365 days	5	0.1	2,971	1.2
1-4 years	25	0.5	10,916	4.3
5-9	56	1.2	6,723	2.7
10-14	49	1.1	5,235	2.1
15-17	76	1.6	5,307	2.1
18-19	59	1.3	3,697	1.5
20-24	209	4.5	10,057	4.0
25-29	292	6.3	12,635	5.0
30-34	316	6.8	14,894	5.9
35-39	349	7.5	13,867	5.5
40-44	339	7.3	14,264	5.6
45-49	414	8.9	17,450	6.9
50-54	400	8.6	27,955	11.1
55-59	406	8.7	24,928	9.9
60-64	368	7.9	22,206	8.8
65-69	395	8.5	19,059	7.5
70-74	303	6.5	14,720	5.8
75-79	248	5.3	11,676	4.6
80-84	187	4.0	7,598	3.0
85-89	106	2.3	3,582	1.4
90 +	33	0.7	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,594	98.6	208,190	82.4
Clinic Referral	30	0.6	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	19	0.4	262	0.1
Skilled Nursing Facility	4	0.1	234	0.1
Other Health Care Facility	2	0.0	24	0.0
ER (Not valid since 7/2010)	5	0.1	2,929	1.2
Court/Law Enforcement	1	0.0	13	0.0
Unknown	5	0.1	2,037	0.8
Not Reported	1	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	4,643	99.6	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	2	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	2	0.0	87	0.0
Under Care of Home Service	7	0.2	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	6	0.1	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,313	28.2	55,732	22.1
Medicaid	200	4.3	18,214	7.2
Other government	171	3.7	5,636	2.2
Blue Cross/Blue Shield	1,218	26.1	33,140	13.1
Other Commercial	625	13.4	17,547	6.9
Managed Care(HMO, PPO)	1,036	22.2	113,327	44.9
Self Pay	20	0.4	3,334	1.3
Industrial & Worker Comp	77	1.7	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	1	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	47	1.0	15,912	6.3
Central Utah	29	0.6	9,352	3.7
Davis County	438	9.4	27,390	10.8
Salt Lake County	2,887	61.9	87,767	34.7
Southeastern Utah	24	0.5	5,222	2.1
Southwest Utah	23	0.5	15,992	6.3
Summit County	97	2.1	3,893	1.5
Tooele County	160	3.4	5,148	2.0
Tri-County	165	3.5	6,710	2.7
Utah County	146	3.1	38,568	15.3
Wasatch County	27	0.6	1,970	0.8
Weber County	130	2.8	21,374	8.5
Unknown Utah	5	0.1	17	0.0
Outside Utah	468	10.0	13,138	5.2
Unknown, Not Reported	15	0.3	125	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, 2010
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)	14,088	100.0	331,127	100.0
Mastectomy (85.0-85.99)	1,368	9.7	8,130	2.5
Musculoskeletal (76.0-84.99)	1,895	13.5	67,729	20.5
Respiratory (30.0-34.99)	225	1.6	3,049	0.9
Cardiovascular (35.0-39.99)	2,308	16.4	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	308	2.2	2,918	0.9
Digestive System (42.0-54.99)	2,658	18.9	106,281	32.1
Urinary (55.0-59.99)	1,121	8.0	11,247	3.4
Male Genital (60.0-64.99)	199	1.4	3,928	1.2
Female Genital (65.0-71.99)	1,045	7.4	15,188	4.6
Endocrine/Nervous (01.0-07.99)	2,242	15.9	24,832	7.5
Eye (08.0-16.99)	623	4.4	20,768	6.3
Ear (18.0-20.99)	17	0.1	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	79	0.6	28,733	8.7
Reporting Category(CPT-4 CODES)	14,820	100.0	325,030	100.0
Mastectomy (19120-19220)	23	0.2	1,713	0.5
Musculoskeletal (20000-29909)	1,942	13.1	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	273	1.8	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	4,533	30.6	29,073	8.9
Lymphatic/Hemetic (38100-38999)	311	2.1	4,116	1.3
Digestive (40490-49999)	2,656	17.9	123,353	38.0
Urinary (50010-53899)	865	5.8	15,063	4.6
Male Genital (54000-55899)	82	0.6	3,821	1.2
Female Genital (56405-58999)	933	6.3	14,294	4.4
Endocrine/Nervous (60000-64999)	2,538	17.1	22,577	6.9
Eye (65091-68899)	456	3.1	12,170	3.7
Ear (69000-69979)	208	1.4	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		14,088	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	613	4.4	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	602	4.3	1.75
8511	CLO [PERCUT] [NEEDLE] BX BREAST	490	3.5	0.39
8519	OTH DX PROC BREAST	438	3.1	0.28
5123	LAP CHOLEY	435	3.1	2.22
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	431	3.1	0.36
3728	INTRACARDIAC ECHOCARDIOGRAPHY	346	2.5	0.47
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	286	2.0	5.62
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	262	1.9	0.61
5732	OTH CYSTOSCOPY	234	1.7	0.34
1474	OTH MECH VITRECTOMY	198	1.4	0.38
0481	INJ ANES PERIPH NERV-ANALGESIA	195	1.4	0.38
042	DESTRUC CRANIAL & PERIPH NERV	191	1.4	0.15
0611	CLO PERCUT NEEDLE BX THYROID GLAND	182	1.3	0.18
3893	VENOUS CATH-NEC	180	1.3	0.24
598	URETERAL CATH	177	1.3	0.75
5794	INSRT INDWELLING URIN CATH	170	1.2	0.10
3726	CARD ELECTROPHYSIO STIMUL-RECORD	169	1.2	0.61
3727	CARD MAPPING	157	1.1	0.57
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	156	1.1	0.60

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		14,820	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	686	4.6	0.76
93580	PERQ TRNSCATH CLO INTERATRIAL CM	434	2.9	0.16
64623	DESTRUC FACET JT NRV; L/S-EA AD	363	2.4	0.33
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	361	2.4	0.69
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	282	1.9	0.75
43239	UGI ENDO; W/BX 1/MX	256	1.7	6.01
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	237	1.6	0.61
45380	COLONOSCOPY FLEX; W/BX 1/MX	220	1.5	6.08
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	220	1.5	1.32
47562	LAPAROSCOPY SURGICAL; CHOLECT	211	1.4	0.94
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	203	1.4	0.10
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	199	1.3	0.37
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	199	1.3	0.36
93545	INJ PROC-CATH; SELECT CORONRY AN	196	1.3	0.72
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	177	1.2	0.21
51702	INSERT TEMP INDWLL BLADD CATH; S	171	1.2	0.09
93620	COMP EP EVAL;RT ATRIAL VENT HIS	167	1.1	0.27
93621	COMP EP EVAL;LT ATRIAL COR SINUS	158	1.1	0.25
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	157	1.1	0.66
93623	PROGRAM STIM & PACE AFTER IV DRU	157	1.1	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, 2010
 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		5,650	\$10,023	\$4,764
5123	LAP CHOLEY	358	\$11,027	\$7,823
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	262	\$1,862	\$1,578
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	202	\$3,649	\$1,732
042	DESTRUC CRANIAL & PERIPH NERV	187	\$8,387	\$5,060
0611	CLO PERCUT NEEDLE BX THYROID GLAND	182	\$777	\$1,078
3893	VENOUS CATH-NEC	173	\$3,166	\$5,038
5794	INSRT INDWELLING URIN CATH	164	\$4,143	\$4,362
8511	CLO [PERCUT] [NEEDLE] BX BREAST	163	\$1,240	\$2,328
0481	INJ ANES PERIPH NERV-ANALGESIA	144	\$3,765	\$3,328
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	140	\$45,707	\$38,571
6952	ASPIR CURET FOLLOWING DELIV/AB	105	\$6,038	\$3,192
4701	LAP APPENDECTOMY	104	\$19,782	\$11,713
5011	CLO [PERCUT] [NEEDLE] BX LIVER	102	\$2,632	\$2,819
8051	EXC INTERVERTEBRAL DISC	99	\$14,203	\$10,835
8519	OTH DX PROC BREAST	98	\$1,497	\$1,596
3722	LT HEART CARD CATH	94	\$16,534	\$9,623
3324	CLO [ENDO] BX BRONCHUS	91	\$5,085	\$3,401
3607	INSERTION RX-ELUTING COR ART STENT	87	\$47,325	\$35,172
4131	BX BONE MARROW	84	\$4,636	\$4,544
5491	PERCUT ABD DRAIN	84	\$2,217	\$2,124

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,710	\$9,303	\$4,004
93580	PERQ TRNSCATH CLO INTERATRIAL CM	428	\$46,007	\$44,348
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	307	\$3,408	\$4,768
36416	COLLECTON CAPILLARY BLOOD SPECIM	289	\$109	\$248
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	255	\$2,533	\$1,383
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	203	\$524	\$594
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	196	\$1,886	\$1,455
47562	LAPAROSCOPY SURGICAL; CHOLECT	184	\$10,715	\$6,966
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	177	\$11,288	\$8,264
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	166	\$3,068	\$4,545
51702	INSERT TEMP INDWLL BLADD CATH; S	161	\$4,143	\$4,149
43239	UGI ENDO; W/BX 1/MX	160	\$3,215	\$1,698
45380	COLONOSCOPY FLEX; W/BX 1/MX	143	\$3,485	\$1,602
58340	CATH&INTRO SALINE/CONTRAST SIS/H	114	\$1,010	\$908
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	113	\$14,791	\$10,994
44970	LAPAROSCOPY SURGICAL APPENDECTOM	104	\$19,573	\$11,662
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	103	\$2,621	\$2,416
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	95	\$3,013	\$1,659
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	94	\$9,480	\$6,398
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	91	\$1,781	\$1,743
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	70	\$4,588	\$5,561

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, 2010
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	622	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	216	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	15	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	51	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	137	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	49
	013 LEVEL II SKIN REPAIR	187	842
	014 LEVEL III SKIN REPAIR	10	257
02	BREAST PROCEDURES	23	1,750
	020 LEVEL I BREAST PROCEDURES	23	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,493	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	60	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	115	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	2,206
	033 LEVEL I HAND PROCEDURES	29	3,900
	034 LEVEL II HAND PROCEDURES	10	1,135
	035 LEVEL I FOOT PROCEDURES	355	6,043
	036 LEVEL II FOOT PROCEDURES	68	1,635
	037 LEVEL I ARTHROSCOPY	107	22,380
	038 LEVEL II ARTHROSCOPY	15	5,428
	040 SPLINT, STRAPPING AND CAST REMOVAL	19	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	20	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	84	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	467
	045 BUNION PROCEDURES	109	1,790
	046 LEVEL I ARTHROPLASTY	6	660
	047 LEVEL II ARTHROPLASTY	8	177
	048 HAND AND FOOT TENOTOMY	19	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	415	2,206
04	RESPIRATORY PROCEDURES	511	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	364	2,056
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	145	2,327
05	CARDIOVASCULAR PROCEDURES	2,079	11,285
	081 ECHOCARDIOGRAPHY	6	71
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	409	1,944
	083 PLACEMENT OF TRANSVENOUS CATHETERS	108	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	188	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	581	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	48	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	224	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	27	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	372	2,371

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	18	126
	092 RESUSCITATION	9	30
	097 AICD IMPLANT	83	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	447	4,121
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	21
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	373	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	73	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,599	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	47	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	41	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	36	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	398	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	133	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	319	41,709
	137 THERAPEUTIC COLONOSCOPY	48	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	69	2,130
	139 LEVEL I HERNIA REPAIR	120	5,690
	140 LEVEL II HERNIA REPAIR	81	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	60	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	73	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	27	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	22	206
	145 LEVEL I LAPAROSCOPY	153	2,518
	146 LEVEL II LAPAROSCOPY	563	8,555
	147 LEVEL III LAPAROSCOPY	403	7,108
	148 LEVEL IV LAPAROSCOPY	5	114
08	GENITOURINARY SYSTEM PROCEDURES	487	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	12	625
	162 URINARY CATHETERIZATION AND DILATATION	3	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	234	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	209	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	5	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	21	484
09	MALE REPRODUCTIVE SYSTEM	173	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	1,441
	181 CIRCUMCISION	17	947
	182 INSERTION OF PENILE PROSTHESIS	26	76
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	113	1,309
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	254
10	FEMALE REPRODUCTIVE SYSTEM	511	8,528
	193 TREATMENT OF INCOMPLETE ABORTION	1	3
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	100	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	68	1,641

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	111	1,872
	199 DILATION AND CURETTAGE	60	552
	200 HYSTEROSCOPY	161	2,238
	201 COLPOSCOPY	10	694
11	NEUROLOGIC SYSTEM PROCEDURES	2,687	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	406	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	183
	217 LEVEL I NERVE PROCEDURES	114	4,138
	218 LEVEL II NERVE PROCEDURES	73	777
	219 SPINAL TAP	69	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,630	8,680
	221 LAMINOTOMY AND LAMINECTOMY	298	3,130
	223 LEVEL III NERVE PROCEDURES	91	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	452	11,976
	232 LASER EYE PROCEDURES	1	566
	233 CATARACT PROCEDURES	10	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	133	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	299	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	158	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	24	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	8	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	27	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	95	3,077
	256 TONSIL AND ADENOID PROCEDURES	4	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	474	\$4,523	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	163	\$5,088	\$4,740
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$9,171	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	7	\$5,234	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	41	\$4,658	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	86	\$5,428	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$9,027	\$6,933
	013 LEVEL II SKIN REPAIR	170	\$3,179	\$4,647
	014 LEVEL III SKIN REPAIR	5	\$12,309	\$7,173
02	BREAST PROCEDURES	18	\$9,307	\$4,055
	020 LEVEL I BREAST PROCEDURES	18	\$9,307	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	705	\$5,532	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$7,217	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$9,978	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$13,184	\$10,772
	033 LEVEL I HAND PROCEDURES	10	\$6,842	\$2,911
	034 LEVEL II HAND PROCEDURES	5	\$7,527	\$5,270
	035 LEVEL I FOOT PROCEDURES	61	\$7,266	\$3,958
	036 LEVEL II FOOT PROCEDURES	16	\$10,316	\$7,753
	037 LEVEL I ARTHROSCOPY	26	\$10,025	\$4,877
	038 LEVEL II ARTHROSCOPY	2	\$16,581	\$11,622
	040 SPLINT, STRAPPING AND CAST REMOVAL	17	\$618	\$1,652
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$15,064	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$4,019	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	63	\$15,150	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$5,204	\$3,636
	045 BUNION PROCEDURES	28	\$9,169	\$5,503
	046 LEVEL I ARTHROPLASTY	2	\$17,142	\$7,830
	047 LEVEL II ARTHROPLASTY	7	\$30,835	\$23,934
	048 HAND AND FOOT TENOTOMY	1	\$6,104	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	392	\$1,898	\$1,578
04	RESPIRATORY PROCEDURES	366	\$3,285	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	290	\$3,010	\$2,308
	064 ENDOSCOPY OF THE LOWER AIRWAY	76	\$4,333	\$2,759
05	CARDIOVASCULAR PROCEDURES	671	\$35,190	\$16,047
	081 ECHOCARDIOGRAPHY	2	\$36,232	\$31,633
	083 PLACEMENT OF TRANSVENOUS CATHETERS	102	\$9,308	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	4	\$23,159	\$5,820
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	431	\$45,802	\$40,293
	086 PACEMAKER INSERTION AND REPLACEMENT	36	\$46,154	\$34,863
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	12	\$11,848	\$9,059
	088 LEVEL I CARDIOTHORACIC PROCEDURES	13	\$10,002	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	44	\$11,841	\$7,553
	091 VASCULAR LIGATION AND RECONSTRUCTION	10	\$9,453	\$7,679
	092 RESUSCITATION	4	\$4,680	\$12,312

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	097 AICD IMPLANT	13	\$14,573	\$31,670
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	327	\$3,617	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	317	\$3,468	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$8,357	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,661	\$8,775	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	45	\$2,010	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	31	\$1,777	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	26	\$2,594	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	258	\$3,539	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	81	\$5,685	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	211	\$3,217	\$1,365
	137 THERAPEUTIC COLONOSCOPY	14	\$3,889	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	18	\$13,218	\$5,559
	139 LEVEL I HERNIA REPAIR	42	\$7,687	\$4,575
	140 LEVEL II HERNIA REPAIR	33	\$8,361	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	27	\$6,356	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	47	\$7,584	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	18	\$14,409	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	16	\$16,625	\$8,883
	145 LEVEL I LAPAROSCOPY	73	\$8,204	\$5,993
	146 LEVEL II LAPAROSCOPY	445	\$13,838	\$8,741
	147 LEVEL III LAPAROSCOPY	274	\$13,032	\$8,742
	148 LEVEL IV LAPAROSCOPY	2	\$18,719	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	185	\$9,492	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	11	\$13,404	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	1	\$6,878	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	87	\$8,196	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	71	\$8,515	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$6,275	\$16,838
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$12,651	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	11	\$21,796	\$13,497
09	MALE REPRODUCTIVE SYSTEM	137	\$15,460	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$6,512	\$3,299
	181 CIRCUMCISION	8	\$5,637	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	20	\$41,907	\$34,604
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	97	\$11,925	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	275	\$8,264	\$4,923
	193 TREATMENT OF INCOMPLETE ABORTION	1	\$8,814	\$8,091
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	40	\$6,421	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	21	\$7,400	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	80	\$10,644	\$7,555
	199 DILATION AND CURETTAGE	29	\$6,040	\$3,369
	200 HYSTEROSCOPY	102	\$7,908	\$5,363
	201 COLPOSCOPY	2	\$9,147	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	799	\$7,120	\$4,943

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	375	\$2,623	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$32,976	\$11,949
	217 LEVEL I NERVE PROCEDURES	32	\$10,850	\$3,417
	218 LEVEL II NERVE PROCEDURES	28	\$16,939	\$12,912
	219 SPINAL TAP	69	\$2,369	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	109	\$2,359	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	128	\$14,870	\$10,971
	223 LEVEL III NERVE PROCEDURES	56	\$26,673	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	53	\$11,116	\$3,736
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$9,149	\$9,495
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	50	\$11,279	\$6,285
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$6,135	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$9,885	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	89	\$10,968	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	8	\$8,684	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$8,010	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	10	\$10,875	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	63	\$11,686	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	3	\$7,213	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	7,023	64.7	135,467	53.6
Male	3,833	35.3	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	330	3.0	1,741	0.7
29-365 days	94	0.9	2,971	1.2
1-4 years	0	0.0	10,916	4.3
5-9	0	0.0	6,723	2.7
10-14	17	0.2	5,235	2.1
15-17	112	1.0	5,307	2.1
18-19	87	0.8	3,697	1.5
20-24	332	3.1	10,057	4.0
25-29	560	5.2	12,635	5.0
30-34	645	5.9	14,894	5.9
35-39	582	5.4	13,867	5.5
40-44	649	6.0	14,264	5.6
45-49	826	7.6	17,450	6.9
50-54	984	9.1	27,955	11.1
55-59	1,084	10.0	24,928	9.9
60-64	1,002	9.2	22,206	8.8
65-69	946	8.7	19,059	7.5
70-74	734	6.8	14,720	5.8
75-79	723	6.7	11,676	4.6
80-84	601	5.5	7,598	3.0
85-89	387	3.6	3,582	1.4
90 +	161	1.5	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	9,995	92.1	208,190	82.4
Clinic Referral	643	5.9	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	13	0.1	262	0.1
Skilled Nursing Facility	63	0.6	234	0.1
Other Health Care Facility	2	0.0	24	0.0
ER (Not valid since 7/2010)	140	1.3	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,666	98.2	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	11	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	8	0.1	87	0.0
Under Care of Home Service	14	0.1	275	0.1
Left Against Medical Advice	1	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	155	1.4	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	3,667	33.8	55,732	22.1
Medicaid	673	6.2	18,214	7.2
Other government	132	1.2	5,636	2.2
Blue Cross/Blue Shield	2,754	25.4	33,140	13.1
Other Commercial	523	4.8	17,547	6.9
Managed Care(HMO, PPO)	2,784	25.6	113,327	44.9
Self Pay	169	1.6	3,334	1.3
Industrial & Worker Comp	139	1.3	3,165	1.3
Charity and Unclassified	9	0.1	1,228	0.5
Childrens Health Insurance	3	0.0	189	0.1
Unknown	3	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	104	1.0	15,912	6.3
Central Utah	41	0.4	9,352	3.7
Davis County	507	4.7	27,390	10.8
Salt Lake County	8,502	78.3	87,767	34.7
Southeastern Utah	62	0.6	5,222	2.1
Southwest Utah	42	0.4	15,992	6.3
Summit County	175	1.6	3,893	1.5
Tooele County	267	2.5	5,148	2.0
Tri-County	94	0.9	6,710	2.7
Utah County	314	2.9	38,568	15.3
Wasatch County	58	0.5	1,970	0.8
Weber County	144	1.3	21,374	8.5
Unknown Utah	5	0.0	17	0.0
Outside Utah	541	5.0	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

144 Timpanogos Regional Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,777	100.0	331,127	100.0
Mastectomy (85.0-85.99)	212	3.7	8,130	2.5
Musculoskeletal (76.0-84.99)	648	11.2	67,729	20.5
Respiratory (30.0-34.99)	27	0.5	3,049	0.9
Cardiovascular (35.0-39.99)	1,158	20.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	32	0.6	2,918	0.9
Digestive System (42.0-54.99)	2,118	36.7	106,281	32.1
Urinary (55.0-59.99)	74	1.3	11,247	3.4
Male Genital (60.0-64.99)	43	0.7	3,928	1.2
Female Genital (65.0-71.99)	269	4.7	15,188	4.6
Endocrine/Nervous (01.0-07.99)	798	13.8	24,832	7.5
Eye (08.0-16.99)	70	1.2	20,768	6.3
Ear (18.0-20.99)	128	2.2	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	200	3.5	28,733	8.7
Reporting Category(CPT-4 CODES)	6,728	100.0	325,030	100.0
Mastectomy (19120-19220)	29	0.4	1,713	0.5
Musculoskeletal (20000-29909)	675	10.0	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	75	1.1	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	2,333	34.7	29,073	8.9
Lymphatic/Hemetic (38100-38999)	25	0.4	4,116	1.3
Digestive (40490-49999)	2,299	34.2	123,353	38.0
Urinary (50010-53899)	85	1.3	15,063	4.6
Male Genital (54000-55899)	31	0.5	3,821	1.2
Female Genital (56405-58999)	242	3.6	14,294	4.4
Endocrine/Nervous (60000-64999)	844	12.5	22,577	6.9
Eye (65091-68899)	30	0.4	12,170	3.7
Ear (69000-69979)	60	0.9	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

144 Timpanogos Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,777	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	388	6.7	4.25
4523	COLONOSCOPY	384	6.6	6.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	358	6.2	5.62
0392	INJ OTH AGENT SPINAL CANAL	297	5.1	2.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	283	4.9	1.75
3726	CARD ELECTROPHYSIO STIMUL-RECORD	268	4.6	0.61
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	251	4.3	0.60
3727	CARD MAPPING	250	4.3	0.57
5123	LAP CHOLEY	168	2.9	2.22
4513	OTH ENDO SM INTESTINE	155	2.7	1.64
4292	DILAT ESOPH	120	2.1	1.35
2001	MYRINGOTOMY W/INSRT TUBE	119	2.1	3.35
3722	LT HEART CARD CATH	117	2.0	1.18
4525	CLO [ENDO] BX LG INTESTINE	116	2.0	2.29
4701	LAP APPENDECTOMY	86	1.5	0.63
4836	[ENDO] POLYPECTOMY RECTUM	51	0.9	1.20
6902	D&C FOLLOWING DELIV/AB	51	0.9	0.17
8511	CLO [PERCUT] [NEEDLE] BX BREAST	48	0.8	0.39
283	TONSILLECTOMY W/ADENOIDECTOMY	44	0.8	1.92
8521	LOC EXC LES BREAST	44	0.8	0.60

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,728	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	443	6.6	6.08
45378	COLONOSCOPY FLEX; DX-SEP PROC	374	5.6	6.64
43239	UGI ENDO; W/BX 1/MX	358	5.3	6.01
93620	COMP EP EVAL;RT ATRIAL VENT HIS	265	3.9	0.27
93621	COMP EP EVAL;LT ATRIAL COR SINUS	256	3.8	0.25
93623	PROGRAM STIM & PACE AFTER IV DRU	255	3.8	0.24
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	239	3.6	0.61
93651	INTRACARD CATH ABLAT ARRHY; TX T	230	3.4	0.23
93613	INTRACARD EP 3-D MAPPING	209	3.1	0.20
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	202	3.0	0.36
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	142	2.1	1.81
93545	INJ PROC-CATH; SELECT CORONRY AN	141	2.1	0.72
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	137	2.0	1.32
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	127	1.9	0.45
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	117	1.7	0.94
93510	LT HRT CATH RETRO-BRACH/FEM; PER	116	1.7	0.42
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	104	1.5	1.23
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	104	1.5	0.43
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	104	1.5	0.66
44970	LAPAROSCOPY SURGICAL APPENDECTOM	86	1.3	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, 2010
 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		2,413	\$7,313	\$4,764
4523	COLONOSCOPY	321	\$2,218	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	296	\$3,186	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	177	\$2,690	\$1,732
5123	LAP CHOLEY	141	\$10,659	\$7,823
4513	OTH ENDO SM INTESTINE	84	\$2,330	\$1,513
4525	CLO [ENDO] BX LG INTESTINE	81	\$2,709	\$1,777
4701	LAP APPENDECTOMY	79	\$15,656	\$11,713
3722	LT HEART CARD CATH	70	\$12,187	\$9,623
6902	D&C FOLLOWING DELIV/AB	51	\$4,744	\$3,566
283	TONSILLECTOMY W/ADENOIDECTOMY	36	\$5,010	\$3,030
0611	CLO PERCUT NEEDLE BX THYROID GLAND	28	\$1,216	\$1,078
3787	REPLCE PACEMAKER W/2 CHAMBR DEVICE	28	\$32,040	\$23,678
0331	SPINAL TAP	23	\$3,193	\$2,546
2341	APPLIC CROWN	23	\$5,248	\$4,004
3723	COMBO RT & LT HEART CARD CATH	23	\$15,890	\$9,594
3893	VENOUS CATH-NEC	21	\$5,251	\$5,038
8511	CLO [PERCUT] [NEEDLE] BX BREAST	21	\$5,358	\$2,328
031	DIVIS INTRASPINAL NERV ROOT	20	\$16,489	\$13,370
8521	LOC EXC LES BREAST	20	\$5,996	\$3,725
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	19	\$1,724	\$1,578

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,543	\$5,826	\$4,004
45380	COLONOSCOPY FLEX; W/BX 1/MX	315	\$2,695	\$1,602
45378	COLONOSCOPY FLEX; DX-SEP PROC	313	\$2,221	\$1,186
43239	UGI ENDO; W/BX 1/MX	176	\$2,664	\$1,698
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	114	\$10,943	\$8,264
44970	LAPAROSCOPY SURGICAL APPENDECTOM	80	\$15,683	\$11,662
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	77	\$2,279	\$1,404
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	70	\$2,614	\$1,691
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	64	\$2,936	\$1,753
69436	TYMPANOSTOMY GENERAL ANESTHESIA	43	\$2,986	\$1,547
41899	UNLIST PROC DENTOALVEOL STRUCTUR	41	\$5,254	\$3,377
58340	CATH&INTRO SALINE/CONTRAST SIS/H	40	\$1,897	\$908
49650	LAPARSCPY SURG; REPR INIT ING HE	37	\$12,217	\$7,927
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	36	\$3,405	\$1,979
33208	INSRT/REPL PACEMKR; ATRIAL&VENT	28	\$32,796	\$35,139
44500	INTRODUCTION LONG GI TUBE-SEP PR	28	\$1,363	\$1,352
42820	T&A; UNDER AGE 12	27	\$4,936	\$2,869
47562	LAPAROSCOPY SURGICAL; CHOLECT	27	\$9,462	\$6,966
49505	REPR INIT ING HERNIA 5YR/MORE; R	25	\$8,385	\$4,904
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	24	\$1,745	\$1,383
66984	EXTRACAPSULAR CATARACT REMV IOL	24	\$5,582	\$3,643

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	104	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	2,291
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	106
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	60	4,468
	013 LEVEL II SKIN REPAIR	27	842
	014 LEVEL III SKIN REPAIR	1	257
02	BREAST PROCEDURES	29	1,750
	020 LEVEL I BREAST PROCEDURES	29	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	503	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	2,206
	033 LEVEL I HAND PROCEDURES	29	3,900
	034 LEVEL II HAND PROCEDURES	7	1,135
	035 LEVEL I FOOT PROCEDURES	112	6,043
	036 LEVEL II FOOT PROCEDURES	23	1,635
	037 LEVEL I ARTHROSCOPY	130	22,380
	038 LEVEL II ARTHROSCOPY	28	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	32	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	467
	045 BUNION PROCEDURES	32	1,790
	047 LEVEL II ARTHROPLASTY	2	177
	048 HAND AND FOOT TENOTOMY	1	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	24	2,206
04	RESPIRATORY PROCEDURES	46	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	25	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	11	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	7	2,327
05	CARDIOVASCULAR PROCEDURES	1,495	11,285
	081 ECHOCARDIOGRAPHY	1	71
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	595	1,944
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	154	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	39	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	111	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	6	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	525	2,371
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	126
	092 RESUSCITATION	1	30
	097 AICD IMPLANT	44	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	43	4,121

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	25	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,230	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	29	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	466	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	149	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	821	41,709
	137 THERAPEUTIC COLONOSCOPY	144	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	82	2,130
	139 LEVEL I HERNIA REPAIR	67	5,690
	140 LEVEL II HERNIA REPAIR	9	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	13	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	206
	145 LEVEL I LAPAROSCOPY	46	2,518
	146 LEVEL II LAPAROSCOPY	199	8,555
	147 LEVEL III LAPAROSCOPY	185	7,108
	148 LEVEL IV LAPAROSCOPY	2	114
08	GENITOURINARY SYSTEM PROCEDURES	43	11,520
	162 URINARY CATHETERIZATION AND DILATATION	2	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	20	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	18	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	61
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	484
09	MALE REPRODUCTIVE SYSTEM	41	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	1,441
	181 CIRCUMCISION	1	947
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	28	1,309
10	FEMALE REPRODUCTIVE SYSTEM	129	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	28	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	34	1,872
	199 DILATION AND CURETTAGE	10	552
	200 HYSTEROSCOPY	36	2,238
11	NEUROLOGIC SYSTEM PROCEDURES	819	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	63	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	10	183
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	208
	217 LEVEL I NERVE PROCEDURES	28	4,138
	218 LEVEL II NERVE PROCEDURES	15	777
	219 SPINAL TAP	24	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	580	8,680

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	89	3,130
	223 LEVEL III NERVE PROCEDURES	9	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	30	11,976
	233 CATARACT PROCEDURES	25	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	158
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	272	30,136
	252 LEVEL I FACIAL AND ENT PROCEDURES	126	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	12	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	21	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	52	3,077
	256 TONSIL AND ADENOID PROCEDURES	61	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	62	\$5,212	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	\$3,198	\$4,740
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$4,885	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$4,215	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	26	\$5,339	\$3,724
	013 LEVEL II SKIN REPAIR	22	\$5,974	\$4,647
02	BREAST PROCEDURES	24	\$6,188	\$4,055
	020 LEVEL I BREAST PROCEDURES	24	\$6,188	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	241	\$7,207	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$5,268	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$7,538	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$19,722	\$10,772
	033 LEVEL I HAND PROCEDURES	18	\$4,218	\$2,911
	034 LEVEL II HAND PROCEDURES	5	\$4,875	\$5,270
	035 LEVEL I FOOT PROCEDURES	45	\$6,026	\$3,958
	036 LEVEL II FOOT PROCEDURES	6	\$9,563	\$7,753
	037 LEVEL I ARTHROSCOPY	67	\$7,278	\$4,877
	038 LEVEL II ARTHROSCOPY	5	\$15,081	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$8,385	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$3,933	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	28	\$9,664	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$3,247	\$3,636
	045 BUNION PROCEDURES	12	\$8,737	\$5,503
	047 LEVEL II ARTHROPLASTY	2	\$31,767	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	\$1,505	\$1,578
04	RESPIRATORY PROCEDURES	26	\$2,942	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	\$2,729	\$2,308
	064 ENDOSCOPY OF THE LOWER AIRWAY	3	\$4,572	\$2,759
05	CARDIOVASCULAR PROCEDURES	67	\$19,537	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	\$7,198	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	13	\$5,702	\$5,820
	086 PACEMAKER INSERTION AND REPLACEMENT	29	\$32,656	\$34,863
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$8,447	\$9,059
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	\$8,429	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	11	\$9,018	\$7,553
	097 AICD IMPLANT	1	\$88,868	\$31,670
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	33	\$5,539	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	22	\$2,366	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$11,886	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,427	\$5,116	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	29	\$1,337	\$1,415
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,417	\$2,587
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$5,837	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,233	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	254	\$2,545	\$1,690

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	53	\$3,687	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	631	\$2,455	\$1,365
	137 THERAPEUTIC COLONOSCOPY	65	\$2,941	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$5,039	\$5,559
	139 LEVEL I HERNIA REPAIR	45	\$7,754	\$4,575
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$5,906	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$6,241	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	11	\$6,213	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$8,925	\$8,883
	145 LEVEL I LAPAROSCOPY	15	\$8,694	\$5,993
	146 LEVEL II LAPAROSCOPY	168	\$13,675	\$8,741
	147 LEVEL III LAPAROSCOPY	140	\$12,301	\$8,742
	148 LEVEL IV LAPAROSCOPY	2	\$17,219	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	13	\$8,140	\$5,060
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	6	\$5,984	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	5	\$9,100	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$18,749	\$16,838
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$5,661	\$13,497
09	MALE REPRODUCTIVE SYSTEM	34	\$16,123	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$5,825	\$3,299
	181 CIRCUMCISION	1	\$4,823	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	27	\$18,830	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	64	\$7,434	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$5,119	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	10	\$7,280	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	18	\$8,931	\$7,555
	199 DILATION AND CURETTAGE	10	\$4,286	\$3,369
	200 HYSTEROSCOPY	20	\$8,433	\$5,363
11	NEUROLOGIC SYSTEM PROCEDURES	194	\$3,996	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	58	\$1,558	\$1,457
	217 LEVEL I NERVE PROCEDURES	8	\$5,161	\$3,417
	218 LEVEL II NERVE PROCEDURES	5	\$10,215	\$12,912
	219 SPINAL TAP	23	\$3,193	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	79	\$2,559	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	20	\$12,941	\$10,971
	223 LEVEL III NERVE PROCEDURES	1	\$58,094	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	28	\$5,481	\$3,736
	233 CATARACT PROCEDURES	25	\$5,599	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,459	\$3,753
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,561	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	191	\$6,519	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	95	\$4,167	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	\$5,517	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	5	\$9,038	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	41	\$13,362	\$9,193

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
256 TONSIL AND ADENOID PROCEDURES	43	\$5,061	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,351	57.1	135,467	53.6
Male	1,768	42.9	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	14	0.3	2,971	1.2
1-4 years	94	2.3	10,916	4.3
5-9	45	1.1	6,723	2.7
10-14	59	1.4	5,235	2.1
15-17	58	1.4	5,307	2.1
18-19	56	1.4	3,697	1.5
20-24	207	5.0	10,057	4.0
25-29	234	5.7	12,635	5.0
30-34	252	6.1	14,894	5.9
35-39	252	6.1	13,867	5.5
40-44	232	5.6	14,264	5.6
45-49	311	7.6	17,450	6.9
50-54	467	11.3	27,955	11.1
55-59	381	9.2	24,928	9.9
60-64	327	7.9	22,206	8.8
65-69	318	7.7	19,059	7.5
70-74	277	6.7	14,720	5.8
75-79	258	6.3	11,676	4.6
80-84	174	4.2	7,598	3.0
85-89	81	2.0	3,582	1.4
90 +	22	0.5	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,004	97.2	208,190	82.4
Clinic Referral	40	1.0	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	5	0.1	262	0.1
Skilled Nursing Facility	21	0.5	234	0.1
Other Health Care Facility	1	0.0	24	0.0
ER (Not valid since 7/2010)	48	1.2	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	4,101	99.6	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	4	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	3	0.1	87	0.0
Under Care of Home Service	6	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	5	0.1	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,194	29.0	55,732	22.1
Medicaid	185	4.5	18,214	7.2
Other government	49	1.2	5,636	2.2
Blue Cross/Blue Shield	985	23.9	33,140	13.1
Other Commercial	261	6.3	17,547	6.9
Managed Care(HMO, PPO)	1,365	33.1	113,327	44.9
Self Pay	44	1.1	3,334	1.3
Industrial & Worker Comp	34	0.8	3,165	1.3
Charity and Unclassified	2	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	0	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	8	0.2	15,912	6.3
Central Utah	218	5.3	9,352	3.7
Davis County	10	0.2	27,390	10.8
Salt Lake County	83	2.0	87,767	34.7
Southeastern Utah	126	3.1	5,222	2.1
Southwest Utah	20	0.5	15,992	6.3
Summit County	10	0.2	3,893	1.5
Tooele County	4	0.1	5,148	2.0
Tri-County	46	1.1	6,710	2.7
Utah County	3,440	83.5	38,568	15.3
Wasatch County	54	1.3	1,970	0.8
Weber County	4	0.1	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	96	2.3	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
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)	3,241	100.0	331,127	100.0
Mastectomy (85.0-85.99)	28	0.9	8,130	2.5
Musculoskeletal (76.0-84.99)	312	9.6	67,729	20.5
Respiratory (30.0-34.99)	13	0.4	3,049	0.9
Cardiovascular (35.0-39.99)	11	0.3	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	5	0.2	2,918	0.9
Digestive System (42.0-54.99)	1,549	47.8	106,281	32.1
Urinary (55.0-59.99)	9	0.3	11,247	3.4
Male Genital (60.0-64.99)	5	0.2	3,928	1.2
Female Genital (65.0-71.99)	172	5.3	15,188	4.6
Endocrine/Nervous (01.0-07.99)	63	1.9	24,832	7.5
Eye (08.0-16.99)	386	11.9	20,768	6.3
Ear (18.0-20.99)	355	11.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	333	10.3	28,733	8.7
Reporting Category(CPT-4 CODES)	2,424	100.0	325,030	100.0
Mastectomy (19120-19220)	21	0.9	1,713	0.5
Musculoskeletal (20000-29909)	327	13.5	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	67	2.8	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	10	0.4	29,073	8.9
Lymphatic/Hemetic (38100-38999)	3	0.1	4,116	1.3
Digestive (40490-49999)	1,415	58.4	123,353	38.0
Urinary (50010-53899)	2	0.1	15,063	4.6
Male Genital (54000-55899)	4	0.2	3,821	1.2
Female Genital (56405-58999)	132	5.4	14,294	4.4
Endocrine/Nervous (60000-64999)	56	2.3	22,577	6.9
Eye (65091-68899)	204	8.4	12,170	3.7
Ear (69000-69979)	183	7.5	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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		3,241	100.0	100.0
4523	COLONOSCOPY	576	17.8	6.81
2001	MYRINGOTOMY W/INSRT TUBE	331	10.2	3.35
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	232	7.2	5.62
4513	OTH ENDO SM INTESTINE	191	5.9	1.64
1341	PHACOEMULSIFICATION-ASPIR CATARACT	180	5.6	1.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	180	5.6	1.53
283	TONSILLECTOMY W/ADENOIDECTOMY	171	5.3	1.92
4542	ENDO POLYPECTOMY LG INTESTINE	138	4.3	4.25
5123	LAP CHOLEY	75	2.3	2.22
4525	CLO [ENDO] BX LG INTESTINE	63	1.9	2.29
4836	[ENDO] POLYPECTOMY RECTUM	56	1.7	1.20
6902	D&C FOLLOWING DELIV/AB	35	1.1	0.17
806	EXC SEMILUNAR CARTILAGE-KNEE	35	1.1	1.67
0443	RELEASE CARPAL TUNNEL	34	1.0	0.97
8183	OTH REPR SHLDR	32	1.0	0.77
4543	ENDO DEST OTH LES/TISS LG INTEST	27	0.8	0.05
286	ADENOIDECTOMY WO TONSILLECTOMY	26	0.8	0.34
194	MYRINGOPLASTY	23	0.7	0.21
8521	LOC EXC LES BREAST	21	0.6	0.60
2341	APPLIC CROWN	20	0.6	0.43

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,424	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	303	12.5	6.64
43239	UGI ENDO; W/BX 1/MX	231	9.5	6.01
66984	EXTRACAPSULAR CATARACT REMV IOL	179	7.4	1.53
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	173	7.1	1.23
69436	TYMPANOSTOMY GENERAL ANESTHESIA	165	6.8	1.80
45380	COLONOSCOPY FLEX; W/BX 1/MX	123	5.1	6.08
42820	T&A; UNDER AGE 12	112	4.6	1.52
45384	COLONOSCOPY FLEX; REMV LES-FORCE	93	3.8	0.21
47562	LAPAROSCOPY SURGICAL; CHOLECT	61	2.5	0.94
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	53	2.2	1.81
42821	T&A; AGE 12 OR OVER	46	1.9	0.41
23130	ACROMPLSTY/ACROMNECT PART W/VO R	33	1.4	0.04
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	33	1.4	0.51
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	33	1.4	0.64
29881	SCOPE KNEE SURG;W/MENISCECT MED/	25	1.0	1.46
49505	REPR INIT ING HERNIA 5YR/MORE; R	21	0.9	0.78
43248	UGI ENDO; W/INSRT GUIDE WIRE	20	0.8	0.10
49320	LAP-ABD DX-W/VO SPECMN-SEP PROC	20	0.8	0.21
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	19	0.8	0.09
20680	REMOVAL OF IMPLANT; DEEP	18	0.7	0.93

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2010
 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		1,497	\$3,319	\$4,764
4523	COLONOSCOPY	395	\$1,573	\$1,184
283	TONSILLECTOMY W/ADENOIDECTOMY	145	\$3,683	\$3,030
4513	OTH ENDO SM INTESTINE	97	\$1,653	\$1,513
4542	ENDO POLYPECTOMY LG INTESTINE	85	\$1,844	\$1,643
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	76	\$1,724	\$1,732
5123	LAP CHOLEY	70	\$7,853	\$7,823
6902	D&C FOLLOWING DELIV/AB	35	\$3,250	\$3,566
4525	CLO [ENDO] BX LG INTESTINE	31	\$1,757	\$1,777
806	EXC SEMILUNAR CARTILAGE-KNEE	27	\$4,082	\$4,677
0443	RELEASE CARPAL TUNNEL	26	\$2,116	\$2,598
4836	[ENDO] POLYPECTOMY RECTUM	25	\$1,817	\$1,527
8183	OTH REPR SHLDR	21	\$5,936	\$8,353
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	20	\$6,182	\$10,003
5421	LAPAROSCOPY	17	\$4,971	\$5,423
4701	LAP APPENDECTOMY	15	\$10,846	\$11,713
5304	UNILAT REPR INDIRECT ING HERN-GFT	13	\$6,336	\$4,980
8521	LOC EXC LES BREAST	13	\$5,477	\$3,725
4543	ENDO DEST OTH LES/TISS LG INTEST	12	\$1,847	\$2,167
6823	ENDOMETRIAL ABLATION	11	\$5,647	\$6,274
6732	DESTRUC LES CERV-CAUT	10	\$2,923	\$3,189

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,642	\$3,488	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	189	\$1,581	\$1,186
66984	EXTRACAPSULAR CATARACT REMV IOL	177	\$4,095	\$3,643
69436	TYMPANOSTOMY GENERAL ANESTHESIA	149	\$2,790	\$1,547
43239	UGI ENDO; W/BX 1/MX	120	\$2,200	\$1,698
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	106	\$1,660	\$1,404
42820	T&A; UNDER AGE 12	101	\$3,621	\$2,869
45380	COLONOSCOPY FLEX; W/BX 1/MX	86	\$1,847	\$1,602
45384	COLONOSCOPY FLEX; REMV LES-FORCE	58	\$1,731	\$1,803
47562	LAPAROSCOPY SURGICAL; CHOLECT	56	\$7,602	\$6,966
42821	T&A; AGE 12 OR OVER	43	\$3,786	\$3,363
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	35	\$1,852	\$1,753
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	27	\$2,125	\$2,664
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	26	\$6,253	\$6,301
29881	SCOPE KNEE SURG;W/MENISCECT MED/	19	\$4,196	\$4,675
49320	LAP-ABD DX-W/VO SPECMN-SEP PROC	18	\$5,092	\$5,456
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	\$6,893	\$4,904
44970	LAPAROSCOPY SURGICAL APPENDECTOM	15	\$10,846	\$11,662
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	14	\$8,857	\$8,264
19120	EXC BRST CYST TUMR/LES OPN M/F 1	13	\$5,107	\$3,656
43248	UGI ENDO; W/INSRT GUIDE WIRE	12	\$1,912	\$1,425

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	39	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	22	4,468
	013 LEVEL II SKIN REPAIR	4	842
	014 LEVEL III SKIN REPAIR	3	257
02	BREAST PROCEDURES	21	1,750
	020 LEVEL I BREAST PROCEDURES	21	1,713
03	MUSCULOSKELETAL SYSTEM PROCEDURES	293	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	2,206
	033 LEVEL I HAND PROCEDURES	30	3,900
	034 LEVEL II HAND PROCEDURES	13	1,135
	035 LEVEL I FOOT PROCEDURES	37	6,043
	036 LEVEL II FOOT PROCEDURES	13	1,635
	037 LEVEL I ARTHROSCOPY	54	22,380
	038 LEVEL II ARTHROSCOPY	10	5,428
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	43	5,284
	045 BUNION PROCEDURES	9	1,790
	046 LEVEL I ARTHROPLASTY	1	660
	048 HAND AND FOOT TENOTOMY	1	323
04	RESPIRATORY PROCEDURES	35	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	11	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	20	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	2,327
05	CARDIOVASCULAR PROCEDURES	4	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	1,077
	086 PACEMAKER INSERTION AND REPLACEMENT	1	284
	092 RESUSCITATION	1	30
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	4,121
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	2,319
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,286	112,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	407	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	35	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	428	41,709
	137 THERAPEUTIC COLONOSCOPY	155	7,586
	139 LEVEL I HERNIA REPAIR	41	5,690

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
140 LEVEL II HERNIA REPAIR	9	1,145
141 LEVEL I ANAL AND RECTAL PROCEDURES	3	851
142 LEVEL II ANAL AND RECTAL PROCEDURES	8	1,189
144 LEVEL II GASTROINTESTINAL PROCEDURES	2	206
145 LEVEL I LAPAROSCOPY	41	2,518
146 LEVEL II LAPAROSCOPY	96	8,555
147 LEVEL III LAPAROSCOPY	49	7,108
08 GENITOURINARY SYSTEM PROCEDURES	2	11,520
162 URINARY CATHETERIZATION AND DILATATION	1	218
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	5,655
09 MALE REPRODUCTIVE SYSTEM	2	4,036
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,441
10 FEMALE REPRODUCTIVE SYSTEM	65	8,528
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	20	1,525
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	1,872
199 DILATION AND CURETTAGE	3	552
200 HYSTEROSCOPY	36	2,238
11 NEUROLOGIC SYSTEM PROCEDURES	56	21,879
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	3,252
217 LEVEL I NERVE PROCEDURES	53	4,138
219 SPINAL TAP	1	427
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	8,680
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	202	11,976
233 CATARACT PROCEDURES	185	5,367
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	244
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	171
239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	964
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	935
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,531
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	405	30,136
252 LEVEL I FACIAL AND ENT PROCEDURES	192	12,925
253 LEVEL II FACIAL AND ENT PROCEDURES	12	1,444
254 LEVEL III FACIAL AND ENT PROCEDURES	20	3,450
256 TONSIL AND ADENOID PROCEDURES	181	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	23	\$3,539	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$5,011	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$3,012	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,057	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,846	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$2,969	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$4,213	\$3,724
	013 LEVEL II SKIN REPAIR	3	\$1,750	\$4,647
02	BREAST PROCEDURES	16	\$4,994	\$4,055
	020 LEVEL I BREAST PROCEDURES	16	\$4,994	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	164	\$4,905	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$4,336	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$4,772	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$5,531	\$10,772
	033 LEVEL I HAND PROCEDURES	27	\$2,491	\$2,911
	034 LEVEL II HAND PROCEDURES	3	\$5,152	\$5,270
	035 LEVEL I FOOT PROCEDURES	15	\$4,360	\$3,958
	036 LEVEL II FOOT PROCEDURES	8	\$8,008	\$7,753
	037 LEVEL I ARTHROSCOPY	36	\$4,117	\$4,877
	038 LEVEL II ARTHROSCOPY	5	\$7,945	\$11,622
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$2,919	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	\$6,423	\$8,351
	045 BUNION PROCEDURES	6	\$6,090	\$5,503
	046 LEVEL I ARTHROPLASTY	1	\$4,360	\$7,830
04	RESPIRATORY PROCEDURES	8	\$4,058	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$4,453	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,927	\$1,131
05	CARDIOVASCULAR PROCEDURES	3	\$10,896	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$6,339	\$6,105
	086 PACEMAKER INSERTION AND REPLACEMENT	1	\$15,109	\$34,863
	092 RESUSCITATION	1	\$11,239	\$12,312
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$7,401	\$5,731
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	\$8,496	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$6,306	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	834	\$3,115	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,033	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$2,803	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	228	\$1,943	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$1,979	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	276	\$1,684	\$1,365
	137 THERAPEUTIC COLONOSCOPY	98	\$1,784	\$1,781
	139 LEVEL I HERNIA REPAIR	33	\$6,045	\$4,575
	140 LEVEL II HERNIA REPAIR	5	\$4,913	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$2,575	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	\$4,372	\$3,992

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2	\$5,991	\$8,883
	145 LEVEL I LAPAROSCOPY	31	\$5,705	\$5,993
	146 LEVEL II LAPAROSCOPY	87	\$8,256	\$8,741
	147 LEVEL III LAPAROSCOPY	41	\$7,211	\$8,742
09	MALE REPRODUCTIVE SYSTEM	1	\$5,917	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$5,917	\$3,299
10	FEMALE REPRODUCTIVE SYSTEM	29	\$4,125	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	\$3,291	\$4,052
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$6,731	\$7,555
	199 DILATION AND CURETTAGE	2	\$3,093	\$3,369
	200 HYSTEROSCOPY	9	\$4,111	\$5,363
11	NEUROLOGIC SYSTEM PROCEDURES	36	\$2,465	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$2,230	\$1,457
	217 LEVEL I NERVE PROCEDURES	34	\$2,411	\$3,417
	219 SPINAL TAP	1	\$4,509	\$2,340
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	193	\$4,070	\$3,736
	233 CATARACT PROCEDURES	182	\$4,109	\$3,654
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$8,656	\$9,495
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$4,189	\$2,883
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$1,926	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,797	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	330	\$3,230	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	158	\$2,796	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	\$2,535	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	6	\$4,879	\$7,156
	256 TONSIL AND ADENOID PROCEDURES	155	\$3,658	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,294	56.0	135,467	53.6
Male	1,015	44.0	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	45	1.9	2,971	1.2
1-4 years	154	6.7	10,916	4.3
5-9	94	4.1	6,723	2.7
10-14	49	2.1	5,235	2.1
15-17	56	2.4	5,307	2.1
18-19	35	1.5	3,697	1.5
20-24	111	4.8	10,057	4.0
25-29	155	6.7	12,635	5.0
30-34	130	5.6	14,894	5.9
35-39	81	3.5	13,867	5.5
40-44	87	3.8	14,264	5.6
45-49	123	5.3	17,450	6.9
50-54	257	11.1	27,955	11.1
55-59	214	9.3	24,928	9.9
60-64	152	6.6	22,206	8.8
65-69	188	8.1	19,059	7.5
70-74	151	6.5	14,720	5.8
75-79	129	5.6	11,676	4.6
80-84	72	3.1	7,598	3.0
85-89	19	0.8	3,582	1.4
90 +	7	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,303	99.7	208,190	82.4
Clinic Referral	0	0.0	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	6	0.3	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,304	99.8	251,393	99.5
Another Hospital	2	0.1	135	0.1
Skilled Nursing Facility	0	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	2	0.1	87	0.0
Under Care of Home Service	0	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	498	21.6	55,732	22.1
Medicaid	214	9.3	18,214	7.2
Other government	65	2.8	5,636	2.2
Blue Cross/Blue Shield	367	15.9	33,140	13.1
Other Commercial	317	13.7	17,547	6.9
Managed Care(HMO, PPO)	752	32.6	113,327	44.9
Self Pay	69	3.0	3,334	1.3
Industrial & Worker Comp	16	0.7	3,165	1.3
Charity and Unclassified	0	0.0	1,228	0.5
Childrens Health Insurance	0	0.0	189	0.1
Unknown	11	0.5	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	15,912	6.3
Central Utah	0	0.0	9,352	3.7
Davis County	1	0.0	27,390	10.8
Salt Lake County	5	0.2	87,767	34.7
Southeastern Utah	5	0.2	5,222	2.1
Southwest Utah	1	0.0	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	0	0.0	5,148	2.0
Tri-County	2,272	98.4	6,710	2.7
Utah County	4	0.2	38,568	15.3
Wasatch County	0	0.0	1,970	0.8
Weber County	0	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	19	0.8	13,138	5.2
Unknown, Not Reported	0	0.0	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

125 UHC University Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	430	100.0	331,127	100.0
Mastectomy (85.0-85.99)	17	4.0	8,130	2.5
Musculoskeletal (76.0-84.99)	57	13.3	67,729	20.5
Respiratory (30.0-34.99)	20	4.7	3,049	0.9
Cardiovascular (35.0-39.99)	21	4.9	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	2	0.5	2,918	0.9
Digestive System (42.0-54.99)	57	13.3	106,281	32.1
Urinary (55.0-59.99)	48	11.2	11,247	3.4
Male Genital (60.0-64.99)	9	2.1	3,928	1.2
Female Genital (65.0-71.99)	52	12.1	15,188	4.6
Endocrine/Nervous (01.0-07.99)	24	5.6	24,832	7.5
Eye (08.0-16.99)	7	1.6	20,768	6.3
Ear (18.0-20.99)	39	9.1	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	77	17.9	28,733	8.7
Reporting Category(CPT-4 CODES)	23,451	100.0	325,030	100.0
Mastectomy (19120-19220)	45	0.2	1,713	0.5
Musculoskeletal (20000-29909)	1,040	4.4	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	2,226	9.5	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	6,382	27.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	133	0.6	4,116	1.3
Digestive (40490-49999)	5,507	23.5	123,353	38.0
Urinary (50010-53899)	4,042	17.2	15,063	4.6
Male Genital (54000-55899)	490	2.1	3,821	1.2
Female Genital (56405-58999)	1,549	6.6	14,294	4.4
Endocrine/Nervous (60000-64999)	1,186	5.1	22,577	6.9
Eye (65091-68899)	314	1.3	12,170	3.7
Ear (69000-69979)	537	2.3	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

125 UHC University Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		430	100.0	100.0
5732	OTH CYSTOSCOPY	16	3.7	0.34
5123	LAP CHOLEY	15	3.5	2.22
0481	INJ ANES PERIPH NERV-ANALGESIA	9	2.1	0.38
194	MYRINGOPLASTY	9	2.1	0.21
2263	ETHMOIDECTOMY	8	1.9	0.50
1953	TYPE III TYMPANOPLASTY	7	1.6	0.03
2219	OTH DX PROC NASAL SINUSES	7	1.6	0.03
282	TONSILLECTOMY WO ADENOIDECTOMY	7	1.6	0.52
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	7	1.6	0.14
5421	LAPAROSCOPY	7	1.6	0.27
2169	OTH TURBINECTOMY	6	1.4	0.75
2188	OTH SEPTOPLASTY	6	1.4	0.47
222	INTRANASAL ANTROTOMY	6	1.4	0.30
3009	OTH EXC/DESTRUC LES/TISS LARYNX	6	1.4	0.06
560	TRANSURETH REMOV OBST URETER-PELV	6	1.4	0.52
5979	OTH REPR URIN STRESS INCONT	6	1.4	0.27
3198	OTH OPER LARYNX	5	1.2	0.01
5303	UNILAT REPR DIRECT ING HERN-GFT	5	1.2	0.26
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	5	1.2	0.27
8363	ROTATOR CUFF REPR	5	1.2	0.76

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		23,451	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	887	3.8	6.01
51741	COMPLEX UROFLOWMETRY	862	3.7	0.27
45380	COLONOSCOPY FLEX; W/BX 1/MX	785	3.3	6.08
52000	CYSTOURETHROSCOPY-SEP PROC	762	3.2	0.51
51798	MSR PVR U&/BLADD CAPACTY US NON-	727	3.1	0.23
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	700	3.0	0.66
93545	INJ PROC-CATH; SELECT CORONRY AN	659	2.8	0.72
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	463	2.0	0.22
31579	LARYNGSCPY FLEX/RIGID W/STROBOSC	460	2.0	0.14
93508	CATH PLC-COR ANGIO W/O LT HRT CA	418	1.8	0.15
45378	COLONOSCOPY FLEX; DX-SEP PROC	349	1.5	6.64
93620	COMP EP EVAL;RT ATRIAL VENT HIS	312	1.3	0.27
93501	RIGHT HEART CATHETERIZATION	306	1.3	0.12
49080	PERITONEOCENTESIS; INIT	302	1.3	0.17
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	301	1.3	0.11
93621	COMP EP EVAL;LT ATRIAL COR SINUS	286	1.2	0.25
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	282	1.2	0.11
93623	PROGRAM STIM & PACE AFTER IV DRU	276	1.2	0.24
51784	EMG ANAL/URETH SPHINCTER-NOT NEE	275	1.2	0.09
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	273	1.2	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

125 UHC University Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		176	\$10,830	\$4,764
5123	LAP CHOLEY	14	\$7,311	\$7,823
282	TONSILLECTOMY WO ADENOIDECTOMY	7	\$3,942	\$3,118
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	7	\$6,217	\$7,333
194	MYRINGOPLASTY	6	\$6,846	\$4,416
1953	TYPE III TYMPANOPLASTY	5	\$6,845	\$6,895
5303	UNILAT REPR DIRECT ING HERN-GFT	5	\$5,726	\$5,043
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	5	\$8,521	\$10,328
1919	OTH STAPEDECTOMY	4	\$5,096	\$6,737
0393	INSRT/REPLCMT SPINAL NEUROSTIM	3	\$56,776	\$42,927
0481	INJ ANES PERIPH NERV-ANALGESIA	3	\$4,225	\$3,328
2098	IMPLNT/REPLCMT COCH PROSTH-MX CHNNL	3	\$77,322	\$41,854
3009	OTH EXC/DESTRUC LES/TISS LARYNX	3	\$7,164	\$4,107
4701	LAP APPENDECTOMY	3	\$12,987	\$11,713
5304	UNILAT REPR INDIRECT ING HERN-GFT	3	\$6,460	\$4,980
5341	REPR UMB HERN W/PROSTH	3	\$5,427	\$5,494
5749	OTH TRANSURETH EXC/DEST LES BLADDER	3	\$6,035	\$5,191
5979	OTH REPR URIN STRESS INCONT	3	\$10,830	\$7,908
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	3	\$4,905	\$5,188
6902	D&C FOLLOWING DELIV/AB	3	\$2,823	\$3,566
0390	INSRT SPINAL CANAL INFUS CATH	2	\$22,622	\$17,993

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		11,020	\$3,747	\$4,004
43239	UGI ENDO; W/BX 1/MX	639	\$1,378	\$1,698
45380	COLONOSCOPY FLEX; W/BX 1/MX	615	\$1,692	\$1,602
31579	LARYNGSCPY FLEX/RIGID W/STROBOSC	457	\$1,003	\$1,000
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	443	\$262	\$319
52000	CYSTOURETHROSCOPY-SEP PROC	435	\$696	\$990
45378	COLONOSCOPY FLEX; DX-SEP PROC	321	\$1,139	\$1,186
49080	PERITONEOCENTESIS; INIT	297	\$1,330	\$1,480
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	276	\$192	\$287
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	275	\$318	\$357
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	271	\$1,589	\$2,416
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	238	\$1,457	\$1,404
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	219	\$4,326	\$6,398
54150	CIRC USING CLAMP/OTH DEVICE; NB	154	\$172	\$412
58340	CATH&INTRO SALINE/CONTRAST SIS/H	151	\$472	\$908
66821	DISCISSION 2ND CATARACT; LASER S	137	\$667	\$772
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	129	\$609	\$622
52310	CYSTOURETHROSCOPY-SEP PROC; SIMP	125	\$1,256	\$1,951
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	119	\$515	\$515
93501	RIGHT HEART CATHETERIZATION	119	\$3,397	\$4,930
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	113	\$667	\$979

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	936	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	211	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	6	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	106
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	93	107
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	43	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	212	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	218	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	49
	013 LEVEL II SKIN REPAIR	132	842
	014 LEVEL III SKIN REPAIR	17	257
02	BREAST PROCEDURES	46	1,750
	020 LEVEL I BREAST PROCEDURES	45	1,713
	021 LEVEL II BREAST PROCEDURES	1	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	516	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	2,206
	033 LEVEL I HAND PROCEDURES	63	3,900
	034 LEVEL II HAND PROCEDURES	23	1,135
	035 LEVEL I FOOT PROCEDURES	29	6,043
	036 LEVEL II FOOT PROCEDURES	15	1,635
	037 LEVEL I ARTHROSCOPY	39	22,380
	038 LEVEL II ARTHROSCOPY	16	5,428
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	15	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	159	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	467
	045 BUNION PROCEDURES	3	1,790
	046 LEVEL I ARTHROPLASTY	1	660
	048 HAND AND FOOT TENOTOMY	1	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	2,206
04	RESPIRATORY PROCEDURES	2,566	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	801	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1,125	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	414	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	226	2,327
05	CARDIOVASCULAR PROCEDURES	3,042	11,285
	081 ECHOCARDIOGRAPHY	25	71
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	679	1,944
	083 PLACEMENT OF TRANSVENOUS CATHETERS	333	1,077
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	587	2,312
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	199	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	73	284
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	213	831
	088 LEVEL I CARDIOTHORACIC PROCEDURES	42	198

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	089 LEVEL II CARDIOTHORACIC PROCEDURES	719	2,371
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	18	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	20	126
	092 RESUSCITATION	1	30
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	19	20
	097 AICD IMPLANT	114	316
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	190	4,121
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	4	133
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	4	21
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	122	2,319
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	4	53
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	56	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,305	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	104	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	10	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	65	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	66	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,220	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	435	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,169	41,709
	137 THERAPEUTIC COLONOSCOPY	280	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	52	2,130
	139 LEVEL I HERNIA REPAIR	205	5,690
	140 LEVEL II HERNIA REPAIR	42	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	61	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	55	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	28	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	206
	145 LEVEL I LAPAROSCOPY	85	2,518
	146 LEVEL II LAPAROSCOPY	265	8,555
	147 LEVEL III LAPAROSCOPY	158	7,108
08	GENITOURINARY SYSTEM PROCEDURES	2,036	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	27	625
	161 URINARY STUDIES AND PROCEDURES	571	575
	162 URINARY CATHETERIZATION AND DILATATION	16	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1,127	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	222	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	17	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	54	484
09	MALE REPRODUCTIVE SYSTEM	463	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	147	1,441
	181 CIRCUMCISION	167	947
	182 INSERTION OF PENILE PROSTHESIS	18	76
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	47	1,309
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	84	254

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
10	FEMALE REPRODUCTIVE SYSTEM	842	8,528
	190 ARTIFICIAL FERTILIZATION	3	3
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	109	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	83	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	119	1,872
	199 DILATION AND CURETTAGE	22	552
	200 HYSTEROSCOPY	126	2,238
	201 COLPOSCOPY	380	694
11	NEUROLOGIC SYSTEM PROCEDURES	1,297	21,879
	213 NERVE AND MUSCLE TESTS	275	277
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	3,252
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	28	183
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	68	208
	217 LEVEL I NERVE PROCEDURES	104	4,138
	218 LEVEL II NERVE PROCEDURES	84	777
	219 SPINAL TAP	3	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	457	8,680
	221 LAMINOTOMY AND LAMINECTOMY	80	3,130
	223 LEVEL III NERVE PROCEDURES	193	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	304	11,976
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	27
	232 LASER EYE PROCEDURES	161	566
	233 CATARACT PROCEDURES	14	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	9	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	9	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	4	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	11	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	67	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	15	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,109	30,136
	250 COCHLEAR DEVICE IMPLANTATION	62	136
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	5	33
	252 LEVEL I FACIAL AND ENT PROCEDURES	319	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	63	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	244	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	331	3,077
	256 TONSIL AND ADENOID PROCEDURES	85	9,071

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	782	\$2,040	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	191	\$2,533	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$234	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$4,521	\$4,621
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	90	\$299	\$380
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	38	\$1,792	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	179	\$1,337	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	175	\$2,951	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$4,714	\$6,933
	013 LEVEL II SKIN REPAIR	90	\$2,082	\$4,647
	014 LEVEL III SKIN REPAIR	10	\$5,378	\$7,173
02	BREAST PROCEDURES	43	\$3,789	\$4,055
	020 LEVEL I BREAST PROCEDURES	42	\$3,601	\$3,990
	021 LEVEL II BREAST PROCEDURES	1	\$11,671	\$7,438
03	MUSCULOSKELETAL SYSTEM PROCEDURES	215	\$7,497	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	\$5,466	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$6,367	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$9,288	\$10,772
	033 LEVEL I HAND PROCEDURES	15	\$4,662	\$2,911
	034 LEVEL II HAND PROCEDURES	4	\$7,666	\$5,270
	035 LEVEL I FOOT PROCEDURES	3	\$4,962	\$3,958
	036 LEVEL II FOOT PROCEDURES	6	\$6,745	\$7,753
	037 LEVEL I ARTHROSCOPY	9	\$4,580	\$4,877
	038 LEVEL II ARTHROSCOPY	5	\$13,296	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$4,715	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	\$1,388	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	87	\$10,310	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	\$4,415	\$3,636
04	RESPIRATORY PROCEDURES	1,839	\$1,435	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	715	\$1,760	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	970	\$854	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	56	\$5,285	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	98	\$2,618	\$2,759
05	CARDIOVASCULAR PROCEDURES	636	\$6,772	\$16,047
	081 ECHOCARDIOGRAPHY	1	\$19,306	\$31,633
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	5	\$1,406	\$2,076
	083 PLACEMENT OF TRANSVENOUS CATHETERS	310	\$4,232	\$6,105
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	113	\$3,795	\$5,820
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	42	\$25,473	\$40,293
	086 PACEMAKER INSERTION AND REPLACEMENT	17	\$21,390	\$34,863
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	12	\$2,896	\$9,059
	088 LEVEL I CARDIOTHORACIC PROCEDURES	19	\$7,486	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	102	\$6,939	\$7,553
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	\$4,836	\$8,595
	091 VASCULAR LIGATION AND RECONSTRUCTION	7	\$8,319	\$7,679

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure	EAPG			
	092 RESUSCITATION	1	\$16,227	\$12,312
	097 AICD IMPLANT	2	\$61,553	\$31,670
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	125	\$3,783	\$5,731
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	3	\$7,483	\$6,157
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	82	\$3,148	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	40	\$4,806	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,023	\$2,802	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	86	\$1,288	\$1,415
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	54	\$1,019	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	34	\$1,281	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	923	\$1,446	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	182	\$2,181	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	942	\$1,506	\$1,365
	137 THERAPEUTIC COLONOSCOPY	69	\$2,206	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	21	\$5,652	\$5,559
	139 LEVEL I HERNIA REPAIR	176	\$5,248	\$4,575
	140 LEVEL II HERNIA REPAIR	27	\$6,019	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	42	\$3,013	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	47	\$5,003	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	20	\$3,668	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	4	\$5,925	\$8,883
	145 LEVEL I LAPAROSCOPY	41	\$6,664	\$5,993
	146 LEVEL II LAPAROSCOPY	221	\$8,712	\$8,741
	147 LEVEL III LAPAROSCOPY	134	\$8,194	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	787	\$2,916	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	23	\$9,689	\$11,450
	161 URINARY STUDIES AND PROCEDURES	3	\$584	\$584
	162 URINARY CATHETERIZATION AND DILATATION	3	\$3,060	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	636	\$1,285	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	78	\$5,780	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	8	\$17,323	\$16,838
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$4,025	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	35	\$18,588	\$13,497
09	MALE REPRODUCTIVE SYSTEM	427	\$2,723	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	137	\$1,594	\$3,299
	181 CIRCUMCISION	163	\$336	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	11	\$33,888	\$34,604
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	38	\$10,250	\$7,079
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	78	\$1,634	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	640	\$2,590	\$4,923
	190 ARTIFICIAL FERTILIZATION	3	\$2,831	\$2,831
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	59	\$3,278	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	44	\$5,173	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	71	\$7,555	\$7,555
	199 DILATION AND CURETTAGE	18	\$3,209	\$3,369

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	200 HYSTEROSCOPY	88	\$4,666	\$5,363
	201 COLPOSCOPY	357	\$625	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	378	\$19,211	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	\$10,536	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	8	\$14,350	\$11,949
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	37	\$12,917	\$9,372
	217 LEVEL I NERVE PROCEDURES	47	\$6,932	\$3,417
	218 LEVEL II NERVE PROCEDURES	41	\$13,054	\$12,912
	219 SPINAL TAP	2	\$6,839	\$2,340
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	59	\$1,651	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	59	\$10,180	\$10,971
	223 LEVEL III NERVE PROCEDURES	122	\$41,513	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	259	\$1,436	\$3,736
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	\$572	\$1,098
	232 LASER EYE PROCEDURES	161	\$705	\$818
	233 CATARACT PROCEDURES	11	\$5,941	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	9	\$1,024	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,906	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$6,016	\$9,495
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$1,527	\$3,792
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	8	\$9,413	\$6,285
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$19,222	\$2,883
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	56	\$674	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$11,714	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	664	\$11,744	\$4,038
	250 COCHLEAR DEVICE IMPLANTATION	62	\$69,187	\$55,645
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$11,482	\$6,314
	252 LEVEL I FACIAL AND ENT PROCEDURES	208	\$3,916	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	42	\$3,120	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	81	\$7,043	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	198	\$8,571	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	72	\$3,944	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

125 UHC University Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	7,866	50.9	135,467	53.6
Male	7,581	49.1	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	1	0.0	1	0.0
AGE				
1-28 days	116	0.8	1,741	0.7
29-365 days	60	0.4	2,971	1.2
1-4 years	45	0.3	10,916	4.3
5-9	56	0.4	6,723	2.7
10-14	80	0.5	5,235	2.1
15-17	157	1.0	5,307	2.1
18-19	198	1.3	3,697	1.5
20-24	634	4.1	10,057	4.0
25-29	1,045	6.8	12,635	5.0
30-34	1,144	7.4	14,894	5.9
35-39	1,018	6.6	13,867	5.5
40-44	1,063	6.9	14,264	5.6
45-49	1,322	8.6	17,450	6.9
50-54	1,557	10.1	27,955	11.1
55-59	1,568	10.2	24,928	9.9
60-64	1,530	9.9	22,206	8.8
65-69	1,422	9.2	19,059	7.5
70-74	994	6.4	14,720	5.8
75-79	740	4.8	11,676	4.6
80-84	459	3.0	7,598	3.0
85-89	193	1.2	3,582	1.4
90 +	47	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	8,614	55.8	208,190	82.4
Clinic Referral	5,602	36.3	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	14	0.1	262	0.1
Skilled Nursing Facility	3	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	26	0.2	2,929	1.2
Court/Law Enforcement	10	0.1	13	0.0
Unknown	1,179	7.6	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

125 UHC University Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	15,381	99.6	251,393	99.5
Another Hospital	2	0.0	135	0.1
Skilled Nursing Facility	11	0.1	166	0.1
Intermediate Care Facility	3	0.0	13	0.0
Another Type of Institution	8	0.1	87	0.0
Under Care of Home Service	15	0.1	275	0.1
Left Against Medical Advice	2	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	20	0.0
Unknown	9	0.1	451	0.2
Not Reported	15	0.1	20	0.0
PRIMARY PAYER				
Medicare	4,415	28.6	55,732	22.1
Medicaid	1,481	9.6	18,214	7.2
Other government	512	3.3	5,636	2.2
Blue Cross/Blue Shield	3,901	25.3	33,140	13.1
Other Commercial	1,125	7.3	17,547	6.9
Managed Care(HMO, PPO)	3,380	21.9	113,327	44.9
Self Pay	358	2.3	3,334	1.3
Industrial & Worker Comp	141	0.9	3,165	1.3
Charity and Unclassified	73	0.5	1,228	0.5
Childrens Health Insurance	46	0.3	189	0.1
Unknown	15	0.1	1,055	0.4
Not Reported	1	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	287	1.9	15,912	6.3
Central Utah	132	0.9	9,352	3.7
Davis County	1,480	9.6	27,390	10.8
Salt Lake County	8,235	53.3	87,767	34.7
Southeastern Utah	248	1.6	5,222	2.1
Southwest Utah	205	1.3	15,992	6.3
Summit County	386	2.5	3,893	1.5
Tooele County	429	2.8	5,148	2.0
Tri-County	270	1.7	6,710	2.7
Utah County	817	5.3	38,568	15.3
Wasatch County	82	0.5	1,970	0.8
Weber County	522	3.4	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	2,343	15.2	13,138	5.2
Unknown, Not Reported	12	0.1	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

310 UHC Huntsman Cancer Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	117	100.0	331,127	100.0
Mastectomy (85.0-85.99)	26	22.2	8,130	2.5
Musculoskeletal (76.0-84.99)	12	10.3	67,729	20.5
Respiratory (30.0-34.99)	4	3.4	3,049	0.9
Cardiovascular (35.0-39.99)	1	0.9	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	9	7.7	2,918	0.9
Digestive System (42.0-54.99)	16	13.7	106,281	32.1
Urinary (55.0-59.99)	14	12.0	11,247	3.4
Male Genital (60.0-64.99)	5	4.3	3,928	1.2
Female Genital (65.0-71.99)	15	12.8	15,188	4.6
Endocrine/Nervous (01.0-07.99)	8	6.8	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	0	0.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	7	6.0	28,733	8.7
Reporting Category(CPT-4 CODES)	9,568	100.0	325,030	100.0
Mastectomy (19120-19220)	78	0.8	1,713	0.5
Musculoskeletal (20000-29909)	234	2.4	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	807	8.4	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	2,197	23.0	29,073	8.9
Lymphatic/Hemetic (38100-38999)	1,676	17.5	4,116	1.3
Digestive (40490-49999)	2,875	30.0	123,353	38.0
Urinary (50010-53899)	893	9.3	15,063	4.6
Male Genital (54000-55899)	214	2.2	3,821	1.2
Female Genital (56405-58999)	413	4.3	14,294	4.4
Endocrine/Nervous (60000-64999)	128	1.3	22,577	6.9
Eye (65091-68899)	19	0.2	12,170	3.7
Ear (69000-69979)	34	0.4	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

310 UHC Huntsman Cancer Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
5749	OTH TRANSURETH EXC/DEST LES BLADDER	6	5.1	0.22
4292	DILAT ESOPH	5	4.3	1.35
850	MASTOTOMYS	5	4.3	0.07
4021	EXC DEEP CERV LYMPH NODE	4	3.4	0.04
5732	OTH CYSTOSCOPY	4	3.4	0.34
8594	REMOV IMPLNT BREAST	4	3.4	0.13
8596	REMOV BREAST TISS EXPANDER(S)	4	3.4	0.05
062	UNILAT THYROID LOBEC	3	2.6	0.16
623	UNILAT ORCHIECTOMY	3	2.6	0.05
6959	OTH ASPIR CURET UTERUS	3	2.6	0.05
252	PART GLOSSECTOMY	2	1.7	0.01
2749	OTH EXC MOUTH	2	1.7	0.02
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	2	1.7	0.10
4223	OTH ESOPHAGOSCOPY	2	1.7	0.06
5421	LAPAROSCOPY	2	1.7	0.27
6812	HYSTEROSCOPY	2	1.7	0.11
6909	OTH D&C UTERUS	2	1.7	0.42
8339	EXC LES OTH SOFT TISS	2	1.7	0.34
8521	LOC EXC LES BREAST	2	1.7	0.60
8553	UNILAT BREAST IMPLNT	2	1.7	0.08

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	1,093	11.4	0.44
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	913	9.5	0.69
36592	36592	528	5.5	0.19
52000	CYSTOURETHROSCOPY-SEP PROC	488	5.1	0.51
45378	COLONOSCOPY FLEX; DX-SEP PROC	374	3.9	6.64
43239	UGI ENDO; W/BX 1/MX	342	3.6	6.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	328	3.4	6.08
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	276	2.9	0.19
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	242	2.5	0.22
36591	36591	230	2.4	0.07
51720	BLADD INSTL ANTICARCINOGENIC AGT	177	1.8	0.07
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	141	1.5	1.23
43269	ERCP; REMOVAL FB &OR CHG TUBE/ST	134	1.4	0.11
43242	UGI ENDO; W/US GUID ASPIR/BX	129	1.3	0.12
38792	INJECTION PROC; ID SENTINEL NODE	127	1.3	0.15
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	122	1.3	0.08
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	118	1.2	0.25
36561	INSRT TUNNLL CNTRL CVAD PORT; 5 Y	110	1.1	0.20
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	109	1.1	0.14
31629	BRNCHSCPY;NABX TRACH STEM&/BRNCH	103	1.1	0.08

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

310 UHC Huntsman Cancer Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	43	\$6,267	\$4,764
5749	OTH TRANSURETH EXC/DEST LES BLADDER	4	\$5,283	\$5,191
062	UNILAT THYROID LOBEC	3	\$10,812	\$9,570
6959	OTH ASPIR CURET UTERUS	3	\$2,990	\$3,150
4021	EXC DEEP CERV LYMPH NODE	2	\$11,455	\$5,610
4292	DILAT ESOPH	2	\$4,411	\$2,921
8587	OTH REPR/RECON NIPPLE	2	\$3,137	\$3,476
8589	OTH MAMMO	2	\$5,095	\$6,187
0681	COMPLT PARATHYROIDECTOMY	1	\$6,944	\$9,666
0689	OTH PARATHYROIDECTOMY	1	\$8,927	\$8,835
2501	CLO [NEEDLE] BX TONGUE	1	\$4,968	\$3,684
252	PART GLOSSECTOMY	1	\$11,965	\$6,515
2749	OTH EXC MOUTH	1	\$12,275	\$3,150
2756	OTH SKIN GFT LIP & MOUTH	1	\$6,459	\$5,990
4011	BX LYMPHATIC STRUCT	1	\$5,519	\$4,601
4023	EXC AX LYMPH NODE	1	\$6,382	\$6,749
4024	EXC ING LYMPH NODE	1	\$3,932	\$5,499
4051	RAD EXC AX LYMPH NODES	1	\$15,544	\$8,046
4979	OTH REPR ANAL SPHINCTER	1	\$6,144	\$8,194
5718	OTH SUPRAPUBIC CYSTOSTOMY	1	\$3,993	\$4,875
5733	CLO [TRANSURETHRAL] BX BLADDER	1	\$5,873	\$4,173

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	5,729	\$3,790	\$4,004
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	746	\$6,304	\$5,561
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	489	\$7,553	\$4,768
52000	CYSTOURETHROSCOPY-SEP PROC	477	\$672	\$990
45378	COLONOSCOPY FLEX; DX-SEP PROC	344	\$1,187	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	265	\$1,673	\$1,602
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	242	\$386	\$319
43239	UGI ENDO; W/BX 1/MX	209	\$1,373	\$1,698
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	198	\$1,617	\$1,771
51720	BLADD INSTL ANTICARCINOGENIC AGT	163	\$1,139	\$1,157
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	118	\$1,047	\$1,404
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	113	\$1,587	\$1,726
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	103	\$4,925	\$6,398
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	99	\$584	\$894
43242	UGI ENDO; W/US GUID ASPIR/BX	89	\$3,555	\$3,292
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	74	\$7,132	\$4,545
55875	55875	70	\$16,990	\$16,426
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	68	\$214	\$287
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	62	\$7,193	\$8,917
45300	PROCSIGMOSCOPY RIGID; DX-SEP PRO	49	\$702	\$711
43269	ERCP; REMOVAL FB &OR CHG TUBE/ST	47	\$7,145	\$6,947

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 UHC Huntsman Cancer Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1,448	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1,128	2,291
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	106
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	12	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	111	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	80	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	49
	013 LEVEL II SKIN REPAIR	101	842
	014 LEVEL III SKIN REPAIR	4	257
02	BREAST PROCEDURES	95	1,750
	020 LEVEL I BREAST PROCEDURES	78	1,713
	021 LEVEL II BREAST PROCEDURES	17	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	99	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	2,206
	033 LEVEL I HAND PROCEDURES	15	3,900
	034 LEVEL II HAND PROCEDURES	9	1,135
	035 LEVEL I FOOT PROCEDURES	9	6,043
	036 LEVEL II FOOT PROCEDURES	3	1,635
	037 LEVEL I ARTHROSCOPY	5	22,380
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	467
	047 LEVEL II ARTHROPLASTY	1	177
04	RESPIRATORY PROCEDURES	727	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	142	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	290	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	21	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	274	2,327
05	CARDIOVASCULAR PROCEDURES	234	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	183	1,077
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	42	1,649
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	2,371
	091 VASCULAR LIGATION AND RECONSTRUCTION	5	126
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1,301	4,121
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	21
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	967	2,319
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	48	53
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	285	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,676	112,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	16	336
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	16	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	186	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	49	528

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 UHC Huntsman Cancer Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	953	24,909
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	189	5,445
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	712	41,709
137	THERAPEUTIC COLONOSCOPY	71	7,586
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	394	2,130
139	LEVEL I HERNIA REPAIR	3	5,690
140	LEVEL II HERNIA REPAIR	1	1,145
141	LEVEL I ANAL AND RECTAL PROCEDURES	7	851
142	LEVEL II ANAL AND RECTAL PROCEDURES	9	1,189
143	LEVEL I GASTROINTESTINAL PROCEDURES	18	374
144	LEVEL II GASTROINTESTINAL PROCEDURES	2	206
145	LEVEL I LAPAROSCOPY	20	2,518
146	LEVEL II LAPAROSCOPY	21	8,555
147	LEVEL III LAPAROSCOPY	9	7,108
08	GENITOURINARY SYSTEM PROCEDURES	942	11,520
161	URINARY STUDIES AND PROCEDURES	4	575
162	URINARY CATHETERIZATION AND DILATATION	1	218
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	816	5,655
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	45	3,683
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	6	219
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	70	484
09	MALE REPRODUCTIVE SYSTEM	138	4,036
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,441
184	LEVEL II PENILE AND PROSTATE PROCEDURES	10	1,309
185	PROSTATE NEEDLE AND PUNCH BIOPSY	122	254
10	FEMALE REPRODUCTIVE SYSTEM	295	8,528
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	122	1,525
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	18	1,641
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	1,872
199	DILATION AND CURETTAGE	16	552
200	HYSTEROSCOPY	7	2,238
201	COLPOSCOPY	129	694
11	NEUROLOGIC SYSTEM PROCEDURES	60	21,879
213	NERVE AND MUSCLE TESTS	2	277
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	3,252
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	183
216	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	208
217	LEVEL I NERVE PROCEDURES	20	4,138
218	LEVEL II NERVE PROCEDURES	2	777
219	SPINAL TAP	9	427
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	22	8,680
223	LEVEL III NERVE PROCEDURES	1	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	19	11,976
237	LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	291
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	935
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	5	1,531

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 UHC Huntsman Cancer Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	196	30,136
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	33
	252 LEVEL I FACIAL AND ENT PROCEDURES	43	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	22	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	41	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	84	3,077
	256 TONSIL AND ADENOID PROCEDURES	4	9,071

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

310 UHC Huntsman Cancer Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1,018	\$5,831	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	778	\$6,299	\$4,740
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$7,189	\$4,621
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	12	\$1,947	\$2,635
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	85	\$1,825	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	59	\$4,176	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$8,294	\$6,933
	013 LEVEL II SKIN REPAIR	73	\$7,222	\$4,647
	014 LEVEL III SKIN REPAIR	3	\$5,991	\$7,173
02	BREAST PROCEDURES	75	\$4,358	\$4,055
	020 LEVEL I BREAST PROCEDURES	61	\$3,508	\$3,990
	021 LEVEL II BREAST PROCEDURES	14	\$8,061	\$7,438
03	MUSCULOSKELETAL SYSTEM PROCEDURES	47	\$8,106	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$4,460	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$8,416	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$8,406	\$10,772
	033 LEVEL I HAND PROCEDURES	2	\$6,591	\$2,911
	034 LEVEL II HAND PROCEDURES	4	\$7,913	\$5,270
	035 LEVEL I FOOT PROCEDURES	3	\$7,395	\$3,958
	036 LEVEL II FOOT PROCEDURES	1	\$10,906	\$7,753
	037 LEVEL I ARTHROSCOPY	1	\$6,808	\$4,877
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$5,543	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	\$6,410	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,376	\$3,636
	047 LEVEL II ARTHROPLASTY	1	\$32,480	\$23,934
04	RESPIRATORY PROCEDURES	434	\$1,200	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	123	\$1,724	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	261	\$638	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	13	\$6,005	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	37	\$1,738	\$2,759
05	CARDIOVASCULAR PROCEDURES	181	\$5,486	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	170	\$4,552	\$6,105
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	\$34,283	\$40,293
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	\$14,606	\$7,553
	091 VASCULAR LIGATION AND RECONSTRUCTION	5	\$10,559	\$7,679
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	644	\$7,473	\$5,731
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	\$2,181	\$6,157
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	495	\$7,603	\$4,793
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	148	\$7,075	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,807	\$2,240	\$3,034
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	16	\$1,076	\$1,415
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	7	\$4,964	\$2,587
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	172	\$688	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	28	\$1,049	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	655	\$1,767	\$1,690

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

310 UHC Huntsman Cancer Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	131	\$4,578	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	615	\$1,397	\$1,365
	137 THERAPEUTIC COLONOSCOPY	18	\$2,801	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	100	\$7,003	\$5,559
	139 LEVEL I HERNIA REPAIR	1	\$3,481	\$4,575
	140 LEVEL II HERNIA REPAIR	1	\$4,370	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$5,011	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$6,051	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	13	\$3,739	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$22,193	\$8,883
	145 LEVEL I LAPAROSCOPY	12	\$7,948	\$5,993
	146 LEVEL II LAPAROSCOPY	18	\$9,565	\$8,741
	147 LEVEL III LAPAROSCOPY	8	\$9,209	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	833	\$2,724	\$5,060
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	731	\$1,175	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	29	\$6,184	\$5,471
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$13,858	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	70	\$16,990	\$13,497
09	MALE REPRODUCTIVE SYSTEM	124	\$1,890	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$5,260	\$3,299
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	\$4,487	\$7,079
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	112	\$1,584	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	239	\$3,875	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	95	\$7,646	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	12	\$4,005	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$6,734	\$7,555
	199 DILATION AND CURETTAGE	13	\$2,628	\$3,369
	200 HYSTEROSCOPY	4	\$6,102	\$5,363
	201 COLPOSCOPY	114	\$758	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	8	\$3,930	\$4,943
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$5,886	\$11,949
	217 LEVEL I NERVE PROCEDURES	7	\$3,650	\$3,417
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	12	\$1,277	\$3,736
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	10	\$768	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,824	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	112	\$8,940	\$4,038
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	\$34,347	\$6,314
	252 LEVEL I FACIAL AND ENT PROCEDURES	17	\$4,391	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	\$6,703	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	13	\$8,895	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	64	\$9,916	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	3	\$6,829	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

310 UHC Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,330	44.7	135,467	53.6
Male	4,127	55.3	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	0	0.0	2,971	1.2
1-4 years	1	0.0	10,916	4.3
5-9	0	0.0	6,723	2.7
10-14	7	0.1	5,235	2.1
15-17	22	0.3	5,307	2.1
18-19	40	0.5	3,697	1.5
20-24	179	2.4	10,057	4.0
25-29	237	3.2	12,635	5.0
30-34	306	4.1	14,894	5.9
35-39	271	3.6	13,867	5.5
40-44	419	5.6	14,264	5.6
45-49	562	7.5	17,450	6.9
50-54	822	11.0	27,955	11.1
55-59	983	13.2	24,928	9.9
60-64	1,049	14.1	22,206	8.8
65-69	921	12.4	19,059	7.5
70-74	680	9.1	14,720	5.8
75-79	472	6.3	11,676	4.6
80-84	310	4.2	7,598	3.0
85-89	134	1.8	3,582	1.4
90 +	42	0.6	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,605	48.3	208,190	82.4
Clinic Referral	3,089	41.4	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	1	0.0	234	0.1
Other Health Care Facility	1	0.0	24	0.0
ER (Not valid since 7/2010)	1	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	760	10.2	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

310 UHC Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,329	98.3	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	2	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	1	0.0	87	0.0
Under Care of Home Service	12	0.2	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	110	1.5	451	0.2
Not Reported	3	0.0	20	0.0
PRIMARY PAYER				
Medicare	2,481	33.3	55,732	22.1
Medicaid	456	6.1	18,214	7.2
Other government	195	2.6	5,636	2.2
Blue Cross/Blue Shield	1,774	23.8	33,140	13.1
Other Commercial	720	9.7	17,547	6.9
Managed Care(HMO, PPO)	1,591	21.3	113,327	44.9
Self Pay	192	2.6	3,334	1.3
Industrial & Worker Comp	12	0.2	3,165	1.3
Charity and Unclassified	16	0.2	1,228	0.5
Childrens Health Insurance	18	0.2	189	0.1
Unknown	2	0.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	177	2.4	15,912	6.3
Central Utah	93	1.2	9,352	3.7
Davis County	707	9.5	27,390	10.8
Salt Lake County	3,011	40.4	87,767	34.7
Southeastern Utah	114	1.5	5,222	2.1
Southwest Utah	176	2.4	15,992	6.3
Summit County	233	3.1	3,893	1.5
Tooele County	197	2.6	5,148	2.0
Tri-County	115	1.5	6,710	2.7
Utah County	451	6.0	38,568	15.3
Wasatch County	73	1.0	1,970	0.8
Weber County	386	5.2	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	1,718	23.0	13,138	5.2
Unknown, Not Reported	6	0.1	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

309 UHC Orthopaedic Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	334	100.0	331,127	100.0
Mastectomy (85.0-85.99)	0	0.0	8,130	2.5
Musculoskeletal (76.0-84.99)	242	72.5	67,729	20.5
Respiratory (30.0-34.99)	0	0.0	3,049	0.9
Cardiovascular (35.0-39.99)	0	0.0	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	1	0.3	2,918	0.9
Digestive System (42.0-54.99)	0	0.0	106,281	32.1
Urinary (55.0-59.99)	0	0.0	11,247	3.4
Male Genital (60.0-64.99)	0	0.0	3,928	1.2
Female Genital (65.0-71.99)	0	0.0	15,188	4.6
Endocrine/Nervous (01.0-07.99)	91	27.2	24,832	7.5
Eye (08.0-16.99)	0	0.0	20,768	6.3
Ear (18.0-20.99)	0	0.0	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	28,733	8.7
Reporting Category(CPT-4 CODES)	5,862	100.0	325,030	100.0
Mastectomy (19120-19220)	0	0.0	1,713	0.5
Musculoskeletal (20000-29909)	4,441	75.8	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	29,073	8.9
Lymphatic/Hemetic (38100-38999)	4	0.1	4,116	1.3
Digestive (40490-49999)	4	0.1	123,353	38.0
Urinary (50010-53899)	0	0.0	15,063	4.6
Male Genital (54000-55899)	0	0.0	3,821	1.2
Female Genital (56405-58999)	0	0.0	14,294	4.4
Endocrine/Nervous (60000-64999)	1,406	24.0	22,577	6.9
Eye (65091-68899)	3	0.1	12,170	3.7
Ear (69000-69979)	0	0.0	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

309 UHC Orthopaedic Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		334	100.0	100.0
0481	INJ ANES PERIPH NERV-ANALGESIA	63	18.9	0.38
8026	ARTHSCPY-KNEE	25	7.5	0.15
0443	RELEASE CARPAL TUNNEL	24	7.2	0.97
806	EXC SEMILUNAR CARTILAGE-KNEE	21	6.3	1.67
8201	EXPLOR TENDON SHEATH HAND	14	4.2	0.37
8021	ARTHSCPY-SHLDR	13	3.9	0.10
8027	ARTHSCPY-ANK	7	2.1	0.01
8149	OTH REPR ANK	7	2.1	0.13
8087	OTH LOC EXC/DESTRUC JT LES-ANK	6	1.8	0.10
8175	ARTHRPLSTY CARPOCARPAL JT WO IMPLNT	6	1.8	0.13
8257	OTH HAND TENDON TRANSPOSITION	6	1.8	0.10
8145	OTH REPR CRUCIATE LIGAMNT	5	1.5	0.52
8363	ROTATOR CUFF REPR	5	1.5	0.76
7756	REPR HAMMER TOE	4	1.2	0.37
7869	REMOV IMPLNT DEVICE-OTH BONE	4	1.2	0.12
8017	OTH ARTHROT-ANK	4	1.2	0.04
8076	SYNOVECT-KNEE	4	1.2	0.40
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	4	1.2	0.44
8085	OTH LOC EXC/DESTRUC JT LES-HIP	4	1.2	0.06
8375	TENDON TRANSF/TRANSPL	4	1.2	0.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,862	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISSECT MED/	221	3.8	1.46
20680	REMOVAL OF IMPLANT; DEEP	220	3.8	0.93
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	209	3.6	0.64
26055	TENDON SHEATH INCISION	194	3.3	0.44
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	178	3.0	0.59
64445	INJ ANESAGT; SCIATIC NERVE SINGL	176	3.0	0.06
64450	INJ ANES AGT; OTH PERIPH NERVE/B	135	2.3	0.06
29848	ENDO WRST SURG REL TRNS CARP LIG	132	2.3	0.34
64446	INJ ANES AGT; SCIATC NRV CATH DA	129	2.2	0.04
64416	INJ ANES AGT; BRACH PLEXUS CATH DA	121	2.1	0.04
29862	SCOPE HIP SURG; DEBRID/SHAV CART	117	2.0	0.09
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	111	1.9	0.17
29826	SCOPE SHOULDER; DECOMP SUBACROM	109	1.9	1.12
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	109	1.9	0.07
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	104	1.8	0.62
64448	INJ ANES AGT; FEM NRV CATH DAILY	101	1.7	0.03
27093	INJ PROC HIP ARTHROGRAPHY; WO AN	96	1.6	0.06
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	78	1.3	0.91
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	77	1.3	0.17
20670	REMOVAL OF IMPLANT; SUP SEP PROC	73	1.2	0.06

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

309 UHC Orthopaedic Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		72	\$4,953	\$4,764
0481	INJ ANES PERIPH NERV-ANALGESIA	16	\$7,128	\$3,328
0443	RELEASE CARPAL TUNNEL	14	\$2,175	\$2,598
8201	EXPLOR TENDON SHEATH HAND	9	\$2,030	\$2,312
806	EXC SEMILUNAR CARTILAGE-KNEE	6	\$3,659	\$4,677
7769	LOC EXC LES/TISS-OTH BONE	2	\$3,337	\$4,003
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	2	\$12,072	\$10,328
046	TRANSPOSITION CRANIAL & PERIPH NERV	1	\$2,021	\$5,046
7756	REPR HAMMER TOE	1	\$2,437	\$4,478
7825	LIMB SHORTEN PROC-FEM	1	\$6,742	\$7,044
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	1	\$3,212	\$3,705
7869	REMOV IMPLNT DEVICE-OTH BONE	1	\$3,034	\$4,654
7913	CLO REDUC-/INT FIX-CARP-METACARP	1	\$5,499	\$3,223
7934	OP REDUC W/INT FIX-PHALANGES HAND	1	\$5,548	\$5,474
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	1	\$6,301	\$10,003
7937	OP REDUC W/INT FIX-TARS-METATARS	1	\$13,543	\$9,109
7939	OP REDUC FX W/INT FIX-OTH BONE	1	\$10,499	\$10,851
8026	ARTHSCPY-KNEE	1	\$3,924	\$5,263
8085	OTH LOC EXC/DESTRUC JT LES-HIP	1	\$13,334	\$11,376
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	1	\$4,500	\$4,212
8115	TARSOMETATARSAL FUSION	1	\$11,583	\$16,623

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,791	\$4,214	\$4,004
29881	SCOPE KNEE SURG;W/MENISCECT MED/	153	\$3,958	\$4,675
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	137	\$1,895	\$2,664
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	110	\$2,372	\$3,511
20680	REMOVAL OF IMPLANT; DEEP	102	\$3,571	\$3,851
27093	INJ PROC HIP ARTHROGRAPHY; WO AN	96	\$2,436	\$2,451
29848	ENDO WRST SURG REL TRNS CARP LIG	91	\$2,534	\$2,596
29862	SCOPE HIP SURG; DEBRID/SHAV CART	91	\$11,191	\$11,166
26055	TENDON SHEATH INCISION	64	\$1,565	\$2,112
20670	REMOVAL OF IMPLANT; SUP SEP PROC	58	\$1,479	\$2,829
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	56	\$3,931	\$4,092
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	39	\$11,734	\$12,355
27095	INJ PROC HIP ARTHROGRAPHY; W/ANE	32	\$2,378	\$2,361
25111	EXCISION OF GANGLION WRIST; PRIM	30	\$2,353	\$2,795
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	28	\$3,644	\$4,336
26160	EXC LES TEND SHETH/JNT CAP HND/F	27	\$2,113	\$2,533
20950	MON FL PRESS DETECT MUSC CMPRTMT	25	\$863	\$863
28890	28890	22	\$278	\$374
29880	SCOPE KNEE SURG;W/MENISCECT MED&	18	\$4,180	\$5,236
29846	SCOPE WRIST SURG; EXC&/REPR CART	16	\$4,438	\$5,113
25000	INCISION EXT TENDON SHEATH WRIST	13	\$2,041	\$2,439

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

309 UHC Orthopaedic Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	380	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	26	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	106
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	325	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	49
	013 LEVEL II SKIN REPAIR	3	842
	014 LEVEL III SKIN REPAIR	2	257
02	BREAST PROCEDURES	1	1,750
	021 LEVEL II BREAST PROCEDURES	1	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,792	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	193	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	389	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	191	2,206
	033 LEVEL I HAND PROCEDURES	435	3,900
	034 LEVEL II HAND PROCEDURES	114	1,135
	035 LEVEL I FOOT PROCEDURES	285	6,043
	036 LEVEL II FOOT PROCEDURES	157	1,635
	037 LEVEL I ARTHROSCOPY	1,136	22,380
	038 LEVEL II ARTHROSCOPY	353	5,428
	039 REPLACEMENT OF CAST	3	125
	040 SPLINT, STRAPPING AND CAST REMOVAL	11	1,991
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	22	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	19	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	216	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	36	467
	045 BUNION PROCEDURES	76	1,790
	046 LEVEL I ARTHROPLASTY	87	660
	047 LEVEL II ARTHROPLASTY	12	177
	048 HAND AND FOOT TENOTOMY	25	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	32	2,206
05	CARDIOVASCULAR PROCEDURES	1	11,285
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2,371
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	130	4,121
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	129	133
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	3	112,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	24,909
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1	41,709
11	NEUROLOGIC SYSTEM PROCEDURES	1,285	21,879
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	183
	217 LEVEL I NERVE PROCEDURES	393	4,138
	218 LEVEL II NERVE PROCEDURES	14	777
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	862	8,680
	221 LAMINOTOMY AND LAMINECTOMY	6	3,130

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

309 UHC Orthopaedic Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
223 LEVEL III NERVE PROCEDURES	7	807
12 OPTHALMOLOGIC SYSTEM PROCEDURES	3	11,976
232 LASER EYE PROCEDURES	1	566
233 CATARACT PROCEDURES	2	5,367
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	30,136
256 TONSIL AND ADENOID PROCEDURES	1	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

309 UHC Orthopaedic Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	228	\$2,532	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$13,473	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	26	\$854	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,947	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	\$2,251	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	181	\$2,755	\$3,724
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$1,551	\$6,933
	013 LEVEL II SKIN REPAIR	3	\$1,629	\$4,647
	014 LEVEL III SKIN REPAIR	1	\$1,964	\$7,173
02	BREAST PROCEDURES	1	\$1,906	\$4,055
	021 LEVEL II BREAST PROCEDURES	1	\$1,906	\$7,438
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,098	\$5,225	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$2,993	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	\$6,052	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$8,727	\$10,772
	033 LEVEL I HAND PROCEDURES	177	\$2,331	\$2,911
	034 LEVEL II HAND PROCEDURES	35	\$4,502	\$5,270
	035 LEVEL I FOOT PROCEDURES	42	\$1,924	\$3,958
	036 LEVEL II FOOT PROCEDURES	11	\$5,834	\$7,753
	037 LEVEL I ARTHROSCOPY	525	\$5,283	\$4,877
	038 LEVEL II ARTHROSCOPY	58	\$12,590	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	\$3,823	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	\$1,700	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	76	\$8,315	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$2,381	\$3,636
	045 BUNION PROCEDURES	12	\$6,021	\$5,503
	046 LEVEL I ARTHROPLASTY	5	\$7,825	\$7,830
	047 LEVEL II ARTHROPLASTY	5	\$19,452	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$821	\$1,578
07	GASTROINTESTINAL SYSTEM PROCEDURES	3	\$1,336	\$3,034
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,260	\$1,690
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1	\$1,490	\$1,365
11	NEUROLOGIC SYSTEM PROCEDURES	200	\$2,928	\$4,943
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$2,798	\$11,949
	217 LEVEL I NERVE PROCEDURES	178	\$2,286	\$3,417
	218 LEVEL II NERVE PROCEDURES	1	\$3,650	\$12,912
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	11	\$1,832	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	6	\$8,685	\$10,971
	223 LEVEL III NERVE PROCEDURES	2	\$48,552	\$37,287
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2	\$4,269	\$3,736
	233 CATARACT PROCEDURES	2	\$4,269	\$3,654
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	\$9,591	\$4,038
	256 TONSIL AND ADENOID PROCEDURES	1	\$9,591	\$2,992

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

309 UHC Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,576	49.2	135,467	53.6
Male	1,627	50.8	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	0	0.0	2,971	1.2
1-4 years	5	0.2	10,916	4.3
5-9	16	0.5	6,723	2.7
10-14	42	1.3	5,235	2.1
15-17	136	4.2	5,307	2.1
18-19	110	3.4	3,697	1.5
20-24	290	9.1	10,057	4.0
25-29	233	7.3	12,635	5.0
30-34	326	10.2	14,894	5.9
35-39	282	8.8	13,867	5.5
40-44	245	7.6	14,264	5.6
45-49	295	9.2	17,450	6.9
50-54	325	10.1	27,955	11.1
55-59	321	10.0	24,928	9.9
60-64	237	7.4	22,206	8.8
65-69	161	5.0	19,059	7.5
70-74	80	2.5	14,720	5.8
75-79	52	1.6	11,676	4.6
80-84	25	0.8	7,598	3.0
85-89	16	0.5	3,582	1.4
90 +	6	0.2	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,113	97.2	208,190	82.4
Clinic Referral	19	0.6	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	0	0.0	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	0	0.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	71	2.2	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

309 UHC Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,196	99.8	251,393	99.5
Another Hospital	0	0.0	135	0.1
Skilled Nursing Facility	1	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	1	0.0	87	0.0
Under Care of Home Service	4	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	1	0.0	20	0.0
PRIMARY PAYER				
Medicare	370	11.6	55,732	22.1
Medicaid	183	5.7	18,214	7.2
Other government	161	5.0	5,636	2.2
Blue Cross/Blue Shield	1,096	34.2	33,140	13.1
Other Commercial	302	9.4	17,547	6.9
Managed Care(HMO, PPO)	816	25.5	113,327	44.9
Self Pay	38	1.2	3,334	1.3
Industrial & Worker Comp	224	7.0	3,165	1.3
Charity and Unclassified	8	0.2	1,228	0.5
Childrens Health Insurance	2	0.1	189	0.1
Unknown	3	0.1	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	36	1.1	15,912	6.3
Central Utah	20	0.6	9,352	3.7
Davis County	312	9.7	27,390	10.8
Salt Lake County	1,906	59.5	87,767	34.7
Southeastern Utah	41	1.3	5,222	2.1
Southwest Utah	52	1.6	15,992	6.3
Summit County	85	2.7	3,893	1.5
Tooele County	81	2.5	5,148	2.0
Tri-County	32	1.0	6,710	2.7
Utah County	130	4.1	38,568	15.3
Wasatch County	20	0.6	1,970	0.8
Weber County	105	3.3	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	380	11.9	13,138	5.2
Unknown, Not Reported	3	0.1	125	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, 2010
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)	26,820	100.0	331,127	100.0
Mastectomy (85.0-85.99)	156	0.6	8,130	2.5
Musculoskeletal (76.0-84.99)	5,174	19.3	67,729	20.5
Respiratory (30.0-34.99)	196	0.7	3,049	0.9
Cardiovascular (35.0-39.99)	3,250	12.1	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	230	0.9	2,918	0.9
Digestive System (42.0-54.99)	7,975	29.7	106,281	32.1
Urinary (55.0-59.99)	929	3.5	11,247	3.4
Male Genital (60.0-64.99)	208	0.8	3,928	1.2
Female Genital (65.0-71.99)	1,155	4.3	15,188	4.6
Endocrine/Nervous (01.0-07.99)	1,341	5.0	24,832	7.5
Eye (08.0-16.99)	2,412	9.0	20,768	6.3
Ear (18.0-20.99)	895	3.3	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	2,899	10.8	28,733	8.7
Reporting Category(CPT-4 CODES)	20,288	100.0	325,030	100.0
Mastectomy (19120-19220)	51	0.3	1,713	0.5
Musculoskeletal (20000-29909)	5,060	24.9	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	1,844	9.1	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	240	1.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	100	0.5	4,116	1.3
Digestive (40490-49999)	8,498	41.9	123,353	38.0
Urinary (50010-53899)	744	3.7	15,063	4.6
Male Genital (54000-55899)	175	0.9	3,821	1.2
Female Genital (56405-58999)	913	4.5	14,294	4.4
Endocrine/Nervous (60000-64999)	840	4.1	22,577	6.9
Eye (65091-68899)	1,337	6.6	12,170	3.7
Ear (69000-69979)	486	2.4	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,449	9.1	6.81
4513	OTH ENDO SM INTESTINE	1,167	4.4	1.64
2001	MYRINGOTOMY W/INSRT TUBE	737	2.7	3.35
3722	LT HEART CARD CATH	725	2.7	1.18
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	683	2.5	5.62
5123	LAP CHOLEY	680	2.5	2.22
806	EXC SEMILUNAR CARTILAGE-KNEE	631	2.4	1.67
4542	ENDO POLYPECTOMY LG INTESTINE	617	2.3	4.25
283	TONSILLECTOMY W/ADENOIDECTOMY	531	2.0	1.92
8147	OTH REPR KNEE	505	1.9	0.93
4292	DILAT ESOPH	407	1.5	1.35
3726	CARD ELECTROPHYSIO STIMUL-RECORD	347	1.3	0.61
3727	CARD MAPPING	342	1.3	0.57
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	341	1.3	0.60
8183	OTH REPR SHLDR	334	1.2	0.77
1474	OTH MECH VITRECTOMY	287	1.1	0.38
0443	RELEASE CARPAL TUNNEL	286	1.1	0.97
4525	CLO [ENDO] BX LG INTESTINE	283	1.1	2.29
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	278	1.0	1.53
2263	ETHMOIDECTOMY	269	1.0	0.50

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,295	11.3	6.64
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	814	4.0	1.23
45380	COLONOSCOPY FLEX; W/BX 1/MX	693	3.4	6.08
43239	UGI ENDO; W/BX 1/MX	676	3.3	6.01
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	668	3.3	1.32
29881	SCOPE KNEE SURG;W/MENISCECT MED/	549	2.7	1.46
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	413	2.0	0.91
42820	T&A; UNDER AGE 12	402	2.0	1.52
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	399	2.0	0.94
29826	SCOPE SHOULDER; DECOMP SUBACROM	394	1.9	1.12
69436	TYMPANOSTOMY GENERAL ANESTHESIA	377	1.9	1.80
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	369	1.8	1.81
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	262	1.3	0.70
66984	EXTRACAPSULAR CATARACT REMV IOL	262	1.3	1.53
44970	LAPAROSCOPY SURGICAL APPENDECTOM	258	1.3	0.66
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	239	1.2	0.64
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	234	1.2	0.59
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	220	1.1	0.33
52332	CYSTOURETHROSCOPY W/INSRT STENT	219	1.1	0.69
30140	SUBMUCOS RES TURBINATE PART/CMPL	216	1.1	0.68

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2010
 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	11,300	\$4,278	\$4,764
4523	COLONOSCOPY	2,217	\$854	\$1,184
4513	OTH ENDO SM INTESTINE	671	\$879	\$1,513
5123	LAP CHOLEY	540	\$6,843	\$7,823
4542	ENDO POLYPECTOMY LG INTESTINE	474	\$1,252	\$1,643
283	TONSILLECTOMY W/ADENOIDECTOMY	456	\$2,732	\$3,030
3722	LT HEART CARD CATH	433	\$8,271	\$9,623
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	416	\$1,343	\$1,732
8147	OTH REPR KNEE	241	\$4,730	\$5,985
806	EXC SEMILUNAR CARTILAGE-KNEE	222	\$3,732	\$4,677
4701	LAP APPENDECTOMY	218	\$10,134	\$11,713
8183	OTH REPR SHLDR	178	\$8,189	\$8,353
4525	CLO [ENDO] BX LG INTESTINE	173	\$1,213	\$1,777
6952	ASPIR CURET FOLLOWING DELIV/AB	142	\$2,776	\$3,192
3723	COMBO RT & LT HEART CARD CATH	132	\$7,556	\$9,594
4131	BX BONE MARROW	132	\$5,448	\$4,544
0443	RELEASE CARPAL TUNNEL	126	\$2,313	\$2,598
282	TONSILLECTOMY WO ADENOIDECTOMY	110	\$2,714	\$3,118
4836	[ENDO] POLYPECTOMY RECTUM	106	\$1,226	\$1,527
6823	ENDOMETRIAL ABLATION	102	\$5,667	\$6,274
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	95	\$1,136	\$1,578

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	10,781	\$3,588	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,075	\$855	\$1,186
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	663	\$1,125	\$1,404
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	550	\$6,863	\$8,264
45380	COLONOSCOPY FLEX; W/BX 1/MX	509	\$1,185	\$1,602
43239	UGI ENDO; W/BX 1/MX	416	\$1,609	\$1,698
42820	T&A; UNDER AGE 12	336	\$2,684	\$2,869
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	264	\$1,608	\$1,979
69436	TYMPANOSTOMY GENERAL ANESTHESIA	261	\$1,209	\$1,547
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	257	\$1,374	\$1,753
29881	SCOPE KNEE SURG;W/MENISCECT MED/	246	\$3,740	\$4,675
66984	EXTRACAPSULAR CATARACT REMV IOL	243	\$4,030	\$3,643
44970	LAPAROSCOPY SURGICAL APPENDECTOM	222	\$10,104	\$11,662
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	160	\$2,370	\$2,664
49505	REPR INIT ING HERNIA 5YR/MORE; R	138	\$4,891	\$4,904
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	133	\$3,628	\$4,092
42821	T&A; AGE 12 OR OVER	111	\$2,872	\$3,363
20680	REMOVAL OF IMPLANT; DEEP	105	\$3,778	\$3,851
29880	SCOPE KNEE SURG;W/MENISCECT MED&	100	\$4,117	\$5,236
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	91	\$2,749	\$3,172
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	87	\$5,740	\$6,827

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, 2010
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	366	9,461
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	44	2,291
	003 LEVEL I SKIN INCISION AND DRAINAGE	10	185
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	106
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	107
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	193
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	47	948
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	213	4,468
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	49
	012 LEVEL I SKIN REPAIR	2	13
	013 LEVEL II SKIN REPAIR	15	842
	014 LEVEL III SKIN REPAIR	27	257
02	BREAST PROCEDURES	53	1,750
	020 LEVEL I BREAST PROCEDURES	51	1,713
	021 LEVEL II BREAST PROCEDURES	2	37
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,566	64,178
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	124	2,480
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	225	4,672
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	109	2,206
	033 LEVEL I HAND PROCEDURES	220	3,900
	034 LEVEL II HAND PROCEDURES	70	1,135
	035 LEVEL I FOOT PROCEDURES	162	6,043
	036 LEVEL II FOOT PROCEDURES	50	1,635
	037 LEVEL I ARTHROSCOPY	2,225	22,380
	038 LEVEL II ARTHROSCOPY	641	5,428
	039 REPLACEMENT OF CAST	1	125
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	31	709
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	44	567
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	397	5,284
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	59	467
	045 BUNION PROCEDURES	46	1,790
	046 LEVEL I ARTHROPLASTY	56	660
	047 LEVEL II ARTHROPLASTY	7	177
	048 HAND AND FOOT TENOTOMY	10	323
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	89	2,206
04	RESPIRATORY PROCEDURES	1,206	11,235
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	26	2,056
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	283	2,652
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	786	4,200
	064 ENDOSCOPY OF THE LOWER AIRWAY	111	2,327
05	CARDIOVASCULAR PROCEDURES	189	11,285
	083 PLACEMENT OF TRANSVENOUS CATHETERS	15	1,077
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	43	1,649
	086 PACEMAKER INSERTION AND REPLACEMENT	1	284
	088 LEVEL I CARDIOTHORACIC PROCEDURES	15	198
	089 LEVEL II CARDIOTHORACIC PROCEDURES	106	2,371

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	56
	091 VASCULAR LIGATION AND RECONSTRUCTION	6	126
	092 RESUSCITATION	1	30
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	62	4,121
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	62	1,595
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,669	112,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,234
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	60	748
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	22	528
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,503	24,909
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	514	5,445
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,000	41,709
	137 THERAPEUTIC COLONOSCOPY	404	7,586
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	104	2,130
	139 LEVEL I HERNIA REPAIR	461	5,690
	140 LEVEL II HERNIA REPAIR	84	1,145
	141 LEVEL I ANAL AND RECTAL PROCEDURES	22	851
	142 LEVEL II ANAL AND RECTAL PROCEDURES	41	1,189
	143 LEVEL I GASTROINTESTINAL PROCEDURES	22	374
	144 LEVEL II GASTROINTESTINAL PROCEDURES	13	206
	145 LEVEL I LAPAROSCOPY	145	2,518
	146 LEVEL II LAPAROSCOPY	488	8,555
	147 LEVEL III LAPAROSCOPY	780	7,108
08	GENITOURINARY SYSTEM PROCEDURES	719	11,520
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	42	625
	162 URINARY CATHETERIZATION AND DILATATION	19	218
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	344	5,655
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	290	3,683
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	61
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	16	219
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	5	484
09	MALE REPRODUCTIVE SYSTEM	171	4,036
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	102	1,441
	181 CIRCUMCISION	37	947
	182 INSERTION OF PENILE PROSTHESIS	2	76
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	9
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	29	1,309
10	FEMALE REPRODUCTIVE SYSTEM	694	8,528
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	104	1,525
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	157	1,641
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	149	1,872
	199 DILATION AND CURETTAGE	54	552
	200 HYSTEROSCOPY	217	2,238
	201 COLPOSCOPY	13	694
11	NEUROLOGIC SYSTEM PROCEDURES	488	21,879
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	3,252

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	183
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	208
	217 LEVEL I NERVE PROCEDURES	335	4,138
	218 LEVEL II NERVE PROCEDURES	32	777
	219 SPINAL TAP	1	427
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	61	8,680
	221 LAMINOTOMY AND LAMINECTOMY	37	3,130
	223 LEVEL III NERVE PROCEDURES	12	807
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,272	11,976
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	12	27
	232 LASER EYE PROCEDURES	18	566
	233 CATARACT PROCEDURES	300	5,367
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	22	158
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	14	244
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	26	171
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	30	291
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	363	1,722
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	68	964
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	135	935
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	284	1,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,516	30,136
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	3	33
	252 LEVEL I FACIAL AND ENT PROCEDURES	924	12,925
	253 LEVEL II FACIAL AND ENT PROCEDURES	87	1,444
	254 LEVEL III FACIAL AND ENT PROCEDURES	369	3,450
	255 LEVEL IV FACIAL AND ENT PROCEDURES	371	3,077
	256 TONSIL AND ADENOID PROCEDURES	762	9,071

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	210	\$4,184	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	36	\$5,756	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$3,135	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$4,108	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	34	\$3,768	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	129	\$3,858	\$3,724
	013 LEVEL II SKIN REPAIR	1	\$8,999	\$4,647
	014 LEVEL III SKIN REPAIR	4	\$3,727	\$7,173
02	BREAST PROCEDURES	43	\$3,255	\$4,055
	020 LEVEL I BREAST PROCEDURES	43	\$3,255	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,718	\$6,272	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	\$5,921	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	\$6,126	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$12,040	\$10,772
	033 LEVEL I HAND PROCEDURES	99	\$2,770	\$2,911
	034 LEVEL II HAND PROCEDURES	18	\$5,552	\$5,270
	035 LEVEL I FOOT PROCEDURES	47	\$3,297	\$3,958
	036 LEVEL II FOOT PROCEDURES	10	\$7,637	\$7,753
	037 LEVEL I ARTHROSCOPY	804	\$4,768	\$4,877
	038 LEVEL II ARTHROSCOPY	229	\$11,479	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	\$7,365	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	33	\$4,199	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	271	\$7,851	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$3,809	\$3,636
	045 BUNION PROCEDURES	15	\$5,313	\$5,503
	046 LEVEL I ARTHROPLASTY	7	\$4,852	\$7,830
	047 LEVEL II ARTHROPLASTY	3	\$17,233	\$23,934
	048 HAND AND FOOT TENOTOMY	1	\$6,213	\$3,086
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$7,994	\$1,578
04	RESPIRATORY PROCEDURES	85	\$3,371	\$2,155
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	\$7,917	\$2,308
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	31	\$3,557	\$1,131
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	14	\$2,983	\$4,751
	064 ENDOSCOPY OF THE LOWER AIRWAY	35	\$2,712	\$2,759
05	CARDIOVASCULAR PROCEDURES	109	\$5,844	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$7,603	\$6,105
	086 PACEMAKER INSERTION AND REPLACEMENT	1	\$21,464	\$34,863
	088 LEVEL I CARDIOTHORACIC PROCEDURES	7	\$4,730	\$8,436
	089 LEVEL II CARDIOTHORACIC PROCEDURES	92	\$5,503	\$7,553
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$4,052	\$7,679
	092 RESUSCITATION	1	\$26,024	\$12,312
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	47	\$8,003	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	47	\$8,003	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,771	\$2,465	\$3,034
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$891	\$2,587

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	42	\$908	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	\$1,458	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,084	\$1,314	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	358	\$1,653	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,585	\$920	\$1,365
	137 THERAPEUTIC COLONOSCOPY	279	\$1,352	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	36	\$4,338	\$5,559
	139 LEVEL I HERNIA REPAIR	273	\$4,465	\$4,575
	140 LEVEL II HERNIA REPAIR	27	\$4,603	\$5,741
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	\$4,558	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	30	\$4,724	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	15	\$4,155	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	6	\$5,663	\$8,883
	145 LEVEL I LAPAROSCOPY	48	\$4,886	\$5,993
	146 LEVEL II LAPAROSCOPY	351	\$9,051	\$8,741
	147 LEVEL III LAPAROSCOPY	611	\$6,880	\$8,742
08	GENITOURINARY SYSTEM PROCEDURES	156	\$4,356	\$5,060
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	\$10,513	\$11,450
	162 URINARY CATHETERIZATION AND DILATATION	9	\$5,920	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	73	\$3,408	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	57	\$4,136	\$5,471
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$29,281	\$16,838
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	8	\$1,644	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	5	\$13,557	\$13,497
09	MALE REPRODUCTIVE SYSTEM	113	\$4,303	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	54	\$3,113	\$3,299
	181 CIRCUMCISION	33	\$2,730	\$2,186
	182 INSERTION OF PENILE PROSTHESIS	2	\$29,435	\$34,604
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$2,081	\$1,949
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	23	\$7,268	\$7,079
10	FEMALE REPRODUCTIVE SYSTEM	341	\$4,809	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	39	\$2,633	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	40	\$5,550	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	60	\$6,646	\$7,555
	199 DILATION AND CURETTAGE	48	\$3,619	\$3,369
	200 HYSTEROSCOPY	151	\$4,799	\$5,363
	201 COLPOSCOPY	3	\$6,064	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	243	\$4,196	\$4,943
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$339	\$1,457
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$2,139	\$11,949
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$6,204	\$9,372
	217 LEVEL I NERVE PROCEDURES	194	\$2,840	\$3,417
	218 LEVEL II NERVE PROCEDURES	18	\$13,689	\$12,912
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$3,193	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	17	\$7,384	\$10,971

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
12	223 LEVEL III NERVE PROCEDURES	3	\$20,774	\$37,287
	OPHTHALMOLOGIC SYSTEM PROCEDURES	674	\$4,449	\$3,736
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$1,643	\$1,098
	232 LASER EYE PROCEDURES	14	\$747	\$818
	233 CATARACT PROCEDURES	254	\$4,041	\$3,654
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	11	\$3,606	\$3,753
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	\$3,830	\$3,814
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	8	\$6,321	\$9,495
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	7	\$4,919	\$3,792
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	180	\$7,004	\$6,285
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	37	\$2,494	\$2,883
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	39	\$1,423	\$2,259
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	113	\$3,482	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,249	\$3,506	\$4,038
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	\$2,747	\$6,314
	252 LEVEL I FACIAL AND ENT PROCEDURES	408	\$1,882	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	34	\$2,717	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	31	\$6,564	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	204	\$8,613	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	570	\$2,724	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	9,033	51.5	135,467	53.6
Male	8,516	48.5	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,741	0.7
29-365 days	137	0.8	2,971	1.2
1-4 years	618	3.5	10,916	4.3
5-9	442	2.5	6,723	2.7
10-14	332	1.9	5,235	2.1
15-17	425	2.4	5,307	2.1
18-19	406	2.3	3,697	1.5
20-24	1,015	5.8	10,057	4.0
25-29	936	5.3	12,635	5.0
30-34	1,087	6.2	14,894	5.9
35-39	954	5.4	13,867	5.5
40-44	954	5.4	14,264	5.6
45-49	1,186	6.8	17,450	6.9
50-54	2,073	11.8	27,955	11.1
55-59	1,737	9.9	24,928	9.9
60-64	1,585	9.0	22,206	8.8
65-69	1,232	7.0	19,059	7.5
70-74	928	5.3	14,720	5.8
75-79	744	4.2	11,676	4.6
80-84	495	2.8	7,598	3.0
85-89	202	1.2	3,582	1.4
90 +	61	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	16,561	94.4	208,190	82.4
Clinic Referral	594	3.4	38,248	15.1
HMO Referral	5	0.0	619	0.2
Other Hospital	70	0.4	262	0.1
Skilled Nursing Facility	11	0.1	234	0.1
Other Health Care Facility	1	0.0	24	0.0
ER (Not valid since 7/2010)	307	1.7	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	0	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	17,506	99.8	251,393	99.5
Another Hospital	3	0.0	135	0.1
Skilled Nursing Facility	16	0.1	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	12	0.1	87	0.0
Under Care of Home Service	11	0.1	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	3,125	17.8	55,732	22.1
Medicaid	911	5.2	18,214	7.2
Other government	203	1.2	5,636	2.2
Blue Cross/Blue Shield	416	2.4	33,140	13.1
Other Commercial	1,204	6.9	17,547	6.9
Managed Care(HMO, PPO)	11,144	63.5	113,327	44.9
Self Pay	179	1.0	3,334	1.3
Industrial & Worker Comp	132	0.8	3,165	1.3
Charity and Unclassified	95	0.5	1,228	0.5
Childrens Health Insurance	10	0.1	189	0.1
Unknown	130	0.7	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	19	0.1	15,912	6.3
Central Utah	1,375	7.8	9,352	3.7
Davis County	40	0.2	27,390	10.8
Salt Lake County	272	1.5	87,767	34.7
Southeastern Utah	531	3.0	5,222	2.1
Southwest Utah	89	0.5	15,992	6.3
Summit County	25	0.1	3,893	1.5
Tooele County	26	0.1	5,148	2.0
Tri-County	159	0.9	6,710	2.7
Utah County	14,443	82.3	38,568	15.3
Wasatch County	300	1.7	1,970	0.8
Weber County	15	0.1	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	249	1.4	13,138	5.2
Unknown, Not Reported	6	0.0	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

112 Valley View Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,429	100.0	331,127	100.0
Mastectomy (85.0-85.99)	71	1.3	8,130	2.5
Musculoskeletal (76.0-84.99)	1,015	18.7	67,729	20.5
Respiratory (30.0-34.99)	8	0.1	3,049	0.9
Cardiovascular (35.0-39.99)	3	0.1	24,686	7.5
Lymphatic/Hemetic (40.0-41.99)	43	0.8	2,918	0.9
Digestive System (42.0-54.99)	2,418	44.5	106,281	32.1
Urinary (55.0-59.99)	225	4.1	11,247	3.4
Male Genital (60.0-64.99)	96	1.8	3,928	1.2
Female Genital (65.0-71.99)	463	8.5	15,188	4.6
Endocrine/Nervous (01.0-07.99)	278	5.1	24,832	7.5
Eye (08.0-16.99)	1	0.0	20,768	6.3
Ear (18.0-20.99)	184	3.4	13,638	4.1
Nose, Mouth, Pharynx (21.0-29.99)	624	11.5	28,733	8.7
Reporting Category(CPT-4 CODES)	4,705	100.0	325,030	100.0
Mastectomy (19120-19220)	15	0.3	1,713	0.5
Musculoskeletal (20000-29909)	943	20.0	74,330	22.9
Respiratory (30000-32999 & 39501-39599)	165	3.5	16,226	5.0
Cardiovascular (33010-37799 & 93501-93660)	8	0.2	29,073	8.9
Lymphatic/Hemetic (38100-38999)	38	0.8	4,116	1.3
Digestive (40490-49999)	2,581	54.9	123,353	38.0
Urinary (50010-53899)	216	4.6	15,063	4.6
Male Genital (54000-55899)	71	1.5	3,821	1.2
Female Genital (56405-58999)	438	9.3	14,294	4.4
Endocrine/Nervous (60000-64999)	124	2.6	22,577	6.9
Eye (65091-68899)	1	0.0	12,170	3.7
Ear (69000-69979)	105	2.2	8,294	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

112 Valley View Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,429	100.0	100.0
4523	COLONOSCOPY	488	9.0	6.81
4542	ENDO POLYPECTOMY LG INTESTINE	439	8.1	4.25
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	253	4.7	5.62
5123	LAP CHOLEY	242	4.5	2.22
283	TONSILLECTOMY W/ADENOIDECTOMY	162	3.0	1.92
2001	MYRINGOTOMY W/INSRT TUBE	156	2.9	3.35
4836	[ENDO] POLYPECTOMY RECTUM	139	2.6	1.20
4525	CLO [ENDO] BX LG INTESTINE	117	2.2	2.29
4513	OTH ENDO SM INTESTINE	108	2.0	1.64
0392	INJ OTH AGENT SPINAL CANAL	106	2.0	2.07
806	EXC SEMILUNAR CARTILAGE-KNEE	104	1.9	1.67
4701	LAP APPENDECTOMY	90	1.7	0.63
4292	DILAT ESOPH	84	1.5	1.35
0443	RELEASE CARPAL TUNNEL	83	1.5	0.97
282	TONSILLECTOMY WO ADENOIDECTOMY	72	1.3	0.52
2188	OTH SEPTOPLASTY	70	1.3	0.47
232	RESTORATION TOOTH-FILLING	68	1.3	0.46
8363	ROTATOR CUFF REPR	65	1.2	0.76
5304	UNILAT REPR INDIRECT ING HERN-GFT	52	1.0	0.34
7765	LOC EXC LES/TISS-FEM	50	0.9	0.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,705	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	459	9.8	6.08
45378	COLONOSCOPY FLEX; DX-SEP PROC	428	9.1	6.64
43239	UGI ENDO; W/BX 1/MX	250	5.3	6.01
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	182	3.9	1.81
47562	LAPAROSCOPY SURGICAL; CHOLECT	161	3.4	0.94
42820	T&A; UNDER AGE 12	150	3.2	1.52
44970	LAPAROSCOPY SURGICAL APPENDECTOM	101	2.1	0.66
29881	SCOPE KNEE SURG;W/MENISCECT MED/	93	2.0	1.46
41899	UNLIST PROC DENTOALVEOL STRUCTUR	87	1.8	0.77
49505	REPR INIT ING HERNIA 5YR/MORE; R	84	1.8	0.78
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	83	1.8	0.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	81	1.7	1.80
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	76	1.6	1.32
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	70	1.5	0.70
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	68	1.4	0.51
29826	SCOPE SHOULDER; DECOMP SUBACROM	66	1.4	1.12
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	65	1.4	0.44
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	65	1.4	1.23
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	51	1.1	0.62
57267	INSRT MESH REPR PLV FLR EA SITE	37	0.8	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, 2010
 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		2,866	\$3,053	\$4,764
4523	COLONOSCOPY	458	\$863	\$1,184
4542	ENDO POLYPECTOMY LG INTESTINE	315	\$1,211	\$1,643
5123	LAP CHOLEY	186	\$5,949	\$7,823
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	152	\$1,106	\$1,732
283	TONSILLECTOMY W/ADENOIDECTOMY	143	\$2,241	\$3,030
0443	RELEASE CARPAL TUNNEL	72	\$1,894	\$2,598
282	TONSILLECTOMY WO ADENOIDECTOMY	68	\$2,448	\$3,118
4525	CLO [ENDO] BX LG INTESTINE	64	\$1,239	\$1,777
4701	LAP APPENDECTOMY	64	\$7,933	\$11,713
0392	INJ OTH AGENT SPINAL CANAL	60	\$1,094	\$1,206
4836	[ENDO] POLYPECTOMY RECTUM	55	\$1,110	\$1,527
4513	OTH ENDO SM INTESTINE	47	\$887	\$1,513
5304	UNILAT REPR INDIRECT ING HERN-GFT	39	\$4,617	\$4,980
2188	OTH SEPTOPLASTY	34	\$3,049	\$4,811
560	TRANSURETH REMOV OBST URETER-PELV	29	\$4,102	\$6,633
232	RESTORATION TOOTH-FILLING	25	\$1,884	\$2,790
5303	UNILAT REPR DIRECT ING HERN-GFT	25	\$5,036	\$5,043
806	EXC SEMILUNAR CARTILAGE-KNEE	24	\$4,382	\$4,677
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	23	\$1,777	\$2,650
6029	OTH TRANSURETHRAL PROSTATECTOMY	22	\$7,132	\$7,813

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,883	\$3,104	\$4,004
45378	COLONOSCOPY FLEX; DX-SEP PROC	401	\$855	\$1,186
45380	COLONOSCOPY FLEX; W/BX 1/MX	355	\$1,204	\$1,602
43239	UGI ENDO; W/BX 1/MX	147	\$1,071	\$1,698
42820	T&A; UNDER AGE 12	132	\$2,213	\$2,869
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	128	\$1,300	\$1,753
47562	LAPAROSCOPY SURGICAL; CHOLECT	125	\$5,549	\$6,966
41899	UNLIST PROC DENTOALVEOL STRUCTUR	78	\$1,939	\$3,377
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	72	\$1,894	\$2,664
49505	REPR INIT ING HERNIA 5YR/MORE; R	69	\$4,824	\$4,904
44970	LAPAROSCOPY SURGICAL APPENDECTOM	66	\$7,907	\$11,662
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	63	\$6,793	\$8,264
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	61	\$2,495	\$3,172
29881	SCOPE KNEE SURG;W/MENISCECT MED/	55	\$4,332	\$4,675
69436	TYMPANOSTOMY GENERAL ANESTHESIA	51	\$720	\$1,547
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	42	\$741	\$1,404
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	35	\$3,048	\$4,435
52352	CYSURETH-URETR&/PYELSCPY; REMV C	22	\$4,247	\$5,337
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	20	\$3,223	\$4,631
29880	SCOPE KNEE SURG;W/MENISCECT MED&	19	\$4,443	\$5,236
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	19	\$9,252	\$8,917

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, 2010
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		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	67	9,461
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,291
003 LEVEL I SKIN INCISION AND DRAINAGE	5	185
004 LEVEL II SKIN INCISION AND DRAINAGE	1	106
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	107
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	193
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	948
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	44	4,468
013 LEVEL II SKIN REPAIR	1	842
014 LEVEL III SKIN REPAIR	6	257
02 BREAST PROCEDURES	15	1,750
020 LEVEL I BREAST PROCEDURES	15	1,713
03 MUSCULOSKELETAL SYSTEM PROCEDURES	867	64,178
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	2,480
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	4,672
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	2,206
033 LEVEL I HAND PROCEDURES	61	3,900
034 LEVEL II HAND PROCEDURES	19	1,135
035 LEVEL I FOOT PROCEDURES	40	6,043
036 LEVEL II FOOT PROCEDURES	20	1,635
037 LEVEL I ARTHROSCOPY	306	22,380
038 LEVEL II ARTHROSCOPY	94	5,428
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	709
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	31	567
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	97	5,284
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	467
045 BUNION PROCEDURES	30	1,790
046 LEVEL I ARTHROPLASTY	7	660
047 LEVEL II ARTHROPLASTY	2	177
048 HAND AND FOOT TENOTOMY	2	323
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,206
04 RESPIRATORY PROCEDURES	77	11,235
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,056
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	2,652
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	70	4,200
05 CARDIOVASCULAR PROCEDURES	5	11,285
083 PLACEMENT OF TRANSVENOUS CATHETERS	4	1,077
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	56
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	35	4,121
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	35	1,595
07 GASTROINTESTINAL SYSTEM PROCEDURES	2,417	112,000
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	22	1,234
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	748
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	528
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	315	24,909
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	82	5,445

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	888	41,709
137 THERAPEUTIC COLONOSCOPY	196	7,586
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	21	2,130
139 LEVEL I HERNIA REPAIR	166	5,690
140 LEVEL II HERNIA REPAIR	40	1,145
141 LEVEL I ANAL AND RECTAL PROCEDURES	24	851
142 LEVEL II ANAL AND RECTAL PROCEDURES	20	1,189
143 LEVEL I GASTROINTESTINAL PROCEDURES	13	374
144 LEVEL II GASTROINTESTINAL PROCEDURES	6	206
145 LEVEL I LAPAROSCOPY	72	2,518
146 LEVEL II LAPAROSCOPY	345	8,555
147 LEVEL III LAPAROSCOPY	190	7,108
148 LEVEL IV LAPAROSCOPY	6	114
08 GENITOURINARY SYSTEM PROCEDURES	190	11,520
162 URINARY CATHETERIZATION AND DILATATION	6	218
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	97	5,655
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	81	3,683
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	219
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	484
09 MALE REPRODUCTIVE SYSTEM	79	4,036
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	28	1,441
181 CIRCUMCISION	12	947
184 LEVEL II PENILE AND PROSTATE PROCEDURES	24	1,309
185 PROSTATE NEEDLE AND PUNCH BIOPSY	15	254
10 FEMALE REPRODUCTIVE SYSTEM	242	8,528
193 TREATMENT OF INCOMPLETE ABORTION	1	3
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	72	1,525
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	50	1,641
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	55	1,872
199 DILATION AND CURETTAGE	8	552
200 HYSTEROSCOPY	40	2,238
201 COLPOSCOPY	16	694
11 NEUROLOGIC SYSTEM PROCEDURES	103	21,879
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	183
217 LEVEL I NERVE PROCEDURES	90	4,138
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	8,680
221 LAMINOTOMY AND LAMINECTOMY	6	3,130
223 LEVEL III NERVE PROCEDURES	1	807
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1	11,976
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,531
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	586	30,136
252 LEVEL I FACIAL AND ENT PROCEDURES	208	12,925
253 LEVEL II FACIAL AND ENT PROCEDURES	10	1,444
254 LEVEL III FACIAL AND ENT PROCEDURES	94	3,450
255 LEVEL IV FACIAL AND ENT PROCEDURES	26	3,077

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	41	\$3,458	\$3,970
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$2,315	\$4,740
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$2,802	\$2,702
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,900	\$4,621
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$4,503	\$2,798
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	\$3,579	\$3,724
	013 LEVEL II SKIN REPAIR	1	\$3,223	\$4,647
	014 LEVEL III SKIN REPAIR	1	\$2,536	\$7,173
02	BREAST PROCEDURES	10	\$3,948	\$4,055
	020 LEVEL I BREAST PROCEDURES	10	\$3,948	\$3,990
03	MUSCULOSKELETAL SYSTEM PROCEDURES	392	\$4,755	\$5,625
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$4,257	\$4,903
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$4,460	\$6,230
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$5,449	\$10,772
	033 LEVEL I HAND PROCEDURES	43	\$2,448	\$2,911
	034 LEVEL II HAND PROCEDURES	10	\$2,834	\$5,270
	035 LEVEL I FOOT PROCEDURES	13	\$3,887	\$3,958
	036 LEVEL II FOOT PROCEDURES	6	\$5,363	\$7,753
	037 LEVEL I ARTHROSCOPY	130	\$4,668	\$4,877
	038 LEVEL II ARTHROSCOPY	13	\$12,399	\$11,622
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$7,261	\$6,129
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	25	\$1,946	\$3,602
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	75	\$5,996	\$8,351
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$4,144	\$3,636
	045 BUNION PROCEDURES	18	\$5,098	\$5,503
	046 LEVEL I ARTHROPLASTY	4	\$5,125	\$7,830
	047 LEVEL II ARTHROPLASTY	1	\$8,189	\$23,934
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,774	\$1,578
04	RESPIRATORY PROCEDURES	1	\$2,635	\$2,155
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,635	\$1,131
05	CARDIOVASCULAR PROCEDURES	3	\$7,050	\$16,047
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$7,547	\$6,105
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$6,055	\$8,595
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	30	\$7,827	\$5,731
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	\$7,827	\$7,309
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,632	\$2,647	\$3,034
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$956	\$1,093
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$808	\$1,458
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	189	\$998	\$1,690
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	36	\$1,495	\$2,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	756	\$1,019	\$1,365
	137 THERAPEUTIC COLONOSCOPY	134	\$1,312	\$1,781
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$1,138	\$5,559
	139 LEVEL I HERNIA REPAIR	117	\$4,458	\$4,575
	140 LEVEL II HERNIA REPAIR	17	\$6,060	\$5,741

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	141 LEVEL I ANAL AND RECTAL PROCEDURES	12	\$3,292	\$3,151
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$3,566	\$3,992
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	\$2,574	\$5,411
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$10,181	\$8,883
	145 LEVEL I LAPAROSCOPY	20	\$6,217	\$5,993
	146 LEVEL II LAPAROSCOPY	207	\$6,335	\$8,741
	147 LEVEL III LAPAROSCOPY	113	\$8,009	\$8,742
	148 LEVEL IV LAPAROSCOPY	5	\$11,562	\$13,700
08	GENITOURINARY SYSTEM PROCEDURES	114	\$3,533	\$5,060
	162 URINARY CATHETERIZATION AND DILATATION	1	\$1,652	\$5,951
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	47	\$2,971	\$2,751
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	60	\$4,098	\$5,471
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$1,936	\$1,639
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	\$2,931	\$13,497
09	MALE REPRODUCTIVE SYSTEM	62	\$4,058	\$4,814
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$3,599	\$3,299
	181 CIRCUMCISION	11	\$799	\$2,186
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	23	\$6,743	\$7,079
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	14	\$2,667	\$1,734
10	FEMALE REPRODUCTIVE SYSTEM	71	\$5,248	\$4,923
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	11	\$2,670	\$4,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$6,760	\$5,205
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	29	\$6,648	\$7,555
	199 DILATION AND CURETTAGE	4	\$4,285	\$3,369
	200 HYSTEROSCOPY	13	\$4,341	\$5,363
	201 COLPOSCOPY	8	\$4,538	\$1,063
11	NEUROLOGIC SYSTEM PROCEDURES	81	\$2,275	\$4,943
	217 LEVEL I NERVE PROCEDURES	74	\$1,954	\$3,417
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	\$3,341	\$1,808
	221 LAMINOTOMY AND LAMINECTOMY	4	\$7,413	\$10,971
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$2,051	\$3,736
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,051	\$4,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	437	\$2,438	\$4,038
	252 LEVEL I FACIAL AND ENT PROCEDURES	152	\$1,658	\$2,385
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$3,550	\$3,554
	254 LEVEL III FACIAL AND ENT PROCEDURES	46	\$3,573	\$7,156
	255 LEVEL IV FACIAL AND ENT PROCEDURES	25	\$6,053	\$9,193
	256 TONSIL AND ADENOID PROCEDURES	211	\$2,308	\$2,992

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,191	55.1	135,467	53.6
Male	1,786	44.9	117,109	46.4
Unknown	0	0.0	1	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	7	0.2	1,741	0.7
29-365 days	16	0.4	2,971	1.2
1-4 years	200	5.0	10,916	4.3
5-9	137	3.4	6,723	2.7
10-14	102	2.6	5,235	2.1
15-17	111	2.8	5,307	2.1
18-19	84	2.1	3,697	1.5
20-24	226	5.7	10,057	4.0
25-29	229	5.8	12,635	5.0
30-34	205	5.2	14,894	5.9
35-39	164	4.1	13,867	5.5
40-44	167	4.2	14,264	5.6
45-49	219	5.5	17,450	6.9
50-54	396	10.0	27,955	11.1
55-59	365	9.2	24,928	9.9
60-64	329	8.3	22,206	8.8
65-69	413	10.4	19,059	7.5
70-74	262	6.6	14,720	5.8
75-79	177	4.5	11,676	4.6
80-84	107	2.7	7,598	3.0
85-89	48	1.2	3,582	1.4
90 +	13	0.3	1,097	0.4
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,206	80.6	208,190	82.4
Clinic Referral	686	17.2	38,248	15.1
HMO Referral	0	0.0	619	0.2
Other Hospital	3	0.1	262	0.1
Skilled Nursing Facility	0	0.0	234	0.1
Other Health Care Facility	0	0.0	24	0.0
ER (Not valid since 7/2010)	81	2.0	2,929	1.2
Court/Law Enforcement	0	0.0	13	0.0
Unknown	1	0.0	2,037	0.8
Not Reported	0	0.0	22	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	3,973	99.9	251,393	99.5
Another Hospital	1	0.0	135	0.1
Skilled Nursing Facility	1	0.0	166	0.1
Intermediate Care Facility	0	0.0	13	0.0
Another Type of Institution	0	0.0	87	0.0
Under Care of Home Service	1	0.0	275	0.1
Left Against Medical Advice	0	0.0	18	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	20	0.0
Unknown	0	0.0	451	0.2
Not Reported	0	0.0	20	0.0
PRIMARY PAYER				
Medicare	1,020	25.6	55,732	22.1
Medicaid	411	10.3	18,214	7.2
Other government	104	2.6	5,636	2.2
Blue Cross/Blue Shield	406	10.2	33,140	13.1
Other Commercial	302	7.6	17,547	6.9
Managed Care(HMO, PPO)	1,541	38.7	113,327	44.9
Self Pay	56	1.4	3,334	1.3
Industrial & Worker Comp	54	1.4	3,165	1.3
Charity and Unclassified	40	1.0	1,228	0.5
Childrens Health Insurance	3	0.1	189	0.1
Unknown	40	1.0	1,055	0.4
Not Reported	0	0.0	11	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	15,912	6.3
Central Utah	270	6.8	9,352	3.7
Davis County	4	0.1	27,390	10.8
Salt Lake County	13	0.3	87,767	34.7
Southeastern Utah	2	0.1	5,222	2.1
Southwest Utah	3,510	88.3	15,992	6.3
Summit County	0	0.0	3,893	1.5
Tooele County	2	0.1	5,148	2.0
Tri-County	1	0.0	6,710	2.7
Utah County	8	0.2	38,568	15.3
Wasatch County	1	0.0	1,970	0.8
Weber County	1	0.0	21,374	8.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	159	4.0	13,138	5.2
Unknown, Not Reported	3	0.1	125	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

428 Alpine Surgery Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	505	100.0	141,899	100.0
Mastectomy (19120-19220)	1	0.2	347	0.2
Musculoskeletal (20000-29909)	442	87.5	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	10	2.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	8	1.6	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	6	1.2	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	38	7.5	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

428 Alpine Surgery 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				
29848	ENDO WRST SURG REL TRNS CARP LIG	56	11.1	100.0
26055	TENDON SHEATH INCISION	31	6.1	0.26
20680	REMOVAL OF IMPLANT; DEEP	28	5.5	0.44
25270	REPR TEND/MUSC EXT WRIST; PRIM 1	24	4.8	0.44
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	24	4.8	0.02
26160	EXC LES TEND SHETH/JNT CAP HND/F	22	4.4	0.06
26765	OPEN TX DIST PHALANG FX W/NO FIX	19	3.8	0.14
25111	EXCISION OF GANGLION WRIST; PRIM	17	3.4	0.02
26615	OPEN TX MC FX 1 W/NO INTRL/EXT F	16	3.2	0.18
26735	OPEN TX PHALANGEAL FX W/NO FIX E	15	3.0	0.09
25000	INCISION EXT TENDON SHEATH WRIST	13	2.6	0.04
26350	REP FLX TEND NOT ZONE 2 DIGT;NO	12	2.4	0.08
64831	SUT DIGTL NERVE HAND/FOOT; 1 NER	12	2.4	0.02
26540	REPAIR COLLAT LIGAMENT MCP/IP JO	11	2.2	0.04
20103	EXPL PENETRAT WOUND-SEP PROC;EXT	10	2.0	0.06
25272	REPR TEND/MUSC EXT WRIST; 2ND 1	8	1.6	0.01
26356	REP FLX TEND ZONE 2 DIGTL; W/O G	8	1.6	0.01
20525	REMOVAL FB MUSC/TENDON; DEEP/COM	7	1.4	0.02
26746	OPN TX ARTIC FX MCP/IP JNT W/NO	7	1.4	0.02
26123	FASCECT PART PALMAR W/REL 1 DIGI	6	1.2	0.02

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

428 Alpine Surgery Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		234	\$2,192	\$2,110
29848	ENDO WRST SURG REL TRNS CARP LIG	36	\$1,987	\$2,879
20680	REMOVAL OF IMPLANT; DEEP	19	\$1,326	\$2,430
26055	TENDON SHEATH INCISION	17	\$1,695	\$2,146
26765	OPEN TX DIST PHALANG FX W/NO FIX	17	\$3,774	\$3,783
26160	EXC LES TEND SHETH/JNT CAP HND/F	14	\$1,616	\$2,094
25111	EXCISION OF GANGLION WRIST; PRIM	13	\$1,450	\$2,233
26418	REPR EXT TEND FNDR PRIM/SEC;W/O	12	\$2,949	\$2,495
26615	OPEN TX MC FX 1 W/NO INTRL/EXT F	8	\$1,915	\$2,710
26746	OPN TX ARTIC FX MCP/IP JNT W/NO	7	\$1,896	\$2,220
26540	REPAIR COLLAT LIGAMENT MCP/IP JO	6	\$2,429	\$2,476
20103	EXPL PENETRAT WOUND-SEP PROC;EXT	4	\$1,441	\$1,504
20525	REMOVAL FB MUSC/TENDON; DEEP/COM	4	\$1,816	\$1,623
25320	CPSLORR/RECNSTR WRST OPN CARPAL	4	\$2,458	\$2,765
25440	REP NONUNION SCAPHOID CARPAL BN	4	\$2,708	\$3,578
26951	AMP FNDR/THUMB ANY JNT; W/DIR CL	4	\$1,743	\$2,281
26350	REP FLX TEND NOT ZONE 2 DIGT;NO	3	\$2,279	\$1,335
26607	CLOS TX MC FX W/MANIP W/EXT FIX	3	\$2,447	\$2,447
64831	SUT DIGTL NERVE HAND/FOOT; 1 NER	3	\$3,385	\$2,520
20520	REMOVAL FB MUSC/TENDON SHEATH; S	2	\$3,248	\$1,550
25112	EXCISION GANGLION WRIST; RECURRE	2	\$1,733	\$2,461

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

428 Alpine Surgery Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	53	2,035
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	406
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	30	1,223
013 LEVEL II SKIN REPAIR	4	87
014 LEVEL III SKIN REPAIR	10	103
03 MUSCULOSKELETAL SYSTEM PROCEDURES	389	21,724
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	554
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	1,566
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	794
033 LEVEL I HAND PROCEDURES	135	1,620
034 LEVEL II HAND PROCEDURES	50	386
037 LEVEL I ARTHROSCOPY	58	8,703
039 REPLACEMENT OF CAST	4	4
040 SPLINT, STRAPPING AND CAST REMOVAL	1	1
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	245
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	67	1,425
05 CARDIOVASCULAR PROCEDURES	4	33
089 LEVEL II CARDIOTHORACIC PROCEDURES	2	5
091 VASCULAR LIGATION AND RECONSTRUCTION	2	5
07 GASTROINTESTINAL SYSTEM PROCEDURES	6	56,178
140 LEVEL II HERNIA REPAIR	6	218
11 NEUROLOGIC SYSTEM PROCEDURES	38	11,446
217 LEVEL I NERVE PROCEDURES	36	1,849
218 LEVEL II NERVE PROCEDURES	2	118
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	14	15,218
253 LEVEL II FACIAL AND ENT PROCEDURES	2	501
254 LEVEL III FACIAL AND ENT PROCEDURES	8	1,733
255 LEVEL IV FACIAL AND ENT PROCEDURES	4	550

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

428 Alpine Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	29	\$1,542	\$1,912
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	\$2,293	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	\$1,326	\$2,137
	014 LEVEL III SKIN REPAIR	4	\$1,441	\$5,207
03	MUSCULOSKELETAL SYSTEM PROCEDURES	190	\$2,225	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,758	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,793	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$2,791	\$3,913
	033 LEVEL I HAND PROCEDURES	73	\$1,933	\$2,232
	034 LEVEL II HAND PROCEDURES	19	\$2,825	\$2,745
	037 LEVEL I ARTHROSCOPY	36	\$1,987	\$4,139
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$1,176	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$2,447	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	44	\$2,602	\$3,342
05	CARDIOVASCULAR PROCEDURES	2	\$3,696	\$2,663
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	\$3,696	\$3,046
07	GASTROINTESTINAL SYSTEM PROCEDURES	2	\$1,920	\$1,533
	140 LEVEL II HERNIA REPAIR	2	\$1,920	\$2,604
11	NEUROLOGIC SYSTEM PROCEDURES	6	\$3,583	\$1,366
	217 LEVEL I NERVE PROCEDURES	6	\$3,583	\$2,141
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4	\$2,378	\$1,990
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$2,332	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$2,423	\$2,988

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

428 Alpine Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	141	41.2	58,453	53.4
Male	201	58.8	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	2	0.6	4,936	4.5
5-9	0	0.0	2,365	2.2
10-14	23	6.7	1,379	1.3
15-17	17	5.0	1,601	1.5
18-19	4	1.2	1,199	1.1
20-24	25	7.3	3,480	3.2
25-29	45	13.2	3,698	3.4
30-34	42	12.3	4,426	4.0
35-39	27	7.9	4,243	3.9
40-44	26	7.6	4,564	4.2
45-49	25	7.3	5,867	5.4
50-54	19	5.6	11,244	10.3
55-59	31	9.1	10,186	9.3
60-64	31	9.1	10,132	9.3
65-69	11	3.2	11,631	10.6
70-74	8	2.3	10,489	9.6
75-79	4	1.2	8,521	7.8
80-84	0	0.0	5,712	5.2
85-89	0	0.0	2,451	2.2
90 +	2	0.6	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	342	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

428 Alpine Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	342	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	24	7.0	33,479	30.6
Medicaid	14	4.1	7,670	7.0
Other government	163	47.7	4,216	3.8
Blue Cross/Blue Shield	29	8.5	21,897	20.0
Other Commercial	36	10.5	7,701	7.0
Managed Care(HMO, PPO)	23	6.7	29,599	27.0
Self Pay	8	2.3	1,712	1.6
Industrial & Worker Comp	43	12.6	1,676	1.5
Charity and Unclassified	2	0.6	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	10	2.9	4,392	4.0
Central Utah	0	0.0	1,530	1.4
Davis County	144	42.1	15,000	13.7
Salt Lake County	10	2.9	36,614	33.4
Southeastern Utah	0	0.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	0	0.0	1,515	1.4
Tooele County	2	0.6	1,745	1.6
Tri-County	2	0.6	453	0.4
Utah County	0	0.0	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	163	47.7	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	11	3.2	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

431 American Fork Surgery Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2	100.0	57,411	100.0
Mastectomy (85.0-85.99)	0	0.0	950	1.7
Musculoskeletal (76.0-84.99)	0	0.0	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	0	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	119	0.2
Digestive System (42.0-54.99)	0	0.0	16,552	28.8
Urinary (55.0-59.99)	0	0.0	473	0.8
Male Genital (60.0-64.99)	0	0.0	249	0.4
Female Genital (65.0-71.99)	1	50.0	660	1.1
Endocrine/Nervous (01.0-07.99)	0	0.0	3,982	6.9
Eye (08.0-16.99)	0	0.0	8,444	14.7
Ear (18.0-20.99)	1	50.0	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,994	17.4
Reporting Category(CPT-4 CODES)	3,784	100.0	141,899	100.0
Mastectomy (19120-19220)	1	0.0	347	0.2
Musculoskeletal (20000-29909)	1,268	33.5	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	90	2.4	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	24	0.6	154	0.1
Lymphatic/Hemetic (38100-38999)	3	0.1	195	0.1
Digestive (40490-49999)	2,208	58.4	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	64	1.7	2,011	1.4
Endocrine/Nervous (60000-64999)	59	1.6	11,636	8.2
Eye (65091-68899)	6	0.2	25,437	17.9
Ear (69000-69979)	61	1.6	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

431 American Fork Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		2	100.0	100.0
2	2	1	50.0	0.00
7108	7108	1	50.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,784	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	570	15.1	10.27
43239	UGI ENDO; W/BX 1/MX	494	13.1	8.95
45378	COLONOSCOPY FLEX; DX-SEP PROC	364	9.6	9.19
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	204	5.4	2.72
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	175	4.6	1.54
29826	SCOPE SHOULDER; DECOMP SUBACROM	127	3.4	1.11
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	123	3.3	1.46
29881	SCOPE KNEE SURG;W/MENISCECT MED/	112	3.0	1.54
29848	ENDO WRST SURG REL TRNS CARP LIG	104	2.7	0.26
29879	SCOPE KNEE SURG; ABRASION ARTHPL	80	2.1	0.30
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	66	1.7	0.14
29880	SCOPE KNEE SURG;W/MENISCECT MED&	64	1.7	0.46
29823	SCOPE SHOULDER SURGICAL; DEBRID	62	1.6	0.24
26055	TENDON SHEATH INCISION	59	1.6	0.44
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	53	1.4	0.54
69436	TYMPANOSTOMY GENERAL ANESTHESIA	51	1.3	2.35
23440	RESECTION/TPLNT LONG TENDON BICE	42	1.1	0.07
29807	SCOPE SHLDR SURG; REPR SLAP LESI	42	1.1	0.16
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	41	1.1	0.05
42820	T&A; UNDER AGE 12	31	0.8	1.01

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

431 American Fork 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		1,770	\$1,458	\$2,110
45380	COLONOSCOPY FLEX; W/BX 1/MX	358	\$1,365	\$1,373
45378	COLONOSCOPY FLEX; DX-SEP PROC	273	\$1,138	\$1,487
43239	UGI ENDO; W/BX 1/MX	239	\$904	\$1,466
29848	ENDO WRST SURG REL TRNS CARP LIG	71	\$1,926	\$2,879
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	70	\$758	\$1,151
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	59	\$1,124	\$1,114
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	57	\$1,009	\$1,615
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	56	\$1,622	\$1,384
29881	SCOPE KNEE SURG;W/MENISCECT MED/	51	\$2,468	\$3,731
26055	TENDON SHEATH INCISION	29	\$1,130	\$2,146
42820	T&A; UNDER AGE 12	28	\$1,695	\$1,636
29880	SCOPE KNEE SURG;W/MENISCECT MED&	26	\$2,639	\$4,240
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	20	\$1,457	\$1,579
29879	SCOPE KNEE SURG; ABRASION ARTHPL	17	\$2,531	\$4,591
25111	EXCISION OF GANGLION WRIST; PRIM	14	\$1,178	\$2,233
20680	REMOVAL OF IMPLANT; DEEP	12	\$1,639	\$2,430
20670	REMOVAL OF IMPLANT; SUP SEP PROC	11	\$557	\$2,218
25000	INCISION EXT TENDON SHEATH WRIST	11	\$1,246	\$1,900
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	11	\$2,372	\$4,767
42821	T&A; AGE 12 OR OVER	11	\$1,758	\$1,635

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

431 American Fork Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	49	2,035
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	44
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	56
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	43	1,223
	013 LEVEL II SKIN REPAIR	1	87
02	BREAST PROCEDURES	1	321
	020 LEVEL I BREAST PROCEDURES	1	321
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,215	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	1,566
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	794
	033 LEVEL I HAND PROCEDURES	127	1,620
	034 LEVEL II HAND PROCEDURES	20	386
	035 LEVEL I FOOT PROCEDURES	34	2,148
	036 LEVEL II FOOT PROCEDURES	9	458
	037 LEVEL I ARTHROSCOPY	647	8,703
	038 LEVEL II ARTHROSCOPY	142	1,790
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	245
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	78	1,425
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	203
	045 BUNION PROCEDURES	9	628
	046 LEVEL I ARTHROPLASTY	16	218
	048 HAND AND FOOT TENOTOMY	1	115
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	684
04	RESPIRATORY PROCEDURES	38	3,884
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	526
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	34	3,298
05	CARDIOVASCULAR PROCEDURES	1	33
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	5
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	25	184
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	22	37
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	147
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,148	56,178
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	617	14,861
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	195	3,120
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,004	27,945
	137 THERAPEUTIC COLONOSCOPY	290	5,119
	139 LEVEL I HERNIA REPAIR	3	991
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	13
	145 LEVEL I LAPAROSCOPY	16	199
	146 LEVEL II LAPAROSCOPY	14	662
	147 LEVEL III LAPAROSCOPY	8	709
10	FEMALE REPRODUCTIVE SYSTEM	38	1,078
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	181
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	75

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

431 American Fork Surgery Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	143
	199 DILATION AND CURETTAGE	5	38
	200 HYSTEROSCOPY	16	297
11	NEUROLOGIC SYSTEM PROCEDURES	57	11,446
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	1,907
	217 LEVEL I NERVE PROCEDURES	41	1,849
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	15	7,281
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	6	25,118
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	200	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	98	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	501
	254 LEVEL III FACIAL AND ENT PROCEDURES	21	1,733
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	550
	256 TONSIL AND ADENOID PROCEDURES	73	3,236

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

431 American Fork Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	31	\$1,252	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$437	\$717
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$1,876	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	28	\$1,237	\$2,137
02	BREAST PROCEDURES	1	\$1,581	\$1,217
	020 LEVEL I BREAST PROCEDURES	1	\$1,581	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	439	\$2,093	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$1,361	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$2,294	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$2,940	\$3,913
	033 LEVEL I HAND PROCEDURES	75	\$1,425	\$2,232
	034 LEVEL II HAND PROCEDURES	6	\$2,026	\$2,745
	035 LEVEL I FOOT PROCEDURES	20	\$1,284	\$2,504
	036 LEVEL II FOOT PROCEDURES	3	\$2,206	\$3,680
	037 LEVEL I ARTHROSCOPY	207	\$2,254	\$4,139
	038 LEVEL II ARTHROSCOPY	14	\$3,942	\$6,361
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$1,813	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	50	\$2,209	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$598	\$1,745
	045 BUNION PROCEDURES	8	\$2,442	\$3,215
	046 LEVEL I ARTHROPLASTY	8	\$3,151	\$3,669
	048 HAND AND FOOT TENOTOMY	1	\$1,457	\$1,731
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$161	\$1,081
04	RESPIRATORY PROCEDURES	1	\$1,172	\$2,966
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,172	\$2,114
05	CARDIOVASCULAR PROCEDURES	1	\$4,127	\$2,663
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$4,127	\$2,581
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$1,394	\$2,033
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$576	\$1,550
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$1,666	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,158	\$1,191	\$1,533
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	309	\$871	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	66	\$1,023	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	694	\$1,253	\$1,428
	137 THERAPEUTIC COLONOSCOPY	64	\$1,613	\$1,433
	139 LEVEL I HERNIA REPAIR	3	\$2,524	\$2,662
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$1,569	\$1,285
	145 LEVEL I LAPAROSCOPY	7	\$1,874	\$2,618
	146 LEVEL II LAPAROSCOPY	8	\$2,876	\$3,903
	147 LEVEL III LAPAROSCOPY	6	\$4,129	\$4,748
10	FEMALE REPRODUCTIVE SYSTEM	27	\$1,660	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$1,181	\$1,632
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$2,098	\$1,575
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$4,214	\$3,492
	199 DILATION AND CURETTAGE	5	\$1,264	\$1,350

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

431 American Fork Surgery Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure	EAPG			
	200 HYSTEROSCOPY	11	\$1,793	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	22	\$1,744	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$511	\$754
	217 LEVEL I NERVE PROCEDURES	19	\$1,945	\$2,141
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$446	\$900
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	84	\$1,753	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	13	\$1,225	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$1,966	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	4	\$3,854	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$4,932	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	62	\$1,615	\$1,630

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

431 American Fork Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,384	52.7	58,453	53.4
Male	1,244	47.3	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	4	0.2	630	0.6
1-4 years	36	1.4	4,936	4.5
5-9	33	1.3	2,365	2.2
10-14	34	1.3	1,379	1.3
15-17	46	1.8	1,601	1.5
18-19	45	1.7	1,199	1.1
20-24	112	4.3	3,480	3.2
25-29	108	4.1	3,698	3.4
30-34	149	5.7	4,426	4.0
35-39	118	4.5	4,243	3.9
40-44	146	5.6	4,564	4.2
45-49	181	6.9	5,867	5.4
50-54	311	11.8	11,244	10.3
55-59	219	8.3	10,186	9.3
60-64	256	9.7	10,132	9.3
65-69	308	11.7	11,631	10.6
70-74	222	8.4	10,489	9.6
75-79	158	6.0	8,521	7.8
80-84	100	3.8	5,712	5.2
85-89	39	1.5	2,451	2.2
90 +	3	0.1	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,628	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

431 American Fork Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,628	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	790	30.1	33,479	30.6
Medicaid	56	2.1	7,670	7.0
Other government	111	4.2	4,216	3.8
Blue Cross/Blue Shield	581	22.1	21,897	20.0
Other Commercial	251	9.6	7,701	7.0
Managed Care(HMO, PPO)	815	31.0	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	21	0.8	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	3	0.1	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.2	4,392	4.0
Central Utah	61	2.3	1,530	1.4
Davis County	2	0.1	15,000	13.7
Salt Lake County	71	2.7	36,614	33.4
Southeastern Utah	21	0.8	937	0.9
Southwest Utah	5	0.2	11,999	11.0
Summit County	4	0.2	1,515	1.4
Tooele County	2	0.1	1,745	1.6
Tri-County	11	0.4	453	0.4
Utah County	2,381	90.6	14,719	13.4
Wasatch County	33	1.3	467	0.4
Weber County	3	0.1	14,145	12.9
Unknown Utah	1	0.0	17	0.0
Outside Utah	29	1.1	5,977	5.5
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, 2010
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	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	15,442	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	5,445	35.3	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	847	5.5	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	35	0.2	154	0.1
Lymphatic/Hemetic (38100-38999)	25	0.2	195	0.1
Digestive (40490-49999)	3,556	23.0	62,638	44.1
Urinary (50010-53899)	800	5.2	2,047	1.4
Male Genital (54000-55899)	123	0.8	960	0.7
Female Genital (56405-58999)	88	0.6	2,011	1.4
Endocrine/Nervous (60000-64999)	1,530	9.9	11,636	8.2
Eye (65091-68899)	2,340	15.2	25,437	17.9
Ear (69000-69979)	653	4.2	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

401 Central Utah Surgical Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	15,442	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	1,265	8.2	8.74
69436	TYMPANOSTOMY GENERAL ANESTHESIA	614	4.0	1.54
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	553	3.6	2.35
43239	UGI ENDO; W/BX 1/MX	495	3.2	1.46
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	457	3.0	8.95
29826	SCOPE SHOULDER; DECOMP SUBACROM	457	3.0	1.20
45378	COLONOSCOPY FLEX; DX-SEP PROC	412	2.7	1.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	396	2.6	9.19
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	381	2.5	10.27
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	361	2.3	0.84
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	342	2.2	0.55
66821	DISCISSION 2ND CATARACT; LASER S	337	2.2	1.54
41899	UNLIST PROC DENTOALVEOL STRUCTUR	304	2.0	1.58
42820	T&A; UNDER AGE 12	278	1.8	2.11
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	249	1.6	1.01
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	235	1.5	0.58
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	225	1.5	0.71
20680	REMOVAL OF IMPLANT; DEEP	215	1.4	0.39
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	195	1.3	0.44
		195	1.3	0.54

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2010
 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		7,917	\$3,693	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	1,218	\$3,890	\$2,924
29881	SCOPE KNEE SURG;W/MENISCECT MED/	442	\$5,337	\$3,731
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	395	\$1,806	\$1,151
66821	DISCISSION 2ND CATARACT; LASER S	302	\$1,606	\$864
43239	UGI ENDO; W/BX 1/MX	290	\$1,690	\$1,466
45380	COLONOSCOPY FLEX; W/BX 1/MX	289	\$1,818	\$1,373
45378	COLONOSCOPY FLEX; DX-SEP PROC	284	\$1,788	\$1,487
41899	UNLIST PROC DENTOALVEOL STRUCTUR	270	\$2,651	\$2,175
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	249	\$1,763	\$1,615
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	230	\$9,212	\$7,847
42820	T&A; UNDER AGE 12	210	\$2,004	\$1,636
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	179	\$2,405	\$1,754
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	168	\$5,573	\$4,767
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	152	\$1,404	\$768
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	142	\$1,778	\$1,384
29880	SCOPE KNEE SURG;W/MENISCECT MED&	121	\$5,538	\$4,240
20680	REMOVAL OF IMPLANT; DEEP	106	\$4,139	\$2,430
29826	SCOPE SHOULDER; DECOMP SUBACROM	101	\$6,077	\$4,712
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	94	\$2,105	\$1,579
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	94	\$6,536	\$5,280

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	346	2,035
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	56
	004 LEVEL II SKIN INCISION AND DRAINAGE	9	32
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	32
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	40
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	39	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	280	1,223
	012 LEVEL I SKIN REPAIR	2	12
	013 LEVEL II SKIN REPAIR	5	87
	014 LEVEL III SKIN REPAIR	5	103
03	MUSCULOSKELETAL SYSTEM PROCEDURES	5,029	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	117	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	303	1,566
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	104	794
	033 LEVEL I HAND PROCEDURES	372	1,620
	034 LEVEL II HAND PROCEDURES	66	386
	035 LEVEL I FOOT PROCEDURES	487	2,148
	036 LEVEL II FOOT PROCEDURES	97	458
	037 LEVEL I ARTHROSCOPY	2,054	8,703
	038 LEVEL II ARTHROSCOPY	527	1,790
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	161
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	38	245
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	390	1,425
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	68	203
	045 BUNION PROCEDURES	129	628
	046 LEVEL I ARTHROPLASTY	44	218
	047 LEVEL II ARTHROPLASTY	2	21
	048 HAND AND FOOT TENOTOMY	31	115
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	197	684
04	RESPIRATORY PROCEDURES	364	3,884
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	56
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	57	526
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	304	3,298
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	4
05	CARDIOVASCULAR PROCEDURES	6	33
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	17
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	37	184
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	12	37
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	147
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,725	56,178
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,474
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	110
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	181
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	955	14,861
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	360	3,120
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	780	27,945

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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)
	137 THERAPEUTIC COLONOSCOPY	179	5,119
	139 LEVEL I HERNIA REPAIR	161	991
	140 LEVEL II HERNIA REPAIR	28	218
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	208
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	327
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	7
	145 LEVEL I LAPAROSCOPY	8	199
	146 LEVEL II LAPAROSCOPY	85	662
	147 LEVEL III LAPAROSCOPY	123	709
08	GENITOURINARY SYSTEM PROCEDURES	795	2,210
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	342	785
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	219	675
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	223	506
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	15
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	9	224
09	MALE REPRODUCTIVE SYSTEM	107	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	62	362
	181 CIRCUMCISION	30	259
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	12	49
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	13
10	FEMALE REPRODUCTIVE SYSTEM	71	1,078
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	181
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	9	75
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	28	143
	199 DILATION AND CURETTAGE	7	38
	200 HYSTEROSCOPY	18	297
11	NEUROLOGIC SYSTEM PROCEDURES	1,521	11,446
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	154	1,907
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	19
	217 LEVEL I NERVE PROCEDURES	480	1,849
	218 LEVEL II NERVE PROCEDURES	13	118
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	845	7,281
	221 LAMINOTOMY AND LAMINECTOMY	21	189
	223 LEVEL III NERVE PROCEDURES	5	66
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,331	25,118
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	247
	232 LASER EYE PROCEDURES	309	3,038
	233 CATARACT PROCEDURES	1,360	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	17	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	57	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	72	720
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	8	761
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	17	1,150
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	37	630
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	140	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	312	2,204

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,051	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,121	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	69	501
	254 LEVEL III FACIAL AND ENT PROCEDURES	230	1,733
	255 LEVEL IV FACIAL AND ENT PROCEDURES	91	550
	256 TONSIL AND ADENOID PROCEDURES	540	3,236

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	190	\$3,586	\$1,912
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	\$3,377	\$1,953
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,355	\$1,085
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	\$2,492	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	159	\$3,773	\$2,137
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,181	\$5,178	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$3,596	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	95	\$5,204	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$5,832	\$3,913
	033 LEVEL I HAND PROCEDURES	168	\$3,506	\$2,232
	034 LEVEL II HAND PROCEDURES	33	\$4,148	\$2,745
	035 LEVEL I FOOT PROCEDURES	117	\$3,963	\$2,504
	036 LEVEL II FOOT PROCEDURES	49	\$5,420	\$3,680
	037 LEVEL I ARTHROSCOPY	1,043	\$5,504	\$4,139
	038 LEVEL II ARTHROSCOPY	187	\$7,822	\$6,361
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$3,266	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	30	\$2,458	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	275	\$4,845	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	35	\$2,608	\$1,745
	045 BUNION PROCEDURES	56	\$4,808	\$3,215
	046 LEVEL I ARTHROPLASTY	6	\$5,665	\$3,669
	047 LEVEL II ARTHROPLASTY	1	\$3,368	\$4,140
	048 HAND AND FOOT TENOTOMY	1	\$2,596	\$1,731
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	\$1,143	\$1,081
04	RESPIRATORY PROCEDURES	17	\$3,339	\$2,966
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,261	\$1,305
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	12	\$3,372	\$2,114
05	CARDIOVASCULAR PROCEDURES	6	\$4,972	\$2,663
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	\$4,972	\$2,610
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	20	\$3,782	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	\$3,782	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,976	\$2,304	\$1,533
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$948	\$1,263
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$897	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	13	\$955	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	686	\$1,757	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	270	\$1,707	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	574	\$1,801	\$1,428
	137 THERAPEUTIC COLONOSCOPY	143	\$1,773	\$1,433
	139 LEVEL I HERNIA REPAIR	116	\$5,035	\$2,662
	140 LEVEL II HERNIA REPAIR	22	\$6,525	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$1,861	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$2,329	\$1,223
	145 LEVEL I LAPAROSCOPY	4	\$3,801	\$2,618
	146 LEVEL II LAPAROSCOPY	26	\$5,821	\$3,903

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	147 LEVEL III LAPAROSCOPY	102	\$6,485	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	364	\$7,250	\$4,967
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	230	\$9,212	\$7,847
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	64	\$3,880	\$2,453
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	59	\$4,142	\$2,812
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$3,531	\$1,848
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	9	\$2,290	\$2,143
09	MALE REPRODUCTIVE SYSTEM	76	\$3,776	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	35	\$4,148	\$2,565
	181 CIRCUMCISION	28	\$2,965	\$834
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	11	\$4,877	\$3,733
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,561	\$2,200
10	FEMALE REPRODUCTIVE SYSTEM	40	\$4,473	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	\$1,868	\$1,632
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$3,411	\$1,575
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	22	\$5,072	\$3,492
	199 DILATION AND CURETTAGE	1	\$2,997	\$1,350
	200 HYSTEROSCOPY	9	\$4,802	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	466	\$2,549	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	152	\$1,404	\$754
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$2,460	\$1,900
	217 LEVEL I NERVE PROCEDURES	222	\$2,978	\$2,141
	218 LEVEL II NERVE PROCEDURES	1	\$9,284	\$2,871
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	68	\$1,457	\$900
	221 LAMINOTOMY AND LAMINECTOMY	19	\$8,629	\$4,534
	223 LEVEL III NERVE PROCEDURES	1	\$33,956	\$10,618
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,733	\$3,558	\$2,678
	232 LASER EYE PROCEDURES	307	\$1,602	\$857
	233 CATARACT PROCEDURES	1,302	\$3,935	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	10	\$2,898	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	18	\$3,544	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	31	\$6,649	\$5,915
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	7	\$3,661	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$2,634	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	45	\$4,287	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	838	\$2,451	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	334	\$2,603	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	21	\$2,372	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	34	\$3,964	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	32	\$4,506	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	417	\$2,053	\$1,630

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	5,492	49.7	58,453	53.4
Male	5,546	50.2	51,061	46.6
Unknown	3	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	51	0.5	630	0.6
1-4 years	544	4.9	4,936	4.5
5-9	264	2.4	2,365	2.2
10-14	229	2.1	1,379	1.3
15-17	300	2.7	1,601	1.5
18-19	281	2.5	1,199	1.1
20-24	791	7.2	3,480	3.2
25-29	489	4.4	3,698	3.4
30-34	505	4.6	4,426	4.0
35-39	484	4.4	4,243	3.9
40-44	460	4.2	4,564	4.2
45-49	511	4.6	5,867	5.4
50-54	767	6.9	11,244	10.3
55-59	758	6.9	10,186	9.3
60-64	722	6.5	10,132	9.3
65-69	1,049	9.5	11,631	10.6
70-74	997	9.0	10,489	9.6
75-79	906	8.2	8,521	7.8
80-84	613	5.6	5,712	5.2
85-89	249	2.3	2,451	2.2
90 +	71	0.6	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	11,040	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	11,041	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	3,240	29.3	33,479	30.6
Medicaid	893	8.1	7,670	7.0
Other government	190	1.7	4,216	3.8
Blue Cross/Blue Shield	1,724	15.6	21,897	20.0
Other Commercial	995	9.0	7,701	7.0
Managed Care(HMO, PPO)	3,364	30.5	29,599	27.0
Self Pay	240	2.2	1,712	1.6
Industrial & Worker Comp	393	3.6	1,676	1.5
Charity and Unclassified	2	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	16	0.1	4,392	4.0
Central Utah	956	8.7	1,530	1.4
Davis County	41	0.4	15,000	13.7
Salt Lake County	179	1.6	36,614	33.4
Southeastern Utah	551	5.0	937	0.9
Southwest Utah	61	0.6	11,999	11.0
Summit County	14	0.1	1,515	1.4
Tooele County	32	0.3	1,745	1.6
Tri-County	112	1.0	453	0.4
Utah County	8,589	77.8	14,719	13.4
Wasatch County	139	1.3	467	0.4
Weber County	18	0.2	14,145	12.9
Unknown Utah	7	0.1	17	0.0
Outside Utah	326	3.0	5,977	5.5
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, 2010
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)	7,084	100.0	57,411	100.0
Mastectomy (85.0-85.99)	27	0.4	950	1.7
Musculoskeletal (76.0-84.99)	1,454	20.5	12,508	21.8
Respiratory (30.0-34.99)	1	0.0	83	0.1
Cardiovascular (35.0-39.99)	2	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	11	0.2	119	0.2
Digestive System (42.0-54.99)	947	13.4	16,552	28.8
Urinary (55.0-59.99)	158	2.2	473	0.8
Male Genital (60.0-64.99)	91	1.3	249	0.4
Female Genital (65.0-71.99)	32	0.5	660	1.1
Endocrine/Nervous (01.0-07.99)	1,462	20.6	3,982	6.9
Eye (08.0-16.99)	2,008	28.3	8,444	14.7
Ear (18.0-20.99)	394	5.6	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	497	7.0	9,994	17.4
Reporting Category(CPT-4 CODES)	7,774	100.0	141,899	100.0
Mastectomy (19120-19220)	2	0.0	347	0.2
Musculoskeletal (20000-29909)	1,796	23.1	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	193	2.5	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	6	0.1	154	0.1
Lymphatic/Hemetic (38100-38999)	11	0.1	195	0.1
Digestive (40490-49999)	1,260	16.2	62,638	44.1
Urinary (50010-53899)	363	4.7	2,047	1.4
Male Genital (54000-55899)	284	3.7	960	0.7
Female Genital (56405-58999)	64	0.8	2,011	1.4
Endocrine/Nervous (60000-64999)	1,924	24.7	11,636	8.2
Eye (65091-68899)	1,468	18.9	25,437	17.9
Ear (69000-69979)	403	5.2	3,909	2.8

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, 2010
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		7,084	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,261	17.8	8.04
0392	INJ OTH AGENT SPINAL CANAL	894	12.6	1.97
2001	MYRINGOTOMY W/INSRT TUBE	369	5.2	5.00
1364	DISCISSION SECNDRY MEMBRN	336	4.7	0.70
4523	COLONOSCOPY	297	4.2	6.50
283	TONSILLECTOMY W/ADENOIDECTOMY	242	3.4	2.98
806	EXC SEMILUNAR CARTILAGE-KNEE	240	3.4	3.22
042	DESTRUC CRANIAL & PERIPH NERV	176	2.5	0.93
0481	INJ ANES PERIPH NERV-ANALGESIA	150	2.1	0.89
4525	CLO [ENDO] BX LG INTESTINE	134	1.9	8.01
0870	RECON EYELID-NOS	125	1.8	0.23
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	116	1.6	0.76
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	113	1.6	5.85
0443	RELEASE CARPAL TUNNEL	112	1.6	1.59
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	109	1.5	1.49
8183	OTH REPR SHLDR	102	1.4	1.73
4513	OTH ENDO SM INTESTINE	95	1.3	0.79
5305	UNILAT REPR ING HERN-GFT-NOS	80	1.1	0.15
5304	UNILAT REPR INDIRECT ING HERN-GFT	68	1.0	0.17
0844	REPR ENTROPION/ECTROP-LID RECON	67	0.9	0.24

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,774	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	842	10.8	8.74
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	425	5.5	1.07
69436	TYMPANOSTOMY GENERAL ANESTHESIA	369	4.7	2.35
66821	DISCISSION 2ND CATARACT; LASER S	336	4.3	1.58
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	311	4.0	1.20
45378	COLONOSCOPY FLEX; DX-SEP PROC	231	3.0	9.19
42820	T&A; UNDER AGE 12	201	2.6	1.01
55875	55875	197	2.5	0.14
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	180	2.3	0.55
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	178	2.3	0.71
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	158	2.0	0.28
29881	SCOPE KNEE SURG;W/MENISCECT MED/	142	1.8	1.54
45380	COLONOSCOPY FLEX; W/BX 1/MX	134	1.7	10.27
43239	UGI ENDO; W/BX 1/MX	113	1.5	8.95
64623	DESTRUC FACET JT NRV; L/S-EA AD	100	1.3	0.51
29880	SCOPE KNEE SURG;W/MENISCECT MED&	98	1.3	0.46
43235	UGI ENDO; DX W/VO CLCT SPECNMN-SP	95	1.2	1.46
64493	64493	95	1.2	0.45
64494	64494	89	1.1	0.38
29826	SCOPE SHOULDER; DECOMP SUBACROM	85	1.1	1.11

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		3,604	\$1,241	\$1,576
0392	INJ OTH AGENT SPINAL CANAL	859	\$453	\$498
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	433	\$1,154	\$2,136
1364	DISCISSION SECNDRY MEMBRN	310	\$342	\$379
4523	COLONOSCOPY	254	\$549	\$946
283	TONSILLECTOMY W/ADENOIDECTOMY	175	\$1,395	\$1,702
806	EXC SEMILUNAR CARTILAGE-KNEE	118	\$1,981	\$2,514
4525	CLO [ENDO] BX LG INTESTINE	100	\$447	\$817
2001	MYRINGOTOMY W/INSRT TUBE	87	\$1,657	\$1,544
0443	RELEASE CARPAL TUNNEL	86	\$1,687	\$2,028
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	82	\$580	\$906
0481	INJ ANES PERIPH NERV-ANALGESIA	76	\$1,170	\$1,640
4513	OTH ENDO SM INTESTINE	56	\$507	\$623
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	53	\$2,433	\$2,384
5304	UNILAT REPR INDIRECT ING HERN-GFT	51	\$1,860	\$2,162
5123	LAP CHOLEY	46	\$3,882	\$4,257
5305	UNILAT REPR ING HERN-GFT-NOS	46	\$2,344	\$2,321
5749	OTH TRANSURETH EXC/DEST LES BLADDER	32	\$1,146	\$1,701
8221	EXC LES TENDON SHEATH HAND	27	\$1,628	\$1,422
5349	OTH UMB HERNIORRHAPHY	26	\$2,693	\$1,693
8211	TENOT HAND	25	\$1,349	\$1,030

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		4,178	\$1,271	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	833	\$1,183	\$2,924
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	420	\$376	\$768
66821	DISCISSION 2ND CATARACT; LASER S	310	\$342	\$864
45378	COLONOSCOPY FLEX; DX-SEP PROC	197	\$612	\$1,487
55875	55875	196	\$2,156	\$2,156
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	152	\$451	\$694
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	141	\$1,304	\$7,847
42820	T&A; UNDER AGE 12	136	\$1,379	\$1,636
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	107	\$422	\$883
45380	COLONOSCOPY FLEX; W/BX 1/MX	100	\$447	\$1,373
69436	TYMPANOSTOMY GENERAL ANESTHESIA	83	\$1,623	\$1,558
43239	UGI ENDO; W/BX 1/MX	82	\$580	\$1,466
29881	SCOPE KNEE SURG;W/MENISCECT MED/	61	\$1,801	\$3,731
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	56	\$507	\$1,151
29880	SCOPE KNEE SURG;W/MENISCECT MED&	53	\$1,737	\$4,240
20680	REMOVAL OF IMPLANT; DEEP	52	\$2,464	\$2,430
49505	REPR INIT ING HERNIA 5YR/MORE; R	51	\$1,860	\$2,379
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	46	\$3,882	\$5,280
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	45	\$1,212	\$1,754
49650	LAPARSCPY SURG; REPR INIT ING HE	41	\$2,130	\$3,706

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	161	2,035
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	44
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	56
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	32
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	32
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	121	1,223
	013 LEVEL II SKIN REPAIR	1	87
	014 LEVEL III SKIN REPAIR	3	103
02	BREAST PROCEDURES	2	321
	020 LEVEL I BREAST PROCEDURES	2	321
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,563	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	92	1,566
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	109	794
	033 LEVEL I HAND PROCEDURES	115	1,620
	034 LEVEL II HAND PROCEDURES	29	386
	035 LEVEL I FOOT PROCEDURES	185	2,148
	036 LEVEL II FOOT PROCEDURES	29	458
	037 LEVEL I ARTHROSCOPY	672	8,703
	038 LEVEL II ARTHROSCOPY	48	1,790
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	161
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	245
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	88	1,425
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	203
	045 BUNION PROCEDURES	35	628
	046 LEVEL I ARTHROPLASTY	18	218
	047 LEVEL II ARTHROPLASTY	5	21
	048 HAND AND FOOT TENOTOMY	20	115
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	59	684
04	RESPIRATORY PROCEDURES	84	3,884
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	526
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	80	3,298
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	10	184
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	147
07	GASTROINTESTINAL SYSTEM PROCEDURES	998	56,178
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,474
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	110
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	208	14,861
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	3,120
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	428	27,945
	137 THERAPEUTIC COLONOSCOPY	26	5,119
	139 LEVEL I HERNIA REPAIR	124	991
	140 LEVEL II HERNIA REPAIR	10	218
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	208
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	327

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	13
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	7
	145 LEVEL I LAPAROSCOPY	7	199
	146 LEVEL II LAPAROSCOPY	110	662
	147 LEVEL III LAPAROSCOPY	54	709
08	GENITOURINARY SYSTEM PROCEDURES	553	2,210
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	180	785
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	122	675
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	48	506
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	15
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	198	224
09	MALE REPRODUCTIVE SYSTEM	76	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	362
	181 CIRCUMCISION	26	259
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	10	49
10	FEMALE REPRODUCTIVE SYSTEM	39	1,078
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	181
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	75
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	143
	199 DILATION AND CURETTAGE	3	38
	200 HYSTEROSCOPY	17	297
	201 COLPOSCOPY	1	344
11	NEUROLOGIC SYSTEM PROCEDURES	1,953	11,446
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	589	1,907
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	19
	217 LEVEL I NERVE PROCEDURES	101	1,849
	218 LEVEL II NERVE PROCEDURES	58	118
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,160	7,281
	221 LAMINOTOMY AND LAMINECTOMY	4	189
	223 LEVEL III NERVE PROCEDURES	40	66
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,463	25,118
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	247
	232 LASER EYE PROCEDURES	345	3,038
	233 CATARACT PROCEDURES	886	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	14	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	18	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	720
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	761
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	22	630
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	22	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	148	2,204
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	829	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	455	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	49	501
	254 LEVEL III FACIAL AND ENT PROCEDURES	41	1,733
	255 LEVEL IV FACIAL AND ENT PROCEDURES	7	550

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
256 TONSIL AND ADENOID PROCEDURES	277	3,236

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	91	\$2,077	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$542	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$204	\$760
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,730	\$1,953
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$1,747	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	76	\$2,207	\$2,137
	014 LEVEL III SKIN REPAIR	1	\$1,086	\$5,207
02	BREAST PROCEDURES	2	\$1,141	\$1,217
	020 LEVEL I BREAST PROCEDURES	2	\$1,141	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	497	\$2,320	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$1,843	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	\$2,938	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$3,683	\$3,913
	033 LEVEL I HAND PROCEDURES	59	\$1,543	\$2,232
	034 LEVEL II HAND PROCEDURES	13	\$1,858	\$2,745
	035 LEVEL I FOOT PROCEDURES	28	\$1,754	\$2,504
	036 LEVEL II FOOT PROCEDURES	11	\$3,287	\$3,680
	037 LEVEL I ARTHROSCOPY	186	\$2,112	\$4,139
	038 LEVEL II ARTHROSCOPY	15	\$4,141	\$6,361
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$1,626	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$1,722	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	58	\$3,286	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	\$1,006	\$1,745
	045 BUNION PROCEDURES	14	\$2,593	\$3,215
	047 LEVEL II ARTHROPLASTY	4	\$8,119	\$4,140
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$266	\$1,081
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	\$710	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$710	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	738	\$1,169	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$274	\$871
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	138	\$550	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$677	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	351	\$523	\$1,428
	137 THERAPEUTIC COLONOSCOPY	9	\$349	\$1,433
	139 LEVEL I HERNIA REPAIR	96	\$2,283	\$2,662
	140 LEVEL II HERNIA REPAIR	7	\$1,728	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$643	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$691	\$1,223
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$100	\$1,285
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$765	\$1,920
	145 LEVEL I LAPAROSCOPY	3	\$2,637	\$2,618
	146 LEVEL II LAPAROSCOPY	64	\$2,546	\$3,903
	147 LEVEL III LAPAROSCOPY	49	\$3,791	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	437	\$1,810	\$4,967
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	141	\$1,304	\$7,847

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRG	AVE TOT CHRG(ALL FASCs)
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	58	\$1,912	\$2,453
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	38	\$1,842	\$2,812
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	\$946	\$1,848
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	196	\$2,156	\$2,143
09	MALE REPRODUCTIVE SYSTEM	47	\$1,916	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	18	\$1,964	\$2,565
	181 CIRCUMCISION	23	\$1,789	\$834
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	\$2,258	\$3,733
10	FEMALE REPRODUCTIVE SYSTEM	25	\$1,658	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$907	\$1,632
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$1,066	\$1,575
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	\$2,335	\$3,492
	199 DILATION AND CURETTAGE	2	\$706	\$1,350
	200 HYSTEROSCOPY	13	\$1,600	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	780	\$662	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	573	\$396	\$754
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$905	\$1,900
	217 LEVEL I NERVE PROCEDURES	54	\$1,643	\$2,141
	218 LEVEL II NERVE PROCEDURES	10	\$2,695	\$2,871
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	126	\$429	\$900
	223 LEVEL III NERVE PROCEDURES	16	\$7,411	\$10,618
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,242	\$977	\$2,678
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$931	\$311
	232 LASER EYE PROCEDURES	317	\$342	\$857
	233 CATARACT PROCEDURES	876	\$1,181	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	11	\$657	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,050	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,511	\$5,915
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$1,021	\$807
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$2,815	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$1,546	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,228	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	291	\$1,469	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	93	\$1,635	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	12	\$1,432	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$693	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$1,943	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	183	\$1,393	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	2,833	49.9	58,453	53.4
Male	2,841	50.0	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	4	0.1	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	67	1.2	630	0.6
1-4 years	245	4.3	4,936	4.5
5-9	133	2.3	2,365	2.2
10-14	89	1.6	1,379	1.3
15-17	75	1.3	1,601	1.5
18-19	33	0.6	1,199	1.1
20-24	97	1.7	3,480	3.2
25-29	101	1.8	3,698	3.4
30-34	122	2.1	4,426	4.0
35-39	125	2.2	4,243	3.9
40-44	131	2.3	4,564	4.2
45-49	168	3.0	5,867	5.4
50-54	282	5.0	11,244	10.3
55-59	322	5.7	10,186	9.3
60-64	433	7.6	10,132	9.3
65-69	894	15.7	11,631	10.6
70-74	919	16.2	10,489	9.6
75-79	711	12.5	8,521	7.8
80-84	491	8.6	5,712	5.2
85-89	188	3.3	2,451	2.2
90 +	52	0.9	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	5,678	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	5,678	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	2,788	49.1	33,479	30.6
Medicaid	345	6.1	7,670	7.0
Other government	77	1.4	4,216	3.8
Blue Cross/Blue Shield	1,006	17.7	21,897	20.0
Other Commercial	494	8.7	7,701	7.0
Managed Care(HMO, PPO)	633	11.1	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	91	1.6	1,676	1.5
Charity and Unclassified	17	0.3	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	227	4.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.1	4,392	4.0
Central Utah	34	0.6	1,530	1.4
Davis County	2	0.0	15,000	13.7
Salt Lake County	10	0.2	36,614	33.4
Southeastern Utah	2	0.0	937	0.9
Southwest Utah	4,659	82.1	11,999	11.0
Summit County	2	0.0	1,515	1.4
Tooele County	0	0.0	1,745	1.6
Tri-County	2	0.0	453	0.4
Utah County	20	0.4	14,719	13.4
Wasatch County	4	0.1	467	0.4
Weber County	1	0.0	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	937	16.5	5,977	5.5
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, 2010
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)	67	100.0	57,411	100.0
Mastectomy (85.0-85.99)	0	0.0	950	1.7
Musculoskeletal (76.0-84.99)	2	3.0	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	0	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	119	0.2
Digestive System (42.0-54.99)	3	4.5	16,552	28.8
Urinary (55.0-59.99)	1	1.5	473	0.8
Male Genital (60.0-64.99)	0	0.0	249	0.4
Female Genital (65.0-71.99)	12	17.9	660	1.1
Endocrine/Nervous (01.0-07.99)	4	6.0	3,982	6.9
Eye (08.0-16.99)	0	0.0	8,444	14.7
Ear (18.0-20.99)	27	40.3	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	18	26.9	9,994	17.4
Reporting Category(CPT-4 CODES)	6,766	100.0	141,899	100.0
Mastectomy (19120-19220)	42	0.6	347	0.2
Musculoskeletal (20000-29909)	1,711	25.3	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	991	14.6	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	11	0.2	195	0.1
Digestive (40490-49999)	1,616	23.9	62,638	44.1
Urinary (50010-53899)	4	0.1	2,047	1.4
Male Genital (54000-55899)	1	0.0	960	0.7
Female Genital (56405-58999)	531	7.8	2,011	1.4
Endocrine/Nervous (60000-64999)	258	3.8	11,636	8.2
Eye (65091-68899)	1,047	15.5	25,437	17.9
Ear (69000-69979)	553	8.2	3,909	2.8

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, 2010
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		67	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	26	38.8	5.00
283	TONSILLECTOMY W/ADENOIDECTOMY	7	10.4	2.98
286	ADENOIDECTOMY WO TONSILLECTOMY	4	6.0	0.62
0443	RELEASE CARPAL TUNNEL	3	4.5	1.59
6525	OTH LAP LOC EXC/DESTRUC OVARY	3	4.5	0.05
2262	EXC LES MAXIL SINUS W/OTH APPRCH	2	3.0	2.06
2263	ETHMOIDECTOMY	2	3.0	2.25
5123	LAP CHOLEY	2	3.0	0.57
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	3.0	0.11
6902	D&C FOLLOWING DELIV/AB	2	3.0	0.06
6909	OTH D&C UTERUS	2	3.0	0.18
7769	LOC EXC LES/TISS-OTH BONE	2	3.0	0.11
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	1	1.5	0.38
1952	TYPE II TYMPANOPLASTY	1	1.5	0.02
2188	OTH SEPTOPLASTY	1	1.5	0.58
2743	OTH EXC LES/TISS LIP	1	1.5	0.03
282	TONSILLECTOMY WO ADENOIDECTOMY	1	1.5	0.90
4525	CLO [ENDO] BX LG INTESTINE	1	1.5	8.01
5979	OTH REPR URIN STRESS INCONT	1	1.5	0.03
6591	ASPIR OVARY	1	1.5	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,766	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	688	10.2	8.74
69436	TYMPANOSTOMY GENERAL ANESTHESIA	475	7.0	2.35
45378	COLONOSCOPY FLEX; DX-SEP PROC	317	4.7	9.19
31267	NASL/SINUS ENDO; W/TISS REMV MAX	208	3.1	0.76
42820	T&A; UNDER AGE 12	206	3.0	1.01
30140	SUBMUCOS RES TURBINATE PART/CMPL	205	3.0	1.39
66821	DISCISSION 2ND CATARACT; LASER S	197	2.9	1.58
43239	UGI ENDO; W/BX 1/MX	190	2.8	8.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	189	2.8	10.27
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	177	2.6	0.71
29881	SCOPE KNEE SURG;W/MENISCECT MED/	176	2.6	1.54
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	156	2.3	0.84
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	144	2.1	0.18
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	129	1.9	0.96
29826	SCOPE SHOULDER; DECOMP SUBACROM	115	1.7	1.11
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	106	1.6	0.41
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	96	1.4	0.28
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	95	1.4	0.11
28296	HALLUX VALGUS; W/METATARSAL OSTE	93	1.4	0.20
28285	CORRECTION HAMMERTOES	85	1.3	0.40

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		24	\$2,495	\$1,576
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$1,986	\$1,702
0443	RELEASE CARPAL TUNNEL	2	\$1,987	\$2,028
5123	LAP CHOLEY	2	\$5,422	\$4,257
6525	OTH LAP LOC EXC/DESTRUC OVARY	2	\$3,751	\$3,928
6902	D&C FOLLOWING DELIV/AB	2	\$2,034	\$1,126
1952	TYPE II TYMPANOPLASTY	1	\$3,275	\$4,065
2743	OTH EXC LES/TISS LIP	1	\$1,096	\$1,026
282	TONSILLECTOMY WO ADENOIDECTOMY	1	\$1,900	\$1,501
286	ADENOIDECTOMY WO TONSILLECTOMY	1	\$1,900	\$1,310
4525	CLO [ENDO] BX LG INTESTINE	1	\$1,300	\$817
5979	OTH REPR URIN STRESS INCONT	1	\$2,072	\$2,747
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	1	\$3,189	\$2,290
6759	OTHER REPAIR OF CERVICAL OS	1	\$1,096	\$1,122
6909	OTH D&C UTERUS	1	\$3,388	\$2,390
7051	REPR CYSTOCELE	1	\$2,360	\$2,360

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,466	\$2,691	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	670	\$3,071	\$2,924
45378	COLONOSCOPY FLEX; DX-SEP PROC	277	\$1,300	\$1,487
66821	DISCUSSION 2ND CATARACT; LASER S	189	\$1,136	\$864
42820	T&A; UNDER AGE 12	177	\$1,998	\$1,636
45380	COLONOSCOPY FLEX; W/BX 1/MX	155	\$1,300	\$1,373
29881	SCOPE KNEE SURG;W/MENISCECT MED/	129	\$4,640	\$3,731
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	99	\$2,026	\$1,579
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	91	\$5,422	\$5,280
43239	UGI ENDO; W/BX 1/MX	88	\$1,635	\$1,466
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	81	\$2,036	\$1,754
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	68	\$3,751	\$3,378
28296	HALLUX VALGUS; W/METATARSAL OSTE	55	\$3,946	\$3,039
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	53	\$1,300	\$1,384
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	42	\$3,388	\$2,709
29880	SCOPE KNEE SURG;W/MENISCECT MED&	40	\$5,396	\$4,240
69436	TYMPANOSTOMY GENERAL ANESTHESIA	40	\$3,059	\$1,558
42821	T&A; AGE 12 OR OVER	39	\$1,912	\$1,635
20680	REMOVAL OF IMPLANT; DEEP	36	\$1,676	\$2,430
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	34	\$3,572	\$2,840
49505	REPR INIT ING HERNIA 5YR/MORE; R	32	\$3,641	\$2,379

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	116	2,035
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	56
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	32
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	40
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	94	1,223
	013 LEVEL II SKIN REPAIR	2	87
	014 LEVEL III SKIN REPAIR	1	103
02	BREAST PROCEDURES	42	321
	020 LEVEL I BREAST PROCEDURES	42	321
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,567	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	1,566
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	794
	033 LEVEL I HAND PROCEDURES	135	1,620
	034 LEVEL II HAND PROCEDURES	26	386
	035 LEVEL I FOOT PROCEDURES	247	2,148
	036 LEVEL II FOOT PROCEDURES	72	458
	037 LEVEL I ARTHROSCOPY	552	8,703
	038 LEVEL II ARTHROSCOPY	113	1,790
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	245
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	68	1,425
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	25	203
	045 BUNION PROCEDURES	122	628
	046 LEVEL I ARTHROPLASTY	12	218
	048 HAND AND FOOT TENOTOMY	1	115
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	50	684
04	RESPIRATORY PROCEDURES	605	3,884
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	56
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	50	526
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	554	3,298
05	CARDIOVASCULAR PROCEDURES	1	33
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	5
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	11	184
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	147
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,434	56,178
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	181
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	213	14,861
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	47	3,120
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	507	27,945
	137 THERAPEUTIC COLONOSCOPY	85	5,119
	139 LEVEL I HERNIA REPAIR	86	991
	140 LEVEL II HERNIA REPAIR	27	218
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	208
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	327
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	7

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	145 LEVEL I LAPAROSCOPY	74	199
	146 LEVEL II LAPAROSCOPY	136	662
	147 LEVEL III LAPAROSCOPY	241	709
08	GENITOURINARY SYSTEM PROCEDURES	3	2,210
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	785
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	675
09	MALE REPRODUCTIVE SYSTEM	1	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	362
10	FEMALE REPRODUCTIVE SYSTEM	261	1,078
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	58	181
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	12	75
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	22	143
	199 DILATION AND CURETTAGE	4	38
	200 HYSTEROSCOPY	149	297
	201 COLPOSCOPY	16	344
11	NEUROLOGIC SYSTEM PROCEDURES	258	11,446
	217 LEVEL I NERVE PROCEDURES	254	1,849
	218 LEVEL II NERVE PROCEDURES	1	118
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	7,281
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,045	25,118
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	9	247
	232 LASER EYE PROCEDURES	199	3,038
	233 CATARACT PROCEDURES	728	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	9	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	8	720
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	761
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	3	1,150
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	15	630
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	36	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	32	2,204
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,408	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	729	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	51	501
	254 LEVEL III FACIAL AND ENT PROCEDURES	165	1,733
	255 LEVEL IV FACIAL AND ENT PROCEDURES	45	550
	256 TONSIL AND ADENOID PROCEDURES	418	3,236

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	78	\$1,638	\$1,912
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$1,508	\$760
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$1,676	\$1,953
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$1,804	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	66	\$1,621	\$2,137
02	BREAST PROCEDURES	41	\$2,274	\$1,217
	020 LEVEL I BREAST PROCEDURES	41	\$2,274	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	670	\$3,637	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$2,029	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$1,832	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$2,971	\$3,913
	033 LEVEL I HAND PROCEDURES	78	\$2,981	\$2,232
	034 LEVEL II HAND PROCEDURES	11	\$2,227	\$2,745
	035 LEVEL I FOOT PROCEDURES	94	\$2,539	\$2,504
	036 LEVEL II FOOT PROCEDURES	22	\$2,305	\$3,680
	037 LEVEL I ARTHROSCOPY	251	\$4,876	\$4,139
	038 LEVEL II ARTHROSCOPY	22	\$5,662	\$6,361
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$1,335	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	50	\$2,451	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$2,102	\$1,745
	045 BUNION PROCEDURES	73	\$3,832	\$3,215
	046 LEVEL I ARTHROPLASTY	2	\$4,178	\$3,669
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,096	\$1,081
04	RESPIRATORY PROCEDURES	15	\$2,190	\$2,966
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,573	\$1,305
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	9	\$2,601	\$2,114
05	CARDIOVASCULAR PROCEDURES	1	\$2,072	\$2,663
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$2,072	\$2,581
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	\$1,470	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$1,470	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	971	\$2,333	\$1,533
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,096	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	105	\$1,581	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$1,300	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	432	\$1,300	\$1,428
	137 THERAPEUTIC COLONOSCOPY	67	\$1,300	\$1,433
	139 LEVEL I HERNIA REPAIR	52	\$3,436	\$2,662
	140 LEVEL II HERNIA REPAIR	7	\$4,228	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$1,579	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$1,623	\$1,223
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$1,470	\$1,920
	145 LEVEL I LAPAROSCOPY	36	\$2,694	\$2,618
	146 LEVEL II LAPAROSCOPY	89	\$4,073	\$3,903
	147 LEVEL III LAPAROSCOPY	159	\$4,707	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	1	\$8,621	\$4,967
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$8,621	\$7,847

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
10	FEMALE REPRODUCTIVE SYSTEM	131	\$3,510	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	31	\$2,057	\$1,632
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$2,189	\$1,575
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	9	\$4,822	\$3,492
	199 DILATION AND CURETTAGE	3	\$1,470	\$1,350
	200 HYSTEROSCOPY	74	\$4,313	\$3,476
	201 COLPOSCOPY	10	\$2,032	\$665
11	NEUROLOGIC SYSTEM PROCEDURES	123	\$2,464	\$1,366
	217 LEVEL I NERVE PROCEDURES	123	\$2,464	\$2,141
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	952	\$2,631	\$2,678
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	\$1,078	\$311
	232 LASER EYE PROCEDURES	191	\$1,141	\$857
	233 CATARACT PROCEDURES	704	\$3,070	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,831	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	\$2,940	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	\$2,369	\$5,915
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$2,367	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$1,476	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	21	\$2,618	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	473	\$2,278	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	74	\$2,718	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	24	\$1,647	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	27	\$4,252	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	19	\$3,503	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	329	\$1,992	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,678	56.5	58,453	53.4
Male	2,058	43.4	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	2	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	71	1.5	630	0.6
1-4 years	250	5.3	4,936	4.5
5-9	170	3.6	2,365	2.2
10-14	113	2.4	1,379	1.3
15-17	118	2.5	1,601	1.5
18-19	80	1.7	1,199	1.1
20-24	220	4.6	3,480	3.2
25-29	211	4.5	3,698	3.4
30-34	276	5.8	4,426	4.0
35-39	270	5.7	4,243	3.9
40-44	245	5.2	4,564	4.2
45-49	305	6.4	5,867	5.4
50-54	434	9.2	11,244	10.3
55-59	392	8.3	10,186	9.3
60-64	360	7.6	10,132	9.3
65-69	340	7.2	11,631	10.6
70-74	327	6.9	10,489	9.6
75-79	265	5.6	8,521	7.8
80-84	180	3.8	5,712	5.2
85-89	85	1.8	2,451	2.2
90 +	26	0.5	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,738	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	4,723	99.7	102,076	93.2
Another Hospital	13	0.3	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	2	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,058	22.3	33,479	30.6
Medicaid	328	6.9	7,670	7.0
Other government	474	10.0	4,216	3.8
Blue Cross/Blue Shield	1,050	22.2	21,897	20.0
Other Commercial	328	6.9	7,701	7.0
Managed Care(HMO, PPO)	1,421	30.0	29,599	27.0
Self Pay	40	0.8	1,712	1.6
Industrial & Worker Comp	35	0.7	1,676	1.5
Charity and Unclassified	4	0.1	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	52	1.1	4,392	4.0
Central Utah	1	0.0	1,530	1.4
Davis County	3,755	79.3	15,000	13.7
Salt Lake County	47	1.0	36,614	33.4
Southeastern Utah	2	0.0	937	0.9
Southwest Utah	2	0.0	11,999	11.0
Summit County	5	0.1	1,515	1.4
Tooele County	7	0.1	1,745	1.6
Tri-County	1	0.0	453	0.4
Utah County	12	0.3	14,719	13.4
Wasatch County	4	0.1	467	0.4
Weber County	802	16.9	14,145	12.9
Unknown Utah	3	0.1	17	0.0
Outside Utah	45	0.9	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

429 Granite Peaks Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	2,592	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	0	0.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	2,592	100.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

429 Granite Peaks Endoscopy Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	2,592	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	730	28.2	8.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	608	23.5	9.19
45383	COLONOSCOPY FLEX; W/ABLAT LES	547	21.1	10.27
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	175	6.8	0.20
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	136	5.2	2.72
G0105	COLOREC CANCR SCR; COLNSCPY HI R	89	3.4	0.08
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	80	3.1	0.09
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	74	2.9	0.14
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	57	2.2	1.54
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	34	1.3	1.46
43247	UGI ENDO; W/REMOVAL FB	16	0.6	1.04
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	8	0.3	0.06
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	7	0.3	0.09
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	7	0.3	0.07
45384	COLONOSCPY FLEX; REMV LES-FORCE	7	0.3	0.09
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	5	0.2	0.27
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	3	0.1	0.34
43200	ESOPHAGOSCOPY; DX-SEP PROC	2	0.1	0.05
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	1	0.0	0.01
		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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

429 Granite Peaks Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,592	\$1,465	\$2,110
43239	UGI ENDO; W/BX 1/MX	730	\$1,204	\$1,466
45378	COLONOSCOPY FLEX; DX-SEP PROC	608	\$1,700	\$1,487
45380	COLONOSCOPY FLEX; W/BX 1/MX	547	\$1,694	\$1,373
45383	COLONOSCOPY FLEX; W/ABLAT LES	175	\$1,700	\$1,452
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	136	\$1,713	\$1,384
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	89	\$382	\$407
G0105	COLOREC CANCR SCR; COLNSCPY HI R	80	\$1,525	\$1,262
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	74	\$1,484	\$1,114
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	57	\$1,201	\$1,615
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	34	\$716	\$1,151
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	16	\$1,201	\$1,060
43247	UGI ENDO; W/REMOVAL FB	8	\$1,201	\$1,044
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	7	\$1,200	\$993
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	7	\$399	\$887
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	7	\$716	\$910
45384	COLONOSCOPY FLEX; REMV LES-FORCE	5	\$1,660	\$1,720
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	3	\$1,700	\$1,275
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	\$1,700	\$1,807
43200	ESOPHAGOSCOPY; DX-SEP PROC	1	\$716	\$1,159
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	1	\$716	\$896

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

429 Granite Peaks Endoscopy Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	89	2,035
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	89	406
07 GASTROINTESTINAL SYSTEM PROCEDURES	2,503	56,178
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	16	1,474
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	110
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	181
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	766	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	73	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,310	27,945
137 THERAPEUTIC COLONOSCOPY	322	5,119
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	33

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

429 Granite Peaks Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	89	\$382	\$1,912
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	89	\$382	\$1,288
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,503	\$1,503	\$1,533
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	16	\$1,201	\$1,263
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$399	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	\$716	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	766	\$1,181	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	73	\$1,201	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,310	\$1,674	\$1,428
	137 THERAPEUTIC COLONOSCOPY	322	\$1,705	\$1,433
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$959	\$2,984

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

429 Granite Peaks Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,366	52.7	58,453	53.4
Male	1,226	47.3	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	0	0.0	2,365	2.2
10-14	0	0.0	1,379	1.3
15-17	11	0.4	1,601	1.5
18-19	18	0.7	1,199	1.1
20-24	52	2.0	3,480	3.2
25-29	57	2.2	3,698	3.4
30-34	84	3.2	4,426	4.0
35-39	93	3.6	4,243	3.9
40-44	106	4.1	4,564	4.2
45-49	158	6.1	5,867	5.4
50-54	337	13.0	11,244	10.3
55-59	281	10.8	10,186	9.3
60-64	278	10.7	10,132	9.3
65-69	457	17.6	11,631	10.6
70-74	313	12.1	10,489	9.6
75-79	206	7.9	8,521	7.8
80-84	96	3.7	5,712	5.2
85-89	41	1.6	2,451	2.2
90 +	4	0.2	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,592	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

429 Granite Peaks Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,592	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,154	44.5	33,479	30.6
Medicaid	7	0.3	7,670	7.0
Other government	154	5.9	4,216	3.8
Blue Cross/Blue Shield	1,206	46.5	21,897	20.0
Other Commercial	26	1.0	7,701	7.0
Managed Care(HMO, PPO)	27	1.0	29,599	27.0
Self Pay	10	0.4	1,712	1.6
Industrial & Worker Comp	1	0.0	1,676	1.5
Charity and Unclassified	7	0.3	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	4,392	4.0
Central Utah	9	0.3	1,530	1.4
Davis County	35	1.4	15,000	13.7
Salt Lake County	2,288	88.3	36,614	33.4
Southeastern Utah	11	0.4	937	0.9
Southwest Utah	6	0.2	11,999	11.0
Summit County	26	1.0	1,515	1.4
Tooele County	35	1.4	1,745	1.6
Tri-County	13	0.5	453	0.4
Utah County	121	4.7	14,719	13.4
Wasatch County	12	0.5	467	0.4
Weber County	4	0.2	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	31	1.2	5,977	5.5
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, 2010
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)	8,934	100.0	57,411	100.0
Mastectomy (85.0-85.99)	214	2.4	950	1.7
Musculoskeletal (76.0-84.99)	1,925	21.5	12,508	21.8
Respiratory (30.0-34.99)	22	0.2	83	0.1
Cardiovascular (35.0-39.99)	4	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	13	0.1	119	0.2
Digestive System (42.0-54.99)	57	0.6	16,552	28.8
Urinary (55.0-59.99)	57	0.6	473	0.8
Male Genital (60.0-64.99)	29	0.3	249	0.4
Female Genital (65.0-71.99)	3	0.0	660	1.1
Endocrine/Nervous (01.0-07.99)	227	2.5	3,982	6.9
Eye (08.0-16.99)	1,698	19.0	8,444	14.7
Ear (18.0-20.99)	483	5.4	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	4,202	47.0	9,994	17.4
Reporting Category(CPT-4 CODES)	7,196	100.0	141,899	100.0
Mastectomy (19120-19220)	12	0.2	347	0.2
Musculoskeletal (20000-29909)	1,975	27.4	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	3,209	44.6	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	154	0.1
Lymphatic/Hemetic (38100-38999)	14	0.2	195	0.1
Digestive (40490-49999)	597	8.3	62,638	44.1
Urinary (50010-53899)	74	1.0	2,047	1.4
Male Genital (54000-55899)	17	0.2	960	0.7
Female Genital (56405-58999)	10	0.1	2,011	1.4
Endocrine/Nervous (60000-64999)	189	2.6	11,636	8.2
Eye (65091-68899)	813	11.3	25,437	17.9
Ear (69000-69979)	282	3.9	3,909	2.8

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, 2010
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		8,934	100.0	100.0
2263	ETHMOIDECTOMY	1,019	11.4	2.25
2262	EXC LES MAXIL SINUS W/OTH APPRCH	924	10.3	2.06
215	SUBMUCOUS RESECT NASAL SEPTUM	457	5.1	1.38
2169	OTH TURBINECTOMY	457	5.1	2.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	454	5.1	2.48
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	453	5.1	8.04
2001	MYRINGOTOMY W/INSRT TUBE	364	4.1	5.00
283	TONSILLECTOMY W/ADENOIDECTOMY	308	3.4	2.98
2131	LOC EXC/DESTRUC INTRANASAL LES	213	2.4	0.42
806	EXC SEMILUNAR CARTILAGE-KNEE	208	2.3	3.22
0887	UPPER EYELID RHYTIDECTOMY	190	2.1	0.62
2242	FRONTAL SINUSECTOMY	158	1.8	0.29
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	128	1.4	0.40
0443	RELEASE CARPAL TUNNEL	119	1.3	1.59
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	111	1.2	1.49
222	INTRANASAL ANTROTOMY	101	1.1	0.42
0886	LOWER EYELID RHYTIDECTOMY	96	1.1	0.27
8201	EXPLOR TENDON SHEATH HAND	87	1.0	0.27
286	ADENOIDECTOMY WO TONSILLECTOMY	82	0.9	0.62
2188	OTH SEPTOPLASTY	77	0.9	0.58

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,196	100.0	100.0
30140	SUBMUCOS RES TURBINATE PART/CMPL	731	10.2	1.39
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	531	7.4	0.96
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	502	7.0	0.71
31267	NASL/SINUS ENDO; W/TISS REMV MAX	500	6.9	0.76
66984	EXTRACAPSULAR CATARACT REMV IOL	440	6.1	8.74
30115	EXCISION NASAL POLYP EXTENSIVE	244	3.4	0.18
69436	TYMPANOSTOMY GENERAL ANESTHESIA	191	2.7	2.35
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	173	2.4	0.32
42821	T&A; AGE 12 OR OVER	170	2.4	0.44
29881	SCOPE KNEE SURG;W/MENISCECT MED/	168	2.3	1.54
31240	NASL/SINUS ENDO; CONCHA BULLOSA	164	2.3	0.15
42820	T&A; UNDER AGE 12	142	2.0	1.01
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	138	1.9	0.16
28285	CORRECTION HAMMERTOES	82	1.1	0.40
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	79	1.1	0.45
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	77	1.1	0.58
29826	SCOPE SHOULDER; DECOMP SUBACROM	75	1.0	1.11
26055	TENDON SHEATH INCISION	72	1.0	0.44
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	71	1.0	0.84
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	70	1.0	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

403 Intermountain Avenues Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		1,226	\$2,150	\$1,576
283	TONSILLECTOMY W/ADENOIDECTOMY	215	\$1,030	\$1,702
806	EXC SEMILUNAR CARTILAGE-KNEE	80	\$2,086	\$2,514
0443	RELEASE CARPAL TUNNEL	52	\$1,356	\$2,028
8221	EXC LES TENDON SHEATH HAND	37	\$1,143	\$1,422
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	34	\$6,756	\$4,358
8201	EXPLOR TENDON SHEATH HAND	34	\$1,218	\$1,622
282	TONSILLECTOMY WO ADENOIDECTOMY	33	\$1,001	\$1,501
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	29	\$1,937	\$2,317
194	MYRINGOPLASTY	25	\$2,531	\$2,666
8554	BILAT BREAST IMPLNT	23	\$977	\$977
7913	CLO REDUC-/INT FIX-CARP-METACARP	21	\$2,708	\$2,357
7914	CLO REDUC W/INT FIX-PHALANGES HAND	19	\$2,476	\$2,364
2171	CLO REDUC NASAL FX	17	\$1,159	\$1,465
7933	OP REDUC W/INT FIX-CARP-METACARP	17	\$3,835	\$2,606
8145	OTH REPR CRUCIATE LIGAMNT	17	\$10,182	\$7,367
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	15	\$1,525	\$1,735
5123	LAP CHOLEY	15	\$6,037	\$4,257
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	14	\$2,109	\$3,016
8147	OTH REPR KNEE	14	\$2,529	\$4,368
8532	BILAT REDUC MAMMO	14	\$2,317	\$2,317

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,873	\$1,977	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	439	\$1,663	\$2,924
42821	T&A; AGE 12 OR OVER	112	\$1,059	\$1,635
42820	T&A; UNDER AGE 12	100	\$987	\$1,636
69436	TYMPANOSTOMY GENERAL ANESTHESIA	97	\$1,071	\$1,558
29881	SCOPE KNEE SURG;W/MENISCECT MED/	93	\$2,180	\$3,731
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	44	\$1,160	\$1,754
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	40	\$2,350	\$3,197
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	30	\$1,001	\$1,579
69631	TYMP NO MASTOIDEK; NO OSSICUL CH	28	\$2,483	\$3,204
26055	TENDON SHEATH INCISION	26	\$1,134	\$2,146
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	26	\$2,184	\$4,767
25111	EXCISION OF GANGLION WRIST; PRIM	25	\$1,151	\$2,233
29880	SCOPE KNEE SURG;W/MENISCECT MED&	20	\$2,081	\$4,240
29848	ENDO WRST SURG REL TRNS CARP LIG	19	\$2,961	\$2,879
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	19	\$10,175	\$7,709
28299	CORR HALLUX VALGUS; DBL OSTEOT	18	\$1,940	\$3,190
21320	CLOS TX NASL BONE FRACTURE; W/ST	17	\$1,159	\$2,057
26727	PERQ FIX PHALANGEAL FX W/MANIP E	16	\$2,476	\$2,816
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	16	\$1,703	\$2,384
28080	EXC INTERDIGTL NEUROMA SINGLE EA	15	\$1,461	\$2,280

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	113	2,035
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	44
003 LEVEL I SKIN INCISION AND DRAINAGE	1	56
004 LEVEL II SKIN INCISION AND DRAINAGE	2	32
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	40
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	406
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	82	1,223
012 LEVEL I SKIN REPAIR	2	12
013 LEVEL II SKIN REPAIR	9	87
014 LEVEL III SKIN REPAIR	4	103
02 BREAST PROCEDURES	12	321
020 LEVEL I BREAST PROCEDURES	12	321
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1,770	21,724
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	554
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	115	1,566
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	794
033 LEVEL I HAND PROCEDURES	157	1,620
034 LEVEL II HAND PROCEDURES	27	386
035 LEVEL I FOOT PROCEDURES	245	2,148
036 LEVEL II FOOT PROCEDURES	37	458
037 LEVEL I ARTHROSCOPY	596	8,703
038 LEVEL II ARTHROSCOPY	133	1,790
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	42	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	8	245
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	209	1,425
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	203
045 BUNION PROCEDURES	68	628
046 LEVEL I ARTHROPLASTY	14	218
047 LEVEL II ARTHROPLASTY	1	21
048 HAND AND FOOT TENOTOMY	15	115
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	684
04 RESPIRATORY PROCEDURES	1,628	3,884
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	224	526
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1,403	3,298
064 ENDOSCOPY OF THE LOWER AIRWAY	1	4
05 CARDIOVASCULAR PROCEDURES	2	33
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	2
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	11	184
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	147
07 GASTROINTESTINAL SYSTEM PROCEDURES	73	56,178
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	14,861
139 LEVEL I HERNIA REPAIR	18	991
140 LEVEL II HERNIA REPAIR	3	218
141 LEVEL I ANAL AND RECTAL PROCEDURES	8	208
142 LEVEL II ANAL AND RECTAL PROCEDURES	4	327
146 LEVEL II LAPAROSCOPY	29	662

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	147 LEVEL III LAPAROSCOPY	10	709
08	GENITOURINARY SYSTEM PROCEDURES	69	2,210
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	785
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	33	675
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	32	506
09	MALE REPRODUCTIVE SYSTEM	15	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	362
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	49
10	FEMALE REPRODUCTIVE SYSTEM	10	1,078
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	75
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	143
	201 COLPOSCOPY	2	344
11	NEUROLOGIC SYSTEM PROCEDURES	138	11,446
	217 LEVEL I NERVE PROCEDURES	129	1,849
	218 LEVEL II NERVE PROCEDURES	1	118
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	8	7,281
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	812	25,118
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	6	247
	232 LASER EYE PROCEDURES	1	3,038
	233 CATARACT PROCEDURES	456	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	9	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	24	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	720
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	10	1,150
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	630
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	81	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	218	2,204
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,470	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,236	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	65	501
	254 LEVEL III FACIAL AND ENT PROCEDURES	621	1,733
	255 LEVEL IV FACIAL AND ENT PROCEDURES	57	550
	256 TONSIL AND ADENOID PROCEDURES	491	3,236

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	34	\$1,459	\$1,912
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$400	\$760
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,367	\$1,953
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$1,494	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	22	\$1,405	\$2,137
	013 LEVEL II SKIN REPAIR	2	\$2,490	\$3,371
02	BREAST PROCEDURES	11	\$1,928	\$1,217
	020 LEVEL I BREAST PROCEDURES	11	\$1,928	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	627	\$2,563	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$1,752	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$2,115	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$2,422	\$3,913
	033 LEVEL I HAND PROCEDURES	85	\$1,160	\$2,232
	034 LEVEL II HAND PROCEDURES	6	\$1,811	\$2,745
	035 LEVEL I FOOT PROCEDURES	53	\$1,461	\$2,504
	036 LEVEL II FOOT PROCEDURES	12	\$2,862	\$3,680
	037 LEVEL I ARTHROSCOPY	207	\$2,298	\$4,139
	038 LEVEL II ARTHROSCOPY	29	\$7,696	\$6,361
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	15	\$1,411	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$2,285	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	123	\$3,784	\$3,342
	045 BUNION PROCEDURES	33	\$2,053	\$3,215
	046 LEVEL I ARTHROPLASTY	2	\$3,908	\$3,669
	048 HAND AND FOOT TENOTOMY	3	\$1,605	\$1,731
04	RESPIRATORY PROCEDURES	14	\$1,415	\$2,966
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,457	\$1,305
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	\$1,383	\$2,114
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	\$1,800	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$1,800	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	54	\$4,659	\$1,533
	139 LEVEL I HERNIA REPAIR	10	\$1,522	\$2,662
	140 LEVEL II HERNIA REPAIR	2	\$4,284	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$1,806	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$1,087	\$1,223
	146 LEVEL II LAPAROSCOPY	29	\$5,891	\$3,903
	147 LEVEL III LAPAROSCOPY	9	\$5,684	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	26	\$1,493	\$4,967
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	17	\$1,456	\$2,453
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	9	\$1,564	\$2,812
09	MALE REPRODUCTIVE SYSTEM	13	\$1,970	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$1,140	\$2,565
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	\$2,938	\$3,733
10	FEMALE REPRODUCTIVE SYSTEM	4	\$2,744	\$1,920
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$2,744	\$3,492
11	NEUROLOGIC SYSTEM PROCEDURES	62	\$1,271	\$1,366

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	217 LEVEL I NERVE PROCEDURES	61	\$1,262	\$2,141
	218 LEVEL II NERVE PROCEDURES	1	\$1,805	\$2,871
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	564	\$1,817	\$2,678
	233 CATARACT PROCEDURES	453	\$1,662	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	\$882	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	\$1,703	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	\$9,401	\$5,915
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	5	\$2,622	\$5,214
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	16	\$1,776	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	63	\$2,261	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	452	\$1,224	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	124	\$1,100	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	18	\$1,787	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	36	\$2,367	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	24	\$1,837	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	250	\$1,021	\$1,630

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	1,918	53.9	58,453	53.4
Male	1,641	46.1	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	25	0.7	630	0.6
1-4 years	177	5.0	4,936	4.5
5-9	127	3.6	2,365	2.2
10-14	113	3.2	1,379	1.3
15-17	149	4.2	1,601	1.5
18-19	92	2.6	1,199	1.1
20-24	218	6.1	3,480	3.2
25-29	234	6.6	3,698	3.4
30-34	240	6.7	4,426	4.0
35-39	237	6.7	4,243	3.9
40-44	205	5.8	4,564	4.2
45-49	245	6.9	5,867	5.4
50-54	282	7.9	11,244	10.3
55-59	351	9.9	10,186	9.3
60-64	281	7.9	10,132	9.3
65-69	178	5.0	11,631	10.6
70-74	162	4.6	10,489	9.6
75-79	99	2.8	8,521	7.8
80-84	99	2.8	5,712	5.2
85-89	37	1.0	2,451	2.2
90 +	8	0.2	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,322	93.3	92,101	84.1
Clinic Referral	237	6.7	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	3,558	100.0	102,076	93.2
Another Hospital	1	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	460	12.9	33,479	30.6
Medicaid	169	4.7	7,670	7.0
Other government	22	0.6	4,216	3.8
Blue Cross/Blue Shield	388	10.9	21,897	20.0
Other Commercial	323	9.1	7,701	7.0
Managed Care(HMO, PPO)	2,059	57.9	29,599	27.0
Self Pay	45	1.3	1,712	1.6
Industrial & Worker Comp	41	1.2	1,676	1.5
Charity and Unclassified	31	0.9	234	0.2
Childrens Health Insurance	2	0.1	53	0.0
Unknown	19	0.5	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	28	0.8	4,392	4.0
Central Utah	9	0.3	1,530	1.4
Davis County	649	18.2	15,000	13.7
Salt Lake County	2,393	67.2	36,614	33.4
Southeastern Utah	4	0.1	937	0.9
Southwest Utah	17	0.5	11,999	11.0
Summit County	49	1.4	1,515	1.4
Tooele County	65	1.8	1,745	1.6
Tri-County	23	0.6	453	0.4
Utah County	118	3.3	14,719	13.4
Wasatch County	12	0.3	467	0.4
Weber County	63	1.8	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	127	3.6	5,977	5.5
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, 2010
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)	3,543	100.0	57,411	100.0
Mastectomy (85.0-85.99)	0	0.0	950	1.7
Musculoskeletal (76.0-84.99)	0	0.0	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	0	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	119	0.2
Digestive System (42.0-54.99)	3,543	100.0	16,552	28.8
Urinary (55.0-59.99)	0	0.0	473	0.8
Male Genital (60.0-64.99)	0	0.0	249	0.4
Female Genital (65.0-71.99)	0	0.0	660	1.1
Endocrine/Nervous (01.0-07.99)	0	0.0	3,982	6.9
Eye (08.0-16.99)	0	0.0	8,444	14.7
Ear (18.0-20.99)	0	0.0	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,994	17.4
Reporting Category(CPT-4 CODES)	3,687	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	0	0.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	3,687	100.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
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		3,543	100.0	100.0
4525	CLO [ENDO] BX LG INTESTINE	1,248	35.2	8.01
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	979	27.6	5.85
4523	COLONOSCOPY	564	15.9	6.50
4542	ENDO POLYPECTOMY LG INTESTINE	326	9.2	2.47
4292	DILAT ESOPH	206	5.8	1.25
4513	OTH ENDO SM INTESTINE	98	2.8	0.79
4543	ENDO DEST OTH LES/TISS LG INTEST	98	2.8	0.27
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	8	0.2	0.03
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	5	0.1	0.02
4514	CLO [ENDO] BX SM INTESTINE	5	0.1	0.06
4422	ENDO DILAT PYLORUS	2	0.1	0.06
4224	CLO [ENDO] BX ESOPH	1	0.0	0.01
4522	ENDO LG INTEST THRU ARTIFICL STOMA	1	0.0	0.01
4524	FLEX SIGMOIDOSCOPY	1	0.0	0.02
4836	[ENDO] POLYPECTOMY RECTUM	1	0.0	0.04

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,687	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,245	33.8	10.27
43239	UGI ENDO; W/BX 1/MX	979	26.6	8.95
45378	COLONOSCOPY FLEX; DX-SEP PROC	562	15.2	9.19
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	326	8.8	2.72
43248	UGI ENDO; W/INSRT GUIDE WIRE	143	3.9	0.32
45381	COLNSCP PROX SPLENC FLXR/SUBMUC	124	3.4	0.34
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	98	2.7	1.46
45384	COLONOSCOPY FLEX; REMV LES-FORCE	95	2.6	0.27
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	61	1.7	1.54
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	8	0.2	0.05
43244	UGI ENDO; W/BAND LIG VARICES	5	0.1	0.05
43255	UGI ENDO; W/CONTRL BLEED ANY MET	5	0.1	0.05
43258	UGI ENDO; W/ABLAT LES NOT SNARE	5	0.1	0.02
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	3	0.1	0.01
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	3	0.1	0.09
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	2	0.1	0.09
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	2	0.1	1.04
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	2	0.1	0.05
44382	ILESCPY THRU STOMA; W/BX SINGLE/	2	0.1	0.01
45379	COLONOSCOPY FLEX; W/REMV FB	2	0.1	0.00

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2010
 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		2,385	\$836	\$1,576
4525	CLO [ENDO] BX LG INTESTINE	942	\$838	\$817
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	610	\$788	\$906
4523	COLONOSCOPY	506	\$957	\$946
4542	ENDO POLYPECTOMY LG INTESTINE	139	\$947	\$1,214
4513	OTH ENDO SM INTESTINE	86	\$609	\$623
4543	ENDO DEST OTH LES/TISS LG INTEST	53	\$653	\$646
4292	DILAT ESOPH	38	\$458	\$753
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	3	\$238	\$1,334
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	3	\$358	\$358
4514	CLO [ENDO] BX SM INTESTINE	3	\$601	\$1,050
4224	CLO [ENDO] BX ESOPH	1	\$331	\$659
4522	ENDO LG INTEST THRU ARTIFICL STOMA	1	\$342	\$670

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,324	\$826	\$2,110
45380	COLONOSCOPY FLEX; W/BX 1/MX	928	\$832	\$1,373
43239	UGI ENDO; W/BX 1/MX	606	\$790	\$1,466
45378	COLONOSCOPY FLEX; DX-SEP PROC	506	\$957	\$1,487
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	87	\$794	\$1,384
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	86	\$609	\$1,151
45384	COLONOSCPY FLEX; REMV LES-FORCE	50	\$659	\$1,720
43248	UGI ENDO; W/INSRT GUIDE WIRE	25	\$420	\$882
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	12	\$516	\$1,615
43244	UGI ENDO; W/BAND LIG VARICES	5	\$290	\$1,343
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	3	\$238	\$1,225
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	\$358	\$1,783
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	\$509	\$1,839
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	2	\$720	\$2,368
45381	COLNSCP PROX SPLENC FLXR/SUBMUC	2	\$1,702	\$1,275
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	1	\$331	\$896
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	1	\$358	\$594
44382	ILESCPY THRU STOMA; W/BX SINGLE/	1	\$364	\$1,148
44386	ENDO EVAL SM INTST POUCH; W/BX 1	1	\$342	\$520
44388	COLONOSCOPY-STOMA; DX-SEP PROC	1	\$342	\$837
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	1	\$604	\$910

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

426 Lakeview Endoscopy Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
07 GASTROINTESTINAL SYSTEM PROCEDURES	3,638	56,178
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,474
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	110
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	181
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,068	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	233	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,778	27,945
137 THERAPEUTIC COLONOSCOPY	550	5,119

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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 CHR	AVE TOT CHR(ALL FASCs)
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,279	\$827	\$1,533
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,119	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	682	\$768	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	50	\$419	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,406	\$876	\$1,428
	137 THERAPEUTIC COLONOSCOPY	139	\$758	\$1,433

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,520	51.5	58,453	53.4
Male	1,430	48.5	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	0	0.0	2,365	2.2
10-14	0	0.0	1,379	1.3
15-17	18	0.6	1,601	1.5
18-19	24	0.8	1,199	1.1
20-24	78	2.6	3,480	3.2
25-29	69	2.3	3,698	3.4
30-34	85	2.9	4,426	4.0
35-39	95	3.2	4,243	3.9
40-44	113	3.8	4,564	4.2
45-49	169	5.7	5,867	5.4
50-54	497	16.8	11,244	10.3
55-59	401	13.6	10,186	9.3
60-64	333	11.3	10,132	9.3
65-69	345	11.7	11,631	10.6
70-74	292	9.9	10,489	9.6
75-79	238	8.1	8,521	7.8
80-84	129	4.4	5,712	5.2
85-89	55	1.9	2,451	2.2
90 +	9	0.3	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,950	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,947	99.9	102,076	93.2
Another Hospital	2	0.1	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	1	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	635	21.5	33,479	30.6
Medicaid	81	2.7	7,670	7.0
Other government	59	2.0	4,216	3.8
Blue Cross/Blue Shield	803	27.2	21,897	20.0
Other Commercial	100	3.4	7,701	7.0
Managed Care(HMO, PPO)	1,230	41.7	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	31	1.1	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	11	0.4	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	10	0.3	4,392	4.0
Central Utah	3	0.1	1,530	1.4
Davis County	2,608	88.4	15,000	13.7
Salt Lake County	209	7.1	36,614	33.4
Southeastern Utah	3	0.1	937	0.9
Southwest Utah	5	0.2	11,999	11.0
Summit County	6	0.2	1,515	1.4
Tooele County	23	0.8	1,745	1.6
Tri-County	4	0.1	453	0.4
Utah County	8	0.3	14,719	13.4
Wasatch County	2	0.1	467	0.4
Weber County	43	1.5	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	26	0.9	5,977	5.5
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, 2010
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)	10,795	100.0	57,411	100.0
Mastectomy (85.0-85.99)	26	0.2	950	1.7
Musculoskeletal (76.0-84.99)	3,229	29.9	12,508	21.8
Respiratory (30.0-34.99)	16	0.1	83	0.1
Cardiovascular (35.0-39.99)	4	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	33	0.3	119	0.2
Digestive System (42.0-54.99)	412	3.8	16,552	28.8
Urinary (55.0-59.99)	16	0.1	473	0.8
Male Genital (60.0-64.99)	3	0.0	249	0.4
Female Genital (65.0-71.99)	390	3.6	660	1.1
Endocrine/Nervous (01.0-07.99)	383	3.5	3,982	6.9
Eye (08.0-16.99)	2,348	21.8	8,444	14.7
Ear (18.0-20.99)	1,682	15.6	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	2,253	20.9	9,994	17.4
Reporting Category(CPT-4 CODES)	1,529	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	1,101	72.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	57	3.7	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	2	0.1	154	0.1
Lymphatic/Hemetic (38100-38999)	13	0.9	195	0.1
Digestive (40490-49999)	151	9.9	62,638	44.1
Urinary (50010-53899)	2	0.1	2,047	1.4
Male Genital (54000-55899)	2	0.1	960	0.7
Female Genital (56405-58999)	30	2.0	2,011	1.4
Endocrine/Nervous (60000-64999)	28	1.8	11,636	8.2
Eye (65091-68899)	104	6.8	25,437	17.9
Ear (69000-69979)	39	2.6	3,909	2.8

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, 2010
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		10,795	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	1,402	13.0	5.00
1341	PHACOEMULSIFICATION-ASPIR CATARACT	948	8.8	2.48
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	947	8.8	8.04
283	TONSILLECTOMY W/ADENOIDECTOMY	747	6.9	2.98
806	EXC SEMILUNAR CARTILAGE-KNEE	426	3.9	3.22
2169	OTH TURBINECTOMY	322	3.0	2.38
2188	OTH SEPTOPLASTY	249	2.3	0.58
8183	OTH REPR SHLDR	247	2.3	1.73
0443	RELEASE CARPAL TUNNEL	243	2.3	1.59
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	227	2.1	1.49
8363	ROTATOR CUFF REPR	201	1.9	0.88
282	TONSILLECTOMY WO ADENOIDECTOMY	194	1.8	0.90
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	178	1.6	0.78
8145	OTH REPR CRUCIATE LIGAMNT	149	1.4	0.64
201	REMOV TYMPANOSTOMY TUBE	148	1.4	0.33
286	ADENOIDECTOMY WO TONSILLECTOMY	128	1.2	0.62
2263	ETHMOIDECTOMY	119	1.1	2.25
222	INTRANASAL ANTROTOMY	113	1.0	0.42
8388	OTH PLSTC OPER TENDON	109	1.0	0.36
0887	UPPER EYELID RHYTIDECTOMY	104	1.0	0.62

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,529	100.0	100.0
23430	TENODESIS OF LONG TENDON OF BICE	62	4.1	0.10
28122	PART EXC BONE; TARSAL/MT EX TALU	57	3.7	0.10
29879	SCOPE KNEE SURG; ABRASION ARTHPL	41	2.7	0.30
27698	REPR SEC DISRUPTED LIG ANK COLLA	33	2.2	0.09
28270	CAPSULOT; MTP JNT EA JT SEP PROC	30	2.0	0.09
28308	OSTEOTOMY METATARSAL; NOT 1ST MT	26	1.7	0.10
27690	TRANSFER/TRANSPLANT 1 TENDON; SU	24	1.6	0.03
29822	SCOPE SHOULDER SURGICAL; DEBRID	24	1.6	0.21
29828	29828	22	1.4	0.08
29898	SCOPE ANK SURGICAL; DEBRID EXT	22	1.4	0.08
27422	RECON DISLOC PATELLA; EXT REALIG	21	1.4	0.03
29823	SCOPE SHOULDER SURGICAL; DEBRID	16	1.0	0.24
25310	TEND TPLNT/TRNSF FOREARM&/WRIST	15	1.0	0.10
27692	TRNSF/TPLNT 1 TEND; EA ADD TEND	15	1.0	0.01
57288	SLING OPERATION STRESS INCONTINE	15	1.0	0.08
66982	EXTRACAP CATARACT REMV W/IOL-CMP	15	1.0	0.52
27687	GASTROCNEMIUS RECESSION	14	0.9	0.06
28120	PARTIAL EXCISION BONE; TALUS/CAL	14	0.9	0.05
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	14	0.9	0.04
49568	IMPLNT MESH/OTH-INCS/VENT HERN R	13	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, 2010
 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		2,573	\$2,766	\$1,576
283	TONSILLECTOMY W/ADENOIDECTOMY	646	\$2,201	\$1,702
282	TONSILLECTOMY WO ADENOIDECTOMY	141	\$2,167	\$1,501
806	EXC SEMILUNAR CARTILAGE-KNEE	132	\$3,439	\$2,514
0443	RELEASE CARPAL TUNNEL	119	\$2,899	\$2,028
5123	LAP CHOLEY	90	\$4,000	\$4,257
8183	OTH REPR SHLDR	62	\$7,032	\$4,347
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	42	\$3,262	\$2,317
8145	OTH REPR CRUCIATE LIGAMNT	38	\$8,645	\$7,367
8339	EXC LES OTH SOFT TISS	38	\$2,043	\$1,894
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	37	\$3,179	\$3,016
2171	CLO REDUC NASAL FX	27	\$1,679	\$1,465
4951	LT LAT ANAL SPHINCTEROTOMY	27	\$1,805	\$1,784
194	MYRINGOPLASTY	26	\$3,255	\$2,666
8314	FASCIOTOMY	26	\$1,756	\$1,944
5304	UNILAT REPR INDIRECT ING HERN-GFT	24	\$2,836	\$2,162
5341	REPR UMB HERN W/PROSTH	24	\$2,451	\$2,665
8221	EXC LES TENDON SHEATH HAND	24	\$2,054	\$1,422
5303	UNILAT REPR DIRECT ING HERN-GFT	22	\$2,835	\$2,887
8076	SYNOVECT-KNEE	22	\$2,347	\$2,817
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	21	\$2,431	\$1,735

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		947	\$4,119	\$2,110
23430	TENODESIS OF LONG TENDON OF BICE	54	\$8,472	\$7,866
29879	SCOPE KNEE SURG; ABRASION ARTHPL	38	\$5,857	\$4,591
27422	RECON DISLOC PATELLA; EXT REALIG	20	\$4,445	\$4,008
29828	29828	19	\$10,351	\$9,949
29822	SCOPE SHOULDER SURGICAL; DEBRID	18	\$7,315	\$5,875
28270	CAPSULOT; MTP JNT EA JT SEP PROC	16	\$4,179	\$3,821
66982	EXTRACAP CATARACT REMV W/IOL-CMP	15	\$4,415	\$4,017
57288	SLING OPERATION STRESS INCONTINE	13	\$3,679	\$3,672
26727	PERQ FIX PHALANGEAL FX W/MANIP E	11	\$2,123	\$2,816
38500	BX/EXCISION LYMPH NODE; OPEN SUP	11	\$1,858	\$1,788
46250	HEMORRHOIDECTOMY EXTERNAL COMPLE	11	\$2,401	\$1,870
25310	TEND TPLNT/TRNSF FOREARM&/WRIST	10	\$3,141	\$3,076
29823	SCOPE SHOULDER SURGICAL; DEBRID	10	\$9,005	\$5,538
29880	SCOPE KNEE SURG;W/MENISCECT MED&	10	\$10,058	\$4,240
41010	INCISION OF LINGUAL FRENUM	10	\$1,310	\$1,566
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	10	\$2,246	\$1,727
28043	EXCISION TUMOR FOOT; SUBCUT TISS	9	\$3,597	\$2,721
24341	REPR TEND/MUSC ARM/ELB EA PRIM/S	8	\$1,986	\$3,037
27792	OPEN TX DISTAL FIBULAR FX W/WO F	8	\$3,856	\$3,224
28308	OSTEOTOMY METATARSAL; NOT 1ST MT	8	\$4,340	\$2,956

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, 2010
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	97	2,035
003 LEVEL I SKIN INCISION AND DRAINAGE	7	56
004 LEVEL II SKIN INCISION AND DRAINAGE	3	32
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	40
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	26	406
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	45	1,223
012 LEVEL I SKIN REPAIR	2	12
013 LEVEL II SKIN REPAIR	8	87
014 LEVEL III SKIN REPAIR	1	103
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1,020	21,724
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	554
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	275	1,566
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	794
033 LEVEL I HAND PROCEDURES	32	1,620
034 LEVEL II HAND PROCEDURES	29	386
035 LEVEL I FOOT PROCEDURES	129	2,148
036 LEVEL II FOOT PROCEDURES	87	458
037 LEVEL I ARTHROSCOPY	199	8,703
038 LEVEL II ARTHROSCOPY	3	1,790
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	245
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	102	1,425
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	203
045 BUNION PROCEDURES	18	628
046 LEVEL I ARTHROPLASTY	2	218
048 HAND AND FOOT TENOTOMY	17	115
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	684
04 RESPIRATORY PROCEDURES	22	3,884
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	526
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	16	3,298
064 ENDOSCOPY OF THE LOWER AIRWAY	1	4
05 CARDIOVASCULAR PROCEDURES	1	33
091 VASCULAR LIGATION AND RECONSTRUCTION	1	5
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	12	184
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	147
07 GASTROINTESTINAL SYSTEM PROCEDURES	86	56,178
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	110
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	14,861
139 LEVEL I HERNIA REPAIR	23	991
140 LEVEL II HERNIA REPAIR	4	218
141 LEVEL I ANAL AND RECTAL PROCEDURES	12	208
142 LEVEL II ANAL AND RECTAL PROCEDURES	17	327
144 LEVEL II GASTROINTESTINAL PROCEDURES	1	7
145 LEVEL I LAPAROSCOPY	7	199
146 LEVEL II LAPAROSCOPY	15	662
147 LEVEL III LAPAROSCOPY	4	709

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2	2,210
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	506
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	224
09 MALE REPRODUCTIVE SYSTEM	2	687
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	362
10 FEMALE REPRODUCTIVE SYSTEM	21	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	181
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	75
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	15	143
200 HYSTEROSCOPY	2	297
11 NEUROLOGIC SYSTEM PROCEDURES	31	11,446
217 LEVEL I NERVE PROCEDURES	23	1,849
218 LEVEL II NERVE PROCEDURES	6	118
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	7,281
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	100	25,118
232 LASER EYE PROCEDURES	1	3,038
233 CATARACT PROCEDURES	22	13,482
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	1,239
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	593
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	720
239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	630
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	25	1,054
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	44	2,204
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	103	15,218
252 LEVEL I FACIAL AND ENT PROCEDURES	55	9,196
253 LEVEL II FACIAL AND ENT PROCEDURES	17	501
254 LEVEL III FACIAL AND ENT PROCEDURES	13	1,733
255 LEVEL IV FACIAL AND ENT PROCEDURES	13	550
256 TONSIL AND ADENOID PROCEDURES	5	3,236

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	78	\$2,572	\$1,912
	003 LEVEL I SKIN INCISION AND DRAINAGE	6	\$1,976	\$760
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$1,905	\$1,953
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	\$1,602	\$1,085
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	\$2,121	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	31	\$2,895	\$2,137
	012 LEVEL I SKIN REPAIR	2	\$591	\$1,533
	013 LEVEL II SKIN REPAIR	7	\$4,740	\$3,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	546	\$5,007	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$3,331	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	139	\$5,460	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$4,972	\$3,913
	033 LEVEL I HAND PROCEDURES	16	\$2,531	\$2,232
	034 LEVEL II HAND PROCEDURES	15	\$2,942	\$2,745
	035 LEVEL I FOOT PROCEDURES	55	\$3,854	\$2,504
	036 LEVEL II FOOT PROCEDURES	18	\$4,160	\$3,680
	037 LEVEL I ARTHROSCOPY	134	\$7,418	\$4,139
	038 LEVEL II ARTHROSCOPY	1	\$4,808	\$6,361
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	\$3,901	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$4,430	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	85	\$2,908	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$5,261	\$1,745
	045 BUNION PROCEDURES	8	\$6,373	\$3,215
	046 LEVEL I ARTHROPLASTY	1	\$4,067	\$3,669
	048 HAND AND FOOT TENOTOMY	1	\$3,975	\$1,731
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	\$3,490	\$1,081
04	RESPIRATORY PROCEDURES	19	\$1,861	\$2,966
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$2,349	\$1,305
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	14	\$1,686	\$2,114
05	CARDIOVASCULAR PROCEDURES	1	\$1,744	\$2,663
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$1,744	\$3,046
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	12	\$1,896	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$1,896	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	71	\$3,385	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,236	\$871
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,003	\$1,422
	139 LEVEL I HERNIA REPAIR	16	\$3,506	\$2,662
	140 LEVEL II HERNIA REPAIR	2	\$2,567	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	10	\$2,413	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	17	\$2,053	\$1,223
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$6,379	\$1,920
	145 LEVEL I LAPAROSCOPY	6	\$4,589	\$2,618
	146 LEVEL II LAPAROSCOPY	14	\$4,512	\$3,903
	147 LEVEL III LAPAROSCOPY	3	\$6,581	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	1	\$5,343	\$4,967
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$5,343	\$2,812

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
10	FEMALE REPRODUCTIVE SYSTEM	19	\$3,529	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$1,095	\$1,632
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$2,787	\$1,575
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	13	\$3,679	\$3,492
	200 HYSTEROSCOPY	2	\$5,726	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	10	\$2,900	\$1,366
	217 LEVEL I NERVE PROCEDURES	6	\$2,588	\$2,141
	218 LEVEL II NERVE PROCEDURES	2	\$3,292	\$2,871
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$3,441	\$900
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	83	\$3,269	\$2,678
	232 LASER EYE PROCEDURES	1	\$4,674	\$857
	233 CATARACT PROCEDURES	22	\$3,731	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,841	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,155	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,073	\$5,915
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$4,240	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$1,754	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	38	\$3,521	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	86	\$2,856	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	43	\$1,934	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	17	\$3,098	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	11	\$4,236	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	12	\$4,816	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	3	\$1,820	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	3,244	53.3	58,453	53.4
Male	2,840	46.7	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	140	2.3	630	0.6
1-4 years	669	11.0	4,936	4.5
5-9	452	7.4	2,365	2.2
10-14	246	4.0	1,379	1.3
15-17	202	3.3	1,601	1.5
18-19	123	2.0	1,199	1.1
20-24	277	4.6	3,480	3.2
25-29	319	5.2	3,698	3.4
30-34	358	5.9	4,426	4.0
35-39	350	5.8	4,243	3.9
40-44	303	5.0	4,564	4.2
45-49	343	5.6	5,867	5.4
50-54	436	7.2	11,244	10.3
55-59	408	6.7	10,186	9.3
60-64	351	5.8	10,132	9.3
65-69	310	5.1	11,631	10.6
70-74	296	4.9	10,489	9.6
75-79	252	4.1	8,521	7.8
80-84	152	2.5	5,712	5.2
85-89	78	1.3	2,451	2.2
90 +	19	0.3	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,734	77.8	92,101	84.1
Clinic Referral	1,346	22.1	4,601	4.2
HMO Referral	2	0.0	2	0.0
Other Hospital	1	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	6,080	99.9	102,076	93.2
Another Hospital	3	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	1	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,018	16.7	33,479	30.6
Medicaid	445	7.3	7,670	7.0
Other government	183	3.0	4,216	3.8
Blue Cross/Blue Shield	474	7.8	21,897	20.0
Other Commercial	213	3.5	7,701	7.0
Managed Care(HMO, PPO)	3,483	57.2	29,599	27.0
Self Pay	35	0.6	1,712	1.6
Industrial & Worker Comp	144	2.4	1,676	1.5
Charity and Unclassified	28	0.5	234	0.2
Childrens Health Insurance	2	0.0	53	0.0
Unknown	59	1.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	356	5.9	4,392	4.0
Central Utah	3	0.0	1,530	1.4
Davis County	1,522	25.0	15,000	13.7
Salt Lake County	57	0.9	36,614	33.4
Southeastern Utah	1	0.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	16	0.3	1,515	1.4
Tooele County	4	0.1	1,745	1.6
Tri-County	6	0.1	453	0.4
Utah County	17	0.3	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	4,032	66.3	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	69	1.1	5,977	5.5
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, 2010
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)	2,117	100.0	57,411	100.0
Mastectomy (85.0-85.99)	19	0.9	950	1.7
Musculoskeletal (76.0-84.99)	1,109	52.4	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	0	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	119	0.2
Digestive System (42.0-54.99)	38	1.8	16,552	28.8
Urinary (55.0-59.99)	18	0.9	473	0.8
Male Genital (60.0-64.99)	25	1.2	249	0.4
Female Genital (65.0-71.99)	0	0.0	660	1.1
Endocrine/Nervous (01.0-07.99)	224	10.6	3,982	6.9
Eye (08.0-16.99)	436	20.6	8,444	14.7
Ear (18.0-20.99)	48	2.3	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	200	9.4	9,994	17.4
Reporting Category(CPT-4 CODES)	3,079	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	1,414	45.9	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	183	5.9	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	224	7.3	62,638	44.1
Urinary (50010-53899)	36	1.2	2,047	1.4
Male Genital (54000-55899)	26	0.8	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	695	22.6	11,636	8.2
Eye (65091-68899)	449	14.6	25,437	17.9
Ear (69000-69979)	52	1.7	3,909	2.8

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, 2010
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		2,117	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	358	16.9	8.04
806	EXC SEMILUNAR CARTILAGE-KNEE	174	8.2	3.22
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	145	6.8	1.49
8183	OTH REPR SHLDR	135	6.4	1.73
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	84	4.0	0.78
8076	SYNOVECT-KNEE	79	3.7	0.64
0443	RELEASE CARPAL TUNNEL	73	3.4	1.59
042	DESTRUC CRANIAL & PERIPH NERV	58	2.7	0.93
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	55	2.6	0.76
0481	INJ ANES PERIPH NERV-ANALGESIA	54	2.6	0.89
2169	OTH TURBINECTOMY	52	2.5	2.38
215	SUBMUCOUS RESECT NASAL SEPTUM	50	2.4	1.38
1364	DISCISSION SECNDRY MEMBRN	45	2.1	0.70
282	TONSILLECTOMY WO ADENOIDECTOMY	45	2.1	0.90
2001	MYRINGOTOMY W/INSRT TUBE	42	2.0	5.00
5300	UNILAT REPR ING HERN-NOS	31	1.5	0.52
8145	OTH REPR CRUCIATE LIGAMNT	31	1.5	0.64
7860	REMOV IMPLNT DEVICE-UNS SITE	30	1.4	0.23
8375	TENDON TRANSF/TRANSPL	30	1.4	0.24
8211	TENOT HAND	28	1.3	0.33

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,079	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	358	11.6	8.74
29826	SCOPE SHOULDER; DECOMP SUBACROM	135	4.4	1.11
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	130	4.2	0.58
29881	SCOPE KNEE SURG;W/MENISCECT MED/	129	4.2	1.54
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	93	3.0	1.07
64493	64493	90	2.9	0.45
64494	64494	79	2.6	0.38
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	75	2.4	0.42
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	73	2.4	0.84
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	66	2.1	0.54
41899	UNLIST PROC DENTOALVEOL STRUCTUR	64	2.1	2.11
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	54	1.8	0.25
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	50	1.6	0.96
30140	SUBMUCOS RES TURBINATE PART/CMPL	48	1.6	1.39
64495	64495	47	1.5	0.19
29822	SCOPE SHOULDER SURGICAL; DEBRID	46	1.5	0.21
29880	SCOPE KNEE SURG;W/MENISCECT MED&	45	1.5	0.46
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	45	1.5	0.41
66821	DISCISSION 2ND CATARACT; LASER S	45	1.5	1.58
69436	TYMPANOSTOMY GENERAL ANESTHESIA	42	1.4	2.35

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		928	\$1,670	\$1,576
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	357	\$1,326	\$2,136
0443	RELEASE CARPAL TUNNEL	47	\$1,340	\$2,028
806	EXC SEMILUNAR CARTILAGE-KNEE	38	\$2,207	\$2,514
2001	MYRINGOTOMY W/INSRT TUBE	36	\$1,640	\$1,544
1364	DISCISSION SECNDRY MEMBRN	33	\$288	\$379
282	TONSILLECTOMY WO ADENOIDECTOMY	32	\$862	\$1,501
8183	OTH REPR SHLDR	32	\$3,996	\$4,347
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	24	\$2,026	\$3,016
7860	REMOV IMPLNT DEVICE-UNS SITE	20	\$1,734	\$1,208
8076	SYNOVECT-KNEE	20	\$2,689	\$2,817
5300	UNILAT REPR ING HERN-NOS	18	\$1,885	\$1,182
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	10	\$2,950	\$2,176
8221	EXC LES TENDON SHEATH HAND	10	\$1,132	\$1,422
2187	OTH RHINOPLASTY	8	\$1,161	\$1,484
8388	OTH PLSTC OPER TENDON	7	\$2,717	\$2,181
2171	CLO REDUC NASAL FX	6	\$588	\$1,465
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$893	\$1,702
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	6	\$3,555	\$4,358
0481	INJ ANES PERIPH NERV-ANALGESIA	5	\$3,143	\$1,640
0844	REPR ENTROPION/ECTROP-LID RECON	5	\$731	\$1,525

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,130	\$1,493	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	357	\$1,326	\$2,924
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	93	\$423	\$768
41899	UNLIST PROC DENTOALVEOL STRUCTUR	64	\$3,027	\$2,175
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	38	\$1,225	\$1,754
66821	DISCISSION 2ND CATARACT; LASER S	33	\$288	\$864
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	32	\$862	\$1,579
42820	T&A; UNDER AGE 12	31	\$869	\$1,636
29881	SCOPE KNEE SURG;W/MENISCECT MED/	26	\$2,254	\$3,731
69436	TYMPANOSTOMY GENERAL ANESTHESIA	25	\$1,440	\$1,558
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	22	\$1,646	\$4,767
20680	REMOVAL OF IMPLANT; DEEP	15	\$1,560	\$2,430
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	15	\$2,990	\$4,727
49505	REPR INIT ING HERNIA 5YR/MORE; R	15	\$1,941	\$2,379
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	14	\$2,652	\$7,847
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	12	\$529	\$883
29880	SCOPE KNEE SURG;W/MENISCECT MED&	11	\$2,093	\$4,240
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	11	\$338	\$694
29806	SCOPE SHOULDER SURGICAL; CPSLORR	8	\$3,358	\$5,537
29826	SCOPE SHOULDER; DECOMP SUBACROM	8	\$3,346	\$4,712
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	8	\$2,191	\$3,988

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, 2010
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	50	2,035
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	32
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	39	1,223
	013 LEVEL II SKIN REPAIR	1	87
	014 LEVEL III SKIN REPAIR	1	103
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,346	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	68	1,566
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	794
	033 LEVEL I HAND PROCEDURES	63	1,620
	034 LEVEL II HAND PROCEDURES	14	386
	035 LEVEL I FOOT PROCEDURES	59	2,148
	036 LEVEL II FOOT PROCEDURES	13	458
	037 LEVEL I ARTHROSCOPY	741	8,703
	038 LEVEL II ARTHROSCOPY	118	1,790
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	161
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	245
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	1,425
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	203
	045 BUNION PROCEDURES	20	628
	046 LEVEL I ARTHROPLASTY	25	218
	047 LEVEL II ARTHROPLASTY	6	21
	048 HAND AND FOOT TENOTOMY	2	115
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	69	684
04	RESPIRATORY PROCEDURES	46	3,884
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	526
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	43	3,298
07	GASTROINTESTINAL SYSTEM PROCEDURES	55	56,178
	139 LEVEL I HERNIA REPAIR	38	991
	140 LEVEL II HERNIA REPAIR	7	218
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	208
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	327
	146 LEVEL II LAPAROSCOPY	1	662
	147 LEVEL III LAPAROSCOPY	7	709
08	GENITOURINARY SYSTEM PROCEDURES	36	2,210
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	14	785
	162 URINARY CATHETERIZATION AND DILATATION	2	5
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	11	675
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	8	506
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	15
09	MALE REPRODUCTIVE SYSTEM	22	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	362
	181 CIRCUMCISION	2	259
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	4	13
11	NEUROLOGIC SYSTEM PROCEDURES	695	11,446

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	104	1,907
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	19
217 LEVEL I NERVE PROCEDURES	99	1,849
218 LEVEL II NERVE PROCEDURES	1	118
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	481	7,281
221 LAMINOTOMY AND LAMINECTOMY	7	189
223 LEVEL III NERVE PROCEDURES	2	66
12 OPTHALMOLOGIC SYSTEM PROCEDURES	449	25,118
232 LASER EYE PROCEDURES	45	3,038
233 CATARACT PROCEDURES	369	13,482
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	1,239
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	593
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	720
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,054
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	19	2,204
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	368	15,218
252 LEVEL I FACIAL AND ENT PROCEDURES	181	9,196
253 LEVEL II FACIAL AND ENT PROCEDURES	12	501
254 LEVEL III FACIAL AND ENT PROCEDURES	58	1,733
255 LEVEL IV FACIAL AND ENT PROCEDURES	15	550
256 TONSIL AND ADENOID PROCEDURES	102	3,236

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	27	\$1,228	\$1,912
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$680	\$1,953
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$618	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	\$1,301	\$2,137
03	MUSCULOSKELETAL SYSTEM PROCEDURES	253	\$2,063	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$1,541	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$2,129	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$2,118	\$3,913
	033 LEVEL I HAND PROCEDURES	23	\$1,392	\$2,232
	034 LEVEL II HAND PROCEDURES	3	\$1,310	\$2,745
	035 LEVEL I FOOT PROCEDURES	9	\$1,085	\$2,504
	036 LEVEL II FOOT PROCEDURES	9	\$2,815	\$3,680
	037 LEVEL I ARTHROSCOPY	111	\$2,238	\$4,139
	038 LEVEL II ARTHROSCOPY	19	\$2,789	\$6,361
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$1,401	\$812
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	24	\$1,915	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$1,153	\$1,745
	045 BUNION PROCEDURES	6	\$2,333	\$3,215
	047 LEVEL II ARTHROPLASTY	1	\$1,403	\$4,140
04	RESPIRATORY PROCEDURES	2	\$666	\$2,966
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$666	\$2,114
07	GASTROINTESTINAL SYSTEM PROCEDURES	34	\$1,933	\$1,533
	139 LEVEL I HERNIA REPAIR	22	\$1,844	\$2,662
	140 LEVEL II HERNIA REPAIR	2	\$2,779	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$1,040	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$689	\$1,223
	146 LEVEL II LAPAROSCOPY	1	\$1,508	\$3,903
	147 LEVEL III LAPAROSCOPY	7	\$2,336	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	24	\$2,254	\$4,967
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	14	\$2,652	\$7,847
	162 URINARY CATHETERIZATION AND DILATATION	1	\$602	\$1,527
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$593	\$2,453
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	6	\$2,440	\$2,812
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$535	\$1,848
09	MALE REPRODUCTIVE SYSTEM	8	\$1,646	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$1,831	\$2,565
	181 CIRCUMCISION	2	\$1,090	\$834
11	NEUROLOGIC SYSTEM PROCEDURES	176	\$874	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	104	\$414	\$754
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$1,218	\$1,900
	217 LEVEL I NERVE PROCEDURES	47	\$1,371	\$2,141
	218 LEVEL II NERVE PROCEDURES	1	\$3,002	\$2,871
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	19	\$541	\$900
	221 LAMINOTOMY AND LAMINECTOMY	2	\$3,472	\$4,534
	223 LEVEL III NERVE PROCEDURES	2	\$12,449	\$10,618

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRG	AVE TOT CHRG(ALL FASCs)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	412	\$1,240	\$2,678
	232 LASER EYE PROCEDURES	33	\$288	\$857
	233 CATARACT PROCEDURES	366	\$1,319	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$388	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$925	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	4	\$705	\$5,915
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$296	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$3,030	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	194	\$1,717	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	101	\$2,392	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$1,691	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	5	\$1,641	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	11	\$1,059	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	71	\$868	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	981	52.1	58,453	53.4
Male	902	47.9	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	6	0.3	630	0.6
1-4 years	77	4.1	4,936	4.5
5-9	53	2.8	2,365	2.2
10-14	26	1.4	1,379	1.3
15-17	43	2.3	1,601	1.5
18-19	24	1.3	1,199	1.1
20-24	67	3.6	3,480	3.2
25-29	94	5.0	3,698	3.4
30-34	92	4.9	4,426	4.0
35-39	90	4.8	4,243	3.9
40-44	79	4.2	4,564	4.2
45-49	110	5.8	5,867	5.4
50-54	130	6.9	11,244	10.3
55-59	111	5.9	10,186	9.3
60-64	109	5.8	10,132	9.3
65-69	170	9.0	11,631	10.6
70-74	217	11.5	10,489	9.6
75-79	197	10.5	8,521	7.8
80-84	113	6.0	5,712	5.2
85-89	55	2.9	2,451	2.2
90 +	20	1.1	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,883	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,883	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	673	35.7	33,479	30.6
Medicaid	61	3.2	7,670	7.0
Other government	117	6.2	4,216	3.8
Blue Cross/Blue Shield	316	16.8	21,897	20.0
Other Commercial	141	7.5	7,701	7.0
Managed Care(HMO, PPO)	381	20.2	29,599	27.0
Self Pay	20	1.1	1,712	1.6
Industrial & Worker Comp	117	6.2	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	57	3.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	29	1.5	4,392	4.0
Central Utah	1	0.1	1,530	1.4
Davis County	1,277	67.8	15,000	13.7
Salt Lake County	160	8.5	36,614	33.4
Southeastern Utah	3	0.2	937	0.9
Southwest Utah	5	0.3	11,999	11.0
Summit County	5	0.3	1,515	1.4
Tooele County	122	6.5	1,745	1.6
Tri-County	4	0.2	453	0.4
Utah County	17	0.9	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	201	10.7	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	57	3.0	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

416 UHC Moran Eye Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1	100.0	57,411	100.0
Mastectomy (85.0-85.99)	0	0.0	950	1.7
Musculoskeletal (76.0-84.99)	0	0.0	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	0	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	119	0.2
Digestive System (42.0-54.99)	0	0.0	16,552	28.8
Urinary (55.0-59.99)	0	0.0	473	0.8
Male Genital (60.0-64.99)	0	0.0	249	0.4
Female Genital (65.0-71.99)	0	0.0	660	1.1
Endocrine/Nervous (01.0-07.99)	1	100.0	3,982	6.9
Eye (08.0-16.99)	0	0.0	8,444	14.7
Ear (18.0-20.99)	0	0.0	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,994	17.4
Reporting Category(CPT-4 CODES)	7,963	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	26	0.3	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	38	0.5	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	31	0.4	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	0	0.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	7	0.1	11,636	8.2
Eye (65091-68899)	7,860	98.7	25,437	17.9
Ear (69000-69979)	1	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

416 UHC Moran Eye Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		1	100.0	100.0
0762	PART EXC PITUITARY-TRANSSPHENOIDAL	1	100.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,963	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	2,840	35.7	8.74
65760	KERATOMILEUSIS	327	4.1	0.45
66982	EXTRACAP CATARACT REMV W/IOL-CMP	304	3.8	0.52
66821	DISCISSION 2ND CATARACT; LASER S	258	3.2	1.58
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	183	2.3	0.15
67042	67042	147	1.8	0.20
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	142	1.8	0.45
65855	TRABECULOPLSTY-LASER-1/MORE SESS	132	1.7	0.17
67917	REPAIR OF ECTROPION; EXTENSIVE	111	1.4	0.32
66172	FISTULIZAT SCLERA; TRABECULECT	110	1.4	0.09
65756	65756	98	1.2	0.09
65757	65757	97	1.2	0.07
67036	VITRECTOMY MECH PARS PLANA APPRC	93	1.2	0.12
67113	67113	93	1.2	0.08
67108	REPR RETINAL DETACH; W/VITRECTOM	89	1.1	0.11
67145	PROPHYLAXIS RET DETACH; PHOTOCOA	84	1.1	0.07
65730	KERATOPLSTY; PENETRAT NOT APHAKI	80	1.0	0.10
65772	CORNEAL RELAXING INCS-ASTIGMATIS	79	1.0	0.08
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	78	1.0	0.07
66999	UNLISTED PROC ANTERIOR SEGMENT E	76	1.0	0.17

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

416 UHC Moran Eye Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		1	\$7,149	\$1,576
0762	PART EXC PITUITARY-TRANSSPHENOIDAL	1	\$7,149	\$7,149

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		5,767	\$3,715	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	2,647	\$4,154	\$2,924
65760	KERATOMILEUSIS	326	\$1,963	\$1,916
66821	DISCISSION 2ND CATARACT; LASER S	256	\$656	\$864
66982	EXTRACAP CATARACT REMV W/IOL-CMP	250	\$5,386	\$4,017
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	152	\$846	\$884
65855	TRABECULOPLSTY-LASER-1/MORE SESS	132	\$498	\$484
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	119	\$5,682	\$3,197
67042	67042	106	\$6,262	\$5,332
67145	PROPHYLAXIS RET DETACH; PHOTOCOA	76	\$606	\$605
66999	UNLISTED PROC ANTERIOR SEGMENT E	73	\$3,111	\$2,108
67113	67113	72	\$8,706	\$7,718
67108	REPR RETINAL DETACH; W/VITRECTOM	70	\$7,587	\$5,884
66172	FISTULIZAT SCLERA; TRABECULECT	67	\$4,536	\$4,338
67840	EXC LES LID NO CLOS/W SMPL DIR C	67	\$904	\$834
67210	DESTRCT LES RETINA; PHOTOCOAGULA	64	\$883	\$937
65730	KERATOPLSTY; PENETRAT NOT APHAKI	63	\$11,086	\$8,124
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	57	\$3,529	\$2,384
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	57	\$6,512	\$6,300
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	52	\$980	\$913
67041	67041	50	\$6,669	\$4,412

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

416 UHC Moran Eye Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	50	2,035
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	47	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,223
	013 LEVEL II SKIN REPAIR	1	87
	014 LEVEL III SKIN REPAIR	1	103
04	RESPIRATORY PROCEDURES	12	3,884
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	12	3,298
11	NEUROLOGIC SYSTEM PROCEDURES	5	11,446
	217 LEVEL I NERVE PROCEDURES	2	1,849
	219 SPINAL TAP	1	7
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	7,281
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	7,670	25,118
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	37	247
	232 LASER EYE PROCEDURES	820	3,038
	233 CATARACT PROCEDURES	3,293	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	657	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	288	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	510	720
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	130	761
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	597	1,150
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	294	630
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	396	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	648	2,204
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	51	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	28	501
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	1,733
	255 LEVEL IV FACIAL AND ENT PROCEDURES	18	550

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

416 UHC Moran Eye Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	40	\$2,192	\$1,912
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	40	\$2,192	\$1,288
04	RESPIRATORY PROCEDURES	1	\$13,071	\$2,966
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$13,071	\$2,114
11	NEUROLOGIC SYSTEM PROCEDURES	2	\$1,640	\$1,366
	217 LEVEL I NERVE PROCEDURES	2	\$1,640	\$2,141
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	5,703	\$3,769	\$2,678
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	13	\$370	\$311
	232 LASER EYE PROCEDURES	763	\$787	\$857
	233 CATARACT PROCEDURES	2,980	\$4,278	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	525	\$2,476	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	113	\$3,202	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	271	\$7,074	\$5,915
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	43	\$1,459	\$807
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	389	\$6,799	\$5,214
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	35	\$4,816	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	285	\$777	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	286	\$5,130	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	8	\$9,611	\$1,990
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$6,245	\$1,939
	255 LEVEL IV FACIAL AND ENT PROCEDURES	7	\$10,091	\$2,988

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

416 UHC Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,413	51.0	58,453	53.4
Male	3,276	49.0	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	10	0.1	630	0.6
1-4 years	41	0.6	4,936	4.5
5-9	40	0.6	2,365	2.2
10-14	48	0.7	1,379	1.3
15-17	36	0.5	1,601	1.5
18-19	22	0.3	1,199	1.1
20-24	118	1.8	3,480	3.2
25-29	159	2.4	3,698	3.4
30-34	221	3.3	4,426	4.0
35-39	195	2.9	4,243	3.9
40-44	203	3.0	4,564	4.2
45-49	269	4.0	5,867	5.4
50-54	393	5.9	11,244	10.3
55-59	573	8.6	10,186	9.3
60-64	794	11.9	10,132	9.3
65-69	845	12.6	11,631	10.6
70-74	891	13.3	10,489	9.6
75-79	785	11.7	8,521	7.8
80-84	637	9.5	5,712	5.2
85-89	316	4.7	2,451	2.2
90 +	93	1.4	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	5,812	86.9	92,101	84.1
Clinic Referral	723	10.8	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	17	0.3	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	1	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	136	2.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

416 UHC Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,652	99.4	102,076	93.2
Another Hospital	20	0.3	68	0.1
Skilled Nursing Facility	5	0.1	5	0.0
Intermediate Care Facility	3	0.0	3	0.0
Another Type of Institution	6	0.1	10	0.0
Under Care of Home Service	2	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	1	0.0	4	0.0
PRIMARY PAYER				
Medicare	2,931	43.8	33,479	30.6
Medicaid	300	4.5	7,670	7.0
Other government	663	9.9	4,216	3.8
Blue Cross/Blue Shield	738	11.0	21,897	20.0
Other Commercial	269	4.0	7,701	7.0
Managed Care(HMO, PPO)	1,216	18.2	29,599	27.0
Self Pay	541	8.1	1,712	1.6
Industrial & Worker Comp	25	0.4	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	6	0.1	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	186	2.8	4,392	4.0
Central Utah	73	1.1	1,530	1.4
Davis County	556	8.3	15,000	13.7
Salt Lake County	3,791	56.7	36,614	33.4
Southeastern Utah	70	1.0	937	0.9
Southwest Utah	138	2.1	11,999	11.0
Summit County	185	2.8	1,515	1.4
Tooele County	150	2.2	1,745	1.6
Tri-County	46	0.7	453	0.4
Utah County	331	4.9	14,719	13.4
Wasatch County	39	0.6	467	0.4
Weber County	234	3.5	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	886	13.2	5,977	5.5
Unknown, Not Reported	4	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, 2010
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)	4,220	100.0	57,411	100.0
Mastectomy (85.0-85.99)	0	0.0	950	1.7
Musculoskeletal (76.0-84.99)	1,232	29.2	12,508	21.8
Respiratory (30.0-34.99)	3	0.1	83	0.1
Cardiovascular (35.0-39.99)	2	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	8	0.2	119	0.2
Digestive System (42.0-54.99)	725	17.2	16,552	28.8
Urinary (55.0-59.99)	164	3.9	473	0.8
Male Genital (60.0-64.99)	56	1.3	249	0.4
Female Genital (65.0-71.99)	30	0.7	660	1.1
Endocrine/Nervous (01.0-07.99)	421	10.0	3,982	6.9
Eye (08.0-16.99)	881	20.9	8,444	14.7
Ear (18.0-20.99)	123	2.9	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	575	13.6	9,994	17.4
Reporting Category(CPT-4 CODES)	8,808	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	2,672	30.3	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	313	3.6	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	14	0.2	195	0.1
Digestive (40490-49999)	1,947	22.1	62,638	44.1
Urinary (50010-53899)	505	5.7	2,047	1.4
Male Genital (54000-55899)	83	0.9	960	0.7
Female Genital (56405-58999)	99	1.1	2,011	1.4
Endocrine/Nervous (60000-64999)	909	10.3	11,636	8.2
Eye (65091-68899)	1,834	20.8	25,437	17.9
Ear (69000-69979)	429	4.9	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		4,220	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	721	17.1	8.04
0481	INJ ANES PERIPH NERV-ANALGESIA	292	6.9	0.89
4523	COLONOSCOPY	267	6.3	6.50
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	202	4.8	5.85
806	EXC SEMILUNAR CARTILAGE-KNEE	148	3.5	3.22
2309	EXTRACT OTH TOOTH	134	3.2	0.23
8183	OTH REPR SHLDR	126	3.0	1.73
2499	OTH DENTAL OPER	124	2.9	0.91
2001	MYRINGOTOMY W/INSRT TUBE	104	2.5	5.00
283	TONSILLECTOMY W/ADENOIDECTOMY	91	2.2	2.98
0443	RELEASE CARPAL TUNNEL	84	2.0	1.59
4292	DILAT ESOPH	84	2.0	1.25
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	81	1.9	1.49
8363	ROTATOR CUFF REPR	75	1.8	0.88
4525	CLO [ENDO] BX LG INTESTINE	62	1.5	8.01
598	URETERAL CATH	53	1.3	0.20
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	51	1.2	0.76
4542	ENDO POLYPECTOMY LG INTESTINE	49	1.2	2.47
1474	OTH MECH VITRECTOMY	45	1.1	0.09
8147	OTH REPR KNEE	45	1.1	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		8,808	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,325	15.0	8.74
41899	UNLIST PROC DENTOALVEOL STRUCTUR	539	6.1	2.11
45378	COLONOSCOPY FLEX; DX-SEP PROC	394	4.5	9.19
69436	TYMPANOSTOMY GENERAL ANESTHESIA	383	4.3	2.35
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	299	3.4	0.25
29826	SCOPE SHOULDER; DECOMP SUBACROM	235	2.7	1.11
43239	UGI ENDO; W/BX 1/MX	228	2.6	8.95
29881	SCOPE KNEE SURG;W/MENISCECT MED/	222	2.5	1.54
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	181	2.1	0.55
45380	COLONOSCOPY FLEX; W/BX 1/MX	175	2.0	10.27
42820	T&A; UNDER AGE 12	153	1.7	1.01
64417	INJECTION ANESTHETIC AGT; AX NER	145	1.6	0.10
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	144	1.6	0.58
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	121	1.4	0.84
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	106	1.2	0.54
64445	INJ ANESAGT; SCIATIC NERVE SINGL	106	1.2	0.08
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	98	1.1	0.42
52332	CYSTOURETHROSCOPY W/INSRT STENT	98	1.1	0.24
66821	DISCISSION 2ND CATARACT; LASER S	93	1.1	1.58
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	88	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		2,188	\$3,481	\$1,576
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	714	\$3,585	\$2,136
4523	COLONOSCOPY	226	\$1,516	\$946
2309	EXTRACT OTH TOOTH	134	\$3,184	\$3,184
2499	OTH DENTAL OPER	123	\$3,184	\$1,583
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	80	\$2,377	\$906
283	TONSILLECTOMY W/ADENOIDECTOMY	77	\$2,576	\$1,702
2001	MYRINGOTOMY W/INSRT TUBE	67	\$1,811	\$1,544
0443	RELEASE CARPAL TUNNEL	54	\$4,193	\$2,028
806	EXC SEMILUNAR CARTILAGE-KNEE	53	\$6,216	\$2,514
1474	OTH MECH VITRECTOMY	40	\$5,416	\$5,416
4542	ENDO POLYPECTOMY LG INTESTINE	37	\$1,729	\$1,214
4525	CLO [ENDO] BX LG INTESTINE	36	\$1,632	\$817
282	TONSILLECTOMY WO ADENOIDECTOMY	26	\$2,558	\$1,501
5749	OTH TRANSURETH EXC/DEST LES BLADDER	13	\$2,806	\$1,701
598	URETERAL CATH	13	\$6,346	\$4,879
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	13	\$3,617	\$2,680
8076	SYNOVECT-KNEE	13	\$7,973	\$2,817
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	12	\$7,997	\$3,016
4836	[ENDO] POLYPECTOMY RECTUM	11	\$1,724	\$1,391
7868	REMOV IMPLNT DEVICE-TARS-METATARS	10	\$2,639	\$2,358

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		4,355	\$3,675	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	1,310	\$3,391	\$2,924
41899	UNLIST PROC DENTOALVEOL STRUCTUR	531	\$3,133	\$2,175
45378	COLONOSCOPY FLEX; DX-SEP PROC	345	\$1,503	\$1,487
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	166	\$12,495	\$7,847
45380	COLONOSCOPY FLEX; W/BX 1/MX	128	\$1,614	\$1,373
42820	T&A; UNDER AGE 12	120	\$2,465	\$1,636
43239	UGI ENDO; W/BX 1/MX	112	\$2,215	\$1,466
66821	DISCISSION 2ND CATARACT; LASER S	93	\$261	\$864
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	78	\$1,635	\$768
69436	TYMPANOSTOMY GENERAL ANESTHESIA	70	\$1,814	\$1,558
29881	SCOPE KNEE SURG;W/MENISCECT MED/	69	\$5,631	\$3,731
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	65	\$2,223	\$1,754
67042		49	\$5,323	\$5,332
29848	ENDO WRST SURG REL TRNS CARP LIG	41	\$5,868	\$2,879
20680	REMOVAL OF IMPLANT; DEEP	40	\$2,352	\$2,430
42821	T&A; AGE 12 OR OVER	39	\$3,002	\$1,635
66982	EXTRACAP CATARACT REMV W/IOL-CMP	35	\$7,087	\$4,017
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	34	\$2,445	\$1,579
29880	SCOPE KNEE SURG;W/MENISCECT MED&	31	\$7,821	\$4,240
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	25	\$1,943	\$1,384

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, 2010
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	158	2,035
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	56
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	32
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	133	1,223
	012 LEVEL I SKIN REPAIR	4	12
	013 LEVEL II SKIN REPAIR	3	87
	014 LEVEL III SKIN REPAIR	7	103
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,501	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	75	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	157	1,566
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	192	794
	033 LEVEL I HAND PROCEDURES	137	1,620
	034 LEVEL II HAND PROCEDURES	54	386
	035 LEVEL I FOOT PROCEDURES	114	2,148
	036 LEVEL II FOOT PROCEDURES	36	458
	037 LEVEL I ARTHROSCOPY	1,209	8,703
	038 LEVEL II ARTHROSCOPY	254	1,790
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	161
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	245
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	121	1,425
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	203
	045 BUNION PROCEDURES	40	628
	046 LEVEL I ARTHROPLASTY	52	218
	047 LEVEL II ARTHROPLASTY	2	21
	048 HAND AND FOOT TENOTOMY	8	115
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	684
04	RESPIRATORY PROCEDURES	129	3,884
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	19	526
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	109	3,298
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	4
05	CARDIOVASCULAR PROCEDURES	1	33
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	1
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	14	184
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	147
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,111	56,178
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	88	1,474
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	181
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	314	14,861
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	31	3,120
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	570	27,945
	137 THERAPEUTIC COLONOSCOPY	45	5,119
	139 LEVEL I HERNIA REPAIR	17	991
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	327
	145 LEVEL I LAPAROSCOPY	24	199
	146 LEVEL II LAPAROSCOPY	1	662

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	147 LEVEL III LAPAROSCOPY	18	709
	GENITOURINARY SYSTEM PROCEDURES	498	2,210
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	181	785
	162 URINARY CATHETERIZATION AND DILATATION	2	5
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	162	675
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	136	506
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	15
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	12	224
09	MALE REPRODUCTIVE SYSTEM	80	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	54	362
	181 CIRCUMCISION	12	259
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	1
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	49
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	13
10	FEMALE REPRODUCTIVE SYSTEM	64	1,078
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	23	181
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	9	143
	199 DILATION AND CURETTAGE	2	38
	200 HYSTEROSCOPY	30	297
11	NEUROLOGIC SYSTEM PROCEDURES	911	11,446
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	82	1,907
	217 LEVEL I NERVE PROCEDURES	183	1,849
	218 LEVEL II NERVE PROCEDURES	2	118
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	643	7,281
	223 LEVEL III NERVE PROCEDURES	1	66
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,819	25,118
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	247
	232 LASER EYE PROCEDURES	95	3,038
	233 CATARACT PROCEDURES	1,411	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	9	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	29	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	18	720
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	5	761
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	123	1,150
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	10	630
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	29	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	89	2,204
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,489	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,069	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	30	501
	254 LEVEL III FACIAL AND ENT PROCEDURES	78	1,733
	255 LEVEL IV FACIAL AND ENT PROCEDURES	20	550
	256 TONSIL AND ADENOID PROCEDURES	292	3,232

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	83	\$2,807	\$1,912
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$3,057	\$760
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,124	\$1,953
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,198	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	74	\$2,829	\$2,137
	012 LEVEL I SKIN REPAIR	3	\$2,814	\$1,533
	014 LEVEL III SKIN REPAIR	1	\$2,451	\$5,207
03	MUSCULOSKELETAL SYSTEM PROCEDURES	497	\$6,019	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$4,203	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	\$3,791	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$7,110	\$3,913
	033 LEVEL I HAND PROCEDURES	52	\$4,520	\$2,232
	034 LEVEL II HAND PROCEDURES	9	\$5,309	\$2,745
	035 LEVEL I FOOT PROCEDURES	52	\$3,841	\$2,504
	036 LEVEL II FOOT PROCEDURES	8	\$4,056	\$3,680
	037 LEVEL I ARTHROSCOPY	222	\$6,786	\$4,139
	038 LEVEL II ARTHROSCOPY	28	\$13,298	\$6,361
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$3,579	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$3,689	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	\$6,020	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$3,230	\$1,745
	045 BUNION PROCEDURES	17	\$4,432	\$3,215
	046 LEVEL I ARTHROPLASTY	2	\$7,618	\$3,669
04	RESPIRATORY PROCEDURES	10	\$3,704	\$2,966
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,391	\$1,305
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$4,174	\$2,114
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	13	\$3,291	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	\$3,291	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	700	\$1,813	\$1,533
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$895	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	147	\$2,231	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	\$1,663	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	474	\$1,533	\$1,428
	137 THERAPEUTIC COLONOSCOPY	25	\$1,943	\$1,433
	139 LEVEL I HERNIA REPAIR	9	\$3,788	\$2,662
	145 LEVEL I LAPAROSCOPY	16	\$3,841	\$2,618
	147 LEVEL III LAPAROSCOPY	8	\$4,541	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	281	\$8,617	\$4,967
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPS	166	\$12,495	\$7,847
	162 URINARY CATHETERIZATION AND DILATATION	1	\$2,451	\$1,527
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	53	\$2,791	\$2,453
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	48	\$3,500	\$2,812
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$3,204	\$1,848
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	11	\$2,030	\$2,143
09	MALE REPRODUCTIVE SYSTEM	44	\$3,644	\$1,737

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	27	\$3,545	\$2,565
	181 CIRCUMCISION	10	\$2,271	\$834
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	\$5,988	\$3,733
10	FEMALE REPRODUCTIVE SYSTEM	47	\$4,957	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	\$3,336	\$1,632
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$9,777	\$3,492
	199 DILATION AND CURETTAGE	2	\$2,814	\$1,350
	200 HYSTEROSCOPY	24	\$5,212	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	163	\$2,099	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	82	\$1,614	\$754
	217 LEVEL I NERVE PROCEDURES	78	\$2,653	\$2,141
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	\$942	\$900
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,637	\$3,487	\$2,678
	232 LASER EYE PROCEDURES	93	\$261	\$857
	233 CATARACT PROCEDURES	1,368	\$3,506	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,620	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	20	\$3,898	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	11	\$5,115	\$5,915
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$5,021	\$807
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	102	\$5,266	\$5,214
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$4,899	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$3,243	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	22	\$6,689	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	877	\$2,918	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	638	\$2,978	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	18	\$3,401	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	\$3,698	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	9	\$4,577	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	204	\$2,584	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	3,151	51.6	58,453	53.4
Male	2,951	48.4	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	43	0.7	630	0.6
1-4 years	596	9.8	4,936	4.5
5-9	269	4.4	2,365	2.2
10-14	105	1.7	1,379	1.3
15-17	119	2.0	1,601	1.5
18-19	59	1.0	1,199	1.1
20-24	170	2.8	3,480	3.2
25-29	197	3.2	3,698	3.4
30-34	245	4.0	4,426	4.0
35-39	230	3.8	4,243	3.9
40-44	249	4.1	4,564	4.2
45-49	279	4.6	5,867	5.4
50-54	440	7.2	11,244	10.3
55-59	413	6.8	10,186	9.3
60-64	461	7.6	10,132	9.3
65-69	652	10.7	11,631	10.6
70-74	580	9.5	10,489	9.6
75-79	515	8.4	8,521	7.8
80-84	289	4.7	5,712	5.2
85-89	146	2.4	2,451	2.2
90 +	45	0.7	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	6,102	100.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	6,102	100.0	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,768	29.0	33,479	30.6
Medicaid	672	11.0	7,670	7.0
Other government	106	1.7	4,216	3.8
Blue Cross/Blue Shield	1,645	27.0	21,897	20.0
Other Commercial	1,028	16.8	7,701	7.0
Managed Care(HMO, PPO)	669	11.0	29,599	27.0
Self Pay	102	1.7	1,712	1.6
Industrial & Worker Comp	97	1.6	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	15	0.2	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	378	6.2	4,392	4.0
Central Utah	4	0.1	1,530	1.4
Davis County	1,343	22.0	15,000	13.7
Salt Lake County	45	0.7	36,614	33.4
Southeastern Utah	3	0.0	937	0.9
Southwest Utah	3	0.0	11,999	11.0
Summit County	26	0.4	1,515	1.4
Tooele County	1	0.0	1,745	1.6
Tri-County	8	0.1	453	0.4
Utah County	11	0.2	14,719	13.4
Wasatch County	4	0.1	467	0.4
Weber County	4,041	66.2	14,145	12.9
Unknown Utah	1	0.0	17	0.0
Outside Utah	233	3.8	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

432 Mountain West Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	4,971	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	0	0.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	4,971	100.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

432 Mountain West 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				
45380	COLONOSCOPY FLEX; W/BX 1/MX	4,971	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,465	29.5	10.27
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,278	25.7	8.95
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1,174	23.6	9.19
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	414	8.3	2.72
45384	COLONOSCOPY FLEX; REMV LES-FORCE	132	2.7	1.54
43248	UGI ENDO; W/INSRT GUIDE WIRE	127	2.6	0.27
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	96	1.9	0.32
45381	COLNSCP PROX SPLENC FLXR; SUBMUC	88	1.8	1.46
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	72	1.4	0.34
43245	UP GI ENDO; W/DILAT GASTR OUTLT O	43	0.9	1.04
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	15	0.3	0.09
43244	UGI ENDO; W/BAND LIG VARICES	15	0.3	0.05
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	7	0.1	0.05
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	7	0.1	0.05
45383	COLONOSCOPY FLEX; W/ABLAT LES	7	0.1	0.05
43200	ESOPHAGOSCOPY; DX-SEP PROC	6	0.1	0.20
43255	UGI ENDO; W/CONTRL BLEED ANY MET	5	0.1	0.01
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	0.1	0.05
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	3	0.1	0.07
		2	0.0	0.05

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

432 Mountain West Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	3,088	\$1,094	\$2,110
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,067	\$1,100	\$1,373
43239	UGI ENDO; W/BX 1/MX	981	\$1,099	\$1,487
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	660	\$1,100	\$1,466
45384	COLONOSCOPY FLEX; REMV LES-FORCE	188	\$1,100	\$1,384
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	75	\$1,100	\$1,720
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	56	\$825	\$1,151
43248	UGI ENDO; W/INSRT GUIDE WIRE	14	\$1,100	\$1,615
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	11	\$1,100	\$882
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	8	\$1,096	\$993
43200	ESOPHAGOSCOPY; DX-SEP PROC	5	\$1,100	\$1,225
43244	UGI ENDO; W/BAND LIG VARICES	4	\$1,100	\$1,159
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	4	\$825	\$910
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	\$825	\$887
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	\$1,100	\$1,807
43255	UGI ENDO; W/CONTRL BLEED ANY MET	1	\$1,100	\$1,783
44360	SM INTEST ENDO NOT ILEUM; DX-SP	1	\$1,100	\$1,424
44363	SM INTEST ENDO NOT ILEUM;W/REMV	1	\$1,100	\$1,100
44388	COLONOSCOPY-STOMA; DX-SEP PROC	1	\$825	\$837
44392	COLONOSCPY-STOMA; W/REMV TUMOR/L	1	\$1,100	\$1,100

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

432 Mountain West Endoscopy Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	2,035
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	406
07 GASTROINTESTINAL SYSTEM PROCEDURES	4,970	56,178
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	43	1,474
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	110
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	181
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,374	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	270	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,642	27,945
137 THERAPEUTIC COLONOSCOPY	629	5,119

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

432 Mountain West Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,088	\$1,094	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$825	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$825	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	721	\$1,079	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	44	\$1,099	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,049	\$1,099	\$1,428
	137 THERAPEUTIC COLONOSCOPY	267	\$1,100	\$1,433

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

432 Mountain West Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,925	48.6	58,453	53.4
Male	2,036	51.4	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	0	0.0	2,365	2.2
10-14	0	0.0	1,379	1.3
15-17	8	0.2	1,601	1.5
18-19	17	0.4	1,199	1.1
20-24	88	2.2	3,480	3.2
25-29	134	3.4	3,698	3.4
30-34	139	3.5	4,426	4.0
35-39	143	3.6	4,243	3.9
40-44	197	5.0	4,564	4.2
45-49	239	6.0	5,867	5.4
50-54	755	19.1	11,244	10.3
55-59	559	14.1	10,186	9.3
60-64	480	12.1	10,132	9.3
65-69	476	12.0	11,631	10.6
70-74	341	8.6	10,489	9.6
75-79	210	5.3	8,521	7.8
80-84	131	3.3	5,712	5.2
85-89	40	1.0	2,451	2.2
90 +	4	0.1	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,118	78.7	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	843	21.3	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

432 Mountain West Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,961	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,090	27.5	33,479	30.6
Medicaid	61	1.5	7,670	7.0
Other government	113	2.9	4,216	3.8
Blue Cross/Blue Shield	1,130	28.5	21,897	20.0
Other Commercial	173	4.4	7,701	7.0
Managed Care(HMO, PPO)	1,353	34.2	29,599	27.0
Self Pay	41	1.0	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6	0.2	4,392	4.0
Central Utah	3	0.1	1,530	1.4
Davis County	204	5.2	15,000	13.7
Salt Lake County	3,330	84.1	36,614	33.4
Southeastern Utah	13	0.3	937	0.9
Southwest Utah	11	0.3	11,999	11.0
Summit County	76	1.9	1,515	1.4
Tooele County	93	2.3	1,745	1.6
Tri-County	21	0.5	453	0.4
Utah County	72	1.8	14,719	13.4
Wasatch County	10	0.3	467	0.4
Weber County	14	0.4	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	108	2.7	5,977	5.5
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, 2010
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)	974	100.0	57,411	100.0
Mastectomy (85.0-85.99)	0	0.0	950	1.7
Musculoskeletal (76.0-84.99)	0	0.0	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	0	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	119	0.2
Digestive System (42.0-54.99)	974	100.0	16,552	28.8
Urinary (55.0-59.99)	0	0.0	473	0.8
Male Genital (60.0-64.99)	0	0.0	249	0.4
Female Genital (65.0-71.99)	0	0.0	660	1.1
Endocrine/Nervous (01.0-07.99)	0	0.0	3,982	6.9
Eye (08.0-16.99)	0	0.0	8,444	14.7
Ear (18.0-20.99)	0	0.0	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,994	17.4
Reporting Category(CPT-4 CODES)	6,640	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	0	0.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	6,640	100.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
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		974	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	278	28.5	2.47
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	277	28.4	5.85
4523	COLONOSCOPY	179	18.4	6.50
4292	DILAT ESOPH	174	17.9	1.25
4513	OTH ENDO SM INTESTINE	32	3.3	0.79
4525	CLO [ENDO] BX LG INTESTINE	14	1.4	8.01
4422	ENDO DILAT PYLORUS	7	0.7	0.06
4225	OP BX ESOPH	5	0.5	0.01
4543	ENDO DEST OTH LES/TISS LG INTEST	3	0.3	0.27
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	2	0.2	0.01
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	0.2	0.02
4696	LOC PERFUSION LG INTESTINE	1	0.1	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,640	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,665	25.1	8.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,613	24.3	10.27
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,375	20.7	9.19
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	948	14.3	1.04
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	293	4.4	2.72
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	241	3.6	1.46
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	196	3.0	1.54
43247	UGI ENDO; W/REMOVAL FB	50	0.8	0.06
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	50	0.8	0.09
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	46	0.7	0.09
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	28	0.4	0.07
43248	UGI ENDO; W/INSRT GUIDE WIRE	19	0.3	0.32
43255	UGI ENDO; W/CONTRL BLEED ANY MET	15	0.2	0.05
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	10	0.2	0.01
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	9	0.1	0.05
45381	COLNSCP PROX SPLENC FLXR/SUBMUC	9	0.1	0.34
43264	ERCP; REMV CALCU BILLI&/PANC DUCT	7	0.1	0.01
43244	UGI ENDO; W/BAND LIG VARICES	6	0.1	0.05
43258	UGI ENDO; W/ABLAT LES NOT SNARE	6	0.1	0.02
43262	ERCP; W/SPHINCTEROTOMY/PAPILLOTO	6	0.1	0.01

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		586	\$1,878	\$1,576
4542	ENDO POLYPECTOMY LG INTESTINE	237	\$1,900	\$1,214
4523	COLONOSCOPY	177	\$1,893	\$946
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	126	\$1,915	\$906
4513	OTH ENDO SM INTESTINE	13	\$1,270	\$623
4525	CLO [ENDO] BX LG INTESTINE	12	\$1,270	\$817
4292	DILAT ESOPH	9	\$1,830	\$753
4225	OP BX ESOPH	5	\$1,160	\$1,160
4422	ENDO DILAT PYLORUS	4	\$3,325	\$1,272
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	2	\$2,580	\$1,841
4543	ENDO DEST OTH LES/TISS LG INTEST	1	\$1,270	\$646

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,271	\$1,249	\$2,110
45378	COLONOSCOPY FLEX; DX-SEP PROC	465	\$1,158	\$1,487
45380	COLONOSCOPY FLEX; W/BX 1/MX	431	\$1,348	\$1,373
43239	UGI ENDO; W/BX 1/MX	200	\$1,407	\$1,466
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	43	\$1,401	\$1,384
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	33	\$812	\$1,151
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	15	\$1,186	\$1,615
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	13	\$1,157	\$910
43247	UGI ENDO; W/REMOVAL FB	10	\$685	\$1,044
43255	UGI ENDO; W/CONTRL BLEED ANY MET	10	\$908	\$1,783
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	10	\$686	\$887
43244	UGI ENDO; W/BAND LIG VARICES	6	\$777	\$1,343
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	5	\$970	\$993
43260	ERCP; DX W/WO CLCT SPEC SEP PROC	4	\$955	\$955
43269	ERCP; REMOVAL FB &OR CHG TUBE/ST	4	\$1,214	\$1,214
43248	UGI ENDO; W/INSRT GUIDE WIRE	3	\$1,503	\$882
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	2	\$548	\$896
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	2	\$1,005	\$2,022
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	\$2,580	\$1,839
44388	COLONOSCOPY-STOMA; DX-SEP PROC	2	\$1,270	\$837
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	\$947	\$1,807

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, 2010
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	6,639	56,178
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	948	1,474
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	29	110
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	66	181
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,910	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	354	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,995	27,945
137 THERAPEUTIC COLONOSCOPY	313	5,119
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	24	33

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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 CHR	AVE TOT CHR(ALL FASCs)
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,270	\$1,249	\$1,533
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,270	\$1,263
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$651	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	\$1,067	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	235	\$1,316	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	54	\$1,030	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	899	\$1,249	\$1,428
	137 THERAPEUTIC COLONOSCOPY	46	\$1,392	\$1,433
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	\$1,084	\$2,984

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	1,777	51.0	58,453	53.4
Male	1,705	49.0	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	0	0.0	2,365	2.2
10-14	0	0.0	1,379	1.3
15-17	2	0.1	1,601	1.5
18-19	28	0.8	1,199	1.1
20-24	105	3.0	3,480	3.2
25-29	95	2.7	3,698	3.4
30-34	129	3.7	4,426	4.0
35-39	119	3.4	4,243	3.9
40-44	157	4.5	4,564	4.2
45-49	214	6.1	5,867	5.4
50-54	598	17.2	11,244	10.3
55-59	518	14.9	10,186	9.3
60-64	432	12.4	10,132	9.3
65-69	352	10.1	11,631	10.6
70-74	301	8.6	10,489	9.6
75-79	238	6.8	8,521	7.8
80-84	128	3.7	5,712	5.2
85-89	55	1.6	2,451	2.2
90 +	11	0.3	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,482	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,480	99.9	102,076	93.2
Another Hospital	2	0.1	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	698	20.0	33,479	30.6
Medicaid	103	3.0	7,670	7.0
Other government	92	2.6	4,216	3.8
Blue Cross/Blue Shield	863	24.8	21,897	20.0
Other Commercial	294	8.4	7,701	7.0
Managed Care(HMO, PPO)	1,364	39.2	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	2	0.1	1,676	1.5
Charity and Unclassified	1	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	65	1.9	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,923	83.9	4,392	4.0
Central Utah	3	0.1	1,530	1.4
Davis County	9	0.3	15,000	13.7
Salt Lake County	16	0.5	36,614	33.4
Southeastern Utah	0	0.0	937	0.9
Southwest Utah	4	0.1	11,999	11.0
Summit County	1	0.0	1,515	1.4
Tooele County	8	0.2	1,745	1.6
Tri-County	0	0.0	453	0.4
Utah County	4	0.1	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	14	0.4	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	500	14.4	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

420 Ridgeline Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	57,411	100.0
Musculoskeletal (76.0-84.99)	.	.	950	1.7
Respiratory (30.0-34.99)	.	.	12,508	21.8
Cardiovascular (35.0-39.99)	.	.	83	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	17	0.0
Digestive System (42.0-54.99)	.	.	119	0.2
Urinary (55.0-59.99)	.	.	16,552	28.8
Male Genital (60.0-64.99)	.	.	473	0.8
Female Genital (65.0-71.99)	.	.	249	0.4
Endocrine/Nervous (01.0-07.99)	.	.	660	1.1
Eye (08.0-16.99)	.	.	3,982	6.9
Ear (18.0-20.99)	.	.	8,444	14.7
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,380	5.9
	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	7,722	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	0	0.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	7,722	100.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
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	7,722	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,597	33.6	8.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,328	30.1	9.19
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,261	16.3	10.27
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	900	11.7	1.54
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	261	3.4	2.72
45384	COLONOSCOPY FLEX; REMV LES-FORCE	95	1.2	0.27
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	53	0.7	1.46
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	46	0.6	1.04
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	44	0.6	0.03
43255	UGI ENDO; W/CONTRL BLEED ANY MET	29	0.4	0.05
43244	UGI ENDO; W/BAND LIG VARICES	15	0.2	0.05
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	12	0.2	0.07
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	9	0.1	0.05
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	9	0.1	0.09
43247	UGI ENDO; W/REMOVAL FB	8	0.1	0.06
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	6	0.1	0.01
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	6	0.1	0.05
G0105	COLOREC CANCR SCR; COLNSCPY HI R	6	0.1	0.09
43264	ERCP; REMV CALCU BILI&/PANC DUCT	5	0.1	0.01
43458	DILAT ESOPHAGUS W/BALLOON ACHALA	4	0.1	0.00

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

420 Ridgeline Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	5,441	\$2,950	\$2,110
43239	UGI ENDO; W/BX 1/MX	2,242	\$2,956	\$1,487
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,602	\$2,731	\$1,466
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1,124	\$3,052	\$1,373
45384	COLONOSCOPY FLEX; REMV LES-FORCE	161	\$3,159	\$1,384
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	85	\$3,089	\$1,720
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	75	\$2,875	\$1,615
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	47	\$2,562	\$1,151
43255	UGI ENDO; W/CONTRL BLEED ANY MET	43	\$7,373	\$7,373
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	15	\$2,800	\$1,783
43244	UGI ENDO; W/BAND LIG VARICES	10	\$2,400	\$887
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	5	\$2,980	\$1,343
43458	DILAT ESOPHAGUS W/BALLOON ACHALA	5	\$2,632	\$910
43228	ESOPHAGOSCOPY; W/ABLAT TUMOR	4	\$3,500	\$3,500
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	3	\$3,800	\$3,800
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	3	\$2,700	\$2,022
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	3	\$3,553	\$1,807
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	2	\$2,800	\$1,225
43760	CHANGE OF GASTROSTOMY TUBE	2	\$2,700	\$1,060
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	2	\$2,700	\$1,956
			\$2,800	\$1,275

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, 2010
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	45	3,884
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	45	56
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,673	56,178
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	50	1,474
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	110
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	181
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,650	14,861
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	972	3,120
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,599	27,945
	137 THERAPEUTIC COLONOSCOPY	370	5,119
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	33

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	43	\$7,373	\$2,966
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	43	\$7,373	\$6,957
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,396	\$2,915	\$1,533
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	\$3,233	\$1,263
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$2,400	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$2,609	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,649	\$2,726	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	105	\$2,897	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,366	\$2,988	\$1,428
	137 THERAPEUTIC COLONOSCOPY	252	\$3,136	\$1,433
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$20,210	\$2,984

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,579	54.5	58,453	53.4
Male	2,986	45.5	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	0	0.0	2,365	2.2
10-14	8	0.1	1,379	1.3
15-17	49	0.7	1,601	1.5
18-19	25	0.4	1,199	1.1
20-24	131	2.0	3,480	3.2
25-29	202	3.1	3,698	3.4
30-34	222	3.4	4,426	4.0
35-39	225	3.4	4,243	3.9
40-44	271	4.1	4,564	4.2
45-49	418	6.4	5,867	5.4
50-54	793	12.1	11,244	10.3
55-59	580	8.8	10,186	9.3
60-64	691	10.5	10,132	9.3
65-69	819	12.5	11,631	10.6
70-74	847	12.9	10,489	9.6
75-79	645	9.8	8,521	7.8
80-84	430	6.5	5,712	5.2
85-89	163	2.5	2,451	2.2
90 +	46	0.7	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	6,565	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	6,565	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	2,707	41.2	33,479	30.6
Medicaid	263	4.0	7,670	7.0
Other government	894	13.6	4,216	3.8
Blue Cross/Blue Shield	1,008	15.4	21,897	20.0
Other Commercial	560	8.5	7,701	7.0
Managed Care(HMO, PPO)	1,017	15.5	29,599	27.0
Self Pay	72	1.1	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	43	0.7	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	1	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	265	4.0	4,392	4.0
Central Utah	4	0.1	1,530	1.4
Davis County	1,769	26.9	15,000	13.7
Salt Lake County	21	0.3	36,614	33.4
Southeastern Utah	2	0.0	937	0.9
Southwest Utah	7	0.1	11,999	11.0
Summit County	25	0.4	1,515	1.4
Tooele County	1	0.0	1,745	1.6
Tri-County	2	0.0	453	0.4
Utah County	2	0.0	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	4,289	65.3	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	177	2.7	5,977	5.5
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, 2010
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)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	2,897	100.0	141,899	100.0
Mastectomy (19120-19220)	14	0.5	347	0.2
Musculoskeletal (20000-29909)	248	8.6	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	50	1.7	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	1,338	46.2	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	5	0.2	2,011	1.4
Endocrine/Nervous (60000-64999)	63	2.2	11,636	8.2
Eye (65091-68899)	672	23.2	25,437	17.9
Ear (69000-69979)	507	17.5	3,909	2.8

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, 2010
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	2,897	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,108	38.2	2.11
66984	EXTRACAPSULAR CATARACT REMV IOL	486	16.8	2.35
66821	DISCISSION 2ND CATARACT; LASER S	280	9.7	8.74
67311	STRABISMUS SURG; 1 HORIZONTAL MU	125	4.3	1.58
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	94	3.2	0.17
42820	T&A; UNDER AGE 12	88	3.0	0.30
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	72	2.5	1.01
28124	PARTIAL EXCISION BONE; PHALANX T	32	1.1	0.06
28285	CORRECTION HAMMERTOES	29	1.0	0.07
68811	PROBE NASOLACRIM DUCT; REQ GEN A	27	0.9	0.40
42821	T&A; AGE 12 OR OVER	25	0.9	0.07
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	20	0.7	0.44
66982	EXTRACAP CATARACT REMV W/IOL-CMP	18	0.6	0.11
28296	HALLUX VALGUS; W/METATARSAL OSTE	18	0.6	0.52
40819	EXCISION OF FRENUM LABIAL OR BUC	17	0.6	0.20
67028	INTRAVITREAL INJ PHARMACOLOGIC A	17	0.6	0.03
49600	REPR SMALL OMPHALOCELE W/PRIM CL	17	0.6	0.46
28080	EXC INTERDIGITL NEUROMA SINGLE EA	13	0.4	0.01
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	12	0.4	0.21
		11	0.4	0.06

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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 CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,013	\$1,840	\$2,110
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,084	\$1,847	\$2,175
66984	EXTRACAPSULAR CATARACT REMV IOL	275	\$2,418	\$2,924
66821	DISCISSION 2ND CATARACT; LASER S	121	\$860	\$864
69436	TYMPANOSTOMY GENERAL ANESTHESIA	76	\$1,370	\$1,558
42820	T&A; UNDER AGE 12	56	\$1,905	\$1,636
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	27	\$1,144	\$1,919
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	26	\$1,864	\$1,692
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	18	\$3,675	\$4,751
68811	PROBE NASOLACRIM DUCT; REQ GEN A	17	\$1,547	\$1,399
66982	EXTRACAP CATARACT REMV W/IOL-CMP	16	\$2,657	\$4,017
42821	T&A; AGE 12 OR OVER	15	\$1,918	\$1,635
19140	MASTECTOMY FOR GYNECOMASTIA	10	\$694	\$926
29848	ENDO WRST SURG REL TRNS CARP LIG	10	\$2,551	\$2,879
28080	EXC INTERDIGITL NEUROMA SINGLE EA	9	\$1,655	\$2,280
28296	HALLUX VALGUS; W/METATARSAL OSTE	9	\$2,276	\$3,039
67028	INTRAVITREAL INJ PHARMACOLOGIC A	9	\$446	\$705
68815	PROBE NASOLAC DUCT; W/INSERT TUB	9	\$1,547	\$2,174
49600	REPR SMALL OMPHALOCELE W/PRIM CL	8	\$741	\$741
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	8	\$1,553	\$1,754
67108	REPR RETINAL DETACH; W/VITRECTOM	8	\$3,417	\$5,884

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, 2010
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	14	2,035
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	32
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	1,223
	013 LEVEL II SKIN REPAIR	1	87
02	BREAST PROCEDURES	4	321
	020 LEVEL I BREAST PROCEDURES	4	321
03	MUSCULOSKELETAL SYSTEM PROCEDURES	222	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	1,566
	033 LEVEL I HAND PROCEDURES	26	1,620
	034 LEVEL II HAND PROCEDURES	2	386
	035 LEVEL I FOOT PROCEDURES	108	2,148
	036 LEVEL II FOOT PROCEDURES	14	458
	037 LEVEL I ARTHROSCOPY	11	8,703
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	161
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	245
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	8	1,425
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	203
	045 BUNION PROCEDURES	23	628
	046 LEVEL I ARTHROPLASTY	1	218
	048 HAND AND FOOT TENOTOMY	2	115
07	GASTROINTESTINAL SYSTEM PROCEDURES	22	56,178
	139 LEVEL I HERNIA REPAIR	7	991
	140 LEVEL II HERNIA REPAIR	15	218
10	FEMALE REPRODUCTIVE SYSTEM	5	1,078
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	75
11	NEUROLOGIC SYSTEM PROCEDURES	65	11,446
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	1,907
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	19
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	10
	217 LEVEL I NERVE PROCEDURES	22	1,849
	218 LEVEL II NERVE PROCEDURES	1	118
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	14	7,281
	221 LAMINOTOMY AND LAMINECTOMY	18	189
	223 LEVEL III NERVE PROCEDURES	1	66
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	668	25,118
	232 LASER EYE PROCEDURES	130	3,038
	233 CATARACT PROCEDURES	315	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	720
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	21	761
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	23	1,150
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	116	630
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	39	1,054

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

427 Riverwoods Surgery Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	14	2,204
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,878	15,218
252	LEVEL I FACIAL AND ENT PROCEDURES	1,610	9,196
253	LEVEL II FACIAL AND ENT PROCEDURES	37	501
254	LEVEL III FACIAL AND ENT PROCEDURES	14	1,733
255	LEVEL IV FACIAL AND ENT PROCEDURES	34	550
256	TONSIL AND ADENOID PROCEDURES	183	3,236

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	9	\$1,794	\$1,912
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,730	\$1,953
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$1,407	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	\$1,934	\$2,137
02	BREAST PROCEDURES	2	\$1,608	\$1,217
	020 LEVEL I BREAST PROCEDURES	2	\$1,608	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	100	\$2,013	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$1,774	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$2,106	\$3,702
	033 LEVEL I HAND PROCEDURES	15	\$1,938	\$2,232
	034 LEVEL II HAND PROCEDURES	1	\$2,947	\$2,745
	035 LEVEL I FOOT PROCEDURES	39	\$1,636	\$2,504
	036 LEVEL II FOOT PROCEDURES	4	\$1,810	\$3,680
	037 LEVEL I ARTHROSCOPY	10	\$2,551	\$4,139
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$1,155	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$1,075	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	6	\$3,159	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,217	\$1,745
	045 BUNION PROCEDURES	11	\$2,755	\$3,215
	048 HAND AND FOOT TENOTOMY	1	\$1,656	\$1,731
07	GASTROINTESTINAL SYSTEM PROCEDURES	13	\$1,218	\$1,533
	139 LEVEL I HERNIA REPAIR	5	\$1,982	\$2,662
	140 LEVEL II HERNIA REPAIR	8	\$741	\$2,604
10	FEMALE REPRODUCTIVE SYSTEM	5	\$1,094	\$1,920
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	\$1,094	\$1,575
11	NEUROLOGIC SYSTEM PROCEDURES	41	\$2,472	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$275	\$754
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$2,250	\$2,697
	217 LEVEL I NERVE PROCEDURES	11	\$1,622	\$2,141
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	\$1,619	\$900
	221 LAMINOTOMY AND LAMINECTOMY	18	\$3,675	\$4,534
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	515	\$1,914	\$2,678
	232 LASER EYE PROCEDURES	125	\$853	\$857
	233 CATARACT PROCEDURES	298	\$2,424	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,547	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	\$1,624	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,448	\$5,915
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	12	\$561	\$807
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	12	\$3,152	\$5,214
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	19	\$1,839	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	29	\$1,502	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$1,479	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,313	\$1,802	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,164	\$1,814	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	18	\$1,273	\$1,939

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
254 LEVEL III FACIAL AND ENT PROCEDURES	5	\$2,016	\$3,181
255 LEVEL IV FACIAL AND ENT PROCEDURES	28	\$1,216	\$2,988
256 TONSIL AND ADENOID PROCEDURES	98	\$1,903	\$1,630

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

427 Riverwoods Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,245	51.9	58,453	53.4
Male	1,154	48.1	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	100	4.2	630	0.6
1-4 years	1,121	46.7	4,936	4.5
5-9	294	12.3	2,365	2.2
10-14	47	2.0	1,379	1.3
15-17	30	1.3	1,601	1.5
18-19	18	0.8	1,199	1.1
20-24	34	1.4	3,480	3.2
25-29	38	1.6	3,698	3.4
30-34	33	1.4	4,426	4.0
35-39	37	1.5	4,243	3.9
40-44	26	1.1	4,564	4.2
45-49	48	2.0	5,867	5.4
50-54	50	2.1	11,244	10.3
55-59	49	2.0	10,186	9.3
60-64	66	2.8	10,132	9.3
65-69	108	4.5	11,631	10.6
70-74	111	4.6	10,489	9.6
75-79	94	3.9	8,521	7.8
80-84	60	2.5	5,712	5.2
85-89	26	1.1	2,451	2.2
90 +	9	0.4	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,399	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,399	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	328	13.7	33,479	30.6
Medicaid	1,131	47.1	7,670	7.0
Other government	15	0.6	4,216	3.8
Blue Cross/Blue Shield	187	7.8	21,897	20.0
Other Commercial	126	5.3	7,701	7.0
Managed Care(HMO, PPO)	371	15.5	29,599	27.0
Self Pay	207	8.6	1,712	1.6
Industrial & Worker Comp	15	0.6	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	19	0.8	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,392	4.0
Central Utah	160	6.7	1,530	1.4
Davis County	11	0.5	15,000	13.7
Salt Lake County	47	2.0	36,614	33.4
Southeastern Utah	84	3.5	937	0.9
Southwest Utah	7	0.3	11,999	11.0
Summit County	5	0.2	1,515	1.4
Tooele County	1	0.0	1,745	1.6
Tri-County	19	0.8	453	0.4
Utah County	2,024	84.4	14,719	13.4
Wasatch County	16	0.7	467	0.4
Weber County	3	0.1	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	22	0.9	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

407 Salt Lake Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	57,411	100.0
Musculoskeletal (76.0-84.99)	.	.	950	1.7
Respiratory (30.0-34.99)	.	.	12,508	21.8
Cardiovascular (35.0-39.99)	.	.	83	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	17	0.0
Digestive System (42.0-54.99)	.	.	119	0.2
Urinary (55.0-59.99)	.	.	16,552	28.8
Male Genital (60.0-64.99)	.	.	473	0.8
Female Genital (65.0-71.99)	.	.	249	0.4
Endocrine/Nervous (01.0-07.99)	.	.	660	1.1
Eye (08.0-16.99)	.	.	3,982	6.9
Ear (18.0-20.99)	.	.	8,444	14.7
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,380	5.9
			9,994	17.4
Reporting Category(CPT-4 CODES)	2,376	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	235	9.9	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	220	9.3	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	1	0.0	195	0.1
Digestive (40490-49999)	750	31.6	62,638	44.1
Urinary (50010-53899)	198	8.3	2,047	1.4
Male Genital (54000-55899)	92	3.9	960	0.7
Female Genital (56405-58999)	26	1.1	2,011	1.4
Endocrine/Nervous (60000-64999)	471	19.8	11,636	8.2
Eye (65091-68899)	282	11.9	25,437	17.9
Ear (69000-69979)	101	4.3	3,909	2.8

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, 2010
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	2,376	100.0	100.0
64623	DESTRUC FACET JT NRV; L/S-EA AD	591	24.9	2.11
69436	TYMPANOSTOMY GENERAL ANESTHESIA	89	3.7	0.51
30140	SUBMUCOS RES TURBINATE PART/CMPL	79	3.3	2.35
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	72	3.0	1.39
66984	EXTRACAPSULAR CATARACT REMV IOL	60	2.5	1.07
64627	DESTRUC FACET NRV; CRV/THOR-EA A	55	2.3	8.74
42820	T&A; UNDER AGE 12	51	2.1	0.18
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	50	2.1	1.01
52332	CYSTOURETHROSCOPY W/INSRT STENT	48	2.0	0.30
67900	REPAIR OF BROW PTOSIS	46	1.9	0.24
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	46	1.9	0.10
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	45	1.9	0.55
42821	T&A; AGE 12 OR OVER	39	1.6	0.96
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	37	1.6	0.44
64626	DESTRUC FACET NRV; CERV/THOR 1 L	37	1.6	1.20
28285	CORRECTION HAMMERTOES	29	1.2	0.10
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	27	1.1	0.40
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	27	1.1	0.28
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	25	1.1	0.05
		24	1.0	0.41

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2010
 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		1,201	\$2,255	\$2,110
41899	UNLIST PROC DENTOALVEOL STRUCTUR	588	\$2,351	\$2,175
66984	EXTRACAPSULAR CATARACT REMV IOL	55	\$2,053	\$2,924
42820	T&A; UNDER AGE 12	45	\$1,602	\$1,636
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	40	\$866	\$768
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	33	\$6,505	\$7,847
42821	T&A; AGE 12 OR OVER	30	\$2,129	\$1,635
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	20	\$1,702	\$1,579
52260	CYSTOURETHROSCPY W/DILAT; GEN AN	19	\$1,924	\$2,073
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	18	\$1,275	\$1,981
20926	TISSUE GRAFTS OTHER	12	\$2,528	\$5,907
55400	VASOVASOSTOMY VASOVASORRHAPHY	12	\$2,310	\$2,312
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	11	\$1,257	\$2,555
55040	EXCISION OF HYDROCELE; UNILATERA	11	\$1,811	\$2,562
52235	CYSTOURETHROSCOPY W/FULG; MED TU	10	\$1,449	\$2,025
52332	CYSTOURETHROSCOPY W/INSRT STENT	9	\$2,077	\$4,004
67900	REPAIR OF BROW PTOSIS	9	\$1,551	\$3,197
28285	CORRECTION HAMMERTOE	8	\$1,277	\$2,467
52000	CYSTOURETHROSCOPY-SEP PROC	8	\$1,400	\$1,625
64520	INJECTION ANES AGT; LUMBAR/THOR	8	\$1,085	\$887
28080	EXC INTERDIGITL NEUROMA SINGLE EA	6	\$2,032	\$2,280

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	64	2,035
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	44
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	32
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	406
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	1,223
013 LEVEL II SKIN REPAIR	19	87
014 LEVEL III SKIN REPAIR	14	103
03 MUSCULOSKELETAL SYSTEM PROCEDURES	154	21,724
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	1,566
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	794
033 LEVEL I HAND PROCEDURES	6	1,620
034 LEVEL II HAND PROCEDURES	1	386
035 LEVEL I FOOT PROCEDURES	89	2,148
036 LEVEL II FOOT PROCEDURES	5	458
037 LEVEL I ARTHROSCOPY	6	8,703
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	14	1,425
045 BUNION PROCEDURES	15	628
048 HAND AND FOOT TENOTOMY	1	115
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	684
04 RESPIRATORY PROCEDURES	53	3,884
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	14	526
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	39	3,298
07 GASTROINTESTINAL SYSTEM PROCEDURES	51	56,178
139 LEVEL I HERNIA REPAIR	25	991
140 LEVEL II HERNIA REPAIR	4	218
142 LEVEL II ANAL AND RECTAL PROCEDURES	1	327
145 LEVEL I LAPAROSCOPY	1	199
146 LEVEL II LAPAROSCOPY	11	662
147 LEVEL III LAPAROSCOPY	9	709
08 GENITOURINARY SYSTEM PROCEDURES	191	2,210
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	45	785
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	102	675
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	42	506
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	15
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	224
09 MALE REPRODUCTIVE SYSTEM	77	687
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	39	362
181 CIRCUMCISION	26	259
182 INSERTION OF PENILE PROSTHESIS	2	3
184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	49
185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	13
10 FEMALE REPRODUCTIVE SYSTEM	15	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	181
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	143
199 DILATION AND CURETTAGE	1	38
200 HYSTEROSCOPY	5	297

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
11 NEUROLOGIC SYSTEM PROCEDURES	472	11,446
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	90	1,907
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	8	19
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	7	10
217 LEVEL I NERVE PROCEDURES	7	1,849
218 LEVEL II NERVE PROCEDURES	14	118
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	338	7,281
221 LAMINOTOMY AND LAMINECTOMY	1	189
223 LEVEL III NERVE PROCEDURES	7	66
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	279	25,118
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	247
233 CATARACT PROCEDURES	58	13,482
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	593
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	720
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	761
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,150
239 STRABISMUS AND MUSCLE EYE PROCEDURES	70	630
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	12	1,054
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	126	2,204
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	999	15,218
252 LEVEL I FACIAL AND ENT PROCEDURES	763	9,196
253 LEVEL II FACIAL AND ENT PROCEDURES	17	501
254 LEVEL III FACIAL AND ENT PROCEDURES	53	1,733
255 LEVEL IV FACIAL AND ENT PROCEDURES	47	550
256 TONSIL AND ADENOID PROCEDURES	119	3,236

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	25	\$2,166	\$1,912
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$1,736	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$1,862	\$2,137
	014 LEVEL III SKIN REPAIR	12	\$2,528	\$5,207
03	MUSCULOSKELETAL SYSTEM PROCEDURES	53	\$2,311	\$3,477
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$3,897	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$5,328	\$3,913
	033 LEVEL I HAND PROCEDURES	2	\$1,709	\$2,232
	035 LEVEL I FOOT PROCEDURES	27	\$1,677	\$2,504
	036 LEVEL II FOOT PROCEDURES	3	\$3,046	\$3,680
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	9	\$2,460	\$3,342
	045 BUNION PROCEDURES	6	\$2,948	\$3,215
07	GASTROINTESTINAL SYSTEM PROCEDURES	28	\$2,833	\$1,533
	139 LEVEL I HERNIA REPAIR	16	\$2,075	\$2,662
	140 LEVEL II HERNIA REPAIR	3	\$4,412	\$2,604
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$4,135	\$1,223
	145 LEVEL I LAPAROSCOPY	1	\$1,811	\$2,618
	146 LEVEL II LAPAROSCOPY	4	\$4,177	\$3,903
	147 LEVEL III LAPAROSCOPY	3	\$3,417	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	110	\$3,085	\$4,967
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	33	\$6,505	\$7,847
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	41	\$1,603	\$2,453
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	36	\$1,638	\$2,812
09	MALE REPRODUCTIVE SYSTEM	50	\$2,036	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	18	\$2,179	\$2,565
	181 CIRCUMCISION	20	\$1,297	\$834
	182 INSERTION OF PENILE PROSTHESIS	2	\$9,900	\$8,153
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	\$1,704	\$3,733
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,479	\$2,200
10	FEMALE REPRODUCTIVE SYSTEM	8	\$2,240	\$1,920
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	\$2,341	\$3,492
	200 HYSTEROSCOPY	1	\$1,533	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	81	\$1,514	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	46	\$894	\$754
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$2,846	\$2,697
	217 LEVEL I NERVE PROCEDURES	3	\$1,355	\$2,141
	218 LEVEL II NERVE PROCEDURES	1	\$4,239	\$2,871
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	25	\$1,066	\$900
	221 LAMINOTOMY AND LAMINECTOMY	1	\$8,560	\$4,534
	223 LEVEL III NERVE PROCEDURES	2	\$14,713	\$10,618
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	103	\$2,250	\$2,678
	233 CATARACT PROCEDURES	57	\$2,037	\$2,990
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,154	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	\$7,165	\$5,915
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$2,367	\$3,351

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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 CHRG	AVE TOT CHRG(ALL FASCs)
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,184	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	28	\$1,635	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	737	\$2,215	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	600	\$2,329	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	12	\$1,205	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	10	\$1,652	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	20	\$1,704	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	95	\$1,785	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	837	51.3	58,453	53.4
Male	794	48.7	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	12	0.7	630	0.6
1-4 years	509	31.2	4,936	4.5
5-9	143	8.8	2,365	2.2
10-14	30	1.8	1,379	1.3
15-17	33	2.0	1,601	1.5
18-19	25	1.5	1,199	1.1
20-24	43	2.6	3,480	3.2
25-29	49	3.0	3,698	3.4
30-34	60	3.7	4,426	4.0
35-39	61	3.7	4,243	3.9
40-44	43	2.6	4,564	4.2
45-49	53	3.2	5,867	5.4
50-54	74	4.5	11,244	10.3
55-59	89	5.5	10,186	9.3
60-64	72	4.4	10,132	9.3
65-69	98	6.0	11,631	10.6
70-74	69	4.2	10,489	9.6
75-79	69	4.2	8,521	7.8
80-84	54	3.3	5,712	5.2
85-89	33	2.0	2,451	2.2
90 +	12	0.7	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,631	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	1,631	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	277	17.0	33,479	30.6
Medicaid	610	37.4	7,670	7.0
Other government	17	1.0	4,216	3.8
Blue Cross/Blue Shield	406	24.9	21,897	20.0
Other Commercial	35	2.1	7,701	7.0
Managed Care(HMO, PPO)	163	10.0	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	23	1.4	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	100	6.1	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.4	4,392	4.0
Central Utah	6	0.4	1,530	1.4
Davis County	82	5.0	15,000	13.7
Salt Lake County	1,242	76.1	36,614	33.4
Southeastern Utah	5	0.3	937	0.9
Southwest Utah	9	0.6	11,999	11.0
Summit County	32	2.0	1,515	1.4
Tooele County	33	2.0	1,745	1.6
Tri-County	16	1.0	453	0.4
Utah County	40	2.5	14,719	13.4
Wasatch County	10	0.6	467	0.4
Weber County	19	1.2	14,145	12.9
Unknown Utah	3	0.2	17	0.0
Outside Utah	127	7.8	5,977	5.5
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, 2010
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)	5,311	100.0	57,411	100.0
Mastectomy (85.0-85.99)	407	7.7	950	1.7
Musculoskeletal (76.0-84.99)	1,630	30.7	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	2	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	1	0.0	119	0.2
Digestive System (42.0-54.99)	1,302	24.5	16,552	28.8
Urinary (55.0-59.99)	59	1.1	473	0.8
Male Genital (60.0-64.99)	32	0.6	249	0.4
Female Genital (65.0-71.99)	44	0.8	660	1.1
Endocrine/Nervous (01.0-07.99)	672	12.7	3,982	6.9
Eye (08.0-16.99)	45	0.8	8,444	14.7
Ear (18.0-20.99)	325	6.1	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	792	14.9	9,994	17.4
Reporting Category(CPT-4 CODES)	5,057	100.0	141,899	100.0
Mastectomy (19120-19220)	8	0.2	347	0.2
Musculoskeletal (20000-29909)	1,744	34.5	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	102	2.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	2	0.0	195	0.1
Digestive (40490-49999)	2,008	39.7	62,638	44.1
Urinary (50010-53899)	60	1.2	2,047	1.4
Male Genital (54000-55899)	32	0.6	960	0.7
Female Genital (56405-58999)	75	1.5	2,011	1.4
Endocrine/Nervous (60000-64999)	675	13.3	11,636	8.2
Eye (65091-68899)	17	0.3	25,437	17.9
Ear (69000-69979)	332	6.6	3,909	2.8

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, 2010
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		5,311	100.0	100.0
4523	COLONOSCOPY	460	8.7	6.50
2499	OTH DENTAL OPER	397	7.5	0.91
2001	MYRINGOTOMY W/INSRT TUBE	300	5.6	5.00
042	DESTRUC CRANIAL & PERIPH NERV	297	5.6	0.93
4525	CLO [ENDO] BX LG INTESTINE	280	5.3	8.01
806	EXC SEMILUNAR CARTILAGE-KNEE	276	5.2	3.22
8553	UNILAT BREAST IMPLNT	225	4.2	0.42
283	TONSILLECTOMY W/ADENOIDECTOMY	145	2.7	2.98
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	130	2.4	1.49
8076	SYNOVECT-KNEE	105	2.0	0.64
0309	OTH EXPLOR & DECOMP SPINAL CANAL	93	1.8	0.16
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	92	1.7	0.76
8183	OTH REPR SHLDR	92	1.7	1.73
8363	ROTATOR CUFF REPR	81	1.5	0.88
286	ADENOIDECTOMY WO TONSILLECTOMY	68	1.3	0.62
4542	ENDO POLYPECTOMY LG INTESTINE	67	1.3	2.47
4949	OTH PROC HEMORRHOIDS	67	1.3	0.18
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	64	1.2	5.85
282	TONSILLECTOMY WO ADENOIDECTOMY	63	1.2	0.90
7756	REPR HAMMER TOE	63	1.2	0.61

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,057	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	460	9.1	9.19
41899	UNLIST PROC DENTOALVEOL STRUCTUR	397	7.9	2.11
69436	TYMPANOSTOMY GENERAL ANESTHESIA	300	5.9	2.35
45380	COLONOSCOPY FLEX; W/BX 1/MX	275	5.4	10.27
64623	DESTRUC FACET JT NRV; L/S-EA AD	181	3.6	0.51
29881	SCOPE KNEE SURG;W/MENISCECT MED/	180	3.6	1.54
29879	SCOPE KNEE SURG; ABRASION ARTHPL	122	2.4	0.30
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	116	2.3	0.30
42820	T&A; UNDER AGE 12	111	2.2	1.01
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	98	1.9	0.15
29823	SCOPE SHOULDER SURGICAL; DEBRID	91	1.8	0.24
29880	SCOPE KNEE SURG;W/MENISCECT MED&	85	1.7	0.46
29826	SCOPE SHOULDER; DECOMP SUBACROM	79	1.6	1.11
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	76	1.5	0.11
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	67	1.3	2.72
46947	HEMORRHOIDOPEXY BY STAPLING	67	1.3	0.07
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	64	1.3	0.30
43239	UGI ENDO; W/BX 1/MX	64	1.3	8.95
28285	CORRECTION HAMMERTOE	63	1.2	0.40
23120	CLAVICULECTOMY; PARTIAL	55	1.1	0.10

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		2,320	\$1,126	\$1,576
4523	COLONOSCOPY	423	\$673	\$946
2499	OTH DENTAL OPER	397	\$1,086	\$1,583
4525	CLO [ENDO] BX LG INTESTINE	229	\$807	\$817
283	TONSILLECTOMY W/ADENOIDECTOMY	121	\$983	\$1,702
806	EXC SEMILUNAR CARTILAGE-KNEE	102	\$1,359	\$2,514
0309	OTH EXPLOR & DECOMP SPINAL CANAL	56	\$3,349	\$3,290
282	TONSILLECTOMY WO ADENOIDECTOMY	49	\$987	\$1,501
4495	4495	49	\$4,400	\$4,400
4542	ENDO POLYPECTOMY LG INTESTINE	44	\$754	\$1,214
4949	OTH PROC HEMORRHOIDS	44	\$1,482	\$1,742
4543	ENDO DEST OTH LES/TISS LG INTEST	37	\$636	\$646
4959	OTH ANAL SPHINCTEROTOMY	35	\$843	\$658
4912	ANAL FISTULECTOMY	34	\$959	\$912
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	29	\$710	\$906
8076	SYNOVECT-KNEE	29	\$1,441	\$2,817
5123	LAP CHOLEY	28	\$1,801	\$4,257
8221	EXC LES TENDON SHEATH HAND	27	\$1,180	\$1,422
594	SUPRAPUBIC SLING OPER	26	\$1,298	\$2,604
0443	RELEASE CARPAL TUNNEL	22	\$908	\$2,028
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	18	\$1,161	\$2,317

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,324	\$1,137	\$2,110
45378	COLONOSCOPY FLEX; DX-SEP PROC	422	\$668	\$1,487
41899	UNLIST PROC DENTOALVEOL STRUCTUR	397	\$1,086	\$2,175
45380	COLONOSCOPY FLEX; W/BX 1/MX	223	\$817	\$1,373
42820	T&A; UNDER AGE 12	88	\$926	\$1,636
29881	SCOPE KNEE SURG;W/MENISCECT MED/	71	\$1,419	\$3,731
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	52	\$3,316	\$4,751
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	44	\$754	\$1,384
46947	HEMORRHOIDOPEXY BY STAPLING	44	\$1,482	\$1,333
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	41	\$988	\$1,579
43770	43770	40	\$4,400	\$4,874
45383	COLONOSCOPY FLEX; W/ABLAT LES	37	\$636	\$1,452
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	34	\$838	\$819
29880	SCOPE KNEE SURG;W/MENISCECT MED&	32	\$1,265	\$4,240
42821	T&A; AGE 12 OR OVER	29	\$1,119	\$1,635
43239	UGI ENDO; W/BX 1/MX	29	\$710	\$1,466
47562	LAPAROSCOPY SURGICAL; CHOLECT	26	\$1,819	\$4,681
57288	SLING OPERATION STRESS INCONTINE	25	\$1,316	\$3,672
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	23	\$1,462	\$2,639
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	20	\$802	\$1,754
25111	EXCISION OF GANGLION WRIST; PRIM	19	\$1,075	\$2,233

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, 2010
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	84	2,035
004 LEVEL II SKIN INCISION AND DRAINAGE	2	32
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	32
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	14	40
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	406
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	54	1,223
014 LEVEL III SKIN REPAIR	4	103
02 BREAST PROCEDURES	8	321
020 LEVEL I BREAST PROCEDURES	8	321
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1,662	21,724
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	554
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	162	1,566
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	88	794
033 LEVEL I HAND PROCEDURES	87	1,620
034 LEVEL II HAND PROCEDURES	6	386
035 LEVEL I FOOT PROCEDURES	196	2,148
036 LEVEL II FOOT PROCEDURES	28	458
037 LEVEL I ARTHROSCOPY	770	8,703
038 LEVEL II ARTHROSCOPY	109	1,790
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	245
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	82	1,425
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	203
045 BUNION PROCEDURES	57	628
046 LEVEL I ARTHROPLASTY	5	218
047 LEVEL II ARTHROPLASTY	2	21
048 HAND AND FOOT TENOTOMY	6	115
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	684
04 RESPIRATORY PROCEDURES	7	3,884
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	526
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	3,298
05 CARDIOVASCULAR PROCEDURES	2	33
091 VASCULAR LIGATION AND RECONSTRUCTION	2	5
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	184
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	147
07 GASTROINTESTINAL SYSTEM PROCEDURES	1,328	56,178
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	110
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	181
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	70	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	744	27,945
137 THERAPEUTIC COLONOSCOPY	114	5,119
139 LEVEL I HERNIA REPAIR	49	991
140 LEVEL II HERNIA REPAIR	9	218
141 LEVEL I ANAL AND RECTAL PROCEDURES	71	208
142 LEVEL II ANAL AND RECTAL PROCEDURES	137	327
143 LEVEL I GASTROINTESTINAL PROCEDURES	5	13

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
	145 LEVEL I LAPAROSCOPY	11	199
	146 LEVEL II LAPAROSCOPY	41	662
	147 LEVEL III LAPAROSCOPY	64	709
08	GENITOURINARY SYSTEM PROCEDURES	59	2,210
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	18	785
	162 URINARY CATHETERIZATION AND DILATATION	1	5
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	20	675
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	16	506
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	15
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	224
09	MALE REPRODUCTIVE SYSTEM	32	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	23	362
	181 CIRCUMCISION	7	259
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	49
10	FEMALE REPRODUCTIVE SYSTEM	57	1,078
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	181
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	12	75
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	28	143
	199 DILATION AND CURETTAGE	1	38
	200 HYSTEROSCOPY	9	297
11	NEUROLOGIC SYSTEM PROCEDURES	635	11,446
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	1,907
	217 LEVEL I NERVE PROCEDURES	83	1,849
	218 LEVEL II NERVE PROCEDURES	4	118
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	434	7,281
	221 LAMINOTOMY AND LAMINECTOMY	95	189
	223 LEVEL III NERVE PROCEDURES	3	66
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	17	25,118
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	247
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	720
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	12	2,204
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,112	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	782	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	27	501
	254 LEVEL III FACIAL AND ENT PROCEDURES	18	1,733
	255 LEVEL IV FACIAL AND ENT PROCEDURES	9	550
	256 TONSIL AND ADENOID PROCEDURES	276	3,236

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	36	\$821	\$1,912
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,259	\$1,953
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	\$593	\$1,085
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$832	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	28	\$846	\$2,137
02	BREAST PROCEDURES	7	\$1,101	\$1,217
	020 LEVEL I BREAST PROCEDURES	7	\$1,101	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	439	\$1,212	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$892	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$1,123	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$1,655	\$3,913
	033 LEVEL I HAND PROCEDURES	50	\$943	\$2,232
	034 LEVEL II HAND PROCEDURES	3	\$965	\$2,745
	035 LEVEL I FOOT PROCEDURES	50	\$942	\$2,504
	036 LEVEL II FOOT PROCEDURES	1	\$867	\$3,680
	037 LEVEL I ARTHROSCOPY	170	\$1,381	\$4,139
	038 LEVEL II ARTHROSCOPY	24	\$1,874	\$6,361
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$663	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	52	\$1,123	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$515	\$1,745
	045 BUNION PROCEDURES	27	\$1,074	\$3,215
	047 LEVEL II ARTHROPLASTY	2	\$1,148	\$4,140
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$758	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$758	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,041	\$973	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$295	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$237	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	30	\$705	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,915	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	653	\$718	\$1,428
	137 THERAPEUTIC COLONOSCOPY	81	\$700	\$1,433
	139 LEVEL I HERNIA REPAIR	33	\$1,092	\$2,662
	140 LEVEL II HERNIA REPAIR	3	\$1,059	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	46	\$793	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	90	\$1,180	\$1,223
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	\$1,879	\$1,285
	146 LEVEL II LAPAROSCOPY	38	\$1,725	\$3,903
	147 LEVEL III LAPAROSCOPY	54	\$3,815	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	40	\$2,264	\$4,967
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	15	\$4,731	\$7,847
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	11	\$703	\$2,453
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	11	\$857	\$2,812
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$695	\$1,848
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$864	\$2,143
09	MALE REPRODUCTIVE SYSTEM	18	\$999	\$1,737

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	10	\$1,143	\$2,565
181	CIRCUMCISION	7	\$777	\$834
184	LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$1,106	\$3,733
10	FEMALE REPRODUCTIVE SYSTEM	38	\$1,285	\$1,920
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$598	\$1,632
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	\$947	\$1,575
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	24	\$1,313	\$3,492
200	HYSTEROSCOPY	5	\$1,904	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	113	\$2,511	\$1,366
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	12	\$507	\$754
217	LEVEL I NERVE PROCEDURES	32	\$1,542	\$2,141
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	12	\$1,196	\$900
221	LAMINOTOMY AND LAMINECTOMY	54	\$3,270	\$4,534
223	LEVEL III NERVE PROCEDURES	3	\$12,457	\$10,618
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3	\$819	\$2,678
230	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$566	\$311
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,246	\$882
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$647	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	583	\$1,049	\$1,990
252	LEVEL I FACIAL AND ENT PROCEDURES	406	\$1,080	\$2,079
253	LEVEL II FACIAL AND ENT PROCEDURES	5	\$818	\$1,939
254	LEVEL III FACIAL AND ENT PROCEDURES	1	\$1,656	\$3,181
255	LEVEL IV FACIAL AND ENT PROCEDURES	2	\$954	\$2,988
256	TONSIL AND ADENOID PROCEDURES	169	\$979	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	1,915	54.4	58,453	53.4
Male	1,603	45.5	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	2	0.1	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	32	0.9	630	0.6
1-4 years	449	12.8	4,936	4.5
5-9	170	4.8	2,365	2.2
10-14	62	1.8	1,379	1.3
15-17	57	1.6	1,601	1.5
18-19	52	1.5	1,199	1.1
20-24	129	3.7	3,480	3.2
25-29	160	4.5	3,698	3.4
30-34	205	5.8	4,426	4.0
35-39	194	5.5	4,243	3.9
40-44	217	6.2	4,564	4.2
45-49	279	7.9	5,867	5.4
50-54	409	11.6	11,244	10.3
55-59	406	11.5	10,186	9.3
60-64	283	8.0	10,132	9.3
65-69	188	5.3	11,631	10.6
70-74	118	3.4	10,489	9.6
75-79	59	1.7	8,521	7.8
80-84	33	0.9	5,712	5.2
85-89	14	0.4	2,451	2.2
90 +	4	0.1	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,520	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	3,520	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	328	9.3	33,479	30.6
Medicaid	447	12.7	7,670	7.0
Other government	308	8.8	4,216	3.8
Blue Cross/Blue Shield	978	27.8	21,897	20.0
Other Commercial	150	4.3	7,701	7.0
Managed Care(HMO, PPO)	911	25.9	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	62	1.8	1,676	1.5
Charity and Unclassified	51	1.4	234	0.2
Childrens Health Insurance	48	1.4	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	237	6.7	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	22	0.6	4,392	4.0
Central Utah	38	1.1	1,530	1.4
Davis County	128	3.6	15,000	13.7
Salt Lake County	2,674	76.0	36,614	33.4
Southeastern Utah	22	0.6	937	0.9
Southwest Utah	47	1.3	11,999	11.0
Summit County	44	1.3	1,515	1.4
Tooele County	56	1.6	1,745	1.6
Tri-County	30	0.9	453	0.4
Utah County	300	8.5	14,719	13.4
Wasatch County	14	0.4	467	0.4
Weber County	32	0.9	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	113	3.2	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

430 St. George Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	5,254	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	0	0.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	5,254	100.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

430 St. George 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				
45380	COLONOSCOPY FLEX; W/BX 1/MX	5,254	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,543	29.4	10.27
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1,420	27.0	9.19
43239	UGI ENDO; W/BX 1/MX	714	13.6	2.72
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	668	12.7	8.95
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	361	6.9	1.46
43248	UGI ENDO; W/INSRT GUIDE WIRE	289	5.5	1.04
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	91	1.7	0.32
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	62	1.2	0.34
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	15	0.3	0.05
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	14	0.3	1.54
43244	UGI ENDO; W/BAND LIG VARICES	11	0.2	0.08
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	7	0.1	0.05
43258	UGI ENDO; W/ABLAT LES NOT SNARE	7	0.1	0.09
45383	COLONOSCOPY FLEX; W/ABLAT LES	7	0.1	0.02
46500	INJ SCLEROSING SOL HEMORRHOIDS	7	0.1	0.20
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	6	0.1	0.00
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	5	0.1	0.05
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	4	0.1	0.07
43247	UGI ENDO; W/REMOVAL FB	3	0.1	0.01
		3	0.1	0.06

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

430 St. George Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	3,384	\$1,083	\$2,110
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,295	\$1,100	\$1,487
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,111	\$1,100	\$1,373
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	362	\$1,100	\$1,384
43239	UGI ENDO; W/BX 1/MX	338	\$1,100	\$1,466
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	164	\$825	\$1,151
43248	UGI ENDO; W/INSRT GUIDE WIRE	40	\$1,099	\$882
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	24	\$825	\$1,060
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	10	\$1,100	\$1,275
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	9	\$574	\$407
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	8	\$1,096	\$1,615
43244	UGI ENDO; W/BAND LIG VARICES	6	\$1,100	\$1,343
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	3	\$1,100	\$1,225
43238	UP GI ENDO;TRNSEND US FNA/BX ES	2	\$1,100	\$1,100
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	2	\$1,100	\$993
43247	UGI ENDO; W/REMOVAL FB	2	\$1,084	\$1,044
44388	COLONOSCOPY-STOMA; DX-SEP PROC	2	\$825	\$837
43255	UGI ENDO; W/CONTRL BLEED ANY MET	1	\$1,100	\$1,783
44360	SM INTEST ENDO NOT ILEUM; DX-SP	1	\$1,100	\$1,424
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	1	\$1,100	\$2,368
44385	ENDO EVAL SM INTEST POUCH; DX-SP	1	\$825	\$495

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

430 St. George Endoscopy Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		17	2,035
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION		6	32
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		11	406
07 GASTROINTESTINAL SYSTEM PROCEDURES		5,237	56,178
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		289	1,474
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		4	110
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		3	181
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,035	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		150	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		2,966	27,945
137 THERAPEUTIC COLONOSCOPY		790	5,119

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

430 St. George Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	9	\$574	\$1,912
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$574	\$1,288
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,375	\$1,084	\$1,533
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	24	\$825	\$1,263
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$825	\$871
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	506	\$1,011	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	62	\$1,098	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,409	\$1,100	\$1,428
	137 THERAPEUTIC COLONOSCOPY	373	\$1,100	\$1,433

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

430 St. George Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,183	51.3	58,453	53.4
Male	2,072	48.7	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	0	0.0	2,365	2.2
10-14	0	0.0	1,379	1.3
15-17	0	0.0	1,601	1.5
18-19	9	0.2	1,199	1.1
20-24	26	0.6	3,480	3.2
25-29	27	0.6	3,698	3.4
30-34	60	1.4	4,426	4.0
35-39	59	1.4	4,243	3.9
40-44	92	2.2	4,564	4.2
45-49	125	2.9	5,867	5.4
50-54	582	13.7	11,244	10.3
55-59	485	11.4	10,186	9.3
60-64	568	13.3	10,132	9.3
65-69	805	18.9	11,631	10.6
70-74	622	14.6	10,489	9.6
75-79	477	11.2	8,521	7.8
80-84	238	5.6	5,712	5.2
85-89	71	1.7	2,451	2.2
90 +	9	0.2	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,255	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

430 St. George Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,255	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	2,161	50.8	33,479	30.6
Medicaid	74	1.7	7,670	7.0
Other government	63	1.5	4,216	3.8
Blue Cross/Blue Shield	451	10.6	21,897	20.0
Other Commercial	316	7.4	7,701	7.0
Managed Care(HMO, PPO)	1,160	27.3	29,599	27.0
Self Pay	30	0.7	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.1	4,392	4.0
Central Utah	22	0.5	1,530	1.4
Davis County	5	0.1	15,000	13.7
Salt Lake County	10	0.2	36,614	33.4
Southeastern Utah	6	0.1	937	0.9
Southwest Utah	3,837	90.2	11,999	11.0
Summit County	0	0.0	1,515	1.4
Tooele County	0	0.0	1,745	1.6
Tri-County	1	0.0	453	0.4
Utah County	11	0.3	14,719	13.4
Wasatch County	1	0.0	467	0.4
Weber County	2	0.0	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	356	8.4	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

408 St. George Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	2,384	100.0	141,899	100.0
Mastectomy (19120-19220)	7	0.3	347	0.2
Musculoskeletal (20000-29909)	150	6.3	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	29	1.2	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	6	0.3	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	250	10.5	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	3	0.1	960	0.7
Female Genital (56405-58999)	108	4.5	2,011	1.4
Endocrine/Nervous (60000-64999)	1,121	47.0	11,636	8.2
Eye (65091-68899)	705	29.6	25,437	17.9
Ear (69000-69979)	5	0.2	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

408 St. George Surgical Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		2,384	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	430	18.0	8.74
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	330	13.8	1.07
64493	64493	130	5.5	0.45
64494	64494	128	5.4	0.38
66821	DISCISSION 2ND CATARACT; LASER S	97	4.1	1.58
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	84	3.5	0.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	72	3.0	9.19
64623	DESTRUC FACET JT NRV; L/S-EA AD	68	2.9	0.51
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	60	2.5	0.30
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	59	2.5	1.20
64640	DESTRUC NEUROLYTIC; OTH PERIPH N	48	2.0	0.04
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	48	2.0	0.45
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	28	1.2	0.71
64490	64490	28	1.2	0.13
64491	64491	28	1.2	0.12
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	27	1.1	0.18
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	25	1.0	0.04
45383	COLONOSCOPY FLEX; W/ABLAT LES	25	1.0	0.20
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	25	1.0	0.05
64627	DESTRUC FACET NRV; CRV/THOR-EA A	24	1.0	0.18

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		1,314	\$1,301	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	420	\$1,983	\$2,924
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	308	\$741	\$768
66821	DISCISSION 2ND CATARACT; LASER S	95	\$792	\$864
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	75	\$744	\$694
45378	COLONOSCOPY FLEX; DX-SEP PROC	57	\$789	\$1,487
45383	COLONOSCOPY FLEX; W/ABLAT LES	22	\$883	\$1,452
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	21	\$1,993	\$1,886
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	16	\$795	\$883
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	15	\$2,463	\$3,378
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	14	\$1,188	\$1,919
45380	COLONOSCOPY FLEX; W/BX 1/MX	13	\$767	\$1,373
66982	EXTRACAP CATARACT REMV W/IOL-CMP	12	\$1,839	\$4,017
67900	REPAIR OF BROW PTOSIS	11	\$1,450	\$3,197
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	10	\$512	\$1,123
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	10	\$895	\$1,384
43239	UGI ENDO; W/BX 1/MX	8	\$774	\$1,466
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	8	\$1,113	\$819
41899	UNLIST PROC DENTOALVEOL STRUCTUR	7	\$1,105	\$2,175
64510	INJECTION ANES AGT; STELLATE GAN	7	\$620	\$727
66986	EXCHANGE OF INTRAOCULAR LENS	7	\$1,575	\$3,382

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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	29	2,035
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	32
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	40
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	1,223
	014 LEVEL III SKIN REPAIR	12	103
02	BREAST PROCEDURES	7	321
	020 LEVEL I BREAST PROCEDURES	7	321
03	MUSCULOSKELETAL SYSTEM PROCEDURES	114	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	1,566
	033 LEVEL I HAND PROCEDURES	13	1,620
	034 LEVEL II HAND PROCEDURES	1	386
	035 LEVEL I FOOT PROCEDURES	17	2,148
	036 LEVEL II FOOT PROCEDURES	2	458
	037 LEVEL I ARTHROSCOPY	1	8,703
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	1,425
	045 BUNION PROCEDURES	10	628
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	64	684
04	RESPIRATORY PROCEDURES	2	3,884
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	3,298
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	184
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	37
07	GASTROINTESTINAL SYSTEM PROCEDURES	298	56,178
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	110
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	21	14,861
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	109	27,945
	137 THERAPEUTIC COLONOSCOPY	40	5,119
	139 LEVEL I HERNIA REPAIR	5	991
	140 LEVEL II HERNIA REPAIR	2	218
	141 LEVEL I ANAL AND RECTAL PROCEDURES	18	208
	142 LEVEL II ANAL AND RECTAL PROCEDURES	32	327
	145 LEVEL I LAPAROSCOPY	9	199
	146 LEVEL II LAPAROSCOPY	26	662
	147 LEVEL III LAPAROSCOPY	31	709
09	MALE REPRODUCTIVE SYSTEM	3	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	362
10	FEMALE REPRODUCTIVE SYSTEM	46	1,078
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	181
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	11	75
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	8	143
	199 DILATION AND CURETTAGE	7	38
	200 HYSTEROSCOPY	11	297
	201 COLPOSCOPY	1	344
11	NEUROLOGIC SYSTEM PROCEDURES	1,107	11,446
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	415	1,907

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	19
217 LEVEL I NERVE PROCEDURES	8	1,849
218 LEVEL II NERVE PROCEDURES	9	118
219 SPINAL TAP	6	7
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	665	7,281
221 LAMINOTOMY AND LAMINECTOMY	2	189
12 OPTHALMOLOGIC SYSTEM PROCEDURES	702	25,118
232 LASER EYE PROCEDURES	99	3,038
233 CATARACT PROCEDURES	456	13,482
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	1,239
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	593
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	720
239 STRABISMUS AND MUSCLE EYE PROCEDURES	18	630
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	26	1,054
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	95	2,204
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	47	15,218
252 LEVEL I FACIAL AND ENT PROCEDURES	12	9,196
253 LEVEL II FACIAL AND ENT PROCEDURES	17	501
254 LEVEL III FACIAL AND ENT PROCEDURES	1	1,733
255 LEVEL IV FACIAL AND ENT PROCEDURES	17	550

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	16	\$1,470	\$1,912
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$1,750	\$1,953
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$900	\$1,085
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$1,495	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$968	\$2,137
	014 LEVEL III SKIN REPAIR	2	\$2,390	\$5,207
02	BREAST PROCEDURES	6	\$1,513	\$1,217
	020 LEVEL I BREAST PROCEDURES	6	\$1,513	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	48	\$1,184	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,200	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$2,823	\$3,702
	033 LEVEL I HAND PROCEDURES	7	\$1,252	\$2,232
	034 LEVEL II HAND PROCEDURES	1	\$1,750	\$2,745
	035 LEVEL I FOOT PROCEDURES	9	\$1,229	\$2,504
	036 LEVEL II FOOT PROCEDURES	1	\$1,950	\$3,680
	037 LEVEL I ARTHROSCOPY	1	\$1,550	\$4,139
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	\$2,538	\$3,342
	045 BUNION PROCEDURES	6	\$1,428	\$3,215
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$514	\$1,081
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	\$1,875	\$2,033
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	\$1,875	\$1,550
07	GASTROINTESTINAL SYSTEM PROCEDURES	170	\$1,202	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$600	\$871
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$774	\$1,422
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	70	\$785	\$1,428
	137 THERAPEUTIC COLONOSCOPY	32	\$887	\$1,433
	139 LEVEL I HERNIA REPAIR	3	\$2,095	\$2,662
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$1,113	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$1,454	\$1,223
	145 LEVEL I LAPAROSCOPY	4	\$2,188	\$2,618
	146 LEVEL II LAPAROSCOPY	21	\$1,993	\$3,903
	147 LEVEL III LAPAROSCOPY	17	\$2,381	\$4,748
09	MALE REPRODUCTIVE SYSTEM	3	\$958	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$958	\$2,565
10	FEMALE REPRODUCTIVE SYSTEM	20	\$1,571	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	\$1,391	\$1,632
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$2,155	\$1,575
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$1,719	\$3,492
	199 DILATION AND CURETTAGE	4	\$1,095	\$1,350
	200 HYSTEROSCOPY	4	\$1,198	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	436	\$770	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	384	\$741	\$754
	217 LEVEL I NERVE PROCEDURES	8	\$1,380	\$2,141
	218 LEVEL II NERVE PROCEDURES	2	\$1,744	\$2,871
	219 SPINAL TAP	6	\$620	\$620

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	34	\$779	\$900
	221 LAMINOTOMY AND LAMINECTOMY	2	\$3,237	\$4,534
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	575	\$1,730	\$2,678
	232 LASER EYE PROCEDURES	97	\$795	\$857
	233 CATARACT PROCEDURES	442	\$1,970	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,083	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,000	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,350	\$5,915
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$1,500	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$868	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	17	\$1,516	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	33	\$1,153	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	10	\$1,073	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$875	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$925	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	17	\$1,296	\$2,988

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	1,010	59.9	58,453	53.4
Male	676	40.1	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	4	0.2	630	0.6
1-4 years	16	0.9	4,936	4.5
5-9	10	0.6	2,365	2.2
10-14	4	0.2	1,379	1.3
15-17	7	0.4	1,601	1.5
18-19	10	0.6	1,199	1.1
20-24	32	1.9	3,480	3.2
25-29	45	2.7	3,698	3.4
30-34	40	2.4	4,426	4.0
35-39	68	4.0	4,243	3.9
40-44	55	3.3	4,564	4.2
45-49	55	3.3	5,867	5.4
50-54	90	5.3	11,244	10.3
55-59	106	6.3	10,186	9.3
60-64	146	8.7	10,132	9.3
65-69	248	14.7	11,631	10.6
70-74	274	16.3	10,489	9.6
75-79	207	12.3	8,521	7.8
80-84	172	10.2	5,712	5.2
85-89	84	5.0	2,451	2.2
90 +	13	0.8	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3	0.2	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1,683	99.8	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	429	25.4	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	1,257	74.6	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	948	56.2	33,479	30.6
Medicaid	69	4.1	7,670	7.0
Other government	18	1.1	4,216	3.8
Blue Cross/Blue Shield	164	9.7	21,897	20.0
Other Commercial	162	9.6	7,701	7.0
Managed Care(HMO, PPO)	221	13.1	29,599	27.0
Self Pay	89	5.3	1,712	1.6
Industrial & Worker Comp	7	0.4	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	8	0.5	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	4,392	4.0
Central Utah	11	0.7	1,530	1.4
Davis County	2	0.1	15,000	13.7
Salt Lake County	8	0.5	36,614	33.4
Southeastern Utah	1	0.1	937	0.9
Southwest Utah	1,397	82.9	11,999	11.0
Summit County	0	0.0	1,515	1.4
Tooele County	1	0.1	1,745	1.6
Tri-County	2	0.1	453	0.4
Utah County	7	0.4	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	1	0.1	14,145	12.9
Unknown Utah	1	0.1	17	0.0
Outside Utah	254	15.1	5,977	5.5
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, 2010
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)	6,608	100.0	57,411	100.0
Mastectomy (85.0-85.99)	255	3.9	950	1.7
Musculoskeletal (76.0-84.99)	1,927	29.2	12,508	21.8
Respiratory (30.0-34.99)	41	0.6	83	0.1
Cardiovascular (35.0-39.99)	3	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	53	0.8	119	0.2
Digestive System (42.0-54.99)	803	12.2	16,552	28.8
Urinary (55.0-59.99)	0	0.0	473	0.8
Male Genital (60.0-64.99)	13	0.2	249	0.4
Female Genital (65.0-71.99)	146	2.2	660	1.1
Endocrine/Nervous (01.0-07.99)	585	8.9	3,982	6.9
Eye (08.0-16.99)	1,028	15.6	8,444	14.7
Ear (18.0-20.99)	297	4.5	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	1,457	22.0	9,994	17.4
Reporting Category(CPT-4 CODES)	7,469	100.0	141,899	100.0
Mastectomy (19120-19220)	245	3.3	347	0.2
Musculoskeletal (20000-29909)	2,527	33.8	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	1,211	16.2	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	22	0.3	154	0.1
Lymphatic/Hemetic (38100-38999)	88	1.2	195	0.1
Digestive (40490-49999)	1,232	16.5	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	13	0.2	960	0.7
Female Genital (56405-58999)	119	1.6	2,011	1.4
Endocrine/Nervous (60000-64999)	696	9.3	11,636	8.2
Eye (65091-68899)	1,013	13.6	25,437	17.9
Ear (69000-69979)	303	4.1	3,909	2.8

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, 2010
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		6,608	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	874	13.2	8.04
2169	OTH TURBINECTOMY	422	6.4	2.38
806	EXC SEMILUNAR CARTILAGE-KNEE	375	5.7	3.22
2001	MYRINGOTOMY W/INSRT TUBE	264	4.0	5.00
8521	LOC EXC LES BREAST	245	3.7	0.55
8183	OTH REPR SHLDR	235	3.6	1.73
0443	RELEASE CARPAL TUNNEL	233	3.5	1.59
5300	UNILAT REPR ING HERN-NOS	233	3.5	0.52
0392	INJ OTH AGENT SPINAL CANAL	198	3.0	1.97
215	SUBMUCOUS RESECT NASAL SEPTUM	197	3.0	1.38
2262	EXC LES MAXIL SINUS W/OTH APPRCH	174	2.6	2.06
283	TONSILLECTOMY W/ADENOIDECTOMY	159	2.4	2.98
5123	LAP CHOLEY	139	2.1	0.57
8021	ARTHSCPY-SHLDR	125	1.9	0.33
282	TONSILLECTOMY WO ADENOIDECTOMY	121	1.8	0.90
2263	ETHMOIDECTOMY	101	1.5	2.25
5349	OTH UMB HERNIORRHAPHY	87	1.3	0.25
4946	EXC HEMORRHOIDS	79	1.2	0.20
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	70	1.1	0.38
7860	REMOV IMPLNT DEVICE-UNS SITE	64	1.0	0.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,469	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	874	11.7	8.74
30140	SUBMUCOS RES TURBINATE PART/CMPL	417	5.6	1.39
29881	SCOPE KNEE SURG;W/MENISCECT MED/	349	4.7	1.54
69436	TYMPANOSTOMY GENERAL ANESTHESIA	264	3.5	2.35
29826	SCOPE SHOULDER; DECOMP SUBACROM	235	3.1	1.11
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	233	3.1	0.84
49505	REPR INIT ING HERNIA 5YR/MORE; R	201	2.7	0.39
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	187	2.5	0.54
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	186	2.5	0.96
31267	NASL/SINUS ENDO; W/TISS REMV MAX	174	2.3	0.76
19120	EXC BRST CYST TUMR/LES OPN M/F 1	148	2.0	0.16
42820	T&A; UNDER AGE 12	117	1.6	1.01
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	116	1.6	0.41
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	111	1.5	0.18
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	108	1.4	1.07
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	107	1.4	0.28
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	101	1.4	0.71
19125	EXC BRST LES ID RAD MARKR OPN;1	97	1.3	0.08
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	89	1.2	1.20
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	82	1.1	0.42

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		3,655	\$1,556	\$1,576
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	861	\$1,764	\$2,136
806	EXC SEMILUNAR CARTILAGE-KNEE	299	\$2,208	\$2,514
8521	LOC EXC LES BREAST	206	\$869	\$1,018
0392	INJ OTH AGENT SPINAL CANAL	176	\$721	\$498
5300	UNILAT REPR ING HERN-NOS	161	\$1,095	\$1,182
283	TONSILLECTOMY W/ADENOIDECTOMY	135	\$954	\$1,702
5123	LAP CHOLEY	132	\$4,863	\$4,257
8183	OTH REPR SHLDR	130	\$3,345	\$4,347
282	TONSILLECTOMY WO ADENOIDECTOMY	100	\$935	\$1,501
0443	RELEASE CARPAL TUNNEL	90	\$926	\$2,028
5349	OTH UMB HERNIORRHAPHY	77	\$1,382	\$1,693
4946	EXC HEMORRHOIDS	72	\$977	\$1,010
7860	REMOV IMPLNT DEVICE-UNS SITE	45	\$1,033	\$1,208
8221	EXC LES TENDON SHEATH HAND	41	\$1,205	\$1,422
4939	OTH LOC EXC/DESTRUC LES/TISS ANUS	38	\$792	\$849
4912	ANAL FISTULECTOMY	37	\$883	\$912
5359	REPR OTH HERN ANT ABD WALL	34	\$785	\$1,007
2001	MYRINGOTOMY W/INSRT TUBE	29	\$953	\$1,544
6902	D&C FOLLOWING DELIV/AB	29	\$1,060	\$1,126
8332	EXC LES MUSC	28	\$501	\$1,180

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,831	\$1,502	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	861	\$1,764	\$2,924
29881	SCOPE KNEE SURG;W/MENISCECT MED/	275	\$2,159	\$3,731
49505	REPR INIT ING HERNIA 5YR/MORE; R	133	\$1,114	\$2,379
19120	EXC BRST CYST TUMR/LES OPN M/F 1	126	\$859	\$1,295
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	106	\$539	\$768
42820	T&A; UNDER AGE 12	98	\$1,071	\$1,636
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	98	\$4,790	\$5,280
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	95	\$953	\$1,579
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	88	\$917	\$1,754
19125	EXC BRST LES ID RAD MARKR OPN;1	80	\$876	\$991
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	69	\$1,001	\$883
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	57	\$1,004	\$1,172
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	49	\$909	\$2,639
20680	REMOVAL OF IMPLANT; DEEP	40	\$1,014	\$2,430
42821	T&A; AGE 12 OR OVER	37	\$645	\$1,635
29826	SCOPE SHOULDER; DECOMP SUBACROM	36	\$2,387	\$4,712
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	35	\$2,059	\$5,012
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	34	\$5,309	\$4,751
47562	LAPAROSCOPY SURGICAL; CHOLECT	31	\$5,090	\$4,681
69436	TYMPANOSTOMY GENERAL ANESTHESIA	29	\$953	\$1,558

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, 2010
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	284	2,035
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	44
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	56
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	32
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	16	40
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	31	406
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	202	1,223
	012 LEVEL I SKIN REPAIR	1	12
	013 LEVEL II SKIN REPAIR	12	87
	014 LEVEL III SKIN REPAIR	8	103
02	BREAST PROCEDURES	230	321
	020 LEVEL I BREAST PROCEDURES	230	321
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,957	21,724
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	554
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	134	1,566
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	794
	033 LEVEL I HAND PROCEDURES	152	1,620
	034 LEVEL II HAND PROCEDURES	48	386
	035 LEVEL I FOOT PROCEDURES	177	2,148
	036 LEVEL II FOOT PROCEDURES	25	458
	037 LEVEL I ARTHROSCOPY	761	8,703
	038 LEVEL II ARTHROSCOPY	265	1,790
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	161
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	245
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	124	1,425
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	32	203
	045 BUNION PROCEDURES	61	628
	046 LEVEL I ARTHROPLASTY	24	218
	047 LEVEL II ARTHROPLASTY	3	21
	048 HAND AND FOOT TENOTOMY	3	115
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	684
04	RESPIRATORY PROCEDURES	522	3,884
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	56
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	35	526
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	484	3,298
05	CARDIOVASCULAR PROCEDURES	12	33
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	17
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	5
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	50	184
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	50	147
07	GASTROINTESTINAL SYSTEM PROCEDURES	779	56,178
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	110
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	14,861
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	3,120
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2	27,945
	139 LEVEL I HERNIA REPAIR	302	991

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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)
140 LEVEL II HERNIA REPAIR	81	218
141 LEVEL I ANAL AND RECTAL PROCEDURES	73	208
142 LEVEL II ANAL AND RECTAL PROCEDURES	109	327
143 LEVEL I GASTROINTESTINAL PROCEDURES	4	13
144 LEVEL II GASTROINTESTINAL PROCEDURES	2	7
145 LEVEL I LAPAROSCOPY	20	199
146 LEVEL II LAPAROSCOPY	58	662
147 LEVEL III LAPAROSCOPY	124	709
09 MALE REPRODUCTIVE SYSTEM	10	687
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	362
10 FEMALE REPRODUCTIVE SYSTEM	77	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	22	181
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	10	75
199 DILATION AND CURETTAGE	8	38
200 HYSTEROSCOPY	37	297
11 NEUROLOGIC SYSTEM PROCEDURES	641	11,446
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	106	1,907
217 LEVEL I NERVE PROCEDURES	316	1,849
218 LEVEL II NERVE PROCEDURES	1	118
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	180	7,281
221 LAMINOTOMY AND LAMINECTOMY	38	189
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	984	25,118
233 CATARACT PROCEDURES	883	13,482
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	1,239
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	18	593
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	28	720
239 STRABISMUS AND MUSCLE EYE PROCEDURES	38	630
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,054
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	2,204
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,388	15,218
252 LEVEL I FACIAL AND ENT PROCEDURES	719	9,196
253 LEVEL II FACIAL AND ENT PROCEDURES	36	501
254 LEVEL III FACIAL AND ENT PROCEDURES	243	1,733
255 LEVEL IV FACIAL AND ENT PROCEDURES	81	550
256 TONSIL AND ADENOID PROCEDURES	309	3,236

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	157	\$685	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$636	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$1,147	\$760
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$550	\$1,953
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	\$1,041	\$1,085
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$792	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	123	\$640	\$2,137
	012 LEVEL I SKIN REPAIR	1	\$831	\$1,533
	013 LEVEL II SKIN REPAIR	1	\$1,691	\$3,371
	014 LEVEL III SKIN REPAIR	1	\$1,229	\$5,207
02	BREAST PROCEDURES	191	\$872	\$1,217
	020 LEVEL I BREAST PROCEDURES	191	\$872	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	834	\$1,679	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	\$832	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	\$1,318	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$2,075	\$3,913
	033 LEVEL I HAND PROCEDURES	87	\$1,046	\$2,232
	034 LEVEL II HAND PROCEDURES	24	\$1,067	\$2,745
	035 LEVEL I FOOT PROCEDURES	47	\$1,024	\$2,504
	036 LEVEL II FOOT PROCEDURES	9	\$760	\$3,680
	037 LEVEL I ARTHROSCOPY	338	\$2,137	\$4,139
	038 LEVEL II ARTHROSCOPY	67	\$2,855	\$6,361
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$0	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$322	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	101	\$1,157	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	24	\$764	\$1,745
	045 BUNION PROCEDURES	21	\$1,323	\$3,215
	046 LEVEL I ARTHROPLASTY	7	\$1,250	\$3,669
	047 LEVEL II ARTHROPLASTY	2	\$927	\$4,140
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	\$1,219	\$1,081
04	RESPIRATORY PROCEDURES	33	\$972	\$2,966
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	11	\$687	\$1,305
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	22	\$1,114	\$2,114
05	CARDIOVASCULAR PROCEDURES	12	\$1,339	\$2,663
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	\$1,321	\$2,610
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$1,544	\$2,581
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	31	\$544	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	\$544	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	610	\$1,873	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,042	\$871
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$0	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1	\$2,060	\$1,428
	139 LEVEL I HERNIA REPAIR	213	\$1,190	\$2,662
	140 LEVEL II HERNIA REPAIR	58	\$913	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	53	\$564	\$959

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
142	LEVEL II ANAL AND RECTAL PROCEDURES	100	\$972	\$1,223
143	LEVEL I GASTROINTESTINAL PROCEDURES	3	\$596	\$1,285
144	LEVEL II GASTROINTESTINAL PROCEDURES	2	\$492	\$1,920
145	LEVEL I LAPAROSCOPY	15	\$643	\$2,618
146	LEVEL II LAPAROSCOPY	50	\$3,643	\$3,903
147	LEVEL III LAPAROSCOPY	113	\$4,524	\$4,748
10	FEMALE REPRODUCTIVE SYSTEM	63	\$1,262	\$1,920
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	\$832	\$1,632
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	10	\$579	\$1,575
199	DILATION AND CURETTAGE	5	\$912	\$1,350
200	HYSTEROSCOPY	32	\$1,746	\$3,476
11	NEUROLOGIC SYSTEM PROCEDURES	321	\$1,183	\$1,366
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	104	\$538	\$754
217	LEVEL I NERVE PROCEDURES	111	\$961	\$2,141
218	LEVEL II NERVE PROCEDURES	1	\$1,805	\$2,871
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	76	\$970	\$900
221	LAMINOTOMY AND LAMINECTOMY	29	\$4,887	\$4,534
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	913	\$1,739	\$2,678
233	CATARACT PROCEDURES	868	\$1,758	\$2,990
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$0	\$2,205
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	12	\$1,286	\$2,406
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	22	\$1,706	\$5,915
239	STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$1,166	\$3,351
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$951	\$882
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$585	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	348	\$1,067	\$1,990
252	LEVEL I FACIAL AND ENT PROCEDURES	49	\$805	\$2,079
253	LEVEL II FACIAL AND ENT PROCEDURES	10	\$1,489	\$1,939
254	LEVEL III FACIAL AND ENT PROCEDURES	30	\$1,677	\$3,181
255	LEVEL IV FACIAL AND ENT PROCEDURES	26	\$1,700	\$2,988
256	TONSIL AND ADENOID PROCEDURES	233	\$955	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
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	2,892	55.6	58,453	53.4
Male	2,312	44.4	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	2	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	22	0.4	630	0.6
1-4 years	104	2.0	4,936	4.5
5-9	114	2.2	2,365	2.2
10-14	80	1.5	1,379	1.3
15-17	114	2.2	1,601	1.5
18-19	73	1.4	1,199	1.1
20-24	221	4.2	3,480	3.2
25-29	239	4.6	3,698	3.4
30-34	294	5.6	4,426	4.0
35-39	299	5.7	4,243	3.9
40-44	310	6.0	4,564	4.2
45-49	392	7.5	5,867	5.4
50-54	492	9.5	11,244	10.3
55-59	561	10.8	10,186	9.3
60-64	570	10.9	10,132	9.3
65-69	460	8.8	11,631	10.6
70-74	339	6.5	10,489	9.6
75-79	255	4.9	8,521	7.8
80-84	174	3.3	5,712	5.2
85-89	74	1.4	2,451	2.2
90 +	19	0.4	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	5,206	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	5,198	99.8	102,076	93.2
Another Hospital	8	0.2	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	882	16.9	33,479	30.6
Medicaid	171	3.3	7,670	7.0
Other government	37	0.7	4,216	3.8
Blue Cross/Blue Shield	1,655	31.8	21,897	20.0
Other Commercial	318	6.1	7,701	7.0
Managed Care(HMO, PPO)	1,842	35.4	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	242	4.6	1,676	1.5
Charity and Unclassified	12	0.2	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	47	0.9	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	16	0.3	4,392	4.0
Central Utah	27	0.5	1,530	1.4
Davis County	177	3.4	15,000	13.7
Salt Lake County	4,250	81.6	36,614	33.4
Southeastern Utah	18	0.3	937	0.9
Southwest Utah	18	0.3	11,999	11.0
Summit County	101	1.9	1,515	1.4
Tooele County	177	3.4	1,745	1.6
Tri-County	38	0.7	453	0.4
Utah County	166	3.2	14,719	13.4
Wasatch County	15	0.3	467	0.4
Weber County	45	0.9	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	158	3.0	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

410 SurgiCare Center of Utah

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	57,411	100.0
Musculoskeletal (76.0-84.99)	.	.	950	1.7
Respiratory (30.0-34.99)	.	.	12,508	21.8
Cardiovascular (35.0-39.99)	.	.	83	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	17	0.0
Digestive System (42.0-54.99)	.	.	119	0.2
Urinary (55.0-59.99)	.	.	16,552	28.8
Male Genital (60.0-64.99)	.	.	473	0.8
Female Genital (65.0-71.99)	.	.	249	0.4
Endocrine/Nervous (01.0-07.99)	.	.	660	1.1
Eye (08.0-16.99)	.	.	3,982	6.9
Ear (18.0-20.99)	.	.	8,444	14.7
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,380	5.9
			9,994	17.4
Reporting Category(CPT-4 CODES)	3,572	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	0	0.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	0	0.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	155	4.3	11,636	8.2
Eye (65091-68899)	3,417	95.7	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

410 SurgiCare Center of Utah

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	3,572	100.0	100.0
67028	INTRAVITREAL INJ PHARMACOLOGIC A	1,310	36.7	8.74
65760	KERATOMILEUSIS	545	15.3	0.46
66821	DISCISSION 2ND CATARACT; LASER S	314	8.8	0.45
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	245	6.9	1.58
64612	CHEMODENERV MUSC; INNERV FACIAL	166	4.6	0.13
66982	EXTRACAP CATARACT REMV W/IOL-CMP	154	4.3	0.11
66999	UNLISTED PROC ANTERIOR SEGMENT E	101	2.8	0.52
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	101	2.8	0.17
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	75	2.1	0.45
67917	REPAIR OF ECTROPION; EXTENSIVE	40	1.1	0.17
67840	EXC LES LID NO CLOS/W SMPL DIR C	36	1.0	0.32
67820	CORRECT TRICHIASIS; EPILAT-FORCE	34	1.0	0.11
65222	REMV FB EXT EYE; CORNEAL W/LAMP	30	0.8	0.08
65400	EXCISION LESION CORNEA NO PTERYG	16	0.4	0.01
67036	VITRECTOMY MECH PARS PLANA APPRC	16	0.4	0.05
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	16	0.4	0.12
66825	REPSTN IO LENS REQ INCI-SEP PROC	16	0.4	0.15
67041	67041	15	0.4	0.05
67924	REPAIR OF ENTROPION; EXTENSIVE	15	0.4	0.14
		15	0.4	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

410 SurgiCare Center of Utah

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,646	\$1,817	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	1,296	\$2,504	\$2,924
67028	INTRAVITREAL INJ PHARMACOLOGIC A	501	\$741	\$705
66821	DISCISSION 2ND CATARACT; LASER S	168	\$676	\$864
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	106	\$271	\$271
66982	EXTRACAP CATARACT REMV W/IOL-CMP	95	\$2,587	\$4,017
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	37	\$1,453	\$2,384
66999	UNLISTED PROC ANTERIOR SEGMENT E	37	\$3,137	\$2,108
67820	CORRECT TRICHIASIS; EPILAT-FORCE	27	\$206	\$246
67840	EXC LES LID NO CLOS/W SMPL DIR C	23	\$478	\$834
65400	EXCISION LESION CORNEA NO PTERYG	16	\$901	\$1,835
65760	KERATOMILEUSIS	16	\$962	\$1,916
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	16	\$1,411	\$884
65222	REMV FB EXT EYE; CORNEAL W/LAMP	14	\$182	\$182
67041	67041	14	\$3,690	\$4,412
67210	DESTRCT LES RETINA; PHOTOCOAGULA	14	\$1,196	\$937
66825	REPSTN IO LENS REQ INCI-SEP PROC	13	\$1,735	\$2,941
67042	67042	13	\$4,104	\$5,332
67801	EXCISION CHALAZION; MX SAME LID	13	\$303	\$337
66986	EXCHANGE OF INTRAOCULAR LENS	12	\$2,233	\$3,382
68801	DILAT LAC PUNCTUM W/VO IRRIGATIO	12	\$286	\$300

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, 2010
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)
11	NEUROLOGIC SYSTEM PROCEDURES	155	11,446
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	155	7,281
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3,388	25,118
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	181	247
	232 LASER EYE PROCEDURES	311	3,038
	233 CATARACT PROCEDURES	1,449	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	439	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	73	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	44	720
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	548	761
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	72	1,150
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	118	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	153	2,204

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	6	\$775	\$1,366
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$775	\$900
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,614	\$1,836	\$2,678
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	118	\$272	\$311
	232 LASER EYE PROCEDURES	228	\$852	\$857
	233 CATARACT PROCEDURES	1,424	\$2,497	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	66	\$2,145	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	58	\$1,339	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	42	\$2,361	\$5,915
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	501	\$741	\$807
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	61	\$3,687	\$5,214
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	77	\$332	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	39	\$1,985	\$3,092

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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	1,871	60.7	58,453	53.4
Male	1,210	39.3	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	2	0.1	2,365	2.2
10-14	1	0.0	1,379	1.3
15-17	3	0.1	1,601	1.5
18-19	6	0.2	1,199	1.1
20-24	30	1.0	3,480	3.2
25-29	71	2.3	3,698	3.4
30-34	78	2.5	4,426	4.0
35-39	59	1.9	4,243	3.9
40-44	56	1.8	4,564	4.2
45-49	113	3.7	5,867	5.4
50-54	133	4.3	11,244	10.3
55-59	256	8.3	10,186	9.3
60-64	265	8.6	10,132	9.3
65-69	357	11.6	11,631	10.6
70-74	430	14.0	10,489	9.6
75-79	477	15.5	8,521	7.8
80-84	437	14.2	5,712	5.2
85-89	225	7.3	2,451	2.2
90 +	82	2.7	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	3,081	100.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	3,081	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,688	54.8	33,479	30.6
Medicaid	18	0.6	7,670	7.0
Other government	23	0.7	4,216	3.8
Blue Cross/Blue Shield	337	10.9	21,897	20.0
Other Commercial	176	5.7	7,701	7.0
Managed Care(HMO, PPO)	503	16.3	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	2	0.1	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	334	10.8	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	39	1.3	4,392	4.0
Central Utah	22	0.7	1,530	1.4
Davis County	149	4.8	15,000	13.7
Salt Lake County	1,949	63.3	36,614	33.4
Southeastern Utah	56	1.8	937	0.9
Southwest Utah	10	0.3	11,999	11.0
Summit County	55	1.8	1,515	1.4
Tooele County	149	4.8	1,745	1.6
Tri-County	21	0.7	453	0.4
Utah County	129	4.2	14,719	13.4
Wasatch County	24	0.8	467	0.4
Weber County	29	0.9	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	449	14.6	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

501 UHC Centerville Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	57,411	100.0
Musculoskeletal (76.0-84.99)	.	.	950	1.7
Respiratory (30.0-34.99)	.	.	12,508	21.8
Cardiovascular (35.0-39.99)	.	.	83	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	17	0.0
Digestive System (42.0-54.99)	.	.	119	0.2
Urinary (55.0-59.99)	.	.	16,552	28.8
Male Genital (60.0-64.99)	.	.	473	0.8
Female Genital (65.0-71.99)	.	.	249	0.4
Endocrine/Nervous (01.0-07.99)	.	.	660	1.1
Eye (08.0-16.99)	.	.	3,982	6.9
Ear (18.0-20.99)	.	.	8,444	14.7
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,380	5.9
	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	26	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	4	15.4	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	1	3.8	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	1	3.8	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	4	15.4	960	0.7
Female Genital (56405-58999)	15	57.7	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	1	3.8	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

501 UHC Centerville Health 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		26	100.0	100.0
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	9	34.6	0.19
54150	CIRC USING CLAMP/OTH DEVICE; NB	4	15.4	0.11
25600	CLOS TX DIST RADIAL FX; W/O MANI	2	7.7	0.04
23500	CLOS TX CLAVICULAR FX; W/O MANIP	1	3.8	0.00
28490	CLOS TX FX GT TOE PHALANX; WO MA	1	3.8	0.01
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	1	3.8	0.00
46083	INCISION THROMBOSED HEMORRHOID E	1	3.8	0.01
56405	I&D OF VULVA OR PERINEAL ABSCESS	1	3.8	0.01
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	1	3.8	0.02
57421	COLPSCPY VAG W/CERV IF PRS; W/BX	1	3.8	0.00
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	1	3.8	0.01
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	1	3.8	0.02
58301	REMOVAL OF INTRAUTERINE DEVICE	1	3.8	0.02
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	1	3.8	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, 2010
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

501 UHC Centerville Health 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				
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	22	\$328	\$2,110
54150	CIRC USING CLAMP/OTH DEVICE; NB	8	\$233	\$309
25600	CLOS TX DIST RADIAL FX; W/O MANI	4	\$136	\$171
23500	CLOS TX CLAVICULAR FX; W/O MANIP	2	\$265	\$325
28490	CLOS TX FX GT TOE PHALANX; WO MA	1	\$311	\$303
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	1	\$293	\$238
56405	I&D OF VULVA OR PERINEAL ABSCESS	1	\$1,358	\$1,836
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	1	\$346	\$562
57421	COLPSCP VAG W/CERV IF PRS; W/BX	1	\$540	\$460
57456	COLPSCP CERV UP VAG;ENDOCERV CU	1	\$326	\$406
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	1	\$448	\$324
			\$652	\$670

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

501 UHC Centerville Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	2,035
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	44
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	56
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	406
	013 LEVEL II SKIN REPAIR	1	87
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4	21,724
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	161
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	245
09	MALE REPRODUCTIVE SYSTEM	4	687
	181 CIRCUMCISION	4	259
10	FEMALE REPRODUCTIVE SYSTEM	2	1,078
	201 COLPOSCOPY	2	344

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

501 UHC Centerville Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	4	\$724	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$652	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$346	\$760
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$540	\$1,288
	013 LEVEL II SKIN REPAIR	1	\$1,358	\$3,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4	\$283	\$3,477
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$302	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$265	\$905
09	MALE REPRODUCTIVE SYSTEM	4	\$136	\$1,737
	181 CIRCUMCISION	4	\$136	\$834
10	FEMALE REPRODUCTIVE SYSTEM	2	\$387	\$1,920
	201 COLPOSCOPY	2	\$387	\$665

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

501 UHC Centerville Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	15	62.5	58,453	53.4
Male	9	37.5	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	4	16.7	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	1	4.2	4,936	4.5
5-9	2	8.3	2,365	2.2
10-14	0	0.0	1,379	1.3
15-17	0	0.0	1,601	1.5
18-19	0	0.0	1,199	1.1
20-24	0	0.0	3,480	3.2
25-29	2	8.3	3,698	3.4
30-34	1	4.2	4,426	4.0
35-39	3	12.5	4,243	3.9
40-44	1	4.2	4,564	4.2
45-49	5	20.8	5,867	5.4
50-54	2	8.3	11,244	10.3
55-59	2	8.3	10,186	9.3
60-64	1	4.2	10,132	9.3
65-69	0	0.0	11,631	10.6
70-74	0	0.0	10,489	9.6
75-79	0	0.0	8,521	7.8
80-84	0	0.0	5,712	5.2
85-89	0	0.0	2,451	2.2
90 +	0	0.0	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	23	95.8	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1	4.2	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

501 UHC Centerville Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	24	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1	4.2	33,479	30.6
Medicaid	6	25.0	7,670	7.0
Other government	0	0.0	4,216	3.8
Blue Cross/Blue Shield	2	8.3	21,897	20.0
Other Commercial	1	4.2	7,701	7.0
Managed Care(HMO, PPO)	12	50.0	29,599	27.0
Self Pay	1	4.2	1,712	1.6
Industrial & Worker Comp	1	4.2	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,392	4.0
Central Utah	0	0.0	1,530	1.4
Davis County	20	83.3	15,000	13.7
Salt Lake County	3	12.5	36,614	33.4
Southeastern Utah	0	0.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	0	0.0	1,515	1.4
Tooele County	0	0.0	1,745	1.6
Tri-County	0	0.0	453	0.4
Utah County	0	0.0	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	0	0.0	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	1	4.2	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

503 UHC Greenwood Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	396	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	55	13.9	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	5	1.3	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	4	1.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	45	11.4	960	0.7
Female Genital (56405-58999)	283	71.5	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	4	1.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

503 UHC Greenwood Health 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				
58100	ENDOMET BX W/NO ENDOCRV BX-SEP P	88	22.2	0.19
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	51	12.9	0.12
54150	CIRC USING CLAMP/OTH DEVICE; NB	42	10.6	0.11
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	27	6.8	0.03
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	19	4.8	0.02
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	15	3.8	0.02
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	14	3.5	0.04
28470	CLOS TX MT FX; W/O MANIPULATION	12	3.0	0.02
57500	BX SINGLE/MX/LOC EXC LES W/NO FU	11	2.8	0.02
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	10	2.5	0.01
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	9	2.3	0.02
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	8	2.0	0.01
25600	CLOS TX DIST RADIAL FX; W/O MANI	8	2.0	0.04
56501	DESTRUCTION OF LESION VULVA; SIM	7	1.8	0.01
26720	CLOS TX PHALANGEAL FX; W/O MANIP	6	1.5	0.02
56405	I&D OF VULVA OR PERINEAL ABSCESS	6	1.5	0.01
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	5	1.3	0.02
58110	58110	5	1.3	0.01
28010	TENOTOMY PERCUT TOE; SINGLE TEND	4	1.0	0.01
30300	REMOVAL FB INTRANASL; OFC TYPE P	4	1.0	0.00

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

503 UHC Greenwood Health 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				
58100	ENDOMET BX W/NO ENDOCRV BX-SEP P	365	\$444	\$2,110
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	85	\$334	\$309
54150	CIRC USING CLAMP/OTH DEVICE; NB	47	\$600	\$610
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	42	\$167	\$171
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	27	\$406	\$432
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	18	\$347	\$357
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	14	\$1,177	\$1,381
28470	CLOS TX MT FX; W/O MANIPULATION	14	\$221	\$213
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	12	\$270	\$277
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	9	\$311	\$324
25600	CLOS TX DIST RADIAL FX; W/O MANI	8	\$189	\$222
57500	BX SINGLE/MX/LOC EXC LES W/NO FU	8	\$340	\$325
56501	DESTRUCTION OF LESION VULVA; SIM	8	\$696	\$670
26720	CLOS TX PHALANGEAL FX; W/O MANIP	7	\$1,128	\$1,248
56405	I&D OF VULVA OR PERINEAL ABSCESS	6	\$352	\$341
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	6	\$723	\$562
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	6	\$481	\$460
28010	TENOTOMY PERCUT TOE; SINGLE TEND	5	\$318	\$373
30300	REMOVAL FB INTRANASL; OFC TYPE P	4	\$1,316	\$1,736
26600	CLOS TX MC FX 1; W/O MANIP EA BN	4	\$118	\$119
		3	\$383	\$269

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

503 UHC Greenwood Health Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	37	2,035
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	44
003 LEVEL I SKIN INCISION AND DRAINAGE	9	56
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	32
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	406
03 MUSCULOSKELETAL SYSTEM PROCEDURES	52	21,724
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	33	245
048 HAND AND FOOT TENOTOMY	5	115
04 RESPIRATORY PROCEDURES	1	3,884
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	526
07 GASTROINTESTINAL SYSTEM PROCEDURES	4	56,178
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4	14,861
09 MALE REPRODUCTIVE SYSTEM	42	687
181 CIRCUMCISION	42	259
10 FEMALE REPRODUCTIVE SYSTEM	144	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	15	181
201 COLPOSCOPY	129	344
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	2	25,118
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	1,239
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,054

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

503 UHC Greenwood Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	28	\$550	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	\$696	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	9	\$557	\$760
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	\$301	\$201
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$488	\$1,288
03	MUSCULOSKELETAL SYSTEM PROCEDURES	52	\$398	\$3,477
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	\$333	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	33	\$281	\$905
	048 HAND AND FOOT TENOTOMY	5	\$1,347	\$1,731
04	RESPIRATORY PROCEDURES	1	\$251	\$2,966
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$251	\$1,305
07	GASTROINTESTINAL SYSTEM PROCEDURES	4	\$1,266	\$1,533
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$1,266	\$1,422
09	MALE REPRODUCTIVE SYSTEM	42	\$167	\$1,737
	181 CIRCUMCISION	42	\$167	\$834
10	FEMALE REPRODUCTIVE SYSTEM	133	\$611	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	15	\$1,038	\$1,632
	201 COLPOSCOPY	118	\$557	\$665
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$400	\$2,678
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$400	\$882

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

503 UHC Greenwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	308	81.1	58,453	53.4
Male	72	18.9	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	39	10.3	129	0.1
29-365 days	3	0.8	630	0.6
1-4 years	15	3.9	4,936	4.5
5-9	6	1.6	2,365	2.2
10-14	9	2.4	1,379	1.3
15-17	6	1.6	1,601	1.5
18-19	5	1.3	1,199	1.1
20-24	49	12.9	3,480	3.2
25-29	41	10.8	3,698	3.4
30-34	35	9.2	4,426	4.0
35-39	33	8.7	4,243	3.9
40-44	31	8.2	4,564	4.2
45-49	41	10.8	5,867	5.4
50-54	21	5.5	11,244	10.3
55-59	8	2.1	10,186	9.3
60-64	8	2.1	10,132	9.3
65-69	9	2.4	11,631	10.6
70-74	6	1.6	10,489	9.6
75-79	6	1.6	8,521	7.8
80-84	8	2.1	5,712	5.2
85-89	0	0.0	2,451	2.2
90 +	1	0.3	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	318	83.7	92,101	84.1
Clinic Referral	21	5.5	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	41	10.8	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

503 UHC Greenwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	380	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	45	11.8	33,479	30.6
Medicaid	156	41.1	7,670	7.0
Other government	0	0.0	4,216	3.8
Blue Cross/Blue Shield	56	14.7	21,897	20.0
Other Commercial	14	3.7	7,701	7.0
Managed Care(HMO, PPO)	96	25.3	29,599	27.0
Self Pay	11	2.9	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	2	0.5	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.3	4,392	4.0
Central Utah	1	0.3	1,530	1.4
Davis County	8	2.1	15,000	13.7
Salt Lake County	350	92.1	36,614	33.4
Southeastern Utah	0	0.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	3	0.8	1,515	1.4
Tooele County	2	0.5	1,745	1.6
Tri-County	0	0.0	453	0.4
Utah County	10	2.6	14,719	13.4
Wasatch County	1	0.3	467	0.4
Weber County	3	0.8	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	1	0.3	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

504 UHC Madsen Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7	100.0	57,411	100.0
Mastectomy (85.0-85.99)	2	28.6	950	1.7
Musculoskeletal (76.0-84.99)	0	0.0	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	0	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	119	0.2
Digestive System (42.0-54.99)	0	0.0	16,552	28.8
Urinary (55.0-59.99)	0	0.0	473	0.8
Male Genital (60.0-64.99)	0	0.0	249	0.4
Female Genital (65.0-71.99)	2	28.6	660	1.1
Endocrine/Nervous (01.0-07.99)	3	42.9	3,982	6.9
Eye (08.0-16.99)	0	0.0	8,444	14.7
Ear (18.0-20.99)	0	0.0	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,994	17.4
Reporting Category(CPT-4 CODES)	19	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	6	31.6	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	1	5.3	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	1	5.3	960	0.7
Female Genital (56405-58999)	4	21.1	2,011	1.4
Endocrine/Nervous (60000-64999)	6	31.6	11,636	8.2
Eye (65091-68899)	1	5.3	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

504 UHC Madsen Health Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	2	28.6	0.38
0443	RELEASE CARPAL TUNNEL	1	14.3	1.59
6673	SALPINGO-SALPINGOSTOMY	1	14.3	0.00
6679	OTH REPR FALLOPIAN TUBE	1	14.3	0.01
8521	LOC EXC LES BREAST	1	14.3	0.55
8583	FULL-THICK GFT BREAST	1	14.3	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
58750	TUBOTUBAL ANASTOMOSIS	3	15.8	0.00
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	3	15.8	0.84
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	2	10.5	0.22
20680	REMOVAL OF IMPLANT; DEEP	1	5.3	0.44
20926	TISSUE GRAFTS OTHER	1	5.3	0.06
21029	REMOVAL CONTOUR BEN TUMOR FCE BO	1	5.3	0.00
21282	LATERAL CANTHOPEXY	1	5.3	0.02
24075	EXC TUMR SFT TISS UP ARM/ELB; SU	1	5.3	0.02
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	1	5.3	0.09
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	1	5.3	0.04
54405	INSRT MX-CMPNT PENIL PROSTH W/PU	1	5.3	0.00
57520	CONIZATION CERV W/WO D&C; KNIF/L	1	5.3	0.01
64719	NEUROPLASTY; ULNAR NERV AT WRIST	1	5.3	0.03
67900	REPAIR OF BROW PTOSIS	1	5.3	0.10

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

504 UHC Madsen Health Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		3	\$2,359	\$1,576
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	1	\$3,893	\$2,176
6673	SALPINGO-SALPINGOSTOMY	1	\$1,674	\$1,674
6679	OTH REPR FALLOPIAN TUBE	1	\$1,509	\$3,650

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		13	\$3,251	\$2,110
58750	TUBOTUBAL ANASTOMOSIS	2	\$1,592	\$1,710
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	2	\$2,265	\$1,754
20680	REMOVAL OF IMPLANT; DEEP	1	\$9,375	\$2,430
20926	TISSUE GRAFTS OTHER	1	\$5,757	\$5,907
21029	REMOVAL CONTOUR BEN TUMOR FCE BO	1	\$1,818	\$1,818
21282	LATERAL CANTHOPEXY	1	\$2,185	\$2,410
24075	EXC TUMR SFT TISS UP ARM/ELB; SU	1	\$3,107	\$1,553
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	1	\$3,850	\$2,710
54405	INSRT MX-CMPNT PENIL PROSTH W/PU	1	\$4,660	\$8,153
57520	CONIZATION CERV W/WO D&C; KNIF/L	1	\$2,362	\$1,493
67900	REPAIR OF BROW PTOSIS	1	\$1,432	\$3,197

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

504 UHC Madsen Health Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	2,035
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	1,223
014 LEVEL III SKIN REPAIR	1	103
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1	21,724
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,425
07 GASTROINTESTINAL SYSTEM PROCEDURES	1	56,178
145 LEVEL I LAPAROSCOPY	1	199
09 MALE REPRODUCTIVE SYSTEM	1	687
182 INSERTION OF PENILE PROSTHESIS	1	3
10 FEMALE REPRODUCTIVE SYSTEM	4	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	181
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	143
11 NEUROLOGIC SYSTEM PROCEDURES	6	11,446
217 LEVEL I NERVE PROCEDURES	6	1,849
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1	25,118
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	2,204
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	2	15,218
253 LEVEL II FACIAL AND ENT PROCEDURES	1	501
255 LEVEL IV FACIAL AND ENT PROCEDURES	1	550

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

504 UHC Madsen Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	\$6,079	\$1,912
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$6,241	\$2,137
	014 LEVEL III SKIN REPAIR	1	\$5,757	\$5,207
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$3,850	\$3,477
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$3,850	\$3,342
09	MALE REPRODUCTIVE SYSTEM	1	\$4,660	\$1,737
	182 INSERTION OF PENILE PROSTHESIS	1	\$4,660	\$8,153
10	FEMALE REPRODUCTIVE SYSTEM	3	\$1,848	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,362	\$1,632
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	\$1,592	\$3,492
11	NEUROLOGIC SYSTEM PROCEDURES	2	\$2,265	\$1,366
	217 LEVEL I NERVE PROCEDURES	2	\$2,265	\$2,141
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$1,432	\$2,678
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,432	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2	\$2,001	\$1,990
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$2,185	\$1,939
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$1,818	\$2,988

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

504 UHC Madsen Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	13	76.5	58,453	53.4
Male	4	23.5	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	0	0.0	2,365	2.2
10-14	0	0.0	1,379	1.3
15-17	0	0.0	1,601	1.5
18-19	0	0.0	1,199	1.1
20-24	2	11.8	3,480	3.2
25-29	0	0.0	3,698	3.4
30-34	1	5.9	4,426	4.0
35-39	1	5.9	4,243	3.9
40-44	3	17.6	4,564	4.2
45-49	1	5.9	5,867	5.4
50-54	4	23.5	11,244	10.3
55-59	4	23.5	10,186	9.3
60-64	1	5.9	10,132	9.3
65-69	0	0.0	11,631	10.6
70-74	0	0.0	10,489	9.6
75-79	0	0.0	8,521	7.8
80-84	0	0.0	5,712	5.2
85-89	0	0.0	2,451	2.2
90 +	0	0.0	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	17	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

504 UHC Madsen Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	15	88.2	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	2	11.8	4	0.0
PRIMARY PAYER				
Medicare	0	0.0	33,479	30.6
Medicaid	2	11.8	7,670	7.0
Other government	3	17.6	4,216	3.8
Blue Cross/Blue Shield	4	23.5	21,897	20.0
Other Commercial	1	5.9	7,701	7.0
Managed Care(HMO, PPO)	4	23.5	29,599	27.0
Self Pay	3	17.6	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	5.9	4,392	4.0
Central Utah	1	5.9	1,530	1.4
Davis County	1	5.9	15,000	13.7
Salt Lake County	10	58.8	36,614	33.4
Southeastern Utah	0	0.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	0	0.0	1,515	1.4
Tooele County	1	5.9	1,745	1.6
Tri-County	0	0.0	453	0.4
Utah County	1	5.9	14,719	13.4
Wasatch County	1	5.9	467	0.4
Weber County	0	0.0	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	1	5.9	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

505 UHC Parkway Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	59	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	22	37.3	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	2	3.4	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	3	5.1	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	14	23.7	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	2	3.4	960	0.7
Female Genital (56405-58999)	13	22.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	3	5.1	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

505 UHC Parkway Health 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				
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	59	100.0	100.0
25600	CLOS TX DIST RADIAL FX; W/O MANI	11	18.6	0.01
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	8	13.6	0.04
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	6	10.2	0.02
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	6	10.2	0.12
46083	INCISION THROMBOSED HEMORRHOID E	4	6.8	0.19
67820	CORRECT TRICHIASIS; EPILAT-FORCE	3	5.1	0.01
26720	CLOS TX PHALANGEAL FX; W/O MANIP	3	5.1	0.08
27786	CLOS TX DIST FIBR FX; W/O MANIP	2	3.4	0.02
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	2	3.4	0.01
21800	CLOS TX RIB FRACTURE UNCOMP EA	2	3.4	0.03
26600	CLOS TX MC FX 1; W/O MANIP EA BN	1	1.7	0.00
26750	CLOS TX DIST PHALANG FX; W/O MAN	1	1.7	0.02
27780	CLOS TX PROX FIB/SHAFT FX; WO MA	1	1.7	0.01
31231	NASAL ENDO DX UNI/BIL SEP PROC	1	1.7	0.00
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	1	1.7	0.01
33210	INSRT/REPL TEMP 1 ELEC SEP PROC	1	1.7	0.02
33213	INSRT/REPL PACEMKR GEN; DUAL CHA	1	1.7	0.00
33233	REMOVAL PERMANENT PACEMKR PULSE	1	1.7	0.00
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	1.7	0.01

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2010
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

505 UHC Parkway Health 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				
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	54	\$340	\$2,110
46600		11	\$157	\$167
25600	CLOS TX DIST RADIAL FX; W/O MANI	8	\$342	\$325
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	6	\$284	\$373
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	6	\$681	\$610
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	4	\$271	\$309
46083	INCISION THROMBOSED HEMORRHOID E	3	\$319	\$320
67820	CORRECT TRICHIASIS; EPILAT-FORCE	3	\$270	\$246
26720	CLOS TX PHALANGEAL FX; W/O MANIP	2	\$398	\$341
27786	CLOS TX DIST FIBR FX; W/O MANIP	2	\$513	\$405
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	2	\$468	\$432
21800	CLOS TX RIB FRACTURE UNCOMP EA	1	\$987	\$675
26600	CLOS TX MC FX 1; W/O MANIP EA BN	1	\$302	\$269
26750	CLOS TX DIST PHALANG FX; W/O MAN	1	\$302	\$332
27780	CLOS TX PROX FIB/SHAFT FX; WO MA	1	\$200	\$269
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	\$198	\$223
54150	CIRC USING CLAMP/OTH DEVICE; NB	1	\$136	\$171
56420	I&D OF BARTHOLINS GLAND ABSCESS	1	\$360	\$405

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

505 UHC Parkway Health Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	2,035
003 LEVEL I SKIN INCISION AND DRAINAGE	4	56
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	32
03 MUSCULOSKELETAL SYSTEM PROCEDURES	22	21,724
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	245
04 RESPIRATORY PROCEDURES	2	3,884
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	526
05 CARDIOVASCULAR PROCEDURES	3	33
086 PACEMAKER INSERTION AND REPLACEMENT	1	1
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	2
09 MALE REPRODUCTIVE SYSTEM	1	687
181 CIRCUMCISION	1	259
10 FEMALE REPRODUCTIVE SYSTEM	8	1,078
201 COLPOSCOPY	8	344
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	3	25,118
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,054

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

505 UHC Parkway Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	\$303	\$1,912
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$330	\$760
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$198	\$201
03	MUSCULOSKELETAL SYSTEM PROCEDURES	22	\$366	\$3,477
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	\$379	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	\$355	\$905
09	MALE REPRODUCTIVE SYSTEM	1	\$136	\$1,737
	181 CIRCUMCISION	1	\$136	\$834
10	FEMALE REPRODUCTIVE SYSTEM	8	\$628	\$1,920
	201 COLPOSCOPY	8	\$628	\$665
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3	\$270	\$2,678
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$270	\$882

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

505 UHC Parkway Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	36	64.3	58,453	53.4
Male	20	35.7	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	1	1.8	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	3	5.4	2,365	2.2
10-14	4	7.1	1,379	1.3
15-17	4	7.1	1,601	1.5
18-19	6	10.7	1,199	1.1
20-24	3	5.4	3,480	3.2
25-29	2	3.6	3,698	3.4
30-34	5	8.9	4,426	4.0
35-39	7	12.5	4,243	3.9
40-44	2	3.6	4,564	4.2
45-49	4	7.1	5,867	5.4
50-54	4	7.1	11,244	10.3
55-59	3	5.4	10,186	9.3
60-64	3	5.4	10,132	9.3
65-69	1	1.8	11,631	10.6
70-74	1	1.8	10,489	9.6
75-79	1	1.8	8,521	7.8
80-84	0	0.0	5,712	5.2
85-89	2	3.6	2,451	2.2
90 +	0	0.0	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	45	80.4	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	11	19.6	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

505 UHC Parkway Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	56	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	7	12.5	33,479	30.6
Medicaid	13	23.2	7,670	7.0
Other government	4	7.1	4,216	3.8
Blue Cross/Blue Shield	8	14.3	21,897	20.0
Other Commercial	3	5.4	7,701	7.0
Managed Care(HMO, PPO)	17	30.4	29,599	27.0
Self Pay	2	3.6	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	2	3.6	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,392	4.0
Central Utah	2	3.6	1,530	1.4
Davis County	0	0.0	15,000	13.7
Salt Lake County	0	0.0	36,614	33.4
Southeastern Utah	1	1.8	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	0	0.0	1,515	1.4
Tooele County	1	1.8	1,745	1.6
Tri-County	0	0.0	453	0.4
Utah County	51	91.1	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	0	0.0	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	1	1.8	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

507 UHC Redstone Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	769	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	20	2.6	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	5	0.7	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	703	91.4	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	3	0.4	960	0.7
Female Genital (56405-58999)	30	3.9	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	3	0.4	25,437	17.9
Ear (69000-69979)	4	0.5	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

507 UHC Redstone Health 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				
45380	COLONOSCOPY FLEX; W/BX 1/MX	769	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	396	51.5	10.27
45378	COLONOSCOPY FLEX; DX-SEP PROC	117	15.2	8.95
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	106	13.8	9.19
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	43	5.6	2.72
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	23	3.0	0.34
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	11	1.4	0.12
25600	CLOS TX DIST RADIAL FX; W/O MANI	10	1.3	0.19
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	6	0.8	0.04
26720	CLOS TX PHALANGEAL FX; W/O MANIP	6	0.8	1.46
30901	CNTRL NASL HEMORR ANT SMPL ANY M	5	0.7	0.02
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	5	0.7	0.04
69100	BIOPSY EXTERNAL EAR	5	0.7	0.09
26750	CLOS TX DIST PHALANG FX; W/O MAN	4	0.5	0.01
26600	CLOS TX MC FX 1; W/O MANIP EA BN	3	0.4	0.01
28490	CLOS TX FX GT TOE PHALANX; WO MA	2	0.3	0.02
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	2	0.3	0.01
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	2	0.3	0.07
54056	DESTRUC LESION PENIS SIMPLE; CRY	2	0.3	0.01
56501	DESTRUCTION OF LESION VULVA; SIM	2	0.3	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

507 UHC Redstone Health 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				
45380	COLONOSCOPY FLEX; W/BX 1/MX	655	\$1,331	\$2,110
43239	UGI ENDO; W/BX 1/MX	356	\$1,581	\$1,373
45378	COLONOSCOPY FLEX; DX-SEP PROC	108	\$1,299	\$1,466
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	104	\$1,131	\$1,487
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	11	\$534	\$610
25600	CLOS TX DIST RADIAL FX; W/O MANI	10	\$385	\$309
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	6	\$355	\$325
26720	CLOS TX PHALANGEAL FX; W/O MANIP	6	\$911	\$1,151
30901	CNTRL NASL HEMORR ANT SMPL ANY M	5	\$256	\$341
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	\$180	\$841
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	5	\$1,652	\$1,384
69100	BIOPSY EXTERNAL EAR	4	\$879	\$910
26750	CLOS TX DIST PHALANG FX; W/O MAN	4	\$717	\$635
26600	CLOS TX MC FX 1; W/O MANIP EA BN	3	\$344	\$332
28490	CLOS TX FX GT TOE PHALANX; WO MA	2	\$247	\$269
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	2	\$271	\$238
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	2	\$608	\$887
54056	DESTRUC LESION PENIS SIMPLE; CRY	2	\$182	\$167
56501	DESTRUCTION OF LESION VULVA; SIM	2	\$176	\$223
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	2	\$1,221	\$1,248
			\$448	\$460

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

507 UHC Redstone Health Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	14	2,035
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	44
003 LEVEL I SKIN INCISION AND DRAINAGE	1	56
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	32
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	406
03 MUSCULOSKELETAL SYSTEM PROCEDURES	20	21,724
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	245
07 GASTROINTESTINAL SYSTEM PROCEDURES	700	56,178
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	110
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	181
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	123	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	502	27,945
137 THERAPEUTIC COLONOSCOPY	66	5,119
10 FEMALE REPRODUCTIVE SYSTEM	15	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	181
201 COLPOSCOPY	13	344
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	3	25,118
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,054

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

507 UHC Redstone Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	14	\$634	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$841	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$305	\$760
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	\$149	\$201
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$805	\$1,288
03	MUSCULOSKELETAL SYSTEM PROCEDURES	20	\$303	\$3,477
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	\$285	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	\$320	\$905
07	GASTROINTESTINAL SYSTEM PROCEDURES	586	\$1,435	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$608	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$879	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	114	\$1,279	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,506	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	460	\$1,479	\$1,428
	137 THERAPEUTIC COLONOSCOPY	5	\$1,652	\$1,433
10	FEMALE REPRODUCTIVE SYSTEM	15	\$602	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$1,221	\$1,632
	201 COLPOSCOPY	13	\$506	\$665
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3	\$735	\$2,678
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$735	\$882

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

507 UHC Redstone Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	386	54.7	58,453	53.4
Male	320	45.3	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	5	0.7	2,365	2.2
10-14	3	0.4	1,379	1.3
15-17	2	0.3	1,601	1.5
18-19	4	0.6	1,199	1.1
20-24	8	1.1	3,480	3.2
25-29	9	1.3	3,698	3.4
30-34	9	1.3	4,426	4.0
35-39	12	1.7	4,243	3.9
40-44	30	4.2	4,564	4.2
45-49	55	7.8	5,867	5.4
50-54	167	23.7	11,244	10.3
55-59	107	15.2	10,186	9.3
60-64	116	16.4	10,132	9.3
65-69	94	13.3	11,631	10.6
70-74	53	7.5	10,489	9.6
75-79	23	3.3	8,521	7.8
80-84	7	1.0	5,712	5.2
85-89	2	0.3	2,451	2.2
90 +	0	0.0	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	573	81.2	92,101	84.1
Clinic Referral	1	0.1	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	132	18.7	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

507 UHC Redstone Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	706	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	162	22.9	33,479	30.6
Medicaid	10	1.4	7,670	7.0
Other government	8	1.1	4,216	3.8
Blue Cross/Blue Shield	259	36.7	21,897	20.0
Other Commercial	43	6.1	7,701	7.0
Managed Care(HMO, PPO)	214	30.3	29,599	27.0
Self Pay	7	1.0	1,712	1.6
Industrial & Worker Comp	1	0.1	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	1	0.1	132	0.1
Not Reported	1	0.1	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	4,392	4.0
Central Utah	0	0.0	1,530	1.4
Davis County	2	0.3	15,000	13.7
Salt Lake County	42	5.9	36,614	33.4
Southeastern Utah	7	1.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	537	76.1	1,515	1.4
Tooele County	0	0.0	1,745	1.6
Tri-County	4	0.6	453	0.4
Utah County	0	0.0	14,719	13.4
Wasatch County	69	9.8	467	0.4
Weber County	1	0.1	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	42	5.9	5,977	5.5
Unknown, Not Reported	1	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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

506 UHC Redwood Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	4,979	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	86	1.7	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	6	0.1	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	4,446	89.3	62,638	44.1
Urinary (50010-53899)	4	0.1	2,047	1.4
Male Genital (54000-55899)	46	0.9	960	0.7
Female Genital (56405-58999)	289	5.8	2,011	1.4
Endocrine/Nervous (60000-64999)	1	0.0	11,636	8.2
Eye (65091-68899)	97	1.9	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

506 UHC Redwood Health 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				
45380	COLONOSCOPY FLEX; W/BX 1/MX	4,979	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,675	33.6	10.27
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,122	22.5	8.95
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	958	19.2	9.19
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	269	5.4	2.72
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	181	3.6	1.46
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	111	2.2	0.19
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	82	1.6	0.34
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	67	1.3	0.12
54150	CIRC USING CLAMP/OTH DEVICE; NB	42	0.8	1.54
66821	DISCISSION 2ND CATARACT; LASER S	38	0.8	0.11
43244	UGI ENDO; W/BAND LIG VARICES	36	0.7	1.58
67820	CORRECT TRICHIASIS; EPILAT-FORCE	23	0.5	0.05
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	23	0.5	0.08
26600	CLOS TX MC FX 1; W/O MANIP EA BN	21	0.4	0.04
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	17	0.3	0.02
25600	CLOS TX DIST RADIAL FX; W/O MANI	17	0.3	0.09
28470	CLOS TX MT FX; W/O MANIPULATION	13	0.3	0.04
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	11	0.2	0.02
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	11	0.2	0.07
		11	0.2	0.15

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

506 UHC Redwood Health Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	4,069	\$1,238	\$2,110
43239	UGI ENDO; W/BX 1/MX	1,396	\$1,557	\$1,373
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	967	\$1,286	\$1,466
45378	COLONOSCOPY FLEX; DX-SEP PROC	926	\$1,119	\$1,487
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	168	\$934	\$1,151
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	102	\$279	\$309
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	67	\$1,540	\$1,384
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	63	\$636	\$610
54150	CIRC USING CLAMP/OTH DEVICE; NB	38	\$150	\$171
66821	DISCISSION 2ND CATARACT; LASER S	36	\$597	\$864
67820	CORRECT TRICHIASIS; EPILAT-FORCE	23	\$278	\$246
43244	UGI ENDO; W/BAND LIG VARICES	19	\$1,561	\$1,343
26600	CLOS TX MC FX 1; W/O MANIP EA BN	17	\$223	\$269
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	17	\$1,281	\$1,381
25600	CLOS TX DIST RADIAL FX; W/O MANI	13	\$297	\$325
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	13	\$949	\$910
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	11	\$746	\$884
28470	CLOS TX MT FX; W/O MANIPULATION	10	\$211	\$277
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	10	\$205	\$213
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	9	\$324	\$373
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	9	\$652	\$887

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

506 UHC Redwood Health Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	44	2,035
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	44
003 LEVEL I SKIN INCISION AND DRAINAGE	11	56
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	8	32
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	406
012 LEVEL I SKIN REPAIR	1	12
013 LEVEL II SKIN REPAIR	3	87
03 MUSCULOSKELETAL SYSTEM PROCEDURES	83	21,724
035 LEVEL I FOOT PROCEDURES	5	2,148
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	21	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	54	245
048 HAND AND FOOT TENOTOMY	3	115
04 RESPIRATORY PROCEDURES	5	3,884
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	56
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	526
07 GASTROINTESTINAL SYSTEM PROCEDURES	4,437	56,178
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	1
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	1,474
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	110
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	19	181
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,313	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	87	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,635	27,945
137 THERAPEUTIC COLONOSCOPY	363	5,119
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	208
142 LEVEL II ANAL AND RECTAL PROCEDURES	1	327
08 GENITOURINARY SYSTEM PROCEDURES	3	2,210
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	675
09 MALE REPRODUCTIVE SYSTEM	38	687
181 CIRCUMCISION	38	259
10 FEMALE REPRODUCTIVE SYSTEM	130	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	181
200 HYSTEROSCOPY	2	297
201 COLPOSCOPY	118	344
11 NEUROLOGIC SYSTEM PROCEDURES	1	11,446
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	7,281
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	88	25,118
232 LASER EYE PROCEDURES	59	3,038
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	720
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	761
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	27	1,054

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

506 UHC Redwood Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	35	\$687	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	\$782	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	11	\$452	\$760
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	8	\$128	\$201
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$1,266	\$1,288
	012 LEVEL I SKIN REPAIR	1	\$276	\$1,533
	013 LEVEL II SKIN REPAIR	3	\$1,995	\$3,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	78	\$360	\$3,477
	035 LEVEL I FOOT PROCEDURES	3	\$1,492	\$2,504
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	19	\$251	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	53	\$267	\$905
	048 HAND AND FOOT TENOTOMY	3	\$1,577	\$1,731
04	RESPIRATORY PROCEDURES	4	\$1,922	\$2,966
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$1,203	\$6,957
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,641	\$1,305
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,589	\$1,337	\$1,533
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$1,002	\$1,002
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$652	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	13	\$949	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,143	\$1,233	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	28	\$1,560	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,321	\$1,382	\$1,428
	137 THERAPEUTIC COLONOSCOPY	71	\$1,624	\$1,433
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$874	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$1,638	\$1,223
08	GENITOURINARY SYSTEM PROCEDURES	2	\$1,859	\$4,967
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$1,859	\$2,453
09	MALE REPRODUCTIVE SYSTEM	38	\$150	\$1,737
	181 CIRCUMCISION	38	\$150	\$834
10	FEMALE REPRODUCTIVE SYSTEM	109	\$772	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	\$1,092	\$1,632
	200 HYSTEROSCOPY	2	\$2,058	\$3,476
	201 COLPOSCOPY	97	\$712	\$665
11	NEUROLOGIC SYSTEM PROCEDURES	1	\$1,129	\$1,366
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$1,129	\$900
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	86	\$579	\$2,678
	232 LASER EYE PROCEDURES	58	\$674	\$857
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,906	\$5,915
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	27	\$288	\$882

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

506 UHC Redwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,582	57.6	58,453	53.4
Male	1,903	42.4	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	29	0.6	129	0.1
29-365 days	9	0.2	630	0.6
1-4 years	8	0.2	4,936	4.5
5-9	4	0.1	2,365	2.2
10-14	7	0.2	1,379	1.3
15-17	23	0.5	1,601	1.5
18-19	28	0.6	1,199	1.1
20-24	129	2.9	3,480	3.2
25-29	168	3.7	3,698	3.4
30-34	225	5.0	4,426	4.0
35-39	178	4.0	4,243	3.9
40-44	258	5.8	4,564	4.2
45-49	337	7.5	5,867	5.4
50-54	869	19.4	11,244	10.3
55-59	667	14.9	10,186	9.3
60-64	536	12.0	10,132	9.3
65-69	415	9.3	11,631	10.6
70-74	272	6.1	10,489	9.6
75-79	180	4.0	8,521	7.8
80-84	101	2.3	5,712	5.2
85-89	36	0.8	2,451	2.2
90 +	6	0.1	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,788	84.5	92,101	84.1
Clinic Referral	6	0.1	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	691	15.4	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

506 UHC Redwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,484	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	1	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,088	24.3	33,479	30.6
Medicaid	626	14.0	7,670	7.0
Other government	208	4.6	4,216	3.8
Blue Cross/Blue Shield	991	22.1	21,897	20.0
Other Commercial	195	4.3	7,701	7.0
Managed Care(HMO, PPO)	1,332	29.7	29,599	27.0
Self Pay	36	0.8	1,712	1.6
Industrial & Worker Comp	6	0.1	1,676	1.5
Charity and Unclassified	1	0.0	234	0.2
Childrens Health Insurance	1	0.0	53	0.0
Unknown	1	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	14	0.3	4,392	4.0
Central Utah	10	0.2	1,530	1.4
Davis County	185	4.1	15,000	13.7
Salt Lake County	3,490	77.8	36,614	33.4
Southeastern Utah	13	0.3	937	0.9
Southwest Utah	11	0.2	11,999	11.0
Summit County	166	3.7	1,515	1.4
Tooele County	288	6.4	1,745	1.6
Tri-County	16	0.4	453	0.4
Utah County	72	1.6	14,719	13.4
Wasatch County	30	0.7	467	0.4
Weber County	44	1.0	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	145	3.2	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

508 UHC South Jordan Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	46	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	8	17.4	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	13	28.3	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	3	6.5	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	6	13.0	960	0.7
Female Genital (56405-58999)	3	6.5	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	11	23.9	25,437	17.9
Ear (69000-69979)	2	4.3	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

508 UHC South Jordan Health 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				
67820	CORRECT TRICHIASIS; EPILAT-FORCE	46	100.0	100.0
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	8	17.4	0.08
30901	CNTRL NASL HEMORR ANT SMPL ANY M	7	15.2	0.02
54150	CIRC USING CLAMP/OTH DEVICE; NB	5	10.9	0.04
65210	REMV FB EXT EYE; CONJUNC EMBEDDE	5	10.9	0.11
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	3	6.5	0.02
43239	UGI ENDO; W/BX 1/MX	2	4.3	0.02
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	2	4.3	8.95
21800	CLOS TX RIB FRACTURE UNCOMP EA	2	4.3	0.04
25600	CLOS TX DIST RADIAL FX; W/O MANI	1	2.2	0.00
26010	DRAINAGE OF FINGER ABSCESS; SIMP	1	2.2	0.04
26720	CLOS TX PHALANGEAL FX; W/O MANIP	1	2.2	0.00
27200	CLOSED TREATMENT COCCYGEAL FRACT	1	2.2	0.02
28470	CLOS TX MT FX; W/O MANIPULATION	1	2.2	0.02
31231	NASAL ENDO DX UNI/BIL SEP PROC	1	2.2	0.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	1	2.2	10.27
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	2.2	0.01
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	1	2.2	0.12
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	1	2.2	0.19
58110	58110	1	2.2	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, 2010
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

508 UHC South Jordan Health 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		38	\$346	\$2,110
67820	CORRECT TRICHIASIS; EPILAT-FORCE	8	\$257	\$246
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	5	\$260	\$490
54150	CIRC USING CLAMP/OTH DEVICE; NB	5	\$139	\$171
30901	CNTRL NASL HEMORR ANT SMPL ANY M	4	\$234	\$841
65210	REMV FB EXT EYE; CONJUNC EMBEDDE	3	\$155	\$163
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	\$396	\$373
43239	UGI ENDO; W/BX 1/MX	2	\$1,274	\$1,466
21800	CLOS TX RIB FRACTURE UNCOMP EA	1	\$363	\$675
25600	CLOS TX DIST RADIAL FX; W/O MANI	1	\$197	\$325
26010	DRAINAGE OF FINGER ABSCESS; SIMP	1	\$415	\$334
26720	CLOS TX PHALANGEAL FX; W/O MANIP	1	\$363	\$341
27200	CLOSED TREATMENT COCCYGEAL FRACT	1	\$323	\$323
28470	CLOS TX MT FX; W/O MANIPULATION	1	\$297	\$277
45380	COLONOSCOPY FLEX; W/BX 1/MX	1	\$2,138	\$1,373
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	\$118	\$223
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	1	\$161	\$309

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

508 UHC South Jordan Health Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	2,035
003 LEVEL I SKIN INCISION AND DRAINAGE	1	56
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	32
03 MUSCULOSKELETAL SYSTEM PROCEDURES	7	21,724
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	245
04 RESPIRATORY PROCEDURES	8	3,884
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	526
07 GASTROINTESTINAL SYSTEM PROCEDURES	3	56,178
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	14,861
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1	27,945
09 MALE REPRODUCTIVE SYSTEM	5	687
181 CIRCUMCISION	5	259
10 FEMALE REPRODUCTIVE SYSTEM	2	1,078
201 COLPOSCOPY	2	344
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	8	25,118
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	1,054

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

508 UHC South Jordan Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	\$266	\$1,912
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$415	\$760
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$118	\$201
03	MUSCULOSKELETAL SYSTEM PROCEDURES	7	\$333	\$3,477
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$368	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$247	\$905
04	RESPIRATORY PROCEDURES	5	\$260	\$2,966
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$260	\$1,305
07	GASTROINTESTINAL SYSTEM PROCEDURES	3	\$1,562	\$1,533
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,274	\$1,422
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1	\$2,138	\$1,428
09	MALE REPRODUCTIVE SYSTEM	5	\$139	\$1,737
	181 CIRCUMCISION	5	\$139	\$834
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	8	\$257	\$2,678
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$257	\$882

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

508 UHC South Jordan Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	28	66.7	58,453	53.4
Male	14	33.3	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	5	11.9	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	2	4.8	2,365	2.2
10-14	3	7.1	1,379	1.3
15-17	1	2.4	1,601	1.5
18-19	0	0.0	1,199	1.1
20-24	0	0.0	3,480	3.2
25-29	2	4.8	3,698	3.4
30-34	1	2.4	4,426	4.0
35-39	2	4.8	4,243	3.9
40-44	1	2.4	4,564	4.2
45-49	0	0.0	5,867	5.4
50-54	2	4.8	11,244	10.3
55-59	4	9.5	10,186	9.3
60-64	3	7.1	10,132	9.3
65-69	3	7.1	11,631	10.6
70-74	4	9.5	10,489	9.6
75-79	8	19.0	8,521	7.8
80-84	0	0.0	5,712	5.2
85-89	1	2.4	2,451	2.2
90 +	0	0.0	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	38	90.5	92,101	84.1
Clinic Referral	2	4.8	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	2	4.8	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

508 UHC South Jordan Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	42	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	15	35.7	33,479	30.6
Medicaid	5	11.9	7,670	7.0
Other government	1	2.4	4,216	3.8
Blue Cross/Blue Shield	4	9.5	21,897	20.0
Other Commercial	1	2.4	7,701	7.0
Managed Care(HMO, PPO)	13	31.0	29,599	27.0
Self Pay	1	2.4	1,712	1.6
Industrial & Worker Comp	1	2.4	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	1	2.4	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,392	4.0
Central Utah	1	2.4	1,530	1.4
Davis County	1	2.4	15,000	13.7
Salt Lake County	37	88.1	36,614	33.4
Southeastern Utah	0	0.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	1	2.4	1,515	1.4
Tooele County	0	0.0	1,745	1.6
Tri-County	0	0.0	453	0.4
Utah County	0	0.0	14,719	13.4
Wasatch County	1	2.4	467	0.4
Weber County	0	0.0	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	1	2.4	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

509 UHC Stansbury Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	67	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	32	47.8	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	4	6.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	19	28.4	960	0.7
Female Genital (56405-58999)	2	3.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	8	11.9	25,437	17.9
Ear (69000-69979)	2	3.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

509 UHC Stansbury Health 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				
54150	CIRC USING CLAMP/OTH DEVICE; NB	67	100.0	100.0
25600	CLOS TX DIST RADIAL FX; W/O MANI	16	23.9	0.11
26720	CLOS TX PHALANGEAL FX; W/O MANIP	7	10.4	0.04
25560	CLOS TX PHALANGEAL FX; W/O MANIP	5	7.5	0.02
26750	CLOS TX RADIAL & ULNA FX; W/O MA	4	6.0	0.01
26600	CLOS TX DIST PHALANG FX; W/O MAN	4	6.0	0.01
28470	CLOS TX MC FX 1; W/O MANIP EA BN	3	4.5	0.02
68801	CLOS TX MT FX; W/O MANIPULATION	3	4.5	0.02
28510	DILAT LAC PUNCTUM W/WO IRRIGATIO	3	4.5	0.03
46320	CLOS TX FX PHLNX EX GT TOE;WO MA	2	3.0	0.02
54056	ENUCLEATION EXT THROMBOTIC HEMOR	2	3.0	0.02
67820	DESTRUC LESION PENIS SIMPLE; CRY	2	3.0	0.01
68840	CORRECT TRICHIASIS; EPILAT-FORCE	2	3.0	0.08
69100	PROBING LAC CANALICULI W/WO IRRI	2	3.0	0.03
23500	BIOPSY EXTERNAL EAR	2	3.0	0.01
24650	CLOS TX CLAVICULAR FX; W/O MANIP	1	1.5	0.00
25530	CLOS TX RADIAL HEAD/NCK FX;WO MA	1	1.5	0.00
27780	CLOS TX ULNAR SHAFT FX; W/O MANI	1	1.5	0.00
43244	CLOS TX PROX FIB/SHAFT FX; WO MA	1	1.5	0.00
46083	UGI ENDO; W/BAND LIG VARICES	1	1.5	0.05
	INCISION THROMBOSED HEMORRHOID E	1	1.5	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, 2010
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

509 UHC Stansbury Health 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				
54150	CIRC USING CLAMP/OTH DEVICE; NB	59	\$339	\$2,110
25600	CLOS TX DIST RADIAL FX; W/O MANI	16	\$179	\$171
26720	CLOS TX PHALANGEAL FX; W/O MANIP	7	\$321	\$325
25560	CLOS TX RADIAL & ULNA FX; W/O MA	5	\$378	\$341
26750	CLOS TX DIST PHALANG FX; W/O MAN	4	\$234	\$256
26600	CLOS TX MC FX 1; W/O MANIP EA BN	4	\$365	\$332
28470	CLOS TX MT FX; W/O MANIPULATION	3	\$299	\$269
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	3	\$352	\$277
46320	ENUCLEATION EXT THROMBOTIC HEMOR	2	\$296	\$373
54056	DESTRUC LESION PENIS SIMPLE; CRY	2	\$853	\$1,113
67820	CORRECT TRICHIASIS; EPILAT-FORCE	2	\$596	\$223
69100	BIOPSY EXTERNAL EAR	2	\$186	\$246
23500	CLOS TX CLAVICULAR FX; W/O MANIP	2	\$477	\$635
24650	CLOS TX RADIAL HEAD/NCK FX;WO MA	1	\$308	\$303
25530	CLOS TX ULNAR SHAFT FX; W/O MANI	1	\$506	\$506
27780	CLOS TX PROX FIB/SHAFT FX; WO MA	1	\$189	\$336
43244	UGI ENDO; W/BAND LIG VARICES	1	\$339	\$269
46083	INCISION THROMBOSED HEMORRHOID E	1	\$1,822	\$1,343
54050	DESTRUC LESION PENIS SIMPLE; CHE	1	\$572	\$320
			\$97	\$140

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

509 UHC Stansbury Health Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	6	2,035
003 LEVEL I SKIN INCISION AND DRAINAGE	1	56
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	32
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	406
03 MUSCULOSKELETAL SYSTEM PROCEDURES	32	21,724
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	12	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	245
07 GASTROINTESTINAL SYSTEM PROCEDURES	3	56,178
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	3,120
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	208
09 MALE REPRODUCTIVE SYSTEM	16	687
181 CIRCUMCISION	16	259
10 FEMALE REPRODUCTIVE SYSTEM	1	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	181
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	8	25,118
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	247
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,054

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

509 UHC Stansbury Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	6	\$469	\$1,912
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$572	\$760
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	\$429	\$201
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$477	\$1,288
03	MUSCULOSKELETAL SYSTEM PROCEDURES	32	\$326	\$3,477
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	12	\$354	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	\$308	\$905
07	GASTROINTESTINAL SYSTEM PROCEDURES	3	\$1,176	\$1,533
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,822	\$1,455
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$853	\$959
09	MALE REPRODUCTIVE SYSTEM	16	\$179	\$1,737
	181 CIRCUMCISION	16	\$179	\$834
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2	\$186	\$2,678
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$186	\$882

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

509 UHC Stansbury Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	22	34.9	58,453	53.4
Male	41	65.1	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	12	19.0	129	0.1
29-365 days	4	6.3	630	0.6
1-4 years	2	3.2	4,936	4.5
5-9	5	7.9	2,365	2.2
10-14	7	11.1	1,379	1.3
15-17	5	7.9	1,601	1.5
18-19	1	1.6	1,199	1.1
20-24	2	3.2	3,480	3.2
25-29	1	1.6	3,698	3.4
30-34	2	3.2	4,426	4.0
35-39	7	11.1	4,243	3.9
40-44	2	3.2	4,564	4.2
45-49	2	3.2	5,867	5.4
50-54	1	1.6	11,244	10.3
55-59	1	1.6	10,186	9.3
60-64	2	3.2	10,132	9.3
65-69	2	3.2	11,631	10.6
70-74	2	3.2	10,489	9.6
75-79	2	3.2	8,521	7.8
80-84	0	0.0	5,712	5.2
85-89	1	1.6	2,451	2.2
90 +	0	0.0	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	54	85.7	92,101	84.1
Clinic Referral	1	1.6	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	8	12.7	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

509 UHC Stansbury Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	63	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	6	9.5	33,479	30.6
Medicaid	15	23.8	7,670	7.0
Other government	1	1.6	4,216	3.8
Blue Cross/Blue Shield	13	20.6	21,897	20.0
Other Commercial	6	9.5	7,701	7.0
Managed Care(HMO, PPO)	19	30.2	29,599	27.0
Self Pay	2	3.2	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	1	1.6	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,392	4.0
Central Utah	0	0.0	1,530	1.4
Davis County	1	1.6	15,000	13.7
Salt Lake County	2	3.2	36,614	33.4
Southeastern Utah	0	0.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	0	0.0	1,515	1.4
Tooele County	55	87.3	1,745	1.6
Tri-County	0	0.0	453	0.4
Utah County	1	1.6	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	1	1.6	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	3	4.8	5,977	5.5
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, 2010
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

510 UHC Westridge Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	235	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	26	11.1	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	4	1.7	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	8	3.4	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	64	27.2	960	0.7
Female Genital (56405-58999)	126	53.6	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	7	3.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

510 UHC Westridge Health 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				
54150	CIRC USING CLAMP/OTH DEVICE; NB	235	100.0	100.0
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	50	21.3	0.11
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	43	18.3	0.19
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	28	11.9	0.12
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	14	6.0	0.02
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	10	4.3	0.03
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	8	3.4	0.02
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	7	3.0	0.01
67820	CORRECT TRICHIASIS; EPILAT-FORCE	7	3.0	0.08
25600	CLOS TX DIST RADIAL FX; W/O MANI	6	2.6	0.04
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	6	2.6	0.04
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	5	2.1	0.02
25560	CLOS TX RADIAL & ULNA FX; W/O MA	4	1.7	0.01
26720	CLOS TX PHALANGEAL FX; W/O MANIP	4	1.7	0.02
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE	4	1.7	0.00
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	4	1.7	0.01
28470	CLOS TX MT FX; W/O MANIPULATION	3	1.3	0.02
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	3	1.3	0.02
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	2	0.9	0.01
26600	CLOS TX MC FX 1; W/O MANIP EA BN	2	0.9	0.02
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

510 UHC Westridge Health 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				
54150	CIRC USING CLAMP/OTH DEVICE; NB	221	\$380	\$2,110
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	50	\$153	\$171
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	41	\$343	\$309
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	26	\$581	\$610
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	14	\$698	\$933
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	9	\$452	\$432
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	7	\$176	\$167
67820	CORRECT TRICHIASIS; EPILAT-FORCE	7	\$207	\$213
25600	CLOS TX DIST RADIAL FX; W/O MANI	7	\$207	\$246
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	6	\$337	\$325
25560	CLOS TX RADIAL & ULNA FX; W/O MA	6	\$1,286	\$1,381
26720	CLOS TX PHALANGEAL FX; W/O MANIP	4	\$279	\$256
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	4	\$308	\$341
57500	BX SINGLE/MX/LOC EXC LES W/WO FU	4	\$329	\$324
28470	CLOS TX MT FX; W/O MANIPULATION	4	\$527	\$670
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	3	\$441	\$277
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE	3	\$466	\$460
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	3	\$696	\$646
26600	CLOS TX MC FX 1; W/O MANIP EA BN	2	\$186	\$222
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	\$302	\$269
		2	\$364	\$373

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

510 UHC Westridge Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	12	2,035
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	44
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	56
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	406
03	MUSCULOSKELETAL SYSTEM PROCEDURES	26	21,724
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	161
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	19	245
09	MALE REPRODUCTIVE SYSTEM	64	687
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	362
	181 CIRCUMCISION	50	259
10	FEMALE REPRODUCTIVE SYSTEM	61	1,078
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	181
	201 COLPOSCOPY	52	344
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	7	25,118
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,054

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

510 UHC Westridge Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	11	\$440	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$527	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$335	\$760
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$466	\$1,288
03	MUSCULOSKELETAL SYSTEM PROCEDURES	26	\$316	\$3,477
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$300	\$812
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	19	\$322	\$905
09	MALE REPRODUCTIVE SYSTEM	64	\$273	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$698	\$2,565
	181 CIRCUMCISION	50	\$153	\$834
10	FEMALE REPRODUCTIVE SYSTEM	54	\$640	\$1,920
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$821	\$1,632
	201 COLPOSCOPY	47	\$613	\$665
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	7	\$207	\$2,678
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$207	\$882

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

510 UHC Westridge Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	144	63.2	58,453	53.4
Male	84	36.8	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	39	17.1	129	0.1
29-365 days	11	4.8	630	0.6
1-4 years	6	2.6	4,936	4.5
5-9	3	1.3	2,365	2.2
10-14	9	3.9	1,379	1.3
15-17	2	0.9	1,601	1.5
18-19	5	2.2	1,199	1.1
20-24	23	10.1	3,480	3.2
25-29	24	10.5	3,698	3.4
30-34	21	9.2	4,426	4.0
35-39	22	9.6	4,243	3.9
40-44	16	7.0	4,564	4.2
45-49	14	6.1	5,867	5.4
50-54	12	5.3	11,244	10.3
55-59	7	3.1	10,186	9.3
60-64	5	2.2	10,132	9.3
65-69	1	0.4	11,631	10.6
70-74	0	0.0	10,489	9.6
75-79	3	1.3	8,521	7.8
80-84	4	1.8	5,712	5.2
85-89	1	0.4	2,451	2.2
90 +	0	0.0	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	184	80.7	92,101	84.1
Clinic Referral	2	0.9	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	42	18.4	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

510 UHC Westridge Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	228	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	12	5.3	33,479	30.6
Medicaid	94	41.2	7,670	7.0
Other government	3	1.3	4,216	3.8
Blue Cross/Blue Shield	32	14.0	21,897	20.0
Other Commercial	12	5.3	7,701	7.0
Managed Care(HMO, PPO)	58	25.4	29,599	27.0
Self Pay	16	7.0	1,712	1.6
Industrial & Worker Comp	1	0.4	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,392	4.0
Central Utah	0	0.0	1,530	1.4
Davis County	2	0.9	15,000	13.7
Salt Lake County	211	92.5	36,614	33.4
Southeastern Utah	0	0.0	937	0.9
Southwest Utah	0	0.0	11,999	11.0
Summit County	2	0.9	1,515	1.4
Tooele County	2	0.9	1,745	1.6
Tri-County	0	0.0	453	0.4
Utah County	4	1.8	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	3	1.3	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	3	1.3	5,977	5.5
Unknown, Not Reported	1	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, 2010
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)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	7,764	100.0	141,899	100.0
Mastectomy (19120-19220)	15	0.2	347	0.2
Musculoskeletal (20000-29909)	1,197	15.4	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	734	9.5	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	13	0.2	195	0.1
Digestive (40490-49999)	1,666	21.5	62,638	44.1
Urinary (50010-53899)	1	0.0	2,047	1.4
Male Genital (54000-55899)	94	1.2	960	0.7
Female Genital (56405-58999)	27	0.3	2,011	1.4
Endocrine/Nervous (60000-64999)	2,811	36.2	11,636	8.2
Eye (65091-68899)	1,031	13.3	25,437	17.9
Ear (69000-69979)	174	2.2	3,909	2.8

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, 2010
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				

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	7,764	100.0	100.0
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	695	9.0	1.20
66984	EXTRACAPSULAR CATARACT REMV IOL	531	6.8	0.71
45378	COLONOSCOPY FLEX; DX-SEP PROC	526	6.8	8.74
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	368	4.7	9.19
45380	COLONOSCOPY FLEX; W/BX 1/MX	259	3.3	1.07
43239	UGI ENDO; W/BX 1/MX	244	3.1	10.27
64623	DESTRUC FACET JT NRV; L/S-EA AD	243	3.1	8.95
66821	DISCISSION 2ND CATARACT; LASER S	211	2.7	0.51
64493	64493	205	2.6	1.58
30140	SUBMUCOS RES TURBINATE PART/CMPL	193	2.5	0.45
64494	64494	188	2.4	1.39
69436	TYMPANOSTOMY GENERAL ANESTHESIA	184	2.4	0.38
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	136	1.8	2.35
64495	64495	133	1.7	2.72
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	127	1.6	0.19
47562	LAPAROSCOPY SURGICAL; CHOLECT	119	1.5	0.96
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	107	1.4	0.16
64627	DESTRUC FACET NRV; CRV/THOR-EA A	98	1.3	0.28
31267	NASL/SINUS ENDO; W/TISS REMV MAX	90	1.2	0.18
		86	1.1	0.76

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

422 Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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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		2,874	\$2,498	\$2,110
66984	EXTRACAPSULAR CATARACT REMV IOL	524	\$3,708	\$2,924
45378	COLONOSCOPY FLEX; DX-SEP PROC	309	\$1,125	\$1,487
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	237	\$1,038	\$768
66821	DISCISSION 2ND CATARACT; LASER S	157	\$1,482	\$864
45380	COLONOSCOPY FLEX; W/BX 1/MX	144	\$1,262	\$1,373
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	110	\$973	\$883
43239	UGI ENDO; W/BX 1/MX	100	\$1,207	\$1,466
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	98	\$1,040	\$694
47562	LAPAROSCOPY SURGICAL; CHOLECT	91	\$5,091	\$4,681
42820	T&A; UNDER AGE 12	57	\$1,381	\$1,636
42821	T&A; AGE 12 OR OVER	56	\$1,558	\$1,635
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	52	\$1,157	\$1,384
67041	67041	52	\$4,131	\$4,412
67042	67042	48	\$4,594	\$5,332
29881	SCOPE KNEE SURG;W/MENISCECT MED/	40	\$3,615	\$3,731
29848	ENDO WRST SURG REL TRNS CARP LIG	33	\$3,034	\$2,879
49505	REPR INIT ING HERNIA 5YR/MORE; R	31	\$3,160	\$2,379
67036	VITRECTOMY MECH PARS PLANA APPRC	27	\$4,167	\$4,429
20926	TISSUE GRAFTS OTHER	22	\$8,078	\$5,907
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	21	\$3,444	\$2,555

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	124	2,035
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	44
003 LEVEL I SKIN INCISION AND DRAINAGE	1	56
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	406
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	61	1,223
013 LEVEL II SKIN REPAIR	16	87
014 LEVEL III SKIN REPAIR	31	103
02 BREAST PROCEDURES	15	321
020 LEVEL I BREAST PROCEDURES	15	321
03 MUSCULOSKELETAL SYSTEM PROCEDURES	968	21,724
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	554
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	80	1,566
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	794
033 LEVEL I HAND PROCEDURES	63	1,620
034 LEVEL II HAND PROCEDURES	13	386
035 LEVEL I FOOT PROCEDURES	56	2,148
036 LEVEL II FOOT PROCEDURES	4	458
037 LEVEL I ARTHROSCOPY	426	8,703
038 LEVEL II ARTHROSCOPY	78	1,790
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	161
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	245
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	34	1,425
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	203
045 BUNION PROCEDURES	21	628
046 LEVEL I ARTHROPLASTY	5	218
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	130	684
04 RESPIRATORY PROCEDURES	286	3,884
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	56
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	69	526
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	215	3,298
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	10	184
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	147
07 GASTROINTESTINAL SYSTEM PROCEDURES	1,480	56,178
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	25	1,474
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	110
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	275	14,861
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	55	3,120
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	599	27,945
137 THERAPEUTIC COLONOSCOPY	184	5,119
139 LEVEL I HERNIA REPAIR	133	991
140 LEVEL II HERNIA REPAIR	22	218
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	208
142 LEVEL II ANAL AND RECTAL PROCEDURES	5	327
143 LEVEL I GASTROINTESTINAL PROCEDURES	2	13
144 LEVEL II GASTROINTESTINAL PROCEDURES	1	7
145 LEVEL I LAPAROSCOPY	21	199

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
146 LEVEL II LAPAROSCOPY	135	662
147 LEVEL III LAPAROSCOPY	16	709
08 GENITOURINARY SYSTEM PROCEDURES	1	2,210
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	675
09 MALE REPRODUCTIVE SYSTEM	91	687
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	89	362
184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	49
10 FEMALE REPRODUCTIVE SYSTEM	7	1,078
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	181
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	75
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	143
200 HYSTEROSCOPY	1	297
11 NEUROLOGIC SYSTEM PROCEDURES	2,757	11,446
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	348	1,907
217 LEVEL I NERVE PROCEDURES	59	1,849
218 LEVEL II NERVE PROCEDURES	5	118
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2,335	7,281
221 LAMINOTOMY AND LAMINECTOMY	3	189
223 LEVEL III NERVE PROCEDURES	7	66
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1,023	25,118
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	247
232 LASER EYE PROCEDURES	210	3,038
233 CATARACT PROCEDURES	539	13,482
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	10	1,239
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	13	593
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	761
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	176	1,150
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	24	1,054
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	44	2,204
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	793	15,218
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	2
252 LEVEL I FACIAL AND ENT PROCEDURES	362	9,196
253 LEVEL II FACIAL AND ENT PROCEDURES	25	501
254 LEVEL III FACIAL AND ENT PROCEDURES	166	1,733
255 LEVEL IV FACIAL AND ENT PROCEDURES	87	550
256 TONSIL AND ADENOID PROCEDURES	151	3,236

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2010
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	61	\$4,099	\$1,912
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$1,695	\$717
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$414	\$760
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$2,120	\$1,288
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	\$1,836	\$2,137
	014 LEVEL III SKIN REPAIR	22	\$8,078	\$5,207
02	BREAST PROCEDURES	10	\$2,502	\$1,217
	020 LEVEL I BREAST PROCEDURES	10	\$2,502	\$1,217
03	MUSCULOSKELETAL SYSTEM PROCEDURES	272	\$3,462	\$3,477
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$3,818	\$2,446
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$4,152	\$3,702
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$4,745	\$3,913
	033 LEVEL I HAND PROCEDURES	28	\$2,833	\$2,232
	034 LEVEL II HAND PROCEDURES	5	\$3,535	\$2,745
	035 LEVEL I FOOT PROCEDURES	20	\$3,196	\$2,504
	036 LEVEL II FOOT PROCEDURES	2	\$3,665	\$3,680
	037 LEVEL I ARTHROSCOPY	110	\$3,831	\$4,139
	038 LEVEL II ARTHROSCOPY	10	\$5,205	\$6,361
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$783	\$905
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	27	\$3,018	\$3,342
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,036	\$1,745
	045 BUNION PROCEDURES	8	\$2,371	\$3,215
	046 LEVEL I ARTHROPLASTY	1	\$2,979	\$3,669
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$1,154	\$1,081
04	RESPIRATORY PROCEDURES	6	\$1,686	\$2,966
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$582	\$6,957
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,072	\$1,305
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$1,866	\$2,114
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	\$3,940	\$2,033
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$3,940	\$2,050
07	GASTROINTESTINAL SYSTEM PROCEDURES	846	\$1,979	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$824	\$871
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	117	\$1,207	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$1,250	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	441	\$1,189	\$1,428
	137 THERAPEUTIC COLONOSCOPY	74	\$1,185	\$1,433
	139 LEVEL I HERNIA REPAIR	70	\$4,190	\$2,662
	140 LEVEL II HERNIA REPAIR	6	\$5,669	\$2,604
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$2,010	\$959
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$2,277	\$1,223
	145 LEVEL I LAPAROSCOPY	5	\$2,300	\$2,618
	146 LEVEL II LAPAROSCOPY	97	\$4,946	\$3,903
	147 LEVEL III LAPAROSCOPY	14	\$5,044	\$4,748
08	GENITOURINARY SYSTEM PROCEDURES	1	\$505	\$4,967
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$505	\$2,453

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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			
09	MALE REPRODUCTIVE SYSTEM	6	\$3,214	\$1,737
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$1,422	\$2,565
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	\$6,799	\$3,733
10	FEMALE REPRODUCTIVE SYSTEM	2	\$3,131	\$1,920
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	\$3,131	\$3,492
11	NEUROLOGIC SYSTEM PROCEDURES	478	\$1,221	\$1,366
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	329	\$1,049	\$754
	217 LEVEL I NERVE PROCEDURES	25	\$2,475	\$2,141
	218 LEVEL II NERVE PROCEDURES	1	\$253	\$2,871
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	116	\$979	\$900
	221 LAMINOTOMY AND LAMINECTOMY	3	\$3,312	\$4,534
	223 LEVEL III NERVE PROCEDURES	4	\$13,270	\$10,618
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	899	\$3,417	\$2,678
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$156	\$311
	232 LASER EYE PROCEDURES	160	\$1,493	\$857
	233 CATARACT PROCEDURES	533	\$3,738	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,933	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	10	\$2,168	\$2,406
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$3,390	\$807
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	163	\$4,384	\$5,214
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$3,837	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$3,587	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	212	\$2,382	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	29	\$1,736	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$2,179	\$1,939
	254 LEVEL III FACIAL AND ENT PROCEDURES	19	\$5,271	\$3,181
	255 LEVEL IV FACIAL AND ENT PROCEDURES	39	\$4,156	\$2,988
	256 TONSIL AND ADENOID PROCEDURES	120	\$1,512	\$1,630

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,477	54.1	58,453	53.4
Male	2,098	45.8	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	1	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	15	0.3	630	0.6
1-4 years	61	1.3	4,936	4.5
5-9	53	1.2	2,365	2.2
10-14	53	1.2	1,379	1.3
15-17	82	1.8	1,601	1.5
18-19	47	1.0	1,199	1.1
20-24	98	2.1	3,480	3.2
25-29	164	3.6	3,698	3.4
30-34	257	5.6	4,426	4.0
35-39	205	4.5	4,243	3.9
40-44	245	5.4	4,564	4.2
45-49	264	5.8	5,867	5.4
50-54	481	10.5	11,244	10.3
55-59	452	9.9	10,186	9.3
60-64	394	8.6	10,132	9.3
65-69	513	11.2	11,631	10.6
70-74	441	9.6	10,489	9.6
75-79	388	8.5	8,521	7.8
80-84	242	5.3	5,712	5.2
85-89	99	2.2	2,451	2.2
90 +	22	0.5	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,576	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	4,569	99.8	102,076	93.2
Another Hospital	7	0.2	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,394	30.5	33,479	30.6
Medicaid	215	4.7	7,670	7.0
Other government	39	0.9	4,216	3.8
Blue Cross/Blue Shield	801	17.5	21,897	20.0
Other Commercial	402	8.8	7,701	7.0
Managed Care(HMO, PPO)	1,236	27.0	29,599	27.0
Self Pay	153	3.3	1,712	1.6
Industrial & Worker Comp	304	6.6	1,676	1.5
Charity and Unclassified	3	0.1	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	29	0.6	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.2	4,392	4.0
Central Utah	8	0.2	1,530	1.4
Davis County	95	2.1	15,000	13.7
Salt Lake County	3,919	85.6	36,614	33.4
Southeastern Utah	5	0.1	937	0.9
Southwest Utah	11	0.2	11,999	11.0
Summit County	20	0.4	1,515	1.4
Tooele County	285	6.2	1,745	1.6
Tri-County	13	0.3	453	0.4
Utah County	86	1.9	14,719	13.4
Wasatch County	7	0.2	467	0.4
Weber County	16	0.3	14,145	12.9
Unknown Utah	1	0.0	17	0.0
Outside Utah	102	2.2	5,977	5.5
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, 2010
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)	7,748	100.0	57,411	100.0
Mastectomy (85.0-85.99)	0	0.0	950	1.7
Musculoskeletal (76.0-84.99)	0	0.0	12,508	21.8
Respiratory (30.0-34.99)	0	0.0	83	0.1
Cardiovascular (35.0-39.99)	0	0.0	17	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	119	0.2
Digestive System (42.0-54.99)	7,748	100.0	16,552	28.8
Urinary (55.0-59.99)	0	0.0	473	0.8
Male Genital (60.0-64.99)	0	0.0	249	0.4
Female Genital (65.0-71.99)	0	0.0	660	1.1
Endocrine/Nervous (01.0-07.99)	0	0.0	3,982	6.9
Eye (08.0-16.99)	0	0.0	8,444	14.7
Ear (18.0-20.99)	0	0.0	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,994	17.4
Reporting Category(CPT-4 CODES)	7,779	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	0	0.0	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	7,779	100.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	0	0.0	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
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				
		7,748	100.0	100.0
4525	CLO [ENDO] BX LG INTESTINE	2,862	36.9	8.01
4523	COLONOSCOPY	1,961	25.3	6.50
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,725	22.3	5.85
4542	ENDO POLYPECTOMY LG INTESTINE	677	8.7	2.47
4292	DILAT ESOPH	237	3.1	1.25
4513	OTH ENDO SM INTESTINE	207	2.7	0.79
4514	CLO [ENDO] BX SM INTESTINE	21	0.3	0.06
4422	ENDO DILAT PYLORUS	17	0.2	0.06
4543	ENDO DEST OTH LES/TISS LG INTEST	9	0.1	0.27
4685	DILAT INTESTINE	6	0.1	0.01
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	5	0.1	0.03
4524	FLEX SIGMOIDOSCOPY	5	0.1	0.02
4224	CLO [ENDO] BX ESOPH	3	0.0	0.01
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	3	0.0	0.01
4522	ENDO LG INTEST THRU ARTIFICL STOMA	3	0.0	0.01
4945	LIG HEMORRHIDS	3	0.0	0.02
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	0.0	0.02
4836	[ENDO] POLYPECTOMY RECTUM	2	0.0	0.04

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
		7,779	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,842	36.5	10.27
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,900	24.4	9.19
43239	UGI ENDO; W/BX 1/MX	1,725	22.2	8.95
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	677	8.7	2.72
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	207	2.7	1.46
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	156	2.0	1.54
43248	UGI ENDO; W/INSRT GUIDE WIRE	77	1.0	0.32
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	59	0.8	0.34
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	19	0.2	0.09
44382	ILESOPY THRU STOMA; W/BX SINGLE/	18	0.2	0.01
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	17	0.2	0.09
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	11	0.1	0.01
44386	ENDO EVAL SM INTST POUCH; W/BX 1	7	0.1	0.01
45383	COLONOSCOPY FLEX; W/ABLAT LES	7	0.1	0.20
45386	COLNSCP PROX SPLENC FLXR; DILAT	6	0.1	0.01
43247	UGI ENDO; W/REMOVAL FB	5	0.1	0.06
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	5	0.1	0.05
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	5	0.1	0.07
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	3	0.0	0.01
43244	UGI ENDO; W/BAND LIG VARICES	3	0.0	0.05

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 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		5,489	\$821	\$1,576
4525	CLO [ENDO] BX LG INTESTINE	2,142	\$810	\$817
4523	COLONOSCOPY	1,724	\$895	\$946
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,112	\$780	\$906
4542	ENDO POLYPECTOMY LG INTESTINE	266	\$776	\$1,214
4513	OTH ENDO SM INTESTINE	140	\$581	\$623
4292	DILAT ESOPH	54	\$677	\$753
4514	CLO [ENDO] BX SM INTESTINE	21	\$1,101	\$1,050
4422	ENDO DILAT PYLORUS	13	\$571	\$1,272
4543	ENDO DEST OTH LES/TISS LG INTEST	5	\$581	\$646
4524	FLEX SIGMOIDOSCOPY	3	\$164	\$262
4224	CLO [ENDO] BX ESOPH	2	\$822	\$659
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	2	\$707	\$1,841
4522	ENDO LG INTEST THRU ARTIFICL STOMA	2	\$517	\$670
4836	[ENDO] POLYPECTOMY RECTUM	2	\$365	\$1,391
4945	LIG HEMORRHOIDS	1	\$130	\$255

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		5,496	\$819	\$2,110
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,124	\$812	\$1,373
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,720	\$896	\$1,487
43239	UGI ENDO; W/BX 1/MX	1,110	\$779	\$1,466
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	266	\$776	\$1,384
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	140	\$581	\$1,151
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	32	\$629	\$1,615
43248	UGI ENDO; W/INSRT GUIDE WIRE	19	\$754	\$882
44382	ILESCPY THRU STOMA; W/BX SINGLE/	17	\$1,194	\$1,148
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	15	\$363	\$910
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	12	\$574	\$993
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	8	\$214	\$214
44386	ENDO EVAL SM INTST POUCH; W/BX 1	5	\$388	\$520
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	4	\$453	\$1,275
45383	COLONOSCOPY FLEX; W/ABLAT LES	4	\$634	\$1,452
44385	ENDO EVAL SM INTEST POUCH; DX-SP	3	\$352	\$495
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	\$164	\$887
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	2	\$822	\$896
43244	UGI ENDO; W/BAND LIG VARICES	2	\$707	\$1,343
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	2	\$672	\$2,368
44388	COLONOSCOPY-STOMA; DX-SEP PROC	2	\$517	\$837

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	2,035
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	406
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,776	56,178
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,474
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	110
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	32	181
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,938	14,861
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	271	3,120
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,774	27,945
	137 THERAPEUTIC COLONOSCOPY	753	5,119

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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 CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	\$130	\$1,912
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$130	\$1,288
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,495	\$819	\$1,533
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$164	\$871
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	23	\$311	\$892
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,255	\$757	\$1,422
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	67	\$649	\$1,455
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,872	\$850	\$1,428
	137 THERAPEUTIC COLONOSCOPY	275	\$768	\$1,433

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,833	58.2	58,453	53.4
Male	2,754	41.8	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	0	0.0	630	0.6
1-4 years	0	0.0	4,936	4.5
5-9	6	0.1	2,365	2.2
10-14	25	0.4	1,379	1.3
15-17	37	0.6	1,601	1.5
18-19	33	0.5	1,199	1.1
20-24	94	1.4	3,480	3.2
25-29	135	2.0	3,698	3.4
30-34	188	2.9	4,426	4.0
35-39	179	2.7	4,243	3.9
40-44	272	4.1	4,564	4.2
45-49	411	6.2	5,867	5.4
50-54	1,326	20.1	11,244	10.3
55-59	968	14.7	10,186	9.3
60-64	882	13.4	10,132	9.3
65-69	751	11.4	11,631	10.6
70-74	561	8.5	10,489	9.6
75-79	408	6.2	8,521	7.8
80-84	212	3.2	5,712	5.2
85-89	82	1.2	2,451	2.2
90 +	17	0.3	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	6,587	100.0	92,101	84.1
Clinic Referral	0	0.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	6,574	99.8	102,076	93.2
Another Hospital	12	0.2	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	1	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,488	22.6	33,479	30.6
Medicaid	173	2.6	7,670	7.0
Other government	28	0.4	4,216	3.8
Blue Cross/Blue Shield	2,455	37.3	21,897	20.0
Other Commercial	275	4.2	7,701	7.0
Managed Care(HMO, PPO)	2,124	32.2	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	0	0.0	1,676	1.5
Charity and Unclassified	1	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	0	0.0	132	0.1
Not Reported	43	0.7	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	9	0.1	4,392	4.0
Central Utah	32	0.5	1,530	1.4
Davis County	210	3.2	15,000	13.7
Salt Lake County	5,710	86.7	36,614	33.4
Southeastern Utah	31	0.5	937	0.9
Southwest Utah	5	0.1	11,999	11.0
Summit County	109	1.7	1,515	1.4
Tooele County	149	2.3	1,745	1.6
Tri-County	32	0.5	453	0.4
Utah County	108	1.6	14,719	13.4
Wasatch County	19	0.3	467	0.4
Weber County	23	0.3	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	150	2.3	5,977	5.5
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, 2010
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)	.	.	57,411	100.0
Mastectomy (85.0-85.99)	.	.	950	1.7
Musculoskeletal (76.0-84.99)	.	.	12,508	21.8
Respiratory (30.0-34.99)	.	.	83	0.1
Cardiovascular (35.0-39.99)	.	.	17	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	119	0.2
Digestive System (42.0-54.99)	.	.	16,552	28.8
Urinary (55.0-59.99)	.	.	473	0.8
Male Genital (60.0-64.99)	.	.	249	0.4
Female Genital (65.0-71.99)	.	.	660	1.1
Endocrine/Nervous (01.0-07.99)	.	.	3,982	6.9
Eye (08.0-16.99)	.	.	8,444	14.7
Ear (18.0-20.99)	.	.	3,380	5.9
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,994	17.4
Reporting Category(CPT-4 CODES)	2,260	100.0	141,899	100.0
Mastectomy (19120-19220)	0	0.0	347	0.2
Musculoskeletal (20000-29909)	4	0.2	24,214	17.1
Respiratory (30000-32999 & 39501-39599)	11	0.5	8,351	5.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	154	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	195	0.1
Digestive (40490-49999)	0	0.0	62,638	44.1
Urinary (50010-53899)	0	0.0	2,047	1.4
Male Genital (54000-55899)	0	0.0	960	0.7
Female Genital (56405-58999)	0	0.0	2,011	1.4
Endocrine/Nervous (60000-64999)	0	0.0	11,636	8.2
Eye (65091-68899)	2,245	99.3	25,437	17.9
Ear (69000-69979)	0	0.0	3,909	2.8

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, 2010
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

421 Zion Eye Institute

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	2,260	100.0	100.0
66821	DISCISSION 2ND CATARACT; LASER S	1,172	51.9	8.74
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	294	13.0	1.58
65855	TRABECULOPLSTY-LASER-1/MORE SESS	122	5.4	0.45
66982	EXTRACAP CATARACT REMV W/IOL-CMP	91	4.0	0.17
66999	UNLISTED PROC ANTERIOR SEGMENT E	81	3.6	0.52
67917	REPAIR OF ECTROPION; EXTENSIVE	54	2.4	0.17
67041	67041	48	2.1	0.32
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	45	2.0	0.14
67028	INTRAVITREAL INJ PHARMACOLOGIC A	38	1.7	0.17
67040	VITRECTOMY MECH; W/PANRETINAL PH	35	1.5	0.46
67042	67042	18	0.8	0.05
67036	VITRECTOMY MECH PARS PLANA APPRC	18	0.8	0.20
68815	PROBE NASOLAC DUCT; W/INSERT TUB	17	0.8	0.12
68720	DACRYOCYSTORHINOSTOMY	14	0.6	0.13
67108	REPR RETINAL DETACH; W/VITRECTOM	13	0.6	0.08
67145	PROPHYLAXIS RET DETACH; PHOTOCOA	12	0.5	0.11
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	11	0.5	0.07
67800	EXCISION OF CHALAZION; SINGLE	10	0.4	0.07
68440	SNIP INCISION OF LACRIMAL PUNCTU	10	0.4	0.06

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

421 Zion Eye Institute

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	2,260	\$1,664	\$2,110
66821	DISCISSION 2ND CATARACT; LASER S	1,172	\$2,191	\$2,924
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	294	\$750	\$864
65855	TRABECULOPLSTY-LASER-1/MORE SESS	122	\$770	\$3,197
66982	EXTRACAP CATARACT REMV W/IOL-CMP	91	\$413	\$484
66999	UNLISTED PROC ANTERIOR SEGMENT E	81	\$2,156	\$4,017
67917	REPAIR OF ECTROPION; EXTENSIVE	54	\$326	\$2,108
67041	67041	48	\$1,023	\$3,032
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	45	\$2,200	\$4,412
67028	INTRAVITREAL INJ PHARMACOLOGIC A	38	\$1,658	\$2,384
67040	VITRECTOMY MECH; W/PANRETINAL PH	35	\$261	\$705
67042	67042	18	\$1,800	\$4,039
67036	VITRECTOMY MECH PARS PLANA APPRC	18	\$3,000	\$5,332
68815	PROBE NASOLAC DUCT; W/INSERT TUB	17	\$2,932	\$4,429
68720	DACRYOCYSTORHINOSTOMY	14	\$1,250	\$2,174
67108	REPR RETINAL DETACH; W/VITRECTOM	13	\$1,400	\$2,910
67145	PROPHYLAXIS RET DETACH; PHOTOCOA	12	\$1,500	\$5,884
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	11	\$605	\$605
67800	EXCISION OF CHALAZION; SINGLE	10	\$549	\$913
68440	SNIP INCISION OF LACRIMAL PUNCTU	10	\$161	\$403
			\$155	\$894

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, 2010
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	2,035
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	406
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,242	25,118
	232 LASER EYE PROCEDURES	414	3,038
	233 CATARACT PROCEDURES	1,257	13,482
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	58	1,239
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	44	593
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	10	720
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	41	761
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	128	1,150
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	8	630
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	39	1,054
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	243	2,204
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	15	15,218
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	9,196
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	501
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	550

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2010
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	\$1,000	\$1,912
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$1,000	\$1,288
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,242	\$1,667	\$2,678
	232 LASER EYE PROCEDURES	414	\$665	\$857
	233 CATARACT PROCEDURES	1,257	\$2,188	\$2,990
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	58	\$416	\$2,205
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	44	\$1,590	\$2,406
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	10	\$1,505	\$5,915
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	41	\$629	\$807
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	128	\$2,433	\$5,214
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	8	\$1,525	\$3,351
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	39	\$358	\$882
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	243	\$979	\$3,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	15	\$1,600	\$1,990
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$1,825	\$2,079
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	\$1,295	\$1,939
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$3,050	\$2,988

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2010
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,231	54.5	58,453	53.4
Male	1,029	45.5	51,061	46.6
Unknown	0	0.0	3	0.0
Not Reported	0	0.0	11	0.0
AGE				
1-28 days	0	0.0	129	0.1
29-365 days	1	0.0	630	0.6
1-4 years	6	0.3	4,936	4.5
5-9	1	0.0	2,365	2.2
10-14	0	0.0	1,379	1.3
15-17	0	0.0	1,601	1.5
18-19	1	0.0	1,199	1.1
20-24	6	0.3	3,480	3.2
25-29	4	0.2	3,698	3.4
30-34	1	0.0	4,426	4.0
35-39	14	0.6	4,243	3.9
40-44	11	0.5	4,564	4.2
45-49	33	1.5	5,867	5.4
50-54	43	1.9	11,244	10.3
55-59	92	4.1	10,186	9.3
60-64	199	8.8	10,132	9.3
65-69	370	16.4	11,631	10.6
70-74	472	20.9	10,489	9.6
75-79	433	19.2	8,521	7.8
80-84	382	16.9	5,712	5.2
85-89	153	6.8	2,451	2.2
90 +	38	1.7	645	0.6
Not Reported	0	0.0	0	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	92,101	84.1
Clinic Referral	2,260	100.0	4,601	4.2
HMO Referral	0	0.0	2	0.0
Other Hospital	0	0.0	18	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	1	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	5,860	5.4
Not Reported	0	0.0	6,945	6.3

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2010
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	2,260	100.0	102,076	93.2
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	5	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	10	0.0
Under Care of Home Service	0	0.0	2	0.0
Left Against Medical Advice	0	0.0	1	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	7,359	6.7
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,608	71.2	33,479	30.6
Medicaid	31	1.4	7,670	7.0
Other government	22	1.0	4,216	3.8
Blue Cross/Blue Shield	121	5.4	21,897	20.0
Other Commercial	233	10.3	7,701	7.0
Managed Care(HMO, PPO)	243	10.8	29,599	27.0
Self Pay	0	0.0	1,712	1.6
Industrial & Worker Comp	1	0.0	1,676	1.5
Charity and Unclassified	0	0.0	234	0.2
Childrens Health Insurance	0	0.0	53	0.0
Unknown	1	0.0	132	0.1
Not Reported	0	0.0	1,159	1.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	4,392	4.0
Central Utah	25	1.1	1,530	1.4
Davis County	4	0.2	15,000	13.7
Salt Lake County	6	0.3	36,614	33.4
Southeastern Utah	1	0.0	937	0.9
Southwest Utah	1,724	76.3	11,999	11.0
Summit County	0	0.0	1,515	1.4
Tooele County	0	0.0	1,745	1.6
Tri-County	6	0.3	453	0.4
Utah County	4	0.2	14,719	13.4
Wasatch County	0	0.0	467	0.4
Weber County	0	0.0	14,145	12.9
Unknown Utah	0	0.0	17	0.0
Outside Utah	486	21.5	5,977	5.5
Unknown, Not Reported	3	0.1	18	0.0

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