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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  
Utah Health Data Committee  
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# Acknowledgments

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

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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.	

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**Hospitals**

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**
111	Moab Regional Hospital - CAH (formally Allen Memorial)
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**

428	Alpine Surgery Center
431	American Fork Surgery Center
401	Central Utah Surgical Center
423	Coral Desert Surgery Center
415	Davis Surgical Center
403	Intermountain Avenues Surgical Center
426	Lakeview Endoscopy
404	McKay-Dee Surgical Center
416	Moran Eye Center (UHC)
432	Mountain West Endoscopy Center
424	Mountain West Surgical Center
414	Mount Ogden Surgical Center
419	Northern Utah Endoscopy Center
420	Ridgeline Endoscopy Center
427	Riverwoods Surgery Center
406	Salt Lake Endoscopy Center**
407	Salt Lake Surgical Center (formerly Healthsouth)
417	South Towne Surgery Center
430	St. George Endoscopy Center
408	St. George Surgical Center
409	St. Mark's Outpatient Surgical Center
410	SurgiCare Center of Utah
501	UHC/Centerville Health Center
502	UHC/Daybreak Health Center
503	UHC/Greenwood Health Center
504	UHC/Madsen Health Center
505	UHC/Parkway Health Center
506	UHC/Redwood Health Center
507	UHC/Redstone Health Center
508	UHC/South Jordan Health Center
509	UHC/Stansbury Health Center
510	UHC/Westridge Health Center
422	Utah Surgical Center
411	Wasatch Endoscopy Center
421	Zion Eye Institute

\*\* 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.

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# 2011 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

## Executive Summary

The 2011 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 2011. 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, 2011 and December 31, 2011. 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 376,052 patient visits with 415,270 reportable ambulatory ICD-9 procedures and 491,928 reportable CPT4 procedures for 81 facilities that reported in 2011. Approximately 70% of outpatient visits occurred in hospitals. FASCs accounted for the remaining 30% of outpatient visits. 84% of ICD9 code procedures occurred in hospitals, while the remaining 16% occurred in FASCs. 69% of CPT4 code procedures occurred in hospitals, while the remaining 31% occurred in FASCs.
- The statewide total charges reported for all reportable ambulatory procedures for all facilities were \$1,878,470,785 in 2011. The average total charge for all reported ambulatory procedures was \$4,995 with the average total hospital charge being \$5,900 and the average total FASC charge being \$2,890. 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 75,238 procedures),

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followed by Diagnostic Upper Gastrointestinal Endoscopy or Intubation (EAPG 134, with 40,704 procedures), and Level I Arthroscopy (EAPG 037, with 33,340 procedures). For hospitals the most commonly reported procedure was also Diagnostic Lower Gastrointestinal Endoscopy (EAPG 136, with 45,397 procedures), followed by Diagnostic Upper Gastrointestinal Endoscopy or Intubation (EAPG 134, with 25,670 procedures), and Level I Arthroscopy (EAPG 037, with 23,401 procedures). For FASCs the most commonly reported procedures were Diagnostic Lower Gastrointestinal Endoscopy (EAPG 136, with 29,941 procedures) followed by Diagnostic Upper Gastrointestinal Endoscopy or Intubation (EAPG 134, with 15,034 procedures), and Cataract Procedures (EAPG 233, with 16,165 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 200 times as many Cardiovascular System Procedures (EAPG Category 05, with 11,503 procedures at hospitals and 50 procedures at FASCs). Furthermore, hospitals performed about 1.8 as many Ear, Nose, Mouth, and Throat Procedures (EAPG Category 13, with 31,882 procedures at hospitals and 17,532 procedures at FASCs). In contrast, fewer Ophthalmologic System Procedures (EAPG Category 12) were performed at hospitals (12,660 procedures) than at FASCs (29,855 procedures).
- The highest average charge was Cochlear Device Implantation (EAPG 250, \$61,157 for hospitals, FASCs did not report this procedure). Second highest average charge was for Angioplasty and Transcatheter Procedures (EAPG 085, \$37,492 for hospitals, FASCs did not report this procedure). Third highest average charge was for Level III Nerve Procedures (EAPG 223, \$36,029 for hospitals, \$8,561 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 \$2,438 for hospitals and \$1,467 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 13 years (1999 through 2011), the number of Diagnostic Lower Gastrointestinal Endoscopies (EAPG 136) performed at FASCs and health centers has nearly increased fivefold (from 4,924 to 29,841 procedures per year). At hospitals this number has more than tripled (from 14,567 to 45,397 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

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25% in 1999 to 40% in 2001), then decreased (to 29% in 2009, see Figure 1). However, in 2011, 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 16,165 in 2011, a 162% increase), while hospitals showed a slight increase (from 4,270 in 1999 to 5,898 in 2011 or about a 38% increase). The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 73%), with a complementary drop in the annual percentage at hospitals (from 41% to 27%, see Figure 2).

- During the past 13 years, the average charge for Diagnostic Lower Gastrointestinal Endoscopies (EAPG 136) performed at hospitals has increased (\$691 to \$1,465, or a 112% increase since 1999). In 2011 the average facility charge for this procedure was comparable at FASCs (\$1,422) and hospitals (\$1,465). The FASC average charge trend first decreased then increased until 2009, showing at 118% increase in average charges since 1999, (see Figure 3). The FASC has since decreased from \$1,428 in 2010 to \$1,422 in 2011. The average charge for Cataract Procedures (EAPG 233) at hospitals has increased (\$2,239 to \$4,092, or 83%, from 1999 through 2011). The average charge at FASCs for Cataract Procedures (EAPG 233) has increased (\$2,211 to \$2,997, or 36%, from 1999 through 2011).
- The average charges are based on single-reportable-procedure discharges only (43% of ICD-9-CM procedures and 39% of CPT4 procedures) and may not apply to multiple-procedure discharges.

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# Introduction

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

## The Health Data Committee

The Utah Health Data Committee is composed of 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

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

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

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

The Office of Health Care Statistics has collected information from 81 Utah ambulatory surgery facilities in 2011. 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 2011.

## **Data Processing and Quality**

### ***Data Submission***

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

### ***System Edits***

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

### ***Facility Reviews***

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

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## **Patient Confidentiality**

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

## **About This Report**

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

### **Organization of Report**

This report provides summary information and comparisons at the statewide level and at the facility level for ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification), CPT-4 (Current Procedural Terminology, 4th edition) and APG (Ambulatory Patient Groups) codes, 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 2011 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.

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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”<sup>1</sup>. In contrast to Medicare data, the Utah ambulatory surgery data include all ages of patients and all types of payer sources. These differences in patient population require users to be aware of the limitations of the APG software and to pay special attention when using 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 2011, the total number of reported ambulatory surgery visits was 376,052, but the total number of reportable procedures performed was 415,270 under the ICD-9 coding system and 491,928 under the CPT-4 coding system (See Table 2). Among all facilities that report ICD-9-CM codes, 57% of all visits include multiple procedures. For all facilities that report CPT-4 codes, this percentage is at 61%. 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.

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## 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 2011.

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 (415,270) does not match the total number of CPT-4 procedures (491,928). 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—2011.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2011.

Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2011.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2011.



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### ***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.

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### 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-

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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 2011 was \$30,536. 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 2011 sixteen 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 fifteen 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: 2011**

ID <sup>1</sup>	Hospital Name	Own <sup>2</sup>	Affiliation	County	City	U/R <sup>3</sup>	Teach <sup>4</sup>	Beds	Report CPT-4 <sup>5</sup>	Report ICD-9 <sup>6</sup>
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
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
129	Gunnison Valley Hospital - CAH	G	Freestanding	Sanpete	Gunnison	R	N	25	Y	Y

<sup>1</sup>Facility ID Number

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

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

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

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

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

**Table 1 (continued)**  
**Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2011**

ID <sup>1</sup>	Hospital Name	Own <sup>2</sup>	Affiliation	County	City	U/R <sup>3</sup>	Teach <sup>4</sup>	Beds	Report CPT-4 <sup>5</sup>	Report ICD-9 <sup>6</sup>
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
111	Moab Regional Hospital - CAH	G	Rural Health Management	Grant	Moab	R	N	25	Y	Y
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

\*Moran Eye Center reported with UHC/Univ Hospitals and Clinics from 2008-2009

<sup>1</sup>Facility ID Number

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

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

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

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

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

**Table 1 (continued)**  
**Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2011**

ID <sup>1</sup>	Hospital Name	Own <sup>2</sup>	Affiliation	County	City	U/R <sup>3</sup>	Teach <sup>4</sup>	Beds	Report CPT-4 <sup>5</sup>	Report ICD-9 <sup>6</sup>
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139	Y	Y
122	Primary Children's Medical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	235	Y	Y
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

\*\* Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2011.  
 CAH is Critical Access Hospital.

<sup>1</sup>Facility ID Number  
<sup>2</sup>Owner Category: G=Government, I=Investor-Owned, N=Not for Profit  
<sup>3</sup>Urban or Rural location of facility  
<sup>4</sup>Teaching facility (Yes/No)  
<sup>5</sup>Facility reports CPT-4 codes  
<sup>6</sup>Facility reports ICD-9-CM codes

**Table 1 (continued)**  
**Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2011**

ID <sup>1</sup>	Hospital Name	Own <sup>2</sup>	Affiliation	County	City	U/R <sup>3</sup>	Teach <sup>4</sup>	Beds	Report CPT-4 <sup>5</sup>	Report ICD-9 <sup>6</sup>
503	UHC/Greenwood Health Center	G	University Healthcare	Salt Lake	Midvale	U	Y	NA	Y	N
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

\*Moran Eye Center reported with UHC/Univ Hospitals and Clinics from 2008-2009

\*\* Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2011.

CAH is Critical Access Hospital.

<sup>1</sup>Facility ID Number

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

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

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

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

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

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

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



**TABLE 2  
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
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)	415,270	100.0	347,183	100.0	68,087	100.0
Mastectomy (85.0-85.99)	9,429	2.3	8,605	2.5	824	1.2
Musculoskeletal (76.0-84.99)	87,413	21.0	70,411	20.3	17,002	25.0
Respiratory (30.0-34.99)	3,353	0.8	3,243	0.9	110	0.2
Cardiovascular (35.0-39.99)	23,243	5.6	23,216	0.9	27	0.0
Lymphatic/Hemetic (40.0-41.99)	3,412	0.8	3,288	0.9	124	0.2
Digestive System (42.0-54.99)	129,941	31.3	111,878	32.2	18,063	26.5
Urinary (55.0-59.99)	13,063	3.1	12,077	3.5	986	1.4
Male Genital (60.0-64.99)	4,432	1.1	4,124	1.2	308	0.5
Female Genital (65.0-71.99)	16,855	4.1	16,165	4.7	690	1.0
Endocrine/Nervous (01.0-07.99)	31,414	7.6	27,062	7.8	4,352	6.4
Eye (08.0-16.99)	32,835	7.9	22,328	6.4	10,507	15.4
Ear (18.0-20.99)	17,677	4.3	13,847	4.0	3,830	5.6
Nose,Mouth,Pharynx (21.0-29.99)	42,203	10.2	30,939	8.9	11,264	16.5
Reporting Category(CPT-4 CODES)	491,928	100.0	337,317	100.0	154,611	100.0
Mastectomy (19120-19220)	1,931	0.4	1,627	0.5	304	0.2
Musculoskeletal (20000-29909)	104,923	21.3	78,025	23.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	28,661	5.8	18,301	5.4	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	22,071	4.5	21,776	6.5	295	0.2
Lymphatic/Hemetic (38100-38999)	4,861	1.0	4,663	1.4	198	0.1
Digestive System (40490-49999)	196,885	40.0	129,848	38.5	67,037	43.4
Urinary (50010-53899)	18,336	3.7	16,024	4.8	2,312	1.5
Male Genital (54000-55899)	4,985	1.0	4,044	1.2	941	0.6
Female Genital (56405-58999)	17,631	3.6	15,380	4.6	2,251	1.5
Endocrine/Nervous (60000-64999)	35,258	7.2	26,532	7.9	8,726	5.6
Eye (65091-68899)	42,982	8.7	12,738	3.8	30,244	19.6
Ear (69000-69979)	13,404	2.7	8,359	2.5	5,045	3.3

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

**TABLE 3  
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
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	415,270	100.0	347,183	100.0	68,087	100.0
4523	COLONOSCOPY	28,604	6.9	24,565	7.1	4,039	5.9
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	22,475	5.4	19,135	5.5	3,340	4.9
4542	ENDO POLYPECTOMY LG INTESTINE	17,941	4.3	16,642	4.8	1,299	1.9
2001	MYRINGOTOMY W/INSRT TUBE	14,258	3.4	11,009	3.2	3,249	4.8
4525	CLO [ENDO] BX LG INTESTINE	13,315	3.2	8,226	2.4	5,089	7.5
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	10,335	2.5	5,560	1.6	4,775	7.0
0392	INJ OTH AGENT SPINAL CANAL	8,679	2.1	7,985	2.3	694	1.0
283	TONSILLECTOMY W/ADENOIDECTOMY	8,602	2.1	6,685	1.9	1,917	2.8
1341	PHACOEMULSIFICATION-ASPIR CATARACT	7,905	1.9	5,444	1.6	2,461	3.6
806	EXC SEMILUNAR CARTILAGE-KNEE	7,680	1.8	5,466	1.6	2,214	3.3
5123	LAP CHOLEY	7,549	1.8	7,010	2.0	539	0.8
0391	INJ ANES SPINAL CANAL-ANALGESIA	6,992	1.7	6,430	1.9	562	0.8
4513	OTH ENDO SM INTESTINE	5,913	1.4	5,132	1.5	781	1.1
4292	DILAT ESOPH	5,495	1.3	4,797	1.4	698	1.0
4836	[ENDO] POLYPECTOMY RECTUM	4,669	1.1	4,636	1.3	33	0.0
0443	RELEASE CARPAL TUNNEL	4,586	1.1	3,333	1.0	1,253	1.8
2169	OTH TURBINECTOMY	4,130	1.0	2,668	0.8	1,462	2.1
8183	OTH REPR SHLDR	3,858	0.9	2,567	0.7	1,291	1.9
8147	OTH REPR KNEE	3,560	0.9	3,214	0.9	346	0.5
8363	ROTATOR CUFF REPR	3,370	0.8	2,530	0.7	840	1.2

CPT-4 CODE	CPT-4 DESCRIPTION	ALL FACILITIES		HOSPITALS		FASCs	
		#	%	#	%	#	%
All Reportable*	CPT-4 Procedures	491,928	100.0	337,317	100.0	154,611	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	38,441	7.8	22,362	6.6	16,079	10.4
45378	COLONOSCOPY FLEX; DX-SEP PROC	35,898	7.3	22,583	6.7	13,315	8.6
43239	UGI ENDO; W/BX 1/MX	33,021	6.7	20,313	6.0	12,708	8.2
66984	EXTRACAPSULAR CATARACT REMV IOL	20,392	4.1	5,494	1.6	14,898	9.6
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11,780	2.4	7,289	2.2	4,491	2.9
69436	TYMPANOSTOMY GENERAL ANESTHESIA	9,983	2.0	5,767	1.7	4,216	2.7
29881	SCOPE KNEE SURG;W/MENISCECT MED/	7,257	1.5	4,945	1.5	2,312	1.5
42820	T&A; UNDER AGE 12	6,958	1.4	5,259	1.6	1,699	1.1
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	6,091	1.2	3,813	1.1	2,278	1.5
29826	SCOPE SHOULDER; DECOMP SUBACROM	5,627	1.1	3,869	1.1	1,758	1.1
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	5,525	1.1	3,291	1.0	2,234	1.4
41899	UNLIST PROC DENTOALVEOL STRUCTUR	5,524	1.1	2,653	0.8	2,871	1.9
30140	SUBMUCOS RES TURBINATE PART/CMPL	4,881	1.0	2,512	0.7	2,369	1.5
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	4,647	0.9	3,140	0.9	1,507	1.0
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4,452	0.9	3,989	1.2	463	0.3
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	4,336	0.9	3,404	1.0	932	0.6
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	4,241	0.9	2,589	0.8	1,652	1.1
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	3,979	0.8	3,098	0.9	881	0.6
20680	REMOVAL OF IMPLANT; DEEP	3,861	0.8	3,164	0.9	697	0.5
47562	LAPAROSCOPY SURGICAL; CHOLECT	3,361	0.7	3,085	0.9	276	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, 2011**  
**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	12,919	10,274	2,645
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2,683	2,649	34
003 LEVEL I SKIN INCISION AND DRAINAGE	211	148	63
004 LEVEL II SKIN INCISION AND DRAINAGE	124	94	30
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	222	165	57
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	210	182	28
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2,089	1,191	898
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6,007	4,645	1,362
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	59	55	4
012 LEVEL I SKIN REPAIR	27	23	4
013 LEVEL II SKIN REPAIR	942	875	67
014 LEVEL III SKIN REPAIR	345	247	98
02 BREAST PROCEDURES	1,945	1,671	274
020 LEVEL I BREAST PROCEDURES	1,898	1,627	271
021 LEVEL II BREAST PROCEDURES	47	44	3
03 MUSCULOSKELETAL SYSTEM PROCEDURES	90,921	66,722	24,199
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2,990	2,402	588
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6,634	4,903	1,731
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3,121	2,286	835
033 LEVEL I HAND PROCEDURES	5,443	3,806	1,637
034 LEVEL II HAND PROCEDURES	1,639	1,210	429
035 LEVEL I FOOT PROCEDURES	8,680	6,177	2,503
036 LEVEL II FOOT PROCEDURES	2,382	1,830	552
037 LEVEL I ARTHROSCOPY	33,340	23,401	9,939
038 LEVEL II ARTHROSCOPY	7,552	5,474	2,078
039 REPLACEMENT OF CAST	149	146	3
040 SPLINT, STRAPPING AND CAST REMOVAL	2,110	2,110	0
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	759	605	154
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	767	543	224
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7,087	5,701	1,386
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	680	475	205
045 BUNION PROCEDURES	2,654	1,762	892
046 LEVEL I ARTHROPLASTY	903	650	253
047 LEVEL II ARTHROPLASTY	171	144	27
048 HAND AND FOOT TENOTOMY	504	386	118
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3,356	2,711	645
04 RESPIRATORY PROCEDURES	17,883	12,953	4,930
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2,723	2,675	48
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3,923	2,980	943
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8,800	4,869	3,931
064 ENDOSCOPY OF THE LOWER AIRWAY	2,437	2,429	8
05 CARDIOVASCULAR PROCEDURES	11,553	11,503	50
081 ECHOCARDIOGRAPHY	207	207	0
082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2,258	2,258	0
083 PLACEMENT OF TRANSVENOUS CATHETERS	1,352	1,314	38
084 DIAGNOSTIC CARDIAC CATHETERIZATION	13	13	0

**TABLE 4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

STATEWIDE TOTALS

Procedure EAPG category	Procedure EAPG	ALL FACILITIES #	HOSPITALS #	FASCs #
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	12,919	10,274	2,645
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2,683	2,649	34
	003 LEVEL I SKIN INCISION AND DRAINAGE	211	148	63
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	013 LEVEL II SKIN REPAIR	942	875	67
	014 LEVEL III SKIN REPAIR	345	247	98
02	BREAST PROCEDURES	1,945	1,671	274
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	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2,990	2,402	588
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	037 LEVEL I ARTHROSCOPY	33,340	23,401	9,939
	038 LEVEL II ARTHROSCOPY	7,552	5,474	2,078
	039 REPLACEMENT OF CAST	149	146	3
	040 SPLINT, STRAPPING AND CAST REMOVAL	2,110	2,110	0
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	759	605	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	767	543	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7,087	5,701	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	680	475	205
	045 BUNION PROCEDURES	2,654	1,762	892
	046 LEVEL I ARTHROPLASTY	903	650	253
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04	RESPIRATORY PROCEDURES	17,883	12,953	4,930
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2,723	2,675	48
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3,923	2,980	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8,800	4,869	3,931
	064 ENDOSCOPY OF THE LOWER AIRWAY	2,437	2,429	8
05	CARDIOVASCULAR PROCEDURES	11,553	11,503	50
	081 ECHOCARDIOGRAPHY	207	207	0
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2,258	2,258	0
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1,352	1,314	38
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	13	13	0

**TABLE 4  
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2011  
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

STATEWIDE TOTALS

Procedure EAPG category	ALL FACILITIES	HOSPITALS	FASCs
Procedure EAPG	#	#	#
085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1,890	1,890	0
086 PACEMAKER INSERTION AND REPLACEMENT	445	445	0
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1,246	1,246	0
088 LEVEL I CARDIOTHORACIC PROCEDURES	418	416	2
089 LEVEL II CARDIOTHORACIC PROCEDURES	3,051	3,049	2
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	80	75	5
091 VASCULAR LIGATION AND RECONSTRUCTION	146	143	3
092 RESUSCITATION	19	19	0
096 ATRIAL AND VENTRICULAR RECORDING AND PACING	66	66	0
097 AICD IMPLANT	362	362	0
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4,839	4,562	277
110 PHARMACOTHERAPY BY EXTENDED INFUSION	235	235	0
111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	29	29	0
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2,685	2,545	140
114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	35	33	2
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1,855	1,720	135
07 GASTROINTESTINAL SYSTEM PROCEDURES	177,698	118,206	59,492
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	448	448	0
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2,901	1,300	1,601
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	825	713	112
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	703	519	184
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	40,704	25,670	15,034
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9,176	5,867	3,309
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	75,238	45,397	29,841
137 THERAPEUTIC COLONOSCOPY	15,057	9,233	5,824
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2,136	2,105	31
139 LEVEL I HERNIA REPAIR	6,777	5,686	1,091
140 LEVEL II HERNIA REPAIR	1,421	1,214	207
141 LEVEL I ANAL AND RECTAL PROCEDURES	1,030	831	199
142 LEVEL II ANAL AND RECTAL PROCEDURES	1,347	1,074	273
143 LEVEL I GASTROINTESTINAL PROCEDURES	424	413	11
144 LEVEL II GASTROINTESTINAL PROCEDURES	124	119	5
145 LEVEL I LAPAROSCOPY	2,506	2,342	164
146 LEVEL II LAPAROSCOPY	8,709	7,903	806
147 LEVEL III LAPAROSCOPY	7,987	7,188	799
148 LEVEL IV LAPAROSCOPY	185	184	1
08 GENITOURINARY SYSTEM PROCEDURES	14,729	12,284	2,445
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,796	880	916
161 URINARY STUDIES AND PROCEDURES	470	470	0
162 URINARY CATHETERIZATION AND DILATATION	263	258	5
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	6,615	5,858	757
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	4,622	4,061	561
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	74	71	3
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	228	205	23
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	661	481	180
09 MALE REPRODUCTIVE SYSTEM	4,967	4,273	694

**TABLE 4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

STATEWIDE TOTALS

Procedure EAPG category	Procedure EAPG	ALL FACILITIES #	HOSPITALS #	FASCs #
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1,798	1,477	321
	181 CIRCUMCISION	1,274	967	307
	182 INSERTION OF PENILE PROSTHESIS	76	75	1
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	9	8	1
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1,492	1,446	46
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	318	300	18
10	FEMALE REPRODUCTIVE SYSTEM	10,436	9,203	1,233
	190 ARTIFICIAL FERTILIZATION	2	1	1
	193 TREATMENT OF INCOMPLETE ABORTION	1	1	0
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1,670	1,485	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1,954	1,849	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2,391	2,229	162
	199 DILATION AND CURETTAGE	546	518	28
	200 HYSTEROSCOPY	2,841	2,466	375
	201 COLPOSCOPY	1,031	654	377
11	NEUROLOGIC SYSTEM PROCEDURES	33,968	25,428	8,540
	213 NERVE AND MUSCLE TESTS	231	231	0
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5,763	4,570	1,193
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	237	216	21
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	221	220	1
	217 LEVEL I NERVE PROCEDURES	6,180	4,176	2,004
	218 LEVEL II NERVE PROCEDURES	1,126	1,051	75
	219 SPINAL TAP	419	419	0
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	16,372	11,336	5,036
	221 LAMINOTOMY AND LAMINECTOMY	2,541	2,387	154
	223 LEVEL III NERVE PROCEDURES	878	822	56
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	42,515	12,660	29,855
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	247	22	225
	232 LASER EYE PROCEDURES	3,576	549	3,027
	233 CATARACT PROCEDURES	22,063	5,898	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2,449	141	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	939	236	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	912	237	675
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1,196	280	916
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	2,945	1,752	1,193
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1,783	1,027	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2,008	942	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4,397	1,576	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	49,414	31,882	17,532
	250 COCHLEAR DEVICE IMPLANTATION	114	114	0
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	32	31	1
	252 LEVEL I FACIAL AND ENT PROCEDURES	23,924	13,372	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	2,134	1,514	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	5,879	3,880	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3,878	3,301	577

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2011**  
**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	\$3,777	\$4,301	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$4,778	\$4,844	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	\$2,326	\$3,432	\$756
	004 LEVEL II SKIN INCISION AND DRAINAGE	\$4,036	\$5,133	\$1,716
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	\$570	\$631	\$401
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	\$2,855	\$3,135	\$778
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$2,509	\$3,592	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$3,797	\$4,207	\$2,243
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$5,880	\$6,300	\$2,102
	012 LEVEL I SKIN REPAIR	\$4,673	\$5,040	\$2,472
	013 LEVEL II SKIN REPAIR	\$4,448	\$4,459	\$1,818
	014 LEVEL III SKIN REPAIR	\$5,116	\$7,376	\$2,197
02	BREAST PROCEDURES	\$4,328	\$4,831	\$1,377
	020 LEVEL I BREAST PROCEDURES	\$4,229	\$4,723	\$1,384
	021 LEVEL II BREAST PROCEDURES	\$8,416	\$8,864	\$569
03	MUSCULOSKELETAL SYSTEM PROCEDURES	\$5,322	\$6,029	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$4,437	\$5,214	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$5,894	\$6,757	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$9,035	\$10,524	\$4,230
	033 LEVEL I HAND PROCEDURES	\$3,053	\$3,410	\$2,238
	034 LEVEL II HAND PROCEDURES	\$5,147	\$6,046	\$2,806
	035 LEVEL I FOOT PROCEDURES	\$3,621	\$4,184	\$2,349
	036 LEVEL II FOOT PROCEDURES	\$7,122	\$8,885	\$3,331
	037 LEVEL I ARTHROSCOPY	\$4,667	\$5,096	\$3,693
	038 LEVEL II ARTHROSCOPY	\$11,178	\$13,106	\$6,268
	039 REPLACEMENT OF CAST	\$4,045	\$4,045	.
	040 SPLINT, STRAPPING AND CAST REMOVAL	\$1,449	\$1,449	.
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	\$3,819	\$5,630	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	\$2,615	\$3,606	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$8,147	\$9,329	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$2,978	\$3,818	\$1,288
	045 BUNION PROCEDURES	\$5,069	\$6,420	\$2,758
	046 LEVEL I ARTHROPLASTY	\$8,980	\$9,598	\$3,656
	047 LEVEL II ARTHROPLASTY	\$20,394	\$23,125	\$9,470
	048 HAND AND FOOT TENOTOMY	\$2,574	\$2,534	\$2,685
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$1,631	\$1,654	\$1,186
04	RESPIRATORY PROCEDURES	\$2,356	\$2,438	\$1,467
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$2,745	\$2,700	\$6,298
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	\$1,101	\$1,165	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	\$4,467	\$5,392	\$2,079
	064 ENDOSCOPY OF THE LOWER AIRWAY	\$3,104	\$3,105	\$2,814
05	CARDIOVASCULAR PROCEDURES	\$17,958	\$18,123	\$2,898
	081 ECHOCARDIOGRAPHY	\$20,742	\$20,742	.
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$9,966	\$9,966	.
	083 PLACEMENT OF TRANSVENOUS CATHETERS	\$6,503	\$6,616	\$2,782
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	\$12,113	\$12,113	.
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	\$37,492	\$37,492	.

**TABLE 5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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
	086 PACEMAKER INSERTION AND REPLACEMENT	\$30,536	\$30,536	.
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$19,433	\$19,433	.
	088 LEVEL I CARDIOTHORACIC PROCEDURES	\$10,888	\$10,993	\$2,318
	089 LEVEL II CARDIOTHORACIC PROCEDURES	\$10,145	\$10,145	.
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$7,474	\$8,297	\$889
	091 VASCULAR LIGATION AND RECONSTRUCTION	\$8,382	\$8,315	\$11,799
	092 RESUSCITATION	\$10,486	\$10,486	.
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	\$17,668	\$17,668	.
	097 AICD IMPLANT	\$49,564	\$49,564	.
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	\$5,017	\$5,118	\$2,266
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	\$459	\$459	.
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	\$5,575	\$5,575	.
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	\$3,744	\$3,738	\$6,509
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	\$6,461	\$6,461	.
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$7,619	\$8,262	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	\$2,603	\$3,066	\$1,589
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$2,775	\$2,775	.
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$2,104	\$2,674	\$1,728
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$1,148	\$1,167	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$1,638	\$1,834	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,685	\$1,782	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$2,295	\$2,558	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	\$1,449	\$1,465	\$1,422
	137 THERAPEUTIC COLONOSCOPY	\$1,773	\$1,880	\$1,579
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$6,067	\$6,191	\$1,783
	139 LEVEL I HERNIA REPAIR	\$4,769	\$5,188	\$2,556
	140 LEVEL II HERNIA REPAIR	\$5,647	\$6,288	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	\$3,079	\$3,586	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	\$3,849	\$4,508	\$1,557
	143 LEVEL I GASTROINTESTINAL PROCEDURES	\$4,348	\$4,426	\$1,294
	144 LEVEL II GASTROINTESTINAL PROCEDURES	\$8,674	\$8,862	\$3,708
	145 LEVEL I LAPAROSCOPY	\$6,169	\$6,523	\$3,179
	146 LEVEL II LAPAROSCOPY	\$8,278	\$8,651	\$3,976
	147 LEVEL III LAPAROSCOPY	\$8,988	\$9,502	\$4,814
	148 LEVEL IV LAPAROSCOPY	\$16,334	\$16,442	\$3,000
08	GENITOURINARY SYSTEM PROCEDURES	\$5,693	\$5,700	\$5,668
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$9,479	\$11,434	\$8,231
	161 URINARY STUDIES AND PROCEDURES	\$1,463	\$1,463	.
	162 URINARY CATHETERIZATION AND DILATATION	\$4,998	\$5,011	\$3,437
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	\$3,038	\$3,113	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	\$5,674	\$6,114	\$3,037
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	\$19,718	\$20,129	\$7,382
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	\$2,382	\$2,387	\$2,302
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	\$11,702	\$15,091	\$4,054
09	MALE REPRODUCTIVE SYSTEM	\$4,893	\$5,436	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$3,328	\$3,472	\$2,592
	181 CIRCUMCISION	\$1,956	\$2,393	\$849



**TABLE 5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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
	182 INSERTION OF PENILE PROSTHESIS	\$34,320	\$34,693	\$11,192
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	\$846	\$943	\$458
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	\$8,084	\$8,255	\$2,733
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	\$1,948	\$1,958	\$1,527
10	FEMALE REPRODUCTIVE SYSTEM	\$5,109	\$5,677	\$2,046
	190 ARTIFICIAL FERTILIZATION	\$1,275	\$2,421	\$130
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	\$4,187	\$4,672	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	\$5,652	\$5,814	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	\$7,941	\$8,297	\$3,598
	199 DILATION AND CURETTAGE	\$3,798	\$3,922	\$1,475
	200 HYSTEROSCOPY	\$5,754	\$6,149	\$3,408
	201 COLPOSCOPY	\$946	\$1,107	\$701
11	NEUROLOGIC SYSTEM PROCEDURES	\$4,584	\$5,293	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$1,498	\$1,622	\$1,043
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	\$11,998	\$12,644	\$1,838
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	\$16,600	\$16,600	.
	217 LEVEL I NERVE PROCEDURES	\$3,334	\$3,955	\$2,013
	218 LEVEL II NERVE PROCEDURES	\$21,516	\$22,021	\$8,855
	219 SPINAL TAP	\$2,281	\$2,281	.
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	\$1,857	\$2,017	\$962
	221 LAMINOTOMY AND LAMINECTOMY	\$11,601	\$12,191	\$4,587
	223 LEVEL III NERVE PROCEDURES	\$34,039	\$36,029	\$8,561
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	\$3,147	\$4,277	\$2,708
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$466	\$1,623	\$388
	232 LASER EYE PROCEDURES	\$877	\$825	\$886
	233 CATARACT PROCEDURES	\$3,291	\$4,092	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	\$2,429	\$4,703	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	\$3,033	\$4,558	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	\$6,785	\$9,262	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	\$1,017	\$4,745	\$852
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	\$6,177	\$7,259	\$4,913
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	\$3,002	\$2,904	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,745	\$2,864	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	\$3,717	\$4,495	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	\$3,751	\$4,442	\$2,001
	250 COCHLEAR DEVICE IMPLANTATION	\$61,157	\$61,157	.
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	\$3,299	\$3,473	\$167
	252 LEVEL I FACIAL AND ENT PROCEDURES	\$2,459	\$2,666	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	\$3,321	\$3,767	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	\$6,704	\$8,073	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	\$9,613	\$10,539	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	\$2,881	\$3,305	\$1,774

SOURCE: Utah Ambulatory Surgery Database  
Utah 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, 2011  
NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
<b>GENDER</b>						
Female	201,877	53.7	141,642	53.9	60,235	53.3
Male	174,144	46.3	121,333	46.1	52,811	46.7
Unknown	13	0.0	4	0.0	9	0.0
Not Reported	18	0.0	0	0.0	18	0.0
<b>AGE</b>						
1-28 days	1,780	0.5	1,613	0.6	167	0.1
29-365 days	3,596	1.0	2,902	1.1	694	0.6
1-4 years	16,272	4.3	11,446	1.1	4,826	4.3
5-9	9,492	2.5	7,208	4.4	2,284	2.0
10-14	6,674	1.8	5,295	2.7	1,379	1.2
15-17	6,857	1.8	5,309	2.0	1,548	1.4
18-19	5,135	1.4	3,821	2.0	1,314	1.2
20-24	14,092	3.7	10,434	1.5	3,658	3.2
25-29	15,949	4.2	12,230	4.0	3,719	3.3
30-34	19,200	5.1	14,877	5.7	4,323	3.8
35-39	18,993	5.1	14,643	5.6	4,350	3.8
40-44	19,489	5.2	14,871	5.7	4,618	4.1
45-49	23,072	6.1	17,304	6.6	5,768	5.1
50-54	42,534	11.3	30,494	11.6	12,040	10.6
55-59	36,859	9.8	26,436	10.1	10,423	9.2
60-64	34,961	9.3	24,041	9.1	10,920	9.7
65-69	32,399	8.6	20,003	7.6	12,396	11.0
70-74	26,588	7.1	15,679	6.0	10,909	9.6
75-79	20,773	5.5	11,976	4.6	8,797	7.8
80-84	13,597	3.6	7,762	3.0	5,835	5.2
85-89	5,911	1.6	3,511	1.3	2,400	2.1
90 +	1,830	0.5	1,125	0.4	705	0.6
Not Reported	0	0.0	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>						
Physician Referral	193,139	51.4	106,152	40.4	86,987	76.9
Clinic Referral	167,037	44.4	152,476	58.0	14,561	12.9
HMO Referral	2,964	0.8	2,964	1.1	0	0.0
Other Hospital	202	0.1	200	0.1	2	0.0
Skilled Nursing Facility	139	0.0	139	0.1	0	0.0
Other Health Care Facility	30	0.0	29	0.0	1	0.0
ER (Not valid since 7/2010)	19	0.0	19	0.0	0	0.0
Court/Law Enforcement	18	0.0	17	0.0	1	0.0
Unknown	6,129	1.6	930	0.4	5,199	4.6
Not Reported	6,376	1.7	54	0.0	6,322	5.6

(Continued)

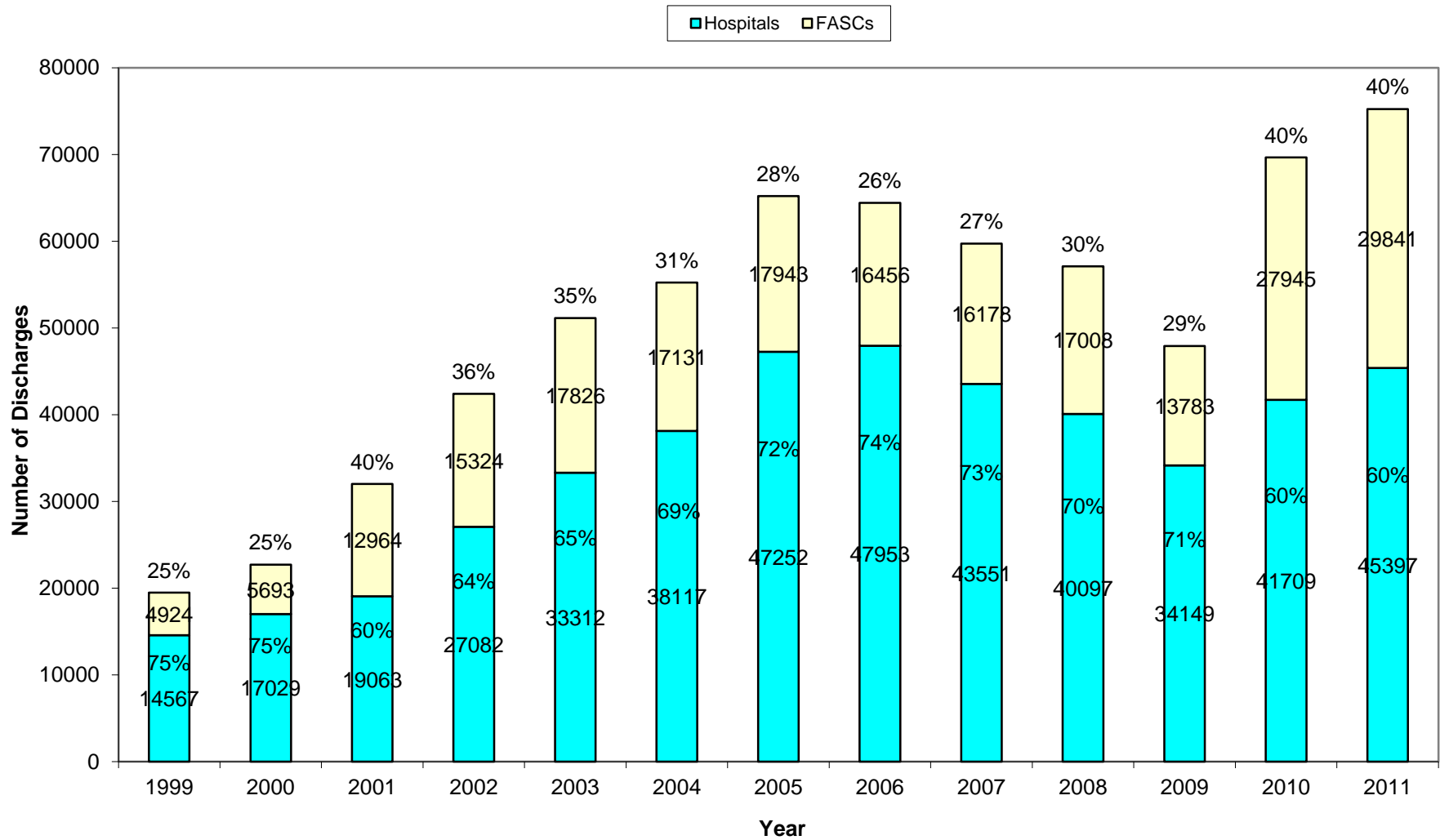
**TABLE 6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

STATEWIDE TOTALS

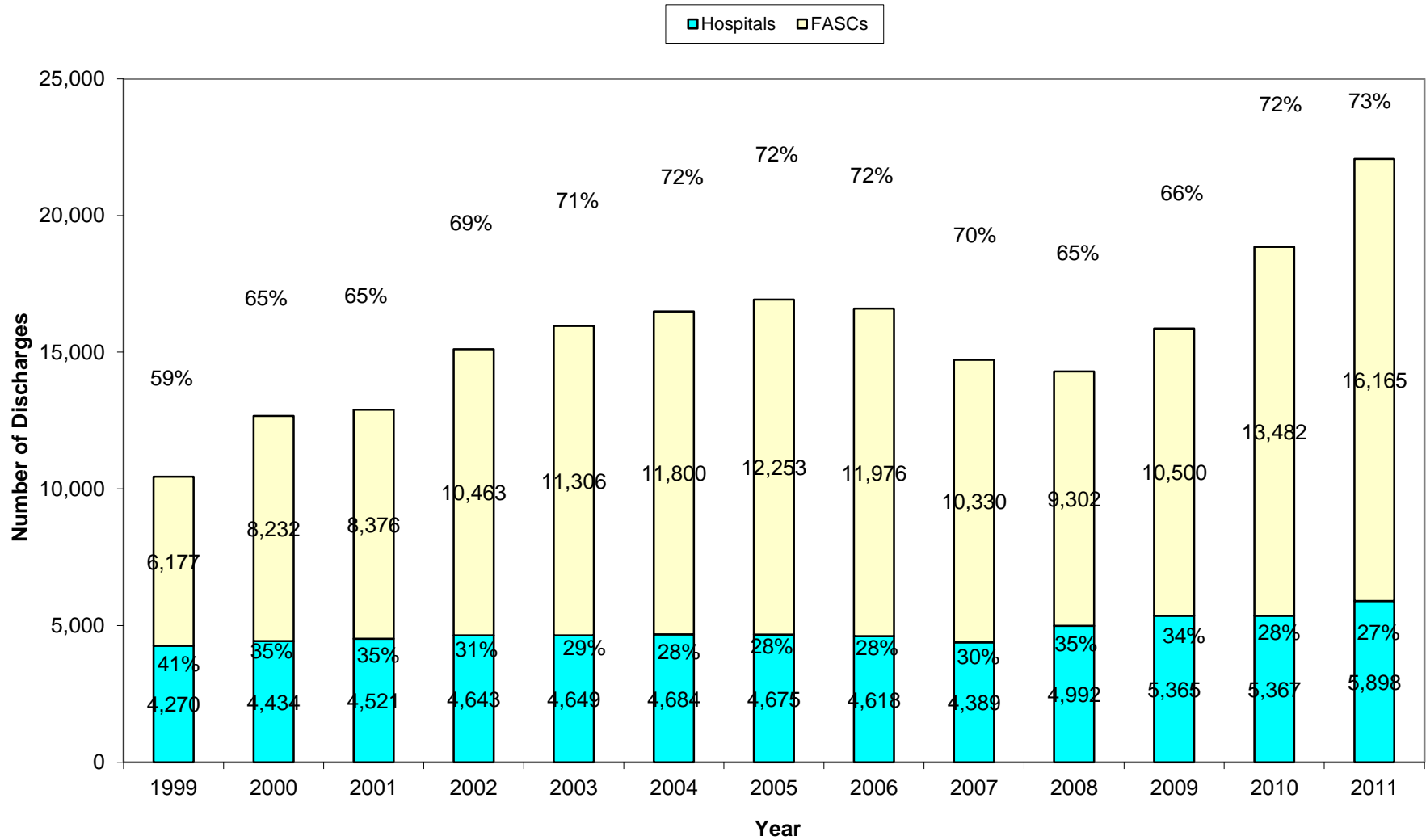
Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>						
Home Health Care	367,648	97.8	262,109	99.7	105,539	93.3
Another Hospital	213	0.1	126	0.0	87	0.1
Skilled Nursing Facility	207	0.1	203	0.1	4	0.0
Intermediate Care	20	0.0	16	0.0	4	0.0
Another Type of Institution	151	0.0	120	0.0	31	0.0
Under Care of Home Service	311	0.1	303	0.1	8	0.0
Left Against Medical Advice	16	0.0	16	0.0	0	0.0
Under care of Home Provider	0	0.0	0	0.0	0	0.0
Expired	16	0.0	16	0.0	0	0.0
Unknown	7,439	2.0	50	0.0	7,389	6.5
Not Reported	32	0.0	21	0.0	11	0.0
<b>PRIMARY PAYER</b>						
Medicare	99,385	26.4	62,882	23.9	36,503	32.3
Medicaid	27,733	7.4	19,964	7.6	7,769	6.9
Other Government	10,337	2.7	6,019	2.3	4,318	3.8
Blue Cross/Blue Shield	54,877	14.6	33,344	12.7	21,533	19.0
Other Commercial	24,921	6.6	17,383	6.6	7,538	6.7
Managed Care(HMO, PPO)	145,289	38.6	114,999	43.7	30,290	26.8
Self Pay	4,875	1.3	3,241	1.2	1,634	1.4
Industrial & Worker Comp	4,717	1.3	3,157	1.2	1,560	1.4
Charity and Unclassified	926	0.2	775	0.3	151	0.1
Childrens Health Insurance	230	0.1	172	0.1	58	0.1
Unknown	1,134	0.3	963	0.4	171	0.2
Not Reported	1,629	0.4	81	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>						
Bear River	23,170	6.2	18,464	7.0	4,706	4.2
Central Utah	10,858	2.9	9,378	3.6	1,480	1.3
Davis County	44,798	11.9	28,404	10.8	16,394	14.5
Salt Lake County	127,418	33.9	89,757	34.1	37,661	33.3
Southeastern Utah	6,563	1.7	5,550	2.1	1,013	0.9
Southwest Utah	27,928	7.4	16,470	6.3	11,458	10.1
Summit County	5,734	1.5	4,120	1.6	1,614	1.4
Tooele County	8,726	2.3	6,638	2.5	2,088	1.8
Tri-County	7,031	1.9	6,537	2.5	494	0.4
Utah County	54,865	14.6	39,778	15.1	15,087	13.3
Wasatch County	2,639	0.7	2,138	0.8	501	0.4
Weber County	36,520	9.7	21,938	8.3	14,582	12.9
Unknown Utah	29	0.0	15	0.0	14	0.0
Outside Utah	19,624	5.2	13,675	5.2	5,949	5.3
Unknown, Not Reported	151	0.0	119	0.0	32	0.0

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

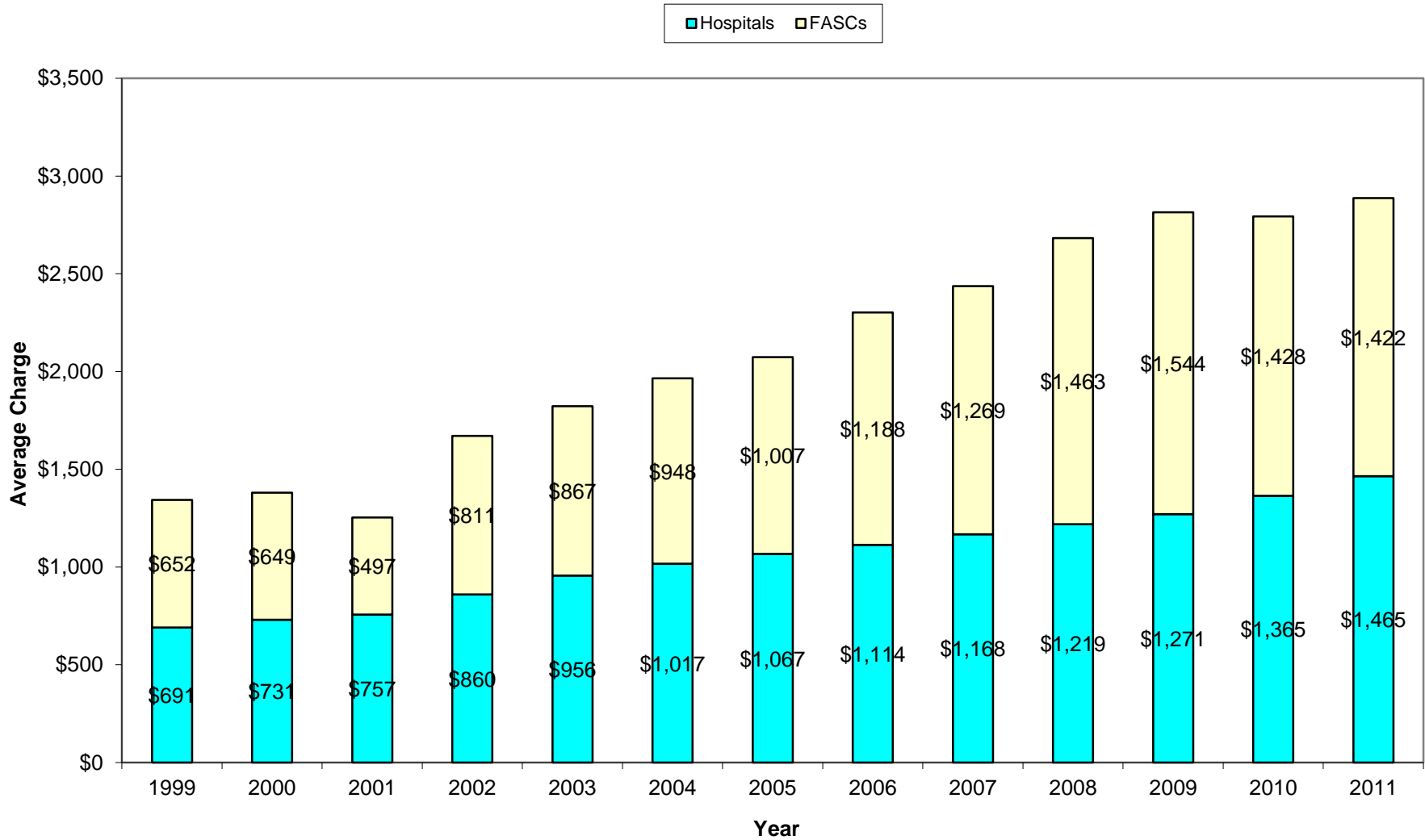
**Figure 1. Number and Percentage of Diagnostic Lower Gastrointestinal Endoscopies (APG 117, EAPG 136 in 2009-2011) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2011**



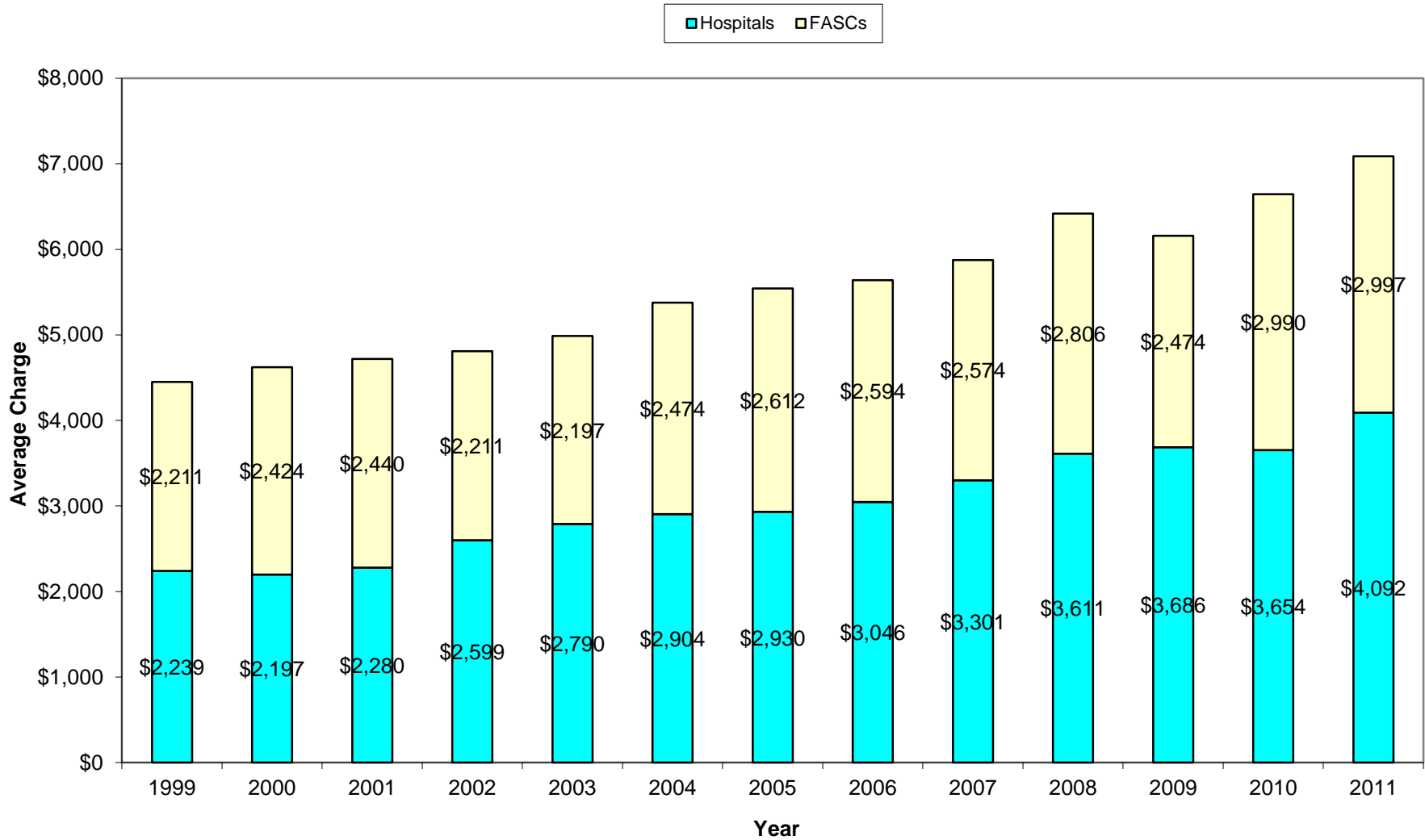
**Figure 2. Number and Percentage of Cataract Procedures (APG 214, EAPG 233 in 2009-2011) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2011**



**Figure 3. Average Charge for Lower Gastrointestinal Endoscopies (APG 117, EAPG 136 in 2009-2011) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2011**



**Figure 4. Average Charge for Cataract Procedures (APG 214, EAPG 233 in 2009-2011) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2011**



**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	16,039	100.0	347,183	100.0
Mastectomy (85.0-85.99)	605	3.8	8,605	2.5
Musculoskeletal (76.0-84.99)	2,978	18.6	70,411	20.3
Respiratory (30.0-34.99)	52	0.3	3,243	0.9
Cardiovascular (35.0-39.99)	11	0.1	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	37	0.2	3,288	0.9
Digestive System (42.0-54.99)	7,959	49.6	111,878	32.2
Urinary (55.0-59.99)	630	3.9	12,077	3.5
Male Genital (60.0-64.99)	200	1.2	4,124	1.2
Female Genital (65.0-71.99)	872	5.4	16,165	4.7
Endocrine/Nervous (01.0-07.99)	244	1.5	27,062	7.8
Eye (08.0-16.99)	1,171	7.3	22,328	6.4
Ear (18.0-20.99)	144	0.9	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,136	7.1	30,939	8.9
Reporting Category(CPT-4 CODES)	13,418	100.0	337,317	100.0
Mastectomy (19120-19220)	41	0.3	1,627	0.5
Musculoskeletal (20000-29909)	2,771	20.7	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	521	3.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	11	0.1	21,776	6.5
Lymphatic/Hemetic (38100-38999)	36	0.3	4,663	1.4
Digestive (40490-49999)	7,710	57.5	129,848	38.5
Urinary (50010-53899)	644	4.8	16,024	4.8
Male Genital (54000-55899)	147	1.1	4,044	1.2
Female Genital (56405-58999)	672	5.0	15,380	4.6
Endocrine/Nervous (60000-64999)	255	1.9	26,532	7.9
Eye (65091-68899)	544	4.1	12,738	3.8
Ear (69000-69979)	66	0.5	8,359	2.5

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4542	ENDO POLYPECTOMY LG INTESTINE	1,800	11.2	4.79
4523	COLONOSCOPY	1,743	10.9	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,561	9.7	5.51
4525	CLO [ENDO] BX LG INTESTINE	604	3.8	2.37
4836	[ENDO] POLYPECTOMY RECTUM	553	3.4	1.34
806	EXC SEMILUNAR CARTILAGE-KNEE	387	2.4	1.57
5123	LAP CHOLEY	321	2.0	2.02
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	278	1.7	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	275	1.7	1.57
8147	OTH REPR KNEE	268	1.7	0.93
4292	DILAT ESOPH	199	1.2	1.38
4513	OTH ENDO SM INTESTINE	189	1.2	1.48
598	URETERAL CATH	178	1.1	0.77
8363	ROTATOR CUFF REPR	157	1.0	0.73
0887	UPPER EYELID RHYTIDECTOMY	144	0.9	0.22
2169	OTH TURBINECTOMY	133	0.8	0.77
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	128	0.8	0.38
2263	ETHMOIDECTOMY	115	0.7	0.56
560	TRANSURETH REMOV OBST URETER-PELV	114	0.7	0.53
283	TONSILLECTOMY W/ADENOIDECTOMY	108	0.7	1.93

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,257	16.8	6.63
43239	UGI ENDO; W/BX 1/MX	1,553	11.6	6.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,524	11.4	6.69
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	446	3.3	2.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	293	2.2	0.91
29881	SCOPE KNEE SURG;W/MENISCECT MED/	241	1.8	1.47
66984	EXTRACAPSULAR CATARACT REMV IOL	234	1.7	1.63
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	199	1.5	0.92
49505	REPR INIT ING HERNIA 5YR/MORE; R	161	1.2	0.72
52332	CYSTOURETHROSCOPY W/INSRT STENT	149	1.1	0.73
29880	SCOPE KNEE SURG;W/MENISCECT MED&	143	1.1	0.43
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	140	1.0	1.13
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	126	0.9	0.53
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	123	0.9	0.98
41899	UNLIST PROC DENTOALVEOL STRUCTUR	110	0.8	0.79
29826	SCOPE SHOULDER; DECOMP SUBACROM	108	0.8	1.15
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	103	0.8	0.77
28285	CORRECTION HAMMERTO	94	0.7	0.54
29823	SCOPE SHOULDER SURGICAL; DEBRID	87	0.6	0.18
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	83	0.6	0.56

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	6,755	\$2,872	\$4,864
4523	COLONOSCOPY	1,469	\$913	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	1,214	\$1,308	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	802	\$1,226	\$1,852
5123	LAP CHOLEY	288	\$5,767	\$8,201
4525	CLO [ENDO] BX LG INTESTINE	249	\$1,313	\$1,909
4836	[ENDO] POLYPECTOMY RECTUM	200	\$1,188	\$1,609
4513	OTH ENDO SM INTESTINE	106	\$1,006	\$1,505
283	TONSILLECTOMY W/ADENOIDECTOMY	98	\$3,613	\$3,273
5304	UNILAT REPR INDIRECT ING HERN-GFT	78	\$4,419	\$5,647
6952	ASPIR CURET FOLLOWING DELIV/AB	73	\$2,545	\$3,495
598	URETERAL CATH	72	\$5,140	\$6,417
806	EXC SEMILUNAR CARTILAGE-KNEE	72	\$4,309	\$5,149
8532	BILAT REDUC MAMMO	69	\$10,942	\$11,372
0443	RELEASE CARPAL TUNNEL	60	\$2,663	\$2,934
4701	LAP APPENDECTOMY	56	\$9,670	\$10,495
282	TONSILLECTOMY WO ADENOIDECTOMY	48	\$3,272	\$3,403
5341	REPR UMB HERN W/PROSTH	48	\$4,973	\$6,191
8554	BILAT BREAST IMPLNT	48	\$7,242	\$6,346
5303	UNILAT REPR DIRECT ING HERN-GFT	45	\$4,714	\$5,834
5732	OTH CYSTOSCOPY	42	\$12,537	\$8,213

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	7,198	\$2,863	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,689	\$1,268	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,284	\$913	\$1,275
43239	UGI ENDO; W/BX 1/MX	787	\$1,196	\$1,799
47562	LAPAROSCOPY SURGICAL; CHOLECT	270	\$5,672	\$7,363
66984	EXTRACAPSULAR CATARACT REMV IOL	233	\$3,948	\$4,069
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	202	\$1,484	\$1,840
49505	REPR INIT ING HERNIA 5YR/MORE; R	138	\$4,584	\$5,632
41899	UNLIST PROC DENTOALVEOL STRUCTUR	108	\$2,943	\$3,672
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	88	\$858	\$1,340
29881	SCOPE KNEE SURG;W/MENISCECT MED/	85	\$4,485	\$4,987
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	66	\$4,337	\$7,128
42820	T&A; UNDER AGE 12	56	\$3,652	\$3,185
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	50	\$5,289	\$5,232
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	48	\$2,584	\$3,049
29880	SCOPE KNEE SURG;W/MENISCECT MED&	46	\$4,288	\$5,295
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	46	\$3,357	\$3,512
42821	T&A; AGE 12 OR OVER	44	\$3,562	\$3,658
66982	EXTRACAP CATARACT REMV W/IOL-CMP	44	\$3,887	\$4,239
44970	LAPAROSCOPY SURGICAL APPENDECTOM	43	\$9,156	\$10,450
19120	EXC BRST CYST TUMR/LES OPN M/F 1	37	\$4,737	\$4,414

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	186	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	5	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	107	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	55
	013 LEVEL II SKIN REPAIR	6	875
	014 LEVEL III SKIN REPAIR	12	247
02	BREAST PROCEDURES	41	1,671
	020 LEVEL I BREAST PROCEDURES	41	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,512	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	68	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	212	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	167	2,286
	033 LEVEL I HAND PROCEDURES	158	3,806
	034 LEVEL II HAND PROCEDURES	15	1,210
	035 LEVEL I FOOT PROCEDURES	224	6,177
	036 LEVEL II FOOT PROCEDURES	40	1,830
	037 LEVEL I ARTHROSCOPY	1,048	23,401
	038 LEVEL II ARTHROSCOPY	204	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	15	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	214	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	475
	045 BUNION PROCEDURES	95	1,762
	046 LEVEL I ARTHROPLASTY	2	650
	047 LEVEL II ARTHROPLASTY	9	144
	048 HAND AND FOOT TENOTOMY	7	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	2,711
04	RESPIRATORY PROCEDURES	281	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	44	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	178	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	58	2,429
05	CARDIOVASCULAR PROCEDURES	3	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,314
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	416
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	26	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,632	118,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	75	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	713

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	14	519
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,698	25,670
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	221	5,867
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,813	45,397
137	THERAPEUTIC COLONOSCOPY	516	9,233
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	89	2,105
139	LEVEL I HERNIA REPAIR	308	5,686
140	LEVEL II HERNIA REPAIR	62	1,214
141	LEVEL I ANAL AND RECTAL PROCEDURES	7	831
142	LEVEL II ANAL AND RECTAL PROCEDURES	12	1,074
143	LEVEL I GASTROINTESTINAL PROCEDURES	16	413
144	LEVEL II GASTROINTESTINAL PROCEDURES	2	119
145	LEVEL I LAPAROSCOPY	73	2,342
146	LEVEL II LAPAROSCOPY	511	7,903
147	LEVEL III LAPAROSCOPY	195	7,188
08	GENITOURINARY SYSTEM PROCEDURES	602	12,284
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	47	880
162	URINARY CATHETERIZATION AND DILATATION	12	258
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	248	5,858
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	253	4,061
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	2	71
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	3	205
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	37	481
09	MALE REPRODUCTIVE SYSTEM	158	4,273
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	58	1,477
181	CIRCUMCISION	20	967
182	INSERTION OF PENILE PROSTHESIS	3	75
184	LEVEL II PENILE AND PROSTATE PROCEDURES	74	1,446
185	PROSTATE NEEDLE AND PUNCH BIOPSY	3	300
10	FEMALE REPRODUCTIVE SYSTEM	416	9,203
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	87	1,485
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	106	1,849
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	90	2,229
199	DILATION AND CURETTAGE	13	518
200	HYSTEROSCOPY	114	2,466
201	COLPOSCOPY	6	654
11	NEUROLOGIC SYSTEM PROCEDURES	250	25,428
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	216
217	LEVEL I NERVE PROCEDURES	116	4,176
218	LEVEL II NERVE PROCEDURES	11	1,051
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	31	11,336
221	LAMINOTOMY AND LAMINECTOMY	87	2,387
223	LEVEL III NERVE PROCEDURES	2	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	543	12,660
233	CATARACT PROCEDURES	280	5,898
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	141

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

118 Alta View Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	13	236
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	12	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	47	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	185	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	724	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	298	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	37	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	120	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	74	3,301
	256 TONSIL AND ADENOID PROCEDURES	195	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	93	\$4,086	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$3,732	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,553	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$6,182	\$5,133
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	4	\$3,860	\$631
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	\$3,983	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	54	\$3,579	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,465	\$6,300
	013 LEVEL II SKIN REPAIR	1	\$8,908	\$4,459
	014 LEVEL III SKIN REPAIR	6	\$8,407	\$7,376
02	BREAST PROCEDURES	40	\$4,660	\$4,831
	020 LEVEL I BREAST PROCEDURES	40	\$4,660	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	716	\$5,571	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$4,546	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	70	\$5,298	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$7,856	\$10,524
	033 LEVEL I HAND PROCEDURES	79	\$2,668	\$3,410
	034 LEVEL II HAND PROCEDURES	7	\$3,235	\$6,046
	035 LEVEL I FOOT PROCEDURES	64	\$3,058	\$4,184
	036 LEVEL II FOOT PROCEDURES	11	\$8,025	\$8,885
	037 LEVEL I ARTHROSCOPY	208	\$4,484	\$5,096
	038 LEVEL II ARTHROSCOPY	36	\$14,255	\$13,106
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	11	\$2,505	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	144	\$8,168	\$9,329
	045 BUNION PROCEDURES	48	\$4,091	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$14,060	\$9,598
	047 LEVEL II ARTHROPLASTY	5	\$9,037	\$23,125
04	RESPIRATORY PROCEDURES	19	\$3,210	\$2,438
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,683	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$5,646	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	16	\$2,938	\$3,105
05	CARDIOVASCULAR PROCEDURES	1	\$5,114	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$5,114	\$6,616
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	19	\$7,386	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$7,507	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$7,379	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,976	\$1,927	\$3,066
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	\$844	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$1,860	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	877	\$1,163	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	66	\$2,172	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,975	\$1,116	\$1,465
	137 THERAPEUTIC COLONOSCOPY	212	\$1,488	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$2,665	\$6,191
	139 LEVEL I HERNIA REPAIR	221	\$4,748	\$5,188

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	140 LEVEL II HERNIA REPAIR	27	\$5,333	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	\$3,515	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$3,797	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$2,444	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$2,443	\$8,862
	145 LEVEL I LAPAROSCOPY	22	\$4,631	\$6,523
	146 LEVEL II LAPAROSCOPY	411	\$6,512	\$8,651
	147 LEVEL III LAPAROSCOPY	109	\$6,416	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	186	\$6,714	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$3,725	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	3	\$9,340	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	79	\$4,110	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	63	\$4,207	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$32,614	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$4,205	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	36	\$16,185	\$15,091
09	MALE REPRODUCTIVE SYSTEM	100	\$6,673	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	27	\$4,077	\$3,472
	181 CIRCUMCISION	12	\$3,202	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	2	\$28,516	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	57	\$7,962	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$3,959	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	177	\$4,989	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	19	\$3,208	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	56	\$4,759	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	44	\$6,398	\$8,297
	199 DILATION AND CURETTAGE	9	\$2,893	\$3,922
	200 HYSTEROSCOPY	49	\$5,062	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	88	\$4,562	\$5,293
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$2,116	\$12,644
	217 LEVEL I NERVE PROCEDURES	62	\$3,099	\$3,955
	218 LEVEL II NERVE PROCEDURES	4	\$10,900	\$22,021
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$2,545	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	19	\$8,363	\$12,191
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	389	\$4,047	\$4,277
	233 CATARACT PROCEDURES	279	\$3,936	\$4,092
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,395	\$4,703
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	10	\$3,351	\$4,558
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$2,910	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	88	\$4,653	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	384	\$3,668	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	175	\$2,666	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	15	\$4,311	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	10	\$7,396	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	29	\$8,908	\$10,539

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

118 Alta View Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
256 TONSIL AND ADENOID PROCEDURES	155	\$3,516	\$3,305

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



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,878	55.9	141,642	53.9
Male	4,636	44.1	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	20	0.2	2,902	1.1
1-4 years	152	1.4	11,446	4.4
5-9	87	0.8	7,208	2.7
10-14	100	1.0	5,295	2.0
15-17	160	1.5	5,309	2.0
18-19	129	1.2	3,821	1.5
20-24	412	3.9	10,434	4.0
25-29	519	4.9	12,230	4.7
30-34	611	5.8	14,877	5.7
35-39	613	5.8	14,643	5.6
40-44	590	5.6	14,871	5.7
45-49	697	6.6	17,304	6.6
50-54	1,676	15.9	30,494	11.6
55-59	1,346	12.8	26,436	10.1
60-64	1,175	11.2	24,041	9.1
65-69	868	8.3	20,003	7.6
70-74	598	5.7	15,679	6.0
75-79	401	3.8	11,976	4.6
80-84	224	2.1	7,762	3.0
85-89	111	1.1	3,511	1.3
90 +	25	0.2	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	3,090	29.4	106,152	40.4
Clinic Referral	7,423	70.6	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	1	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	10,499	99.9	262,109	99.7
Another Hospital	4	0.0	126	0.0
Skilled Nursing Facility	1	0.0	203	0.1
Intermediate Care Facility	1	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	8	0.1	303	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,082	19.8	62,882	23.9
Medicaid	391	3.7	19,964	7.6
Other government	82	0.8	6,019	2.3
Blue Cross/Blue Shield	265	2.5	33,344	12.7
Other Commercial	568	5.4	17,383	6.6
Managed Care(HMO, PPO)	6,885	65.5	114,999	43.7
Self Pay	72	0.7	3,241	1.2
Industrial & Worker Comp	96	0.9	3,157	1.2
Charity and Unclassified	44	0.4	775	0.3
Childrens Health Insurance	3	0.0	172	0.1
Unknown	26	0.2	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	22	0.2	18,464	7.0
Central Utah	14	0.1	9,378	3.6
Davis County	174	1.7	28,404	10.8
Salt Lake County	9,449	89.9	89,757	34.1
Southeastern Utah	16	0.2	5,550	2.1
Southwest Utah	18	0.2	16,470	6.3
Summit County	66	0.6	4,120	1.6
Tooele County	154	1.5	6,638	2.5
Tri-County	14	0.1	6,537	2.5
Utah County	408	3.9	39,778	15.1
Wasatch County	26	0.2	2,138	0.8
Weber County	26	0.2	21,938	8.3
Unknown Utah	1	0.0	15	0.0
Outside Utah	122	1.2	13,675	5.2
Unknown, Not Reported	4	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	14,044	100.0	347,183	100.0
Mastectomy (85.0-85.99)	254	1.8	8,605	2.5
Musculoskeletal (76.0-84.99)	2,573	18.3	70,411	20.3
Respiratory (30.0-34.99)	47	0.3	3,243	0.9
Cardiovascular (35.0-39.99)	78	0.6	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	125	0.9	3,288	0.9
Digestive System (42.0-54.99)	5,898	42.0	111,878	32.2
Urinary (55.0-59.99)	292	2.1	12,077	3.5
Male Genital (60.0-64.99)	112	0.8	4,124	1.2
Female Genital (65.0-71.99)	738	5.3	16,165	4.7
Endocrine/Nervous (01.0-07.99)	506	3.6	27,062	7.8
Eye (08.0-16.99)	526	3.7	22,328	6.4
Ear (18.0-20.99)	1,183	8.4	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,712	12.2	30,939	8.9
Reporting Category(CPT-4 CODES)	12,632	100.0	337,317	100.0
Mastectomy (19120-19220)	69	0.5	1,627	0.5
Musculoskeletal (20000-29909)	2,949	23.3	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	855	6.8	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	125	1.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	113	0.9	4,663	1.4
Digestive (40490-49999)	6,456	51.1	129,848	38.5
Urinary (50010-53899)	274	2.2	16,024	4.8
Male Genital (54000-55899)	80	0.6	4,044	1.2
Female Genital (56405-58999)	529	4.2	15,380	4.6
Endocrine/Nervous (60000-64999)	292	2.3	26,532	7.9
Eye (65091-68899)	265	2.1	12,738	3.8
Ear (69000-69979)	625	4.9	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	1,558	11.1	7.08
2001	MYRINGOTOMY W/INSRT TUBE	1,051	7.5	3.17
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	798	5.7	5.51
4542	ENDO POLYPECTOMY LG INTESTINE	693	4.9	4.79
4525	CLO [ENDO] BX LG INTESTINE	688	4.9	2.37
5123	LAP CHOLEY	480	3.4	2.02
283	TONSILLECTOMY W/ADENOIDECTOMY	474	3.4	1.93
4513	OTH ENDO SM INTESTINE	437	3.1	1.48
4292	DILAT ESOPH	277	2.0	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	246	1.8	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	246	1.8	1.60
2169	OTH TURBINECTOMY	219	1.6	0.77
2188	OTH SEPTOPLASTY	184	1.3	0.50
4701	LAP APPENDECTOMY	151	1.1	0.38
282	TONSILLECTOMY WO ADENOIDECTOMY	145	1.0	0.53
0443	RELEASE CARPAL TUNNEL	133	0.9	0.96
6952	ASPIR CURET FOLLOWING DELIV/AB	133	0.9	0.40
8521	LOC EXC LES BREAST	130	0.9	0.61
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	129	0.9	0.22
8363	ROTATOR CUFF REPR	127	0.9	0.73

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,402	11.1	6.69
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,141	9.0	6.63
43239	UGI ENDO; W/BX 1/MX	786	6.2	6.02
69436	TYMPANOSTOMY GENERAL ANESTHESIA	534	4.2	1.71
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	476	3.8	2.16
42820	T&A; UNDER AGE 12	367	2.9	1.56
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	353	2.8	1.18
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	286	2.3	1.13
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	262	2.1	0.98
66984	EXTRACAPSULAR CATARACT REMV IOL	246	1.9	1.63
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	219	1.7	0.77
30140	SUBMUCOS RES TURBINATE PART/CMPL	198	1.6	0.74
28285	CORRECTION HAMMERTO	185	1.5	0.54
29826	SCOPE SHOULDER; DECOMP SUBACROM	164	1.3	1.15
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	133	1.1	0.63
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	126	1.0	0.46
47562	LAPAROSCOPY SURGICAL; CHOLECT	110	0.9	0.91
44970	LAPAROSCOPY SURGICAL APPENDECTOM	109	0.9	0.34
42821	T&A; AGE 12 OR OVER	106	0.8	0.42
28080	EXC INTERDIGITL NEUROMA SINGLE EA	105	0.8	0.16

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9	Procedures	6,582	\$3,716	\$4,864
4523	COLONOSCOPY	1,362	\$1,130	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	517	\$1,611	\$1,760
4525	CLO [ENDO] BX LG INTESTINE	482	\$1,360	\$1,909
283	TONSILLECTOMY W/ADENOIDECTOMY	404	\$3,434	\$3,273
5123	LAP CHOLEY	386	\$6,896	\$8,201
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	381	\$1,303	\$1,852
4513	OTH ENDO SM INTESTINE	204	\$1,179	\$1,505
6952	ASPIR CURET FOLLOWING DELIV/AB	128	\$2,860	\$3,495
4701	LAP APPENDECTOMY	124	\$10,555	\$10,495
282	TONSILLECTOMY WO ADENOIDECTOMY	113	\$3,546	\$3,403
8183	OTH REPR SHLDR	67	\$14,053	\$8,998
0443	RELEASE CARPAL TUNNEL	61	\$2,551	\$2,934
4824	CLO [ENDO] BX RECTUM	59	\$1,317	\$1,770
8521	LOC EXC LES BREAST	57	\$4,177	\$4,424
8201	EXPLOR TENDON SHEATH HAND	54	\$2,384	\$2,767
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	52	\$4,579	\$5,931
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	51	\$2,885	\$3,645
7756	REPR HAMMER TOE	51	\$3,667	\$5,310
8147	OTH REPR KNEE	51	\$6,754	\$6,374
7933	OP REDUC W/INT FIX-CARP-METACARP	45	\$5,365	\$7,820

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	6,894	\$3,525	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,219	\$1,130	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	793	\$1,409	\$1,698
69436	TYMPANOSTOMY GENERAL ANESTHESIA	383	\$1,610	\$1,779
43239	UGI ENDO; W/BX 1/MX	380	\$1,291	\$1,799
42820	T&A; UNDER AGE 12	308	\$3,383	\$3,185
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	280	\$6,958	\$8,835
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	247	\$1,589	\$1,840
66984	EXTRACAPSULAR CATARACT REMV IOL	245	\$3,754	\$4,069
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	181	\$1,134	\$1,340
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	105	\$3,620	\$3,512
47562	LAPAROSCOPY SURGICAL; CHOLECT	105	\$6,350	\$7,363
42821	T&A; AGE 12 OR OVER	95	\$3,579	\$3,658
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	87	\$1,913	\$2,023
44970	LAPAROSCOPY SURGICAL APPENDECTOM	85	\$9,900	\$10,450
29848	ENDO WRST SURG REL TRNS CARP LIG	67	\$2,637	\$2,977
49505	REPR INIT ING HERNIA 5YR/MORE; R	60	\$5,411	\$5,632
29881	SCOPE KNEE SURG;W/MENISCECT MED/	55	\$5,618	\$4,987
49650	LAPARSCPY SURG; REPR INIT ING HE	52	\$7,491	\$9,093
19120	EXC BRST CYST TUMR/LES OPN M/F 1	46	\$3,947	\$4,414
28080	EXC INTERDIGITL NEUROMA SINGLE EA	42	\$2,768	\$3,374

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	171	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	8	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	94
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	6	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	130	4,645
	012 LEVEL I SKIN REPAIR	1	23
	013 LEVEL II SKIN REPAIR	5	875
	014 LEVEL III SKIN REPAIR	4	247
02	BREAST PROCEDURES	69	1,671
	020 LEVEL I BREAST PROCEDURES	69	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,643	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	95	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	141	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	2,286
	033 LEVEL I HAND PROCEDURES	208	3,806
	034 LEVEL II HAND PROCEDURES	40	1,210
	035 LEVEL I FOOT PROCEDURES	578	6,177
	036 LEVEL II FOOT PROCEDURES	106	1,830
	037 LEVEL I ARTHROSCOPY	640	23,401
	038 LEVEL II ARTHROSCOPY	254	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	24	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	253	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	475
	045 BUNION PROCEDURES	192	1,762
	046 LEVEL I ARTHROPLASTY	36	650
	047 LEVEL II ARTHROPLASTY	5	144
	048 HAND AND FOOT TENOTOMY	6	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	2,711
04	RESPIRATORY PROCEDURES	368	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	8	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	65	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	259	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	36	2,429
05	CARDIOVASCULAR PROCEDURES	76	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	39	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	30	1,890
	088 LEVEL I CARDIOTHORACIC PROCEDURES	4	416
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	143
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	110	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	109	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,863	118,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	12	1,300

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

136 American Fork Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	713
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	519
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,075	25,670
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	300	5,867
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,550	45,397
137 THERAPEUTIC COLONOSCOPY	503	9,233
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	34	2,105
139 LEVEL I HERNIA REPAIR	201	5,686
140 LEVEL II HERNIA REPAIR	33	1,214
141 LEVEL I ANAL AND RECTAL PROCEDURES	15	831
142 LEVEL II ANAL AND RECTAL PROCEDURES	24	1,074
143 LEVEL I GASTROINTESTINAL PROCEDURES	9	413
144 LEVEL II GASTROINTESTINAL PROCEDURES	5	119
145 LEVEL I LAPAROSCOPY	141	2,342
146 LEVEL II LAPAROSCOPY	465	7,903
147 LEVEL III LAPAROSCOPY	478	7,188
148 LEVEL IV LAPAROSCOPY	4	184
08 GENITOURINARY SYSTEM PROCEDURES	233	12,284
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	880
162 URINARY CATHETERIZATION AND DILATATION	1	258
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	131	5,858
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	92	4,061
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	205
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	481
09 MALE REPRODUCTIVE SYSTEM	91	4,273
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	42	1,477
181 CIRCUMCISION	13	967
184 LEVEL II PENILE AND PROSTATE PROCEDURES	36	1,446
10 FEMALE REPRODUCTIVE SYSTEM	324	9,203
193 TREATMENT OF INCOMPLETE ABORTION	1	1
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	59	1,485
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	67	1,849
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	59	2,229
199 DILATION AND CURETTAGE	15	518
200 HYSTEROSCOPY	115	2,466
201 COLPOSCOPY	8	654
11 NEUROLOGIC SYSTEM PROCEDURES	270	25,428
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	4,570
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	216
217 LEVEL I NERVE PROCEDURES	134	4,176
218 LEVEL II NERVE PROCEDURES	48	1,051
219 SPINAL TAP	1	419
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	20	11,336
221 LAMINOTOMY AND LAMINECTOMY	45	2,387
223 LEVEL III NERVE PROCEDURES	6	822
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	265	12,660
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	22

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

136 American Fork Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	233 CATARACT PROCEDURES	252	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	236
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,026	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	847	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	68	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	263	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	125	3,301
	256 TONSIL AND ADENOID PROCEDURES	723	9,670

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

136 American Fork Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	97	\$3,707	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$2,631	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,697	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$5,678	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,365	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$5,181	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	85	\$3,575	\$4,207
	013 LEVEL II SKIN REPAIR	1	\$6,089	\$4,459
02	BREAST PROCEDURES	53	\$4,104	\$4,831
	020 LEVEL I BREAST PROCEDURES	53	\$4,104	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,027	\$5,816	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	\$5,140	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	\$5,909	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$10,546	\$10,524
	033 LEVEL I HAND PROCEDURES	101	\$3,174	\$3,410
	034 LEVEL II HAND PROCEDURES	17	\$4,456	\$6,046
	035 LEVEL I FOOT PROCEDURES	172	\$3,342	\$4,184
	036 LEVEL II FOOT PROCEDURES	40	\$11,716	\$8,885
	037 LEVEL I ARTHROSCOPY	210	\$4,812	\$5,096
	038 LEVEL II ARTHROSCOPY	49	\$16,399	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	\$6,008	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	\$2,253	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	186	\$6,624	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$4,654	\$3,818
	045 BUNION PROCEDURES	96	\$4,647	\$6,420
	046 LEVEL I ARTHROPLASTY	21	\$9,873	\$9,598
	047 LEVEL II ARTHROPLASTY	4	\$9,246	\$23,125
	048 HAND AND FOOT TENOTOMY	4	\$3,002	\$2,534
04	RESPIRATORY PROCEDURES	21	\$3,774	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$4,017	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$5,004	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	\$6,139	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	10	\$2,278	\$3,105
05	CARDIOVASCULAR PROCEDURES	12	\$17,221	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	7	\$14,286	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	\$25,425	\$37,492
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$4,954	\$8,315
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	62	\$9,277	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$10,029	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	61	\$9,264	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,812	\$2,599	\$3,066
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$1,961	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$931	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,528	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	563	\$1,241	\$1,782

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	107	\$1,966	\$2,558
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,012	\$1,240	\$1,465
137 THERAPEUTIC COLONOSCOPY	256	\$1,606	\$1,880
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	\$1,370	\$6,191
139 LEVEL I HERNIA REPAIR	117	\$4,972	\$5,188
140 LEVEL II HERNIA REPAIR	15	\$5,445	\$6,288
141 LEVEL I ANAL AND RECTAL PROCEDURES	7	\$5,053	\$3,586
142 LEVEL II ANAL AND RECTAL PROCEDURES	19	\$4,283	\$4,508
143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$2,783	\$4,426
144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$5,653	\$8,862
145 LEVEL I LAPAROSCOPY	38	\$5,335	\$6,523
146 LEVEL II LAPAROSCOPY	321	\$7,880	\$8,651
147 LEVEL III LAPAROSCOPY	334	\$7,454	\$9,502
148 LEVEL IV LAPAROSCOPY	3	\$14,696	\$16,442
08 GENITOURINARY SYSTEM PROCEDURES	102	\$4,024	\$5,700
162 URINARY CATHETERIZATION AND DILATATION	1	\$3,427	\$5,011
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	60	\$3,376	\$3,113
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	38	\$4,781	\$6,114
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$2,463	\$2,387
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$17,856	\$15,091
09 MALE REPRODUCTIVE SYSTEM	58	\$5,708	\$5,436
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	\$4,102	\$3,472
181 CIRCUMCISION	13	\$3,142	\$2,393
184 LEVEL II PENILE AND PROSTATE PROCEDURES	30	\$7,624	\$8,255
10 FEMALE REPRODUCTIVE SYSTEM	158	\$4,772	\$5,677
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	\$2,497	\$4,672
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	40	\$5,671	\$5,814
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	21	\$6,082	\$8,297
199 DILATION AND CURETTAGE	9	\$2,730	\$3,922
200 HYSTEROSCOPY	67	\$4,811	\$6,149
11 NEUROLOGIC SYSTEM PROCEDURES	73	\$4,996	\$5,293
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	8	\$281	\$1,622
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$11,718	\$12,644
217 LEVEL I NERVE PROCEDURES	39	\$3,564	\$3,955
218 LEVEL II NERVE PROCEDURES	9	\$5,610	\$22,021
219 SPINAL TAP	1	\$2,544	\$2,281
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$4,566	\$2,017
221 LAMINOTOMY AND LAMINECTOMY	12	\$9,593	\$12,191
223 LEVEL III NERVE PROCEDURES	2	\$19,508	\$36,029
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	259	\$3,766	\$4,277
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$3,163	\$1,623
233 CATARACT PROCEDURES	251	\$3,752	\$4,092
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,349	\$4,703
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,244	\$4,558
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,511	\$2,864

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

136 American Fork Hospital

procedure	EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	Procedure EAPG				
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE		3	\$5,699	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES		1,143	\$3,483	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES		434	\$1,798	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES		45	\$3,424	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES		39	\$7,256	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES		89	\$10,379	\$10,539
	256 TONSIL AND ADENOID PROCEDURES		536	\$3,433	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,415	55.0	141,642	53.9
Male	4,423	45.0	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	120	1.2	2,902	1.1
1-4 years	509	5.2	11,446	4.4
5-9	312	3.2	7,208	2.7
10-14	235	2.4	5,295	2.0
15-17	203	2.1	5,309	2.0
18-19	170	1.7	3,821	1.5
20-24	524	5.3	10,434	4.0
25-29	581	5.9	12,230	4.7
30-34	704	7.2	14,877	5.7
35-39	641	6.5	14,643	5.6
40-44	627	6.4	14,871	5.7
45-49	633	6.4	17,304	6.6
50-54	1,284	13.1	30,494	11.6
55-59	909	9.2	26,436	10.1
60-64	767	7.8	24,041	9.1
65-69	605	6.1	20,003	7.6
70-74	449	4.6	15,679	6.0
75-79	306	3.1	11,976	4.6
80-84	165	1.7	7,762	3.0
85-89	73	0.7	3,511	1.3
90 +	21	0.2	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	3,778	38.4	106,152	40.4
Clinic Referral	6,056	61.6	152,476	58.0
HMO Referral	1	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	2	0.0	139	0.1
Other Health Care Facility	1	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	9,826	99.9	262,109	99.7
Another Hospital	3	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	1	0.0	120	0.0
Under Care of Home Service	8	0.1	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,643	16.7	62,882	23.9
Medicaid	601	6.1	19,964	7.6
Other government	144	1.5	6,019	2.3
Blue Cross/Blue Shield	254	2.6	33,344	12.7
Other Commercial	380	3.9	17,383	6.6
Managed Care(HMO, PPO)	6,625	67.3	114,999	43.7
Self Pay	65	0.7	3,241	1.2
Industrial & Worker Comp	49	0.5	3,157	1.2
Charity and Unclassified	20	0.2	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	57	0.6	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2	0.0	18,464	7.0
Central Utah	106	1.1	9,378	3.6
Davis County	21	0.2	28,404	10.8
Salt Lake County	191	1.9	89,757	34.1
Southeastern Utah	57	0.6	5,550	2.1
Southwest Utah	13	0.1	16,470	6.3
Summit County	5	0.1	4,120	1.6
Tooele County	20	0.2	6,638	2.5
Tri-County	19	0.2	6,537	2.5
Utah County	9,305	94.6	39,778	15.1
Wasatch County	43	0.4	2,138	0.8
Weber County	9	0.1	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	42	0.4	13,675	5.2
Unknown, Not Reported	5	0.1	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

134 Ashley Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,957	100.0	347,183	100.0
Mastectomy (85.0-85.99)	72	1.8	8,605	2.5
Musculoskeletal (76.0-84.99)	825	20.8	70,411	20.3
Respiratory (30.0-34.99)	15	0.4	3,243	0.9
Cardiovascular (35.0-39.99)	59	1.5	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	6	0.2	3,288	0.9
Digestive System (42.0-54.99)	760	19.2	111,878	32.2
Urinary (55.0-59.99)	27	0.7	12,077	3.5
Male Genital (60.0-64.99)	6	0.2	4,124	1.2
Female Genital (65.0-71.99)	190	4.8	16,165	4.7
Endocrine/Nervous (01.0-07.99)	702	17.7	27,062	7.8
Eye (08.0-16.99)	208	5.3	22,328	6.4
Ear (18.0-20.99)	486	12.3	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	601	15.2	30,939	8.9
Reporting Category(CPT-4 CODES)	3,435	100.0	337,317	100.0
Mastectomy (19120-19220)	24	0.7	1,627	0.5
Musculoskeletal (20000-29909)	805	23.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	100	2.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	413	12.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	6	0.2	4,663	1.4
Digestive (40490-49999)	1,123	32.7	129,848	38.5
Urinary (50010-53899)	34	1.0	16,024	4.8
Male Genital (54000-55899)	5	0.1	4,044	1.2
Female Genital (56405-58999)	162	4.7	15,380	4.6
Endocrine/Nervous (60000-64999)	406	11.8	26,532	7.9
Eye (65091-68899)	106	3.1	12,738	3.8
Ear (69000-69979)	251	7.3	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

134 Ashley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,957	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	469	11.9	3.17
0392	INJ OTH AGENT SPINAL CANAL	315	8.0	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	305	7.7	1.85
4523	COLONOSCOPY	215	5.4	7.08
283	TONSILLECTOMY W/ADENOIDECTOMY	192	4.9	1.93
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	161	4.1	5.51
5123	LAP CHOLEY	114	2.9	2.02
1341	PHACOEMULSIFICATION-ASPIR CATARACT	103	2.6	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	103	2.6	1.60
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	98	2.5	0.80
2341	APPLIC CROWN	97	2.5	0.44
806	EXC SEMILUNAR CARTILAGE-KNEE	91	2.3	1.57
2349	OTH DENTAL RESTORATION	83	2.1	0.21
2309	EXTRACT OTH TOOTH	60	1.5	0.17
6909	OTH D&C UTERUS	57	1.4	0.41
8183	OTH REPR SHLDR	46	1.2	0.74
286	ADENOIDECTOMY WO TONSILLECTOMY	43	1.1	0.34
8363	ROTATOR CUFF REPR	43	1.1	0.73
0443	RELEASE CARPAL TUNNEL	41	1.0	0.96
4542	ENDO POLYPECTOMY LG INTESTINE	39	1.0	4.79

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,435	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	316	9.2	0.66
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	302	8.8	1.01
69436	TYMPANOSTOMY GENERAL ANESTHESIA	237	6.9	1.71
45378	COLONOSCOPY FLEX; DX-SEP PROC	200	5.8	6.69
43239	UGI ENDO; W/BX 1/MX	161	4.7	6.02
42820	T&A; UNDER AGE 12	146	4.3	1.56
41899	UNLIST PROC DENTOALVEOL STRUCTUR	112	3.3	0.79
47562	LAPAROSCOPY SURGICAL; CHOLECT	103	3.0	0.91
66984	EXTRACAPSULAR CATARACT REMV IOL	100	2.9	1.63
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	87	2.5	0.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	82	2.4	6.63
29881	SCOPE KNEE SURG;W/MENISCECT MED/	55	1.6	1.47
42821	T&A; AGE 12 OR OVER	47	1.4	0.42
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	41	1.2	0.32
49505	REPR INIT ING HERNIA 5YR/MORE; R	41	1.2	0.72
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	38	1.1	0.74
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	38	1.1	0.58
29880	SCOPE KNEE SURG;W/MENISCECT MED&	36	1.0	0.43
20680	REMOVAL OF IMPLANT; DEEP	35	1.0	0.94
26055	TENDON SHEATH INCISION	33	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, 2011  
 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		1,361	\$5,896	\$4,864
4523	COLONOSCOPY	171	\$1,657	\$1,265
283	TONSILLECTOMY W/ADENOIDECTOMY	134	\$5,222	\$3,273
5123	LAP CHOLEY	105	\$13,301	\$8,201
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	94	\$2,498	\$1,852
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	82	\$1,308	\$1,961
806	EXC SEMILUNAR CARTILAGE-KNEE	47	\$8,608	\$5,149
8201	EXPLOR TENDON SHEATH HAND	25	\$4,700	\$2,767
4525	CLO [ENDO] BX LG INTESTINE	22	\$2,280	\$1,909
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	22	\$12,650	\$10,862
8511	CLO [PERCUT] [NEEDLE] BX BREAST	21	\$2,172	\$2,779
0443	RELEASE CARPAL TUNNEL	20	\$4,246	\$2,934
3897	3897	20	\$7,383	\$4,726
8521	LOC EXC LES BREAST	20	\$6,343	\$4,424
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	19	\$5,783	\$3,999
4542	ENDO POLYPECTOMY LG INTESTINE	18	\$2,176	\$1,760
8363	ROTATOR CUFF REPR	17	\$15,168	\$12,165
4836	[ENDO] POLYPECTOMY RECTUM	16	\$2,167	\$1,609
5304	UNILAT REPR INDIRECT ING HERN-GFT	16	\$9,317	\$5,647
8221	EXC LES TENDON SHEATH HAND	15	\$5,513	\$3,126
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	14	\$14,123	\$11,458

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		2,148	\$4,830	\$4,353
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	298	\$1,198	\$1,590
45378	COLONOSCOPY FLEX; DX-SEP PROC	155	\$1,643	\$1,275
69436	TYMPANOSTOMY GENERAL ANESTHESIA	145	\$2,660	\$1,779
41899	UNLIST PROC DENTOALVEOL STRUCTUR	112	\$6,688	\$3,672
36416	COLLECTON CAPILLARY BLOOD SPECIM	104	\$517	\$168
42820	T&A; UNDER AGE 12	101	\$5,061	\$3,185
66984	EXTRACAPSULAR CATARACT REMV IOL	99	\$5,364	\$4,069
47562	LAPAROSCOPY SURGICAL; CHOLECT	98	\$13,309	\$7,363
43239	UGI ENDO; W/BX 1/MX	94	\$2,498	\$1,799
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	73	\$1,484	\$1,576
45380	COLONOSCOPY FLEX; W/BX 1/MX	57	\$2,175	\$1,698
49505	REPR INIT ING HERNIA 5YR/MORE; R	35	\$9,088	\$5,632
29881	SCOPE KNEE SURG;W/MENISCECT MED/	34	\$8,736	\$4,987
42821	T&A; AGE 12 OR OVER	34	\$5,719	\$3,658
20680	REMOVAL OF IMPLANT; DEEP	30	\$5,686	\$4,387
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	24	\$4,540	\$3,049
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	22	\$2,836	\$3,715
29880	SCOPE KNEE SURG;W/MENISCECT MED&	20	\$8,638	\$5,295
26055	TENDON SHEATH INCISION	19	\$4,535	\$2,604
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	19	\$7,768	\$4,379

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, 2011**  
**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	92	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	45	4,645
	012 LEVEL I SKIN REPAIR	1	23
	013 LEVEL II SKIN REPAIR	24	875
02	BREAST PROCEDURES	24	1,671
	020 LEVEL I BREAST PROCEDURES	24	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	740	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	2,286
	033 LEVEL I HAND PROCEDURES	63	3,806
	034 LEVEL II HAND PROCEDURES	8	1,210
	035 LEVEL I FOOT PROCEDURES	59	6,177
	036 LEVEL II FOOT PROCEDURES	15	1,830
	037 LEVEL I ARTHROSCOPY	200	23,401
	038 LEVEL II ARTHROSCOPY	5	5,474
	039 REPLACEMENT OF CAST	1	146
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	22	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	77	5,701
	045 BUNION PROCEDURES	27	1,762
	046 LEVEL I ARTHROPLASTY	5	650
	048 HAND AND FOOT TENOTOMY	3	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	103	2,711
04	RESPIRATORY PROCEDURES	65	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	16	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	44	4,869
05	CARDIOVASCULAR PROCEDURES	25	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	12	1,890
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	6	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	75
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	41	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	38	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	785	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	4	448
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	713
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	169	25,670

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

134 Ashley Regional Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	5,867
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	282	45,397
137	THERAPEUTIC COLONOSCOPY	18	9,233
139	LEVEL I HERNIA REPAIR	72	5,686
140	LEVEL II HERNIA REPAIR	15	1,214
141	LEVEL I ANAL AND RECTAL PROCEDURES	4	831
142	LEVEL II ANAL AND RECTAL PROCEDURES	10	1,074
143	LEVEL I GASTROINTESTINAL PROCEDURES	2	413
144	LEVEL II GASTROINTESTINAL PROCEDURES	3	119
145	LEVEL I LAPAROSCOPY	45	2,342
146	LEVEL II LAPAROSCOPY	125	7,903
147	LEVEL III LAPAROSCOPY	27	7,188
148	LEVEL IV LAPAROSCOPY	1	184
08	GENITOURINARY SYSTEM PROCEDURES	29	12,284
162	URINARY CATHETERIZATION AND DILATATION	28	258
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	1	5,858
09	MALE REPRODUCTIVE SYSTEM	4	4,273
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,477
185	PROSTATE NEEDLE AND PUNCH BIOPSY	2	300
10	FEMALE REPRODUCTIVE SYSTEM	115	9,203
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	1,485
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	32	1,849
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	20	2,229
199	DILATION AND CURETTAGE	30	518
200	HYSTEROSCOPY	25	2,466
201	COLPOSCOPY	3	654
11	NEUROLOGIC SYSTEM PROCEDURES	395	25,428
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	305	4,570
217	LEVEL I NERVE PROCEDURES	54	4,176
219	SPINAL TAP	1	419
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	35	11,336
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	105	12,660
233	CATARACT PROCEDURES	104	5,898
238	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,752
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	683	31,882
252	LEVEL I FACIAL AND ENT PROCEDURES	399	13,372
253	LEVEL II FACIAL AND ENT PROCEDURES	9	1,514
254	LEVEL III FACIAL AND ENT PROCEDURES	22	3,880
255	LEVEL IV FACIAL AND ENT PROCEDURES	6	3,301
256	TONSIL AND ADENOID PROCEDURES	247	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	80	\$5,555	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	\$2,273	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$2,894	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$6,142	\$5,133
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	\$4,258	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	38	\$5,512	\$4,207
	012 LEVEL I SKIN REPAIR	1	\$3,094	\$5,040
	013 LEVEL II SKIN REPAIR	22	\$7,450	\$4,459
02	BREAST PROCEDURES	23	\$6,297	\$4,831
	020 LEVEL I BREAST PROCEDURES	23	\$6,297	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	392	\$7,362	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$6,364	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$8,610	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$15,439	\$10,524
	033 LEVEL I HAND PROCEDURES	39	\$4,993	\$3,410
	034 LEVEL II HAND PROCEDURES	1	\$6,639	\$6,046
	035 LEVEL I FOOT PROCEDURES	19	\$5,793	\$4,184
	036 LEVEL II FOOT PROCEDURES	8	\$9,846	\$8,885
	037 LEVEL I ARTHROSCOPY	81	\$9,526	\$5,096
	039 REPLACEMENT OF CAST	1	\$6,516	\$4,045
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	\$3,154	\$1,449
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$9,661	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	\$3,299	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	60	\$12,515	\$9,329
	045 BUNION PROCEDURES	12	\$9,559	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$7,733	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	84	\$1,527	\$1,654
04	RESPIRATORY PROCEDURES	17	\$2,384	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	15	\$2,311	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,931	\$1,165
05	CARDIOVASCULAR PROCEDURES	24	\$9,209	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	4	\$9,515	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	12	\$6,390	\$37,492
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$21,185	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	6	\$14,045	\$10,145
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$810	\$8,297
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	25	\$3,120	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	22	\$2,836	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$5,200	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	545	\$5,758	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	4	\$965	\$2,775
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$4,306	\$1,167
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	100	\$2,471	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$2,676	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	212	\$1,786	\$1,465

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHRGR	AVE TOT CHRGR(ALL Hospitals )
137 THERAPEUTIC COLONOSCOPY	10	\$2,621	\$1,880
139 LEVEL I HERNIA REPAIR	56	\$8,583	\$5,188
140 LEVEL II HERNIA REPAIR	9	\$9,026	\$6,288
141 LEVEL I ANAL AND RECTAL PROCEDURES	4	\$6,276	\$3,586
142 LEVEL II ANAL AND RECTAL PROCEDURES	9	\$7,000	\$4,508
143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$4,713	\$4,426
144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$7,852	\$8,862
145 LEVEL I LAPAROSCOPY	7	\$8,954	\$6,523
146 LEVEL II LAPAROSCOPY	107	\$13,314	\$8,651
147 LEVEL III LAPAROSCOPY	17	\$16,466	\$9,502
148 LEVEL IV LAPAROSCOPY	1	\$21,842	\$16,442
08 GENITOURINARY SYSTEM PROCEDURES	18	\$389	\$5,700
162 URINARY CATHETERIZATION AND DILATATION	18	\$389	\$5,011
09 MALE REPRODUCTIVE SYSTEM	2	\$2,886	\$5,436
185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,886	\$1,958
10 FEMALE REPRODUCTIVE SYSTEM	21	\$7,043	\$5,677
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	\$7,911	\$4,672
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$8,678	\$5,814
199 DILATION AND CURETTAGE	4	\$5,356	\$3,922
200 HYSTEROSCOPY	9	\$6,833	\$6,149
201 COLPOSCOPY	1	\$6,545	\$1,107
11 NEUROLOGIC SYSTEM PROCEDURES	351	\$1,514	\$5,293
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	299	\$1,195	\$1,622
217 LEVEL I NERVE PROCEDURES	30	\$4,988	\$3,955
219 SPINAL TAP	1	\$770	\$2,281
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	21	\$1,126	\$2,017
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	103	\$5,364	\$4,277
233 CATARACT PROCEDURES	103	\$5,364	\$4,092
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	432	\$4,872	\$4,442
252 LEVEL I FACIAL AND ENT PROCEDURES	273	\$4,448	\$2,666
253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$3,215	\$3,767
254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$7,834	\$8,073
255 LEVEL IV FACIAL AND ENT PROCEDURES	6	\$17,248	\$10,539
256 TONSIL AND ADENOID PROCEDURES	141	\$5,209	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,482	53.2	141,642	53.9
Male	1,306	46.8	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	135	4.8	1,613	0.6
29-365 days	82	2.9	2,902	1.1
1-4 years	259	9.3	11,446	4.4
5-9	165	5.9	7,208	2.7
10-14	60	2.2	5,295	2.0
15-17	49	1.8	5,309	2.0
18-19	31	1.1	3,821	1.5
20-24	90	3.2	10,434	4.0
25-29	122	4.4	12,230	4.7
30-34	135	4.8	14,877	5.7
35-39	163	5.8	14,643	5.6
40-44	137	4.9	14,871	5.7
45-49	160	5.7	17,304	6.6
50-54	236	8.5	30,494	11.6
55-59	177	6.3	26,436	10.1
60-64	220	7.9	24,041	9.1
65-69	149	5.3	20,003	7.6
70-74	170	6.1	15,679	6.0
75-79	125	4.5	11,976	4.6
80-84	80	2.9	7,762	3.0
85-89	26	0.9	3,511	1.3
90 +	17	0.6	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,769	99.3	106,152	40.4
Clinic Referral	19	0.7	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	1,541	100.0	347,183	100.0
Mastectomy (85.0-85.99)	136	8.8	8,605	2.5
Musculoskeletal (76.0-84.99)	479	31.1	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	5	0.3	3,288	0.9
Digestive System (42.0-54.99)	592	38.4	111,878	32.2
Urinary (55.0-59.99)	1	0.1	12,077	3.5
Male Genital (60.0-64.99)	2	0.1	4,124	1.2
Female Genital (65.0-71.99)	22	1.4	16,165	4.7
Endocrine/Nervous (01.0-07.99)	228	14.8	27,062	7.8
Eye (08.0-16.99)	2	0.1	22,328	6.4
Ear (18.0-20.99)	32	2.1	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	42	2.7	30,939	8.9
Reporting Category(CPT-4 CODES)	1,473	100.0	337,317	100.0
Mastectomy (19120-19220)	9	0.6	1,627	0.5
Musculoskeletal (20000-29909)	610	41.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	10	0.7	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	4	0.3	4,663	1.4
Digestive (40490-49999)	588	39.9	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	1	0.1	4,044	1.2
Female Genital (56405-58999)	14	1.0	15,380	4.6
Endocrine/Nervous (60000-64999)	221	15.0	26,532	7.9
Eye (65091-68899)	0	0.0	12,738	3.8
Ear (69000-69979)	16	1.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		1,541	100.0	100.0
4523	COLONOSCOPY	137	8.9	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	110	7.1	5.51
4542	ENDO POLYPECTOMY LG INTESTINE	108	7.0	4.79
0391	INJ ANES SPINAL CANAL-ANALGESIA	81	5.3	1.85
0392	INJ OTH AGENT SPINAL CANAL	79	5.1	2.30
8554	BILAT BREAST IMPLNT	57	3.7	0.12
8147	OTH REPR KNEE	54	3.5	0.93
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	53	3.4	0.80
5123	LAP CHOLEY	52	3.4	2.02
0443	RELEASE CARPAL TUNNEL	46	3.0	0.96
8183	OTH REPR SHLDR	45	2.9	0.74
4525	CLO [ENDO] BX LG INTESTINE	37	2.4	2.37
4836	[ENDO] POLYPECTOMY RECTUM	32	2.1	1.34
8594	REMOV IMPLNT BREAST	31	2.0	0.13
2001	MYRINGOTOMY W/INSRT TUBE	29	1.9	3.17
283	TONSILLECTOMY W/ADENOIDECTOMY	28	1.8	1.93
8363	ROTATOR CUFF REPR	27	1.8	0.73
806	EXC SEMILUNAR CARTILAGE-KNEE	25	1.6	1.57
4701	LAP APPENDECTOMY	20	1.3	0.38
4824	CLO [ENDO] BX RECTUM	19	1.2	0.48

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,473	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	143	9.7	6.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	137	9.3	6.69
43239	UGI ENDO; W/BX 1/MX	110	7.5	6.02
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	65	4.4	0.93
29826	SCOPE SHOULDER; DECOMP SUBACROM	61	4.1	1.15
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	50	3.4	1.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	42	2.9	1.47
29807	SCOPE SHLDR SURG; REPR SLAP LESI	36	2.4	0.20
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	36	2.4	0.63
29848	ENDO WRST SURG REL TRNS CARP LIG	31	2.1	0.38
29880	SCOPE KNEE SURG;W/MENISCECT MED&	30	2.0	0.43
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	30	2.0	0.41
64493	64493	26	1.8	0.25
42820	T&A; UNDER AGE 12	24	1.6	1.56
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	24	1.6	2.16
64494	64494	20	1.4	0.19
20680	REMOVAL OF IMPLANT; DEEP	19	1.3	0.94
44970	LAPAROSCOPY SURGICAL APPENDECTOM	18	1.2	0.34
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	16	1.1	0.24
64623	DESTRUC FACET JT NRV; L/S-EA AD	16	1.1	0.35

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	802	\$3,657	\$4,864
4523	COLONOSCOPY	125	\$1,095	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	76	\$1,374	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	65	\$1,446	\$1,852
8147	OTH REPR KNEE	45	\$6,255	\$6,374
5123	LAP CHOLEY	40	\$5,923	\$8,201
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	39	\$3,772	\$1,961
8183	OTH REPR SHLDR	38	\$8,379	\$8,998
8554	BILAT BREAST IMPLNT	37	\$1,785	\$6,346
0443	RELEASE CARPAL TUNNEL	25	\$2,357	\$2,934
283	TONSILLECTOMY W/ADENOIDECTOMY	24	\$2,771	\$3,273
4701	LAP APPENDECTOMY	20	\$7,783	\$10,495
4525	CLO [ENDO] BX LG INTESTINE	15	\$1,654	\$1,909
8363	ROTATOR CUFF REPR	11	\$9,779	\$12,165
8532	BILAT REDUC MAMMO	11	\$9,062	\$11,372
7913	CLO REDUC-/INT FIX-CARP-METACARP	10	\$3,296	\$3,687
4836	[ENDO] POLYPECTOMY RECTUM	9	\$1,294	\$1,609
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	\$3,776	\$5,647
7912	CLO REDUC W/INT FIX-RADIUS & ULNA	8	\$4,898	\$4,310
806	EXC SEMILUNAR CARTILAGE-KNEE	7	\$3,942	\$5,149
8521	LOC EXC LES BREAST	7	\$2,995	\$4,424

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	734	\$3,036	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	125	\$1,095	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	114	\$1,446	\$1,698
43239	UGI ENDO; W/BX 1/MX	65	\$1,446	\$1,799
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	40	\$5,923	\$8,835
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	31	\$2,581	\$1,825
29848	ENDO WRST SURG REL TRNS CARP LIG	22	\$2,441	\$2,977
42820	T&A; UNDER AGE 12	21	\$2,738	\$3,185
20680	REMOVAL OF IMPLANT; DEEP	16	\$2,922	\$4,387
44970	LAPAROSCOPY SURGICAL APPENDECTOM	16	\$7,274	\$10,450
29881	SCOPE KNEE SURG;W/MENISCECT MED/	15	\$4,145	\$4,987
29880	SCOPE KNEE SURG;W/MENISCECT MED&	12	\$4,624	\$5,295
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	12	\$2,005	\$1,590
49505	REPR INIT ING HERNIA 5YR/MORE; R	11	\$3,760	\$5,632
69436	TYMPANOSTOMY GENERAL ANESTHESIA	11	\$1,321	\$1,779
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	10	\$1,403	\$1,840
19120	EXC BRST CYST TUMR/LES OPN M/F 1	8	\$3,209	\$4,414
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	8	\$1,806	\$1,576
26608	PERCUT SKEL FIX MC FRACTURE EA B	8	\$3,109	\$3,595
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	6	\$11,585	\$12,650
29826	SCOPE SHOULDER; DECOMP SUBACROM	6	\$6,036	\$7,247

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	28	10,274
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	4,645
02	BREAST PROCEDURES	9	1,671
	020 LEVEL I BREAST PROCEDURES	9	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	575	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	2,286
	033 LEVEL I HAND PROCEDURES	28	3,806
	034 LEVEL II HAND PROCEDURES	9	1,210
	035 LEVEL I FOOT PROCEDURES	28	6,177
	036 LEVEL II FOOT PROCEDURES	5	1,830
	037 LEVEL I ARTHROSCOPY	260	23,401
	038 LEVEL II ARTHROSCOPY	88	5,474
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	45	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	475
	045 BUNION PROCEDURES	5	1,762
	046 LEVEL I ARTHROPLASTY	1	650
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	24	2,711
04	RESPIRATORY PROCEDURES	2	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	2,675
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	4,562
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	555	118,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,300
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	110	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	280	45,397
	137 THERAPEUTIC COLONOSCOPY	27	9,233
	139 LEVEL I HERNIA REPAIR	28	5,686
	140 LEVEL II HERNIA REPAIR	3	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	1,074
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	119
	145 LEVEL I LAPAROSCOPY	3	2,342
	146 LEVEL II LAPAROSCOPY	30	7,903
	147 LEVEL III LAPAROSCOPY	52	7,188
09	MALE REPRODUCTIVE SYSTEM	1	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,477
10	FEMALE REPRODUCTIVE SYSTEM	10	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,485
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	2,229

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

104 Bear River Valley Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	200 HYSTEROSCOPY	5	2,466
11	NEUROLOGIC SYSTEM PROCEDURES	222	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	17	4,570
	217 LEVEL I NERVE PROCEDURES	23	4,176
	218 LEVEL II NERVE PROCEDURES	1	1,051
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	181	11,336
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	63	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	18	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	4	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	9	3,301
	256 TONSIL AND ADENOID PROCEDURES	30	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

104 Bear River Valley Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	22	\$2,998	\$4,301
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$4,435	\$3,432
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,518	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	\$2,950	\$4,207
02	BREAST PROCEDURES	9	\$3,207	\$4,831
	020 LEVEL I BREAST PROCEDURES	9	\$3,207	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	165	\$4,755	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$3,594	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$4,270	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$10,224	\$10,524
	033 LEVEL I HAND PROCEDURES	11	\$3,246	\$3,410
	034 LEVEL II HAND PROCEDURES	3	\$7,266	\$6,046
	035 LEVEL I FOOT PROCEDURES	8	\$3,223	\$4,184
	036 LEVEL II FOOT PROCEDURES	1	\$9,607	\$8,885
	037 LEVEL I ARTHROSCOPY	63	\$3,888	\$5,096
	038 LEVEL II ARTHROSCOPY	3	\$11,188	\$13,106
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$4,158	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	\$6,712	\$9,329
	045 BUNION PROCEDURES	1	\$5,007	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$8,077	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$2,327	\$1,654
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$3,014	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$3,014	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	416	\$2,372	\$3,066
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	65	\$1,446	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,552	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	239	\$1,262	\$1,465
	137 THERAPEUTIC COLONOSCOPY	11	\$1,373	\$1,880
	139 LEVEL I HERNIA REPAIR	24	\$4,254	\$5,188
	140 LEVEL II HERNIA REPAIR	3	\$6,964	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	\$2,884	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	\$4,424	\$4,508
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$2,158	\$8,862
	145 LEVEL I LAPAROSCOPY	1	\$4,254	\$6,523
	146 LEVEL II LAPAROSCOPY	23	\$7,829	\$8,651
	147 LEVEL III LAPAROSCOPY	41	\$5,853	\$9,502
10	FEMALE REPRODUCTIVE SYSTEM	9	\$6,078	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,948	\$4,672
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$9,642	\$8,297
	200 HYSTEROSCOPY	5	\$4,565	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	63	\$2,645	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	17	\$2,069	\$1,622
	217 LEVEL I NERVE PROCEDURES	10	\$2,848	\$3,955
	218 LEVEL II NERVE PROCEDURES	1	\$7,451	\$22,021
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	35	\$2,729	\$2,017

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	42	\$2,579	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	12	\$1,350	\$2,666
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$4,605	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3	\$3,791	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	26	\$2,929	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	622	54.7	141,642	53.9
Male	515	45.3	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	4	0.4	2,902	1.1
1-4 years	22	1.9	11,446	4.4
5-9	24	2.1	7,208	2.7
10-14	20	1.8	5,295	2.0
15-17	26	2.3	5,309	2.0
18-19	33	2.9	3,821	1.5
20-24	41	3.6	10,434	4.0
25-29	60	5.3	12,230	4.7
30-34	83	7.3	14,877	5.7
35-39	69	6.1	14,643	5.6
40-44	85	7.5	14,871	5.7
45-49	91	8.0	17,304	6.6
50-54	186	16.4	30,494	11.6
55-59	125	11.0	26,436	10.1
60-64	73	6.4	24,041	9.1
65-69	57	5.0	20,003	7.6
70-74	45	4.0	15,679	6.0
75-79	45	4.0	11,976	4.6
80-84	34	3.0	7,762	3.0
85-89	14	1.2	3,511	1.3
90 +	0	0.0	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	21	1.8	106,152	40.4
Clinic Referral	1,116	98.2	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,136	99.9	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	1	0.1	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	209	18.4	62,882	23.9
Medicaid	65	5.7	19,964	7.6
Other government	44	3.9	6,019	2.3
Blue Cross/Blue Shield	167	14.7	33,344	12.7
Other Commercial	56	4.9	17,383	6.6
Managed Care(HMO, PPO)	470	41.3	114,999	43.7
Self Pay	94	8.3	3,241	1.2
Industrial & Worker Comp	19	1.7	3,157	1.2
Charity and Unclassified	8	0.7	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	5	0.4	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	972	85.5	18,464	7.0
Central Utah	0	0.0	9,378	3.6
Davis County	13	1.1	28,404	10.8
Salt Lake County	5	0.4	89,757	34.1
Southeastern Utah	0	0.0	5,550	2.1
Southwest Utah	0	0.0	16,470	6.3
Summit County	1	0.1	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	2	0.2	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	53	4.7	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	90	7.9	13,675	5.2
Unknown, Not Reported	1	0.1	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	188	100.0	347,183	100.0
Mastectomy (85.0-85.99)	3	1.6	8,605	2.5
Musculoskeletal (76.0-84.99)	1	0.5	70,411	20.3
Respiratory (30.0-34.99)	1	0.5	3,243	0.9
Cardiovascular (35.0-39.99)	5	2.7	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,288	0.9
Digestive System (42.0-54.99)	104	55.3	111,878	32.2
Urinary (55.0-59.99)	1	0.5	12,077	3.5
Male Genital (60.0-64.99)	1	0.5	4,124	1.2
Female Genital (65.0-71.99)	12	6.4	16,165	4.7
Endocrine/Nervous (01.0-07.99)	5	2.7	27,062	7.8
Eye (08.0-16.99)	0	0.0	22,328	6.4
Ear (18.0-20.99)	35	18.6	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	20	10.6	30,939	8.9
Reporting Category(CPT-4 CODES)	180	100.0	337,317	100.0
Mastectomy (19120-19220)	0	0.0	1,627	0.5
Musculoskeletal (20000-29909)	1	0.6	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,663	1.4
Digestive (40490-49999)	143	79.4	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	0	0.0	4,044	1.2
Female Genital (56405-58999)	8	4.4	15,380	4.6
Endocrine/Nervous (60000-64999)	2	1.1	26,532	7.9
Eye (65091-68899)	0	0.0	12,738	3.8
Ear (69000-69979)	26	14.4	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		188	100.0	100.0
4523	COLONOSCOPY	45	23.9	7.08
2001	MYRINGOTOMY W/INSRT TUBE	34	18.1	3.17
4525	CLO [ENDO] BX LG INTESTINE	34	18.1	2.37
283	TONSILLECTOMY W/ADENOIDECTOMY	20	10.6	1.93
0443	RELEASE CARPAL TUNNEL	5	2.7	0.96
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	5	2.7	5.51
3899	OTH PUNCT VEIN	4	2.1	0.00
5491	PERCUT ABD DRAIN	4	2.1	0.19
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	4	2.1	0.25
6902	D&C FOLLOWING DELIV/AB	4	2.1	0.13
5300	UNILAT REPR ING HERN-NOS	3	1.6	0.08
5305	UNILAT REPR ING HERN-GFT-NOS	3	1.6	0.09
5341	REPR UMB HERN W/PROSTH	3	1.6	0.23
4513	OTH ENDO SM INTESTINE	2	1.1	1.48
4901	INCIS PERIAN ABSC	2	1.1	0.02
6909	OTH D&C UTERUS	2	1.1	0.41
8512	OP BX BREAST	2	1.1	0.04
2009	OTH MYRINGOTOMY	1	0.5	0.04
3491	THORACENTESIS	1	0.5	0.06
3893	VENOUS CATH-NEC	1	0.5	0.21

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		180	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	49	27.2	6.69
45380	COLONOSCOPY FLEX; W/BX 1/MX	44	24.4	6.63
69436	TYMPANOSTOMY GENERAL ANESTHESIA	26	14.4	1.71
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	16	8.9	0.07
42820	T&A; UNDER AGE 12	12	6.7	1.56
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	10	5.6	1.13
58120	DILATION & CURET DX &/ THERAPEUT	5	2.8	0.15
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	2.2	0.72
42821	T&A; AGE 12 OR OVER	3	1.7	0.42
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	3	1.7	0.37
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	3	1.7	0.13
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	2	1.1	0.58
25111	EXCISION OF GANGLION WRIST; PRIM	1	0.6	0.16
45005	I&D OF SUBMUCOSAL ABSCESS RECTUM	1	0.6	0.00
G0105	COLOREC CANCR SCR; COLNSCPY HI R	1	0.6	0.02

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		174	\$2,924	\$4,864
4523	COLONOSCOPY	45	\$1,895	\$1,265
2001	MYRINGOTOMY W/INSRT TUBE	34	\$3,521	\$2,548
4525	CLO [ENDO] BX LG INTESTINE	30	\$2,163	\$1,909
283	TONSILLECTOMY W/ADENOIDECTOMY	20	\$3,645	\$3,273
0443	RELEASE CARPAL TUNNEL	5	\$2,377	\$2,934
3899	OTH PUNCT VEIN	4	\$10	\$1,247
5491	PERCUT ABD DRAIN	4	\$1,216	\$2,428
6902	D&C FOLLOWING DELIV/AB	4	\$7,136	\$3,869
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	3	\$1,551	\$1,852
5300	UNILAT REPR ING HERN-NOS	3	\$3,444	\$3,603
5305	UNILAT REPR ING HERN-GFT-NOS	3	\$5,559	\$6,294
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	3	\$5,473	\$5,679
4901	INCIS PERIAN ABSC	2	\$11,525	\$4,786
5341	REPR UMB HERN W/PROSTH	2	\$1,884	\$6,191
8512	OP BX BREAST	2	\$3,457	\$5,771
2009	OTH MYRINGOTOMY	1	\$0	\$2,227
3491	THORACENTESIS	1	\$1,951	\$2,166
3893	VENOUS CATH-NEC	1	\$960	\$5,207
4513	OTH ENDO SM INTESTINE	1	\$1,168	\$1,505
4709	OTH APPENDECTOMY	1	\$0	\$6,485

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		168	\$3,595	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	48	\$2,488	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	41	\$3,074	\$1,698
69436	TYMPANOSTOMY GENERAL ANESTHESIA	26	\$4,605	\$1,779
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	16	\$3,258	\$1,904
42820	T&A; UNDER AGE 12	12	\$4,593	\$3,185
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	6	\$2,509	\$1,340
58120	DILATION & CURET DX &/ THERAPEUT	5	\$7,433	\$3,922
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	\$6,752	\$5,632
42821	T&A; AGE 12 OR OVER	3	\$4,876	\$3,658
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	2	\$8,209	\$5,622
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	2	\$2,218	\$3,049
45005	I&D OF SUBMUCOSAL ABSCESS RECTUM	1	\$10,036	\$5,799
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	1	\$3,768	\$5,232
G0105	COLOREC CANCR SCR; COLNSCPY HI R	1	\$3,008	\$1,750

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

101 Beaver Valley Hospital

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1	66,722
033 LEVEL I HAND PROCEDURES	1	3,806
07 GASTROINTESTINAL SYSTEM PROCEDURES	131	118,000
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	25,670
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	110	45,397
139 LEVEL I HERNIA REPAIR	7	5,686
141 LEVEL I ANAL AND RECTAL PROCEDURES	1	831
145 LEVEL I LAPAROSCOPY	3	2,342
10 FEMALE REPRODUCTIVE SYSTEM	5	9,203
199 DILATION AND CURETTAGE	5	518
11 NEUROLOGIC SYSTEM PROCEDURES	2	25,428
217 LEVEL I NERVE PROCEDURES	2	4,176
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	41	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	26	13,372
256 TONSIL AND ADENOID PROCEDURES	15	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
07	GASTROINTESTINAL SYSTEM PROCEDURES	120	\$3,107	\$3,066
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$2,509	\$1,782
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	106	\$2,836	\$1,465
	139 LEVEL I HERNIA REPAIR	5	\$6,156	\$5,188
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$10,036	\$3,586
	145 LEVEL I LAPAROSCOPY	2	\$8,209	\$6,523
10	FEMALE REPRODUCTIVE SYSTEM	5	\$7,433	\$5,677
	199 DILATION AND CURETTAGE	5	\$7,433	\$3,922
11	NEUROLOGIC SYSTEM PROCEDURES	2	\$2,218	\$5,293
	217 LEVEL I NERVE PROCEDURES	2	\$2,218	\$3,955
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	41	\$4,621	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	26	\$4,605	\$2,666
	256 TONSIL AND ADENOID PROCEDURES	15	\$4,650	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	115	48.5	141,642	53.9
Male	122	51.5	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	20	8.4	2,902	1.1
1-4 years	18	7.6	11,446	4.4
5-9	10	4.2	7,208	2.7
10-14	5	2.1	5,295	2.0
15-17	2	0.8	5,309	2.0
18-19	0	0.0	3,821	1.5
20-24	9	3.8	10,434	4.0
25-29	1	0.4	12,230	4.7
30-34	3	1.3	14,877	5.7
35-39	4	1.7	14,643	5.6
40-44	6	2.5	14,871	5.7
45-49	6	2.5	17,304	6.6
50-54	35	14.8	30,494	11.6
55-59	31	13.1	26,436	10.1
60-64	31	13.1	24,041	9.1
65-69	19	8.0	20,003	7.6
70-74	16	6.8	15,679	6.0
75-79	10	4.2	11,976	4.6
80-84	9	3.8	7,762	3.0
85-89	2	0.8	3,511	1.3
90 +	0	0.0	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	237	100.0	106,152	40.4
Clinic Referral	0	0.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	237	100.0	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	57	24.1	62,882	23.9
Medicaid	27	11.4	19,964	7.6
Other government	4	1.7	6,019	2.3
Blue Cross/Blue Shield	32	13.5	33,344	12.7
Other Commercial	46	19.4	17,383	6.6
Managed Care(HMO, PPO)	60	25.3	114,999	43.7
Self Pay	7	3.0	3,241	1.2
Industrial & Worker Comp	0	0.0	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	2	0.8	963	0.4
Not Reported	2	0.8	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	3	1.3	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	0	0.0	89,757	34.1
Southeastern Utah	2	0.8	5,550	2.1
Southwest Utah	224	94.5	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	3	1.3	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	1	0.4	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	4	1.7	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	4,551	100.0	347,183	100.0
Mastectomy (85.0-85.99)	75	1.6	8,605	2.5
Musculoskeletal (76.0-84.99)	1,031	22.7	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	1	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	22	0.5	3,288	0.9
Digestive System (42.0-54.99)	1,567	34.4	111,878	32.2
Urinary (55.0-59.99)	44	1.0	12,077	3.5
Male Genital (60.0-64.99)	21	0.5	4,124	1.2
Female Genital (65.0-71.99)	195	4.3	16,165	4.7
Endocrine/Nervous (01.0-07.99)	608	13.4	27,062	7.8
Eye (08.0-16.99)	624	13.7	22,328	6.4
Ear (18.0-20.99)	158	3.5	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	205	4.5	30,939	8.9
Reporting Category(CPT-4 CODES)	3,718	100.0	337,317	100.0
Mastectomy (19120-19220)	30	0.8	1,627	0.5
Musculoskeletal (20000-29909)	745	20.0	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	82	2.2	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	162	4.4	21,776	6.5
Lymphatic/Hemetic (38100-38999)	22	0.6	4,663	1.4
Digestive (40490-49999)	1,564	42.1	129,848	38.5
Urinary (50010-53899)	48	1.3	16,024	4.8
Male Genital (54000-55899)	14	0.4	4,044	1.2
Female Genital (56405-58999)	98	2.6	15,380	4.6
Endocrine/Nervous (60000-64999)	557	15.0	26,532	7.9
Eye (65091-68899)	319	8.6	12,738	3.8
Ear (69000-69979)	77	2.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		4,551	100.0	100.0
4523	COLONOSCOPY	340	7.5	7.08
1341	PHACOEMULSIFICATION-ASPIR CATARACT	282	6.2	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	281	6.2	1.60
4542	ENDO POLYPECTOMY LG INTESTINE	277	6.1	4.79
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	252	5.5	5.51
0392	INJ OTH AGENT SPINAL CANAL	224	4.9	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	221	4.9	1.85
5123	LAP CHOLEY	153	3.4	2.02
2001	MYRINGOTOMY W/INSRT TUBE	135	3.0	3.17
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	109	2.4	0.80
4525	CLO [ENDO] BX LG INTESTINE	89	2.0	2.37
283	TONSILLECTOMY W/ADENOIDECTOMY	88	1.9	1.93
8026	ARTHSCPY-KNEE	88	1.9	0.25
4836	[ENDO] POLYPECTOMY RECTUM	87	1.9	1.34
806	EXC SEMILUNAR CARTILAGE-KNEE	72	1.6	1.57
8021	ARTHSCPY-SHLDR	58	1.3	0.17
8183	OTH REPR SHLDR	53	1.2	0.74
6812	HYSTEROSCOPY	48	1.1	0.12
6823	ENDOMETRIAL ABLATION	48	1.1	0.42
4292	DILAT ESOPH	47	1.0	1.38

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,718	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	368	9.9	6.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	282	7.6	6.69
66984	EXTRACAPSULAR CATARACT REMV IOL	274	7.4	1.63
43239	UGI ENDO; W/BX 1/MX	252	6.8	6.02
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	143	3.8	1.18
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	139	3.7	0.93
36416	COLLECTON CAPILLARY BLOOD SPECIM	131	3.5	0.66
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	84	2.3	1.01
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	80	2.2	0.41
69436	TYMPANOSTOMY GENERAL ANESTHESIA	68	1.8	1.71
42820	T&A; UNDER AGE 12	64	1.7	1.56
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	62	1.7	2.16
29881	SCOPE KNEE SURG;W/MENISCECT MED/	56	1.5	1.47
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	48	1.3	0.31
29826	SCOPE SHOULDER; DECOMP SUBACROM	47	1.3	1.15
43248	UGI ENDO; W/INSRT GUIDE WIRE	47	1.3	0.11
49505	REPR INIT ING HERNIA 5YR/MORE; R	43	1.2	0.72
64493	64493	43	1.2	0.25
64623	DESTRUC FACET JT NRV; L/S-EA AD	43	1.2	0.35
28285	CORRECTION HAMMERTO	40	1.1	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, 2011  
 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		1,407	\$4,613	\$4,864
4523	COLONOSCOPY	286	\$2,081	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	176	\$2,606	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	143	\$1,837	\$1,852
5123	LAP CHOLEY	123	\$11,327	\$8,201
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	95	\$2,479	\$1,961
283	TONSILLECTOMY W/ADENOIDECTOMY	74	\$3,338	\$3,273
4525	CLO [ENDO] BX LG INTESTINE	42	\$2,580	\$1,909
4836	[ENDO] POLYPECTOMY RECTUM	25	\$2,166	\$1,609
042	DESTRUC CRANIAL & PERIPH NERV	20	\$5,578	\$6,158
8521	LOC EXC LES BREAST	18	\$5,641	\$4,424
4701	LAP APPENDECTOMY	17	\$13,816	\$10,495
5303	UNILAT REPR DIRECT ING HERN-GFT	16	\$8,628	\$5,834
5304	UNILAT REPR INDIRECT ING HERN-GFT	14	\$8,724	\$5,647
5349	OTH UMB HERNIORRHAPHY	14	\$5,314	\$4,205
6952	ASPIR CURET FOLLOWING DELIV/AB	13	\$3,045	\$3,495
8511	CLO [PERCUT] [NEEDLE] BX BREAST	12	\$986	\$2,779
5341	REPR UMB HERN W/PROSTH	9	\$7,738	\$6,191
8201	EXPLOR TENDON SHEATH HAND	9	\$3,316	\$2,767
5305	UNILAT REPR ING HERN-GFT-NOS	8	\$8,424	\$6,294
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	8	\$22,391	\$10,862

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		2,116	\$4,443	\$4,353
66984	EXTRACAPSULAR CATARACT REMV IOL	271	\$5,845	\$4,069
45380	COLONOSCOPY FLEX; W/BX 1/MX	265	\$2,559	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	236	\$2,087	\$1,275
43239	UGI ENDO; W/BX 1/MX	146	\$1,871	\$1,799
36416	COLLECTON CAPILLARY BLOOD SPECIM	129	\$126	\$168
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	114	\$11,477	\$8,835
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	80	\$812	\$1,590
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	75	\$2,319	\$1,825
42820	T&A; UNDER AGE 12	53	\$3,261	\$3,185
69436	TYMPANOSTOMY GENERAL ANESTHESIA	51	\$2,898	\$1,779
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	41	\$7,858	\$7,533
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	32	\$1,226	\$1,576
49505	REPR INIT ING HERNIA 5YR/MORE; R	30	\$8,716	\$5,632
29881	SCOPE KNEE SURG;W/MENISCECT MED/	25	\$6,944	\$4,987
42821	T&A; AGE 12 OR OVER	21	\$3,532	\$3,658
29848	ENDO WRST SURG REL TRNS CARP LIG	19	\$5,387	\$2,977
44970	LAPAROSCOPY SURGICAL APPENDECTOM	19	\$13,647	\$10,450
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	17	\$1,844	\$3,715
19120	EXC BRST CYST TUMR/LES OPN M/F 1	16	\$5,372	\$4,414
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	16	\$2,377	\$1,777

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	46	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	6	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	4,645
02	BREAST PROCEDURES	30	1,671
	020 LEVEL I BREAST PROCEDURES	30	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	696	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	2,286
	033 LEVEL I HAND PROCEDURES	32	3,806
	034 LEVEL II HAND PROCEDURES	6	1,210
	035 LEVEL I FOOT PROCEDURES	139	6,177
	036 LEVEL II FOOT PROCEDURES	4	1,830
	037 LEVEL I ARTHROSCOPY	235	23,401
	038 LEVEL II ARTHROSCOPY	24	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	475
	045 BUNION PROCEDURES	33	1,762
	046 LEVEL I ARTHROPLASTY	4	650
	047 LEVEL II ARTHROPLASTY	3	144
	048 HAND AND FOOT TENOTOMY	3	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	56	2,711
04	RESPIRATORY PROCEDURES	32	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	24	4,869
05	CARDIOVASCULAR PROCEDURES	5	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	4	1,314
	092 RESUSCITATION	1	19
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	41	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	23	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,463	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	448
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	713
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	268	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	60	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	651	45,397
	137 THERAPEUTIC COLONOSCOPY	77	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,105
	139 LEVEL I HERNIA REPAIR	92	5,686

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
140 LEVEL II HERNIA REPAIR	35	1,214
141 LEVEL I ANAL AND RECTAL PROCEDURES	20	831
142 LEVEL II ANAL AND RECTAL PROCEDURES	17	1,074
143 LEVEL I GASTROINTESTINAL PROCEDURES	2	413
144 LEVEL II GASTROINTESTINAL PROCEDURES	1	119
145 LEVEL I LAPAROSCOPY	33	2,342
146 LEVEL II LAPAROSCOPY	51	7,903
147 LEVEL III LAPAROSCOPY	150	7,188
08 GENITOURINARY SYSTEM PROCEDURES	25	12,284
162 URINARY CATHETERIZATION AND DILATATION	1	258
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	9	5,858
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	13	4,061
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	205
09 MALE REPRODUCTIVE SYSTEM	22	4,273
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	1,477
181 CIRCUMCISION	2	967
184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	1,446
10 FEMALE REPRODUCTIVE SYSTEM	77	9,203
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	1,485
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,849
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	2,229
200 HYSTEROSCOPY	54	2,466
201 COLPOSCOPY	3	654
11 NEUROLOGIC SYSTEM PROCEDURES	554	25,428
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	88	4,570
217 LEVEL I NERVE PROCEDURES	20	4,176
218 LEVEL II NERVE PROCEDURES	2	1,051
219 SPINAL TAP	3	419
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	441	11,336
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	319	12,660
233 CATARACT PROCEDURES	285	5,898
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	236
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	237
239 STRABISMUS AND MUSCLE EYE PROCEDURES	6	1,027
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	11	942
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	10	1,576
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	237	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	117	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	7	1,514
254 LEVEL III FACIAL AND ENT PROCEDURES	14	3,880
255 LEVEL IV FACIAL AND ENT PROCEDURES	2	3,301
256 TONSIL AND ADENOID PROCEDURES	97	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

103 Brigham City Community Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	23	\$3,903	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$860	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$3,096	\$3,432
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$4,246	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$4,646	\$4,207
02	BREAST PROCEDURES	23	\$5,592	\$4,831
	020 LEVEL I BREAST PROCEDURES	23	\$5,592	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	240	\$7,441	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$7,680	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$10,824	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$16,811	\$10,524
	033 LEVEL I HAND PROCEDURES	16	\$3,929	\$3,410
	035 LEVEL I FOOT PROCEDURES	20	\$5,428	\$4,184
	036 LEVEL II FOOT PROCEDURES	1	\$16,652	\$8,885
	037 LEVEL I ARTHROSCOPY	72	\$6,536	\$5,096
	038 LEVEL II ARTHROSCOPY	2	\$32,245	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$7,927	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$5,878	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	34	\$15,322	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,533	\$3,818
	045 BUNION PROCEDURES	6	\$14,059	\$6,420
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	49	\$1,812	\$1,654
04	RESPIRATORY PROCEDURES	3	\$523	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$523	\$2,700
05	CARDIOVASCULAR PROCEDURES	2	\$9,013	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$9,013	\$6,616
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	33	\$4,756	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	17	\$1,844	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	\$7,850	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	935	\$4,199	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$671	\$2,775
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	154	\$1,846	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$2,611	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	502	\$2,342	\$1,465
	137 THERAPEUTIC COLONOSCOPY	21	\$2,456	\$1,880
	139 LEVEL I HERNIA REPAIR	56	\$7,686	\$5,188
	140 LEVEL II HERNIA REPAIR	19	\$6,917	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	\$5,158	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$5,440	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$3,739	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$13,636	\$8,862
	145 LEVEL I LAPAROSCOPY	4	\$6,833	\$6,523
	146 LEVEL II LAPAROSCOPY	32	\$11,853	\$8,651
	147 LEVEL III LAPAROSCOPY	115	\$11,475	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	7	\$9,911	\$5,700

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$9,747	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	4	\$11,841	\$6,114
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$2,519	\$2,387
09	MALE REPRODUCTIVE SYSTEM	9	\$11,374	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$6,793	\$3,472
	181 CIRCUMCISION	2	\$4,386	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	\$14,467	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	57	\$7,724	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	\$5,479	\$4,672
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$13,228	\$8,297
	200 HYSTEROSCOPY	43	\$7,927	\$6,149
	201 COLPOSCOPY	1	\$4,962	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	182	\$1,865	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	84	\$857	\$1,622
	217 LEVEL I NERVE PROCEDURES	7	\$4,529	\$3,955
	218 LEVEL II NERVE PROCEDURES	2	\$10,954	\$22,021
	219 SPINAL TAP	3	\$570	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	86	\$2,466	\$2,017
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	305	\$5,873	\$4,277
	233 CATARACT PROCEDURES	282	\$5,917	\$4,092
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$6,276	\$4,558
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	\$5,552	\$9,262
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$7,074	\$2,904
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$3,089	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$7,415	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	140	\$3,288	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	57	\$2,910	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$4,582	\$3,767
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$16,713	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	79	\$3,342	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,618	55.6	141,642	53.9
Male	1,290	44.4	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	108	3.7	1,613	0.6
29-365 days	33	1.1	2,902	1.1
1-4 years	84	2.9	11,446	4.4
5-9	58	2.0	7,208	2.7
10-14	34	1.2	5,295	2.0
15-17	48	1.7	5,309	2.0
18-19	46	1.6	3,821	1.5
20-24	63	2.2	10,434	4.0
25-29	97	3.3	12,230	4.7
30-34	125	4.3	14,877	5.7
35-39	134	4.6	14,643	5.6
40-44	153	5.3	14,871	5.7
45-49	161	5.5	17,304	6.6
50-54	366	12.6	30,494	11.6
55-59	251	8.6	26,436	10.1
60-64	205	7.0	24,041	9.1
65-69	239	8.2	20,003	7.6
70-74	241	8.3	15,679	6.0
75-79	220	7.6	11,976	4.6
80-84	164	5.6	7,762	3.0
85-89	64	2.2	3,511	1.3
90 +	14	0.5	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	99	3.4	106,152	40.4
Clinic Referral	2,804	96.4	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	5	0.2	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,899	99.7	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	4	0.1	203	0.1
Intermediate Care Facility	1	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	2	0.1	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	1	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,057	36.3	62,882	23.9
Medicaid	296	10.2	19,964	7.6
Other government	77	2.6	6,019	2.3
Blue Cross/Blue Shield	401	13.8	33,344	12.7
Other Commercial	145	5.0	17,383	6.6
Managed Care(HMO, PPO)	843	29.0	114,999	43.7
Self Pay	49	1.7	3,241	1.2
Industrial & Worker Comp	31	1.1	3,157	1.2
Charity and Unclassified	9	0.3	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2,581	88.8	18,464	7.0
Central Utah	0	0.0	9,378	3.6
Davis County	36	1.2	28,404	10.8
Salt Lake County	8	0.3	89,757	34.1
Southeastern Utah	0	0.0	5,550	2.1
Southwest Utah	0	0.0	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	1	0.0	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	224	7.7	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	57	2.0	13,675	5.2
Unknown, Not Reported	1	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

145 Cache Valley Specialty Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,323	100.0	347,183	100.0
Mastectomy (85.0-85.99)	27	0.5	8,605	2.5
Musculoskeletal (76.0-84.99)	2,216	41.6	70,411	20.3
Respiratory (30.0-34.99)	34	0.6	3,243	0.9
Cardiovascular (35.0-39.99)	1	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	29	0.5	3,288	0.9
Digestive System (42.0-54.99)	200	3.8	111,878	32.2
Urinary (55.0-59.99)	119	2.2	12,077	3.5
Male Genital (60.0-64.99)	25	0.5	4,124	1.2
Female Genital (65.0-71.99)	147	2.8	16,165	4.7
Endocrine/Nervous (01.0-07.99)	244	4.6	27,062	7.8
Eye (08.0-16.99)	448	8.4	22,328	6.4
Ear (18.0-20.99)	584	11.0	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,249	23.5	30,939	8.9
Reporting Category(CPT-4 CODES)	4,360	100.0	337,317	100.0
Mastectomy (19120-19220)	13	0.3	1,627	0.5
Musculoskeletal (20000-29909)	1,893	43.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	637	14.6	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	15	0.3	21,776	6.5
Lymphatic/Hemetic (38100-38999)	31	0.7	4,663	1.4
Digestive (40490-49999)	807	18.5	129,848	38.5
Urinary (50010-53899)	107	2.5	16,024	4.8
Male Genital (54000-55899)	18	0.4	4,044	1.2
Female Genital (56405-58999)	107	2.5	15,380	4.6
Endocrine/Nervous (60000-64999)	155	3.6	26,532	7.9
Eye (65091-68899)	226	5.2	12,738	3.8
Ear (69000-69979)	351	8.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,323	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	508	9.5	3.17
283	TONSILLECTOMY W/ADENOIDECTOMY	342	6.4	1.93
806	EXC SEMILUNAR CARTILAGE-KNEE	224	4.2	1.57
8026	ARTHSCPY-KNEE	221	4.2	0.25
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	200	3.8	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	199	3.7	1.57
8147	OTH REPR KNEE	156	2.9	0.93
8183	OTH REPR SHLDR	156	2.9	0.74
2169	OTH TURBINECTOMY	139	2.6	0.77
0443	RELEASE CARPAL TUNNEL	130	2.4	0.96
2188	OTH SEPTOPLASTY	128	2.4	0.50
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	127	2.4	0.51
8021	ARTHSCPY-SHLDR	117	2.2	0.17
282	TONSILLECTOMY WO ADENOIDECTOMY	94	1.8	0.53
2263	ETHMOIDECTOMY	86	1.6	0.56
222	INTRANASAL ANTROTOMY	79	1.5	0.37
286	ADENOIDECTOMY WO TONSILLECTOMY	79	1.5	0.34
8363	ROTATOR CUFF REPR	74	1.4	0.73
8023	ARTHSCPY-WRIST	65	1.2	0.04
2219	OTH DX PROC NASAL SINUSES	57	1.1	0.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,360	100.0	100.0
42820	T&A; UNDER AGE 12	282	6.5	1.56
69436	TYMPANOSTOMY GENERAL ANESTHESIA	262	6.0	1.71
66984	EXTRACAPSULAR CATARACT REMV IOL	199	4.6	1.63
29826	SCOPE SHOULDER; DECOMP SUBACROM	168	3.9	1.15
29881	SCOPE KNEE SURG;W/MENISCECT MED/	158	3.6	1.47
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	141	3.2	0.77
30140	SUBMUCOS RES TURBINATE PART/CMPL	136	3.1	0.74
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	118	2.7	0.55
29848	ENDO WRST SURG REL TRNS CARP LIG	103	2.4	0.38
28285	CORRECTION HAMMERTOE	88	2.0	0.54
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	84	1.9	0.46
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	81	1.9	0.32
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	77	1.8	0.32
29880	SCOPE KNEE SURG;W/MENISCECT MED&	66	1.5	0.43
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	66	1.5	0.39
42821	T&A; AGE 12 OR OVER	60	1.4	0.42
41899	UNLIST PROC DENTOALVEOL STRUCTUR	55	1.3	0.79
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	51	1.2	0.56
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	48	1.1	0.92
20680	REMOVAL OF IMPLANT; DEEP	46	1.1	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, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9 Procedures		1,385	\$4,497	\$4,864
283	TONSILLECTOMY W/ADENOIDECTOMY	264	\$2,084	\$3,273
282	TONSILLECTOMY WO ADENOIDECTOMY	60	\$2,357	\$3,403
2349	OTH DENTAL RESTORATION	52	\$3,470	\$3,493
0443	RELEASE CARPAL TUNNEL	41	\$2,413	\$2,934
5123	LAP CHOLEY	34	\$8,304	\$8,201
8051	EXC INTERVERTEBRAL DISC	28	\$7,476	\$12,020
806	EXC SEMILUNAR CARTILAGE-KNEE	26	\$4,031	\$5,149
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	25	\$4,825	\$5,931
5304	UNILAT REPR INDIRECT ING HERN-GFT	24	\$4,175	\$5,647
7756	REPR HAMMER TOE	23	\$3,349	\$5,310
8221	EXC LES TENDON SHEATH HAND	22	\$2,135	\$3,126
2171	CLO REDUC NASAL FX	19	\$2,128	\$2,804
062	UNILAT THYROID LOBEC	17	\$7,013	\$10,144
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	17	\$9,471	\$11,458
8201	EXPLOR TENDON SHEATH HAND	17	\$2,082	\$2,767
4701	LAP APPENDECTOMY	16	\$7,184	\$10,495
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	16	\$9,243	\$10,862
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	15	\$4,080	\$4,286
5303	UNILAT REPR DIRECT ING HERN-GFT	15	\$4,297	\$5,834
8183	OTH REPR SHLDR	14	\$7,642	\$8,998

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,993	\$4,252	\$4,353
66984	EXTRACAPSULAR CATARACT REMV IOL	199	\$3,743	\$4,069
42820	T&A; UNDER AGE 12	186	\$2,017	\$3,185
69436	TYMPANOSTOMY GENERAL ANESTHESIA	128	\$1,447	\$1,779
29881	SCOPE KNEE SURG;W/MENISCECT MED/	121	\$4,193	\$4,987
29848	ENDO WRST SURG REL TRNS CARP LIG	75	\$2,673	\$2,977
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	53	\$2,391	\$3,512
41899	UNLIST PROC DENTOALVEOL STRUCTUR	52	\$3,470	\$3,672
29880	SCOPE KNEE SURG;W/MENISCECT MED&	49	\$4,251	\$5,295
42821	T&A; AGE 12 OR OVER	47	\$2,375	\$3,658
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	41	\$4,143	\$4,394
49505	REPR INIT ING HERNIA 5YR/MORE; R	33	\$4,171	\$5,632
20680	REMOVAL OF IMPLANT; DEEP	26	\$3,819	\$4,387
47562	LAPAROSCOPY SURGICAL; CHOLECT	25	\$8,307	\$7,363
28296	HALLUX VALGUS; W/METATARSAL OSTE	24	\$4,334	\$6,126
27570	MANIP KNEE JNT UNDER GEN ANESTHE	19	\$1,929	\$3,451
21320	CLOS TX NASL BONE FRACTURE; W/ST	17	\$2,079	\$2,817
28285	CORRECTION HAMMERTOE	17	\$2,933	\$4,191
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	17	\$3,309	\$4,396
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	17	\$7,697	\$11,995
29826	SCOPE SHOULDER; DECOMP SUBACROM	16	\$6,068	\$7,247

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

145 Cache Valley Specialty Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	96	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	148
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	74	4,645
	013 LEVEL II SKIN REPAIR	2	875
	014 LEVEL III SKIN REPAIR	1	247
02	BREAST PROCEDURES	13	1,671
	020 LEVEL I BREAST PROCEDURES	13	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,762	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	149	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	2,286
	033 LEVEL I HAND PROCEDURES	93	3,806
	034 LEVEL II HAND PROCEDURES	25	1,210
	035 LEVEL I FOOT PROCEDURES	205	6,177
	036 LEVEL II FOOT PROCEDURES	53	1,830
	037 LEVEL I ARTHROSCOPY	747	23,401
	038 LEVEL II ARTHROSCOPY	121	5,474
	039 REPLACEMENT OF CAST	1	146
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	114	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	475
	045 BUNION PROCEDURES	57	1,762
	046 LEVEL I ARTHROPLASTY	9	650
	047 LEVEL II ARTHROPLASTY	16	144
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	33	2,711
04	RESPIRATORY PROCEDURES	292	12,953
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	69	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	218	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	5	2,429
05	CARDIOVASCULAR PROCEDURES	11	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	1,314
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	23	4,562
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	245	118,000
	139 LEVEL I HERNIA REPAIR	70	5,686
	140 LEVEL II HERNIA REPAIR	29	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	119
	145 LEVEL I LAPAROSCOPY	19	2,342
	146 LEVEL II LAPAROSCOPY	79	7,903

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	147 LEVEL III LAPAROSCOPY	33	7,188
08	GENITOURINARY SYSTEM PROCEDURES	96	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	16	880
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	32	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	43	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	481
09	MALE REPRODUCTIVE SYSTEM	22	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	1,477
	181 CIRCUMCISION	3	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	11	1,446
10	FEMALE REPRODUCTIVE SYSTEM	65	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	12	2,229
	199 DILATION AND CURETTAGE	5	518
	200 HYSTEROSCOPY	34	2,466
11	NEUROLOGIC SYSTEM PROCEDURES	120	25,428
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	216
	217 LEVEL I NERVE PROCEDURES	66	4,176
	218 LEVEL II NERVE PROCEDURES	1	1,051
	219 SPINAL TAP	1	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	11,336
	221 LAMINOTOMY AND LAMINECTOMY	41	2,387
	223 LEVEL III NERVE PROCEDURES	2	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	226	12,660
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	22
	233 CATARACT PROCEDURES	202	5,898
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	236
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,331	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	533	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	47	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	162	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	72	3,301
	256 TONSIL AND ADENOID PROCEDURES	517	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

145 Cache Valley Specialty Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	52	\$3,181	\$4,301
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,890	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$2,992	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	46	\$3,207	\$4,207
02	BREAST PROCEDURES	13	\$4,165	\$4,831
	020 LEVEL I BREAST PROCEDURES	13	\$4,165	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	757	\$4,944	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$2,927	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	\$5,330	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$8,459	\$10,524
	033 LEVEL I HAND PROCEDURES	56	\$2,394	\$3,410
	034 LEVEL II HAND PROCEDURES	17	\$4,744	\$6,046
	035 LEVEL I FOOT PROCEDURES	69	\$2,981	\$4,184
	036 LEVEL II FOOT PROCEDURES	20	\$5,306	\$8,885
	037 LEVEL I ARTHROSCOPY	328	\$3,981	\$5,096
	038 LEVEL II ARTHROSCOPY	33	\$13,869	\$13,106
	039 REPLACEMENT OF CAST	1	\$2,554	\$4,045
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	\$3,326	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	77	\$7,737	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	\$1,917	\$3,818
	045 BUNION PROCEDURES	32	\$5,727	\$6,420
	046 LEVEL I ARTHROPLASTY	4	\$7,991	\$9,598
	047 LEVEL II ARTHROPLASTY	8	\$10,551	\$23,125
04	RESPIRATORY PROCEDURES	21	\$3,896	\$2,438
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	\$3,424	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	10	\$4,583	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	\$2,579	\$3,105
05	CARDIOVASCULAR PROCEDURES	9	\$6,147	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	9	\$6,147	\$6,616
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	13	\$5,468	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	\$5,468	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	155	\$6,035	\$3,066
	139 LEVEL I HERNIA REPAIR	49	\$4,148	\$5,188
	140 LEVEL II HERNIA REPAIR	14	\$4,826	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	\$3,373	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$3,352	\$4,508
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	\$6,791	\$8,862
	145 LEVEL I LAPAROSCOPY	7	\$4,949	\$6,523
	146 LEVEL II LAPAROSCOPY	53	\$7,933	\$8,651
	147 LEVEL III LAPAROSCOPY	18	\$8,070	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	47	\$6,692	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	11	\$6,515	\$11,434
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	10	\$5,310	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	22	\$4,837	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$3,519	\$20,129

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$1,242	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$39,304	\$15,091
09	MALE REPRODUCTIVE SYSTEM	15	\$5,425	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$3,868	\$3,472
	181 CIRCUMCISION	1	\$3,492	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	10	\$6,241	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	21	\$4,627	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$3,233	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$6,693	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	\$6,075	\$8,297
	199 DILATION AND CURETTAGE	4	\$4,124	\$3,922
	200 HYSTEROSCOPY	7	\$3,482	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	53	\$5,549	\$5,293
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$2,313	\$12,644
	217 LEVEL I NERVE PROCEDURES	27	\$2,947	\$3,955
	219 SPINAL TAP	1	\$196	\$2,281
	221 LAMINOTOMY AND LAMINECTOMY	23	\$7,611	\$12,191
	223 LEVEL III NERVE PROCEDURES	1	\$36,960	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	224	\$3,632	\$4,277
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,670	\$1,623
	233 CATARACT PROCEDURES	202	\$3,747	\$4,092
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,258	\$4,558
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$3,502	\$2,904
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,837	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$2,815	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	605	\$2,836	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	208	\$2,182	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	20	\$3,057	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	28	\$5,813	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	55	\$7,393	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	294	\$2,148	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,569	52.5	141,642	53.9
Male	1,417	47.5	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	54	1.8	2,902	1.1
1-4 years	328	11.0	11,446	4.4
5-9	221	7.4	7,208	2.7
10-14	113	3.8	5,295	2.0
15-17	94	3.1	5,309	2.0
18-19	72	2.4	3,821	1.5
20-24	151	5.1	10,434	4.0
25-29	138	4.6	12,230	4.7
30-34	174	5.8	14,877	5.7
35-39	177	5.9	14,643	5.6
40-44	143	4.8	14,871	5.7
45-49	171	5.7	17,304	6.6
50-54	203	6.8	30,494	11.6
55-59	209	7.0	26,436	10.1
60-64	158	5.3	24,041	9.1
65-69	171	5.7	20,003	7.6
70-74	169	5.7	15,679	6.0
75-79	122	4.1	11,976	4.6
80-84	81	2.7	7,762	3.0
85-89	28	0.9	3,511	1.3
90 +	9	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	26	0.9	106,152	40.4
Clinic Referral	0	0.0	152,476	58.0
HMO Referral	2,960	99.1	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,986	100.0	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	590	19.8	62,882	23.9
Medicaid	376	12.6	19,964	7.6
Other government	76	2.5	6,019	2.3
Blue Cross/Blue Shield	908	30.4	33,344	12.7
Other Commercial	230	7.7	17,383	6.6
Managed Care(HMO, PPO)	687	23.0	114,999	43.7
Self Pay	0	0.0	3,241	1.2
Industrial & Worker Comp	58	1.9	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	1	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	60	2.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2,350	78.7	18,464	7.0
Central Utah	2	0.1	9,378	3.6
Davis County	11	0.4	28,404	10.8
Salt Lake County	19	0.6	89,757	34.1
Southeastern Utah	0	0.0	5,550	2.1
Southwest Utah	4	0.1	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	3	0.1	6,638	2.5
Tri-County	3	0.1	6,537	2.5
Utah County	7	0.2	39,778	15.1
Wasatch County	2	0.1	2,138	0.8
Weber County	23	0.8	21,938	8.3
Unknown Utah	1	0.0	15	0.0
Outside Utah	561	18.8	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	2,782	100.0	347,183	100.0
Mastectomy (85.0-85.99)	40	1.4	8,605	2.5
Musculoskeletal (76.0-84.99)	646	23.2	70,411	20.3
Respiratory (30.0-34.99)	13	0.5	3,243	0.9
Cardiovascular (35.0-39.99)	16	0.6	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	23	0.8	3,288	0.9
Digestive System (42.0-54.99)	1,301	46.8	111,878	32.2
Urinary (55.0-59.99)	62	2.2	12,077	3.5
Male Genital (60.0-64.99)	18	0.6	4,124	1.2
Female Genital (65.0-71.99)	97	3.5	16,165	4.7
Endocrine/Nervous (01.0-07.99)	316	11.4	27,062	7.8
Eye (08.0-16.99)	40	1.4	22,328	6.4
Ear (18.0-20.99)	109	3.9	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	101	3.6	30,939	8.9
Reporting Category(CPT-4 CODES)	3,345	100.0	337,317	100.0
Mastectomy (19120-19220)	5	0.1	1,627	0.5
Musculoskeletal (20000-29909)	740	22.1	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	36	1.1	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	712	21.3	21,776	6.5
Lymphatic/Hemetic (38100-38999)	23	0.7	4,663	1.4
Digestive (40490-49999)	1,286	38.4	129,848	38.5
Urinary (50010-53899)	124	3.7	16,024	4.8
Male Genital (54000-55899)	18	0.5	4,044	1.2
Female Genital (56405-58999)	97	2.9	15,380	4.6
Endocrine/Nervous (60000-64999)	229	6.8	26,532	7.9
Eye (65091-68899)	21	0.6	12,738	3.8
Ear (69000-69979)	54	1.6	8,359	2.5

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		2,782	100.0	100.0
4523	COLONOSCOPY	387	13.9	7.08
4542	ENDO POLYPECTOMY LG INTESTINE	216	7.8	4.79
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	194	7.0	5.51
5123	LAP CHOLEY	165	5.9	2.02
4525	CLO [ENDO] BX LG INTESTINE	105	3.8	2.37
806	EXC SEMILUNAR CARTILAGE-KNEE	96	3.5	1.57
2001	MYRINGOTOMY W/INSRT TUBE	93	3.3	3.17
0392	INJ OTH AGENT SPINAL CANAL	92	3.3	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	86	3.1	1.85
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	68	2.4	0.67
0443	RELEASE CARPAL TUNNEL	65	2.3	0.96
8183	OTH REPR SHLDR	59	2.1	0.74
283	TONSILLECTOMY W/ADENOIDECTOMY	44	1.6	1.93
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	41	1.5	0.80
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	38	1.4	0.51
4836	[ENDO] POLYPECTOMY RECTUM	36	1.3	1.34
8363	ROTATOR CUFF REPR	29	1.0	0.73
8076	SYNOVECT-KNEE	28	1.0	0.40
8511	CLO [PERCUT] [NEEDLE] BX BREAST	28	1.0	0.47
5303	UNILAT REPR DIRECT ING HERN-GFT	23	0.8	0.24

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,345	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	470	14.1	0.66
45378	COLONOSCOPY FLEX; DX-SEP PROC	287	8.6	6.69
45380	COLONOSCOPY FLEX; W/BX 1/MX	220	6.6	6.63
43239	UGI ENDO; W/BX 1/MX	193	5.8	6.02
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	161	4.8	1.18
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	134	4.0	0.74
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	132	3.9	2.16
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	89	2.7	1.01
36591	36591	81	2.4	0.10
29881	SCOPE KNEE SURG;W/MENISCECT MED/	76	2.3	1.47
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	65	1.9	0.92
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	62	1.9	0.58
69436	TYMPANOSTOMY GENERAL ANESTHESIA	48	1.4	1.71
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	42	1.3	0.26
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	40	1.2	0.17
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	38	1.1	0.47
42820	T&A; UNDER AGE 12	37	1.1	1.56
29826	SCOPE SHOULDER; DECOMP SUBACROM	35	1.0	1.15
49505	REPR INIT ING HERNIA 5YR/MORE; R	35	1.0	0.72
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	31	0.9	0.55

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	1,562	\$5,415	\$4,864
4523	COLONOSCOPY	345	\$2,048	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	186	\$2,948	\$1,760
5123	LAP CHOLEY	143	\$14,024	\$8,201
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	99	\$2,899	\$1,852
4525	CLO [ENDO] BX LG INTESTINE	79	\$2,908	\$1,909
0443	RELEASE CARPAL TUNNEL	42	\$4,267	\$2,934
283	TONSILLECTOMY W/ADENOIDECTOMY	36	\$4,042	\$3,273
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	33	\$1,459	\$1,961
4836	[ENDO] POLYPECTOMY RECTUM	29	\$2,788	\$1,609
8511	CLO [PERCUT] [NEEDLE] BX BREAST	27	\$2,514	\$2,779
8183	OTH REPR SHLDR	26	\$15,915	\$8,998
806	EXC SEMILUNAR CARTILAGE-KNEE	24	\$8,173	\$5,149
5303	UNILAT REPR DIRECT ING HERN-GFT	18	\$8,589	\$5,834
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	18	\$4,319	\$2,988
0611	CLO PERCUT NEEDLE BX THYROID GLAND	15	\$1,692	\$1,323
4131	BX BONE MARROW	15	\$2,818	\$4,936
598	URETERAL CATH	15	\$12,637	\$6,417
4701	LAP APPENDECTOMY	11	\$15,497	\$10,495
6909	OTH D&C UTERUS	11	\$5,588	\$4,052
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	11	\$8,589	\$4,479

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,265	\$3,966	\$4,353
36416	COLLECTON CAPILLARY BLOOD SPECIM	468	\$97	\$168
45378	COLONOSCOPY FLEX; DX-SEP PROC	259	\$1,999	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	168	\$2,820	\$1,698
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	143	\$14,024	\$8,835
43239	UGI ENDO; W/BX 1/MX	113	\$2,989	\$1,799
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	95	\$2,928	\$1,840
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	87	\$1,540	\$1,590
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	52	\$3,915	\$3,715
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	46	\$4,406	\$3,049
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	39	\$3,149	\$3,589
69436	TYMPANOSTOMY GENERAL ANESTHESIA	37	\$2,132	\$1,779
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	31	\$1,439	\$1,576
49505	REPR INIT ING HERNIA 5YR/MORE; R	30	\$8,924	\$5,632
42820	T&A; UNDER AGE 12	29	\$4,194	\$3,185
29881	SCOPE KNEE SURG;W/MENISCECT MED/	28	\$7,983	\$4,987
36591	36591	27	\$1,618	\$1,691
66984	EXTRACAPSULAR CATARACT REMV IOL	20	\$2,914	\$4,069
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	18	\$14,082	\$11,434
45384	COLONOSCPY FLEX; REMV LES-FORCE	16	\$3,087	\$2,087
20680	REMOVAL OF IMPLANT; DEEP	15	\$5,820	\$4,387

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	85	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	33	2,649
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	27	4,645
	013 LEVEL II SKIN REPAIR	11	875
	014 LEVEL III SKIN REPAIR	3	247
02	BREAST PROCEDURES	5	1,671
	020 LEVEL I BREAST PROCEDURES	5	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	652	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	2,286
	033 LEVEL I HAND PROCEDURES	30	3,806
	035 LEVEL I FOOT PROCEDURES	28	6,177
	036 LEVEL II FOOT PROCEDURES	3	1,830
	037 LEVEL I ARTHROSCOPY	303	23,401
	038 LEVEL II ARTHROSCOPY	59	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	28	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	33	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	475
	045 BUNION PROCEDURES	6	1,762
	048 HAND AND FOOT TENOTOMY	2	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	44	2,711
04	RESPIRATORY PROCEDURES	29	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	16	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	4,869
05	CARDIOVASCULAR PROCEDURES	9	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	7	1,314
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	1,246
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	141	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	134	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,230	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	8	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	202	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	22	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	507	45,397
	137 THERAPEUTIC COLONOSCOPY	159	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,105

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

106 Castleview Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
139 LEVEL I HERNIA REPAIR	75	5,686
140 LEVEL II HERNIA REPAIR	26	1,214
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
142 LEVEL II ANAL AND RECTAL PROCEDURES	13	1,074
143 LEVEL I GASTROINTESTINAL PROCEDURES	1	413
145 LEVEL I LAPAROSCOPY	16	2,342
146 LEVEL II LAPAROSCOPY	23	7,903
147 LEVEL III LAPAROSCOPY	170	7,188
08 GENITOURINARY SYSTEM PROCEDURES	114	12,284
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	42	880
162 URINARY CATHETERIZATION AND DILATATION	2	258
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	61	5,858
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	9	4,061
09 MALE REPRODUCTIVE SYSTEM	15	4,273
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,477
181 CIRCUMCISION	9	967
10 FEMALE REPRODUCTIVE SYSTEM	64	9,203
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	1,485
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	20	1,849
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	2,229
199 DILATION AND CURETTAGE	5	518
200 HYSTEROSCOPY	23	2,466
11 NEUROLOGIC SYSTEM PROCEDURES	209	25,428
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	101	4,570
217 LEVEL I NERVE PROCEDURES	82	4,176
219 SPINAL TAP	20	419
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	11,336
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	21	12,660
233 CATARACT PROCEDURES	20	5,898
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	942
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	140	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	61	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	8	1,514
254 LEVEL III FACIAL AND ENT PROCEDURES	9	3,880
255 LEVEL IV FACIAL AND ENT PROCEDURES	4	3,301
256 TONSIL AND ADENOID PROCEDURES	58	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

106 Castleview Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	76	\$3,819	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	31	\$2,365	\$4,844
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$5,883	\$5,133
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$6,905	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	\$5,616	\$4,207
	013 LEVEL II SKIN REPAIR	11	\$1,792	\$4,459
	014 LEVEL III SKIN REPAIR	3	\$3,763	\$7,376
02	BREAST PROCEDURES	5	\$5,394	\$4,831
	020 LEVEL I BREAST PROCEDURES	5	\$5,394	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	248	\$7,508	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$9,230	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$10,396	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$15,379	\$10,524
	033 LEVEL I HAND PROCEDURES	17	\$4,453	\$3,410
	035 LEVEL I FOOT PROCEDURES	6	\$6,766	\$4,184
	036 LEVEL II FOOT PROCEDURES	3	\$8,246	\$8,885
	037 LEVEL I ARTHROSCOPY	74	\$8,329	\$5,096
	038 LEVEL II ARTHROSCOPY	14	\$19,155	\$13,106
	040 SPLINT, STRAPPING AND CAST REMOVAL	24	\$684	\$1,449
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$3,745	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	\$4,701	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	25	\$14,698	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$4,308	\$3,818
	045 BUNION PROCEDURES	4	\$9,886	\$6,420
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	\$1,419	\$1,654
04	RESPIRATORY PROCEDURES	19	\$2,849	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	15	\$1,995	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	\$6,391	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,032	\$5,392
05	CARDIOVASCULAR PROCEDURES	7	\$9,656	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	7	\$9,656	\$6,616
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	57	\$4,018	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	52	\$3,915	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$5,089	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	905	\$5,081	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$822	\$2,775
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$5,635	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,920	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$3,185	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	115	\$2,967	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$4,363	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	427	\$2,322	\$1,465
	137 THERAPEUTIC COLONOSCOPY	114	\$2,948	\$1,880
	139 LEVEL I HERNIA REPAIR	44	\$8,441	\$5,188
	140 LEVEL II HERNIA REPAIR	6	\$8,308	\$6,288

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

106 Castlevew Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$7,567	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	11	\$6,741	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$6,041	\$4,426
	145 LEVEL I LAPAROSCOPY	7	\$9,509	\$6,523
	146 LEVEL II LAPAROSCOPY	14	\$14,563	\$8,651
	147 LEVEL III LAPAROSCOPY	148	\$14,066	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	53	\$7,991	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	18	\$14,082	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	1	\$2,825	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	27	\$4,365	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	7	\$7,049	\$6,114
09	MALE REPRODUCTIVE SYSTEM	9	\$6,022	\$5,436
	181 CIRCUMCISION	9	\$6,022	\$2,393
10	FEMALE REPRODUCTIVE SYSTEM	31	\$7,322	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$6,215	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	\$8,790	\$5,814
	199 DILATION AND CURETTAGE	5	\$6,928	\$3,922
	200 HYSTEROSCOPY	19	\$7,156	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	169	\$2,392	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	99	\$1,485	\$1,622
	217 LEVEL I NERVE PROCEDURES	48	\$4,474	\$3,955
	219 SPINAL TAP	20	\$2,016	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$1,015	\$2,017
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	21	\$2,998	\$4,277
	233 CATARACT PROCEDURES	20	\$2,914	\$4,092
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,671	\$2,864
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	98	\$4,022	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	40	\$2,444	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$5,095	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	5	\$8,504	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	\$14,708	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	46	\$3,908	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,548	53.9	141,642	53.9
Male	1,324	46.1	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	421	14.7	1,613	0.6
29-365 days	42	1.5	2,902	1.1
1-4 years	54	1.9	11,446	4.4
5-9	56	1.9	7,208	2.7
10-14	44	1.5	5,295	2.0
15-17	45	1.6	5,309	2.0
18-19	37	1.3	3,821	1.5
20-24	64	2.2	10,434	4.0
25-29	80	2.8	12,230	4.7
30-34	113	3.9	14,877	5.7
35-39	111	3.9	14,643	5.6
40-44	100	3.5	14,871	5.7
45-49	134	4.7	17,304	6.6
50-54	374	13.0	30,494	11.6
55-59	318	11.1	26,436	10.1
60-64	222	7.7	24,041	9.1
65-69	200	7.0	20,003	7.6
70-74	182	6.3	15,679	6.0
75-79	121	4.2	11,976	4.6
80-84	79	2.8	7,762	3.0
85-89	60	2.1	3,511	1.3
90 +	15	0.5	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,865	99.8	106,152	40.4
Clinic Referral	7	0.2	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,867	99.8	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	5	0.2	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	744	25.9	62,882	23.9
Medicaid	381	13.3	19,964	7.6
Other government	23	0.8	6,019	2.3
Blue Cross/Blue Shield	508	17.7	33,344	12.7
Other Commercial	434	15.1	17,383	6.6
Managed Care(HMO, PPO)	712	24.8	114,999	43.7
Self Pay	24	0.8	3,241	1.2
Industrial & Worker Comp	43	1.5	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	3	0.1	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	16	0.6	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	5	0.2	89,757	34.1
Southeastern Utah	2,787	97.0	5,550	2.1
Southwest Utah	6	0.2	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	34	1.2	6,537	2.5
Utah County	6	0.2	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	1	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	14	0.5	13,675	5.2
Unknown, Not Reported	3	0.1	118	0.0

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



**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	250	100.0	347,183	100.0
Mastectomy (85.0-85.99)	0	0.0	8,605	2.5
Musculoskeletal (76.0-84.99)	93	37.2	70,411	20.3
Respiratory (30.0-34.99)	3	1.2	3,243	0.9
Cardiovascular (35.0-39.99)	12	4.8	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,288	0.9
Digestive System (42.0-54.99)	54	21.6	111,878	32.2
Urinary (55.0-59.99)	9	3.6	12,077	3.5
Male Genital (60.0-64.99)	2	0.8	4,124	1.2
Female Genital (65.0-71.99)	67	26.8	16,165	4.7
Endocrine/Nervous (01.0-07.99)	6	2.4	27,062	7.8
Eye (08.0-16.99)	0	0.0	22,328	6.4
Ear (18.0-20.99)	2	0.8	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	2	0.8	30,939	8.9
Reporting Category(CPT-4 CODES)	1,058	100.0	337,317	100.0
Mastectomy (19120-19220)	7	0.7	1,627	0.5
Musculoskeletal (20000-29909)	399	37.7	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	14	1.3	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	8	0.8	21,776	6.5
Lymphatic/Hemetic (38100-38999)	2	0.2	4,663	1.4
Digestive (40490-49999)	474	44.8	129,848	38.5
Urinary (50010-53899)	12	1.1	16,024	4.8
Male Genital (54000-55899)	9	0.9	4,044	1.2
Female Genital (56405-58999)	15	1.4	15,380	4.6
Endocrine/Nervous (60000-64999)	41	3.9	26,532	7.9
Eye (65091-68899)	56	5.3	12,738	3.8
Ear (69000-69979)	21	2.0	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		250	100.0	100.0
6851	LAP ASSIST VAG HYST [LAVH]	38	15.2	0.15
8154	TOT KNEE REPLCMT	23	9.2	0.01
4513	OTH ENDO SM INTESTINE	15	6.0	1.48
3893	VENOUS CATH-NEC	9	3.6	0.21
7935	OP REDUC FX W/INT FIX-FEM	9	3.6	0.01
4701	LAP APPENDECTOMY	7	2.8	0.38
6631	OTH BILAT LIG-CRUSH FALLOPIAN TUBES	7	2.8	0.00
7051	REPR CYSTOCELE	7	2.8	0.08
4523	COLONOSCOPY	6	2.4	7.08
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	6	2.4	0.80
5123	LAP CHOLEY	5	2.0	2.02
5451	LAP LYSIS PERITONEAL ADHES	5	2.0	0.21
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	5	2.0	0.28
8151	TOT HIP REPLCMT	5	2.0	0.00
8152	PART HIP REPLCMT	5	2.0	0.00
4525	CLO [ENDO] BX LG INTESTINE	4	1.6	2.37
5979	OTH REPR URIN STRESS INCONT	4	1.6	0.26
6563	LAP REMOV BIL OVARY-TUBE-SAME SURG	4	1.6	0.14
0331	SPINAL TAP	3	1.2	0.15
5491	PERCUT ABD DRAIN	3	1.2	0.19

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,058	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	157	14.8	6.69
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	126	11.9	1.13
45380	COLONOSCOPY FLEX; W/BX 1/MX	87	8.2	6.63
66984	EXTRACAPSULAR CATARACT REMV IOL	45	4.3	1.63
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	39	3.7	0.47
28285	CORRECTION HAMMERTOES	34	3.2	0.54
29848	ENDO WRST SURG REL TRNS CARP LIG	28	2.6	0.38
26055	TENDON SHEATH INCISION	26	2.5	0.41
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	17	1.6	1.18
69436	TYMPANOSTOMY GENERAL ANESTHESIA	17	1.6	1.71
20680	REMOVAL OF IMPLANT; DEEP	16	1.5	0.94
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	15	1.4	2.16
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	1.3	0.72
29881	SCOPE KNEE SURG;W/MENISCECT MED/	13	1.2	1.47
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	13	1.2	0.19
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	13	1.2	0.58
43239	UGI ENDO; W/BX 1/MX	11	1.0	6.02
31720	CATHETER ASPIR; NASOTRACH SEP PR	9	0.9	0.05
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	8	0.8	0.63
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	8	0.8	0.98

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	147	\$19,139	\$4,864
6851	LAP ASSIST VAG HYST [LAVH]	21	\$12,239	\$13,379
8154	TOT KNEE REPLCMT	20	\$34,876	\$31,549
4513	OTH ENDO SM INTESTINE	11	\$12,724	\$1,505
7935	OP REDUC FX W/INT FIX-FEM	8	\$28,107	\$18,900
6631	OTH BILAT LIG-CRUSH FALLOPIAN TUBES	7	\$8,469	\$8,282
4701	LAP APPENDECTOMY	6	\$11,817	\$10,495
4523	COLONOSCOPY	5	\$12,180	\$1,265
5123	LAP CHOLEY	5	\$11,755	\$8,201
8151	TOT HIP REPLCMT	5	\$30,672	\$30,508
8152	PART HIP REPLCMT	5	\$27,515	\$23,816
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	4	\$22,183	\$1,961
3893	VENOUS CATH-NEC	3	\$15,563	\$5,207
4525	CLO [ENDO] BX LG INTESTINE	3	\$10,463	\$1,909
5491	PERCUT ABD DRAIN	3	\$23,719	\$2,428
0331	SPINAL TAP	2	\$9,666	\$2,562
3892	UMB VEIN CATH	2	\$3,774	\$2,399
640	CIRCUMCISION	2	\$2,121	\$3,261
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	2	\$20,052	\$10,862
8145	OTH REPR CRUCIATE LIGAMNT	2	\$16,259	\$14,211
8411	AMPUT TOE	2	\$29,894	\$4,322

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	686	\$3,214	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	130	\$1,470	\$1,275
43235	UGI ENDO; DX W/WO CLCT SPECNMN-SP	74	\$1,602	\$1,340
45380	COLONOSCOPY FLEX; W/BX 1/MX	61	\$1,739	\$1,698
66984	EXTRACAPSULAR CATARACT REMV IOL	45	\$3,318	\$4,069
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	39	\$719	\$1,576
29848	ENDO WRST SURG REL TRNS CARP LIG	20	\$3,267	\$2,977
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	15	\$7,740	\$8,835
69436	TYMPANOSTOMY GENERAL ANESTHESIA	15	\$1,964	\$1,779
29881	SCOPE KNEE SURG;W/MENISCECT MED/	11	\$5,621	\$4,987
49505	REPR INIT ING HERNIA 5YR/MORE; R	11	\$5,055	\$5,632
20680	REMOVAL OF IMPLANT; DEEP	8	\$3,534	\$4,387
66821	DISCISSION 2ND CATARACT; LASER S	8	\$868	\$750
31720	CATHETER ASPIR; NASOTRACH SEP PR	7	\$1,969	\$1,181
47562	LAPAROSCOPY SURGICAL; CHOLECT	7	\$7,259	\$7,363
26160	EXC LES TEND SHETH/JNT CAP HND/F	6	\$2,616	\$2,897
28285	CORRECTION HAMMERTOES	6	\$3,762	\$4,191
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	6	\$1,947	\$1,673
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	6	\$3,217	\$3,049
27792	OPEN TX DISTAL FIBULAR FX W/WO F	5	\$5,828	\$9,594
42820	T&A; UNDER AGE 12	5	\$3,460	\$3,185

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	27	10,274
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	22	4,645
	013 LEVEL II SKIN REPAIR	2	875
	014 LEVEL III SKIN REPAIR	1	247
02	BREAST PROCEDURES	7	1,671
	020 LEVEL I BREAST PROCEDURES	7	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	372	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	2,286
	033 LEVEL I HAND PROCEDURES	52	3,806
	034 LEVEL II HAND PROCEDURES	8	1,210
	035 LEVEL I FOOT PROCEDURES	49	6,177
	036 LEVEL II FOOT PROCEDURES	9	1,830
	037 LEVEL I ARTHROSCOPY	66	23,401
	038 LEVEL II ARTHROSCOPY	16	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	54	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	475
	045 BUNION PROCEDURES	17	1,762
	046 LEVEL I ARTHROPLASTY	4	650
	048 HAND AND FOOT TENOTOMY	3	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	42	2,711
05	CARDIOVASCULAR PROCEDURES	4	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,314
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	416
	092 RESUSCITATION	2	19
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	461	118,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	137	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	244	45,397
	137 THERAPEUTIC COLONOSCOPY	15	9,233
	139 LEVEL I HERNIA REPAIR	18	5,686
	140 LEVEL II HERNIA REPAIR	4	1,214
	145 LEVEL I LAPAROSCOPY	4	2,342
	146 LEVEL II LAPAROSCOPY	14	7,903
	147 LEVEL III LAPAROSCOPY	17	7,188
08	GENITOURINARY SYSTEM PROCEDURES	12	12,284
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	8	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	4	4,061

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
09 MALE REPRODUCTIVE SYSTEM	9	4,273
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,477
181 CIRCUMCISION	3	967
10 FEMALE REPRODUCTIVE SYSTEM	14	9,203
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,485
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	2,229
199 DILATION AND CURETTAGE	2	518
200 HYSTEROSCOPY	1	2,466
201 COLPOSCOPY	9	654
11 NEUROLOGIC SYSTEM PROCEDURES	41	25,428
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	4,570
217 LEVEL I NERVE PROCEDURES	38	4,176
218 LEVEL II NERVE PROCEDURES	1	1,051
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	56	12,660
232 LASER EYE PROCEDURES	8	549
233 CATARACT PROCEDURES	47	5,898
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	942
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	37	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	19	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,514
254 LEVEL III FACIAL AND ENT PROCEDURES	1	3,880
255 LEVEL IV FACIAL AND ENT PROCEDURES	1	3,301
256 TONSIL AND ADENOID PROCEDURES	13	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	14	\$3,323	\$4,301
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,858	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$3,292	\$4,207
	013 LEVEL II SKIN REPAIR	1	\$4,171	\$4,459
02	BREAST PROCEDURES	7	\$3,205	\$4,831
	020 LEVEL I BREAST PROCEDURES	7	\$3,205	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	204	\$4,683	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$3,423	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$6,315	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$7,308	\$10,524
	033 LEVEL I HAND PROCEDURES	21	\$3,466	\$3,410
	034 LEVEL II HAND PROCEDURES	5	\$5,603	\$6,046
	035 LEVEL I FOOT PROCEDURES	12	\$3,544	\$4,184
	036 LEVEL II FOOT PROCEDURES	3	\$2,632	\$8,885
	037 LEVEL I ARTHROSCOPY	40	\$4,480	\$5,096
	038 LEVEL II ARTHROSCOPY	10	\$12,230	\$13,106
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	42	\$7,081	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$4,156	\$3,818
	045 BUNION PROCEDURES	13	\$4,614	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$6,446	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	39	\$719	\$1,654
05	CARDIOVASCULAR PROCEDURES	1	\$9,019	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$9,019	\$6,616
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	\$2,766	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	\$2,214	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,872	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	318	\$2,377	\$3,066
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	78	\$1,616	\$1,782
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	191	\$1,556	\$1,465
	139 LEVEL I HERNIA REPAIR	15	\$4,696	\$5,188
	140 LEVEL II HERNIA REPAIR	3	\$5,086	\$6,288
	145 LEVEL I LAPAROSCOPY	4	\$7,096	\$6,523
	146 LEVEL II LAPAROSCOPY	12	\$8,537	\$8,651
	147 LEVEL III LAPAROSCOPY	15	\$7,740	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	10	\$3,584	\$5,700
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	7	\$3,159	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	3	\$4,576	\$6,114
09	MALE REPRODUCTIVE SYSTEM	5	\$2,946	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$3,191	\$3,472
	181 CIRCUMCISION	3	\$2,783	\$2,393
10	FEMALE REPRODUCTIVE SYSTEM	12	\$3,131	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,920	\$4,672
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$9,165	\$8,297
	199 DILATION AND CURETTAGE	2	\$4,146	\$3,922
	200 HYSTEROSCOPY	1	\$3,205	\$6,149

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	201 COLPOSCOPY	7	\$1,998	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	15	\$3,493	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$119	\$1,622
	217 LEVEL I NERVE PROCEDURES	13	\$4,012	\$3,955
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	56	\$2,948	\$4,277
	232 LASER EYE PROCEDURES	8	\$868	\$825
	233 CATARACT PROCEDURES	47	\$3,333	\$4,092
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,492	\$2,864
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	28	\$2,556	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	15	\$1,964	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$1,586	\$3,767
	256 TONSIL AND ADENOID PROCEDURES	11	\$3,540	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	586	56.5	141,642	53.9
Male	452	43.5	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	7	0.7	1,613	0.6
29-365 days	8	0.8	2,902	1.1
1-4 years	22	2.1	11,446	4.4
5-9	12	1.2	7,208	2.7
10-14	22	2.1	5,295	2.0
15-17	23	2.2	5,309	2.0
18-19	13	1.3	3,821	1.5
20-24	39	3.8	10,434	4.0
25-29	39	3.8	12,230	4.7
30-34	54	5.2	14,877	5.7
35-39	59	5.7	14,643	5.6
40-44	77	7.4	14,871	5.7
45-49	56	5.4	17,304	6.6
50-54	112	10.8	30,494	11.6
55-59	93	9.0	26,436	10.1
60-64	102	9.8	24,041	9.1
65-69	81	7.8	20,003	7.6
70-74	74	7.1	15,679	6.0
75-79	50	4.8	11,976	4.6
80-84	63	6.1	7,762	3.0
85-89	26	2.5	3,511	1.3
90 +	6	0.6	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	927	89.3	106,152	40.4
Clinic Referral	87	8.4	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	2	0.2	200	0.1
Skilled Nursing Facility	7	0.7	139	0.1
Other Health Care Facility	2	0.2	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	13	1.3	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	971	93.5	262,109	99.7
Another Hospital	5	0.5	126	0.0
Skilled Nursing Facility	13	1.3	203	0.1
Intermediate Care Facility	5	0.5	16	0.0
Another Type of Institution	25	2.4	120	0.0
Under Care of Home Service	15	1.4	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	4	0.4	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	322	31.0	62,882	23.9
Medicaid	76	7.3	19,964	7.6
Other government	19	1.8	6,019	2.3
Blue Cross/Blue Shield	114	11.0	33,344	12.7
Other Commercial	132	12.7	17,383	6.6
Managed Care(HMO, PPO)	314	30.3	114,999	43.7
Self Pay	34	3.3	3,241	1.2
Industrial & Worker Comp	19	1.8	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	8	0.8	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2	0.2	18,464	7.0
Central Utah	964	92.9	9,378	3.6
Davis County	1	0.1	28,404	10.8
Salt Lake County	8	0.8	89,757	34.1
Southeastern Utah	2	0.2	5,550	2.1
Southwest Utah	2	0.2	16,470	6.3
Summit County	1	0.1	4,120	1.6
Tooele County	2	0.2	6,638	2.5
Tri-County	1	0.1	6,537	2.5
Utah County	44	4.2	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	1	0.1	15	0.0
Outside Utah	10	1.0	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	11,422	100.0	347,183	100.0
Mastectomy (85.0-85.99)	399	3.5	8,605	2.5
Musculoskeletal (76.0-84.99)	1,366	12.0	70,411	20.3
Respiratory (30.0-34.99)	69	0.6	3,243	0.9
Cardiovascular (35.0-39.99)	682	6.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	54	0.5	3,288	0.9
Digestive System (42.0-54.99)	5,318	46.6	111,878	32.2
Urinary (55.0-59.99)	449	3.9	12,077	3.5
Male Genital (60.0-64.99)	113	1.0	4,124	1.2
Female Genital (65.0-71.99)	1,062	9.3	16,165	4.7
Endocrine/Nervous (01.0-07.99)	588	5.1	27,062	7.8
Eye (08.0-16.99)	211	1.8	22,328	6.4
Ear (18.0-20.99)	186	1.6	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	925	8.1	30,939	8.9
Reporting Category(CPT-4 CODES)	12,105	100.0	337,317	100.0
Mastectomy (19120-19220)	35	0.3	1,627	0.5
Musculoskeletal (20000-29909)	1,867	15.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	624	5.2	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	876	7.2	21,776	6.5
Lymphatic/Hemetic (38100-38999)	59	0.5	4,663	1.4
Digestive (40490-49999)	5,782	47.8	129,848	38.5
Urinary (50010-53899)	691	5.7	16,024	4.8
Male Genital (54000-55899)	66	0.5	4,044	1.2
Female Genital (56405-58999)	1,108	9.2	15,380	4.6
Endocrine/Nervous (60000-64999)	659	5.4	26,532	7.9
Eye (65091-68899)	153	1.3	12,738	3.8
Ear (69000-69979)	185	1.5	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

108 Davis Hospital & Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	1,337	11.7	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,192	10.4	5.51
4525	CLO [ENDO] BX LG INTESTINE	747	6.5	2.37
4542	ENDO POLYPECTOMY LG INTESTINE	636	5.6	4.79
4292	DILAT ESOPH	322	2.8	1.38
8511	CLO [PERCUT] [NEEDLE] BX BREAST	247	2.2	0.47
5123	LAP CHOLEY	230	2.0	2.02
3722	LT HEART CARD CATH	179	1.6	0.90
283	TONSILLECTOMY W/ADENOIDECTOMY	151	1.3	1.93
3723	COMBO RT & LT HEART CARD CATH	141	1.2	0.52
2169	OTH TURBINECTOMY	135	1.2	0.77
8026	ARTHSCPY-KNEE	134	1.2	0.25
2188	OTH SEPTOPLASTY	120	1.1	0.50
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	116	1.0	0.80
8021	ARTHSCPY-SHLDR	114	1.0	0.17
0392	INJ OTH AGENT SPINAL CANAL	111	1.0	2.30
4836	[ENDO] POLYPECTOMY RECTUM	108	0.9	1.34
6859	OTH VAG HYST	108	0.9	0.11
282	TONSILLECTOMY WO ADENOIDECTOMY	101	0.9	0.53
0391	INJ ANES SPINAL CANAL-ANALGESIA	100	0.9	1.85

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,331	11.0	6.69
43239	UGI ENDO; W/BX 1/MX	1,205	10.0	6.02
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,183	9.8	6.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	362	3.0	2.16
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	312	2.6	0.98
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	198	1.6	0.26
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	183	1.5	0.74
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	153	1.3	0.53
29581	29581	135	1.1	0.35
30140	SUBMUCOS RES TURBINATE PART/CMPL	131	1.1	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	122	1.0	0.77
52332	CYSTOURETHROSCOPY W/INSRT STENT	122	1.0	0.73
47562	LAPAROSCOPY SURGICAL; CHOLECT	119	1.0	0.91
36416	COLLECTON CAPILLARY BLOOD SPECIM	117	1.0	0.66
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	113	0.9	0.47
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	110	0.9	1.18
42820	T&A; UNDER AGE 12	109	0.9	1.56
57288	SLING OPERATION STRESS INCONTINE	106	0.9	0.44
29826	SCOPE SHOULDER; DECOMP SUBACROM	103	0.9	1.15
29881	SCOPE KNEE SURG;W/MENISCECT MED/	95	0.8	1.47

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		7,081	\$4,855	\$4,864
4523	COLONOSCOPY	1,263	\$1,686	\$1,265
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	770	\$2,098	\$1,852
4525	CLO [ENDO] BX LG INTESTINE	561	\$2,250	\$1,909
4542	ENDO POLYPECTOMY LG INTESTINE	454	\$2,623	\$1,760
8511	CLO [PERCUT] [NEEDLE] BX BREAST	234	\$2,739	\$2,779
5123	LAP CHOLEY	208	\$7,427	\$8,201
3722	LT HEART CARD CATH	135	\$20,678	\$10,333
3723	COMBO RT & LT HEART CARD CATH	132	\$14,328	\$10,823
283	TONSILLECTOMY W/ADENOIDECTOMY	130	\$3,038	\$3,273
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	105	\$1,558	\$1,961
8026	ARTHSCPY-KNEE	101	\$6,652	\$6,835
282	TONSILLECTOMY WO ADENOIDECTOMY	83	\$3,118	\$3,403
6823	ENDOMETRIAL ABLATION	80	\$5,632	\$6,965
3893	VENOUS CATH-NEC	53	\$4,109	\$5,207
2001	MYRINGOTOMY W/INSRT TUBE	52	\$2,234	\$2,548
0331	SPINAL TAP	50	\$2,248	\$2,562
4836	[ENDO] POLYPECTOMY RECTUM	50	\$2,312	\$1,609
560	TRANSURETH REMOV OBST URETER-PELV	49	\$8,342	\$6,448
4513	OTH ENDO SM INTESTINE	48	\$1,774	\$1,505
4701	LAP APPENDECTOMY	48	\$7,019	\$10,495

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		7,498	\$4,248	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,256	\$1,683	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	891	\$2,175	\$1,698
43239	UGI ENDO; W/BX 1/MX	770	\$2,088	\$1,799
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	165	\$3,960	\$3,715
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	150	\$2,579	\$1,840
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	146	\$11,417	\$11,434
29581	29581	127	\$2,624	\$1,441
36416	COLLECTON CAPILLARY BLOOD SPECIM	117	\$239	\$168
47562	LAPAROSCOPY SURGICAL; CHOLECT	110	\$6,705	\$7,363
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	104	\$8,318	\$8,835
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	101	\$1,393	\$1,576
42820	T&A; UNDER AGE 12	92	\$2,945	\$3,185
58340	CATH&INTRO SALINE/CONTRAST SIS/H	92	\$805	\$1,013
49505	REPR INIT ING HERNIA 5YR/MORE; R	78	\$4,541	\$5,632
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	74	\$5,652	\$7,533
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	73	\$3,144	\$3,512
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	68	\$4,164	\$3,589
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	66	\$1,335	\$1,590
29881	SCOPE KNEE SURG;W/MENISCECT MED/	61	\$5,535	\$4,987
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	57	\$6,042	\$7,076

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	198	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	15	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	7	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	27	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	86	4,645
	012 LEVEL I SKIN REPAIR	1	23
	013 LEVEL II SKIN REPAIR	56	875
	014 LEVEL III SKIN REPAIR	2	247
02	BREAST PROCEDURES	36	1,671
	020 LEVEL I BREAST PROCEDURES	35	1,627
	021 LEVEL II BREAST PROCEDURES	1	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,599	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	140	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	70	2,286
	033 LEVEL I HAND PROCEDURES	57	3,806
	034 LEVEL II HAND PROCEDURES	9	1,210
	035 LEVEL I FOOT PROCEDURES	76	6,177
	036 LEVEL II FOOT PROCEDURES	35	1,830
	037 LEVEL I ARTHROSCOPY	465	23,401
	038 LEVEL II ARTHROSCOPY	107	5,474
	039 REPLACEMENT OF CAST	26	146
	040 SPLINT, STRAPPING AND CAST REMOVAL	212	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	152	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	475
	045 BUNION PROCEDURES	37	1,762
	046 LEVEL I ARTHROPLASTY	6	650
	047 LEVEL II ARTHROPLASTY	2	144
	048 HAND AND FOOT TENOTOMY	3	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	134	2,711
04	RESPIRATORY PROCEDURES	379	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	100	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	46	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	203	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	30	2,429
05	CARDIOVASCULAR PROCEDURES	354	11,503
	081 ECHOCARDIOGRAPHY	44	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	32	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	82	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	77	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	20	445

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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			
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	35	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	28	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	143
	092 RESUSCITATION	2	19
	097 AICD IMPLANT	22	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	210	4,562
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	29
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	183	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,702	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	18	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,286	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	366	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,519	45,397
	137 THERAPEUTIC COLONOSCOPY	458	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	41	2,105
	139 LEVEL I HERNIA REPAIR	153	5,686
	140 LEVEL II HERNIA REPAIR	49	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	12	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	37	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	13	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	119
	145 LEVEL I LAPAROSCOPY	63	2,342
	146 LEVEL II LAPAROSCOPY	288	7,903
	147 LEVEL III LAPAROSCOPY	348	7,188
	148 LEVEL IV LAPAROSCOPY	23	184
08	GENITOURINARY SYSTEM PROCEDURES	563	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	198	880
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	186	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	175	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	205
09	MALE REPRODUCTIVE SYSTEM	104	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	1,477
	181 CIRCUMCISION	23	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	56	1,446
10	FEMALE REPRODUCTIVE SYSTEM	652	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	75	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	87	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	251	2,229
	199 DILATION AND CURETTAGE	10	518

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	200 HYSTEROSCOPY	216	2,466
	201 COLPOSCOPY	13	654
11	NEUROLOGIC SYSTEM PROCEDURES	501	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	130	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	7	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	220
	217 LEVEL I NERVE PROCEDURES	112	4,176
	218 LEVEL II NERVE PROCEDURES	8	1,051
	219 SPINAL TAP	53	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	112	11,336
	221 LAMINOTOMY AND LAMINECTOMY	58	2,387
	223 LEVEL III NERVE PROCEDURES	19	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	153	12,660
	232 LASER EYE PROCEDURES	1	549
	233 CATARACT PROCEDURES	57	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	237
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	66	1,752
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	973	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	323	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	59	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	162	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	131	3,301
	256 TONSIL AND ADENOID PROCEDURES	298	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	142	\$4,273	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	14	\$3,477	\$4,844
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$3,898	\$5,133
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$3,899	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	54	\$3,931	\$4,207
	013 LEVEL II SKIN REPAIR	52	\$5,009	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$3,523	\$7,376
02	BREAST PROCEDURES	27	\$4,432	\$4,831
	020 LEVEL I BREAST PROCEDURES	26	\$4,504	\$4,723
	021 LEVEL II BREAST PROCEDURES	1	\$2,566	\$8,864
03	MUSCULOSKELETAL SYSTEM PROCEDURES	803	\$5,586	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$6,400	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	\$7,897	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$12,133	\$10,524
	033 LEVEL I HAND PROCEDURES	32	\$3,813	\$3,410
	034 LEVEL II HAND PROCEDURES	6	\$7,221	\$6,046
	035 LEVEL I FOOT PROCEDURES	16	\$3,823	\$4,184
	036 LEVEL II FOOT PROCEDURES	17	\$7,958	\$8,885
	037 LEVEL I ARTHROSCOPY	146	\$6,354	\$5,096
	038 LEVEL II ARTHROSCOPY	23	\$15,400	\$13,106
	039 REPLACEMENT OF CAST	25	\$2,691	\$4,045
	040 SPLINT, STRAPPING AND CAST REMOVAL	197	\$2,400	\$1,449
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$3,295	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	108	\$12,175	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	\$2,642	\$3,818
	045 BUNION PROCEDURES	17	\$5,500	\$6,420
	046 LEVEL I ARTHROPLASTY	3	\$9,172	\$9,598
	047 LEVEL II ARTHROPLASTY	1	\$25,668	\$23,125
	048 HAND AND FOOT TENOTOMY	1	\$2,082	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	114	\$1,458	\$1,654
04	RESPIRATORY PROCEDURES	128	\$2,705	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	95	\$2,424	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,833	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	11	\$4,790	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	16	\$2,514	\$3,105
05	CARDIOVASCULAR PROCEDURES	156	\$16,417	\$18,123
	081 ECHOCARDIOGRAPHY	30	\$25,782	\$20,742
	083 PLACEMENT OF TRANSVENOUS CATHETERS	77	\$6,730	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	13	\$36,453	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	17	\$31,575	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$16,231	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$14,779	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	5	\$7,718	\$10,145
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$4,962	\$8,315
	092 RESUSCITATION	1	\$242	\$10,486



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

108 Davis Hospital & Medical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	Procedure EAPG			
	097 AICD IMPLANT	3	\$23,446	\$49,564
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	180	\$4,424	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	165	\$3,960	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$9,526	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,942	\$2,840	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	17	\$1,671	\$2,775
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,096	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$1,500	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$1,352	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	827	\$2,075	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	48	\$2,018	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,149	\$1,887	\$1,465
	137 THERAPEUTIC COLONOSCOPY	192	\$2,504	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$7,511	\$6,191
	139 LEVEL I HERNIA REPAIR	124	\$4,222	\$5,188
	140 LEVEL II HERNIA REPAIR	30	\$4,352	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	7	\$3,328	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	32	\$4,446	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$4,578	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$5,930	\$8,862
	145 LEVEL I LAPAROSCOPY	26	\$5,547	\$6,523
	146 LEVEL II LAPAROSCOPY	229	\$7,168	\$8,651
	147 LEVEL III LAPAROSCOPY	212	\$8,714	\$9,502
	148 LEVEL IV LAPAROSCOPY	19	\$13,389	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	272	\$8,603	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	146	\$11,417	\$11,434
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	56	\$4,861	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	68	\$5,789	\$6,114
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$3,700	\$2,387
09	MALE REPRODUCTIVE SYSTEM	89	\$7,444	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	20	\$5,011	\$3,472
	181 CIRCUMCISION	18	\$4,585	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	51	\$9,407	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	281	\$6,244	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	27	\$3,792	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	16	\$6,635	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	108	\$8,159	\$8,297
	199 DILATION AND CURETTAGE	5	\$3,363	\$3,922
	200 HYSTEROSCOPY	116	\$5,362	\$6,149
	201 COLPOSCOPY	9	\$2,902	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	337	\$3,571	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	107	\$1,297	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$7,711	\$12,644
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$8,032	\$16,600
	217 LEVEL I NERVE PROCEDURES	62	\$3,764	\$3,955

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	218 LEVEL II NERVE PROCEDURES	2	\$20,401	\$22,021
	219 SPINAL TAP	52	\$2,240	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	65	\$1,515	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	40	\$9,505	\$12,191
	223 LEVEL III NERVE PROCEDURES	5	\$32,833	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	130	\$6,693	\$4,277
	232 LASER EYE PROCEDURES	1	\$9,362	\$825
	233 CATARACT PROCEDURES	49	\$5,808	\$4,092
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$12,496	\$4,703
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$6,953	\$4,558
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	4	\$7,643	\$9,262
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	64	\$7,360	\$7,259
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$2,838	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$7,227	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	479	\$5,010	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	107	\$2,453	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	24	\$4,177	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	28	\$8,793	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	106	\$10,704	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	214	\$3,066	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,745	56.0	141,642	53.9
Male	4,506	44.0	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	101	1.0	1,613	0.6
29-365 days	33	0.3	2,902	1.1
1-4 years	155	1.5	11,446	4.4
5-9	117	1.1	7,208	2.7
10-14	100	1.0	5,295	2.0
15-17	169	1.6	5,309	2.0
18-19	132	1.3	3,821	1.5
20-24	419	4.1	10,434	4.0
25-29	512	5.0	12,230	4.7
30-34	707	6.9	14,877	5.7
35-39	647	6.3	14,643	5.6
40-44	709	6.9	14,871	5.7
45-49	791	7.7	17,304	6.6
50-54	1,337	13.0	30,494	11.6
55-59	1,107	10.8	26,436	10.1
60-64	971	9.5	24,041	9.1
65-69	776	7.6	20,003	7.6
70-74	534	5.2	15,679	6.0
75-79	459	4.5	11,976	4.6
80-84	316	3.1	7,762	3.0
85-89	125	1.2	3,511	1.3
90 +	34	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	9,835	95.9	106,152	40.4
Clinic Referral	380	3.7	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	1	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	1	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	4	0.0	930	0.4
Not Reported	30	0.3	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	10,217	99.7	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	11	0.1	203	0.1
Intermediate Care Facility	1	0.0	16	0.0
Another Type of Institution	1	0.0	120	0.0
Under Care of Home Service	7	0.1	303	0.1
Left Against Medical Advice	2	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	11	0.1	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,381	23.2	62,882	23.9
Medicaid	379	3.7	19,964	7.6
Other government	1,074	10.5	6,019	2.3
Blue Cross/Blue Shield	1,577	15.4	33,344	12.7
Other Commercial	551	5.4	17,383	6.6
Managed Care(HMO, PPO)	4,217	41.1	114,999	43.7
Self Pay	29	0.3	3,241	1.2
Industrial & Worker Comp	36	0.4	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	7	0.1	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	108	1.1	18,464	7.0
Central Utah	5	0.0	9,378	3.6
Davis County	8,170	79.7	28,404	10.8
Salt Lake County	145	1.4	89,757	34.1
Southeastern Utah	7	0.1	5,550	2.1
Southwest Utah	3	0.0	16,470	6.3
Summit County	7	0.1	4,120	1.6
Tooele County	12	0.1	6,638	2.5
Tri-County	10	0.1	6,537	2.5
Utah County	25	0.2	39,778	15.1
Wasatch County	3	0.0	2,138	0.8
Weber County	1,661	16.2	21,938	8.3
Unknown Utah	2	0.0	15	0.0
Outside Utah	85	0.8	13,675	5.2
Unknown, Not Reported	8	0.1	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	627	100.0	347,183	100.0
Mastectomy (85.0-85.99)	4	0.6	8,605	2.5
Musculoskeletal (76.0-84.99)	10	1.6	70,411	20.3
Respiratory (30.0-34.99)	1	0.2	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	1	0.2	3,288	0.9
Digestive System (42.0-54.99)	328	52.3	111,878	32.2
Urinary (55.0-59.99)	0	0.0	12,077	3.5
Male Genital (60.0-64.99)	5	0.8	4,124	1.2
Female Genital (65.0-71.99)	26	4.1	16,165	4.7
Endocrine/Nervous (01.0-07.99)	0	0.0	27,062	7.8
Eye (08.0-16.99)	132	21.1	22,328	6.4
Ear (18.0-20.99)	62	9.9	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	58	9.3	30,939	8.9
Reporting Category(CPT-4 CODES)	521	100.0	337,317	100.0
Mastectomy (19120-19220)	2	0.4	1,627	0.5
Musculoskeletal (20000-29909)	11	2.1	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	1	0.2	4,663	1.4
Digestive (40490-49999)	374	71.8	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	4	0.8	4,044	1.2
Female Genital (56405-58999)	22	4.2	15,380	4.6
Endocrine/Nervous (60000-64999)	0	0.0	26,532	7.9
Eye (65091-68899)	75	14.4	12,738	3.8
Ear (69000-69979)	32	6.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		627	100.0	100.0
4523	COLONOSCOPY	117	18.7	7.08
4836	[ENDO] POLYPECTOMY RECTUM	58	9.3	1.34
1341	PHACOEMULSIFICATION-ASPIR CATARACT	57	9.1	1.57
2001	MYRINGOTOMY W/INSRT TUBE	57	9.1	3.17
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	56	8.9	1.60
4542	ENDO POLYPECTOMY LG INTESTINE	52	8.3	4.79
283	TONSILLECTOMY W/ADENOIDECTOMY	51	8.1	1.93
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	38	6.1	5.51
1364	DISCISSION SECNDRY MEMBRN	14	2.2	0.11
4525	CLO [ENDO] BX LG INTESTINE	11	1.8	2.37
5123	LAP CHOLEY	11	1.8	2.02
4824	CLO [ENDO] BX RECTUM	8	1.3	0.48
6823	ENDOMETRIAL ABLATION	7	1.1	0.42
6909	OTH D&C UTERUS	7	1.1	0.41
5303	UNILAT REPR DIRECT ING HERN-GFT	6	1.0	0.24
201	REMOV TYMPANOSTOMY TUBE	5	0.8	0.12
4513	OTH ENDO SM INTESTINE	5	0.8	1.48
6902	D&C FOLLOWING DELIV/AB	5	0.8	0.13
5349	OTH UMB HERNIORRHAPHY	4	0.6	0.28
4701	LAP APPENDECTOMY	3	0.5	0.38

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		521	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	115	22.1	6.69
45380	COLONOSCOPY FLEX; W/BX 1/MX	98	18.8	6.63
66984	EXTRACAPSULAR CATARACT REMV IOL	54	10.4	1.63
42820	T&A; UNDER AGE 12	39	7.5	1.56
43239	UGI ENDO; W/BX 1/MX	38	7.3	6.02
69436	TYMPANOSTOMY GENERAL ANESTHESIA	29	5.6	1.71
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	16	3.1	2.16
66821	DISCISSION 2ND CATARACT; LASER S	14	2.7	0.12
42821	T&A; AGE 12 OR OVER	12	2.3	0.42
47562	LAPAROSCOPY SURGICAL; CHOLECT	10	1.9	0.91
58120	DILATION & CURET DX &/ THERAPEUT	8	1.5	0.15
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	6	1.2	0.31
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5	1.0	1.13
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	0.8	0.72
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	4	0.8	0.12
28296	HALLUX VALGUS; W/METATARSAL OSTE	3	0.6	0.23
44950	APPENDECTOMY;	3	0.6	0.01
44970	LAPAROSCOPY SURGICAL APPENDECTOM	3	0.6	0.34
49507	REPR INIT ING HERNIA > 5YR; INCA	3	0.6	0.04
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	3	0.6	0.14

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	344	\$2,580	\$4,864
4523	COLONOSCOPY	103	\$1,468	\$1,265
283	TONSILLECTOMY W/ADENOIDECTOMY	50	\$3,488	\$3,273
4836	[ENDO] POLYPECTOMY RECTUM	36	\$1,710	\$1,609
4542	ENDO POLYPECTOMY LG INTESTINE	28	\$1,810	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	22	\$1,699	\$1,852
1364	DISCISSION SECNDRY MEMBRN	13	\$1,187	\$732
5123	LAP CHOLEY	10	\$6,329	\$8,201
4525	CLO [ENDO] BX LG INTESTINE	8	\$1,899	\$1,909
6823	ENDOMETRIAL ABLATION	7	\$6,801	\$6,965
6909	OTH D&C UTERUS	7	\$3,551	\$4,052
5303	UNILAT REPR DIRECT ING HERN-GFT	5	\$5,520	\$5,834
6902	D&C FOLLOWING DELIV/AB	5	\$3,200	\$3,869
4824	CLO [ENDO] BX RECTUM	4	\$1,625	\$1,770
4709	OTH APPENDECTOMY	3	\$6,768	\$6,485
5349	OTH UMB HERNIORRHAPHY	3	\$3,800	\$4,205
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	3	\$4,224	\$5,679
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$3,070	\$3,403
4513	OTH ENDO SM INTESTINE	2	\$1,406	\$1,505
4701	LAP APPENDECTOMY	2	\$6,995	\$10,495
5305	UNILAT REPR ING HERN-GFT-NOS	2	\$7,386	\$6,294

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	420	\$2,624	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	101	\$1,470	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	82	\$1,808	\$1,698
66984	EXTRACAPSULAR CATARACT REMV IOL	52	\$3,700	\$4,069
42820	T&A; UNDER AGE 12	38	\$3,466	\$3,185
69436	TYMPANOSTOMY GENERAL ANESTHESIA	27	\$1,638	\$1,779
43239	UGI ENDO; W/BX 1/MX	21	\$1,678	\$1,799
66821	DISCISSION 2ND CATARACT; LASER S	13	\$1,187	\$750
42821	T&A; AGE 12 OR OVER	12	\$3,556	\$3,658
47562	LAPAROSCOPY SURGICAL; CHOLECT	9	\$6,111	\$7,363
58120	DILATION & CURET DX &/ THERAPEUT	6	\$3,498	\$3,922
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	6	\$6,804	\$7,533
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	\$1,794	\$1,840
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	4	\$4,521	\$5,385
44950	APPENDECTOMY;	3	\$6,768	\$7,277
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	\$6,234	\$5,632
49507	REPR INIT ING HERNIA > 5YR; INCA	3	\$6,908	\$6,113
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	3	\$4,224	\$5,516
69424	VENTILATING TUBE REMV RQR GEN AN	3	\$1,689	\$2,106
19120	EXC BRST CYST TUMR/LES OPN M/F 1	2	\$3,204	\$4,414
28296	HALLUX VALGUS; W/METATARSAL OSTE	2	\$8,857	\$6,126

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	6	10,274
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	148
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	4,645
02	BREAST PROCEDURES	2	1,671
	020 LEVEL I BREAST PROCEDURES	2	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	7	66,722
	033 LEVEL I HAND PROCEDURES	1	3,806
	035 LEVEL I FOOT PROCEDURES	2	6,177
	045 BUNION PROCEDURES	4	1,762
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	4,562
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	319	118,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	43	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	214	45,397
	137 THERAPEUTIC COLONOSCOPY	17	9,233
	139 LEVEL I HERNIA REPAIR	14	5,686
	140 LEVEL II HERNIA REPAIR	5	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,074
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	119
	145 LEVEL I LAPAROSCOPY	2	2,342
	146 LEVEL II LAPAROSCOPY	16	7,903
	147 LEVEL III LAPAROSCOPY	1	7,188
09	MALE REPRODUCTIVE SYSTEM	4	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,477
	181 CIRCUMCISION	2	967
10	FEMALE REPRODUCTIVE SYSTEM	16	9,203
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,849
	199 DILATION AND CURETTAGE	8	518
	200 HYSTEROSCOPY	7	2,466
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	75	12,660
	232 LASER EYE PROCEDURES	14	549
	233 CATARACT PROCEDURES	58	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	141
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	942
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	88	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	30	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	1,514
	256 TONSIL AND ADENOID PROCEDURES	54	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	3	\$3,273	\$4,301
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,065	\$3,432
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$4,048	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,707	\$4,207
02	BREAST PROCEDURES	2	\$3,204	\$4,831
	020 LEVEL I BREAST PROCEDURES	2	\$3,204	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4	\$6,992	\$6,029
	035 LEVEL I FOOT PROCEDURES	2	\$5,128	\$4,184
	045 BUNION PROCEDURES	2	\$8,857	\$6,420
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$3,100	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,100	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	245	\$2,188	\$3,066
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	23	\$1,655	\$1,782
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	184	\$1,623	\$1,465
	137 THERAPEUTIC COLONOSCOPY	5	\$1,794	\$1,880
	139 LEVEL I HERNIA REPAIR	10	\$4,980	\$5,188
	140 LEVEL II HERNIA REPAIR	4	\$6,049	\$6,288
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$6,768	\$8,862
	145 LEVEL I LAPAROSCOPY	1	\$6,146	\$6,523
	146 LEVEL II LAPAROSCOPY	14	\$5,833	\$8,651
	147 LEVEL III LAPAROSCOPY	1	\$8,296	\$9,502
09	MALE REPRODUCTIVE SYSTEM	4	\$2,987	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$3,056	\$3,472
	181 CIRCUMCISION	2	\$2,917	\$2,393
10	FEMALE REPRODUCTIVE SYSTEM	13	\$4,959	\$5,677
	199 DILATION AND CURETTAGE	6	\$3,498	\$3,922
	200 HYSTEROSCOPY	7	\$6,212	\$6,149
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	66	\$3,218	\$4,277
	232 LASER EYE PROCEDURES	13	\$1,187	\$825
	233 CATARACT PROCEDURES	53	\$3,717	\$4,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	82	\$2,803	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	27	\$1,638	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$1,689	\$3,767
	256 TONSIL AND ADENOID PROCEDURES	52	\$3,472	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	244	50.8	141,642	53.9
Male	236	49.2	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	16	3.3	2,902	1.1
1-4 years	35	7.3	11,446	4.4
5-9	24	5.0	7,208	2.7
10-14	8	1.7	5,295	2.0
15-17	7	1.5	5,309	2.0
18-19	4	0.8	3,821	1.5
20-24	12	2.5	10,434	4.0
25-29	12	2.5	12,230	4.7
30-34	14	2.9	14,877	5.7
35-39	8	1.7	14,643	5.6
40-44	19	4.0	14,871	5.7
45-49	24	5.0	17,304	6.6
50-54	53	11.0	30,494	11.6
55-59	47	9.8	26,436	10.1
60-64	41	8.5	24,041	9.1
65-69	53	11.0	20,003	7.6
70-74	37	7.7	15,679	6.0
75-79	23	4.8	11,976	4.6
80-84	31	6.5	7,762	3.0
85-89	8	1.7	3,511	1.3
90 +	4	0.8	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	223	46.5	106,152	40.4
Clinic Referral	257	53.5	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	479	99.8	262,109	99.7
Another Hospital	1	0.2	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	161	33.5	62,882	23.9
Medicaid	56	11.7	19,964	7.6
Other government	7	1.5	6,019	2.3
Blue Cross/Blue Shield	40	8.3	33,344	12.7
Other Commercial	99	20.6	17,383	6.6
Managed Care(HMO, PPO)	101	21.0	114,999	43.7
Self Pay	5	1.0	3,241	1.2
Industrial & Worker Comp	2	0.4	3,157	1.2
Charity and Unclassified	1	0.2	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	8	1.7	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	464	96.7	9,378	3.6
Davis County	1	0.2	28,404	10.8
Salt Lake County	0	0.0	89,757	34.1
Southeastern Utah	1	0.2	5,550	2.1
Southwest Utah	1	0.2	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	2	0.4	6,537	2.5
Utah County	3	0.6	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	8	1.7	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	19,894	100.0	347,183	100.0
Mastectomy (85.0-85.99)	443	2.2	8,605	2.5
Musculoskeletal (76.0-84.99)	3,685	18.5	70,411	20.3
Respiratory (30.0-34.99)	298	1.5	3,243	0.9
Cardiovascular (35.0-39.99)	2,119	10.7	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	184	0.9	3,288	0.9
Digestive System (42.0-54.99)	3,989	20.1	111,878	32.2
Urinary (55.0-59.99)	950	4.8	12,077	3.5
Male Genital (60.0-64.99)	258	1.3	4,124	1.2
Female Genital (65.0-71.99)	1,643	8.3	16,165	4.7
Endocrine/Nervous (01.0-07.99)	3,569	17.9	27,062	7.8
Eye (08.0-16.99)	17	0.1	22,328	6.4
Ear (18.0-20.99)	904	4.5	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,835	9.2	30,939	8.9
Reporting Category(CPT-4 CODES)	15,830	100.0	337,317	100.0
Mastectomy (19120-19220)	99	0.6	1,627	0.5
Musculoskeletal (20000-29909)	3,562	22.5	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	1,090	6.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	648	4.1	21,776	6.5
Lymphatic/Hemetic (38100-38999)	167	1.1	4,663	1.4
Digestive (40490-49999)	4,503	28.4	129,848	38.5
Urinary (50010-53899)	888	5.6	16,024	4.8
Male Genital (54000-55899)	164	1.0	4,044	1.2
Female Genital (56405-58999)	1,357	8.6	15,380	4.6
Endocrine/Nervous (60000-64999)	2,867	18.1	26,532	7.9
Eye (65091-68899)	9	0.1	12,738	3.8
Ear (69000-69979)	476	3.0	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	1,116	5.6	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	1,100	5.5	1.85
2001	MYRINGOTOMY W/INSRT TUBE	731	3.7	3.17
4523	COLONOSCOPY	673	3.4	7.08
3722	LT HEART CARD CATH	578	2.9	0.90
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	553	2.8	5.51
283	TONSILLECTOMY W/ADENOIDECTOMY	468	2.4	1.93
4542	ENDO POLYPECTOMY LG INTESTINE	440	2.2	4.79
4513	OTH ENDO SM INTESTINE	369	1.9	1.48
3723	COMBO RT & LT HEART CARD CATH	358	1.8	0.52
806	EXC SEMILUNAR CARTILAGE-KNEE	344	1.7	1.57
5123	LAP CHOLEY	317	1.6	2.02
0481	INJ ANES PERIPH NERV-ANALGESIA	281	1.4	0.33
0489	INJ NON-NEUROLYTIC PERIPH NERV	279	1.4	0.17
0443	RELEASE CARPAL TUNNEL	234	1.2	0.96
8363	ROTATOR CUFF REPR	233	1.2	0.73
4292	DILAT ESOPH	209	1.1	1.38
6851	LAP ASSIST VAG HYST [LAVH]	207	1.0	0.15
3607	INSERTION RX-ELUTING COR ART STENT	200	1.0	0.34
4525	CLO [ENDO] BX LG INTESTINE	190	1.0	2.37

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	671	4.2	1.01
43239	UGI ENDO; W/BX 1/MX	545	3.4	6.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	470	3.0	6.69
45380	COLONOSCOPY FLEX; W/BX 1/MX	434	2.7	6.63
69436	TYMPANOSTOMY GENERAL ANESTHESIA	368	2.3	1.71
42820	T&A; UNDER AGE 12	350	2.2	1.56
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	280	1.8	1.18
29826	SCOPE SHOULDER; DECOMP SUBACROM	273	1.7	1.15
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	263	1.7	1.13
29881	SCOPE KNEE SURG;W/MENISCECT MED/	255	1.6	1.47
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	235	1.5	2.16
64493	64493	231	1.5	0.25
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	224	1.4	0.93
64623	DESTRUC FACET JT NRV; L/S-EA AD	219	1.4	0.35
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	214	1.4	0.28
41899	UNLIST PROC DENTOALVEOL STRUCTUR	196	1.2	0.79
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	193	1.2	0.63
57288	SLING OPERATION STRESS INCONTINE	189	1.2	0.44
64494	64494	187	1.2	0.19
30140	SUBMUCOS RES TURBINATE PART/CMPL	177	1.1	0.74

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		7,138	\$5,234	\$4,864
4523	COLONOSCOPY	557	\$908	\$1,265
3722	LT HEART CARD CATH	418	\$8,340	\$10,333
283	TONSILLECTOMY W/ADENOIDECTOMY	375	\$3,095	\$3,273
4542	ENDO POLYPECTOMY LG INTESTINE	331	\$1,329	\$1,760
3723	COMBO RT & LT HEART CARD CATH	313	\$10,532	\$10,823
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	288	\$1,729	\$1,852
5123	LAP CHOLEY	269	\$6,560	\$8,201
2349	OTH DENTAL RESTORATION	174	\$2,867	\$3,493
4513	OTH ENDO SM INTESTINE	160	\$1,107	\$1,505
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	137	\$1,642	\$1,961
042	DESTRUC CRANIAL & PERIPH NERV	119	\$2,408	\$6,158
0443	RELEASE CARPAL TUNNEL	114	\$2,514	\$2,934
4525	CLO [ENDO] BX LG INTESTINE	91	\$1,271	\$1,909
806	EXC SEMILUNAR CARTILAGE-KNEE	88	\$4,222	\$5,149
8363	ROTATOR CUFF REPR	88	\$9,702	\$12,165
8521	LOC EXC LES BREAST	88	\$4,508	\$4,424
6952	ASPIR CURET FOLLOWING DELIV/AB	84	\$2,821	\$3,495
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	81	\$13,094	\$17,603
5011	CLO [PERCUT] [NEEDLE] BX LIVER	78	\$3,505	\$3,128
4701	LAP APPENDECTOMY	64	\$8,875	\$10,495

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		7,287	\$4,223	\$4,353
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	647	\$1,348	\$1,590
45378	COLONOSCOPY FLEX; DX-SEP PROC	376	\$918	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	299	\$1,298	\$1,698
43239	UGI ENDO; W/BX 1/MX	282	\$1,716	\$1,799
42820	T&A; UNDER AGE 12	272	\$3,026	\$3,185
69436	TYMPANOSTOMY GENERAL ANESTHESIA	253	\$1,554	\$1,779
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	243	\$6,434	\$8,835
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	207	\$1,335	\$1,787
41899	UNLIST PROC DENTOALVEOL STRUCTUR	194	\$2,935	\$3,672
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	193	\$1,346	\$1,825
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	179	\$1,346	\$1,840
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	154	\$1,088	\$1,340
29881	SCOPE KNEE SURG;W/MENISCECT MED/	120	\$4,179	\$4,987
49505	REPR INIT ING HERNIA 5YR/MORE; R	106	\$5,012	\$5,632
42821	T&A; AGE 12 OR OVER	101	\$3,282	\$3,658
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	95	\$2,469	\$3,049
20680	REMOVAL OF IMPLANT; DEEP	83	\$3,561	\$4,387
19120	EXC BRST CYST TUMR/LES OPN M/F 1	79	\$4,511	\$4,414
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	64	\$3,458	\$2,818
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	57	\$1,263	\$1,576

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	410	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	83	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	9	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	92	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	168	4,645
	013 LEVEL II SKIN REPAIR	5	875
	014 LEVEL III SKIN REPAIR	44	247
02	BREAST PROCEDURES	102	1,671
	020 LEVEL I BREAST PROCEDURES	99	1,627
	021 LEVEL II BREAST PROCEDURES	3	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,151	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	117	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	179	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	115	2,286
	033 LEVEL I HAND PROCEDURES	183	3,806
	034 LEVEL II HAND PROCEDURES	89	1,210
	035 LEVEL I FOOT PROCEDURES	197	6,177
	036 LEVEL II FOOT PROCEDURES	75	1,830
	037 LEVEL I ARTHROSCOPY	1,230	23,401
	038 LEVEL II ARTHROSCOPY	320	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	23	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	31	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	293	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	475
	045 BUNION PROCEDURES	67	1,762
	046 LEVEL I ARTHROPLASTY	59	650
	047 LEVEL II ARTHROPLASTY	5	144
	048 HAND AND FOOT TENOTOMY	9	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	144	2,711
04	RESPIRATORY PROCEDURES	823	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	163	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	94	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	376	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	190	2,429
05	CARDIOVASCULAR PROCEDURES	507	11,503
	081 ECHOCARDIOGRAPHY	27	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	19	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	31	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	117	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	60	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	92	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	18	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	110	3,049

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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			
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	16	143
	097 AICD IMPLANT	12	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	125	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	8	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	117	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,040	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	89	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	53	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	36	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	828	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	239	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	921	45,397
	137 THERAPEUTIC COLONOSCOPY	258	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	87	2,105
	139 LEVEL I HERNIA REPAIR	275	5,686
	140 LEVEL II HERNIA REPAIR	46	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	24	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	48	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	29	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	7	119
	145 LEVEL I LAPAROSCOPY	100	2,342
	146 LEVEL II LAPAROSCOPY	328	7,903
	147 LEVEL III LAPAROSCOPY	644	7,188
	148 LEVEL IV LAPAROSCOPY	27	184
08	GENITOURINARY SYSTEM PROCEDURES	685	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	29	880
	162 URINARY CATHETERIZATION AND DILATATION	24	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	283	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	268	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	5	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	13	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	63	481
09	MALE REPRODUCTIVE SYSTEM	208	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	64	1,477
	181 CIRCUMCISION	37	967
	182 INSERTION OF PENILE PROSTHESIS	13	75
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	94	1,446
10	FEMALE REPRODUCTIVE SYSTEM	803	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	117	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	358	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	244	2,229
	199 DILATION AND CURETTAGE	29	518
	200 HYSTEROSCOPY	46	2,466
	201 COLPOSCOPY	9	654



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
11	NEUROLOGIC SYSTEM PROCEDURES	2,733	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	904	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	220
	217 LEVEL I NERVE PROCEDURES	308	4,176
	218 LEVEL II NERVE PROCEDURES	107	1,051
	219 SPINAL TAP	13	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,283	11,336
	221 LAMINOTOMY AND LAMINECTOMY	26	2,387
	223 LEVEL III NERVE PROCEDURES	85	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	9	12,660
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	236
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,840	31,882
	250 COCHLEAR DEVICE IMPLANTATION	4	114
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	31
	252 LEVEL I FACIAL AND ENT PROCEDURES	832	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	64	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	210	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	126	3,301
	256 TONSIL AND ADENOID PROCEDURES	603	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	233	\$4,145	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	57	\$5,175	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$375	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$3,295	\$5,133
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,355	\$631
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,214	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	58	\$3,216	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	108	\$4,188	\$4,207
	013 LEVEL II SKIN REPAIR	3	\$3,993	\$4,459
02	BREAST PROCEDURES	82	\$4,742	\$4,831
	020 LEVEL I BREAST PROCEDURES	79	\$4,511	\$4,723
	021 LEVEL II BREAST PROCEDURES	3	\$10,807	\$8,864
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,015	\$5,001	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$4,296	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	\$5,118	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$7,632	\$10,524
	033 LEVEL I HAND PROCEDURES	74	\$3,099	\$3,410
	034 LEVEL II HAND PROCEDURES	20	\$5,748	\$6,046
	035 LEVEL I FOOT PROCEDURES	55	\$3,676	\$4,184
	036 LEVEL II FOOT PROCEDURES	33	\$6,120	\$8,885
	037 LEVEL I ARTHROSCOPY	277	\$4,313	\$5,096
	038 LEVEL II ARTHROSCOPY	48	\$10,489	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	11	\$3,874	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	\$3,007	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	205	\$6,862	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$4,006	\$3,818
	045 BUNION PROCEDURES	29	\$4,915	\$6,420
	046 LEVEL I ARTHROPLASTY	7	\$5,086	\$9,598
	047 LEVEL II ARTHROPLASTY	2	\$9,809	\$23,125
	048 HAND AND FOOT TENOTOMY	1	\$4,510	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	91	\$1,518	\$1,654
04	RESPIRATORY PROCEDURES	199	\$3,725	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	134	\$3,626	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	\$4,046	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	21	\$4,297	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	34	\$3,667	\$3,105
05	CARDIOVASCULAR PROCEDURES	203	\$17,840	\$18,123
	081 ECHOCARDIOGRAPHY	20	\$14,859	\$20,742
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$2,557	\$9,966
	083 PLACEMENT OF TRANSVENOUS CATHETERS	22	\$6,308	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	24	\$19,948	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	56	\$26,745	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	\$42,047	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	\$4,129	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	53	\$7,871	\$10,145

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$5,404	\$8,297
	091 VASCULAR LIGATION AND RECONSTRUCTION	8	\$5,795	\$8,315
	097 AICD IMPLANT	4	\$65,652	\$49,564
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	93	\$8,611	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	\$15,577	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	89	\$8,298	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,396	\$3,142	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$8,332	\$2,775
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	\$964	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	38	\$493	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	26	\$1,092	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	436	\$1,494	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	104	\$1,899	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	677	\$1,087	\$1,465
	137 THERAPEUTIC COLONOSCOPY	185	\$1,369	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	31	\$3,179	\$6,191
	139 LEVEL I HERNIA REPAIR	197	\$4,743	\$5,188
	140 LEVEL II HERNIA REPAIR	18	\$5,808	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	12	\$3,557	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	37	\$4,492	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	17	\$3,761	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	6	\$10,733	\$8,862
	145 LEVEL I LAPAROSCOPY	29	\$5,102	\$6,523
	146 LEVEL II LAPAROSCOPY	172	\$6,314	\$8,651
	147 LEVEL III LAPAROSCOPY	391	\$7,122	\$9,502
	148 LEVEL IV LAPAROSCOPY	14	\$9,791	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	236	\$7,001	\$5,700
	162 URINARY CATHETERIZATION AND DILATATION	3	\$4,320	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	84	\$4,392	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	79	\$5,710	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	4	\$24,130	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	10	\$3,049	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	56	\$12,361	\$15,091
09	MALE REPRODUCTIVE SYSTEM	141	\$7,041	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	34	\$3,609	\$3,472
	181 CIRCUMCISION	22	\$3,200	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	10	\$30,355	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	75	\$6,616	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	159	\$4,735	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	28	\$3,263	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	58	\$5,015	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	40	\$6,578	\$8,297
	199 DILATION AND CURETTAGE	15	\$2,949	\$3,922
	200 HYSTEROSCOPY	17	\$3,461	\$6,149
	201 COLPOSCOPY	1	\$4,435	\$1,107

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
11	NEUROLOGIC SYSTEM PROCEDURES	1,341	\$2,036	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	867	\$1,369	\$1,622
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$11,401	\$16,600
	217 LEVEL I NERVE PROCEDURES	120	\$2,943	\$3,955
	218 LEVEL II NERVE PROCEDURES	31	\$16,010	\$22,021
	219 SPINAL TAP	12	\$2,119	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	281	\$1,459	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	7	\$6,719	\$12,191
	223 LEVEL III NERVE PROCEDURES	20	\$8,859	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3	\$4,003	\$4,277
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$4,003	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,050	\$3,513	\$4,442
	250 COCHLEAR DEVICE IMPLANTATION	4	\$57,639	\$61,157
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$4,948	\$3,473
	252 LEVEL I FACIAL AND ENT PROCEDURES	487	\$2,257	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	35	\$2,807	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	17	\$6,066	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	76	\$10,993	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	430	\$3,063	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	6,690	53.4	141,642	53.9
Male	5,847	46.6	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	107	0.9	2,902	1.1
1-4 years	646	5.2	11,446	4.4
5-9	385	3.1	7,208	2.7
10-14	299	2.4	5,295	2.0
15-17	255	2.0	5,309	2.0
18-19	179	1.4	3,821	1.5
20-24	390	3.1	10,434	4.0
25-29	435	3.5	12,230	4.7
30-34	529	4.2	14,877	5.7
35-39	507	4.0	14,643	5.6
40-44	516	4.1	14,871	5.7
45-49	638	5.1	17,304	6.6
50-54	915	7.3	30,494	11.6
55-59	981	7.8	26,436	10.1
60-64	1,107	8.8	24,041	9.1
65-69	1,378	11.0	20,003	7.6
70-74	1,258	10.0	15,679	6.0
75-79	965	7.7	11,976	4.6
80-84	660	5.3	7,762	3.0
85-89	305	2.4	3,511	1.3
90 +	82	0.7	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	472	3.8	106,152	40.4
Clinic Referral	12,052	96.1	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	11	0.1	200	0.1
Skilled Nursing Facility	2	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	12,486	99.6	262,109	99.7
Another Hospital	3	0.0	126	0.0
Skilled Nursing Facility	4	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	1	0.0	120	0.0
Under Care of Home Service	41	0.3	303	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	4,652	37.1	62,882	23.9
Medicaid	1,076	8.6	19,964	7.6
Other government	159	1.3	6,019	2.3
Blue Cross/Blue Shield	861	6.9	33,344	12.7
Other Commercial	790	6.3	17,383	6.6
Managed Care(HMO, PPO)	4,516	36.0	114,999	43.7
Self Pay	130	1.0	3,241	1.2
Industrial & Worker Comp	204	1.6	3,157	1.2
Charity and Unclassified	45	0.4	775	0.3
Childrens Health Insurance	4	0.0	172	0.1
Unknown	100	0.8	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	22	0.2	18,464	7.0
Central Utah	108	0.9	9,378	3.6
Davis County	18	0.1	28,404	10.8
Salt Lake County	61	0.5	89,757	34.1
Southeastern Utah	24	0.2	5,550	2.1
Southwest Utah	10,760	85.8	16,470	6.3
Summit County	3	0.0	4,120	1.6
Tooele County	2	0.0	6,638	2.5
Tri-County	7	0.1	6,537	2.5
Utah County	27	0.2	39,778	15.1
Wasatch County	4	0.0	2,138	0.8
Weber County	6	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	1,490	11.9	13,675	5.2
Unknown, Not Reported	5	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	190	100.0	347,183	100.0
Mastectomy (85.0-85.99)	0	0.0	8,605	2.5
Musculoskeletal (76.0-84.99)	2	1.1	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,288	0.9
Digestive System (42.0-54.99)	172	90.5	111,878	32.2
Urinary (55.0-59.99)	0	0.0	12,077	3.5
Male Genital (60.0-64.99)	0	0.0	4,124	1.2
Female Genital (65.0-71.99)	4	2.1	16,165	4.7
Endocrine/Nervous (01.0-07.99)	0	0.0	27,062	7.8
Eye (08.0-16.99)	0	0.0	22,328	6.4
Ear (18.0-20.99)	8	4.2	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	4	2.1	30,939	8.9
Reporting Category(CPT-4 CODES)	163	100.0	337,317	100.0
Mastectomy (19120-19220)	0	0.0	1,627	0.5
Musculoskeletal (20000-29909)	3	1.8	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	1	0.6	21,776	6.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,663	1.4
Digestive (40490-49999)	153	93.9	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	0	0.0	4,044	1.2
Female Genital (56405-58999)	1	0.6	15,380	4.6
Endocrine/Nervous (60000-64999)	0	0.0	26,532	7.9
Eye (65091-68899)	0	0.0	12,738	3.8
Ear (69000-69979)	5	3.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		190	100.0	100.0
4523	COLONOSCOPY	72	37.9	7.08
4542	ENDO POLYPECTOMY LG INTESTINE	40	21.1	4.79
4525	CLO [ENDO] BX LG INTESTINE	16	8.4	2.37
4836	[ENDO] POLYPECTOMY RECTUM	10	5.3	1.34
4824	CLO [ENDO] BX RECTUM	9	4.7	0.48
4513	OTH ENDO SM INTESTINE	7	3.7	1.48
5123	LAP CHOLEY	7	3.7	2.02
2001	MYRINGOTOMY W/INSRT TUBE	6	3.2	3.17
283	TONSILLECTOMY W/ADENOIDECTOMY	4	2.1	1.93
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	3	1.6	5.51
5341	REPR UMB HERN W/PROSTH	3	1.6	0.23
201	REMOV TYMPANOSTOMY TUBE	2	1.1	0.12
6902	D&C FOLLOWING DELIV/AB	2	1.1	0.13
4701	LAP APPENDECTOMY	1	0.5	0.38
5303	UNILAT REPR DIRECT ING HERN-GFT	1	0.5	0.24
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	0.5	0.31
5342	5342	1	0.5	0.04
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	1	0.5	0.06
6952	ASPIR CURET FOLLOWING DELIV/AB	1	0.5	0.40
6959	OTH ASPIR CURET UTERUS	1	0.5	0.05

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		163	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	49	30.1	6.69
45380	COLONOSCOPY FLEX; W/BX 1/MX	35	21.5	6.63
45383	COLONOSCOPY FLEX; W/ABLAT LES	25	15.3	0.08
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	12	7.4	2.16
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	7	4.3	1.13
47562	LAPAROSCOPY SURGICAL; CHOLECT	6	3.7	0.91
42820	T&A; UNDER AGE 12	4	2.5	1.56
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4	2.5	1.71
43239	UGI ENDO; W/BX 1/MX	3	1.8	6.02
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	1.2	0.72
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	2	1.2	0.37
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	2	1.2	0.12
49650	LAPARSCPY SURG; REPR INIT ING HE	2	1.2	0.31
28108	EXC BONE CYST/TUMR PHALANGES FOO	1	0.6	0.06
28289	HALLUX RIGIDIS CORR W/CHEILECT M	1	0.6	0.05
28293	HALLUX VALGUS; RES JOINT W/IMPLA	1	0.6	0.02
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	1	0.6	0.74
44970	LAPAROSCOPY SURGICAL APPENDECTOM	1	0.6	0.34
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	1	0.6	1.18
49570	REPR EPIGASTRIC HERN; RDUC-SEP P	1	0.6	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, 2011  
 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	156	\$2,439	\$4,864
4523	COLONOSCOPY	71	\$1,655	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	33	\$2,284	\$1,760
4525	CLO [ENDO] BX LG INTESTINE	11	\$1,956	\$1,909
4824	CLO [ENDO] BX RECTUM	6	\$1,973	\$1,770
5123	LAP CHOLEY	6	\$8,045	\$8,201
283	TONSILLECTOMY W/ADENOIDECTOMY	4	\$4,310	\$3,273
4513	OTH ENDO SM INTESTINE	4	\$1,451	\$1,505
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	3	\$1,479	\$1,852
4836	[ENDO] POLYPECTOMY RECTUM	3	\$1,840	\$1,609
5341	REPR UMB HERN W/PROSTH	3	\$6,027	\$6,191
2001	MYRINGOTOMY W/INSRT TUBE	2	\$2,032	\$2,548
6902	D&C FOLLOWING DELIV/AB	2	\$5,033	\$3,869
5303	UNILAT REPR DIRECT ING HERN-GFT	1	\$8,677	\$5,834
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$5,072	\$5,647
5342	5342	1	\$4,261	\$11,122
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	1	\$3,233	\$6,946
6952	ASPIR CURET FOLLOWING DELIV/AB	1	\$3,355	\$3,495
6959	OTH ASPIR CURET UTERUS	1	\$6,557	\$3,545
7758	OTH EXC-FUSION & REPR TOES	1	\$5,688	\$6,084
7769	LOC EXC LES/TISS-OTH BONE	1	\$3,916	\$5,213

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	136	\$2,491	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	48	\$1,658	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	27	\$2,023	\$1,698
45383	COLONOSCOPY FLEX; W/ABLAT LES	24	\$2,241	\$1,600
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6	\$2,291	\$1,840
47562	LAPAROSCOPY SURGICAL; CHOLECT	5	\$7,400	\$7,363
42820	T&A; UNDER AGE 12	4	\$4,310	\$3,185
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	4	\$1,451	\$1,340
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4	\$2,416	\$1,779
43239	UGI ENDO; W/BX 1/MX	3	\$1,479	\$1,799
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$6,874	\$5,632
49650	LAPARSCPY SURG; REPR INIT ING HE	2	\$4,823	\$9,093
28108	EXC BONE CYST/TUMR PHALANGES FOO	1	\$3,916	\$3,464
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	1	\$11,269	\$8,835
49570	REPR EPIGASTRIC HERN; RDUC-SEP P	1	\$3,233	\$4,199
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	1	\$9,066	\$5,232
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	1	\$5,344	\$5,385
49653	49653	1	\$4,261	\$10,957
69424	VENTILATING TUBE REMV RQR GEN AN	1	\$2,370	\$2,106

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3	66,722
	035 LEVEL I FOOT PROCEDURES	1	6,177
	036 LEVEL II FOOT PROCEDURES	1	1,830
	045 BUNION PROCEDURES	1	1,762
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,545
07	GASTROINTESTINAL SYSTEM PROCEDURES	149	118,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	25,670
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	84	45,397
	137 THERAPEUTIC COLONOSCOPY	37	9,233
	139 LEVEL I HERNIA REPAIR	7	5,686
	146 LEVEL II LAPAROSCOPY	10	7,903
	147 LEVEL III LAPAROSCOPY	1	7,188
10	FEMALE REPRODUCTIVE SYSTEM	1	9,203
	199 DILATION AND CURETTAGE	1	518
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	9	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	4	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,514
	256 TONSIL AND ADENOID PROCEDURES	4	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$3,916	\$6,029
	035 LEVEL I FOOT PROCEDURES	1	\$3,916	\$4,184
07	GASTROINTESTINAL SYSTEM PROCEDURES	126	\$2,425	\$3,066
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$1,463	\$1,782
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	75	\$1,789	\$1,465
	137 THERAPEUTIC COLONOSCOPY	30	\$2,251	\$1,880
	139 LEVEL I HERNIA REPAIR	5	\$6,279	\$5,188
	146 LEVEL II LAPAROSCOPY	8	\$6,363	\$8,651
	147 LEVEL III LAPAROSCOPY	1	\$11,269	\$9,502
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	9	\$3,253	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	4	\$2,416	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$2,370	\$3,767
	256 TONSIL AND ADENOID PROCEDURES	4	\$4,310	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	86	49.1	141,642	53.9
Male	89	50.9	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	2	1.1	11,446	4.4
5-9	3	1.7	7,208	2.7
10-14	1	0.6	5,295	2.0
15-17	2	1.1	5,309	2.0
18-19	1	0.6	3,821	1.5
20-24	1	0.6	10,434	4.0
25-29	1	0.6	12,230	4.7
30-34	5	2.9	14,877	5.7
35-39	7	4.0	14,643	5.6
40-44	3	1.7	14,871	5.7
45-49	6	3.4	17,304	6.6
50-54	35	20.0	30,494	11.6
55-59	34	19.4	26,436	10.1
60-64	15	8.6	24,041	9.1
65-69	25	14.3	20,003	7.6
70-74	25	14.3	15,679	6.0
75-79	6	3.4	11,976	4.6
80-84	2	1.1	7,762	3.0
85-89	1	0.6	3,511	1.3
90 +	0	0.0	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	16	9.1	106,152	40.4
Clinic Referral	159	90.9	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	175	100.0	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	62	35.4	62,882	23.9
Medicaid	6	3.4	19,964	7.6
Other government	1	0.6	6,019	2.3
Blue Cross/Blue Shield	20	11.4	33,344	12.7
Other Commercial	10	5.7	17,383	6.6
Managed Care(HMO, PPO)	72	41.1	114,999	43.7
Self Pay	1	0.6	3,241	1.2
Industrial & Worker Comp	1	0.6	3,157	1.2
Charity and Unclassified	1	0.6	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	1	0.6	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	174	99.4	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	0	0.0	89,757	34.1
Southeastern Utah	0	0.0	5,550	2.1
Southwest Utah	1	0.6	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	0	0.0	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	0	0.0	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	264	100.0	347,183	100.0
Mastectomy (85.0-85.99)	0	0.0	8,605	2.5
Musculoskeletal (76.0-84.99)	0	0.0	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,288	0.9
Digestive System (42.0-54.99)	254	96.2	111,878	32.2
Urinary (55.0-59.99)	0	0.0	12,077	3.5
Male Genital (60.0-64.99)	0	0.0	4,124	1.2
Female Genital (65.0-71.99)	0	0.0	16,165	4.7
Endocrine/Nervous (01.0-07.99)	0	0.0	27,062	7.8
Eye (08.0-16.99)	0	0.0	22,328	6.4
Ear (18.0-20.99)	4	1.5	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	6	2.3	30,939	8.9
Reporting Category(CPT-4 CODES)	234	100.0	337,317	100.0
Mastectomy (19120-19220)	0	0.0	1,627	0.5
Musculoskeletal (20000-29909)	0	0.0	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,663	1.4
Digestive (40490-49999)	232	99.1	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	0	0.0	4,044	1.2
Female Genital (56405-58999)	0	0.0	15,380	4.6
Endocrine/Nervous (60000-64999)	0	0.0	26,532	7.9
Eye (65091-68899)	0	0.0	12,738	3.8
Ear (69000-69979)	2	0.9	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		264	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	63	23.9	5.51
4523	COLONOSCOPY	63	23.9	7.08
4542	ENDO POLYPECTOMY LG INTESTINE	61	23.1	4.79
4525	CLO [ENDO] BX LG INTESTINE	26	9.8	2.37
4836	[ENDO] POLYPECTOMY RECTUM	18	6.8	1.34
4824	CLO [ENDO] BX RECTUM	5	1.9	0.48
2001	MYRINGOTOMY W/INSRT TUBE	4	1.5	3.17
4513	OTH ENDO SM INTESTINE	4	1.5	1.48
283	TONSILLECTOMY W/ADENOIDECTOMY	3	1.1	1.93
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	3	1.1	0.08
282	TONSILLECTOMY WO ADENOIDECTOMY	2	0.8	0.53
4524	FLEX SIGMOIDOSCOPY	2	0.8	0.14
5303	UNILAT REPR DIRECT ING HERN-GFT	2	0.8	0.24
286	ADENOIDECTOMY WO TONSILLECTOMY	1	0.4	0.34
4414	CLO [ENDO] BX STOMACH	1	0.4	0.01
4533	LOC EXC LES/TISS SM INTESTINE	1	0.4	0.00
4921	ANOSCOPY	1	0.4	0.01
5123	LAP CHOLEY	1	0.4	2.02
5341	REPR UMB HERN W/PROSTH	1	0.4	0.23
5349	OTH UMB HERNIORRHAPHY	1	0.4	0.28

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		234	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	91	38.9	6.63
43239	UGI ENDO; W/BX 1/MX	65	27.8	6.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	48	20.5	6.69
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6	2.6	2.16
42820	T&A; UNDER AGE 12	3	1.3	1.56
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	0.9	0.46
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	0.9	1.13
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	0.9	0.07
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	0.9	0.72
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2	0.9	1.71
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	0.4	0.32
43258	UGI ENDO; W/ABLAT LES NOT SNARE	1	0.4	0.04
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	1	0.4	0.01
44799	UNLISTED PROCEDURE INTESTINE	1	0.4	0.02
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	0.4	0.13
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	1	0.4	0.02
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	1	0.4	0.10
47562	LAPAROSCOPY SURGICAL; CHOLECT	1	0.4	0.91
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	1	0.4	0.37
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	1	0.4	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, 2011  
 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	141	\$1,027	\$4,864
4523	COLONOSCOPY	46	\$809	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	40	\$1,102	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	26	\$862	\$1,852
4525	CLO [ENDO] BX LG INTESTINE	10	\$1,086	\$1,909
4836	[ENDO] POLYPECTOMY RECTUM	5	\$1,012	\$1,609
283	TONSILLECTOMY W/ADENOIDECTOMY	3	\$1,347	\$3,273
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$848	\$3,403
5303	UNILAT REPR DIRECT ING HERN-GFT	2	\$2,484	\$5,834
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$905	\$2,704
4524	FLEX SIGMOIDOSCOPY	1	\$731	\$1,274
4824	CLO [ENDO] BX RECTUM	1	\$947	\$1,770
5123	LAP CHOLEY	1	\$3,033	\$8,201
5341	REPR UMB HERN W/PROSTH	1	\$1,970	\$6,191
5349	OTH UMB HERNIORRHAPHY	1	\$2,205	\$4,205
543	EXC/DESTRUC LES ABD WALL/UMBILICUS	1	\$4,615	\$4,951

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	134	\$1,027	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	62	\$1,110	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	32	\$791	\$1,275
43239	UGI ENDO; W/BX 1/MX	25	\$853	\$1,799
42820	T&A; UNDER AGE 12	3	\$1,347	\$3,185
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	\$848	\$3,512
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	2	\$931	\$1,840
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$2,484	\$5,632
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$905	\$2,737
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	\$731	\$884
47562	LAPAROSCOPY SURGICAL; CHOLECT	1	\$3,033	\$7,363
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	1	\$2,205	\$5,232
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	1	\$1,970	\$5,385
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1	\$758	\$1,779

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

110 Garfield Memorial Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
07	GASTROINTESTINAL SYSTEM PROCEDURES	225	118,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	67	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	140	45,397
	137 THERAPEUTIC COLONOSCOPY	6	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,105
	139 LEVEL I HERNIA REPAIR	4	5,686
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	413
	146 LEVEL II LAPAROSCOPY	1	7,903
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	8	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	13,372
	256 TONSIL AND ADENOID PROCEDURES	6	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
07	GASTROINTESTINAL SYSTEM PROCEDURES	128	\$1,024	\$3,066
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$731	\$1,167
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	25	\$853	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$905	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	94	\$1,001	\$1,465
	137 THERAPEUTIC COLONOSCOPY	2	\$931	\$1,880
	139 LEVEL I HERNIA REPAIR	4	\$2,286	\$5,188
	146 LEVEL II LAPAROSCOPY	1	\$3,033	\$8,651
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	6	\$1,083	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$758	\$2,666
	256 TONSIL AND ADENOID PROCEDURES	5	\$1,147	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	101	51.8	141,642	53.9
Male	94	48.2	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	3	1.5	11,446	4.4
5-9	2	1.0	7,208	2.7
10-14	1	0.5	5,295	2.0
15-17	1	0.5	5,309	2.0
18-19	0	0.0	3,821	1.5
20-24	2	1.0	10,434	4.0
25-29	3	1.5	12,230	4.7
30-34	4	2.1	14,877	5.7
35-39	4	2.1	14,643	5.6
40-44	5	2.6	14,871	5.7
45-49	14	7.2	17,304	6.6
50-54	27	13.8	30,494	11.6
55-59	27	13.8	26,436	10.1
60-64	32	16.4	24,041	9.1
65-69	24	12.3	20,003	7.6
70-74	20	10.3	15,679	6.0
75-79	16	8.2	11,976	4.6
80-84	7	3.6	7,762	3.0
85-89	3	1.5	3,511	1.3
90 +	0	0.0	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	1	0.5	106,152	40.4
Clinic Referral	194	99.5	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	194	99.5	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	1	0.5	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	73	37.4	62,882	23.9
Medicaid	11	5.6	19,964	7.6
Other government	4	2.1	6,019	2.3
Blue Cross/Blue Shield	17	8.7	33,344	12.7
Other Commercial	12	6.2	17,383	6.6
Managed Care(HMO, PPO)	75	38.5	114,999	43.7
Self Pay	3	1.5	3,241	1.2
Industrial & Worker Comp	0	0.0	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	20	10.3	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	0	0.0	89,757	34.1
Southeastern Utah	0	0.0	5,550	2.1
Southwest Utah	174	89.2	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	0	0.0	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	1	0.5	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	1,208	100.0	347,183	100.0
Mastectomy (85.0-85.99)	20	1.7	8,605	2.5
Musculoskeletal (76.0-84.99)	121	10.0	70,411	20.3
Respiratory (30.0-34.99)	4	0.3	3,243	0.9
Cardiovascular (35.0-39.99)	1	0.1	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,288	0.9
Digestive System (42.0-54.99)	761	63.0	111,878	32.2
Urinary (55.0-59.99)	5	0.4	12,077	3.5
Male Genital (60.0-64.99)	5	0.4	4,124	1.2
Female Genital (65.0-71.99)	48	4.0	16,165	4.7
Endocrine/Nervous (01.0-07.99)	12	1.0	27,062	7.8
Eye (08.0-16.99)	103	8.5	22,328	6.4
Ear (18.0-20.99)	74	6.1	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	54	4.5	30,939	8.9
Reporting Category(CPT-4 CODES)	1,480	100.0	337,317	100.0
Mastectomy (19120-19220)	18	1.2	1,627	0.5
Musculoskeletal (20000-29909)	110	7.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	11	0.7	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	466	31.5	21,776	6.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,663	1.4
Digestive (40490-49999)	683	46.1	129,848	38.5
Urinary (50010-53899)	15	1.0	16,024	4.8
Male Genital (54000-55899)	6	0.4	4,044	1.2
Female Genital (56405-58999)	27	1.8	15,380	4.6
Endocrine/Nervous (60000-64999)	2	0.1	26,532	7.9
Eye (65091-68899)	104	7.0	12,738	3.8
Ear (69000-69979)	38	2.6	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		1,208	100.0	100.0
4523	COLONOSCOPY	251	20.8	7.08
4513	OTH ENDO SM INTESTINE	168	13.9	1.48
1341	PHACOEMULSIFICATION-ASPIR CATARACT	84	7.0	1.57
4542	ENDO POLYPECTOMY LG INTESTINE	69	5.7	4.79
2001	MYRINGOTOMY W/INSRT TUBE	68	5.6	3.17
4525	CLO [ENDO] BX LG INTESTINE	57	4.7	2.37
5123	LAP CHOLEY	44	3.6	2.02
5159	INCIS OTH BILE DUCT	40	3.3	0.01
806	EXC SEMILUNAR CARTILAGE-KNEE	34	2.8	1.57
283	TONSILLECTOMY W/ADENOIDECTOMY	30	2.5	1.93
8147	OTH REPR KNEE	30	2.5	0.93
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	27	2.2	5.51
4701	LAP APPENDECTOMY	20	1.7	0.38
1364	DISCISSION SECNDRY MEMBRN	19	1.6	0.11
5451	LAP LYSIS PERITONEAL ADHES	18	1.5	0.21
8521	LOC EXC LES BREAST	18	1.5	0.61
282	TONSILLECTOMY WO ADENOIDECTOMY	15	1.2	0.53
8026	ARTHSCPY-KNEE	13	1.1	0.25
8076	SYNOVECT-KNEE	13	1.1	0.40
0443	RELEASE CARPAL TUNNEL	12	1.0	0.96

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,480	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	375	25.3	0.66
45378	COLONOSCOPY FLEX; DX-SEP PROC	247	16.7	6.69
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	149	10.1	1.13
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	85	5.7	0.74
66984	EXTRACAPSULAR CATARACT REMV IOL	83	5.6	1.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	67	4.5	2.16
45380	COLONOSCOPY FLEX; W/BX 1/MX	52	3.5	6.63
69436	TYMPANOSTOMY GENERAL ANESTHESIA	35	2.4	1.71
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	34	2.3	0.47
43239	UGI ENDO; W/BX 1/MX	26	1.8	6.02
42820	T&A; UNDER AGE 12	25	1.7	1.56
66821	DISCISSION 2ND CATARACT; LASER S	21	1.4	0.12
29882	SCOPE KNEE; W/MENISCUS REPR MED/	19	1.3	0.11
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	1.2	0.72
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	17	1.1	1.18
19125	EXC BRST LES ID RAD MARKR OPN;1	11	0.7	0.16
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	11	0.7	0.46
29848	ENDO WRST SURG REL TRNS CARP LIG	10	0.7	0.38
51702	INSERT TEMP INDWLL BLADD CATH; S	10	0.7	0.04
29881	SCOPE KNEE SURG;W/MENISCECT MED/	9	0.6	1.47

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	712	\$1,860	\$4,864
4523	COLONOSCOPY	208	\$1,018	\$1,265
4513	OTH ENDO SM INTESTINE	99	\$1,090	\$1,505
1341	PHACOEMULSIFICATION-ASPIR CATARACT	84	\$2,545	\$3,076
4542	ENDO POLYPECTOMY LG INTESTINE	49	\$1,288	\$1,760
4525	CLO [ENDO] BX LG INTESTINE	45	\$1,239	\$1,909
283	TONSILLECTOMY W/ADENOIDECTOMY	28	\$1,543	\$3,273
4701	LAP APPENDECTOMY	20	\$7,474	\$10,495
1364	DISCISSION SECNDRY MEMBRN	19	\$797	\$732
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	17	\$1,175	\$1,852
282	TONSILLECTOMY WO ADENOIDECTOMY	14	\$1,637	\$3,403
8521	LOC EXC LES BREAST	14	\$3,175	\$4,424
6902	D&C FOLLOWING DELIV/AB	9	\$1,671	\$3,869
5304	UNILAT REPR INDIRECT ING HERN-GFT	8	\$3,484	\$5,647
0443	RELEASE CARPAL TUNNEL	7	\$2,402	\$2,934
5303	UNILAT REPR DIRECT ING HERN-GFT	5	\$3,811	\$5,834
6909	OTH D&C UTERUS	5	\$2,064	\$4,052
5363	5363	4	\$7,546	\$12,741
5421	LAPAROSCOPY	4	\$4,263	\$5,776
806	EXC SEMILUNAR CARTILAGE-KNEE	4	\$2,771	\$5,149
215	SUBMUCOUS RESECT NASAL SEPTUM	3	\$2,557	\$4,843

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	1,298	\$1,337	\$4,353
36416	COLLECTON CAPILLARY BLOOD SPECIM	374	\$188	\$168
45378	COLONOSCOPY FLEX; DX-SEP PROC	209	\$1,019	\$1,275
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	93	\$992	\$1,340
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	84	\$1,686	\$3,715
66984	EXTRACAPSULAR CATARACT REMV IOL	83	\$2,543	\$4,069
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	51	\$1,272	\$1,840
45380	COLONOSCOPY FLEX; W/BX 1/MX	42	\$1,236	\$1,698
69436	TYMPANOSTOMY GENERAL ANESTHESIA	33	\$954	\$1,779
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	30	\$680	\$1,576
42820	T&A; UNDER AGE 12	25	\$1,515	\$3,185
66821	DISCISSION 2ND CATARACT; LASER S	21	\$880	\$750
43239	UGI ENDO; W/BX 1/MX	19	\$1,154	\$1,799
29882	SCOPE KNEE; W/MENISCUS REPR MED/	18	\$2,745	\$7,389
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	17	\$6,550	\$8,835
49505	REPR INIT ING HERNIA 5YR/MORE; R	13	\$3,797	\$5,632
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	11	\$1,653	\$3,512
51702	INSERT TEMP INDWLL BLADD CATH; S	10	\$791	\$13,676
29881	SCOPE KNEE SURG;W/MENISCECT MED/	9	\$2,608	\$4,987
19125	EXC BRST LES ID RAD MARKR OPN;1	8	\$3,793	\$5,413
44970	LAPAROSCOPY SURGICAL APPENDECTOM	8	\$6,849	\$10,450

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	8	10,274
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	94
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	4,645
02	BREAST PROCEDURES	18	1,671
	020 LEVEL I BREAST PROCEDURES	18	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	106	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	4,903
	035 LEVEL I FOOT PROCEDURES	9	6,177
	037 LEVEL I ARTHROSCOPY	54	23,401
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	475
	045 BUNION PROCEDURES	2	1,762
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	34	2,711
04	RESPIRATORY PROCEDURES	6	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	2,675
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	4,869
05	CARDIOVASCULAR PROCEDURES	3	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	1,314
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	85	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	85	2,545
07	GASTROINTESTINAL SYSTEM PROCEDURES	641	118,000
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	176	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	299	45,397
	137 THERAPEUTIC COLONOSCOPY	68	9,233
	139 LEVEL I HERNIA REPAIR	22	5,686
	140 LEVEL II HERNIA REPAIR	6	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,074
	145 LEVEL I LAPAROSCOPY	5	2,342
	146 LEVEL II LAPAROSCOPY	30	7,903
	147 LEVEL III LAPAROSCOPY	18	7,188
08	GENITOURINARY SYSTEM PROCEDURES	4	12,284
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	4,061
09	MALE REPRODUCTIVE SYSTEM	6	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,477
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	300
10	FEMALE REPRODUCTIVE SYSTEM	20	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	1,485



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	8	2,229
	199 DILATION AND CURETTAGE	5	518
	200 HYSTEROSCOPY	5	2,466
11	NEUROLOGIC SYSTEM PROCEDURES	2	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	4,570
	217 LEVEL I NERVE PROCEDURES	1	4,176
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	104	12,660
	232 LASER EYE PROCEDURES	21	549
	233 CATARACT PROCEDURES	83	5,898
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	87	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	38	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	3,301
	256 TONSIL AND ADENOID PROCEDURES	43	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	6	\$1,946	\$4,301
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$87	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,035	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$1,986	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,189	\$4,207
02	BREAST PROCEDURES	14	\$3,175	\$4,831
	020 LEVEL I BREAST PROCEDURES	14	\$3,175	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	90	\$1,944	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$2,133	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$2,557	\$6,757
	035 LEVEL I FOOT PROCEDURES	2	\$2,572	\$4,184
	037 LEVEL I ARTHROSCOPY	49	\$2,696	\$5,096
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$307	\$1,449
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$1,034	\$3,606
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$1,397	\$3,818
	045 BUNION PROCEDURES	2	\$2,984	\$6,420
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	\$680	\$1,654
04	RESPIRATORY PROCEDURES	5	\$1,036	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	\$1,036	\$2,700
05	CARDIOVASCULAR PROCEDURES	3	\$3,447	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$3,447	\$6,616
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	84	\$1,686	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	84	\$1,686	\$3,738
07	GASTROINTESTINAL SYSTEM PROCEDURES	497	\$1,703	\$3,066
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,492	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	113	\$1,021	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$1,249	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	251	\$1,055	\$1,465
	137 THERAPEUTIC COLONOSCOPY	51	\$1,272	\$1,880
	139 LEVEL I HERNIA REPAIR	14	\$4,185	\$5,188
	140 LEVEL II HERNIA REPAIR	3	\$3,602	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$2,287	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$2,278	\$4,508
	145 LEVEL I LAPAROSCOPY	5	\$3,849	\$6,523
	146 LEVEL II LAPAROSCOPY	28	\$6,408	\$8,651
	147 LEVEL III LAPAROSCOPY	17	\$6,550	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	4	\$1,805	\$5,700
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	\$1,731	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$2,029	\$6,114
09	MALE REPRODUCTIVE SYSTEM	4	\$2,270	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$4,150	\$3,472
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$1,643	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	17	\$3,528	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$1,556	\$4,672
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	\$5,141	\$8,297

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

129 Gunnison Valley Hospital - CAH

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	199 DILATION AND CURETTAGE	5	\$2,064	\$3,922
	200 HYSTEROSCOPY	4	\$3,028	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	2	\$1,283	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$310	\$1,622
	217 LEVEL I NERVE PROCEDURES	1	\$2,256	\$3,955
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	104	\$2,207	\$4,277
	232 LASER EYE PROCEDURES	21	\$880	\$825
	233 CATARACT PROCEDURES	83	\$2,543	\$4,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	80	\$1,380	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	34	\$951	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$2,255	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$2,510	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$3,285	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	41	\$1,566	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	802	54.9	141,642	53.9
Male	660	45.1	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	191	13.1	1,613	0.6
29-365 days	62	4.2	2,902	1.1
1-4 years	133	9.1	11,446	4.4
5-9	39	2.7	7,208	2.7
10-14	13	0.9	5,295	2.0
15-17	21	1.4	5,309	2.0
18-19	18	1.2	3,821	1.5
20-24	21	1.4	10,434	4.0
25-29	44	3.0	12,230	4.7
30-34	48	3.3	14,877	5.7
35-39	36	2.5	14,643	5.6
40-44	47	3.2	14,871	5.7
45-49	46	3.1	17,304	6.6
50-54	121	8.3	30,494	11.6
55-59	132	9.0	26,436	10.1
60-64	93	6.4	24,041	9.1
65-69	117	8.0	20,003	7.6
70-74	100	6.8	15,679	6.0
75-79	76	5.2	11,976	4.6
80-84	76	5.2	7,762	3.0
85-89	19	1.3	3,511	1.3
90 +	9	0.6	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	1,444	98.8	106,152	40.4
Clinic Referral	1	0.1	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	17	1.2	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,459	99.8	262,109	99.7
Another Hospital	3	0.2	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	404	27.6	62,882	23.9
Medicaid	240	16.4	19,964	7.6
Other government	26	1.8	6,019	2.3
Blue Cross/Blue Shield	116	7.9	33,344	12.7
Other Commercial	142	9.7	17,383	6.6
Managed Care(HMO, PPO)	480	32.8	114,999	43.7
Self Pay	39	2.7	3,241	1.2
Industrial & Worker Comp	2	0.1	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	13	0.9	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.1	18,464	7.0
Central Utah	1,429	97.7	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	3	0.2	89,757	34.1
Southeastern Utah	14	1.0	5,550	2.1
Southwest Utah	4	0.3	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	1	0.1	6,638	2.5
Tri-County	3	0.2	6,537	2.5
Utah County	5	0.3	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	2	0.1	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	1,395	100.0	347,183	100.0
Mastectomy (85.0-85.99)	44	3.2	8,605	2.5
Musculoskeletal (76.0-84.99)	332	23.8	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	3	0.2	3,288	0.9
Digestive System (42.0-54.99)	419	30.0	111,878	32.2
Urinary (55.0-59.99)	11	0.8	12,077	3.5
Male Genital (60.0-64.99)	9	0.6	4,124	1.2
Female Genital (65.0-71.99)	3	0.2	16,165	4.7
Endocrine/Nervous (01.0-07.99)	371	26.6	27,062	7.8
Eye (08.0-16.99)	146	10.5	22,328	6.4
Ear (18.0-20.99)	28	2.0	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	29	2.1	30,939	8.9
Reporting Category(CPT-4 CODES)	1,145	100.0	337,317	100.0
Mastectomy (19120-19220)	2	0.2	1,627	0.5
Musculoskeletal (20000-29909)	315	27.5	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	11	1.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	2	0.2	4,663	1.4
Digestive (40490-49999)	396	34.6	129,848	38.5
Urinary (50010-53899)	8	0.7	16,024	4.8
Male Genital (54000-55899)	4	0.3	4,044	1.2
Female Genital (56405-58999)	3	0.3	15,380	4.6
Endocrine/Nervous (60000-64999)	334	29.2	26,532	7.9
Eye (65091-68899)	56	4.9	12,738	3.8
Ear (69000-69979)	14	1.2	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		1,395	100.0	100.0
4523	COLONOSCOPY	236	16.9	7.08
0392	INJ OTH AGENT SPINAL CANAL	139	10.0	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	138	9.9	1.85
4525	CLO [ENDO] BX LG INTESTINE	73	5.2	2.37
1341	PHACOEMULSIFICATION-ASPIR CATARACT	45	3.2	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	45	3.2	1.60
806	EXC SEMILUNAR CARTILAGE-KNEE	42	3.0	1.57
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	41	2.9	0.67
2001	MYRINGOTOMY W/INSRT TUBE	24	1.7	3.17
4542	ENDO POLYPECTOMY LG INTESTINE	24	1.7	4.79
5123	LAP CHOLEY	21	1.5	2.02
0481	INJ ANES PERIPH NERV-ANALGESIA	20	1.4	0.33
0887	UPPER EYELID RHYTIDECTOMY	20	1.4	0.22
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	20	1.4	5.51
042	DESTRUC CRANIAL & PERIPH NERV	19	1.4	0.17
8183	OTH REPR SHLDR	19	1.4	0.74
8594	REMOV IMPLNT BREAST	19	1.4	0.13
0443	RELEASE CARPAL TUNNEL	18	1.3	0.96
8076	SYNOVECT-KNEE	18	1.3	0.40
0886	LOWER EYELID RHYTIDECTOMY	16	1.1	0.04

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,145	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	201	17.6	6.69
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	78	6.8	1.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	76	6.6	6.63
64623	DESTRUC FACET JT NRV; L/S-EA AD	45	3.9	0.35
66984	EXTRACAPSULAR CATARACT REMV IOL	45	3.9	1.63
29881	SCOPE KNEE SURG;W/MENISCECT MED/	34	3.0	1.47
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	30	2.6	0.28
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	28	2.4	0.92
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	28	2.4	0.93
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	22	1.9	0.07
29826	SCOPE SHOULDER; DECOMP SUBACROM	21	1.8	1.15
20680	REMOVAL OF IMPLANT; DEEP	19	1.7	0.94
43239	UGI ENDO; W/BX 1/MX	19	1.7	6.02
45384	COLONOSCPY FLEX; REMV LES-FORCE	18	1.6	0.22
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	18	1.6	0.58
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	17	1.5	0.41
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	17	1.5	0.17
29807	SCOPE SHLDR SURG; REPR SLAP LESI	12	1.0	0.20
64493	64493	12	1.0	0.25
69436	TYMPANOSTOMY GENERAL ANESTHESIA	12	1.0	1.71

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	613	\$3,250	\$4,864
4523	COLONOSCOPY	227	\$1,230	\$1,265
4525	CLO [ENDO] BX LG INTESTINE	69	\$1,543	\$1,909
4542	ENDO POLYPECTOMY LG INTESTINE	21	\$1,753	\$1,760
5123	LAP CHOLEY	21	\$6,442	\$8,201
8183	OTH REPR SHLDR	18	\$10,666	\$8,998
042	DESTRUC CRANIAL & PERIPH NERV	16	\$3,429	\$6,158
0481	INJ ANES PERIPH NERV-ANALGESIA	13	\$2,414	\$2,733
0443	RELEASE CARPAL TUNNEL	12	\$2,656	\$2,934
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	11	\$1,246	\$1,852
0393	INSRT/REPLCMT SPINAL NEUROSTIM	10	\$17,539	\$45,375
283	TONSILLECTOMY W/ADENOIDECTOMY	9	\$2,556	\$3,273
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	9	\$3,269	\$3,999
1359	OTH EXTRACAPSUL LENS EXTRACT	8	\$1,319	\$2,609
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	7	\$5,757	\$10,862
4701	LAP APPENDECTOMY	6	\$9,625	\$10,495
7913	CLO REDUC-/INT FIX-CARP-METACARP	6	\$3,060	\$3,687
806	EXC SEMILUNAR CARTILAGE-KNEE	6	\$3,763	\$5,149
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	6	\$1,831	\$1,961
8147	OTH REPR KNEE	5	\$8,946	\$6,374
835	BURSECTOMY	5	\$3,780	\$4,902

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	702	\$2,701	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	194	\$1,235	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	74	\$1,550	\$1,698
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	72	\$1,491	\$1,590
66984	EXTRACAPSULAR CATARACT REMV IOL	45	\$4,358	\$4,069
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	22	\$1,551	\$1,787
45384	COLONOSCOPY FLEX; REMV LES-FORCE	17	\$1,701	\$2,087
20680	REMOVAL OF IMPLANT; DEEP	16	\$3,433	\$4,387
29881	SCOPE KNEE SURG;W/MENISCECT MED/	12	\$3,780	\$4,987
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	12	\$2,656	\$3,049
43239	UGI ENDO; W/BX 1/MX	11	\$1,246	\$1,799
47562	LAPAROSCOPY SURGICAL; CHOLECT	11	\$5,683	\$7,363
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	10	\$7,277	\$8,835
69436	TYMPANOSTOMY GENERAL ANESTHESIA	10	\$1,571	\$1,779
42820	T&A; UNDER AGE 12	9	\$2,556	\$3,185
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	9	\$1,555	\$1,825
66821	DISCISSION 2ND CATARACT; LASER S	9	\$1,322	\$750
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	8	\$4,236	\$5,505
28296	HALLUX VALGUS; W/METATARSAL OSTE	7	\$7,002	\$6,126
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$4,898	\$5,632
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	6	\$4,038	\$4,652

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	22	10,274
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	4,645
02	BREAST PROCEDURES	2	1,671
	020 LEVEL I BREAST PROCEDURES	2	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	291	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	2,286
	033 LEVEL I HAND PROCEDURES	17	3,806
	035 LEVEL I FOOT PROCEDURES	32	6,177
	036 LEVEL II FOOT PROCEDURES	3	1,830
	037 LEVEL I ARTHROSCOPY	123	23,401
	038 LEVEL II ARTHROSCOPY	26	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	39	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	475
	045 BUNION PROCEDURES	11	1,762
	046 LEVEL I ARTHROPLASTY	2	650
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	2,711
04	RESPIRATORY PROCEDURES	5	12,953
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	5	4,869
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	4,562
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	379	118,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	713
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	24	25,670
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	278	45,397
	137 THERAPEUTIC COLONOSCOPY	23	9,233
	139 LEVEL I HERNIA REPAIR	18	5,686
	140 LEVEL II HERNIA REPAIR	6	1,214
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	119
	146 LEVEL II LAPAROSCOPY	18	7,903
	147 LEVEL III LAPAROSCOPY	10	7,188
08	GENITOURINARY SYSTEM PROCEDURES	6	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	880
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	3	4,061
09	MALE REPRODUCTIVE SYSTEM	6	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,477
	181 CIRCUMCISION	2	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	1,446
10	FEMALE REPRODUCTIVE SYSTEM	3	9,203
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,849

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	2,229
11 NEUROLOGIC SYSTEM PROCEDURES	335	25,428
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	113	4,570
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	220
217 LEVEL I NERVE PROCEDURES	24	4,176
218 LEVEL II NERVE PROCEDURES	23	1,051
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	171	11,336
223 LEVEL III NERVE PROCEDURES	3	822
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	56	12,660
232 LASER EYE PROCEDURES	10	549
233 CATARACT PROCEDURES	45	5,898
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	236
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	37	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	17	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,514
254 LEVEL III FACIAL AND ENT PROCEDURES	2	3,880
256 TONSIL AND ADENOID PROCEDURES	15	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

139 Heber Valley Medical Center - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	18	\$3,971	\$4,301
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$8,758	\$5,133
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$3,690	\$4,207
02	BREAST PROCEDURES	2	\$3,568	\$4,831
	020 LEVEL I BREAST PROCEDURES	2	\$3,568	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	116	\$4,912	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$2,536	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$5,677	\$6,757
	033 LEVEL I HAND PROCEDURES	7	\$3,113	\$3,410
	035 LEVEL I FOOT PROCEDURES	12	\$3,293	\$4,184
	036 LEVEL II FOOT PROCEDURES	1	\$6,411	\$8,885
	037 LEVEL I ARTHROSCOPY	39	\$4,222	\$5,096
	038 LEVEL II ARTHROSCOPY	3	\$14,003	\$13,106
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$4,939	\$1,449
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$6,596	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	25	\$5,541	\$9,329
	045 BUNION PROCEDURES	7	\$7,002	\$6,420
	046 LEVEL I ARTHROPLASTY	2	\$12,431	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	\$1,865	\$1,654
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$6,033	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$6,033	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	347	\$1,972	\$3,066
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,241	\$1,167
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	15	\$1,198	\$1,782
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	268	\$1,322	\$1,465
	137 THERAPEUTIC COLONOSCOPY	21	\$1,767	\$1,880
	139 LEVEL I HERNIA REPAIR	10	\$4,655	\$5,188
	140 LEVEL II HERNIA REPAIR	4	\$5,007	\$6,288
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$9,231	\$8,862
	146 LEVEL II LAPAROSCOPY	17	\$7,353	\$8,651
	147 LEVEL III LAPAROSCOPY	10	\$7,277	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	1	\$4,318	\$5,700
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$4,318	\$6,114
09	MALE REPRODUCTIVE SYSTEM	3	\$4,007	\$5,436
	181 CIRCUMCISION	2	\$2,976	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$6,068	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	1	\$6,597	\$5,677
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$6,597	\$8,297
11	NEUROLOGIC SYSTEM PROCEDURES	128	\$1,818	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	95	\$1,506	\$1,622
	217 LEVEL I NERVE PROCEDURES	14	\$2,730	\$3,955
	218 LEVEL II NERVE PROCEDURES	1	\$5,885	\$22,021
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	17	\$1,762	\$2,017
	223 LEVEL III NERVE PROCEDURES	1	\$15,521	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	56	\$3,798	\$4,277

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	232 LASER EYE PROCEDURES	10	\$1,313	\$825
	233 CATARACT PROCEDURES	45	\$4,358	\$4,092
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,454	\$4,558
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	27	\$2,356	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	12	\$1,719	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$3,249	\$3,767
	256 TONSIL AND ADENOID PROCEDURES	12	\$2,771	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	486	50.8	141,642	53.9
Male	470	49.2	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	1	0.1	2,902	1.1
1-4 years	13	1.4	11,446	4.4
5-9	14	1.5	7,208	2.7
10-14	10	1.0	5,295	2.0
15-17	17	1.8	5,309	2.0
18-19	9	0.9	3,821	1.5
20-24	19	2.0	10,434	4.0
25-29	20	2.1	12,230	4.7
30-34	32	3.3	14,877	5.7
35-39	37	3.9	14,643	5.6
40-44	62	6.5	14,871	5.7
45-49	64	6.7	17,304	6.6
50-54	185	19.4	30,494	11.6
55-59	149	15.6	26,436	10.1
60-64	103	10.8	24,041	9.1
65-69	92	9.6	20,003	7.6
70-74	53	5.5	15,679	6.0
75-79	39	4.1	11,976	4.6
80-84	26	2.7	7,762	3.0
85-89	8	0.8	3,511	1.3
90 +	3	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	439	45.9	106,152	40.4
Clinic Referral	517	54.1	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	956	100.0	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	216	22.6	62,882	23.9
Medicaid	37	3.9	19,964	7.6
Other government	8	0.8	6,019	2.3
Blue Cross/Blue Shield	132	13.8	33,344	12.7
Other Commercial	78	8.2	17,383	6.6
Managed Care(HMO, PPO)	432	45.2	114,999	43.7
Self Pay	24	2.5	3,241	1.2
Industrial & Worker Comp	23	2.4	3,157	1.2
Charity and Unclassified	3	0.3	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	3	0.3	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	5	0.5	18,464	7.0
Central Utah	1	0.1	9,378	3.6
Davis County	13	1.4	28,404	10.8
Salt Lake County	37	3.9	89,757	34.1
Southeastern Utah	0	0.0	5,550	2.1
Southwest Utah	2	0.2	16,470	6.3
Summit County	155	16.2	4,120	1.6
Tooele County	1	0.1	6,638	2.5
Tri-County	30	3.1	6,537	2.5
Utah County	22	2.3	39,778	15.1
Wasatch County	634	66.3	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	52	5.4	13,675	5.2
Unknown, Not Reported	4	0.4	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	44,256	100.0	347,183	100.0
Mastectomy (85.0-85.99)	1,214	2.7	8,605	2.5
Musculoskeletal (76.0-84.99)	5,419	12.2	70,411	20.3
Respiratory (30.0-34.99)	362	0.8	3,243	0.9
Cardiovascular (35.0-39.99)	6,587	14.9	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	727	1.6	3,288	0.9
Digestive System (42.0-54.99)	14,946	33.8	111,878	32.2
Urinary (55.0-59.99)	1,481	3.3	12,077	3.5
Male Genital (60.0-64.99)	243	0.5	4,124	1.2
Female Genital (65.0-71.99)	1,179	2.7	16,165	4.7
Endocrine/Nervous (01.0-07.99)	2,080	4.7	27,062	7.8
Eye (08.0-16.99)	7,010	15.8	22,328	6.4
Ear (18.0-20.99)	486	1.1	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	2,522	5.7	30,939	8.9
Reporting Category(CPT-4 CODES)	32,912	100.0	337,317	100.0
Mastectomy (19120-19220)	374	1.1	1,627	0.5
Musculoskeletal (20000-29909)	5,263	16.0	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	1,870	5.7	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	1,430	4.3	21,776	6.5
Lymphatic/Hemetic (38100-38999)	551	1.7	4,663	1.4
Digestive (40490-49999)	14,940	45.4	129,848	38.5
Urinary (50010-53899)	1,278	3.9	16,024	4.8
Male Genital (54000-55899)	179	0.5	4,044	1.2
Female Genital (56405-58999)	847	2.6	15,380	4.6
Endocrine/Nervous (60000-64999)	2,210	6.7	26,532	7.9
Eye (65091-68899)	3,707	11.3	12,738	3.8
Ear (69000-69979)	263	0.8	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

146 Intermountain Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4542	ENDO POLYPECTOMY LG INTESTINE	3,150	7.1	4.79
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,681	6.1	5.51
4523	COLONOSCOPY	2,673	6.0	7.08
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,964	4.4	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,939	4.4	1.57
4525	CLO [ENDO] BX LG INTESTINE	1,130	2.6	2.37
4836	[ENDO] POLYPECTOMY RECTUM	878	2.0	1.34
5123	LAP CHOLEY	765	1.7	2.02
3726	CARD ELECTROPHYSIO STIMUL-RECORD	658	1.5	0.60
3728	INTRACARDIAC ECHOCARDIOGRAPHY	658	1.5	0.39
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	654	1.5	0.59
3727	CARD MAPPING	637	1.4	0.56
3729	OTH DX PROC HEART & PERICARDIUM	620	1.4	0.30
1474	OTH MECH VITRECTOMY	593	1.3	0.40
3723	COMBO RT & LT HEART CARD CATH	527	1.2	0.52
8051	EXC INTERVERTEBRAL DISC	491	1.1	0.48
4292	DILAT ESOPH	488	1.1	1.38
8521	LOC EXC LES BREAST	479	1.1	0.61
0392	INJ OTH AGENT SPINAL CANAL	474	1.1	2.30
3722	LT HEART CARD CATH	473	1.1	0.90

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	3,838	11.7	6.63
43239	UGI ENDO; W/BX 1/MX	2,675	8.1	6.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,458	7.5	6.69
66984	EXTRACAPSULAR CATARACT REMV IOL	1,902	5.8	1.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	973	3.0	2.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	664	2.0	0.91
30140	SUBMUCOS RES TURBINATE PART/CMPL	401	1.2	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	365	1.1	0.77
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	344	1.0	0.98
52332	CYSTOURETHROSCOPY W/INSRT STENT	325	1.0	0.73
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	267	0.8	0.36
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	253	0.8	0.93
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	241	0.7	0.28
20680	REMOVAL OF IMPLANT; DEEP	240	0.7	0.94
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	237	0.7	1.13
49505	REPR INIT ING HERNIA 5YR/MORE; R	235	0.7	0.72
19120	EXC BRST CYST TUMR/LES OPN M/F 1	222	0.7	0.31
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	221	0.7	0.22
28285	CORRECTION HAMMERTOE	216	0.7	0.54
67042	67042	200	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, 2011  
 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 CHR	AVE TOT CHR(ALL Hospitals )
ICD-9	Procedures	16,826	\$4,576	\$4,864
4523	COLONOSCOPY	2,384	\$916	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	2,071	\$1,342	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,547	\$1,412	\$1,852
5123	LAP CHOLEY	691	\$6,232	\$8,201
4525	CLO [ENDO] BX LG INTESTINE	456	\$1,455	\$1,909
3722	LT HEART CARD CATH	359	\$7,897	\$10,333
3723	COMBO RT & LT HEART CARD CATH	326	\$9,331	\$10,823
5011	CLO [PERCUT] [NEEDLE] BX LIVER	309	\$2,900	\$3,128
8521	LOC EXC LES BREAST	264	\$3,968	\$4,424
4836	[ENDO] POLYPECTOMY RECTUM	256	\$1,248	\$1,609
8051	EXC INTERVERTEBRAL DISC	244	\$9,662	\$12,020
3725	BX HEART	241	\$4,782	\$5,022
3721	RT HEART CARD CATH	217	\$5,589	\$7,279
283	TONSILLECTOMY W/ADENOIDECTOMY	215	\$2,632	\$3,273
4513	OTH ENDO SM INTESTINE	214	\$1,021	\$1,505
282	TONSILLECTOMY WO ADENOIDECTOMY	162	\$2,849	\$3,403
4131	BX BONE MARROW	147	\$5,237	\$4,936
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	140	\$8,130	\$8,076
5491	PERCUT ABD DRAIN	130	\$2,908	\$2,428
3607	INSERTION RX-ELUTING COR ART STENT	126	\$24,129	\$34,536

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
CPT-4	Procedures	17,685	\$3,789	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,745	\$1,323	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,199	\$915	\$1,275
66984	EXTRACAPSULAR CATARACT REMV IOL	1,857	\$3,448	\$4,069
43239	UGI ENDO; W/BX 1/MX	1,526	\$1,401	\$1,799
47562	LAPAROSCOPY SURGICAL; CHOLECT	620	\$6,033	\$7,363
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	291	\$1,418	\$1,840
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	232	\$2,834	\$2,818
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	231	\$9,509	\$11,995
49505	REPR INIT ING HERNIA 5YR/MORE; R	193	\$5,040	\$5,632
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	188	\$891	\$1,340
19120	EXC BRST CYST TUMR/LES OPN M/F 1	183	\$3,787	\$4,414
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	155	\$2,851	\$3,512
20680	REMOVAL OF IMPLANT; DEEP	151	\$4,591	\$4,387
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	140	\$1,707	\$1,825
42820	T&A; UNDER AGE 12	130	\$2,491	\$3,185
67042	67042	130	\$5,430	\$6,500
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	108	\$1,605	\$1,787
69436	TYMPANOSTOMY GENERAL ANESTHESIA	104	\$1,360	\$1,779
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	101	\$2,511	\$3,049
67108	REPR RETINAL DETACH; W/VITRECTOM	98	\$6,457	\$7,803

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	860	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	165	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	8	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	4	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	37	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	176	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	369	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	55
	012 LEVEL I SKIN REPAIR	1	23
	013 LEVEL II SKIN REPAIR	49	875
	014 LEVEL III SKIN REPAIR	41	247
02	BREAST PROCEDURES	384	1,671
	020 LEVEL I BREAST PROCEDURES	374	1,627
	021 LEVEL II BREAST PROCEDURES	10	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,340	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	131	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	283	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	133	2,286
	033 LEVEL I HAND PROCEDURES	231	3,806
	034 LEVEL II HAND PROCEDURES	95	1,210
	035 LEVEL I FOOT PROCEDURES	617	6,177
	036 LEVEL II FOOT PROCEDURES	115	1,830
	037 LEVEL I ARTHROSCOPY	755	23,401
	038 LEVEL II ARTHROSCOPY	187	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	63	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	22	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	364	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	475
	045 BUNION PROCEDURES	199	1,762
	046 LEVEL I ARTHROPLASTY	41	650
	047 LEVEL II ARTHROPLASTY	6	144
	048 HAND AND FOOT TENOTOMY	14	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	63	2,711
04	RESPIRATORY PROCEDURES	1,274	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	441	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	121	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	471	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	241	2,429
05	CARDIOVASCULAR PROCEDURES	1,190	11,503
	081 ECHOCARDIOGRAPHY	16	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	171	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	36	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	85	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	64	445

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	199	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	62	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	471	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	16	143
	092 RESUSCITATION	1	19
	097 AICD IMPLANT	62	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	318	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	10	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	308	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	14,149	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	13	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	52	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	50	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	60	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,955	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	645	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	6,353	45,397
	137 THERAPEUTIC COLONOSCOPY	1,267	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	319	2,105
	139 LEVEL I HERNIA REPAIR	485	5,686
	140 LEVEL II HERNIA REPAIR	142	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	163	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	167	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	57	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	10	119
	145 LEVEL I LAPAROSCOPY	184	2,342
	146 LEVEL II LAPAROSCOPY	982	7,903
	147 LEVEL III LAPAROSCOPY	241	7,188
	148 LEVEL IV LAPAROSCOPY	4	184
08	GENITOURINARY SYSTEM PROCEDURES	1,088	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	63	880
	162 URINARY CATHETERIZATION AND DILATATION	28	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	513	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	434	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	4	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	40	481
09	MALE REPRODUCTIVE SYSTEM	180	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	92	1,477
	181 CIRCUMCISION	19	967
	182 INSERTION OF PENILE PROSTHESIS	10	75
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	58	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	300
10	FEMALE REPRODUCTIVE SYSTEM	542	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	88	1,485

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

146 Intermountain Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	109	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	117	2,229
	199 DILATION AND CURETTAGE	34	518
	200 HYSTEROSCOPY	169	2,466
	201 COLPOSCOPY	25	654
11	NEUROLOGIC SYSTEM PROCEDURES	2,454	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	229	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	19	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	62	220
	217 LEVEL I NERVE PROCEDURES	493	4,176
	218 LEVEL II NERVE PROCEDURES	286	1,051
	219 SPINAL TAP	12	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	661	11,336
	221 LAMINOTOMY AND LAMINECTOMY	620	2,387
	223 LEVEL III NERVE PROCEDURES	72	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3,658	12,660
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	22
	232 LASER EYE PROCEDURES	14	549
	233 CATARACT PROCEDURES	2,011	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	56	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	67	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	107	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	48	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	755	1,752
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	197	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	127	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	273	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,461	31,882
	250 COCHLEAR DEVICE IMPLANTATION	2	114
	252 LEVEL I FACIAL AND ENT PROCEDURES	794	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	194	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	515	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	475	3,301
	256 TONSIL AND ADENOID PROCEDURES	481	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

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Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	587	\$4,314	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	141	\$3,963	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$3,546	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$6,706	\$5,133
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,728	\$631
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	21	\$3,164	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	133	\$4,562	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	225	\$4,480	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$6,212	\$6,300
	012 LEVEL I SKIN REPAIR	1	\$1,148	\$5,040
	013 LEVEL II SKIN REPAIR	35	\$3,352	\$4,459
	014 LEVEL III SKIN REPAIR	19	\$5,849	\$7,376
02	BREAST PROCEDURES	286	\$4,265	\$4,831
	020 LEVEL I BREAST PROCEDURES	276	\$4,106	\$4,723
	021 LEVEL II BREAST PROCEDURES	10	\$8,653	\$8,864
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,202	\$6,048	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	\$5,975	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	85	\$6,909	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	\$9,091	\$10,524
	033 LEVEL I HAND PROCEDURES	116	\$3,000	\$3,410
	034 LEVEL II HAND PROCEDURES	32	\$6,796	\$6,046
	035 LEVEL I FOOT PROCEDURES	173	\$3,182	\$4,184
	036 LEVEL II FOOT PROCEDURES	39	\$8,226	\$8,885
	037 LEVEL I ARTHROSCOPY	217	\$4,394	\$5,096
	038 LEVEL II ARTHROSCOPY	26	\$11,717	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	16	\$6,110	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	13	\$5,821	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	242	\$9,182	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$5,540	\$3,818
	045 BUNION PROCEDURES	101	\$6,819	\$6,420
	046 LEVEL I ARTHROPLASTY	14	\$5,528	\$9,598
	047 LEVEL II ARTHROPLASTY	5	\$19,194	\$23,125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	32	\$1,649	\$1,654
04	RESPIRATORY PROCEDURES	520	\$3,088	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	401	\$2,975	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	27	\$3,384	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	32	\$3,567	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	60	\$3,461	\$3,105
05	CARDIOVASCULAR PROCEDURES	417	\$15,917	\$18,123
	081 ECHOCARDIOGRAPHY	16	\$11,388	\$20,742
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$46,239	\$9,966
	083 PLACEMENT OF TRANSVENOUS CATHETERS	23	\$4,560	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	44	\$20,211	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	60	\$23,884	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	21	\$23,310	\$19,433

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

146 Intermountain Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	088 LEVEL I CARDIOTHORACIC PROCEDURES	15	\$8,771	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	223	\$11,167	\$10,145
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	\$10,306	\$8,315
	097 AICD IMPLANT	12	\$70,810	\$49,564
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	119	\$9,287	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	7	\$26,182	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	112	\$8,231	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	9,043	\$2,143	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	11	\$4,641	\$2,775
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	35	\$1,289	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	34	\$1,479	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,746	\$1,373	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	211	\$1,806	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,968	\$1,142	\$1,465
	137 THERAPEUTIC COLONOSCOPY	325	\$1,416	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	45	\$5,168	\$6,191
	139 LEVEL I HERNIA REPAIR	341	\$4,775	\$5,188
	140 LEVEL II HERNIA REPAIR	61	\$5,059	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	77	\$2,694	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	128	\$2,681	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	29	\$4,384	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	4	\$8,201	\$8,862
	145 LEVEL I LAPAROSCOPY	55	\$6,129	\$6,523
	146 LEVEL II LAPAROSCOPY	814	\$6,882	\$8,651
	147 LEVEL III LAPAROSCOPY	156	\$9,239	\$9,502
	148 LEVEL IV LAPAROSCOPY	3	\$18,907	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	325	\$6,586	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	\$6,276	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	14	\$7,142	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	158	\$4,823	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	112	\$4,697	\$6,114
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$4,689	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	36	\$20,117	\$15,091
09	MALE REPRODUCTIVE SYSTEM	121	\$7,645	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	47	\$4,664	\$3,472
	181 CIRCUMCISION	16	\$4,149	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	10	\$30,695	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	47	\$7,029	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,152	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	300	\$5,753	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	35	\$3,888	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	55	\$6,326	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	80	\$7,996	\$8,297
	199 DILATION AND CURETTAGE	24	\$3,225	\$3,922
	200 HYSTEROSCOPY	95	\$5,013	\$6,149

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	201 COLPOSCOPY	11	\$4,423	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	943	\$6,068	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	212	\$1,735	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	\$8,431	\$12,644
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	37	\$11,561	\$16,600
	217 LEVEL I NERVE PROCEDURES	155	\$3,327	\$3,955
	218 LEVEL II NERVE PROCEDURES	38	\$21,157	\$22,021
	219 SPINAL TAP	11	\$1,620	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	163	\$1,788	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	307	\$9,852	\$12,191
	223 LEVEL III NERVE PROCEDURES	14	\$15,900	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,692	\$4,054	\$4,277
	232 LASER EYE PROCEDURES	3	\$3,338	\$825
	233 CATARACT PROCEDURES	1,944	\$3,467	\$4,092
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	18	\$3,048	\$4,703
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	31	\$3,952	\$4,558
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	82	\$8,492	\$9,262
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	13	\$4,765	\$4,745
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	466	\$5,751	\$7,259
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	19	\$2,657	\$2,904
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	36	\$5,752	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	80	\$3,621	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	975	\$4,592	\$4,442
	250 COCHLEAR DEVICE IMPLANTATION	2	\$50,706	\$61,157
	252 LEVEL I FACIAL AND ENT PROCEDURES	212	\$2,534	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	45	\$3,554	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	58	\$7,055	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	282	\$7,992	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	376	\$2,700	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	15,047	54.2	141,642	53.9
Male	12,703	45.8	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	13	0.0	2,902	1.1
1-4 years	150	0.5	11,446	4.4
5-9	174	0.6	7,208	2.7
10-14	272	1.0	5,295	2.0
15-17	349	1.3	5,309	2.0
18-19	297	1.1	3,821	1.5
20-24	981	3.5	10,434	4.0
25-29	1,223	4.4	12,230	4.7
30-34	1,564	5.6	14,877	5.7
35-39	1,579	5.7	14,643	5.6
40-44	1,552	5.6	14,871	5.7
45-49	2,007	7.2	17,304	6.6
50-54	3,871	13.9	30,494	11.6
55-59	3,537	12.7	26,436	10.1
60-64	3,424	12.3	24,041	9.1
65-69	2,294	8.3	20,003	7.6
70-74	1,728	6.2	15,679	6.0
75-79	1,400	5.0	11,976	4.6
80-84	824	3.0	7,762	3.0
85-89	388	1.4	3,511	1.3
90 +	123	0.4	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	6,632	23.9	106,152	40.4
Clinic Referral	21,084	76.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	24	0.1	200	0.1
Skilled Nursing Facility	2	0.0	139	0.1
Other Health Care Facility	7	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	1	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	27,693	99.8	262,109	99.7
Another Hospital	4	0.0	126	0.0
Skilled Nursing Facility	21	0.1	203	0.1
Intermediate Care Facility	2	0.0	16	0.0
Another Type of Institution	7	0.0	120	0.0
Under Care of Home Service	17	0.1	303	0.1
Left Against Medical Advice	3	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	16	0.0
Unknown	1	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	6,701	24.1	62,882	23.9
Medicaid	1,093	3.9	19,964	7.6
Other government	420	1.5	6,019	2.3
Blue Cross/Blue Shield	917	3.3	33,344	12.7
Other Commercial	1,362	4.9	17,383	6.6
Managed Care(HMO, PPO)	16,410	59.1	114,999	43.7
Self Pay	315	1.1	3,241	1.2
Industrial & Worker Comp	284	1.0	3,157	1.2
Charity and Unclassified	196	0.7	775	0.3
Childrens Health Insurance	17	0.1	172	0.1
Unknown	35	0.1	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	240	0.9	18,464	7.0
Central Utah	195	0.7	9,378	3.6
Davis County	2,235	8.1	28,404	10.8
Salt Lake County	20,916	75.4	89,757	34.1
Southeastern Utah	105	0.4	5,550	2.1
Southwest Utah	158	0.6	16,470	6.3
Summit County	434	1.6	4,120	1.6
Tooele County	609	2.2	6,638	2.5
Tri-County	183	0.7	6,537	2.5
Utah County	1,284	4.6	39,778	15.1
Wasatch County	107	0.4	2,138	0.8
Weber County	302	1.1	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	980	3.5	13,675	5.2
Unknown, Not Reported	2	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	9,287	100.0	347,183	100.0
Mastectomy (85.0-85.99)	264	2.8	8,605	2.5
Musculoskeletal (76.0-84.99)	2,132	23.0	70,411	20.3
Respiratory (30.0-34.99)	65	0.7	3,243	0.9
Cardiovascular (35.0-39.99)	186	2.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	57	0.6	3,288	0.9
Digestive System (42.0-54.99)	3,718	40.0	111,878	32.2
Urinary (55.0-59.99)	248	2.7	12,077	3.5
Male Genital (60.0-64.99)	59	0.6	4,124	1.2
Female Genital (65.0-71.99)	508	5.5	16,165	4.7
Endocrine/Nervous (01.0-07.99)	846	9.1	27,062	7.8
Eye (08.0-16.99)	150	1.6	22,328	6.4
Ear (18.0-20.99)	262	2.8	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	792	8.5	30,939	8.9
Reporting Category(CPT-4 CODES)	9,306	100.0	337,317	100.0
Mastectomy (19120-19220)	52	0.6	1,627	0.5
Musculoskeletal (20000-29909)	2,436	26.2	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	589	6.3	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	226	2.4	21,776	6.5
Lymphatic/Hemetic (38100-38999)	59	0.6	4,663	1.4
Digestive (40490-49999)	4,100	44.1	129,848	38.5
Urinary (50010-53899)	366	3.9	16,024	4.8
Male Genital (54000-55899)	64	0.7	4,044	1.2
Female Genital (56405-58999)	402	4.3	15,380	4.6
Endocrine/Nervous (60000-64999)	715	7.7	26,532	7.9
Eye (65091-68899)	71	0.8	12,738	3.8
Ear (69000-69979)	226	2.4	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		9,287	100.0	100.0
4523	COLONOSCOPY	1,041	11.2	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	704	7.6	5.51
4542	ENDO POLYPECTOMY LG INTESTINE	604	6.5	4.79
4525	CLO [ENDO] BX LG INTESTINE	259	2.8	2.37
0391	INJ ANES SPINAL CANAL-ANALGESIA	245	2.6	1.85
0392	INJ OTH AGENT SPINAL CANAL	238	2.6	2.30
4292	DILAT ESOPH	227	2.4	1.38
5123	LAP CHOLEY	218	2.3	2.02
806	EXC SEMILUNAR CARTILAGE-KNEE	205	2.2	1.57
2001	MYRINGOTOMY W/INSRT TUBE	166	1.8	3.17
283	TONSILLECTOMY W/ADENOIDECTOMY	155	1.7	1.93
4836	[ENDO] POLYPECTOMY RECTUM	127	1.4	1.34
4513	OTH ENDO SM INTESTINE	126	1.4	1.48
2169	OTH TURBINECTOMY	123	1.3	0.77
8511	CLO [PERCUT] [NEEDLE] BX BREAST	109	1.2	0.47
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	107	1.2	0.51
0443	RELEASE CARPAL TUNNEL	102	1.1	0.96
8145	OTH REPR CRUCIATE LIGAMNT	96	1.0	0.50
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	92	1.0	0.38
2188	OTH SEPTOPLASTY	87	0.9	0.50

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		9,306	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,051	11.3	6.69
43239	UGI ENDO; W/BX 1/MX	726	7.8	6.02
45380	COLONOSCOPY FLEX; W/BX 1/MX	679	7.3	6.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	304	3.3	2.16
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	230	2.5	0.98
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	205	2.2	0.93
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	203	2.2	1.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	176	1.9	1.47
29826	SCOPE SHOULDER; DECOMP SUBACROM	154	1.7	1.15
69436	TYMPANOSTOMY GENERAL ANESTHESIA	148	1.6	1.71
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	130	1.4	0.26
30140	SUBMUCOS RES TURBINATE PART/CMPL	125	1.3	0.74
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	117	1.3	1.13
42820	T&A; UNDER AGE 12	113	1.2	1.56
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	108	1.2	0.55
20680	REMOVAL OF IMPLANT; DEEP	96	1.0	0.94
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	94	1.0	0.56
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	92	1.0	0.17
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	85	0.9	0.77
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	80	0.9	0.47

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		4,488	\$5,940	\$4,864
4523	COLONOSCOPY	864	\$2,765	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	437	\$3,573	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	315	\$3,618	\$1,852
5123	LAP CHOLEY	204	\$11,406	\$8,201
4525	CLO [ENDO] BX LG INTESTINE	127	\$3,489	\$1,909
283	TONSILLECTOMY W/ADENOIDECTOMY	117	\$4,623	\$3,273
8511	CLO [PERCUT] [NEEDLE] BX BREAST	105	\$3,066	\$2,779
806	EXC SEMILUNAR CARTILAGE-KNEE	90	\$6,880	\$5,149
4513	OTH ENDO SM INTESTINE	84	\$2,783	\$1,505
6952	ASPIR CURET FOLLOWING DELIV/AB	76	\$3,944	\$3,495
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	74	\$1,221	\$1,961
4292	DILAT ESOPH	64	\$3,518	\$2,942
2001	MYRINGOTOMY W/INSRT TUBE	63	\$2,916	\$2,548
0443	RELEASE CARPAL TUNNEL	61	\$3,994	\$2,934
4836	[ENDO] POLYPECTOMY RECTUM	56	\$3,218	\$1,609
0611	CLO PERCUT NEEDLE BX THYROID GLAND	44	\$1,854	\$1,323
282	TONSILLECTOMY WO ADENOIDECTOMY	44	\$4,665	\$3,403
5011	CLO [PERCUT] [NEEDLE] BX LIVER	41	\$4,671	\$3,128
8521	LOC EXC LES BREAST	41	\$6,491	\$4,424
3722	LT HEART CARD CATH	40	\$15,675	\$10,333

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		4,906	\$5,669	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	871	\$2,765	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	437	\$3,376	\$1,698
43239	UGI ENDO; W/BX 1/MX	323	\$3,607	\$1,799
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	192	\$11,472	\$8,835
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	178	\$3,298	\$1,840
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	152	\$1,537	\$1,825
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	91	\$11,897	\$11,434
29881	SCOPE KNEE SURG;W/MENISCECT MED/	90	\$6,330	\$4,987
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	88	\$3,699	\$3,589
42820	T&A; UNDER AGE 12	85	\$4,483	\$3,185
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	78	\$2,744	\$1,340
69436	TYMPANOSTOMY GENERAL ANESTHESIA	72	\$2,902	\$1,779
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	70	\$1,063	\$1,576
66984	EXTRACAPSULAR CATARACT REMV IOL	68	\$6,308	\$4,069
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	66	\$3,290	\$3,715
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	60	\$3,393	\$2,023
20680	REMOVAL OF IMPLANT; DEEP	47	\$5,285	\$4,387
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	45	\$12,838	\$11,995
60100	BX THYROID PERCUTANEOUS CORE NEE	43	\$1,863	\$1,792
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	37	\$4,973	\$2,818

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	248	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	56	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	165
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	129	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	27	875
	014 LEVEL III SKIN REPAIR	7	247
02	BREAST PROCEDURES	53	1,671
	020 LEVEL I BREAST PROCEDURES	52	1,627
	021 LEVEL II BREAST PROCEDURES	1	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,125	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	105	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	2,286
	033 LEVEL I HAND PROCEDURES	146	3,806
	034 LEVEL II HAND PROCEDURES	26	1,210
	035 LEVEL I FOOT PROCEDURES	147	6,177
	036 LEVEL II FOOT PROCEDURES	47	1,830
	037 LEVEL I ARTHROSCOPY	895	23,401
	038 LEVEL II ARTHROSCOPY	214	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	51	2,110
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	193	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	41	475
	045 BUNION PROCEDURES	41	1,762
	046 LEVEL I ARTHROPLASTY	19	650
	047 LEVEL II ARTHROPLASTY	2	144
	048 HAND AND FOOT TENOTOMY	5	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	95	2,711
04	RESPIRATORY PROCEDURES	388	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	64	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	57	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	204	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	63	2,429
05	CARDIOVASCULAR PROCEDURES	93	11,503
	081 ECHOCARDIOGRAPHY	6	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	37	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	33	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	5	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	416
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	143

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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			
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	87	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	67	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,921	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	448
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	844	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	264	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,733	45,397
	137 THERAPEUTIC COLONOSCOPY	348	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	84	2,105
	139 LEVEL I HERNIA REPAIR	76	5,686
	140 LEVEL II HERNIA REPAIR	21	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	10	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	413
	145 LEVEL I LAPAROSCOPY	80	2,342
	146 LEVEL II LAPAROSCOPY	144	7,903
	147 LEVEL III LAPAROSCOPY	279	7,188
	148 LEVEL IV LAPAROSCOPY	1	184
08	GENITOURINARY SYSTEM PROCEDURES	372	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	130	880
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	95	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	124	4,061
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	23	481
09	MALE REPRODUCTIVE SYSTEM	49	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	23	1,477
	181 CIRCUMCISION	6	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	18	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	300
10	FEMALE REPRODUCTIVE SYSTEM	229	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	47	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	37	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	46	2,229
	199 DILATION AND CURETTAGE	13	518
	200 HYSTEROSCOPY	81	2,466
	201 COLPOSCOPY	5	654
11	NEUROLOGIC SYSTEM PROCEDURES	652	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	54	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	216
	217 LEVEL I NERVE PROCEDURES	136	4,176
	218 LEVEL II NERVE PROCEDURES	8	1,051
	219 SPINAL TAP	35	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	311	11,336
	221 LAMINOTOMY AND LAMINECTOMY	92	2,387

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	223 LEVEL III NERVE PROCEDURES	13	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	71	12,660
	233 CATARACT PROCEDURES	69	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	141
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	237
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	814	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	336	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	47	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	105	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	63	3,301
	256 TONSIL AND ADENOID PROCEDURES	263	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	169	\$4,412	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	48	\$1,924	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$4,712	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$2,445	\$5,133
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	\$4,519	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	72	\$5,173	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$7,389	\$6,300
	013 LEVEL II SKIN REPAIR	23	\$4,227	\$4,459
	014 LEVEL III SKIN REPAIR	6	\$15,702	\$7,376
02	BREAST PROCEDURES	49	\$6,963	\$4,831
	020 LEVEL I BREAST PROCEDURES	48	\$6,873	\$4,723
	021 LEVEL II BREAST PROCEDURES	1	\$11,250	\$8,864
03	MUSCULOSKELETAL SYSTEM PROCEDURES	694	\$7,857	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$6,301	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$11,059	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$14,120	\$10,524
	033 LEVEL I HAND PROCEDURES	44	\$4,128	\$3,410
	034 LEVEL II HAND PROCEDURES	7	\$9,721	\$6,046
	035 LEVEL I FOOT PROCEDURES	33	\$5,842	\$4,184
	036 LEVEL II FOOT PROCEDURES	13	\$12,025	\$8,885
	037 LEVEL I ARTHROSCOPY	209	\$7,187	\$5,096
	038 LEVEL II ARTHROSCOPY	35	\$17,682	\$13,106
	040 SPLINT, STRAPPING AND CAST REMOVAL	51	\$2,443	\$1,449
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$2,970	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	129	\$12,736	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	\$2,510	\$3,818
	045 BUNION PROCEDURES	18	\$7,398	\$6,420
	046 LEVEL I ARTHROPLASTY	10	\$12,482	\$9,598
	047 LEVEL II ARTHROPLASTY	1	\$33,242	\$23,125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	75	\$1,224	\$1,654
04	RESPIRATORY PROCEDURES	110	\$4,135	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	62	\$4,044	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,619	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	9	\$7,925	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	38	\$3,400	\$3,105
05	CARDIOVASCULAR PROCEDURES	72	\$18,944	\$18,123
	081 ECHOCARDIOGRAPHY	5	\$17,291	\$20,742
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$4,511	\$9,966
	083 PLACEMENT OF TRANSVENOUS CATHETERS	34	\$8,076	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	21	\$33,923	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	5	\$34,258	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$26,009	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$6,200	\$10,993
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	76	\$4,240	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	66	\$3,290	\$3,738



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$10,511	\$8,262
	GASTROINTESTINAL SYSTEM PROCEDURES	2,498	\$4,416	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$636	\$2,775
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$1,937	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$2,248	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	402	\$3,434	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	78	\$3,332	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,311	\$2,969	\$1,465
	137 THERAPEUTIC COLONOSCOPY	185	\$3,296	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	25	\$7,955	\$6,191
	139 LEVEL I HERNIA REPAIR	62	\$8,189	\$5,188
	140 LEVEL II HERNIA REPAIR	18	\$9,490	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	7	\$4,299	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$5,834	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$3,437	\$4,426
	145 LEVEL I LAPAROSCOPY	47	\$6,329	\$6,523
	146 LEVEL II LAPAROSCOPY	108	\$10,041	\$8,651
	147 LEVEL III LAPAROSCOPY	224	\$11,201	\$9,502
	148 LEVEL IV LAPAROSCOPY	1	\$15,386	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	164	\$9,540	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	91	\$11,897	\$11,434
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	21	\$6,321	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	30	\$6,426	\$6,114
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	22	\$7,108	\$15,091
09	MALE REPRODUCTIVE SYSTEM	27	\$6,942	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$6,066	\$3,472
	181 CIRCUMCISION	5	\$5,794	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	11	\$8,339	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	114	\$7,029	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	\$4,172	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	\$6,601	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	26	\$10,878	\$8,297
	199 DILATION AND CURETTAGE	9	\$4,064	\$3,922
	200 HYSTEROSCOPY	46	\$6,675	\$6,149
	201 COLPOSCOPY	2	\$4,541	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	366	\$4,679	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	52	\$1,502	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$26,707	\$12,644
	217 LEVEL I NERVE PROCEDURES	50	\$4,790	\$3,955
	218 LEVEL II NERVE PROCEDURES	2	\$17,262	\$22,021
	219 SPINAL TAP	35	\$2,080	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	164	\$1,665	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	55	\$14,100	\$12,191
	223 LEVEL III NERVE PROCEDURES	5	\$31,778	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	71	\$6,461	\$4,277

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

117 Jordan Valley Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	233 CATARACT PROCEDURES	69	\$6,375	\$4,092
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,398	\$4,703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$13,496	\$9,262
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	339	\$6,419	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	97	\$3,219	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	20	\$5,626	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	12	\$10,971	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	49	\$17,910	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	161	\$4,609	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	4,050	57.4	141,642	53.9
Male	3,008	42.6	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	27	0.4	2,902	1.1
1-4 years	139	2.0	11,446	4.4
5-9	94	1.3	7,208	2.7
10-14	96	1.4	5,295	2.0
15-17	169	2.4	5,309	2.0
18-19	94	1.3	3,821	1.5
20-24	315	4.5	10,434	4.0
25-29	444	6.3	12,230	4.7
30-34	556	7.9	14,877	5.7
35-39	499	7.1	14,643	5.6
40-44	528	7.5	14,871	5.7
45-49	548	7.8	17,304	6.6
50-54	904	12.8	30,494	11.6
55-59	665	9.4	26,436	10.1
60-64	603	8.5	24,041	9.1
65-69	518	7.3	20,003	7.6
70-74	374	5.3	15,679	6.0
75-79	262	3.7	11,976	4.6
80-84	143	2.0	7,762	3.0
85-89	59	0.8	3,511	1.3
90 +	21	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	7,041	99.8	106,152	40.4
Clinic Referral	0	0.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	1	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	1	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	15	0.2	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	7,048	99.9	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	2	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	7	0.1	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,656	23.5	62,882	23.9
Medicaid	496	7.0	19,964	7.6
Other government	262	3.7	6,019	2.3
Blue Cross/Blue Shield	1,918	27.2	33,344	12.7
Other Commercial	1,093	15.5	17,383	6.6
Managed Care(HMO, PPO)	1,529	21.7	114,999	43.7
Self Pay	19	0.3	3,241	1.2
Industrial & Worker Comp	71	1.0	3,157	1.2
Charity and Unclassified	3	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	11	0.2	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	9	0.1	18,464	7.0
Central Utah	19	0.3	9,378	3.6
Davis County	91	1.3	28,404	10.8
Salt Lake County	6,193	87.7	89,757	34.1
Southeastern Utah	34	0.5	5,550	2.1
Southwest Utah	21	0.3	16,470	6.3
Summit County	43	0.6	4,120	1.6
Tooele County	120	1.7	6,638	2.5
Tri-County	24	0.3	6,537	2.5
Utah County	352	5.0	39,778	15.1
Wasatch County	16	0.2	2,138	0.8
Weber County	35	0.5	21,938	8.3
Unknown Utah	1	0.0	15	0.0
Outside Utah	97	1.4	13,675	5.2
Unknown, Not Reported	3	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	406	100.0	347,183	100.0
Mastectomy (85.0-85.99)	0	0.0	8,605	2.5
Musculoskeletal (76.0-84.99)	11	2.7	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,288	0.9
Digestive System (42.0-54.99)	241	59.4	111,878	32.2
Urinary (55.0-59.99)	2	0.5	12,077	3.5
Male Genital (60.0-64.99)	1	0.2	4,124	1.2
Female Genital (65.0-71.99)	11	2.7	16,165	4.7
Endocrine/Nervous (01.0-07.99)	2	0.5	27,062	7.8
Eye (08.0-16.99)	138	34.0	22,328	6.4
Ear (18.0-20.99)	0	0.0	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,939	8.9
Reporting Category(CPT-4 CODES)	331	100.0	337,317	100.0
Mastectomy (19120-19220)	0	0.0	1,627	0.5
Musculoskeletal (20000-29909)	13	3.9	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	1	0.3	21,776	6.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,663	1.4
Digestive (40490-49999)	231	69.8	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	1	0.3	4,044	1.2
Female Genital (56405-58999)	13	3.9	15,380	4.6
Endocrine/Nervous (60000-64999)	2	0.6	26,532	7.9
Eye (65091-68899)	70	21.1	12,738	3.8
Ear (69000-69979)	0	0.0	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		406	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	68	16.7	1.60
4542	ENDO POLYPECTOMY LG INTESTINE	68	16.7	4.79
1341	PHACOEMULSIFICATION-ASPIR CATARACT	66	16.3	1.57
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	56	13.8	5.51
4523	COLONOSCOPY	48	11.8	7.08
4836	[ENDO] POLYPECTOMY RECTUM	29	7.1	1.34
4525	CLO [ENDO] BX LG INTESTINE	16	3.9	2.37
4513	OTH ENDO SM INTESTINE	9	2.2	1.48
4824	CLO [ENDO] BX RECTUM	6	1.5	0.48
4292	DILAT ESOPH	5	1.2	1.38
8411	AMPUT TOE	5	1.2	0.10
1343	MECH PHACOFRAG-OTH ASPIR CATARACT	2	0.5	0.03
1364	DISCISSION SECNDRY MEMBRN	2	0.5	0.11
5303	UNILAT REPR DIRECT ING HERN-GFT	2	0.5	0.24
6851	LAP ASSIST VAG HYST [LAVH]	2	0.5	0.15
6959	OTH ASPIR CURET UTERUS	2	0.5	0.05
7054	7054	2	0.5	0.02
8201	EXPLOR TENDON SHEATH HAND	2	0.5	0.36
8339	EXC LES OTH SOFT TISS	2	0.5	0.36
0392	INJ OTH AGENT SPINAL CANAL	1	0.2	2.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		331	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	93	28.1	6.63
66984	EXTRACAPSULAR CATARACT REMV IOL	64	19.3	1.63
43239	UGI ENDO; W/BX 1/MX	57	17.2	6.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	44	13.3	6.69
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	14	4.2	2.16
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	9	2.7	1.13
43248	UGI ENDO; W/INSRT GUIDE WIRE	4	1.2	0.11
66982	EXTRACAP CATARACT REMV W/IOL-CMP	4	1.2	0.07
28820	AMP TOE; METATARSOPHALANGEAL JOI	3	0.9	0.04
57267	INSRT MESH REPR PLV FLR EA SITE	3	0.9	0.07
58120	DILATION & CURET DX &/ THERAPEUT	3	0.9	0.15
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	3	0.9	0.07
26055	TENDON SHEATH INCISION	2	0.6	0.41
28810	AMPUTATION METATARSAL W/TOE SING	2	0.6	0.02
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	0.6	0.72
57240	ANT COLPORRHAPHY REPR CYSTOCELE	2	0.6	0.11
57260	COMBINED AP COLPORRHAPHY;	2	0.6	0.07
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2	0.6	1.01
66821	DISCISSION 2ND CATARACT; LASER S	2	0.6	0.12
20680	REMOVAL OF IMPLANT; DEEP	1	0.3	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, 2011  
 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	161	\$1,544	\$4,864
4542	ENDO POLYPECTOMY LG INTESTINE	50	\$1,507	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	34	\$1,401	\$1,852
4523	COLONOSCOPY	34	\$1,098	\$1,265
4836	[ENDO] POLYPECTOMY RECTUM	10	\$1,351	\$1,609
4513	OTH ENDO SM INTESTINE	6	\$1,038	\$1,505
4525	CLO [ENDO] BX LG INTESTINE	6	\$1,443	\$1,909
8411	AMPUT TOE	5	\$2,398	\$4,322
1364	DISCISSION SECNDRY MEMBRN	2	\$576	\$732
5303	UNILAT REPR DIRECT ING HERN-GFT	2	\$4,835	\$5,834
6959	OTH ASPIR CURET UTERUS	2	\$3,634	\$3,545
8201	EXPLOR TENDON SHEATH HAND	2	\$1,548	\$2,767
0392	INJ OTH AGENT SPINAL CANAL	1	\$766	\$1,445
0443	RELEASE CARPAL TUNNEL	1	\$2,346	\$2,934
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$4,925	\$5,647
6493	DIVIS PENILE ADHES	1	\$662	\$1,248
7050	REPR CYSTOCELE & RECTOCELE	1	\$6,411	\$6,784
7054	7054	1	\$6,226	\$10,673
7868	REMOV IMPLNT DEVICE-TARS-METATARS	1	\$2,276	\$4,106
8313	OTH TENOT	1	\$3,037	\$4,510

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	247	\$1,953	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	75	\$1,428	\$1,698
66984	EXTRACAPSULAR CATARACT REMV IOL	64	\$3,181	\$4,069
45378	COLONOSCOPY FLEX; DX-SEP PROC	36	\$1,093	\$1,275
43239	UGI ENDO; W/BX 1/MX	34	\$1,401	\$1,799
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	6	\$1,038	\$1,340
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	\$1,623	\$1,840
66982	EXTRACAP CATARACT REMV W/IOL-CMP	4	\$3,214	\$4,239
28820	AMP TOE; METATARSOPHALANGEAL JOI	3	\$2,330	\$3,698
26055	TENDON SHEATH INCISION	2	\$1,548	\$2,604
28810	AMPUTATION METATARSAL W/TOE SING	2	\$2,499	\$5,526
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$5,203	\$5,632
58120	DILATION & CURET DX &/ THERAPEUT	2	\$2,925	\$3,922
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2	\$796	\$1,590
66821	DISCISSION 2ND CATARACT; LASER S	2	\$576	\$750
20680	REMOVAL OF IMPLANT; DEEP	1	\$2,276	\$4,387
27337	27337	1	\$3,363	\$4,362
28230	TENOT OPN TEND FLX; FT 1/MX TEND	1	\$3,037	\$6,014
29848	ENDO WRST SURG REL TRNS CARP LIG	1	\$2,346	\$2,977
43247	UGI ENDO; W/REMOVAL FB	1	\$1,200	\$2,062
49520	REPR RECUR ING HERN ANY AGE; RDU	1	\$4,189	\$6,454

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	10,274
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	4,645
03	MUSCULOSKELETAL SYSTEM PROCEDURES	11	66,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	4,903
	033 LEVEL I HAND PROCEDURES	2	3,806
	035 LEVEL I FOOT PROCEDURES	4	6,177
	036 LEVEL II FOOT PROCEDURES	2	1,830
	037 LEVEL I ARTHROSCOPY	1	23,401
	048 HAND AND FOOT TENOTOMY	1	386
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,545
07	GASTROINTESTINAL SYSTEM PROCEDURES	233	118,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	66	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	141	45,397
	137 THERAPEUTIC COLONOSCOPY	14	9,233
	139 LEVEL I HERNIA REPAIR	2	5,686
	140 LEVEL II HERNIA REPAIR	1	1,214
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	413
	147 LEVEL III LAPAROSCOPY	2	7,188
09	MALE REPRODUCTIVE SYSTEM	1	4,273
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	8
10	FEMALE REPRODUCTIVE SYSTEM	11	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	2,229
	199 DILATION AND CURETTAGE	3	518
11	NEUROLOGIC SYSTEM PROCEDURES	2	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	4,570
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	70	12,660
	232 LASER EYE PROCEDURES	2	549
	233 CATARACT PROCEDURES	68	5,898

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	\$2,276	\$4,301
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,276	\$4,207
03	MUSCULOSKELETAL SYSTEM PROCEDURES	10	\$2,383	\$6,029
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$3,363	\$6,757
	033 LEVEL I HAND PROCEDURES	2	\$1,548	\$3,410
	035 LEVEL I FOOT PROCEDURES	3	\$2,330	\$4,184
	036 LEVEL II FOOT PROCEDURES	2	\$2,499	\$8,885
	037 LEVEL I ARTHROSCOPY	1	\$2,346	\$5,096
	048 HAND AND FOOT TENOTOMY	1	\$3,037	\$2,534
07	GASTROINTESTINAL SYSTEM PROCEDURES	160	\$1,401	\$3,066
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	40	\$1,346	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,200	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	111	\$1,319	\$1,465
	137 THERAPEUTIC COLONOSCOPY	5	\$1,623	\$1,880
	139 LEVEL I HERNIA REPAIR	2	\$5,203	\$5,188
	140 LEVEL II HERNIA REPAIR	1	\$4,189	\$6,288
09	MALE REPRODUCTIVE SYSTEM	1	\$662	\$5,436
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$662	\$943
10	FEMALE REPRODUCTIVE SYSTEM	3	\$4,087	\$5,677
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$6,411	\$5,814
	199 DILATION AND CURETTAGE	2	\$2,925	\$3,922
11	NEUROLOGIC SYSTEM PROCEDURES	2	\$796	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$796	\$1,622
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	70	\$3,109	\$4,277
	232 LASER EYE PROCEDURES	2	\$576	\$825
	233 CATARACT PROCEDURES	68	\$3,183	\$4,092

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, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

114 Kane County Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	154	53.7	141,642	53.9
Male	133	46.3	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	1	0.3	11,446	4.4
5-9	0	0.0	7,208	2.7
10-14	1	0.3	5,295	2.0
15-17	1	0.3	5,309	2.0
18-19	1	0.3	3,821	1.5
20-24	3	1.0	10,434	4.0
25-29	6	2.1	12,230	4.7
30-34	6	2.1	14,877	5.7
35-39	6	2.1	14,643	5.6
40-44	8	2.8	14,871	5.7
45-49	16	5.6	17,304	6.6
50-54	22	7.7	30,494	11.6
55-59	39	13.6	26,436	10.1
60-64	41	14.3	24,041	9.1
65-69	30	10.5	20,003	7.6
70-74	53	18.5	15,679	6.0
75-79	32	11.1	11,976	4.6
80-84	14	4.9	7,762	3.0
85-89	6	2.1	3,511	1.3
90 +	1	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	106,152	40.4
Clinic Referral	287	100.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

114 Kane County Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	287	100.0	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	146	50.9	62,882	23.9
Medicaid	16	5.6	19,964	7.6
Other government	0	0.0	6,019	2.3
Blue Cross/Blue Shield	20	7.0	33,344	12.7
Other Commercial	100	34.8	17,383	6.6
Managed Care(HMO, PPO)	0	0.0	114,999	43.7
Self Pay	5	1.7	3,241	1.2
Industrial & Worker Comp	0	0.0	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	0	0.0	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	0	0.0	89,757	34.1
Southeastern Utah	0	0.0	5,550	2.1
Southwest Utah	240	83.6	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	0	0.0	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	1	0.3	15	0.0
Outside Utah	46	16.0	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	5,241	100.0	347,183	100.0
Mastectomy (85.0-85.99)	331	6.3	8,605	2.5
Musculoskeletal (76.0-84.99)	1,485	28.3	70,411	20.3
Respiratory (30.0-34.99)	64	1.2	3,243	0.9
Cardiovascular (35.0-39.99)	330	6.3	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	39	0.7	3,288	0.9
Digestive System (42.0-54.99)	693	13.2	111,878	32.2
Urinary (55.0-59.99)	195	3.7	12,077	3.5
Male Genital (60.0-64.99)	70	1.3	4,124	1.2
Female Genital (65.0-71.99)	230	4.4	16,165	4.7
Endocrine/Nervous (01.0-07.99)	1,465	28.0	27,062	7.8
Eye (08.0-16.99)	108	2.1	22,328	6.4
Ear (18.0-20.99)	59	1.1	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	172	3.3	30,939	8.9
Reporting Category(CPT-4 CODES)	5,982	100.0	337,317	100.0
Mastectomy (19120-19220)	38	0.6	1,627	0.5
Musculoskeletal (20000-29909)	2,091	35.0	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	140	2.3	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	664	11.1	21,776	6.5
Lymphatic/Hemetic (38100-38999)	33	0.6	4,663	1.4
Digestive (40490-49999)	792	13.2	129,848	38.5
Urinary (50010-53899)	320	5.3	16,024	4.8
Male Genital (54000-55899)	27	0.5	4,044	1.2
Female Genital (56405-58999)	219	3.7	15,380	4.6
Endocrine/Nervous (60000-64999)	1,588	26.5	26,532	7.9
Eye (65091-68899)	43	0.7	12,738	3.8
Ear (69000-69979)	27	0.5	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		5,241	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	612	11.7	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	607	11.6	1.85
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	297	5.7	0.80
5123	LAP CHOLEY	155	3.0	2.02
806	EXC SEMILUNAR CARTILAGE-KNEE	109	2.1	1.57
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	104	2.0	0.67
8511	CLO [PERCUT] [NEEDLE] BX BREAST	92	1.8	0.47
3722	LT HEART CARD CATH	80	1.5	0.90
8051	EXC INTERVERTEBRAL DISC	70	1.3	0.48
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	61	1.2	0.51
8076	SYNOVECT-KNEE	60	1.1	0.40
0443	RELEASE CARPAL TUNNEL	57	1.1	0.96
8363	ROTATOR CUFF REPR	55	1.0	0.73
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	53	1.0	0.29
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	49	0.9	5.51
598	URETERAL CATH	49	0.9	0.77
8521	LOC EXC LES BREAST	47	0.9	0.61
5451	LAP LYSIS PERITONEAL ADHES	46	0.9	0.21
560	TRANSURETH REMOV OBST URETER-PELV	44	0.8	0.53
2001	MYRINGOTOMY W/INSRT TUBE	41	0.8	3.17

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,982	100.0	100.0
29581	29581	613	10.2	0.35
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	351	5.9	0.93
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	273	4.6	0.41
36416	COLLECTON CAPILLARY BLOOD SPECIM	213	3.6	0.66
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	190	3.2	1.01
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	148	2.5	1.18
29580	STRAPPING; UNNA BOOT	131	2.2	0.23
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	118	2.0	0.74
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	115	1.9	0.47
29881	SCOPE KNEE SURG;W/MENISCECT MED/	87	1.5	1.47
64493	64493	80	1.3	0.25
20550	INJECTION; 1 TENDON SHEATH/LIGAM	77	1.3	0.05
64495	64495	75	1.3	0.11
64494	64494	73	1.2	0.19
49505	REPR INIT ING HERNIA 5YR/MORE; R	71	1.2	0.72
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	71	1.2	0.28
29826	SCOPE SHOULDER; DECOMP SUBACROM	70	1.2	1.15
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	62	1.0	0.26
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	54	0.9	0.55
37251	INTRAVASC US DUR DX/TX; EA ADD V	53	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, 2011  
 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	1,630	\$9,824	\$4,864
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	192	\$3,395	\$1,961
5123	LAP CHOLEY	126	\$12,349	\$8,201
8511	CLO [PERCUT] [NEEDLE] BX BREAST	74	\$5,252	\$2,779
8051	EXC INTERVERTEBRAL DISC	65	\$15,672	\$12,020
3722	LT HEART CARD CATH	51	\$16,422	\$10,333
3893	VENOUS CATH-NEC	27	\$8,555	\$5,207
6029	OTH TRANSURETHRAL PROSTATECTOMY	25	\$15,236	\$9,685
283	TONSILLECTOMY W/ADENOIDECTOMY	24	\$6,386	\$3,273
5303	UNILAT REPR DIRECT ING HERN-GFT	23	\$7,926	\$5,834
3723	COMBO RT & LT HEART CARD CATH	21	\$13,004	\$10,823
3491	THORACENTESIS	20	\$3,086	\$2,166
5011	CLO [PERCUT] [NEEDLE] BX LIVER	20	\$4,530	\$3,128
5341	REPR UMB HERN W/PROSTH	20	\$9,562	\$6,191
5749	OTH TRANSURETH EXC/DEST LES BLADDER	19	\$7,988	\$5,845
8554	BILAT BREAST IMPLNT	18	\$11,112	\$6,346
0309	OTH EXPLOR & DECOMP SPINAL CANAL	17	\$13,550	\$11,767
042	DESTRUC CRANIAL & PERIPH NERV	17	\$25,313	\$6,158
0611	CLO PERCUT NEEDLE BX THYROID GLAND	16	\$1,531	\$1,323
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	16	\$6,109	\$1,852
8339	EXC LES OTH SOFT TISS	16	\$7,649	\$4,838

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,883	\$6,257	\$4,353
29581	29581	566	\$953	\$1,441
36416	COLLECTON CAPILLARY BLOOD SPECIM	177	\$84	\$168
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	165	\$2,827	\$1,590
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	128	\$12,392	\$8,835
29580	STRAPPING; UNNA BOOT	108	\$981	\$1,990
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	99	\$3,540	\$1,825
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	89	\$4,193	\$3,715
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	82	\$1,473	\$1,576
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	67	\$2,741	\$1,787
49505	REPR INIT ING HERNIA 5YR/MORE; R	56	\$8,433	\$5,632
29881	SCOPE KNEE SURG;W/MENISCECT MED/	49	\$9,201	\$4,987
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	45	\$15,847	\$11,995
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	43	\$14,269	\$11,434
44500	INTRODUCTION LONG GI TUBE-SEP PR	37	\$1,736	\$1,638
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	33	\$5,723	\$4,379
66984	EXTRACAPSULAR CATARACT REMV IOL	28	\$9,157	\$4,069
49585	REPR UMBIL HERNIA 5YR/OVER; RDCU	27	\$10,428	\$5,232
52601	TURP INCL CONTRL POSTOP BLEED CM	25	\$15,050	\$10,026
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	21	\$9,178	\$4,652
32421	32421	20	\$3,086	\$1,971

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	114	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	13	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	45	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	38	875
	014 LEVEL III SKIN REPAIR	3	247
02	BREAST PROCEDURES	38	1,671
	020 LEVEL I BREAST PROCEDURES	38	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,964	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	2,286
	033 LEVEL I HAND PROCEDURES	74	3,806
	034 LEVEL II HAND PROCEDURES	11	1,210
	035 LEVEL I FOOT PROCEDURES	90	6,177
	036 LEVEL II FOOT PROCEDURES	30	1,830
	037 LEVEL I ARTHROSCOPY	418	23,401
	038 LEVEL II ARTHROSCOPY	69	5,474
	039 REPLACEMENT OF CAST	36	146
	040 SPLINT, STRAPPING AND CAST REMOVAL	745	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	47	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	475
	045 BUNION PROCEDURES	18	1,762
	046 LEVEL I ARTHROPLASTY	33	650
	047 LEVEL II ARTHROPLASTY	2	144
	048 HAND AND FOOT TENOTOMY	4	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	223	2,711
04	RESPIRATORY PROCEDURES	121	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	66	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	9	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	44	2,429
05	CARDIOVASCULAR PROCEDURES	159	11,503
	081 ECHOCARDIOGRAPHY	19	207
	083 PLACEMENT OF TRANSVENOUS CATHETERS	21	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	88	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	12	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	7	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	75

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	143
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	148	4,562
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	5	29
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	118	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	766	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	38	448
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	56	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	44	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	41	45,397
	137 THERAPEUTIC COLONOSCOPY	11	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	33	2,105
	139 LEVEL I HERNIA REPAIR	144	5,686
	140 LEVEL II HERNIA REPAIR	33	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	7	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	20	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	12	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	119
	145 LEVEL I LAPAROSCOPY	54	2,342
	146 LEVEL II LAPAROSCOPY	65	7,903
	147 LEVEL III LAPAROSCOPY	202	7,188
08	GENITOURINARY SYSTEM PROCEDURES	220	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	62	880
	162 URINARY CATHETERIZATION AND DILATATION	3	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	59	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	78	4,061
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	16	481
09	MALE REPRODUCTIVE SYSTEM	69	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	17	1,477
	181 CIRCUMCISION	9	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	42	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	300
10	FEMALE REPRODUCTIVE SYSTEM	128	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	37	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	42	2,229
	199 DILATION AND CURETTAGE	3	518
	200 HYSTEROSCOPY	24	2,466
	201 COLPOSCOPY	1	654
11	NEUROLOGIC SYSTEM PROCEDURES	1,545	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	265	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	216
	217 LEVEL I NERVE PROCEDURES	45	4,176
	219 SPINAL TAP	13	419



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

107 Lakeview Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,096	11,336
	221 LAMINOTOMY AND LAMINECTOMY	113	2,387
	223 LEVEL III NERVE PROCEDURES	9	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	42	12,660
	232 LASER EYE PROCEDURES	8	549
	233 CATARACT PROCEDURES	29	5,898
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	236
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	187	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	60	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	12	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	32	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	35	3,301
	256 TONSIL AND ADENOID PROCEDURES	48	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	80	\$6,361	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	9	\$2,585	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$5,626	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$10,121	\$5,133
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$6,435	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	\$8,371	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$7,629	\$6,300
	013 LEVEL II SKIN REPAIR	33	\$5,723	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$10,293	\$7,376
02	BREAST PROCEDURES	31	\$9,394	\$4,831
	020 LEVEL I BREAST PROCEDURES	31	\$9,394	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,038	\$3,575	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$10,451	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$10,512	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$17,454	\$10,524
	033 LEVEL I HAND PROCEDURES	23	\$6,619	\$3,410
	034 LEVEL II HAND PROCEDURES	3	\$11,775	\$6,046
	035 LEVEL I FOOT PROCEDURES	33	\$7,530	\$4,184
	036 LEVEL II FOOT PROCEDURES	7	\$17,022	\$8,885
	037 LEVEL I ARTHROSCOPY	112	\$9,595	\$5,096
	038 LEVEL II ARTHROSCOPY	13	\$16,239	\$13,106
	039 REPLACEMENT OF CAST	4	\$1,249	\$4,045
	040 SPLINT, STRAPPING AND CAST REMOVAL	674	\$957	\$1,449
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$14,145	\$5,630
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	24	\$16,899	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$5,427	\$3,818
	045 BUNION PROCEDURES	9	\$10,428	\$6,420
	046 LEVEL I ARTHROPLASTY	2	\$21,491	\$9,598
	047 LEVEL II ARTHROPLASTY	1	\$41,671	\$23,125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	88	\$1,507	\$1,654
04	RESPIRATORY PROCEDURES	67	\$4,188	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	55	\$3,779	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$7,161	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$6,629	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	10	\$5,893	\$3,105
05	CARDIOVASCULAR PROCEDURES	61	\$30,800	\$18,123
	081 ECHOCARDIOGRAPHY	13	\$32,583	\$20,742
	083 PLACEMENT OF TRANSVENOUS CATHETERS	20	\$9,369	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	14	\$57,392	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	11	\$39,193	\$30,536
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$17,583	\$10,993
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$9,194	\$8,297
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$6,440	\$8,315
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	106	\$5,530	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	89	\$4,193	\$3,738

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	17	\$12,530	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	475	\$9,336	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	38	\$1,726	\$2,775
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$4,285	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$4,564	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	21	\$5,072	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	25	\$3,422	\$1,465
	137 THERAPEUTIC COLONOSCOPY	5	\$4,893	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$16,591	\$6,191
	139 LEVEL I HERNIA REPAIR	93	\$9,010	\$5,188
	140 LEVEL II HERNIA REPAIR	6	\$10,238	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	\$7,227	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	19	\$8,145	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	\$16,783	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$8,507	\$8,862
	145 LEVEL I LAPAROSCOPY	20	\$9,053	\$6,523
	146 LEVEL II LAPAROSCOPY	47	\$11,340	\$8,651
	147 LEVEL III LAPAROSCOPY	164	\$12,619	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	82	\$11,692	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	43	\$14,269	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	1	\$19,686	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	11	\$7,486	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	13	\$7,967	\$6,114
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	14	\$9,969	\$15,091
09	MALE REPRODUCTIVE SYSTEM	45	\$13,450	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$7,905	\$3,472
	181 CIRCUMCISION	5	\$6,389	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	37	\$14,853	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	34	\$9,855	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$5,867	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$7,749	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	9	\$10,894	\$8,297
	199 DILATION AND CURETTAGE	2	\$6,480	\$3,922
	200 HYSTEROSCOPY	16	\$11,320	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	454	\$5,590	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	236	\$2,800	\$1,622
	217 LEVEL I NERVE PROCEDURES	7	\$11,242	\$3,955
	219 SPINAL TAP	11	\$1,817	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	121	\$3,394	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	74	\$15,459	\$12,191
	223 LEVEL III NERVE PROCEDURES	5	\$44,747	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	40	\$8,113	\$4,277
	232 LASER EYE PROCEDURES	8	\$1,750	\$825
	233 CATARACT PROCEDURES	28	\$9,157	\$4,092
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,919	\$4,558

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$16,818	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$13,565	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	107	\$9,014	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	28	\$5,777	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	\$8,314	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	11	\$14,819	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	21	\$15,539	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	40	\$6,382	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,548	57.7	141,642	53.9
Male	1,866	42.3	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	171	3.9	1,613	0.6
29-365 days	25	0.6	2,902	1.1
1-4 years	21	0.5	11,446	4.4
5-9	18	0.4	7,208	2.7
10-14	28	0.6	5,295	2.0
15-17	52	1.2	5,309	2.0
18-19	40	0.9	3,821	1.5
20-24	88	2.0	10,434	4.0
25-29	153	3.5	12,230	4.7
30-34	187	4.2	14,877	5.7
35-39	202	4.6	14,643	5.6
40-44	200	4.5	14,871	5.7
45-49	249	5.6	17,304	6.6
50-54	351	8.0	30,494	11.6
55-59	383	8.7	26,436	10.1
60-64	322	7.3	24,041	9.1
65-69	416	9.4	20,003	7.6
70-74	464	10.5	15,679	6.0
75-79	472	10.7	11,976	4.6
80-84	277	6.3	7,762	3.0
85-89	225	5.1	3,511	1.3
90 +	70	1.6	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	1,047	23.7	106,152	40.4
Clinic Referral	3,325	75.3	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	41	0.9	139	0.1
Other Health Care Facility	1	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,387	99.4	262,109	99.7
Another Hospital	2	0.0	126	0.0
Skilled Nursing Facility	11	0.2	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	2	0.0	120	0.0
Under Care of Home Service	8	0.2	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	16	0.0
Unknown	3	0.1	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,090	47.3	62,882	23.9
Medicaid	215	4.9	19,964	7.6
Other government	134	3.0	6,019	2.3
Blue Cross/Blue Shield	551	12.5	33,344	12.7
Other Commercial	189	4.3	17,383	6.6
Managed Care(HMO, PPO)	1,081	24.5	114,999	43.7
Self Pay	86	1.9	3,241	1.2
Industrial & Worker Comp	63	1.4	3,157	1.2
Charity and Unclassified	4	0.1	775	0.3
Childrens Health Insurance	1	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	40	0.9	18,464	7.0
Central Utah	3	0.1	9,378	3.6
Davis County	3,704	83.9	28,404	10.8
Salt Lake County	263	6.0	89,757	34.1
Southeastern Utah	14	0.3	5,550	2.1
Southwest Utah	3	0.1	16,470	6.3
Summit County	11	0.2	4,120	1.6
Tooele County	73	1.7	6,638	2.5
Tri-County	16	0.4	6,537	2.5
Utah County	26	0.6	39,778	15.1
Wasatch County	2	0.0	2,138	0.8
Weber County	175	4.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	82	1.9	13,675	5.2
Unknown, Not Reported	2	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

121 LDS Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	17,638	100.0	347,183	100.0
Mastectomy (85.0-85.99)	372	2.1	8,605	2.5
Musculoskeletal (76.0-84.99)	2,300	13.0	70,411	20.3
Respiratory (30.0-34.99)	467	2.6	3,243	0.9
Cardiovascular (35.0-39.99)	168	1.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	399	2.3	3,288	0.9
Digestive System (42.0-54.99)	9,136	51.8	111,878	32.2
Urinary (55.0-59.99)	1,001	5.7	12,077	3.5
Male Genital (60.0-64.99)	161	0.9	4,124	1.2
Female Genital (65.0-71.99)	1,288	7.3	16,165	4.7
Endocrine/Nervous (01.0-07.99)	505	2.9	27,062	7.8
Eye (08.0-16.99)	338	1.9	22,328	6.4
Ear (18.0-20.99)	228	1.3	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,275	7.2	30,939	8.9
Reporting Category(CPT-4 CODES)	16,108	100.0	337,317	100.0
Mastectomy (19120-19220)	164	1.0	1,627	0.5
Musculoskeletal (20000-29909)	2,256	14.0	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	1,324	8.2	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	107	0.7	21,776	6.5
Lymphatic/Hemetic (38100-38999)	367	2.3	4,663	1.4
Digestive (40490-49999)	9,136	56.7	129,848	38.5
Urinary (50010-53899)	854	5.3	16,024	4.8
Male Genital (54000-55899)	98	0.6	4,044	1.2
Female Genital (56405-58999)	999	6.2	15,380	4.6
Endocrine/Nervous (60000-64999)	458	2.8	26,532	7.9
Eye (65091-68899)	173	1.1	12,738	3.8
Ear (69000-69979)	172	1.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	1,549	8.8	7.08
4542	ENDO POLYPECTOMY LG INTESTINE	1,508	8.5	4.79
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,479	8.4	5.51
4525	CLO [ENDO] BX LG INTESTINE	672	3.8	2.37
4836	[ENDO] POLYPECTOMY RECTUM	540	3.1	1.34
4513	OTH ENDO SM INTESTINE	482	2.7	1.48
5123	LAP CHOLEY	420	2.4	2.02
8521	LOC EXC LES BREAST	272	1.5	0.61
560	TRANSURETH REMOV OBST URETER-PELV	266	1.5	0.53
4292	DILAT ESOPH	261	1.5	1.38
598	URETERAL CATH	254	1.4	0.77
806	EXC SEMILUNAR CARTILAGE-KNEE	215	1.2	1.57
4824	CLO [ENDO] BX RECTUM	204	1.2	0.48
2169	OTH TURBINECTOMY	188	1.1	0.77
8339	EXC LES OTH SOFT TISS	183	1.0	0.36
2188	OTH SEPTOPLASTY	182	1.0	0.50
2263	ETHMOIDECTOMY	169	1.0	0.56
5211	CLO PERCUT NEEDLE ASPIR BX PANCREAS	151	0.9	0.05
0443	RELEASE CARPAL TUNNEL	143	0.8	0.96
5491	PERCUT ABD DRAIN	137	0.8	0.19

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,980	12.3	6.63
43239	UGI ENDO; W/BX 1/MX	1,382	8.6	6.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,270	7.9	6.69
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	445	2.8	2.16
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	353	2.2	0.19
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	305	1.9	1.18
49650	LAPARSCPY SURG; REPR INIT ING HE	254	1.6	0.31
43242	UGI ENDO; W/US GUID ASPIR/BX	246	1.5	0.13
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	241	1.5	0.98
30140	SUBMUCOS RES TURBINATE PART/CMPL	224	1.4	0.74
52332	CYSTOURETHROSCOPY W/INSRT STENT	218	1.4	0.73
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	182	1.1	0.77
29881	SCOPE KNEE SURG;W/MENISCECT MED/	174	1.1	1.47
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	169	1.0	0.92
52352	CYSURETH-URETR&/PYELSCPY; REMV C	154	1.0	0.27
45381	COLNSCP PROX SPLENC FLXR/SUBMUC	148	0.9	0.22
38900	38900	134	0.8	0.09
29826	SCOPE SHOULDER; DECOMP SUBACROM	133	0.8	1.15
52353	CYSURETH W/URETR &/PYELSCPY; LIT	122	0.8	0.33
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	120	0.7	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, 2011  
 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 CHR	AVE TOT CHR(ALL Hospitals )
ICD-9	Procedures	8,018	\$3,564	\$4,864
4523	COLONOSCOPY	1,318	\$916	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	876	\$1,392	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	739	\$1,531	\$1,852
5123	LAP CHOLEY	364	\$6,609	\$8,201
4513	OTH ENDO SM INTESTINE	334	\$1,794	\$1,505
4525	CLO [ENDO] BX LG INTESTINE	310	\$1,327	\$1,909
8521	LOC EXC LES BREAST	165	\$4,188	\$4,424
4836	[ENDO] POLYPECTOMY RECTUM	135	\$1,309	\$1,609
5491	PERCUT ABD DRAIN	135	\$1,996	\$2,428
5211	CLO PERCUT NEEDLE ASPIR BX PANCREAS	133	\$3,320	\$3,444
3893	VENOUS CATH-NEC	100	\$6,469	\$5,207
4524	FLEX SIGMOIDOSCOPY	93	\$1,580	\$1,274
6952	ASPIR CURET FOLLOWING DELIV/AB	93	\$3,315	\$3,495
283	TONSILLECTOMY W/ADENOIDECTOMY	77	\$3,524	\$3,273
0443	RELEASE CARPAL TUNNEL	76	\$2,883	\$2,934
8339	EXC LES OTH SOFT TISS	72	\$4,327	\$4,838
806	EXC SEMILUNAR CARTILAGE-KNEE	62	\$4,167	\$5,149
6823	ENDOMETRIAL ABLATION	60	\$7,016	\$6,965
4824	CLO [ENDO] BX RECTUM	59	\$1,299	\$1,770
0392	INJ OTH AGENT SPINAL CANAL	57	\$1,889	\$1,445

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
CPT-4	Procedures	8,097	\$3,676	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,427	\$1,315	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,068	\$917	\$1,275
43239	UGI ENDO; W/BX 1/MX	645	\$1,268	\$1,799
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	268	\$6,812	\$8,835
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	267	\$1,935	\$1,928
43242	UGI ENDO; W/US GUID ASPIR/BX	214	\$3,330	\$3,708
49650	LAPARSCPY SURG; REPR INIT ING HE	202	\$6,682	\$9,093
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	139	\$1,382	\$1,840
49080	PERITONEOCENTESIS; INIT	112	\$1,697	\$1,546
47562	LAPAROSCOPY SURGICAL; CHOLECT	92	\$5,879	\$7,363
19120	EXC BRST CYST TUMR/LES OPN M/F 1	90	\$3,800	\$4,414
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	84	\$2,737	\$3,049
57288	SLING OPERATION STRESS INCONTINE	72	\$6,947	\$8,233
45341	SIGMOIDOSCOPY FLXIBLE; W/ENDO US	71	\$1,663	\$1,684
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	70	\$7,137	\$7,533
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	62	\$4,190	\$4,774
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	59	\$4,751	\$5,232
29881	SCOPE KNEE SURG;W/MENISCECT MED/	56	\$4,223	\$4,987
49505	REPR INIT ING HERNIA 5YR/MORE; R	56	\$5,600	\$5,632
31630	BRONCH;TRACH/BRO DILAT/CLOS RDOC	52	\$2,582	\$2,748

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	396	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	34	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	7	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	94
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	37	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	97	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	196	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	19	875
	014 LEVEL III SKIN REPAIR	3	247
02	BREAST PROCEDURES	166	1,671
	020 LEVEL I BREAST PROCEDURES	164	1,627
	021 LEVEL II BREAST PROCEDURES	2	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,780	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	108	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	2,286
	033 LEVEL I HAND PROCEDURES	87	3,806
	034 LEVEL II HAND PROCEDURES	41	1,210
	035 LEVEL I FOOT PROCEDURES	97	6,177
	036 LEVEL II FOOT PROCEDURES	32	1,830
	037 LEVEL I ARTHROSCOPY	878	23,401
	038 LEVEL II ARTHROSCOPY	144	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	12	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	169	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	26	475
	045 BUNION PROCEDURES	15	1,762
	046 LEVEL I ARTHROPLASTY	20	650
	048 HAND AND FOOT TENOTOMY	9	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	36	2,711
04	RESPIRATORY PROCEDURES	942	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	176	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	98	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	284	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	384	2,429
05	CARDIOVASCULAR PROCEDURES	62	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	39	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	13	1,890
	088 LEVEL I CARDIOTHORACIC PROCEDURES	6	416
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	143
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	181	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	11	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	170	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	9,027	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	448

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	1	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	121	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	66	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,164	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	414	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,291	45,397
	137 THERAPEUTIC COLONOSCOPY	663	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	252	2,105
	139 LEVEL I HERNIA REPAIR	268	5,686
	140 LEVEL II HERNIA REPAIR	52	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	113	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	162	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	14	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	119
	145 LEVEL I LAPAROSCOPY	222	2,342
	146 LEVEL II LAPAROSCOPY	656	7,903
	147 LEVEL III LAPAROSCOPY	558	7,188
	148 LEVEL IV LAPAROSCOPY	7	184
08	GENITOURINARY SYSTEM PROCEDURES	762	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	30	880
	162 URINARY CATHETERIZATION AND DILATATION	6	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	339	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	361	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	5	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	19	481
09	MALE REPRODUCTIVE SYSTEM	115	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	48	1,477
	181 CIRCUMCISION	12	967
	182 INSERTION OF PENILE PROSTHESIS	2	75
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	53	1,446
10	FEMALE REPRODUCTIVE SYSTEM	641	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	130	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	91	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	173	2,229
	199 DILATION AND CURETTAGE	15	518
	200 HYSTEROSCOPY	223	2,466
	201 COLPOSCOPY	9	654
11	NEUROLOGIC SYSTEM PROCEDURES	340	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	21	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	220
	217 LEVEL I NERVE PROCEDURES	178	4,176
	218 LEVEL II NERVE PROCEDURES	10	1,051
	219 SPINAL TAP	8	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	28	11,336

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

121 LDS Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	221 LAMINOTOMY AND LAMINECTOMY	79	2,387
	223 LEVEL III NERVE PROCEDURES	13	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	173	12,660
	232 LASER EYE PROCEDURES	17	549
	233 CATARACT PROCEDURES	5	5,898
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	140	1,752
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	942
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,115	31,882
	250 COCHLEAR DEVICE IMPLANTATION	20	114
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	31
	252 LEVEL I FACIAL AND ENT PROCEDURES	351	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	70	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	265	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	242	3,301
	256 TONSIL AND ADENOID PROCEDURES	165	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	222	\$4,068	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	27	\$5,428	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$6,662	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$5,069	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	28	\$3,187	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	50	\$4,126	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	100	\$3,895	\$4,207
	013 LEVEL II SKIN REPAIR	12	\$3,455	\$4,459
02	BREAST PROCEDURES	133	\$4,121	\$4,831
	020 LEVEL I BREAST PROCEDURES	132	\$4,094	\$4,723
	021 LEVEL II BREAST PROCEDURES	1	\$7,659	\$8,864
03	MUSCULOSKELETAL SYSTEM PROCEDURES	487	\$6,112	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$4,649	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	\$4,933	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$8,795	\$10,524
	033 LEVEL I HAND PROCEDURES	34	\$2,886	\$3,410
	034 LEVEL II HAND PROCEDURES	12	\$4,099	\$6,046
	035 LEVEL I FOOT PROCEDURES	18	\$4,625	\$4,184
	036 LEVEL II FOOT PROCEDURES	9	\$11,875	\$8,885
	037 LEVEL I ARTHROSCOPY	216	\$4,705	\$5,096
	038 LEVEL II ARTHROSCOPY	35	\$10,816	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$5,747	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$6,476	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	76	\$9,954	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$2,701	\$3,818
	045 BUNION PROCEDURES	2	\$4,629	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$15,580	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,702	\$1,654
04	RESPIRATORY PROCEDURES	356	\$2,488	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	167	\$2,265	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	\$3,018	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	18	\$4,762	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	162	\$2,435	\$3,105
05	CARDIOVASCULAR PROCEDURES	37	\$5,151	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	32	\$4,276	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$15,573	\$37,492
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$7,531	\$8,315
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	37	\$6,789	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	8	\$8,643	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	29	\$6,277	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,449	\$2,703	\$3,066
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	95	\$1,741	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	30	\$1,728	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,233	\$1,783	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	88	\$2,288	\$2,558

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,505	\$1,148	\$1,465
	137 THERAPEUTIC COLONOSCOPY	164	\$1,520	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	21	\$6,303	\$6,191
	139 LEVEL I HERNIA REPAIR	158	\$4,987	\$5,188
	140 LEVEL II HERNIA REPAIR	14	\$5,386	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	64	\$3,287	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	126	\$3,824	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$5,967	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$10,918	\$8,862
	145 LEVEL I LAPAROSCOPY	80	\$5,488	\$6,523
	146 LEVEL II LAPAROSCOPY	471	\$7,584	\$8,651
	147 LEVEL III LAPAROSCOPY	388	\$8,142	\$9,502
	148 LEVEL IV LAPAROSCOPY	5	\$16,264	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	156	\$6,269	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$4,370	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	2	\$4,633	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	88	\$4,424	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	47	\$6,023	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	\$14,502	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$7,117	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	15	\$17,053	\$15,091
09	MALE REPRODUCTIVE SYSTEM	78	\$7,134	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	\$4,677	\$3,472
	181 CIRCUMCISION	9	\$4,750	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	2	\$30,407	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	42	\$7,999	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	347	\$6,034	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	46	\$4,205	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	25	\$4,606	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	119	\$7,618	\$8,297
	199 DILATION AND CURETTAGE	6	\$3,113	\$3,922
	200 HYSTEROSCOPY	145	\$5,715	\$6,149
	201 COLPOSCOPY	6	\$5,196	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	184	\$5,296	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	17	\$1,639	\$1,622
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$6,577	\$16,600
	217 LEVEL I NERVE PROCEDURES	102	\$3,217	\$3,955
	218 LEVEL II NERVE PROCEDURES	4	\$32,123	\$22,021
	219 SPINAL TAP	8	\$1,958	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	12	\$2,085	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	39	\$11,026	\$12,191
	223 LEVEL III NERVE PROCEDURES	1	\$12,712	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	145	\$6,350	\$4,277
	232 LASER EYE PROCEDURES	14	\$724	\$825
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,884	\$9,262

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	4	\$5,246	\$4,745
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	125	\$7,041	\$7,259
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,607	\$2,864
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	418	\$7,927	\$4,442
	250 COCHLEAR DEVICE IMPLANTATION	19	\$46,792	\$61,157
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$7,909	\$3,473
	252 LEVEL I FACIAL AND ENT PROCEDURES	69	\$3,076	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	22	\$5,474	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	28	\$8,099	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	161	\$8,897	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	118	\$3,598	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	6,787	55.9	141,642	53.9
Male	5,354	44.1	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	31	0.3	11,446	4.4
5-9	38	0.3	7,208	2.7
10-14	73	0.6	5,295	2.0
15-17	133	1.1	5,309	2.0
18-19	133	1.1	3,821	1.5
20-24	505	4.2	10,434	4.0
25-29	646	5.3	12,230	4.7
30-34	728	6.0	14,877	5.7
35-39	771	6.4	14,643	5.6
40-44	757	6.2	14,871	5.7
45-49	930	7.7	17,304	6.6
50-54	1,623	13.4	30,494	11.6
55-59	1,486	12.2	26,436	10.1
60-64	1,329	10.9	24,041	9.1
65-69	1,016	8.4	20,003	7.6
70-74	720	5.9	15,679	6.0
75-79	629	5.2	11,976	4.6
80-84	375	3.1	7,762	3.0
85-89	178	1.5	3,511	1.3
90 +	40	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	11,125	91.6	106,152	40.4
Clinic Referral	1,002	8.3	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	5	0.0	200	0.1
Skilled Nursing Facility	6	0.0	139	0.1
Other Health Care Facility	3	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	12,105	99.7	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	11	0.1	203	0.1
Intermediate Care Facility	1	0.0	16	0.0
Another Type of Institution	22	0.2	120	0.0
Under Care of Home Service	1	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,959	24.4	62,882	23.9
Medicaid	489	4.0	19,964	7.6
Other government	120	1.0	6,019	2.3
Blue Cross/Blue Shield	477	3.9	33,344	12.7
Other Commercial	681	5.6	17,383	6.6
Managed Care(HMO, PPO)	6,988	57.6	114,999	43.7
Self Pay	111	0.9	3,241	1.2
Industrial & Worker Comp	76	0.6	3,157	1.2
Charity and Unclassified	182	1.5	775	0.3
Childrens Health Insurance	42	0.3	172	0.1
Unknown	16	0.1	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	190	1.6	18,464	7.0
Central Utah	64	0.5	9,378	3.6
Davis County	2,411	19.9	28,404	10.8
Salt Lake County	7,501	61.8	89,757	34.1
Southeastern Utah	40	0.3	5,550	2.1
Southwest Utah	71	0.6	16,470	6.3
Summit County	180	1.5	4,120	1.6
Tooele County	353	2.9	6,638	2.5
Tri-County	66	0.5	6,537	2.5
Utah County	505	4.2	39,778	15.1
Wasatch County	63	0.5	2,138	0.8
Weber County	349	2.9	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	345	2.8	13,675	5.2
Unknown, Not Reported	3	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	15,827	100.0	347,183	100.0
Mastectomy (85.0-85.99)	659	4.2	8,605	2.5
Musculoskeletal (76.0-84.99)	2,703	17.1	70,411	20.3
Respiratory (30.0-34.99)	31	0.2	3,243	0.9
Cardiovascular (35.0-39.99)	247	1.6	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	67	0.4	3,288	0.9
Digestive System (42.0-54.99)	5,142	32.5	111,878	32.2
Urinary (55.0-59.99)	611	3.9	12,077	3.5
Male Genital (60.0-64.99)	149	0.9	4,124	1.2
Female Genital (65.0-71.99)	507	3.2	16,165	4.7
Endocrine/Nervous (01.0-07.99)	1,855	11.7	27,062	7.8
Eye (08.0-16.99)	2,014	12.7	22,328	6.4
Ear (18.0-20.99)	468	3.0	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,374	8.7	30,939	8.9
Reporting Category(CPT-4 CODES)	13,263	100.0	337,317	100.0
Mastectomy (19120-19220)	97	0.7	1,627	0.5
Musculoskeletal (20000-29909)	2,776	20.9	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	333	2.5	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	130	1.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	45	0.3	4,663	1.4
Digestive (40490-49999)	5,854	44.1	129,848	38.5
Urinary (50010-53899)	646	4.9	16,024	4.8
Male Genital (54000-55899)	110	0.8	4,044	1.2
Female Genital (56405-58999)	427	3.2	15,380	4.6
Endocrine/Nervous (60000-64999)	1,411	10.6	26,532	7.9
Eye (65091-68899)	1,176	8.9	12,738	3.8
Ear (69000-69979)	258	1.9	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

105 Logan Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4542	ENDO POLYPECTOMY LG INTESTINE	1,386	8.8	4.79
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	837	5.3	5.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	676	4.3	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	675	4.3	1.57
0392	INJ OTH AGENT SPINAL CANAL	643	4.1	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	641	4.1	1.85
4523	COLONOSCOPY	608	3.8	7.08
4292	DILAT ESOPH	429	2.7	1.38
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	394	2.5	0.80
4525	CLO [ENDO] BX LG INTESTINE	350	2.2	2.37
2001	MYRINGOTOMY W/INSRT TUBE	347	2.2	3.17
4836	[ENDO] POLYPECTOMY RECTUM	328	2.1	1.34
8511	CLO [PERCUT] [NEEDLE] BX BREAST	293	1.9	0.47
5123	LAP CHOLEY	291	1.8	2.02
8147	OTH REPR KNEE	290	1.8	0.93
1364	DISCISSION SECNDRY MEMBRN	237	1.5	0.11
283	TONSILLECTOMY W/ADENOIDECTOMY	228	1.4	1.93
2341	APPLIC CROWN	224	1.4	0.44
598	URETERAL CATH	207	1.3	0.77
232	RESTORATION TOOTH-FILLING	194	1.2	0.49

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,301	9.8	6.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	892	6.7	2.16
43239	UGI ENDO; W/BX 1/MX	839	6.3	6.02
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	700	5.3	0.93
66984	EXTRACAPSULAR CATARACT REMV IOL	607	4.6	1.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	592	4.5	6.69
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	289	2.2	0.98
41899	UNLIST PROC DENTOALVEOL STRUCTUR	255	1.9	0.79
66821	DISCISSION 2ND CATARACT; LASER S	238	1.8	0.12
29881	SCOPE KNEE SURG;W/MENISCECT MED/	220	1.7	1.47
29826	SCOPE SHOULDER; DECOMP SUBACROM	209	1.6	1.15
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	209	1.6	0.92
52332	CYSTOURETHROSCOPY W/INSRT STENT	185	1.4	0.73
42820	T&A; UNDER AGE 12	182	1.4	1.56
69436	TYMPANOSTOMY GENERAL ANESTHESIA	179	1.3	1.71
47562	LAPAROSCOPY SURGICAL; CHOLECT	167	1.3	0.91
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	165	1.2	0.41
49505	REPR INIT ING HERNIA 5YR/MORE; R	151	1.1	0.72
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	139	1.0	0.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	121	0.9	1.18

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, 2011  
 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	6,505	\$2,936	\$4,864
4542	ENDO POLYPECTOMY LG INTESTINE	956	\$1,331	\$1,760
4523	COLONOSCOPY	587	\$980	\$1,265
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	342	\$1,253	\$1,852
5123	LAP CHOLEY	273	\$5,434	\$8,201
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	271	\$1,543	\$1,961
8147	OTH REPR KNEE	247	\$4,515	\$6,374
8511	CLO [PERCUT] [NEEDLE] BX BREAST	238	\$2,321	\$2,779
1364	DISCISSION SECNDRY MEMBRN	233	\$541	\$732
283	TONSILLECTOMY W/ADENOIDECTOMY	181	\$1,849	\$3,273
0611	CLO PERCUT NEEDLE BX THYROID GLAND	153	\$1,013	\$1,323
4525	CLO [ENDO] BX LG INTESTINE	146	\$1,337	\$1,909
8183	OTH REPR SHLDR	125	\$6,396	\$8,998
0443	RELEASE CARPAL TUNNEL	96	\$2,111	\$2,934
5304	UNILAT REPR INDIRECT ING HERN-GFT	87	\$3,160	\$5,647
282	TONSILLECTOMY WO ADENOIDECTOMY	86	\$2,124	\$3,403
8521	LOC EXC LES BREAST	85	\$3,358	\$4,424
3722	LT HEART CARD CATH	77	\$5,445	\$10,333
806	EXC SEMILUNAR CARTILAGE-KNEE	66	\$3,222	\$5,149
4836	[ENDO] POLYPECTOMY RECTUM	64	\$1,260	\$1,609
8051	EXC INTERVERTEBRAL DISC	60	\$8,326	\$12,020

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	6,383	\$2,894	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	704	\$1,292	\$1,698
66984	EXTRACAPSULAR CATARACT REMV IOL	581	\$3,328	\$4,069
45378	COLONOSCOPY FLEX; DX-SEP PROC	569	\$981	\$1,275
43239	UGI ENDO; W/BX 1/MX	334	\$1,234	\$1,799
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	323	\$1,283	\$1,840
66821	DISCISSION 2ND CATARACT; LASER S	238	\$541	\$750
41899	UNLIST PROC DENTOALVEOL STRUCTUR	235	\$3,691	\$3,672
47562	LAPAROSCOPY SURGICAL; CHOLECT	158	\$4,746	\$7,363
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	152	\$1,170	\$1,825
49505	REPR INIT ING HERNIA 5YR/MORE; R	138	\$3,297	\$5,632
42820	T&A; UNDER AGE 12	135	\$1,804	\$3,185
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	113	\$6,346	\$8,835
69436	TYMPANOSTOMY GENERAL ANESTHESIA	101	\$1,184	\$1,779
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	75	\$2,206	\$3,512
29881	SCOPE KNEE SURG;W/MENISCECT MED/	64	\$3,294	\$4,987
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	64	\$2,056	\$3,049
66982	EXTRACAP CATARACT REMV W/IOL-CMP	62	\$4,026	\$4,239
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	55	\$1,216	\$1,576
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	55	\$7,975	\$11,995
19125	EXC BRST LES ID RAD MARKR OPN/1	48	\$4,319	\$5,413

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	149	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	15	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	94
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	93	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	14	875
	014 LEVEL III SKIN REPAIR	8	247
02	BREAST PROCEDURES	97	1,671
	020 LEVEL I BREAST PROCEDURES	97	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,470	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	80	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	112	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	2,286
	033 LEVEL I HAND PROCEDURES	106	3,806
	034 LEVEL II HAND PROCEDURES	15	1,210
	035 LEVEL I FOOT PROCEDURES	232	6,177
	036 LEVEL II FOOT PROCEDURES	39	1,830
	037 LEVEL I ARTHROSCOPY	1,131	23,401
	038 LEVEL II ARTHROSCOPY	258	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	183	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	475
	045 BUNION PROCEDURES	68	1,762
	046 LEVEL I ARTHROPLASTY	4	650
	047 LEVEL II ARTHROPLASTY	9	144
	048 HAND AND FOOT TENOTOMY	6	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	148	2,711
04	RESPIRATORY PROCEDURES	223	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	66	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	32	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	122	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	3	2,429
05	CARDIOVASCULAR PROCEDURES	103	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	7	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	7	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	17	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	47	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	19	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	5	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	75
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	40	4,562

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

105 Logan Regional Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	37	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,277	118,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	140	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	23	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	895	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	433	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,900	45,397
	137 THERAPEUTIC COLONOSCOPY	944	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	27	2,105
	139 LEVEL I HERNIA REPAIR	285	5,686
	140 LEVEL II HERNIA REPAIR	46	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	12	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	25	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	10	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	119
	145 LEVEL I LAPAROSCOPY	97	2,342
	146 LEVEL II LAPAROSCOPY	238	7,903
	147 LEVEL III LAPAROSCOPY	181	7,188
	148 LEVEL IV LAPAROSCOPY	2	184
08	GENITOURINARY SYSTEM PROCEDURES	584	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	8	880
	162 URINARY CATHETERIZATION AND DILATATION	16	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	228	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	310	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	10	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	10	481
09	MALE REPRODUCTIVE SYSTEM	111	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	61	1,477
	181 CIRCUMCISION	21	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	28	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	300
10	FEMALE REPRODUCTIVE SYSTEM	284	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	66	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	58	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	61	2,229
	199 DILATION AND CURETTAGE	10	518
	200 HYSTEROSCOPY	87	2,466
	201 COLPOSCOPY	2	654
11	NEUROLOGIC SYSTEM PROCEDURES	1,403	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	37	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	9	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	11	220
	217 LEVEL I NERVE PROCEDURES	153	4,176

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

105 Logan Regional Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	218 LEVEL II NERVE PROCEDURES	24	1,051
	219 SPINAL TAP	9	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,049	11,336
	221 LAMINOTOMY AND LAMINECTOMY	84	2,387
	223 LEVEL III NERVE PROCEDURES	27	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,176	12,660
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	22
	232 LASER EYE PROCEDURES	324	549
	233 CATARACT PROCEDURES	683	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	7	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	38	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	10	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	58	1,752
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	5	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	24	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	20	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,192	31,882
	250 COCHLEAR DEVICE IMPLANTATION	3	114
	252 LEVEL I FACIAL AND ENT PROCEDURES	565	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	57	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	115	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	80	3,301
	256 TONSIL AND ADENOID PROCEDURES	372	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	84	\$3,303	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	\$4,109	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$5,201	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$3,342	\$5,133
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,314	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	57	\$2,799	\$4,207
	013 LEVEL II SKIN REPAIR	5	\$2,370	\$4,459
	014 LEVEL III SKIN REPAIR	4	\$9,664	\$7,376
02	BREAST PROCEDURES	88	\$3,857	\$4,831
	020 LEVEL I BREAST PROCEDURES	88	\$3,857	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	792	\$4,630	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	\$4,103	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	42	\$4,926	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$7,198	\$10,524
	033 LEVEL I HAND PROCEDURES	51	\$2,397	\$3,410
	034 LEVEL II HAND PROCEDURES	10	\$4,450	\$6,046
	035 LEVEL I FOOT PROCEDURES	73	\$2,784	\$4,184
	036 LEVEL II FOOT PROCEDURES	15	\$6,974	\$8,885
	037 LEVEL I ARTHROSCOPY	251	\$3,412	\$5,096
	038 LEVEL II ARTHROSCOPY	53	\$10,031	\$13,106
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$8,403	\$1,449
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	\$9,475	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$1,524	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	127	\$6,949	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,433	\$3,818
	045 BUNION PROCEDURES	39	\$5,137	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$8,550	\$9,598
	047 LEVEL II ARTHROPLASTY	6	\$21,020	\$23,125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	69	\$1,266	\$1,654
04	RESPIRATORY PROCEDURES	72	\$2,024	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	59	\$1,551	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$2,539	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	\$5,703	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	\$1,627	\$3,105
05	CARDIOVASCULAR PROCEDURES	39	\$9,285	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$4,055	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$5,358	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	8	\$22,831	\$30,536
	088 LEVEL I CARDIOTHORACIC PROCEDURES	18	\$5,181	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	4	\$6,597	\$10,145
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$23,467	\$8,297
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	33	\$8,496	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$12,616	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	32	\$8,367	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,730	\$1,996	\$3,066



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$532	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	20	\$1,091	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	369	\$1,204	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	46	\$1,693	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,277	\$1,153	\$1,465
	137 THERAPEUTIC COLONOSCOPY	329	\$1,285	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	\$4,450	\$6,191
	139 LEVEL I HERNIA REPAIR	225	\$3,300	\$5,188
	140 LEVEL II HERNIA REPAIR	14	\$4,626	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	10	\$2,309	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	20	\$2,703	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$2,172	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$6,581	\$8,862
	145 LEVEL I LAPAROSCOPY	49	\$3,446	\$6,523
	146 LEVEL II LAPAROSCOPY	205	\$5,073	\$8,651
	147 LEVEL III LAPAROSCOPY	136	\$6,000	\$9,502
	148 LEVEL IV LAPAROSCOPY	2	\$12,978	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	141	\$5,019	\$5,700
	162 URINARY CATHETERIZATION AND DILATATION	11	\$6,864	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	50	\$3,576	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	65	\$4,352	\$6,114
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	\$1,695	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	9	\$17,804	\$15,091
09	MALE REPRODUCTIVE SYSTEM	74	\$3,860	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	\$3,192	\$3,472
	181 CIRCUMCISION	12	\$2,203	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	22	\$5,979	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	156	\$3,955	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	34	\$2,285	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	26	\$4,662	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	32	\$5,151	\$8,297
	199 DILATION AND CURETTAGE	8	\$1,878	\$3,922
	200 HYSTEROSCOPY	56	\$4,253	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	368	\$3,169	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	37	\$1,712	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$11,931	\$12,644
	217 LEVEL I NERVE PROCEDURES	86	\$2,385	\$3,955
	218 LEVEL II NERVE PROCEDURES	5	\$16,708	\$22,021
	219 SPINAL TAP	9	\$2,278	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	163	\$1,228	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	60	\$7,945	\$12,191
	223 LEVEL III NERVE PROCEDURES	7	\$14,990	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,079	\$2,571	\$4,277
	232 LASER EYE PROCEDURES	324	\$488	\$825
	233 CATARACT PROCEDURES	646	\$3,397	\$4,092

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

105 Logan Regional Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals )
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	\$4,390	\$4,703
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	\$4,140	\$4,558
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	\$4,509	\$9,262
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	\$334	\$4,745
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	36	\$5,607	\$7,259
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$2,929	\$2,904
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	22	\$2,230	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$2,937	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	707	\$3,152	\$4,442
	250 COCHLEAR DEVICE IMPLANTATION	3	\$38,186	\$61,157
	252 LEVEL I FACIAL AND ENT PROCEDURES	356	\$2,884	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	21	\$2,386	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	19	\$7,323	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	49	\$8,038	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	259	\$1,946	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,952	56.2	141,642	53.9
Male	4,635	43.8	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	42	0.4	2,902	1.1
1-4 years	454	4.3	11,446	4.4
5-9	211	2.0	7,208	2.7
10-14	139	1.3	5,295	2.0
15-17	157	1.5	5,309	2.0
18-19	171	1.6	3,821	1.5
20-24	583	5.5	10,434	4.0
25-29	487	4.6	12,230	4.7
30-34	540	5.1	14,877	5.7
35-39	520	4.9	14,643	5.6
40-44	563	5.3	14,871	5.7
45-49	747	7.1	17,304	6.6
50-54	1,379	13.0	30,494	11.6
55-59	1,177	11.1	26,436	10.1
60-64	910	8.6	24,041	9.1
65-69	741	7.0	20,003	7.6
70-74	678	6.4	15,679	6.0
75-79	530	5.0	11,976	4.6
80-84	339	3.2	7,762	3.0
85-89	153	1.4	3,511	1.3
90 +	66	0.6	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	6,809	64.3	106,152	40.4
Clinic Referral	3,778	35.7	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	10,569	99.8	262,109	99.7
Another Hospital	13	0.1	126	0.0
Skilled Nursing Facility	1	0.0	203	0.1
Intermediate Care Facility	1	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	3	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,542	24.0	62,882	23.9
Medicaid	686	6.5	19,964	7.6
Other government	158	1.5	6,019	2.3
Blue Cross/Blue Shield	1,523	14.4	33,344	12.7
Other Commercial	676	6.4	17,383	6.6
Managed Care(HMO, PPO)	4,638	43.8	114,999	43.7
Self Pay	167	1.6	3,241	1.2
Industrial & Worker Comp	143	1.4	3,157	1.2
Charity and Unclassified	9	0.1	775	0.3
Childrens Health Insurance	2	0.0	172	0.1
Unknown	43	0.4	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	9,315	88.0	18,464	7.0
Central Utah	5	0.0	9,378	3.6
Davis County	46	0.4	28,404	10.8
Salt Lake County	58	0.5	89,757	34.1
Southeastern Utah	3	0.0	5,550	2.1
Southwest Utah	15	0.1	16,470	6.3
Summit County	4	0.0	4,120	1.6
Tooele County	5	0.0	6,638	2.5
Tri-County	6	0.1	6,537	2.5
Utah County	23	0.2	39,778	15.1
Wasatch County	2	0.0	2,138	0.8
Weber County	49	0.5	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	1,054	10.0	13,675	5.2
Unknown, Not Reported	2	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	21,500	100.0	347,183	100.0
Mastectomy (85.0-85.99)	406	1.9	8,605	2.5
Musculoskeletal (76.0-84.99)	3,492	16.2	70,411	20.3
Respiratory (30.0-34.99)	182	0.8	3,243	0.9
Cardiovascular (35.0-39.99)	2,110	9.8	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	207	1.0	3,288	0.9
Digestive System (42.0-54.99)	11,690	54.4	111,878	32.2
Urinary (55.0-59.99)	856	4.0	12,077	3.5
Male Genital (60.0-64.99)	256	1.2	4,124	1.2
Female Genital (65.0-71.99)	914	4.3	16,165	4.7
Endocrine/Nervous (01.0-07.99)	536	2.5	27,062	7.8
Eye (08.0-16.99)	131	0.6	22,328	6.4
Ear (18.0-20.99)	180	0.8	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	540	2.5	30,939	8.9
Reporting Category(CPT-4 CODES)	18,399	100.0	337,317	100.0
Mastectomy (19120-19220)	93	0.5	1,627	0.5
Musculoskeletal (20000-29909)	3,391	18.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	328	1.8	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	747	4.1	21,776	6.5
Lymphatic/Hemetic (38100-38999)	156	0.8	4,663	1.4
Digestive (40490-49999)	11,159	60.7	129,848	38.5
Urinary (50010-53899)	777	4.2	16,024	4.8
Male Genital (54000-55899)	163	0.9	4,044	1.2
Female Genital (56405-58999)	806	4.4	15,380	4.6
Endocrine/Nervous (60000-64999)	608	3.3	26,532	7.9
Eye (65091-68899)	75	0.4	12,738	3.8
Ear (69000-69979)	96	0.5	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	2,916	13.6	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,467	11.5	5.51
4542	ENDO POLYPECTOMY LG INTESTINE	1,212	5.6	4.79
4292	DILAT ESOPH	970	4.5	1.38
4525	CLO [ENDO] BX LG INTESTINE	904	4.2	2.37
5123	LAP CHOLEY	560	2.6	2.02
3722	LT HEART CARD CATH	384	1.8	0.90
4836	[ENDO] POLYPECTOMY RECTUM	330	1.5	1.34
4513	OTH ENDO SM INTESTINE	300	1.4	1.48
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	228	1.1	0.29
8051	EXC INTERVERTEBRAL DISC	205	1.0	0.48
806	EXC SEMILUNAR CARTILAGE-KNEE	190	0.9	1.57
4824	CLO [ENDO] BX RECTUM	189	0.9	0.48
598	URETERAL CATH	186	0.9	0.77
4701	LAP APPENDECTOMY	185	0.9	0.38
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	159	0.7	0.59
0443	RELEASE CARPAL TUNNEL	155	0.7	0.96
3726	CARD ELECTROPHYSIO STIMUL-RECORD	152	0.7	0.60
2001	MYRINGOTOMY W/INSRT TUBE	148	0.7	3.17
5011	CLO [PERCUT] [NEEDLE] BX LIVER	136	0.6	0.28

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,583	14.0	6.69
43239	UGI ENDO; W/BX 1/MX	2,468	13.4	6.02
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,556	8.5	6.63
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	677	3.7	0.37
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	636	3.5	2.16
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	354	1.9	1.18
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	287	1.6	0.98
20680	REMOVAL OF IMPLANT; DEEP	247	1.3	0.94
49505	REPR INIT ING HERNIA 5YR/MORE; R	245	1.3	0.72
47562	LAPAROSCOPY SURGICAL; CHOLECT	197	1.1	0.91
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	184	1.0	1.13
29881	SCOPE KNEE SURG;W/MENISCECT MED/	169	0.9	1.47
44970	LAPAROSCOPY SURGICAL APPENDECTOM	167	0.9	0.34
52332	CYSTOURETHROSCOPY W/INSRT STENT	161	0.9	0.73
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	144	0.8	0.53
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	142	0.8	0.36
35476	TRNSLUM BALLN ANGPLSTY PERQ; VEN	132	0.7	0.13
45384	COLONOSCPY FLEX; REMV LES-FORCE	130	0.7	0.22
57288	SLING OPERATION STRESS INCONTINE	126	0.7	0.44
29826	SCOPE SHOULDER; DECOMP SUBACROM	111	0.6	1.15

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9	Procedures	10,746	\$4,643	\$4,864
4523	COLONOSCOPY	2,566	\$1,142	\$1,265
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,028	\$1,572	\$1,852
4542	ENDO POLYPECTOMY LG INTESTINE	854	\$1,680	\$1,760
5123	LAP CHOLEY	508	\$7,166	\$8,201
4525	CLO [ENDO] BX LG INTESTINE	434	\$1,705	\$1,909
3722	LT HEART CARD CATH	286	\$8,345	\$10,333
4513	OTH ENDO SM INTESTINE	164	\$1,330	\$1,505
4701	LAP APPENDECTOMY	152	\$11,047	\$10,495
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	139	\$12,781	\$17,603
4836	[ENDO] POLYPECTOMY RECTUM	133	\$1,504	\$1,609
5011	CLO [PERCUT] [NEEDLE] BX LIVER	130	\$2,678	\$3,128
3723	COMBO RT & LT HEART CARD CATH	126	\$9,331	\$10,823
283	TONSILLECTOMY W/ADENOIDECTOMY	104	\$3,272	\$3,273
8051	EXC INTERVERTEBRAL DISC	101	\$12,057	\$12,020
5304	UNILAT REPR INDIRECT ING HERN-GFT	96	\$5,191	\$5,647
806	EXC SEMILUNAR CARTILAGE-KNEE	91	\$4,318	\$5,149
6952	ASPIR CURET FOLLOWING DELIV/AB	80	\$3,618	\$3,495
3895	VENOUS CATH-RENAL DIALYSIS	79	\$4,486	\$5,179
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	78	\$11,474	\$10,862
5303	UNILAT REPR DIRECT ING HERN-GFT	74	\$5,011	\$5,834

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	9,683	\$3,980	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,261	\$1,143	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,057	\$1,710	\$1,698
43239	UGI ENDO; W/BX 1/MX	1,018	\$1,564	\$1,799
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	427	\$1,687	\$1,840
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	321	\$7,180	\$8,835
49505	REPR INIT ING HERNIA 5YR/MORE; R	214	\$5,200	\$5,632
47562	LAPAROSCOPY SURGICAL; CHOLECT	179	\$6,991	\$7,363
20680	REMOVAL OF IMPLANT; DEEP	151	\$4,423	\$4,387
44970	LAPAROSCOPY SURGICAL APPENDECTOM	127	\$10,690	\$10,450
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	114	\$1,166	\$1,340
29881	SCOPE KNEE SURG;W/MENISCECT MED/	106	\$4,333	\$4,987
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	106	\$12,100	\$11,995
45384	COLONOSCPY FLEX; REMV LES-FORCE	97	\$1,587	\$2,087
42820	T&A; UNDER AGE 12	80	\$3,305	\$3,185
57288	SLING OPERATION STRESS INCONTINE	79	\$7,835	\$8,233
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	64	\$5,179	\$7,128
52601	TURP INCL CONTRL POSTOP BLEED CM	63	\$8,751	\$10,026
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	54	\$4,267	\$5,232
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	53	\$1,960	\$2,023
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	53	\$2,799	\$3,049

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	470	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	78	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	28	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	327	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	21	875
	014 LEVEL III SKIN REPAIR	3	247
02	BREAST PROCEDURES	93	1,671
	020 LEVEL I BREAST PROCEDURES	93	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,667	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	156	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	355	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	144	2,286
	033 LEVEL I HAND PROCEDURES	139	3,806
	034 LEVEL II HAND PROCEDURES	65	1,210
	035 LEVEL I FOOT PROCEDURES	215	6,177
	036 LEVEL II FOOT PROCEDURES	148	1,830
	037 LEVEL I ARTHROSCOPY	710	23,401
	038 LEVEL II ARTHROSCOPY	114	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	36	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	31	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	380	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	34	475
	045 BUNION PROCEDURES	67	1,762
	046 LEVEL I ARTHROPLASTY	40	650
	047 LEVEL II ARTHROPLASTY	7	144
	048 HAND AND FOOT TENOTOMY	14	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	2,711
04	RESPIRATORY PROCEDURES	275	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	72	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	18	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	80	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	105	2,429
05	CARDIOVASCULAR PROCEDURES	560	11,503
	081 ECHOCARDIOGRAPHY	4	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	43	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	106	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	155	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	3	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	23	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	40	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	170	3,049



AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	6	143
	097 AICD IMPLANT	8	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	117	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	2,545
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	1	33
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	113	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	11,261	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	5	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	679	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	25	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	28	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,670	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	447	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,195	45,397
	137 THERAPEUTIC COLONOSCOPY	844	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	187	2,105
	139 LEVEL I HERNIA REPAIR	482	5,686
	140 LEVEL II HERNIA REPAIR	133	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	113	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	139	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	21	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	9	119
	145 LEVEL I LAPAROSCOPY	135	2,342
	146 LEVEL II LAPAROSCOPY	514	7,903
	147 LEVEL III LAPAROSCOPY	593	7,188
	148 LEVEL IV LAPAROSCOPY	42	184
08	GENITOURINARY SYSTEM PROCEDURES	588	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	10	880
	162 URINARY CATHETERIZATION AND DILATATION	17	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	275	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	254	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	24	481
09	MALE REPRODUCTIVE SYSTEM	207	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	75	1,477
	181 CIRCUMCISION	16	967
	182 INSERTION OF PENILE PROSTHESIS	2	75
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	107	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	7	300
10	FEMALE REPRODUCTIVE SYSTEM	431	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	63	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	69	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	156	2,229
	199 DILATION AND CURETTAGE	16	518

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	200 HYSTEROSCOPY	126	2,466
	201 COLPOSCOPY	1	654
11	NEUROLOGIC SYSTEM PROCEDURES	648	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	67	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	9	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	220
	217 LEVEL I NERVE PROCEDURES	213	4,176
	218 LEVEL II NERVE PROCEDURES	66	1,051
	219 SPINAL TAP	2	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	14	11,336
	221 LAMINOTOMY AND LAMINECTOMY	223	2,387
	223 LEVEL III NERVE PROCEDURES	48	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	74	12,660
	233 CATARACT PROCEDURES	3	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	11	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	49	1,752
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	640	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	199	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	33	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	59	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	173	3,301
	256 TONSIL AND ADENOID PROCEDURES	176	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	272	\$4,600	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	44	\$4,644	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$2,892	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$5,037	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	\$2,277	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	\$4,090	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	190	\$4,762	\$4,207
	013 LEVEL II SKIN REPAIR	12	\$3,419	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$2,909	\$7,376
02	BREAST PROCEDURES	80	\$4,440	\$4,831
	020 LEVEL I BREAST PROCEDURES	80	\$4,440	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	966	\$7,034	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	\$5,105	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	123	\$5,926	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$15,839	\$10,524
	033 LEVEL I HAND PROCEDURES	72	\$3,588	\$3,410
	034 LEVEL II HAND PROCEDURES	17	\$5,926	\$6,046
	035 LEVEL I FOOT PROCEDURES	47	\$4,086	\$4,184
	036 LEVEL II FOOT PROCEDURES	28	\$11,499	\$8,885
	037 LEVEL I ARTHROSCOPY	268	\$4,536	\$5,096
	038 LEVEL II ARTHROSCOPY	19	\$14,164	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	\$7,130	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	18	\$4,792	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	261	\$9,910	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$5,426	\$3,818
	045 BUNION PROCEDURES	23	\$6,440	\$6,420
	046 LEVEL I ARTHROPLASTY	6	\$13,596	\$9,598
	047 LEVEL II ARTHROPLASTY	5	\$33,797	\$23,125
	048 HAND AND FOOT TENOTOMY	1	\$2,190	\$2,534
04	RESPIRATORY PROCEDURES	111	\$2,871	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	61	\$3,094	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,793	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$7,674	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	44	\$2,084	\$3,105
05	CARDIOVASCULAR PROCEDURES	233	\$10,923	\$18,123
	081 ECHOCARDIOGRAPHY	4	\$8,984	\$20,742
	083 PLACEMENT OF TRANSVENOUS CATHETERS	69	\$6,658	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	11	\$16,467	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	2	\$22,715	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	\$17,665	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	22	\$7,435	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	107	\$10,980	\$10,145
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$5,937	\$8,297
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$5,623	\$8,315
	097 AICD IMPLANT	5	\$60,574	\$49,564

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	80	\$11,962	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$27,664	\$3,738
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$9,585	\$6,461
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	78	\$11,791	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	6,656	\$2,589	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$6,732	\$2,775
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,026	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	\$1,181	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	\$2,141	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,140	\$1,533	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	130	\$1,920	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,333	\$1,324	\$1,465
	137 THERAPEUTIC COLONOSCOPY	540	\$1,680	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	36	\$4,559	\$6,191
	139 LEVEL I HERNIA REPAIR	319	\$5,004	\$5,188
	140 LEVEL II HERNIA REPAIR	38	\$5,795	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	70	\$2,594	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	93	\$3,812	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	7	\$4,181	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	6	\$7,047	\$8,862
	145 LEVEL I LAPAROSCOPY	50	\$4,750	\$6,523
	146 LEVEL II LAPAROSCOPY	384	\$8,522	\$8,651
	147 LEVEL III LAPAROSCOPY	439	\$7,616	\$9,502
	148 LEVEL IV LAPAROSCOPY	28	\$14,052	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	181	\$6,056	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$3,558	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	2	\$5,334	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	84	\$4,796	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	74	\$4,969	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$31,520	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$2,179	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	16	\$17,078	\$15,091
09	MALE REPRODUCTIVE SYSTEM	150	\$7,978	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	45	\$4,752	\$3,472
	181 CIRCUMCISION	12	\$3,309	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	2	\$30,780	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	90	\$9,743	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$4,649	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	247	\$5,645	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	40	\$3,028	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	24	\$5,574	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	98	\$7,674	\$8,297
	199 DILATION AND CURETTAGE	9	\$2,519	\$3,922
	200 HYSTEROSCOPY	76	\$4,800	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	245	\$8,947	\$5,293

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	27	\$1,430	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$9,157	\$12,644
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$7,125	\$16,600
	217 LEVEL I NERVE PROCEDURES	71	\$3,369	\$3,955
	218 LEVEL II NERVE PROCEDURES	9	\$12,938	\$22,021
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	\$7,974	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	114	\$12,302	\$12,191
	223 LEVEL III NERVE PROCEDURES	17	\$20,055	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	40	\$7,370	\$4,277
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$13,924	\$4,703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,569	\$9,262
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$6,568	\$4,745
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	32	\$7,571	\$7,259
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,835	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$6,269	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	371	\$6,420	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	80	\$3,428	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	12	\$6,554	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	22	\$7,788	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	132	\$10,980	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	125	\$3,265	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	8,442	55.1	141,642	53.9
Male	6,878	44.9	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	14	0.1	2,902	1.1
1-4 years	159	1.0	11,446	4.4
5-9	92	0.6	7,208	2.7
10-14	131	0.9	5,295	2.0
15-17	217	1.4	5,309	2.0
18-19	191	1.2	3,821	1.5
20-24	631	4.1	10,434	4.0
25-29	770	5.0	12,230	4.7
30-34	866	5.7	14,877	5.7
35-39	930	6.1	14,643	5.6
40-44	972	6.3	14,871	5.7
45-49	1,124	7.3	17,304	6.6
50-54	2,356	15.4	30,494	11.6
55-59	1,685	11.0	26,436	10.1
60-64	1,498	9.8	24,041	9.1
65-69	1,227	8.0	20,003	7.6
70-74	1,009	6.6	15,679	6.0
75-79	796	5.2	11,976	4.6
80-84	422	2.8	7,762	3.0
85-89	171	1.1	3,511	1.3
90 +	59	0.4	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	1,751	11.4	106,152	40.4
Clinic Referral	13,551	88.5	152,476	58.0
HMO Referral	1	0.0	2,964	1.1
Other Hospital	9	0.1	200	0.1
Skilled Nursing Facility	2	0.0	139	0.1
Other Health Care Facility	3	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	3	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	15,268	99.7	262,109	99.7
Another Hospital	7	0.0	126	0.0
Skilled Nursing Facility	10	0.1	203	0.1
Intermediate Care Facility	3	0.0	16	0.0
Another Type of Institution	4	0.0	120	0.0
Under Care of Home Service	25	0.2	303	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	2	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	3,937	25.7	62,882	23.9
Medicaid	1,019	6.7	19,964	7.6
Other government	503	3.3	6,019	2.3
Blue Cross/Blue Shield	1,220	8.0	33,344	12.7
Other Commercial	569	3.7	17,383	6.6
Managed Care(HMO, PPO)	7,572	49.4	114,999	43.7
Self Pay	255	1.7	3,241	1.2
Industrial & Worker Comp	152	1.0	3,157	1.2
Charity and Unclassified	48	0.3	775	0.3
Childrens Health Insurance	11	0.1	172	0.1
Unknown	34	0.2	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	848	5.5	18,464	7.0
Central Utah	6	0.0	9,378	3.6
Davis County	3,853	25.2	28,404	10.8
Salt Lake County	119	0.8	89,757	34.1
Southeastern Utah	6	0.0	5,550	2.1
Southwest Utah	15	0.1	16,470	6.3
Summit County	48	0.3	4,120	1.6
Tooele County	10	0.1	6,638	2.5
Tri-County	12	0.1	6,537	2.5
Utah County	31	0.2	39,778	15.1
Wasatch County	6	0.0	2,138	0.8
Weber County	10,097	65.9	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	266	1.7	13,675	5.2
Unknown, Not Reported	3	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	347,183	100.0
Mastectomy (85.0-85.99)	.	.	8,605	2.5
Musculoskeletal (76.0-84.99)	.	.	70,411	20.3
Respiratory (30.0-34.99)	.	.	3,243	0.9
Cardiovascular (35.0-39.99)	.	.	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	.	.	3,288	0.9
Digestive System (42.0-54.99)	.	.	111,878	32.2
Urinary (55.0-59.99)	.	.	12,077	3.5
Male Genital (60.0-64.99)	.	.	4,124	1.2
Female Genital (65.0-71.99)	.	.	16,165	4.7
Endocrine/Nervous (01.0-07.99)	.	.	27,062	7.8
Eye (08.0-16.99)	.	.	22,328	6.4
Ear (18.0-20.99)	.	.	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	30,939	8.9
Reporting Category(CPT-4 CODES)	671	100.0	337,317	100.0
Mastectomy (19120-19220)	8	1.2	1,627	0.5
Musculoskeletal (20000-29909)	170	25.3	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	4	0.6	21,776	6.5
Lymphatic/Hemetic (38100-38999)	7	1.0	4,663	1.4
Digestive (40490-49999)	412	61.4	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	0	0.0	4,044	1.2
Female Genital (56405-58999)	9	1.3	15,380	4.6
Endocrine/Nervous (60000-64999)	16	2.4	26,532	7.9
Eye (65091-68899)	45	6.7	12,738	3.8
Ear (69000-69979)	0	0.0	8,359	2.5

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

111 Moab Regional Hospital - CAH

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45384	COLONOSCOPY FLEX; REMV LES-FORCE	671	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	135	20.1	0.22
66984	EXTRACAPSULAR CATARACT REMV IOL	53	7.9	6.02
G0121	EXTRACAPSULAR CATARACT REMV IOL	39	5.8	1.63
45380	COLOREC CNCR SCR;COLNSCPY NO HI	34	5.1	0.07
45385	COLONOSCOPY FLEX; W/BX 1/MX	32	4.8	6.63
29826	COLONOSCOPY FLEX; W/REMV LES-SNA	29	4.3	2.16
45378	SCOPE SHOULDER; DECOMP SUBACROM	27	4.0	1.15
29827	COLONOSCOPY FLEX; DX-SEP PROC	24	3.6	6.69
47562	SCOPE SHLDR SURG; W/ROTOR CUFF R	22	3.3	0.63
49650	LAPAROSCOPY SURGICAL; CHOLECT	17	2.5	0.91
29824	LAPAROSCOPY SURG; REPR INIT ING HE	16	2.4	0.31
64721	SCOPE SHLDR SURG;DIST CLAVICULEC	12	1.8	0.55
29881	NEUROPLASTY; MEDIAN CARPAL TUNNE	10	1.5	0.58
43249	SCOPE KNEE SURG;W/MENISCECT MED/	9	1.3	1.47
19125	UGI ENDO; W/BALLOON DILAT ESOPHA	9	1.3	0.98
49505	EXC BRST LES ID RAD MARKR OPN;1	6	0.9	0.16
49653	REPR INIT ING HERNIA 5YR/MORE; R	6	0.9	0.72
25609	49653	6	0.9	0.04
29807	25609	5	0.7	0.05
	SCOPE SHLDR SURG; REPR SLAP LESI	5	0.7	0.20

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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 CHR	AVE TOT CHR(ALL Hospitals )
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
CPT-4 Procedures		434	\$4,857	\$4,353
45384	COLONOSCOPY FLEX; REMV LES-FORCE	110	\$2,285	\$2,087
66984	EXTRACAPSULAR CATARACT REMV IOL	39	\$2,218	\$4,069
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	32	\$1,536	\$1,904
45380	COLONOSCOPY FLEX; W/BX 1/MX	24	\$2,028	\$1,698
43239	UGI ENDO; W/BX 1/MX	21	\$2,929	\$1,799
45378	COLONOSCOPY FLEX; DX-SEP PROC	15	\$1,614	\$1,275
47562	LAPAROSCOPY SURGICAL; CHOLECT	15	\$10,495	\$7,363
49650	LAPARSCPY SURG; REPR INIT ING HE	13	\$12,002	\$9,093
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	12	\$1,931	\$1,840
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	8	\$3,860	\$3,049
19125	EXC BRST LES ID RAD MARKR OPN;1	6	\$6,259	\$5,413
29881	SCOPE KNEE SURG;W/MENISCECT MED/	6	\$10,496	\$4,987
49653	49653	6	\$11,769	\$10,957
49505	REPR INIT ING HERNIA 5YR/MORE; R	5	\$6,648	\$5,632
25609	25609	4	\$15,442	\$12,968
44970	LAPAROSCOPY SURGICAL APPENDECTOM	4	\$12,438	\$10,450
46947	HEMORRHIDOPEXY BY STAPLING	4	\$6,061	\$5,973
20680	REMOVAL OF IMPLANT; DEEP	3	\$6,226	\$4,387
23470	ARTHPLSTY GLENHUM JNT;HEMIARTHPL	3	\$21,076	\$19,826
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	3	\$12,709	\$12,650

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

111 Moab Regional Hospital - CAH

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	10	10,274
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,191
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	4,645
02 BREAST PROCEDURES	8	1,671
020 LEVEL I BREAST PROCEDURES	8	1,627
03 MUSCULOSKELETAL SYSTEM PROCEDURES	161	66,722
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	2,402
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	4,903
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	2,286
033 LEVEL I HAND PROCEDURES	10	3,806
034 LEVEL II HAND PROCEDURES	2	1,210
035 LEVEL I FOOT PROCEDURES	6	6,177
036 LEVEL II FOOT PROCEDURES	3	1,830
037 LEVEL I ARTHROSCOPY	66	23,401
038 LEVEL II ARTHROSCOPY	30	5,474
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	543
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	21	5,701
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	475
045 BUNION PROCEDURES	2	1,762
047 LEVEL II ARTHROPLASTY	3	144
05 CARDIOVASCULAR PROCEDURES	4	11,503
083 PLACEMENT OF TRANSVENOUS CATHETERS	4	1,314
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	4,562
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,720
07 GASTROINTESTINAL SYSTEM PROCEDURES	411	118,000
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	56	25,670
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	5,867
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	93	45,397
137 THERAPEUTIC COLONOSCOPY	166	9,233
139 LEVEL I HERNIA REPAIR	12	5,686
140 LEVEL II HERNIA REPAIR	1	1,214
141 LEVEL I ANAL AND RECTAL PROCEDURES	1	831
142 LEVEL II ANAL AND RECTAL PROCEDURES	8	1,074
145 LEVEL I LAPAROSCOPY	3	2,342
146 LEVEL II LAPAROSCOPY	52	7,903
147 LEVEL III LAPAROSCOPY	2	7,188
10 FEMALE REPRODUCTIVE SYSTEM	5	9,203
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,485
199 DILATION AND CURETTAGE	2	518
201 COLPOSCOPY	2	654
11 NEUROLOGIC SYSTEM PROCEDURES	16	25,428
217 LEVEL I NERVE PROCEDURES	16	4,176
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	45	12,660
232 LASER EYE PROCEDURES	3	549
233 CATARACT PROCEDURES	41	5,898

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	236
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	31,882
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,514

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	9	\$5,045	\$4,301
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,232	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$6,769	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	\$4,940	\$4,207
02	BREAST PROCEDURES	8	\$5,724	\$4,831
	020 LEVEL I BREAST PROCEDURES	8	\$5,724	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	60	\$10,987	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$3,417	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$9,480	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$15,128	\$10,524
	033 LEVEL I HAND PROCEDURES	8	\$4,758	\$3,410
	034 LEVEL II HAND PROCEDURES	1	\$3,968	\$6,046
	035 LEVEL I FOOT PROCEDURES	2	\$4,809	\$4,184
	036 LEVEL II FOOT PROCEDURES	3	\$5,212	\$8,885
	037 LEVEL I ARTHROSCOPY	14	\$11,711	\$5,096
	038 LEVEL II ARTHROSCOPY	5	\$20,251	\$13,106
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	16	\$12,323	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$4,927	\$3,818
	047 LEVEL II ARTHROPLASTY	3	\$21,076	\$23,125
05	CARDIOVASCULAR PROCEDURES	4	\$9,424	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	4	\$9,424	\$6,616
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$4,587	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$4,587	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	284	\$3,908	\$3,066
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	21	\$2,929	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$3,990	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	73	\$1,722	\$1,465
	137 THERAPEUTIC COLONOSCOPY	122	\$2,250	\$1,880
	139 LEVEL I HERNIA REPAIR	9	\$6,184	\$5,188
	140 LEVEL II HERNIA REPAIR	1	\$10,923	\$6,288
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$6,005	\$4,508
	145 LEVEL I LAPAROSCOPY	2	\$6,654	\$6,523
	146 LEVEL II LAPAROSCOPY	43	\$11,362	\$8,651
	147 LEVEL III LAPAROSCOPY	2	\$10,917	\$9,502
10	FEMALE REPRODUCTIVE SYSTEM	5	\$3,317	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,373	\$4,672
	199 DILATION AND CURETTAGE	2	\$4,445	\$3,922
	201 COLPOSCOPY	2	\$2,660	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	13	\$5,116	\$5,293
	217 LEVEL I NERVE PROCEDURES	13	\$5,116	\$3,955
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	45	\$2,173	\$4,277
	232 LASER EYE PROCEDURES	3	\$806	\$825
	233 CATARACT PROCEDURES	41	\$2,266	\$4,092
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,448	\$4,558
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	\$5,548	\$4,442
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$5,548	\$3,767

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

111 Moab Regional Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	262	48.3	141,642	53.9
Male	281	51.7	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	3	0.6	11,446	4.4
5-9	1	0.2	7,208	2.7
10-14	1	0.2	5,295	2.0
15-17	9	1.7	5,309	2.0
18-19	5	0.9	3,821	1.5
20-24	15	2.8	10,434	4.0
25-29	9	1.7	12,230	4.7
30-34	12	2.2	14,877	5.7
35-39	16	2.9	14,643	5.6
40-44	26	4.8	14,871	5.7
45-49	36	6.6	17,304	6.6
50-54	103	19.0	30,494	11.6
55-59	74	13.6	26,436	10.1
60-64	76	14.0	24,041	9.1
65-69	63	11.6	20,003	7.6
70-74	42	7.7	15,679	6.0
75-79	38	7.0	11,976	4.6
80-84	4	0.7	7,762	3.0
85-89	8	1.5	3,511	1.3
90 +	2	0.4	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	477	87.8	106,152	40.4
Clinic Referral	62	11.4	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	2	0.4	930	0.4
Not Reported	2	0.4	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

111 Moab Regional Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	542	99.8	262,109	99.7
Another Hospital	1	0.2	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	135	24.9	62,882	23.9
Medicaid	30	5.5	19,964	7.6
Other government	5	0.9	6,019	2.3
Blue Cross/Blue Shield	116	21.4	33,344	12.7
Other Commercial	89	16.4	17,383	6.6
Managed Care(HMO, PPO)	151	27.8	114,999	43.7
Self Pay	0	0.0	3,241	1.2
Industrial & Worker Comp	11	2.0	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	4	0.7	172	0.1
Unknown	2	0.4	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.2	18,464	7.0
Central Utah	1	0.2	9,378	3.6
Davis County	1	0.2	28,404	10.8
Salt Lake County	6	1.1	89,757	34.1
Southeastern Utah	514	94.7	5,550	2.1
Southwest Utah	2	0.4	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	1	0.2	6,537	2.5
Utah County	0	0.0	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	16	2.9	13,675	5.2
Unknown, Not Reported	1	0.2	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	4,387	100.0	347,183	100.0
Mastectomy (85.0-85.99)	99	2.3	8,605	2.5
Musculoskeletal (76.0-84.99)	735	16.8	70,411	20.3
Respiratory (30.0-34.99)	55	1.3	3,243	0.9
Cardiovascular (35.0-39.99)	254	5.8	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	25	0.6	3,288	0.9
Digestive System (42.0-54.99)	1,748	39.8	111,878	32.2
Urinary (55.0-59.99)	246	5.6	12,077	3.5
Male Genital (60.0-64.99)	41	0.9	4,124	1.2
Female Genital (65.0-71.99)	198	4.5	16,165	4.7
Endocrine/Nervous (01.0-07.99)	309	7.0	27,062	7.8
Eye (08.0-16.99)	87	2.0	22,328	6.4
Ear (18.0-20.99)	133	3.0	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	457	10.4	30,939	8.9
Reporting Category(CPT-4 CODES)	3,694	100.0	337,317	100.0
Mastectomy (19120-19220)	15	0.4	1,627	0.5
Musculoskeletal (20000-29909)	705	19.1	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	290	7.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	130	3.5	21,776	6.5
Lymphatic/Hemetic (38100-38999)	22	0.6	4,663	1.4
Digestive (40490-49999)	1,747	47.3	129,848	38.5
Urinary (50010-53899)	233	6.3	16,024	4.8
Male Genital (54000-55899)	36	1.0	4,044	1.2
Female Genital (56405-58999)	175	4.7	15,380	4.6
Endocrine/Nervous (60000-64999)	221	6.0	26,532	7.9
Eye (65091-68899)	45	1.2	12,738	3.8
Ear (69000-69979)	75	2.0	8,359	2.5

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		4,387	100.0	100.0
4523	COLONOSCOPY	682	15.5	7.08
4513	OTH ENDO SM INTESTINE	234	5.3	1.48
4542	ENDO POLYPECTOMY LG INTESTINE	168	3.8	4.79
283	TONSILLECTOMY W/ADENOIDECTOMY	132	3.0	1.93
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	125	2.8	5.51
2001	MYRINGOTOMY W/INSRT TUBE	118	2.7	3.17
4292	DILAT ESOPH	114	2.6	1.38
0392	INJ OTH AGENT SPINAL CANAL	112	2.6	2.30
5123	LAP CHOLEY	108	2.5	2.02
806	EXC SEMILUNAR CARTILAGE-KNEE	102	2.3	1.57
2349	OTH DENTAL RESTORATION	86	2.0	0.21
0391	INJ ANES SPINAL CANAL-ANALGESIA	82	1.9	1.85
4836	[ENDO] POLYPECTOMY RECTUM	70	1.6	1.34
598	URETERAL CATH	69	1.6	0.77
3722	LT HEART CARD CATH	68	1.6	0.90
8147	OTH REPR KNEE	60	1.4	0.93
560	TRANSURETH REMOV OBST URETER-PELV	48	1.1	0.53
8183	OTH REPR SHLDR	46	1.0	0.74
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	46	1.0	0.80
1341	PHACOEMULSIFICATION-ASPIR CATARACT	45	1.0	1.57

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,694	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	454	12.3	6.69
45380	COLONOSCOPY FLEX; W/BX 1/MX	156	4.2	6.63
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	136	3.7	1.13
43239	UGI ENDO; W/BX 1/MX	125	3.4	6.02
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	121	3.3	2.16
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	112	3.0	0.98
42820	T&A; UNDER AGE 12	110	3.0	1.56
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	105	2.8	1.18
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	104	2.8	1.01
41899	UNLIST PROC DENTOALVEOL STRUCTUR	91	2.5	0.79
29881	SCOPE KNEE SURG;W/MENISCECT MED/	71	1.9	1.47
29826	SCOPE SHOULDER; DECOMP SUBACROM	70	1.9	1.15
69436	TYMPANOSTOMY GENERAL ANESTHESIA	60	1.6	1.71
52332	CYSTOURETHROSCOPY W/INSRT STENT	57	1.5	0.73
31720	CATHETER ASPIR; NASOTRACH SEP PR	53	1.4	0.05
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	43	1.2	0.47
66984	EXTRACAPSULAR CATARACT REMV IOL	42	1.1	1.63
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	38	1.0	0.74
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	37	1.0	0.63
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	36	1.0	0.77

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		2,275	\$4,055	\$4,864
4523	COLONOSCOPY	602	\$1,681	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	139	\$2,434	\$1,760
283	TONSILLECTOMY W/ADENOIDECTOMY	115	\$3,591	\$3,273
4513	OTH ENDO SM INTESTINE	97	\$1,658	\$1,505
5123	LAP CHOLEY	90	\$7,968	\$8,201
2349	OTH DENTAL RESTORATION	84	\$4,894	\$3,493
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	69	\$2,001	\$1,852
4836	[ENDO] POLYPECTOMY RECTUM	52	\$2,307	\$1,609
3891	ART CATH	44	\$1,329	\$3,917
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	35	\$1,799	\$1,961
8511	CLO [PERCUT] [NEEDLE] BX BREAST	35	\$3,060	\$2,779
0392	INJ OTH AGENT SPINAL CANAL	33	\$1,455	\$1,445
3722	LT HEART CARD CATH	32	\$10,538	\$10,333
4525	CLO [ENDO] BX LG INTESTINE	32	\$2,352	\$1,909
6902	D&C FOLLOWING DELIV/AB	24	\$3,884	\$3,869
806	EXC SEMILUNAR CARTILAGE-KNEE	24	\$4,909	\$5,149
282	TONSILLECTOMY WO ADENOIDECTOMY	23	\$3,796	\$3,403
3324	CLO [ENDO] BX BRONCHUS	22	\$3,574	\$4,265
6952	ASPIR CURET FOLLOWING DELIV/AB	20	\$3,893	\$3,495
3893	VENOUS CATH-NEC	19	\$3,583	\$5,207

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		2,447	\$4,076	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	390	\$1,688	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	129	\$2,234	\$1,698
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	103	\$1,241	\$1,590
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	102	\$2,571	\$1,840
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	99	\$1,643	\$1,340
42820	T&A; UNDER AGE 12	93	\$3,566	\$3,185
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	90	\$7,927	\$8,835
41899	UNLIST PROC DENTOALVEOL STRUCTUR	89	\$4,893	\$3,672
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	79	\$2,136	\$2,023
43239	UGI ENDO; W/BX 1/MX	71	\$2,034	\$1,799
29881	SCOPE KNEE SURG;W/MENISCECT MED/	54	\$5,161	\$4,987
31720	CATHETER ASPIR; NASOTRACH SEP PR	48	\$1,452	\$1,181
66984	EXTRACAPSULAR CATARACT REMV IOL	42	\$3,479	\$4,069
69436	TYMPANOSTOMY GENERAL ANESTHESIA	41	\$2,481	\$1,779
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	36	\$1,691	\$1,576
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	32	\$2,960	\$3,589
49650	LAPARSCPY SURG; REPR INIT ING HE	32	\$12,898	\$9,093
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	28	\$3,605	\$3,715
51600	INJ PROC-CYSTOGRAPHY	25	\$1,299	\$1,515
29880	SCOPE KNEE SURG;W/MENISCECT MED&	23	\$5,180	\$5,295

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

137 Mountain View Hospital

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	67	10,274
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	2,649
003 LEVEL I SKIN INCISION AND DRAINAGE	5	148
004 LEVEL II SKIN INCISION AND DRAINAGE	2	94
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	165
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	1,191
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	4,645
012 LEVEL I SKIN REPAIR	1	23
013 LEVEL II SKIN REPAIR	18	875
014 LEVEL III SKIN REPAIR	1	247
02 BREAST PROCEDURES	15	1,671
020 LEVEL I BREAST PROCEDURES	15	1,627
03 MUSCULOSKELETAL SYSTEM PROCEDURES	618	66,722
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	2,402
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	4,903
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	2,286
033 LEVEL I HAND PROCEDURES	16	3,806
034 LEVEL II HAND PROCEDURES	4	1,210
035 LEVEL I FOOT PROCEDURES	73	6,177
036 LEVEL II FOOT PROCEDURES	8	1,830
037 LEVEL I ARTHROSCOPY	281	23,401
038 LEVEL II ARTHROSCOPY	70	5,474
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	605
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	15	5,701
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	475
045 BUNION PROCEDURES	16	1,762
046 LEVEL I ARTHROPLASTY	1	650
048 HAND AND FOOT TENOTOMY	3	386
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	57	2,711
04 RESPIRATORY PROCEDURES	137	12,953
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	15	2,675
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	2,980
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	48	4,869
064 ENDOSCOPY OF THE LOWER AIRWAY	65	2,429
05 CARDIOVASCULAR PROCEDURES	62	11,503
083 PLACEMENT OF TRANSVENOUS CATHETERS	8	1,314
085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	1,890
086 PACEMAKER INSERTION AND REPLACEMENT	9	445
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	21	1,246
088 LEVEL I CARDIOTHORACIC PROCEDURES	9	416
091 VASCULAR LIGATION AND RECONSTRUCTION	10	143
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	60	4,562
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	38	2,545
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	1,720
07 GASTROINTESTINAL SYSTEM PROCEDURES	1,500	118,000
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	7	448

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

137 Mountain View Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,300
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	713
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	519
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	263	25,670
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	127	5,867
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	610	45,397
137 THERAPEUTIC COLONOSCOPY	130	9,233
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	2,105
139 LEVEL I HERNIA REPAIR	49	5,686
140 LEVEL II HERNIA REPAIR	10	1,214
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
142 LEVEL II ANAL AND RECTAL PROCEDURES	4	1,074
143 LEVEL I GASTROINTESTINAL PROCEDURES	3	413
144 LEVEL II GASTROINTESTINAL PROCEDURES	3	119
145 LEVEL I LAPAROSCOPY	28	2,342
146 LEVEL II LAPAROSCOPY	113	7,903
147 LEVEL III LAPAROSCOPY	130	7,188
08 GENITOURINARY SYSTEM PROCEDURES	187	12,284
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	880
161 URINARY STUDIES AND PROCEDURES	1	470
162 URINARY CATHETERIZATION AND DILATATION	9	258
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	95	5,858
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	72	4,061
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	71
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	481
09 MALE REPRODUCTIVE SYSTEM	35	4,273
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	1,477
181 CIRCUMCISION	5	967
184 LEVEL II PENILE AND PROSTATE PROCEDURES	11	1,446
10 FEMALE REPRODUCTIVE SYSTEM	104	9,203
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	12	1,485
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	37	1,849
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	22	2,229
199 DILATION AND CURETTAGE	7	518
200 HYSTEROSCOPY	22	2,466
201 COLPOSCOPY	4	654
11 NEUROLOGIC SYSTEM PROCEDURES	182	25,428
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	118	4,570
217 LEVEL I NERVE PROCEDURES	30	4,176
219 SPINAL TAP	14	419
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	20	11,336
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	45	12,660
233 CATARACT PROCEDURES	45	5,898
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	490	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	225	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	8	1,514

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

137 Mountain View Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
254 LEVEL III FACIAL AND ENT PROCEDURES	45	3,880
255 LEVEL IV FACIAL AND ENT PROCEDURES	35	3,301
256 TONSIL AND ADENOID PROCEDURES	177	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	\$4,329	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	\$3,700	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$4,244	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$5,260	\$5,133
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,206	\$631
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$8,099	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	13	\$4,927	\$4,207
	012 LEVEL I SKIN REPAIR	1	\$5,935	\$5,040
	013 LEVEL II SKIN REPAIR	14	\$2,940	\$4,459
02	BREAST PROCEDURES	11	\$5,092	\$4,831
	020 LEVEL I BREAST PROCEDURES	11	\$5,092	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	284	\$5,892	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$6,782	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$8,751	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$21,220	\$10,524
	033 LEVEL I HAND PROCEDURES	10	\$3,791	\$3,410
	034 LEVEL II HAND PROCEDURES	2	\$7,011	\$6,046
	035 LEVEL I FOOT PROCEDURES	18	\$4,535	\$4,184
	036 LEVEL II FOOT PROCEDURES	4	\$7,192	\$8,885
	037 LEVEL I ARTHROSCOPY	136	\$5,628	\$5,096
	038 LEVEL II ARTHROSCOPY	15	\$13,622	\$13,106
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	12	\$12,255	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	\$3,644	\$3,818
	045 BUNION PROCEDURES	7	\$5,471	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$15,966	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	46	\$1,717	\$1,654
04	RESPIRATORY PROCEDURES	30	\$2,611	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	\$2,330	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,986	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,737	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	13	\$2,507	\$3,105
05	CARDIOVASCULAR PROCEDURES	32	\$13,472	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	\$6,958	\$6,616
	086 PACEMAKER INSERTION AND REPLACEMENT	8	\$32,724	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$4,985	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	5	\$7,342	\$10,993
	091 VASCULAR LIGATION AND RECONSTRUCTION	10	\$7,194	\$8,315
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	45	\$5,075	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	28	\$3,605	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$7,495	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,163	\$3,420	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	6	\$1,380	\$2,775
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$1,115	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,581	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	170	\$1,806	\$1,782

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	92	\$2,362	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	519	\$1,824	\$1,465
	137 THERAPEUTIC COLONOSCOPY	108	\$2,548	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	7	\$4,298	\$6,191
	139 LEVEL I HERNIA REPAIR	36	\$7,724	\$5,188
	140 LEVEL II HERNIA REPAIR	4	\$8,459	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$3,933	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$5,316	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$3,357	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$8,605	\$8,862
	145 LEVEL I LAPAROSCOPY	19	\$6,034	\$6,523
	146 LEVEL II LAPAROSCOPY	80	\$10,679	\$8,651
	147 LEVEL III LAPAROSCOPY	104	\$8,110	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	71	\$6,331	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$7,709	\$11,434
	161 URINARY STUDIES AND PROCEDURES	1	\$1,463	\$1,463
	162 URINARY CATHETERIZATION AND DILATATION	5	\$5,650	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	44	\$4,927	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	16	\$7,027	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$33,568	\$20,129
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	\$16,436	\$15,091
09	MALE REPRODUCTIVE SYSTEM	26	\$6,690	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$5,491	\$3,472
	181 CIRCUMCISION	3	\$4,602	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	\$9,251	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	59	\$6,049	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	\$4,340	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	20	\$6,490	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	9	\$7,679	\$8,297
	199 DILATION AND CURETTAGE	5	\$4,261	\$3,922
	200 HYSTEROSCOPY	14	\$6,451	\$6,149
	201 COLPOSCOPY	2	\$3,658	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	156	\$1,701	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	117	\$1,263	\$1,622
	217 LEVEL I NERVE PROCEDURES	19	\$3,870	\$3,955
	219 SPINAL TAP	13	\$2,440	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	7	\$1,760	\$2,017
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	45	\$3,468	\$4,277
	233 CATARACT PROCEDURES	45	\$3,468	\$4,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	319	\$4,650	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	141	\$4,153	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$3,553	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	7	\$10,604	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	27	\$11,237	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	138	\$3,616	\$3,305

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,896	54.7	141,642	53.9
Male	1,571	45.3	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	48	1.4	2,902	1.1
1-4 years	183	5.3	11,446	4.4
5-9	87	2.5	7,208	2.7
10-14	49	1.4	5,295	2.0
15-17	77	2.2	5,309	2.0
18-19	64	1.8	3,821	1.5
20-24	109	3.1	10,434	4.0
25-29	124	3.6	12,230	4.7
30-34	178	5.1	14,877	5.7
35-39	125	3.6	14,643	5.6
40-44	156	4.5	14,871	5.7
45-49	171	4.9	17,304	6.6
50-54	368	10.6	30,494	11.6
55-59	282	8.1	26,436	10.1
60-64	317	9.1	24,041	9.1
65-69	316	9.1	20,003	7.6
70-74	325	9.4	15,679	6.0
75-79	275	7.9	11,976	4.6
80-84	152	4.4	7,762	3.0
85-89	49	1.4	3,511	1.3
90 +	12	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	91	2.6	106,152	40.4
Clinic Referral	3,371	97.2	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	5	0.1	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,464	99.9	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	1	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	2	0.1	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,245	35.9	62,882	23.9
Medicaid	395	11.4	19,964	7.6
Other government	51	1.5	6,019	2.3
Blue Cross/Blue Shield	436	12.6	33,344	12.7
Other Commercial	204	5.9	17,383	6.6
Managed Care(HMO, PPO)	1,065	30.7	114,999	43.7
Self Pay	43	1.2	3,241	1.2
Industrial & Worker Comp	28	0.8	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	428	12.3	9,378	3.6
Davis County	2	0.1	28,404	10.8
Salt Lake County	6	0.2	89,757	34.1
Southeastern Utah	115	3.3	5,550	2.1
Southwest Utah	12	0.3	16,470	6.3
Summit County	3	0.1	4,120	1.6
Tooele County	6	0.2	6,638	2.5
Tri-County	5	0.1	6,537	2.5
Utah County	2,873	82.9	39,778	15.1
Wasatch County	2	0.1	2,138	0.8
Weber County	2	0.1	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	13	0.4	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	5,197	100.0	347,183	100.0
Mastectomy (85.0-85.99)	99	1.9	8,605	2.5
Musculoskeletal (76.0-84.99)	1,027	19.8	70,411	20.3
Respiratory (30.0-34.99)	17	0.3	3,243	0.9
Cardiovascular (35.0-39.99)	47	0.9	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	12	0.2	3,288	0.9
Digestive System (42.0-54.99)	1,363	26.2	111,878	32.2
Urinary (55.0-59.99)	286	5.5	12,077	3.5
Male Genital (60.0-64.99)	204	3.9	4,124	1.2
Female Genital (65.0-71.99)	174	3.3	16,165	4.7
Endocrine/Nervous (01.0-07.99)	435	8.4	27,062	7.8
Eye (08.0-16.99)	526	10.1	22,328	6.4
Ear (18.0-20.99)	166	3.2	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	841	16.2	30,939	8.9
Reporting Category(CPT-4 CODES)	4,259	100.0	337,317	100.0
Mastectomy (19120-19220)	13	0.3	1,627	0.5
Musculoskeletal (20000-29909)	906	21.3	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	508	11.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	55	1.3	21,776	6.5
Lymphatic/Hemetic (38100-38999)	10	0.2	4,663	1.4
Digestive (40490-49999)	1,559	36.6	129,848	38.5
Urinary (50010-53899)	318	7.5	16,024	4.8
Male Genital (54000-55899)	108	2.5	4,044	1.2
Female Genital (56405-58999)	144	3.4	15,380	4.6
Endocrine/Nervous (60000-64999)	306	7.2	26,532	7.9
Eye (65091-68899)	250	5.9	12,738	3.8
Ear (69000-69979)	82	1.9	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		5,197	100.0	100.0
4523	COLONOSCOPY	369	7.1	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	258	5.0	5.51
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	204	3.9	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	201	3.9	1.57
5123	LAP CHOLEY	154	3.0	2.02
4542	ENDO POLYPECTOMY LG INTESTINE	139	2.7	4.79
2188	OTH SEPTOPLASTY	118	2.3	0.50
2001	MYRINGOTOMY W/INSRT TUBE	112	2.2	3.17
0392	INJ OTH AGENT SPINAL CANAL	111	2.1	2.30
283	TONSILLECTOMY W/ADENOIDECTOMY	107	2.1	1.93
0391	INJ ANES SPINAL CANAL-ANALGESIA	91	1.8	1.85
5794	INSRT INDWELLING URIN CATH	85	1.6	0.04
8076	SYNOVECT-KNEE	83	1.6	0.40
2263	ETHMOIDECTOMY	81	1.6	0.56
2169	OTH TURBINECTOMY	73	1.4	0.77
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	67	1.3	0.08
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	65	1.3	0.03
6021	[TULIP]	63	1.2	0.07
806	EXC SEMILUNAR CARTILAGE-KNEE	63	1.2	1.57
0881	LINEAR REPR LAC EYELID/EYEBROW	55	1.1	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,259	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	328	7.7	6.69
43239	UGI ENDO; W/BX 1/MX	258	6.1	6.02
66984	EXTRACAPSULAR CATARACT REMV IOL	203	4.8	1.63
45380	COLONOSCOPY FLEX; W/BX 1/MX	144	3.4	6.63
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	140	3.3	0.77
47562	LAPAROSCOPY SURGICAL; CHOLECT	102	2.4	0.91
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	81	1.9	0.12
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	79	1.9	0.39
42820	T&A; UNDER AGE 12	79	1.9	1.56
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	77	1.8	1.01
30140	SUBMUCOS RES TURBINATE PART/CMPL	73	1.7	0.74
51600	INJ PROC-CYSTOGRAPHY	60	1.4	0.05
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	59	1.4	2.16
29826	SCOPE SHOULDER; DECOMP SUBACROM	58	1.4	1.15
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	58	1.4	0.09
69436	TYMPANOSTOMY GENERAL ANESTHESIA	58	1.4	1.71
52648	CNTCT LASR VAPRIZ W/WO TURP COMP	56	1.3	0.07
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	54	1.3	0.08
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	52	1.2	1.18
28285	CORRECTION HAMMERTOES	50	1.2	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, 2011  
 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		2,321	\$5,907	\$4,864
4523	COLONOSCOPY	277	\$1,521	\$1,265
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	144	\$2,164	\$1,852
5123	LAP CHOLEY	142	\$13,716	\$8,201
4542	ENDO POLYPECTOMY LG INTESTINE	95	\$2,645	\$1,760
283	TONSILLECTOMY W/ADENOIDECTOMY	93	\$5,654	\$3,273
5794	INSRT INDWELLING URIN CATH	83	\$4,485	\$4,257
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	64	\$2,536	\$2,866
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	63	\$3,172	\$2,988
6021	[TULIP]	56	\$11,183	\$9,856
0881	LINEAR REPR LAC EYELID/EYEBROW	52	\$1,575	\$1,622
0331	SPINAL TAP	47	\$4,491	\$2,562
4701	LAP APPENDECTOMY	36	\$16,434	\$10,495
0481	INJ ANES PERIPH NERV-ANALGESIA	32	\$947	\$2,733
4525	CLO [ENDO] BX LG INTESTINE	31	\$2,297	\$1,909
4513	OTH ENDO SM INTESTINE	29	\$2,557	\$1,505
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	29	\$2,462	\$1,961
1364	DISCISSION SECNDRY MEMBRN	28	\$1,573	\$732
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	27	\$12,693	\$30,902
2751	SUT LAC LIP	27	\$1,386	\$1,431
282	TONSILLECTOMY WO ADENOIDECTOMY	26	\$6,010	\$3,403

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		2,199	\$6,203	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	243	\$1,510	\$1,275
66984	EXTRACAPSULAR CATARACT REMV IOL	202	\$4,766	\$4,069
43239	UGI ENDO; W/BX 1/MX	144	\$2,164	\$1,799
45380	COLONOSCOPY FLEX; W/BX 1/MX	104	\$2,170	\$1,698
47562	LAPAROSCOPY SURGICAL; CHOLECT	90	\$12,835	\$7,363
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	75	\$1,220	\$1,590
42820	T&A; UNDER AGE 12	70	\$5,648	\$3,185
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	55	\$2,540	\$1,895
52648	CNTCT LASR VAPRIZ W/WO TURP COMP	54	\$10,866	\$10,116
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	52	\$15,240	\$8,835
44970	LAPAROSCOPY SURGICAL APPENDECTOM	36	\$16,434	\$10,450
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	35	\$8,321	\$5,414
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	35	\$2,886	\$1,840
69436	TYMPANOSTOMY GENERAL ANESTHESIA	32	\$3,854	\$1,779
66821	DISCISSION 2ND CATARACT; LASER S	30	\$1,573	\$750
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	30	\$1,612	\$1,904
49505	REPR INIT ING HERNIA 5YR/MORE; R	29	\$10,294	\$5,632
42821	T&A; AGE 12 OR OVER	24	\$5,704	\$3,658
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	24	\$6,046	\$3,512
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	24	\$1,487	\$1,340

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

133 Mountain West Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	76	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	8	148
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	165
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	31	4,645
	012 LEVEL I SKIN REPAIR	2	23
	013 LEVEL II SKIN REPAIR	14	875
	014 LEVEL III SKIN REPAIR	1	247
02	BREAST PROCEDURES	13	1,671
	020 LEVEL I BREAST PROCEDURES	13	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	797	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	2,286
	033 LEVEL I HAND PROCEDURES	41	3,806
	034 LEVEL II HAND PROCEDURES	1	1,210
	035 LEVEL I FOOT PROCEDURES	120	6,177
	036 LEVEL II FOOT PROCEDURES	16	1,830
	037 LEVEL I ARTHROSCOPY	289	23,401
	038 LEVEL II ARTHROSCOPY	54	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	63	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	24	475
	045 BUNION PROCEDURES	43	1,762
	046 LEVEL I ARTHROPLASTY	5	650
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	37	2,711
04	RESPIRATORY PROCEDURES	281	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	20	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	35	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	226	4,869
05	CARDIOVASCULAR PROCEDURES	20	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	1,890
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	416
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	143
	092 RESUSCITATION	8	19
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,370	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	5	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,300

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

133 Mountain West Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	299	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	39	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	512	45,397
	137 THERAPEUTIC COLONOSCOPY	74	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,105
	139 LEVEL I HERNIA REPAIR	92	5,686
	140 LEVEL II HERNIA REPAIR	18	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	15	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	11	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	413
	145 LEVEL I LAPAROSCOPY	25	2,342
	146 LEVEL II LAPAROSCOPY	182	7,903
	147 LEVEL III LAPAROSCOPY	70	7,188
08	GENITOURINARY SYSTEM PROCEDURES	165	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	15	880
	161 URINARY STUDIES AND PROCEDURES	1	470
	162 URINARY CATHETERIZATION AND DILATATION	1	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	73	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	69	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	481
09	MALE REPRODUCTIVE SYSTEM	187	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	27	1,477
	181 CIRCUMCISION	11	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	91	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	58	300
10	FEMALE REPRODUCTIVE SYSTEM	100	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	16	2,229
	199 DILATION AND CURETTAGE	5	518
	200 HYSTEROSCOPY	53	2,466
	201 COLPOSCOPY	1	654
11	NEUROLOGIC SYSTEM PROCEDURES	323	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	99	4,570
	217 LEVEL I NERVE PROCEDURES	51	4,176
	218 LEVEL II NERVE PROCEDURES	25	1,051
	219 SPINAL TAP	11	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	104	11,336
	223 LEVEL III NERVE PROCEDURES	33	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	249	12,660
	232 LASER EYE PROCEDURES	34	549
	233 CATARACT PROCEDURES	205	5,898

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

133 Mountain West Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	236
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	510	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	156	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	21	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	152	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	9	3,301
	256 TONSIL AND ADENOID PROCEDURES	172	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

133 Mountain West Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	52	\$5,509	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$4,313	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$6,123	\$3,432
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	\$5,805	\$631
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$5,560	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	\$7,539	\$4,207
	012 LEVEL I SKIN REPAIR	2	\$4,918	\$5,040
	013 LEVEL II SKIN REPAIR	14	\$2,599	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$4,545	\$7,376
02	BREAST PROCEDURES	13	\$10,010	\$4,831
	020 LEVEL I BREAST PROCEDURES	13	\$10,010	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	280	\$10,032	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$6,565	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$13,061	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$14,613	\$10,524
	033 LEVEL I HAND PROCEDURES	27	\$5,702	\$3,410
	035 LEVEL I FOOT PROCEDURES	39	\$9,027	\$4,184
	036 LEVEL II FOOT PROCEDURES	13	\$11,888	\$8,885
	037 LEVEL I ARTHROSCOPY	67	\$9,723	\$5,096
	038 LEVEL II ARTHROSCOPY	4	\$20,861	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$5,386	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	\$6,375	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	39	\$14,905	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$5,505	\$3,818
	045 BUNION PROCEDURES	20	\$11,802	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$13,366	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	\$1,330	\$1,654
04	RESPIRATORY PROCEDURES	20	\$3,801	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	17	\$3,255	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$7,097	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$6,503	\$5,392
05	CARDIOVASCULAR PROCEDURES	13	\$10,908	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$10,463	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$10,524	\$37,492
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$5,700	\$19,433
	092 RESUSCITATION	8	\$11,767	\$10,486
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	\$10,948	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$10,948	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	934	\$5,685	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	\$1,000	\$2,775
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$1,300	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	\$2,720	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	170	\$2,096	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$3,632	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	382	\$1,697	\$1,465



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

133 Mountain West Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	137 THERAPEUTIC COLONOSCOPY	46	\$2,971	\$1,880
	139 LEVEL I HERNIA REPAIR	52	\$9,965	\$5,188
	140 LEVEL II HERNIA REPAIR	7	\$10,836	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	\$8,898	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$7,882	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$10,760	\$4,426
	145 LEVEL I LAPAROSCOPY	13	\$12,920	\$6,523
	146 LEVEL II LAPAROSCOPY	152	\$14,007	\$8,651
	147 LEVEL III LAPAROSCOPY	65	\$16,243	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	50	\$9,114	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	\$7,798	\$11,434
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	29	\$8,587	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	14	\$9,413	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$12,742	\$20,129
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$23,172	\$15,091
09	MALE REPRODUCTIVE SYSTEM	150	\$7,545	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$6,127	\$3,472
	181 CIRCUMCISION	6	\$7,047	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	78	\$11,312	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	55	\$2,540	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	53	\$7,831	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	\$5,049	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$8,004	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	\$11,362	\$8,297
	199 DILATION AND CURETTAGE	4	\$8,968	\$3,922
	200 HYSTEROSCOPY	37	\$7,346	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	178	\$2,663	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	95	\$1,224	\$1,622
	217 LEVEL I NERVE PROCEDURES	28	\$6,309	\$3,955
	218 LEVEL II NERVE PROCEDURES	18	\$1,033	\$22,021
	219 SPINAL TAP	11	\$3,397	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	18	\$1,389	\$2,017
	223 LEVEL III NERVE PROCEDURES	8	\$12,515	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	246	\$4,423	\$4,277
	232 LASER EYE PROCEDURES	34	\$1,571	\$825
	233 CATARACT PROCEDURES	203	\$4,767	\$4,092
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	\$7,283	\$4,558
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,304	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$10,413	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	192	\$6,246	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	42	\$4,066	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$5,255	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	11	\$11,751	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	8	\$19,311	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	122	\$5,717	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,914	52.8	141,642	53.9
Male	1,713	47.2	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	3	0.1	1,613	0.6
29-365 days	13	0.4	2,902	1.1
1-4 years	124	3.4	11,446	4.4
5-9	114	3.1	7,208	2.7
10-14	93	2.6	5,295	2.0
15-17	99	2.7	5,309	2.0
18-19	54	1.5	3,821	1.5
20-24	134	3.7	10,434	4.0
25-29	200	5.5	12,230	4.7
30-34	238	6.6	14,877	5.7
35-39	254	7.0	14,643	5.6
40-44	229	6.3	14,871	5.7
45-49	207	5.7	17,304	6.6
50-54	361	10.0	30,494	11.6
55-59	316	8.7	26,436	10.1
60-64	294	8.1	24,041	9.1
65-69	276	7.6	20,003	7.6
70-74	253	7.0	15,679	6.0
75-79	167	4.6	11,976	4.6
80-84	142	3.9	7,762	3.0
85-89	40	1.1	3,511	1.3
90 +	16	0.4	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	604	16.7	106,152	40.4
Clinic Referral	3,021	83.3	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	1	0.0	200	0.1
Skilled Nursing Facility	1	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,567	98.3	262,109	99.7
Another Hospital	47	1.3	126	0.0
Skilled Nursing Facility	3	0.1	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	7	0.2	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	2	0.1	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	946	26.1	62,882	23.9
Medicaid	308	8.5	19,964	7.6
Other government	113	3.1	6,019	2.3
Blue Cross/Blue Shield	742	20.5	33,344	12.7
Other Commercial	233	6.4	17,383	6.6
Managed Care(HMO, PPO)	1,147	31.6	114,999	43.7
Self Pay	96	2.6	3,241	1.2
Industrial & Worker Comp	42	1.2	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	4	0.1	18,464	7.0
Central Utah	8	0.2	9,378	3.6
Davis County	25	0.7	28,404	10.8
Salt Lake County	65	1.8	89,757	34.1
Southeastern Utah	2	0.1	5,550	2.1
Southwest Utah	2	0.1	16,470	6.3
Summit County	2	0.1	4,120	1.6
Tooele County	3,396	93.6	6,638	2.5
Tri-County	2	0.1	6,537	2.5
Utah County	15	0.4	39,778	15.1
Wasatch County	3	0.1	2,138	0.8
Weber County	4	0.1	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	99	2.7	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	12,802	100.0	347,183	100.0
Mastectomy (85.0-85.99)	400	3.1	8,605	2.5
Musculoskeletal (76.0-84.99)	3,116	24.3	70,411	20.3
Respiratory (30.0-34.99)	157	1.2	3,243	0.9
Cardiovascular (35.0-39.99)	809	6.3	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	86	0.7	3,288	0.9
Digestive System (42.0-54.99)	4,163	32.5	111,878	32.2
Urinary (55.0-59.99)	470	3.7	12,077	3.5
Male Genital (60.0-64.99)	85	0.7	4,124	1.2
Female Genital (65.0-71.99)	806	6.3	16,165	4.7
Endocrine/Nervous (01.0-07.99)	503	3.9	27,062	7.8
Eye (08.0-16.99)	416	3.2	22,328	6.4
Ear (18.0-20.99)	618	4.8	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,173	9.2	30,939	8.9
Reporting Category(CPT-4 CODES)	13,714	100.0	337,317	100.0
Mastectomy (19120-19220)	34	0.2	1,627	0.5
Musculoskeletal (20000-29909)	4,397	32.1	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	952	6.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	1,226	8.9	21,776	6.5
Lymphatic/Hemetic (38100-38999)	102	0.7	4,663	1.4
Digestive (40490-49999)	4,707	34.3	129,848	38.5
Urinary (50010-53899)	411	3.0	16,024	4.8
Male Genital (54000-55899)	74	0.5	4,044	1.2
Female Genital (56405-58999)	787	5.7	15,380	4.6
Endocrine/Nervous (60000-64999)	463	3.4	26,532	7.9
Eye (65091-68899)	227	1.7	12,738	3.8
Ear (69000-69979)	334	2.4	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		12,802	100.0	100.0
4523	COLONOSCOPY	1,067	8.3	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	819	6.4	5.51
4542	ENDO POLYPECTOMY LG INTESTINE	595	4.6	4.79
2001	MYRINGOTOMY W/INSRT TUBE	527	4.1	3.17
283	TONSILLECTOMY W/ADENOIDECTOMY	283	2.2	1.93
4525	CLO [ENDO] BX LG INTESTINE	272	2.1	2.37
806	EXC SEMILUNAR CARTILAGE-KNEE	244	1.9	1.57
5123	LAP CHOLEY	243	1.9	2.02
4292	DILAT ESOPH	188	1.5	1.38
3722	LT HEART CARD CATH	176	1.4	0.90
4836	[ENDO] POLYPECTOMY RECTUM	147	1.1	1.34
1341	PHACOEMULSIFICATION-ASPIR CATARACT	146	1.1	1.57
8147	OTH REPR KNEE	144	1.1	0.93
0443	RELEASE CARPAL TUNNEL	142	1.1	0.96
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	142	1.1	1.60
2188	OTH SEPTOPLASTY	133	1.0	0.50
8051	EXC INTERVERTEBRAL DISC	124	1.0	0.48
8363	ROTATOR CUFF REPR	118	0.9	0.73
2169	OTH TURBINECTOMY	107	0.8	0.77
282	TONSILLECTOMY WO ADENOIDECTOMY	104	0.8	0.53

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,714	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,050	7.7	6.69
43239	UGI ENDO; W/BX 1/MX	819	6.0	6.02
45380	COLONOSCOPY FLEX; W/BX 1/MX	657	4.8	6.63
29580	STRAPPING; UNNA BOOT	568	4.1	0.23
29581	29581	408	3.0	0.35
69436	TYMPANOSTOMY GENERAL ANESTHESIA	264	1.9	1.71
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	226	1.6	2.16
42820	T&A; UNDER AGE 12	201	1.5	1.56
29881	SCOPE KNEE SURG;W/MENISCECT MED/	192	1.4	1.47
66984	EXTRACAPSULAR CATARACT REMV IOL	143	1.0	1.63
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	141	1.0	0.74
49505	REPR INIT ING HERNIA 5YR/MORE; R	139	1.0	0.72
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	139	1.0	0.53
20680	REMOVAL OF IMPLANT; DEEP	135	1.0	0.94
28104	EXC BN CYST TARSAL/MT NO TALUS;	134	1.0	0.09
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	130	0.9	0.77
29826	SCOPE SHOULDER; DECOMP SUBACROM	126	0.9	1.15
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	123	0.9	0.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	123	0.9	1.18
47562	LAPAROSCOPY SURGICAL; CHOLECT	120	0.9	0.91

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		5,698	\$7,604	\$4,864
4523	COLONOSCOPY	966	\$1,677	\$1,265
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	485	\$2,634	\$1,852
4542	ENDO POLYPECTOMY LG INTESTINE	446	\$3,131	\$1,760
283	TONSILLECTOMY W/ADENOIDECTOMY	230	\$6,400	\$3,273
5123	LAP CHOLEY	221	\$14,115	\$8,201
4525	CLO [ENDO] BX LG INTESTINE	171	\$3,723	\$1,909
3722	LT HEART CARD CATH	134	\$13,980	\$10,333
806	EXC SEMILUNAR CARTILAGE-KNEE	107	\$7,386	\$5,149
8051	EXC INTERVERTEBRAL DISC	90	\$19,655	\$12,020
3893	VENOUS CATH-NEC	80	\$6,980	\$5,207
282	TONSILLECTOMY WO ADENOIDECTOMY	73	\$6,451	\$3,403
0443	RELEASE CARPAL TUNNEL	70	\$5,546	\$2,934
4836	[ENDO] POLYPECTOMY RECTUM	65	\$2,881	\$1,609
0611	CLO PERCUT NEEDLE BX THYROID GLAND	64	\$2,179	\$1,323
3324	CLO [ENDO] BX BRONCHUS	58	\$7,322	\$4,265
5304	UNILAT REPR INDIRECT ING HERN-GFT	49	\$8,132	\$5,647
4513	OTH ENDO SM INTESTINE	46	\$1,337	\$1,505
5303	UNILAT REPR DIRECT ING HERN-GFT	42	\$8,111	\$5,834
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	40	\$27,946	\$17,603
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	40	\$8,420	\$5,679

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		6,565	\$6,612	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	953	\$1,679	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	499	\$3,314	\$1,698
43239	UGI ENDO; W/BX 1/MX	485	\$2,660	\$1,799
69436	TYMPANOSTOMY GENERAL ANESTHESIA	193	\$4,040	\$1,779
42820	T&A; UNDER AGE 12	156	\$6,167	\$3,185
66984	EXTRACAPSULAR CATARACT REMV IOL	141	\$8,081	\$4,069
49505	REPR INIT ING HERNIA 5YR/MORE; R	125	\$8,286	\$5,632
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	115	\$2,801	\$1,840
47562	LAPAROSCOPY SURGICAL; CHOLECT	112	\$13,636	\$7,363
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	110	\$14,604	\$8,835
29881	SCOPE KNEE SURG;W/MENISCECT MED/	100	\$7,550	\$4,987
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	99	\$2,785	\$3,715
45384	COLONOSCOPY FLEX; REMV LES-FORCE	90	\$2,510	\$2,087
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	88	\$19,559	\$11,995
31720	CATHETER ASPIR; NASOTRACH SEP PR	84	\$985	\$1,181
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	80	\$10,026	\$7,128
20680	REMOVAL OF IMPLANT; DEEP	79	\$7,983	\$4,387
36592	36592	71	\$11,497	\$13,850
42821	T&A; AGE 12 OR OVER	69	\$6,889	\$3,658
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	65	\$6,491	\$3,512

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	433	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	74	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	7	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	8	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	40	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	202	4,645
	012 LEVEL I SKIN REPAIR	6	23
	013 LEVEL II SKIN REPAIR	86	875
	014 LEVEL III SKIN REPAIR	6	247
02	BREAST PROCEDURES	34	1,671
	020 LEVEL I BREAST PROCEDURES	34	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,859	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	109	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	305	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	104	2,286
	033 LEVEL I HAND PROCEDURES	159	3,806
	034 LEVEL II HAND PROCEDURES	75	1,210
	035 LEVEL I FOOT PROCEDURES	570	6,177
	036 LEVEL II FOOT PROCEDURES	103	1,830
	037 LEVEL I ARTHROSCOPY	838	23,401
	038 LEVEL II ARTHROSCOPY	174	5,474
	039 REPLACEMENT OF CAST	1	146
	040 SPLINT, STRAPPING AND CAST REMOVAL	977	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	25	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	164	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	475
	045 BUNION PROCEDURES	96	1,762
	046 LEVEL I ARTHROPLASTY	44	650
	047 LEVEL II ARTHROPLASTY	3	144
	048 HAND AND FOOT TENOTOMY	10	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	63	2,711
04	RESPIRATORY PROCEDURES	590	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	163	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	49	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	247	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	131	2,429
05	CARDIOVASCULAR PROCEDURES	641	11,503
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	110	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	108	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	109	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	34	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	107	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	15	416

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	112	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	9	143
	097 AICD IMPLANT	31	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	192	4,562
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	15	29
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	141	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	36	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,451	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	54	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	125	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	894	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	91	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,711	45,397
	137 THERAPEUTIC COLONOSCOPY	384	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	44	2,105
	139 LEVEL I HERNIA REPAIR	226	5,686
	140 LEVEL II HERNIA REPAIR	35	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	52	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	69	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	10	413
	145 LEVEL I LAPAROSCOPY	99	2,342
	146 LEVEL II LAPAROSCOPY	245	7,903
	147 LEVEL III LAPAROSCOPY	362	7,188
	148 LEVEL IV LAPAROSCOPY	31	184
08	GENITOURINARY SYSTEM PROCEDURES	319	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	10	880
	162 URINARY CATHETERIZATION AND DILATATION	10	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	160	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	107	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	26	481
09	MALE REPRODUCTIVE SYSTEM	63	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	1,477
	181 CIRCUMCISION	12	967
	182 INSERTION OF PENILE PROSTHESIS	3	75
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	27	1,446
10	FEMALE REPRODUCTIVE SYSTEM	367	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	54	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	47	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	132	2,229
	199 DILATION AND CURETTAGE	12	518
	200 HYSTEROSCOPY	120	2,466



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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			
	201 COLPOSCOPY	2	654
11	NEUROLOGIC SYSTEM PROCEDURES	492	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	41	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	7	216
	217 LEVEL I NERVE PROCEDURES	185	4,176
	218 LEVEL II NERVE PROCEDURES	34	1,051
	219 SPINAL TAP	38	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	13	11,336
	221 LAMINOTOMY AND LAMINECTOMY	146	2,387
	223 LEVEL III NERVE PROCEDURES	28	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	225	12,660
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	22
	233 CATARACT PROCEDURES	148	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	10	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	11	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	12	1,752
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	20	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,246	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	519	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	38	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	183	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	74	3,301
	256 TONSIL AND ADENOID PROCEDURES	432	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	269	\$7,057	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	50	\$6,831	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$4,562	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$6,004	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	7	\$5,578	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	\$6,938	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	104	\$7,563	\$4,207
	012 LEVEL I SKIN REPAIR	3	\$5,308	\$5,040
	013 LEVEL II SKIN REPAIR	74	\$6,929	\$4,459
	014 LEVEL III SKIN REPAIR	2	\$5,941	\$7,376
02	BREAST PROCEDURES	30	\$7,195	\$4,831
	020 LEVEL I BREAST PROCEDURES	30	\$7,195	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	783	\$9,573	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$9,566	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	\$11,714	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$14,554	\$10,524
	033 LEVEL I HAND PROCEDURES	59	\$5,615	\$3,410
	034 LEVEL II HAND PROCEDURES	16	\$12,206	\$6,046
	035 LEVEL I FOOT PROCEDURES	66	\$6,833	\$4,184
	036 LEVEL II FOOT PROCEDURES	16	\$18,493	\$8,885
	037 LEVEL I ARTHROSCOPY	248	\$7,751	\$5,096
	038 LEVEL II ARTHROSCOPY	22	\$24,042	\$13,106
	040 SPLINT, STRAPPING AND CAST REMOVAL	83	\$3,404	\$1,449
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	\$11,055	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$5,063	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	104	\$18,304	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	23	\$4,878	\$3,818
	045 BUNION PROCEDURES	19	\$7,478	\$6,420
	046 LEVEL I ARTHROPLASTY	4	\$10,654	\$9,598
	047 LEVEL II ARTHROPLASTY	2	\$42,023	\$23,125
	048 HAND AND FOOT TENOTOMY	1	\$3,592	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$1,355	\$1,654
04	RESPIRATORY PROCEDURES	186	\$3,483	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	139	\$2,675	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$5,846	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	14	\$7,482	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	29	\$5,104	\$3,105
05	CARDIOVASCULAR PROCEDURES	168	\$15,462	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	86	\$9,544	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	11	\$18,982	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	25	\$37,959	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$21,426	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	9	\$16,103	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	26	\$12,768	\$10,145
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$8,640	\$8,297

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

142 Ogden Regional Medical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	Procedure EAPG			
	091 VASCULAR LIGATION AND RECONSTRUCTION	5	\$10,383	\$8,315
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	113	\$3,586	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	99	\$2,785	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	\$9,246	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,075	\$4,818	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	47	\$2,308	\$2,775
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	\$3,936	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$632	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$2,788	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	539	\$2,616	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	29	\$5,720	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,455	\$2,241	\$1,465
	137 THERAPEUTIC COLONOSCOPY	205	\$2,674	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$8,779	\$6,191
	139 LEVEL I HERNIA REPAIR	176	\$8,245	\$5,188
	140 LEVEL II HERNIA REPAIR	14	\$12,217	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	40	\$4,246	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	45	\$6,948	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$6,367	\$4,426
	145 LEVEL I LAPAROSCOPY	42	\$9,117	\$6,523
	146 LEVEL II LAPAROSCOPY	187	\$14,598	\$8,651
	147 LEVEL III LAPAROSCOPY	240	\$14,413	\$9,502
	148 LEVEL IV LAPAROSCOPY	20	\$23,157	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	99	\$10,792	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	7	\$16,161	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	2	\$2,895	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	43	\$8,008	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	26	\$10,964	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$51,713	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$5,132	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	18	\$14,342	\$15,091
09	MALE REPRODUCTIVE SYSTEM	43	\$10,149	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	\$6,718	\$3,472
	181 CIRCUMCISION	11	\$5,329	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	2	\$50,738	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	20	\$10,456	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	195	\$8,778	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	25	\$5,715	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	12	\$7,618	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	77	\$11,175	\$8,297
	199 DILATION AND CURETTAGE	6	\$4,555	\$3,922
	200 HYSTEROSCOPY	74	\$7,918	\$6,149
	201 COLPOSCOPY	1	\$3,714	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	273	\$10,475	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	33	\$1,127	\$1,622

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$11,624	\$12,644
	217 LEVEL I NERVE PROCEDURES	83	\$6,079	\$3,955
	218 LEVEL II NERVE PROCEDURES	2	\$13,315	\$22,021
	219 SPINAL TAP	38	\$2,074	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	8	\$1,661	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	97	\$19,606	\$12,191
	223 LEVEL III NERVE PROCEDURES	9	\$29,172	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	193	\$8,489	\$4,277
	233 CATARACT PROCEDURES	146	\$8,089	\$4,092
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	9	\$10,161	\$4,558
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	10	\$17,177	\$9,262
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	5	\$10,641	\$7,259
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$6,624	\$2,904
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$4,251	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$6,665	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	674	\$6,816	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	252	\$4,354	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	19	\$6,861	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	43	\$12,650	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	52	\$16,704	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	308	\$6,344	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,558	56.6	141,642	53.9
Male	4,258	43.4	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	3	0.0	1,613	0.6
29-365 days	108	1.1	2,902	1.1
1-4 years	300	3.1	11,446	4.4
5-9	175	1.8	7,208	2.7
10-14	120	1.2	5,295	2.0
15-17	168	1.7	5,309	2.0
18-19	127	1.3	3,821	1.5
20-24	366	3.7	10,434	4.0
25-29	471	4.8	12,230	4.7
30-34	575	5.9	14,877	5.7
35-39	625	6.4	14,643	5.6
40-44	631	6.4	14,871	5.7
45-49	745	7.6	17,304	6.6
50-54	1,431	14.6	30,494	11.6
55-59	1,142	11.6	26,436	10.1
60-64	988	10.1	24,041	9.1
65-69	624	6.4	20,003	7.6
70-74	449	4.6	15,679	6.0
75-79	374	3.8	11,976	4.6
80-84	239	2.4	7,762	3.0
85-89	105	1.1	3,511	1.3
90 +	50	0.5	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	307	3.1	106,152	40.4
Clinic Referral	9,502	96.8	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	2	0.0	200	0.1
Skilled Nursing Facility	4	0.0	139	0.1
Other Health Care Facility	1	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	9,797	99.8	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	7	0.1	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	1	0.0	120	0.0
Under Care of Home Service	9	0.1	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	1	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,946	19.8	62,882	23.9
Medicaid	538	5.5	19,964	7.6
Other government	235	2.4	6,019	2.3
Blue Cross/Blue Shield	2,120	21.6	33,344	12.7
Other Commercial	592	6.0	17,383	6.6
Managed Care(HMO, PPO)	4,200	42.8	114,999	43.7
Self Pay	98	1.0	3,241	1.2
Industrial & Worker Comp	84	0.9	3,157	1.2
Charity and Unclassified	3	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	605	6.2	18,464	7.0
Central Utah	1	0.0	9,378	3.6
Davis County	2,008	20.5	28,404	10.8
Salt Lake County	42	0.4	89,757	34.1
Southeastern Utah	5	0.1	5,550	2.1
Southwest Utah	5	0.1	16,470	6.3
Summit County	23	0.2	4,120	1.6
Tooele County	2	0.0	6,638	2.5
Tri-County	8	0.1	6,537	2.5
Utah County	11	0.1	39,778	15.1
Wasatch County	3	0.0	2,138	0.8
Weber County	6,835	69.6	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	268	2.7	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

135 Orem Community Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,023	100.0	347,183	100.0
Mastectomy (85.0-85.99)	355	8.8	8,605	2.5
Musculoskeletal (76.0-84.99)	1,260	31.3	70,411	20.3
Respiratory (30.0-34.99)	1	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	2	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	5	0.1	3,288	0.9
Digestive System (42.0-54.99)	30	0.7	111,878	32.2
Urinary (55.0-59.99)	25	0.6	12,077	3.5
Male Genital (60.0-64.99)	2	0.0	4,124	1.2
Female Genital (65.0-71.99)	211	5.2	16,165	4.7
Endocrine/Nervous (01.0-07.99)	642	16.0	27,062	7.8
Eye (08.0-16.99)	576	14.3	22,328	6.4
Ear (18.0-20.99)	28	0.7	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	886	22.0	30,939	8.9
Reporting Category(CPT-4 CODES)	2,794	100.0	337,317	100.0
Mastectomy (19120-19220)	14	0.5	1,627	0.5
Musculoskeletal (20000-29909)	1,332	47.7	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	26	0.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	18	0.6	21,776	6.5
Lymphatic/Hemetic (38100-38999)	5	0.2	4,663	1.4
Digestive (40490-49999)	438	15.7	129,848	38.5
Urinary (50010-53899)	10	0.4	16,024	4.8
Male Genital (54000-55899)	1	0.0	4,044	1.2
Female Genital (56405-58999)	138	4.9	15,380	4.6
Endocrine/Nervous (60000-64999)	511	18.3	26,532	7.9
Eye (65091-68899)	289	10.3	12,738	3.8
Ear (69000-69979)	12	0.4	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

135 Orem Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,023	100.0	100.0
232	RESTORATION TOOTH-FILLING	295	7.3	0.49
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	267	6.6	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	265	6.6	1.60
2341	APPLIC CROWN	259	6.4	0.44
0392	INJ OTH AGENT SPINAL CANAL	234	5.8	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	233	5.8	1.85
2370	ROOT CANAL-NOS	170	4.2	0.26
0443	RELEASE CARPAL TUNNEL	96	2.4	0.96
2309	EXTRACT OTH TOOTH	68	1.7	0.17
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	68	1.7	0.27
7756	REPR HAMMER TOE	68	1.7	0.35
8594	REMOV IMPLNT BREAST	59	1.5	0.13
6952	ASPIR CURET FOLLOWING DELIV/AB	57	1.4	0.40
8589	OTH MAMMO	47	1.2	0.09
8553	UNILAT BREAST IMPLNT	45	1.1	0.08
7768	LOC EXC LES/TISS-TARS-METATARS	36	0.9	0.24
8596	REMOV BREAST TISS EXPANDER(S)	35	0.9	0.06
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	34	0.8	0.27
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	32	0.8	0.80
8221	EXC LES TENDON SHEATH HAND	32	0.8	0.24

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,794	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	382	13.7	0.79
66984	EXTRACAPSULAR CATARACT REMV IOL	248	8.9	1.63
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	234	8.4	0.93
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	136	4.9	0.41
28285	CORRECTION HAMMERTOES	100	3.6	0.54
20680	REMOVAL OF IMPLANT; DEEP	65	2.3	0.94
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	62	2.2	0.58
28296	HALLUX VALGUS; W/METATARSAL OSTE	45	1.6	0.23
28308	OSTEOTOMY METATARSAL; NOT 1ST MT	41	1.5	0.10
29881	SCOPE KNEE SURG;W/MENISCECT MED/	31	1.1	1.47
26055	TENDON SHEATH INCISION	27	1.0	0.41
28080	EXC INTERDIGITL NEUROMA SINGLE EA	25	0.9	0.16
26160	EXC LES TEND SHETH/JNT CAP HND/F	21	0.8	0.12
29848	ENDO WRST SURG REL TRNS CARP LIG	20	0.7	0.38
27698	REPR SEC DISRUPTED LIG ANK COLLA	19	0.7	0.08
28288	OSTEC PART EXOSTECT MT HEAD EA	19	0.7	0.05
29898	SCOPE ANK SURGICAL; DEBRID EXT	18	0.6	0.07
25608	25608	17	0.6	0.06
28124	PARTIAL EXCISION BONE; PHALANX T	17	0.6	0.03
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	17	0.6	0.31

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		832	\$5,657	\$4,864
232	RESTORATION TOOTH-FILLING	74	\$3,108	\$3,068
6952	ASPIR CURET FOLLOWING DELIV/AB	57	\$3,141	\$3,495
0443	RELEASE CARPAL TUNNEL	44	\$3,023	\$2,934
2341	APPLIC CROWN	34	\$3,550	\$4,011
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	23	\$11,192	\$11,458
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	23	\$2,202	\$1,961
7756	REPR HAMMER TOE	20	\$6,396	\$5,310
7933	OP REDUC W/INT FIX-CARP-METACARP	20	\$8,059	\$7,820
8221	EXC LES TENDON SHEATH HAND	19	\$3,349	\$3,126
8147	OTH REPR KNEE	18	\$8,547	\$6,374
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	17	\$3,751	\$3,645
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	16	\$6,876	\$5,931
8201	EXPLOR TENDON SHEATH HAND	16	\$2,839	\$2,767
6823	ENDOMETRIAL ABLATION	15	\$6,182	\$6,965
7937	OP REDUC W/INT FIX-TARS-METATARS	15	\$11,061	\$10,709
8532	BILAT REDUC MAMMO	14	\$13,123	\$11,372
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	13	\$3,764	\$4,891
7939	OP REDUC FX W/INT FIX-OTH BONE	12	\$13,644	\$12,665
283	TONSILLECTOMY W/ADENOIDECTOMY	11	\$3,921	\$3,273
7913	CLO REDUC-/INT FIX-CARP-METACARP	11	\$3,532	\$3,687

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,400	\$4,584	\$4,353
41899	UNLIST PROC DENTOALVEOL STRUCTUR	374	\$3,591	\$3,672
66984	EXTRACAPSULAR CATARACT REMV IOL	246	\$3,647	\$4,069
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	98	\$2,067	\$1,825
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	43	\$3,129	\$3,049
20680	REMOVAL OF IMPLANT; DEEP	22	\$3,870	\$4,387
28296	HALLUX VALGUS; W/METATARSAL OSTE	20	\$7,153	\$6,126
29881	SCOPE KNEE SURG;W/MENISCECT MED/	18	\$5,893	\$4,987
28080	EXC INTERDIGTL NEUROMA SINGLE EA	17	\$3,611	\$3,374
29848	ENDO WRST SURG REL TRNS CARP LIG	15	\$4,313	\$2,977
66982	EXTRACAP CATARACT REMV W/IOL-CMP	15	\$4,609	\$4,239
26055	TENDON SHEATH INCISION	14	\$2,859	\$2,604
26160	EXC LES TEND SHETH/JNT CAP HND/F	14	\$3,511	\$2,897
25608	25608	13	\$11,419	\$12,015
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	12	\$13,644	\$12,650
25628	OPEN TX CARPAL SCAPHOID FX W/VO	12	\$6,469	\$6,726
28285	CORRECTION HAMMERTOES	12	\$5,423	\$4,191
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	12	\$4,886	\$4,774
25110	EXC LES TEND SHEATH FORARM &/ WR	11	\$3,526	\$3,455
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	11	\$2,239	\$1,777
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	11	\$6,697	\$7,533

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

135 Orem Community Hospital

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	117	10,274
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,649
003 LEVEL I SKIN INCISION AND DRAINAGE	1	148
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	1,191
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	99	4,645
013 LEVEL II SKIN REPAIR	1	875
014 LEVEL III SKIN REPAIR	4	247
02 BREAST PROCEDURES	14	1,671
020 LEVEL I BREAST PROCEDURES	14	1,627
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1,223	66,722
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	2,402
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	92	4,903
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	2,286
033 LEVEL I HAND PROCEDURES	125	3,806
034 LEVEL II HAND PROCEDURES	24	1,210
035 LEVEL I FOOT PROCEDURES	330	6,177
036 LEVEL II FOOT PROCEDURES	85	1,830
037 LEVEL I ARTHROSCOPY	145	23,401
038 LEVEL II ARTHROSCOPY	21	5,474
039 REPLACEMENT OF CAST	1	146
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	605
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	543
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	152	5,701
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	475
045 BUNION PROCEDURES	83	1,762
046 LEVEL I ARTHROPLASTY	3	650
048 HAND AND FOOT TENOTOMY	20	386
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	29	2,711
05 CARDIOVASCULAR PROCEDURES	3	11,503
083 PLACEMENT OF TRANSVENOUS CATHETERS	3	1,314
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	4,562
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,545
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,720
07 GASTROINTESTINAL SYSTEM PROCEDURES	54	118,000
139 LEVEL I HERNIA REPAIR	6	5,686
140 LEVEL II HERNIA REPAIR	1	1,214
145 LEVEL I LAPAROSCOPY	13	2,342
146 LEVEL II LAPAROSCOPY	22	7,903
147 LEVEL III LAPAROSCOPY	12	7,188
08 GENITOURINARY SYSTEM PROCEDURES	10	12,284
162 URINARY CATHETERIZATION AND DILATATION	1	258
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	8	5,858
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	4,061
09 MALE REPRODUCTIVE SYSTEM	1	4,273
183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	8
10 FEMALE REPRODUCTIVE SYSTEM	93	9,203

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

135 Orem Community Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	11	1,485
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	17	1,849
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	2,229
199 DILATION AND CURETTAGE	5	518
200 HYSTEROSCOPY	49	2,466
201 COLPOSCOPY	1	654
11 NEUROLOGIC SYSTEM PROCEDURES	513	25,428
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	4,570
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	216
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	220
217 LEVEL I NERVE PROCEDURES	92	4,176
218 LEVEL II NERVE PROCEDURES	7	1,051
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	393	11,336
223 LEVEL III NERVE PROCEDURES	8	822
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	288	12,660
233 CATARACT PROCEDURES	266	5,898
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	141
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	12	236
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	237
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	942
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	457	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	412	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,514
254 LEVEL III FACIAL AND ENT PROCEDURES	10	3,880
255 LEVEL IV FACIAL AND ENT PROCEDURES	10	3,301
256 TONSIL AND ADENOID PROCEDURES	22	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	47	\$5,663	\$4,301
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$3,726	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	40	\$6,003	\$4,207
02	BREAST PROCEDURES	7	\$4,627	\$4,831
	020 LEVEL I BREAST PROCEDURES	7	\$4,627	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	421	\$6,186	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$5,333	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$6,444	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$8,392	\$10,524
	033 LEVEL I HAND PROCEDURES	58	\$3,774	\$3,410
	034 LEVEL II HAND PROCEDURES	8	\$5,568	\$6,046
	035 LEVEL I FOOT PROCEDURES	59	\$4,251	\$4,184
	036 LEVEL II FOOT PROCEDURES	19	\$6,842	\$8,885
	037 LEVEL I ARTHROSCOPY	59	\$5,406	\$5,096
	038 LEVEL II ARTHROSCOPY	5	\$14,445	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$10,521	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$2,532	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	106	\$8,974	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$8,449	\$3,818
	045 BUNION PROCEDURES	27	\$7,696	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$4,534	\$9,598
	048 HAND AND FOOT TENOTOMY	1	\$2,503	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	\$2,156	\$1,654
05	CARDIOVASCULAR PROCEDURES	3	\$13,996	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$13,996	\$6,616
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$9,594	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$9,594	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	18	\$8,166	\$3,066
	139 LEVEL I HERNIA REPAIR	4	\$8,502	\$5,188
	140 LEVEL II HERNIA REPAIR	1	\$4,152	\$6,288
	145 LEVEL I LAPAROSCOPY	1	\$5,710	\$6,523
	146 LEVEL II LAPAROSCOPY	7	\$7,947	\$8,651
	147 LEVEL III LAPAROSCOPY	5	\$9,498	\$9,502
09	MALE REPRODUCTIVE SYSTEM	1	\$1,537	\$5,436
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$1,537	\$943
10	FEMALE REPRODUCTIVE SYSTEM	48	\$5,346	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$3,045	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$5,518	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$6,249	\$8,297
	199 DILATION AND CURETTAGE	2	\$3,039	\$3,922
	200 HYSTEROSCOPY	28	\$6,046	\$6,149
	201 COLPOSCOPY	1	\$1,821	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	156	\$2,655	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	\$2,005	\$1,622
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$9,387	\$16,600

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

135 Orem Community Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
	217 LEVEL I NERVE PROCEDURES	47	\$3,322	\$3,955
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	101	\$2,071	\$2,017
	223 LEVEL III NERVE PROCEDURES	1	\$20,069	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	280	\$3,775	\$4,277
	233 CATARACT PROCEDURES	263	\$3,700	\$4,092
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,874	\$4,703
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	11	\$3,233	\$4,558
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$8,717	\$9,262
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	412	\$3,625	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	385	\$3,592	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$1,941	\$3,767
	255 LEVEL IV FACIAL AND ENT PROCEDURES	6	\$4,251	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	20	\$4,145	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,287	59.5	141,642	53.9
Male	876	40.5	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	3	0.1	2,902	1.1
1-4 years	308	14.2	11,446	4.4
5-9	67	3.1	7,208	2.7
10-14	46	2.1	5,295	2.0
15-17	72	3.3	5,309	2.0
18-19	48	2.2	3,821	1.5
20-24	114	5.3	10,434	4.0
25-29	134	6.2	12,230	4.7
30-34	147	6.8	14,877	5.7
35-39	146	6.7	14,643	5.6
40-44	127	5.9	14,871	5.7
45-49	133	6.1	17,304	6.6
50-54	160	7.4	30,494	11.6
55-59	155	7.2	26,436	10.1
60-64	201	9.3	24,041	9.1
65-69	126	5.8	20,003	7.6
70-74	76	3.5	15,679	6.0
75-79	54	2.5	11,976	4.6
80-84	24	1.1	7,762	3.0
85-89	21	1.0	3,511	1.3
90 +	1	0.0	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	149	6.9	106,152	40.4
Clinic Referral	2,014	93.1	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,162	100.0	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	262	12.1	62,882	23.9
Medicaid	277	12.8	19,964	7.6
Other government	18	0.8	6,019	2.3
Blue Cross/Blue Shield	23	1.1	33,344	12.7
Other Commercial	123	5.7	17,383	6.6
Managed Care(HMO, PPO)	1,328	61.4	114,999	43.7
Self Pay	31	1.4	3,241	1.2
Industrial & Worker Comp	69	3.2	3,157	1.2
Charity and Unclassified	3	0.1	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	29	1.3	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	3	0.1	18,464	7.0
Central Utah	168	7.8	9,378	3.6
Davis County	4	0.2	28,404	10.8
Salt Lake County	44	2.0	89,757	34.1
Southeastern Utah	60	2.8	5,550	2.1
Southwest Utah	5	0.2	16,470	6.3
Summit County	6	0.3	4,120	1.6
Tooele County	1	0.0	6,638	2.5
Tri-County	19	0.9	6,537	2.5
Utah County	1,814	83.9	39,778	15.1
Wasatch County	13	0.6	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	26	1.2	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	9,568	100.0	347,183	100.0
Mastectomy (85.0-85.99)	0	0.0	8,605	2.5
Musculoskeletal (76.0-84.99)	8,640	90.3	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	5	0.1	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	31	0.3	3,288	0.9
Digestive System (42.0-54.99)	0	0.0	111,878	32.2
Urinary (55.0-59.99)	0	0.0	12,077	3.5
Male Genital (60.0-64.99)	0	0.0	4,124	1.2
Female Genital (65.0-71.99)	0	0.0	16,165	4.7
Endocrine/Nervous (01.0-07.99)	892	9.3	27,062	7.8
Eye (08.0-16.99)	0	0.0	22,328	6.4
Ear (18.0-20.99)	0	0.0	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,939	8.9
Reporting Category(CPT-4 CODES)	9,756	100.0	337,317	100.0
Mastectomy (19120-19220)	0	0.0	1,627	0.5
Musculoskeletal (20000-29909)	9,433	96.7	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	4	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	31	0.3	4,663	1.4
Digestive (40490-49999)	0	0.0	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	0	0.0	4,044	1.2
Female Genital (56405-58999)	0	0.0	15,380	4.6
Endocrine/Nervous (60000-64999)	288	3.0	26,532	7.9
Eye (65091-68899)	0	0.0	12,738	3.8
Ear (69000-69979)	0	0.0	8,359	2.5

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		9,568	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	630	6.6	1.57
0443	RELEASE CARPAL TUNNEL	616	6.4	0.96
8147	OTH REPR KNEE	576	6.0	0.93
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	422	4.4	0.67
8183	OTH REPR SHLDR	387	4.0	0.74
8363	ROTATOR CUFF REPR	378	4.0	0.73
8145	OTH REPR CRUCIATE LIGAMNT	306	3.2	0.50
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	263	2.7	0.51
8201	EXPLOR TENDON SHEATH HAND	225	2.4	0.36
8388	OTH PLSTC OPER TENDON	191	2.0	0.35
7768	LOC EXC LES/TISS-TARS-METATARS	157	1.6	0.24
7868	REMOV IMPLNT DEVICE-TARS-METATARS	155	1.6	0.17
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	155	1.6	0.38
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	152	1.6	0.27
8221	EXC LES TENDON SHEATH HAND	144	1.5	0.24
8076	SYNOVECT-KNEE	127	1.3	0.40
8313	OTH TENOT	125	1.3	0.21
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	106	1.1	0.27
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	101	1.1	0.21
7937	OP REDUC W/INT FIX-TARS-METATARS	101	1.1	0.14

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		9,756	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISPECT MED/	685	7.0	1.47
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	661	6.8	0.92
29826	SCOPE SHOULDER; DECOMP SUBACROM	645	6.6	1.15
29848	ENDO WRST SURG REL TRNS CARP LIG	472	4.8	0.38
20680	REMOVAL OF IMPLANT; DEEP	446	4.6	0.94
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	396	4.1	0.63
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	395	4.0	0.55
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	363	3.7	0.56
26055	TENDON SHEATH INCISION	190	1.9	0.41
20900	BONE GRAFT ANY DONOR AREA; MINOR	165	1.7	0.09
29806	SCOPE SHOULDER SURGICAL; CPSLORR	155	1.6	0.18
29822	SCOPE SHOULDER SURGICAL; DEBRID	148	1.5	0.23
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	120	1.2	0.24
28899	UNLISTED PROCEDURE FOOT OR TOES	107	1.1	0.11
29880	SCOPE KNEE SURG;W/MENISPECT MED&	99	1.0	0.43
29882	SCOPE KNEE; W/MENISCUS REPR MED/	92	0.9	0.11
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	92	0.9	0.19
25111	EXCISION OF GANGLION WRIST; PRIM	90	0.9	0.16
28285	CORRECTION HAMMERTO	86	0.9	0.54
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	85	0.9	0.22

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		3,011	\$5,889	\$4,864
8147	OTH REPR KNEE	369	\$6,245	\$6,374
0443	RELEASE CARPAL TUNNEL	257	\$2,493	\$2,934
8183	OTH REPR SHLDR	231	\$6,916	\$8,998
806	EXC SEMILUNAR CARTILAGE-KNEE	187	\$3,736	\$5,149
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	142	\$3,733	\$4,479
8145	OTH REPR CRUCIATE LIGAMNT	134	\$13,901	\$14,211
8363	ROTATOR CUFF REPR	119	\$9,970	\$12,165
8221	EXC LES TENDON SHEATH HAND	87	\$2,265	\$3,126
8201	EXPLOR TENDON SHEATH HAND	86	\$2,075	\$2,767
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	71	\$9,605	\$10,028
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	67	\$10,212	\$11,458
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	62	\$2,408	\$3,999
8076	SYNOVECT-KNEE	62	\$3,502	\$4,677
8182	REPR RECUR DISLOC SHLDR	60	\$11,166	\$12,301
8388	OTH PLSTC OPER TENDON	60	\$6,641	\$8,318
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	44	\$6,433	\$10,862
7868	REMOV IMPLNT DEVICE-TARS-METATARS	43	\$2,528	\$4,106
8140	REPR HIP-NEC	42	\$16,738	\$16,715
8364	OTH SUT TENDON	40	\$4,338	\$6,842
7914	CLO REDUC W/INT FIX-PHALANGES HAND	38	\$2,725	\$3,335

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		2,828	\$5,417	\$4,353
29848	ENDO WRST SURG REL TRNS CARP LIG	311	\$2,617	\$2,977
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	250	\$3,673	\$4,394
29881	SCOPE KNEE SURG;W/MENISCECT MED/	233	\$3,738	\$4,987
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	152	\$13,648	\$13,965
20680	REMOVAL OF IMPLANT; DEEP	144	\$2,853	\$4,387
29806	SCOPE SHOULDER SURGICAL; CPSLORR	127	\$10,267	\$11,590
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	75	\$3,475	\$4,652
25111	EXCISION OF GANGLION WRIST; PRIM	59	\$2,311	\$3,274
25000	INCISION EXT TENDON SHEATH WRIST	47	\$2,115	\$2,672
29826	SCOPE SHOULDER; DECOMP SUBACROM	44	\$6,044	\$7,247
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	43	\$3,374	\$4,654
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	42	\$9,951	\$13,042
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	37	\$4,782	\$5,505
27650	REPR PRIM OPN/PERQ RUP ACHILLES	36	\$4,307	\$6,136
29879	SCOPE KNEE SURG; ABRASION ARTHPL	36	\$4,547	\$5,338
29825	SCOPE SHOULDER; W/LYSIS ADHESION	34	\$5,735	\$5,975
29880	SCOPE KNEE SURG;W/MENISCECT MED&	33	\$4,379	\$5,295
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	32	\$12,088	\$12,650
24342	REINS RUP BICEPS/TRICEPS TEND DI	30	\$6,128	\$8,884
26055	TENDON SHEATH INCISION	29	\$1,943	\$2,604

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	529	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	31	2,649
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	486	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	1	875
	014 LEVEL III SKIN REPAIR	3	247
03	MUSCULOSKELETAL SYSTEM PROCEDURES	8,918	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	290	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	695	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	214	2,286
	033 LEVEL I HAND PROCEDURES	560	3,806
	034 LEVEL II HAND PROCEDURES	193	1,210
	035 LEVEL I FOOT PROCEDURES	495	6,177
	036 LEVEL II FOOT PROCEDURES	293	1,830
	037 LEVEL I ARTHROSCOPY	3,997	23,401
	038 LEVEL II ARTHROSCOPY	945	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	154	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	53	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	659	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	475
	045 BUNION PROCEDURES	89	1,762
	046 LEVEL I ARTHROPLASTY	105	650
	047 LEVEL II ARTHROPLASTY	10	144
	048 HAND AND FOOT TENOTOMY	73	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	83	2,711
05	CARDIOVASCULAR PROCEDURES	2	11,503
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	416
11	NEUROLOGIC SYSTEM PROCEDURES	297	25,428
	217 LEVEL I NERVE PROCEDURES	205	4,176
	218 LEVEL II NERVE PROCEDURES	5	1,051
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	33	11,336
	221 LAMINOTOMY AND LAMINECTOMY	54	2,387
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	13,372

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	166	\$2,905	\$4,301
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,415	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	163	\$2,914	\$4,207
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,555	\$5,617	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	99	\$3,919	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	153	\$5,174	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	\$9,751	\$10,524
	033 LEVEL I HAND PROCEDURES	197	\$2,711	\$3,410
	034 LEVEL II HAND PROCEDURES	41	\$5,395	\$6,046
	035 LEVEL I FOOT PROCEDURES	61	\$3,400	\$4,184
	036 LEVEL II FOOT PROCEDURES	27	\$4,677	\$8,885
	037 LEVEL I ARTHROSCOPY	1,237	\$4,033	\$5,096
	038 LEVEL II ARTHROSCOPY	340	\$11,721	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	\$5,741	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	23	\$2,971	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	279	\$7,790	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,808	\$3,818
	045 BUNION PROCEDURES	21	\$3,795	\$6,420
	046 LEVEL I ARTHROPLASTY	9	\$10,130	\$9,598
	047 LEVEL II ARTHROPLASTY	4	\$34,060	\$23,125
11	NEUROLOGIC SYSTEM PROCEDURES	106	\$4,352	\$5,293
	217 LEVEL I NERVE PROCEDURES	72	\$3,324	\$3,955
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	7	\$2,877	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	27	\$7,475	\$12,191

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,588	46.8	141,642	53.9
Male	2,947	53.2	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	0	0.0	11,446	4.4
5-9	3	0.1	7,208	2.7
10-14	86	1.6	5,295	2.0
15-17	249	4.5	5,309	2.0
18-19	153	2.8	3,821	1.5
20-24	349	6.3	10,434	4.0
25-29	373	6.7	12,230	4.7
30-34	482	8.7	14,877	5.7
35-39	458	8.3	14,643	5.6
40-44	498	9.0	14,871	5.7
45-49	470	8.5	17,304	6.6
50-54	575	10.4	30,494	11.6
55-59	555	10.0	26,436	10.1
60-64	488	8.8	24,041	9.1
65-69	363	6.6	20,003	7.6
70-74	203	3.7	15,679	6.0
75-79	136	2.5	11,976	4.6
80-84	69	1.2	7,762	3.0
85-89	18	0.3	3,511	1.3
90 +	7	0.1	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	97	1.8	106,152	40.4
Clinic Referral	5,435	98.2	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	2	0.0	200	0.1
Skilled Nursing Facility	1	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	5,495	99.3	262,109	99.7
Another Hospital	2	0.0	126	0.0
Skilled Nursing Facility	11	0.2	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	1	0.0	120	0.0
Under Care of Home Service	25	0.5	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	1	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	765	13.8	62,882	23.9
Medicaid	147	2.7	19,964	7.6
Other government	54	1.0	6,019	2.3
Blue Cross/Blue Shield	699	12.6	33,344	12.7
Other Commercial	310	5.6	17,383	6.6
Managed Care(HMO, PPO)	3,075	55.6	114,999	43.7
Self Pay	38	0.7	3,241	1.2
Industrial & Worker Comp	393	7.1	3,157	1.2
Charity and Unclassified	39	0.7	775	0.3
Childrens Health Insurance	1	0.0	172	0.1
Unknown	14	0.3	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	41	0.7	18,464	7.0
Central Utah	52	0.9	9,378	3.6
Davis County	279	5.0	28,404	10.8
Salt Lake County	4,268	77.1	89,757	34.1
Southeastern Utah	16	0.3	5,550	2.1
Southwest Utah	35	0.6	16,470	6.3
Summit County	97	1.8	4,120	1.6
Tooele County	100	1.8	6,638	2.5
Tri-County	34	0.6	6,537	2.5
Utah County	359	6.5	39,778	15.1
Wasatch County	35	0.6	2,138	0.8
Weber County	73	1.3	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	139	2.5	13,675	5.2
Unknown, Not Reported	7	0.1	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	6,395	100.0	347,183	100.0
Mastectomy (85.0-85.99)	108	1.7	8,605	2.5
Musculoskeletal (76.0-84.99)	4,484	70.1	70,411	20.3
Respiratory (30.0-34.99)	1	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	14	0.2	3,288	0.9
Digestive System (42.0-54.99)	865	13.5	111,878	32.2
Urinary (55.0-59.99)	111	1.7	12,077	3.5
Male Genital (60.0-64.99)	25	0.4	4,124	1.2
Female Genital (65.0-71.99)	122	1.9	16,165	4.7
Endocrine/Nervous (01.0-07.99)	539	8.4	27,062	7.8
Eye (08.0-16.99)	96	1.5	22,328	6.4
Ear (18.0-20.99)	5	0.1	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	25	0.4	30,939	8.9
Reporting Category(CPT-4 CODES)	6,041	100.0	337,317	100.0
Mastectomy (19120-19220)	13	0.2	1,627	0.5
Musculoskeletal (20000-29909)	4,227	70.0	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	17	0.3	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	13	0.2	4,663	1.4
Digestive (40490-49999)	834	13.8	129,848	38.5
Urinary (50010-53899)	125	2.1	16,024	4.8
Male Genital (54000-55899)	16	0.3	4,044	1.2
Female Genital (56405-58999)	98	1.6	15,380	4.6
Endocrine/Nervous (60000-64999)	658	10.9	26,532	7.9
Eye (65091-68899)	40	0.7	12,738	3.8
Ear (69000-69979)	0	0.0	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		6,395	100.0	100.0
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	751	11.7	0.67
806	EXC SEMILUNAR CARTILAGE-KNEE	643	10.1	1.57
8145	OTH REPR CRUCIATE LIGAMNT	295	4.6	0.50
8076	SYNOVECT-KNEE	266	4.2	0.40
0392	INJ OTH AGENT SPINAL CANAL	240	3.8	2.30
4523	COLONOSCOPY	218	3.4	7.08
8147	OTH REPR KNEE	211	3.3	0.93
4542	ENDO POLYPECTOMY LG INTESTINE	179	2.8	4.79
8183	OTH REPR SHLDR	179	2.8	0.74
8363	ROTATOR CUFF REPR	156	2.4	0.73
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	149	2.3	0.51
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	118	1.8	0.22
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	94	1.5	5.51
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	84	1.3	0.27
8388	OTH PLSTC OPER TENDON	83	1.3	0.35
4525	CLO [ENDO] BX LG INTESTINE	74	1.2	2.37
0443	RELEASE CARPAL TUNNEL	73	1.1	0.96
5123	LAP CHOLEY	61	1.0	2.02
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	60	0.9	0.38
8026	ARTHSCPY-KNEE	56	0.9	0.25

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,041	100.0	100.0
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	583	9.7	0.92
29881	SCOPE KNEE SURG;W/MENISCECT MED/	531	8.8	1.47
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	307	5.1	0.56
29826	SCOPE SHOULDER; DECOMP SUBACROM	283	4.7	1.15
45380	COLONOSCOPY FLEX; W/BX 1/MX	263	4.4	6.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	201	3.3	6.69
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	194	3.2	0.55
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	159	2.6	0.63
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	149	2.5	1.01
20680	REMOVAL OF IMPLANT; DEEP	131	2.2	0.94
29880	SCOPE KNEE SURG;W/MENISCECT MED&	131	2.2	0.43
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	99	1.6	0.24
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	94	1.6	0.12
43239	UGI ENDO; W/BX 1/MX	93	1.5	6.02
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	90	1.5	0.22
64623	DESTRUC FACET JT NRV; L/S-EA AD	71	1.2	0.35
29879	SCOPE KNEE SURG; ABRASION ARTHPL	68	1.1	0.18
26055	TENDON SHEATH INCISION	58	1.0	0.41
29828	29828	53	0.9	0.16
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	52	0.9	0.28

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	2,264	\$5,190	\$4,864
4523	COLONOSCOPY	207	\$1,290	\$1,265
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	161	\$3,785	\$4,479
0392	INJ OTH AGENT SPINAL CANAL	152	\$1,749	\$1,445
4542	ENDO POLYPECTOMY LG INTESTINE	142	\$1,567	\$1,760
8147	OTH REPR KNEE	102	\$10,147	\$6,374
8183	OTH REPR SHLDR	95	\$8,429	\$8,998
806	EXC SEMILUNAR CARTILAGE-KNEE	80	\$3,809	\$5,149
8145	OTH REPR CRUCIATE LIGAMNT	62	\$12,816	\$14,211
5123	LAP CHOLEY	57	\$7,656	\$8,201
0443	RELEASE CARPAL TUNNEL	54	\$2,849	\$2,934
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	53	\$1,473	\$1,852
8076	SYNOVECT-KNEE	53	\$3,642	\$4,677
4525	CLO [ENDO] BX LG INTESTINE	44	\$1,661	\$1,909
7939	OP REDUC FX W/INT FIX-OTH BONE	42	\$13,371	\$12,665
8363	ROTATOR CUFF REPR	40	\$11,222	\$12,165
042	DESTRUC CRANIAL & PERIPH NERV	39	\$3,517	\$6,158
8201	EXPLOR TENDON SHEATH HAND	36	\$2,380	\$2,767
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	32	\$10,134	\$10,028
4836	[ENDO] POLYPECTOMY RECTUM	28	\$1,477	\$1,609
4701	LAP APPENDECTOMY	25	\$11,444	\$10,495

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,323	\$4,777	\$4,353
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	241	\$3,828	\$4,394
45380	COLONOSCOPY FLEX; W/BX 1/MX	225	\$1,566	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	191	\$1,294	\$1,275
29881	SCOPE KNEE SURG;W/MENISCECT MED/	129	\$3,802	\$4,987
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	124	\$1,679	\$1,590
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	94	\$12,491	\$13,965
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	52	\$3,729	\$4,652
43239	UGI ENDO; W/BX 1/MX	52	\$1,372	\$1,799
29880	SCOPE KNEE SURG;W/MENISCECT MED&	45	\$4,243	\$5,295
29806	SCOPE SHOULDER SURGICAL; CPSLORR	43	\$10,416	\$11,590
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	42	\$13,218	\$12,650
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	42	\$5,010	\$5,505
20680	REMOVAL OF IMPLANT; DEEP	37	\$4,848	\$4,387
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	33	\$7,502	\$8,835
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	32	\$3,911	\$5,414
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	31	\$3,058	\$3,049
26055	TENDON SHEATH INCISION	27	\$2,204	\$2,604
29848	ENDO WRST SURG REL TRNS CARP LIG	26	\$2,660	\$2,977
49505	REPR INIT ING HERNIA 5YR/MORE; R	25	\$4,619	\$5,632
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	24	\$1,565	\$1,787

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

147 Park City Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	171	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	155	4,645
	013 LEVEL II SKIN REPAIR	1	875
	014 LEVEL III SKIN REPAIR	5	247
02	BREAST PROCEDURES	13	1,671
	020 LEVEL I BREAST PROCEDURES	13	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,022	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	124	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	193	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	2,286
	033 LEVEL I HAND PROCEDURES	125	3,806
	034 LEVEL II HAND PROCEDURES	35	1,210
	035 LEVEL I FOOT PROCEDURES	66	6,177
	036 LEVEL II FOOT PROCEDURES	60	1,830
	037 LEVEL I ARTHROSCOPY	2,421	23,401
	038 LEVEL II ARTHROSCOPY	571	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	22	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	201	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	475
	045 BUNION PROCEDURES	14	1,762
	046 LEVEL I ARTHROPLASTY	20	650
	047 LEVEL II ARTHROPLASTY	20	144
	048 HAND AND FOOT TENOTOMY	4	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	31	2,711
04	RESPIRATORY PROCEDURES	13	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	4,869
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	13	4,562
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	845	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	448
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	104	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	465	45,397
	137 THERAPEUTIC COLONOSCOPY	41	9,233
	139 LEVEL I HERNIA REPAIR	56	5,686
	140 LEVEL II HERNIA REPAIR	8	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	831

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	119
	145 LEVEL I LAPAROSCOPY	12	2,342
	146 LEVEL II LAPAROSCOPY	77	7,903
	147 LEVEL III LAPAROSCOPY	45	7,188
08	GENITOURINARY SYSTEM PROCEDURES	118	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	880
	162 URINARY CATHETERIZATION AND DILATATION	4	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	56	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	52	4,061
09	MALE REPRODUCTIVE SYSTEM	19	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,477
	181 CIRCUMCISION	4	967
	182 INSERTION OF PENILE PROSTHESIS	1	75
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	1,446
10	FEMALE REPRODUCTIVE SYSTEM	73	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	17	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	2,229
	199 DILATION AND CURETTAGE	4	518
	200 HYSTEROSCOPY	38	2,466
11	NEUROLOGIC SYSTEM PROCEDURES	664	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	206	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	220
	217 LEVEL I NERVE PROCEDURES	71	4,176
	218 LEVEL II NERVE PROCEDURES	30	1,051
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	327	11,336
	221 LAMINOTOMY AND LAMINECTOMY	17	2,387
	223 LEVEL III NERVE PROCEDURES	7	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	40	12,660
	232 LASER EYE PROCEDURES	3	549
	233 CATARACT PROCEDURES	26	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	237
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	20	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	7	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	7	3,301
	256 TONSIL AND ADENOID PROCEDURES	2	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	56	\$4,619	\$4,301
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$3,926	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$7,764	\$5,133
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	51	\$4,431	\$4,207
	014 LEVEL III SKIN REPAIR	2	\$8,513	\$7,376
02	BREAST PROCEDURES	11	\$3,091	\$4,831
	020 LEVEL I BREAST PROCEDURES	11	\$3,091	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,176	\$6,254	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$3,857	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	\$6,428	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$10,058	\$10,524
	033 LEVEL I HAND PROCEDURES	60	\$3,329	\$3,410
	034 LEVEL II HAND PROCEDURES	12	\$6,937	\$6,046
	035 LEVEL I FOOT PROCEDURES	11	\$3,019	\$4,184
	036 LEVEL II FOOT PROCEDURES	13	\$4,616	\$8,885
	037 LEVEL I ARTHROSCOPY	665	\$4,197	\$5,096
	038 LEVEL II ARTHROSCOPY	168	\$11,952	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$5,469	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	\$2,773	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	119	\$11,012	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$4,381	\$3,818
	045 BUNION PROCEDURES	4	\$6,688	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$28,770	\$9,598
	047 LEVEL II ARTHROPLASTY	8	\$22,937	\$23,125
	048 HAND AND FOOT TENOTOMY	1	\$1,975	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	\$1,910	\$1,654
04	RESPIRATORY PROCEDURES	1	\$2,719	\$2,438
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,719	\$1,165
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	11	\$9,731	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$9,731	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	680	\$2,812	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$6,722	\$2,775
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,241	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	62	\$1,327	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,951	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	417	\$1,441	\$1,465
	137 THERAPEUTIC COLONOSCOPY	21	\$1,509	\$1,880
	139 LEVEL I HERNIA REPAIR	40	\$4,209	\$5,188
	140 LEVEL II HERNIA REPAIR	5	\$7,043	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$3,658	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$3,460	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$1,022	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$5,004	\$8,862
	145 LEVEL I LAPAROSCOPY	5	\$3,955	\$6,523
	146 LEVEL II LAPAROSCOPY	70	\$8,693	\$8,651

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	147 LEVEL III LAPAROSCOPY	38	\$7,728	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	30	\$4,755	\$5,700
	162 URINARY CATHETERIZATION AND DILATATION	3	\$7,013	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	15	\$4,373	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	12	\$4,668	\$6,114
09	MALE REPRODUCTIVE SYSTEM	13	\$8,566	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$4,753	\$3,472
	181 CIRCUMCISION	3	\$2,871	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	1	\$34,658	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	\$8,369	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	52	\$6,125	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$2,762	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	13	\$7,141	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$6,907	\$8,297
	199 DILATION AND CURETTAGE	1	\$5,160	\$3,922
	200 HYSTEROSCOPY	29	\$6,176	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	239	\$2,335	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	153	\$1,636	\$1,622
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$5,335	\$16,600
	217 LEVEL I NERVE PROCEDURES	42	\$3,446	\$3,955
	218 LEVEL II NERVE PROCEDURES	1	\$11,665	\$22,021
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	26	\$1,636	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	14	\$6,637	\$12,191
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	38	\$4,554	\$4,277
	232 LASER EYE PROCEDURES	3	\$1,412	\$825
	233 CATARACT PROCEDURES	26	\$3,470	\$4,092
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,826	\$4,703
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,784	\$4,558
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$20,339	\$9,262
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$11,492	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$12,609	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	10	\$5,838	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$2,234	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$5,263	\$3,767
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	\$8,241	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	2	\$3,723	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

147 Park City Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,897	47.7	141,642	53.9
Male	2,083	52.3	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	1	0.0	11,446	4.4
5-9	7	0.2	7,208	2.7
10-14	63	1.6	5,295	2.0
15-17	153	3.8	5,309	2.0
18-19	93	2.3	3,821	1.5
20-24	217	5.5	10,434	4.0
25-29	209	5.3	12,230	4.7
30-34	242	6.1	14,877	5.7
35-39	298	7.5	14,643	5.6
40-44	382	9.6	14,871	5.7
45-49	403	10.1	17,304	6.6
50-54	590	14.8	30,494	11.6
55-59	457	11.5	26,436	10.1
60-64	346	8.7	24,041	9.1
65-69	243	6.1	20,003	7.6
70-74	152	3.8	15,679	6.0
75-79	61	1.5	11,976	4.6
80-84	39	1.0	7,762	3.0
85-89	19	0.5	3,511	1.3
90 +	5	0.1	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	834	21.0	106,152	40.4
Clinic Referral	3,145	79.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	1	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

147 Park City Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,957	99.4	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	22	0.6	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	507	12.7	62,882	23.9
Medicaid	45	1.1	19,964	7.6
Other government	58	1.5	6,019	2.3
Blue Cross/Blue Shield	749	18.8	33,344	12.7
Other Commercial	282	7.1	17,383	6.6
Managed Care(HMO, PPO)	2,063	51.8	114,999	43.7
Self Pay	51	1.3	3,241	1.2
Industrial & Worker Comp	203	5.1	3,157	1.2
Charity and Unclassified	10	0.3	775	0.3
Childrens Health Insurance	1	0.0	172	0.1
Unknown	11	0.3	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	35	0.9	18,464	7.0
Central Utah	27	0.7	9,378	3.6
Davis County	99	2.5	28,404	10.8
Salt Lake County	722	18.1	89,757	34.1
Southeastern Utah	11	0.3	5,550	2.1
Southwest Utah	22	0.6	16,470	6.3
Summit County	1,834	46.1	4,120	1.6
Tooele County	18	0.5	6,638	2.5
Tri-County	111	2.8	6,537	2.5
Utah County	151	3.8	39,778	15.1
Wasatch County	498	12.5	2,138	0.8
Weber County	50	1.3	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	388	9.7	13,675	5.2
Unknown, Not Reported	14	0.4	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	3,601	100.0	347,183	100.0
Mastectomy (85.0-85.99)	31	0.9	8,605	2.5
Musculoskeletal (76.0-84.99)	1,069	29.7	70,411	20.3
Respiratory (30.0-34.99)	19	0.5	3,243	0.9
Cardiovascular (35.0-39.99)	24	0.7	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	13	0.4	3,288	0.9
Digestive System (42.0-54.99)	1,614	44.8	111,878	32.2
Urinary (55.0-59.99)	190	5.3	12,077	3.5
Male Genital (60.0-64.99)	55	1.5	4,124	1.2
Female Genital (65.0-71.99)	75	2.1	16,165	4.7
Endocrine/Nervous (01.0-07.99)	483	13.4	27,062	7.8
Eye (08.0-16.99)	1	0.0	22,328	6.4
Ear (18.0-20.99)	5	0.1	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	22	0.6	30,939	8.9
Reporting Category(CPT-4 CODES)	3,865	100.0	337,317	100.0
Mastectomy (19120-19220)	19	0.5	1,627	0.5
Musculoskeletal (20000-29909)	1,297	33.6	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	25	0.6	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	26	0.7	21,776	6.5
Lymphatic/Hemetic (38100-38999)	14	0.4	4,663	1.4
Digestive (40490-49999)	1,651	42.7	129,848	38.5
Urinary (50010-53899)	239	6.2	16,024	4.8
Male Genital (54000-55899)	38	1.0	4,044	1.2
Female Genital (56405-58999)	60	1.6	15,380	4.6
Endocrine/Nervous (60000-64999)	491	12.7	26,532	7.9
Eye (65091-68899)	0	0.0	12,738	3.8
Ear (69000-69979)	5	0.1	8,359	2.5

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		3,601	100.0	100.0
4523	COLONOSCOPY	421	11.7	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	371	10.3	5.51
4525	CLO [ENDO] BX LG INTESTINE	307	8.5	2.37
0391	INJ ANES SPINAL CANAL-ANALGESIA	145	4.0	1.85
0392	INJ OTH AGENT SPINAL CANAL	142	3.9	2.30
0443	RELEASE CARPAL TUNNEL	95	2.6	0.96
5123	LAP CHOLEY	85	2.4	2.02
4513	OTH ENDO SM INTESTINE	82	2.3	1.48
4542	ENDO POLYPECTOMY LG INTESTINE	81	2.2	4.79
806	EXC SEMILUNAR CARTILAGE-KNEE	61	1.7	1.57
8363	ROTATOR CUFF REPR	56	1.6	0.73
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	55	1.5	0.06
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	54	1.5	0.38
8201	EXPLOR TENDON SHEATH HAND	52	1.4	0.36
598	URETERAL CATH	46	1.3	0.77
4292	DILAT ESOPH	33	0.9	1.38
7864	REMOV IMPLNT DEVICE-CARP-METACARP	29	0.8	0.04
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	27	0.7	0.80
5011	CLO [PERCUT] [NEEDLE] BX LIVER	26	0.7	0.28
560	TRANSURETH REMOV OBST URETER-PELV	26	0.7	0.53

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,865	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	416	10.8	6.69
43239	UGI ENDO; W/BX 1/MX	370	9.6	6.02
45380	COLONOSCOPY FLEX; W/BX 1/MX	309	8.0	6.63
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	137	3.5	0.93
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	104	2.7	0.41
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	95	2.5	0.58
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	80	2.1	2.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	78	2.0	0.91
20680	REMOVAL OF IMPLANT; DEEP	68	1.8	0.94
26055	TENDON SHEATH INCISION	60	1.6	0.41
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	59	1.5	0.05
29881	SCOPE KNEE SURG;W/MENISCECT MED/	56	1.4	1.47
29826	SCOPE SHOULDER; DECOMP SUBACROM	49	1.3	1.15
52332	CYSTOURETHROSCOPY W/INSRT STENT	42	1.1	0.73
52353	CYSURETH W/URETR &/PYELSCPY; LIT	42	1.1	0.33
29846	SCOPE WRIST SURG; EXC&/REPR CART	41	1.1	0.06
28285	CORRECTION HAMMERTOES	38	1.0	0.54
25000	INCISION EXT TENDON SHEATH WRIST	32	0.8	0.07
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	30	0.8	0.26
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	29	0.8	0.98

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	1,809	\$5,996	\$4,864
4523	COLONOSCOPY	348	\$2,578	\$1,265
4525	CLO [ENDO] BX LG INTESTINE	206	\$3,168	\$1,909
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	200	\$3,340	\$1,852
5123	LAP CHOLEY	74	\$9,134	\$8,201
4513	OTH ENDO SM INTESTINE	68	\$3,044	\$1,505
4542	ENDO POLYPECTOMY LG INTESTINE	49	\$2,951	\$1,760
0443	RELEASE CARPAL TUNNEL	36	\$5,130	\$2,934
806	EXC SEMILUNAR CARTILAGE-KNEE	34	\$7,514	\$5,149
5011	CLO [PERCUT] [NEEDLE] BX LIVER	24	\$3,417	\$3,128
7933	OP REDUC W/INT FIX-CARP-METACARP	20	\$10,251	\$7,820
7864	REMOV IMPLNT DEVICE-CARP-METACARP	19	\$4,703	\$3,397
5304	UNILAT REPR INDIRECT ING HERN-GFT	16	\$8,376	\$5,647
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	16	\$1,820	\$1,961
7934	OP REDUC W/INT FIX-PHALANGES HAND	15	\$11,470	\$6,348
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	15	\$14,695	\$10,862
8147	OTH REPR KNEE	14	\$10,296	\$6,374
8201	EXPLOR TENDON SHEATH HAND	14	\$5,313	\$2,767
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	13	\$41,196	\$30,902
6952	ASPIR CURET FOLLOWING DELIV/AB	13	\$4,245	\$3,495
8521	LOC EXC LES BREAST	13	\$6,202	\$4,424

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	1,902	\$5,476	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	349	\$2,581	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	206	\$3,170	\$1,698
43239	UGI ENDO; W/BX 1/MX	200	\$3,340	\$1,799
47562	LAPAROSCOPY SURGICAL; CHOLECT	68	\$9,015	\$7,363
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	49	\$1,737	\$1,777
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	47	\$2,901	\$1,840
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	35	\$5,100	\$3,049
29881	SCOPE KNEE SURG;W/MENISCECT MED/	34	\$7,543	\$4,987
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	33	\$1,794	\$1,825
20680	REMOVAL OF IMPLANT; DEEP	32	\$6,047	\$4,387
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	26	\$2,928	\$2,092
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	26	\$3,372	\$2,818
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	26	\$10,714	\$11,434
52353	CYSURETH W/URETR &/PYELSCPY; LIT	23	\$6,755	\$6,809
25246	INJECTION PROC WRIST ARTHROGRAPH	22	\$3,887	\$3,753
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	19	\$3,126	\$1,340
49505	REPR INIT ING HERNIA 5YR/MORE; R	19	\$8,026	\$5,632
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	18	\$4,136	\$3,589
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	14	\$10,130	\$7,361
44360	SM INTEST ENDO NOT ILEUM; DX-SP	14	\$2,317	\$1,891

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	126	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	2,649
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	97	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	5	875
	014 LEVEL III SKIN REPAIR	5	247
02	BREAST PROCEDURES	19	1,671
	020 LEVEL I BREAST PROCEDURES	19	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,135	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	121	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	2,286
	033 LEVEL I HAND PROCEDURES	142	3,806
	034 LEVEL II HAND PROCEDURES	46	1,210
	035 LEVEL I FOOT PROCEDURES	104	6,177
	036 LEVEL II FOOT PROCEDURES	14	1,830
	037 LEVEL I ARTHROSCOPY	274	23,401
	038 LEVEL II ARTHROSCOPY	36	5,474
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	117	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	475
	045 BUNION PROCEDURES	37	1,762
	046 LEVEL I ARTHROPLASTY	20	650
	047 LEVEL II ARTHROPLASTY	2	144
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	102	2,711
04	RESPIRATORY PROCEDURES	50	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	38	2,675
	064 ENDOSCOPY OF THE LOWER AIRWAY	12	2,429
05	CARDIOVASCULAR PROCEDURES	20	11,503
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	1,890
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	12	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	416
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	143
	092 RESUSCITATION	1	19
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	11	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,627	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	713

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

126 Pioneer Valley Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	440	25,670
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	57	5,867
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	727	45,397
137	THERAPEUTIC COLONOSCOPY	87	9,233
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	32	2,105
139	LEVEL I HERNIA REPAIR	52	5,686
140	LEVEL II HERNIA REPAIR	19	1,214
141	LEVEL I ANAL AND RECTAL PROCEDURES	6	831
142	LEVEL II ANAL AND RECTAL PROCEDURES	5	1,074
143	LEVEL I GASTROINTESTINAL PROCEDURES	2	413
144	LEVEL II GASTROINTESTINAL PROCEDURES	1	119
145	LEVEL I LAPAROSCOPY	19	2,342
146	LEVEL II LAPAROSCOPY	150	7,903
147	LEVEL III LAPAROSCOPY	20	7,188
148	LEVEL IV LAPAROSCOPY	2	184
08	GENITOURINARY SYSTEM PROCEDURES	214	12,284
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	30	880
162	URINARY CATHETERIZATION AND DILATATION	5	258
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	69	5,858
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	103	4,061
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	2	71
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	5	481
09	MALE REPRODUCTIVE SYSTEM	52	4,273
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	16	1,477
181	CIRCUMCISION	14	967
184	LEVEL II PENILE AND PROSTATE PROCEDURES	20	1,446
185	PROSTATE NEEDLE AND PUNCH BIOPSY	2	300
10	FEMALE REPRODUCTIVE SYSTEM	32	9,203
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	1,485
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,849
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	2,229
199	DILATION AND CURETTAGE	4	518
200	HYSTEROSCOPY	11	2,466
201	COLPOSCOPY	2	654
11	NEUROLOGIC SYSTEM PROCEDURES	492	25,428
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	4,570
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	11	216
217	LEVEL I NERVE PROCEDURES	172	4,176
218	LEVEL II NERVE PROCEDURES	3	1,051
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	287	11,336
221	LAMINOTOMY AND LAMINECTOMY	3	2,387
223	LEVEL III NERVE PROCEDURES	10	822
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	27	31,882
252	LEVEL I FACIAL AND ENT PROCEDURES	8	13,372
253	LEVEL II FACIAL AND ENT PROCEDURES	1	1,514
254	LEVEL III FACIAL AND ENT PROCEDURES	4	3,880

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

126 Pioneer Valley Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
255 LEVEL IV FACIAL AND ENT PROCEDURES	4	3,301
256 TONSIL AND ADENOID PROCEDURES	10	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	65	\$5,520	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$2,463	\$4,844
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,730	\$631
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$5,912	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	\$5,809	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$8,818	\$6,300
	013 LEVEL II SKIN REPAIR	5	\$3,642	\$4,459
	014 LEVEL III SKIN REPAIR	2	\$6,183	\$7,376
02	BREAST PROCEDURES	15	\$6,400	\$4,831
	020 LEVEL I BREAST PROCEDURES	15	\$6,400	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	366	\$9,013	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$6,939	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$11,137	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$19,140	\$10,524
	033 LEVEL I HAND PROCEDURES	42	\$6,433	\$3,410
	034 LEVEL II HAND PROCEDURES	10	\$9,382	\$6,046
	035 LEVEL I FOOT PROCEDURES	12	\$6,040	\$4,184
	036 LEVEL II FOOT PROCEDURES	4	\$14,652	\$8,885
	037 LEVEL I ARTHROSCOPY	84	\$8,413	\$5,096
	038 LEVEL II ARTHROSCOPY	11	\$18,081	\$13,106
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$2,925	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	85	\$13,837	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$2,770	\$3,818
	045 BUNION PROCEDURES	11	\$8,161	\$6,420
	047 LEVEL II ARTHROPLASTY	1	\$20,281	\$23,125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	54	\$1,656	\$1,654
04	RESPIRATORY PROCEDURES	46	\$3,409	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	35	\$3,358	\$2,700
	064 ENDOSCOPY OF THE LOWER AIRWAY	11	\$3,573	\$3,105
05	CARDIOVASCULAR PROCEDURES	6	\$11,867	\$18,123
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$2,965	\$9,966
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$9,598	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$23,407	\$37,492
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	\$12,816	\$8,315
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	\$6,032	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	\$590	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$8,754	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,082	\$4,173	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$555	\$2,775
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,529	\$1,167
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	259	\$3,228	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$4,360	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	555	\$2,799	\$1,465
	137 THERAPEUTIC COLONOSCOPY	49	\$2,933	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	\$6,634	\$6,191

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

126 Pioneer Valley Hospital

procedure	EAPG category	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
Procedure	EAPG			
139	LEVEL I HERNIA REPAIR	31	\$8,122	\$5,188
140	LEVEL II HERNIA REPAIR	9	\$9,940	\$6,288
142	LEVEL II ANAL AND RECTAL PROCEDURES	3	\$4,934	\$4,508
143	LEVEL I GASTROINTESTINAL PROCEDURES	2	\$4,973	\$4,426
144	LEVEL II GASTROINTESTINAL PROCEDURES	1	\$10,189	\$8,862
145	LEVEL I LAPAROSCOPY	10	\$6,862	\$6,523
146	LEVEL II LAPAROSCOPY	118	\$10,404	\$8,651
147	LEVEL III LAPAROSCOPY	13	\$11,545	\$9,502
148	LEVEL IV LAPAROSCOPY	1	\$9,179	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	104	\$6,696	\$5,700
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	26	\$10,714	\$11,434
162	URINARY CATHETERIZATION AND DILATATION	5	\$3,056	\$5,011
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	19	\$5,359	\$3,113
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	48	\$5,534	\$6,114
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$5,670	\$20,129
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	5	\$5,885	\$15,091
09	MALE REPRODUCTIVE SYSTEM	32	\$7,118	\$5,436
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$6,312	\$3,472
181	CIRCUMCISION	11	\$4,841	\$2,393
184	LEVEL II PENILE AND PROSTATE PROCEDURES	12	\$9,341	\$8,255
185	PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$11,956	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	21	\$6,707	\$5,677
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$6,365	\$4,672
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$8,523	\$8,297
199	DILATION AND CURETTAGE	2	\$4,591	\$3,922
200	HYSTEROSCOPY	7	\$6,355	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	91	\$4,976	\$5,293
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$1,582	\$1,622
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	\$15,197	\$12,644
217	LEVEL I NERVE PROCEDURES	45	\$5,968	\$3,955
218	LEVEL II NERVE PROCEDURES	1	\$7,437	\$22,021
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	35	\$1,787	\$2,017
221	LAMINOTOMY AND LAMINECTOMY	1	\$11,993	\$12,191
223	LEVEL III NERVE PROCEDURES	1	\$35,178	\$36,029
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	18	\$7,925	\$4,442
252	LEVEL I FACIAL AND ENT PROCEDURES	3	\$2,614	\$2,666
254	LEVEL III FACIAL AND ENT PROCEDURES	1	\$15,219	\$8,073
255	LEVEL IV FACIAL AND ENT PROCEDURES	4	\$17,333	\$10,539
256	TONSIL AND ADENOID PROCEDURES	10	\$5,026	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,548	56.0	141,642	53.9
Male	1,214	44.0	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	1	0.0	2,902	1.1
1-4 years	7	0.3	11,446	4.4
5-9	9	0.3	7,208	2.7
10-14	18	0.7	5,295	2.0
15-17	44	1.6	5,309	2.0
18-19	38	1.4	3,821	1.5
20-24	103	3.7	10,434	4.0
25-29	194	7.0	12,230	4.7
30-34	253	9.2	14,877	5.7
35-39	215	7.8	14,643	5.6
40-44	180	6.5	14,871	5.7
45-49	232	8.4	17,304	6.6
50-54	393	14.2	30,494	11.6
55-59	275	10.0	26,436	10.1
60-64	257	9.3	24,041	9.1
65-69	216	7.8	20,003	7.6
70-74	146	5.3	15,679	6.0
75-79	91	3.3	11,976	4.6
80-84	56	2.0	7,762	3.0
85-89	27	1.0	3,511	1.3
90 +	7	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,749	99.5	106,152	40.4
Clinic Referral	1	0.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	11	0.4	930	0.4
Not Reported	1	0.0	54	0.0

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,754	99.7	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	7	0.3	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	1	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	712	25.8	62,882	23.9
Medicaid	307	11.1	19,964	7.6
Other government	67	2.4	6,019	2.3
Blue Cross/Blue Shield	581	21.0	33,344	12.7
Other Commercial	455	16.5	17,383	6.6
Managed Care(HMO, PPO)	517	18.7	114,999	43.7
Self Pay	33	1.2	3,241	1.2
Industrial & Worker Comp	85	3.1	3,157	1.2
Charity and Unclassified	1	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	4	0.1	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	5	0.2	18,464	7.0
Central Utah	1	0.0	9,378	3.6
Davis County	52	1.9	28,404	10.8
Salt Lake County	2,500	90.5	89,757	34.1
Southeastern Utah	0	0.0	5,550	2.1
Southwest Utah	2	0.1	16,470	6.3
Summit County	6	0.2	4,120	1.6
Tooele County	103	3.7	6,638	2.5
Tri-County	2	0.1	6,537	2.5
Utah County	41	1.5	39,778	15.1
Wasatch County	4	0.1	2,138	0.8
Weber County	11	0.4	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	34	1.2	13,675	5.2
Unknown, Not Reported	1	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	22,826	100.0	347,183	100.0
Mastectomy (85.0-85.99)	12	0.1	8,605	2.5
Musculoskeletal (76.0-84.99)	2,595	11.4	70,411	20.3
Respiratory (30.0-34.99)	712	3.1	3,243	0.9
Cardiovascular (35.0-39.99)	1,063	4.7	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	269	1.2	3,288	0.9
Digestive System (42.0-54.99)	2,966	13.0	111,878	32.2
Urinary (55.0-59.99)	764	3.3	12,077	3.5
Male Genital (60.0-64.99)	1,265	5.5	4,124	1.2
Female Genital (65.0-71.99)	50	0.2	16,165	4.7
Endocrine/Nervous (01.0-07.99)	703	3.1	27,062	7.8
Eye (08.0-16.99)	1,583	6.9	22,328	6.4
Ear (18.0-20.99)	4,772	20.9	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	6,072	26.6	30,939	8.9
Reporting Category(CPT-4 CODES)	16,803	100.0	337,317	100.0
Mastectomy (19120-19220)	7	0.0	1,627	0.5
Musculoskeletal (20000-29909)	2,454	14.6	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	1,157	6.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	351	2.1	21,776	6.5
Lymphatic/Hemetic (38100-38999)	303	1.8	4,663	1.4
Digestive (40490-49999)	6,710	39.9	129,848	38.5
Urinary (50010-53899)	491	2.9	16,024	4.8
Male Genital (54000-55899)	1,417	8.4	4,044	1.2
Female Genital (56405-58999)	44	0.3	15,380	4.6
Endocrine/Nervous (60000-64999)	173	1.0	26,532	7.9
Eye (65091-68899)	1,151	6.8	12,738	3.8
Ear (69000-69979)	2,545	15.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
2001	MYRINGOTOMY W/INSRT TUBE	3,979	17.4	3.17
283	TONSILLECTOMY W/ADENOIDECTOMY	2,000	8.8	1.93
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	994	4.4	5.51
232	RESTORATION TOOTH-FILLING	790	3.5	0.49
2341	APPLIC CROWN	663	2.9	0.44
1511	RECESSION 1 EXTRAOCULAR MUSC	575	2.5	0.20
0392	INJ OTH AGENT SPINAL CANAL	529	2.3	2.30
2370	ROOT CANAL-NOS	392	1.7	0.26
286	ADENOIDECTOMY WO TONSILLECTOMY	389	1.7	0.34
625	ORCHIOPEXY	344	1.5	0.14
640	CIRCUMCISION	344	1.5	0.18
2309	EXTRACT OTH TOOTH	336	1.5	0.17
2349	OTH DENTAL RESTORATION	288	1.3	0.21
4525	CLO [ENDO] BX LG INTESTINE	276	1.2	2.37
194	MYRINGOPLASTY	273	1.2	0.22
3723	COMBO RT & LT HEART CARD CATH	273	1.2	0.52
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	254	1.1	0.11
3323	OTH BRONCHOSCOPY	244	1.1	0.09
5845	REPR HYPOSPADIAS/EPISPADIAS	244	1.1	0.07
153	>=2 EXTRAOCC MUSC-TEMP DETCH-1/BOTH	239	1.0	0.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16,803	100.0	100.0
42820	T&A; UNDER AGE 12	2,035	12.1	1.71
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,824	10.9	1.56
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,054	6.3	0.79
43239	UGI ENDO; W/BX 1/MX	967	5.8	6.02
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	371	2.2	0.32
67311	STRABISMUS SURG; 1 HORIZONTAL MU	360	2.1	0.14
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	320	1.9	0.18
20680	REMOVAL OF IMPLANT; DEEP	317	1.9	0.94
54640	ORCHIPXY ING APPRCH W/WO HERN RE	263	1.6	0.10
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	255	1.5	0.14
45380	COLONOSCOPY FLEX; W/BX 1/MX	222	1.3	6.63
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	220	1.3	0.49
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	213	1.3	0.08
42821	T&A; AGE 12 OR OVER	177	1.1	0.42
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	173	1.0	0.20
49500	REPR INIT ING HERNIA 6MO-<5YR; R	169	1.0	0.07
49580	REPR UMBILIC HERNIA <5YR; REDUCI	158	0.9	0.06
67312	STRABISMUS SURG; 2 HORIZONTAL MU	146	0.9	0.06
49505	REPR INIT ING HERNIA 5YR/MORE; R	142	0.8	0.72
55899	UNLISTED PROC MALE GENITAL SYSTE	128	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, 2011  
 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		7,990	\$3,555	\$4,864
283	TONSILLECTOMY W/ADENOIDECTOMY	1,540	\$2,702	\$3,273
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	707	\$2,648	\$1,852
0392	INJ OTH AGENT SPINAL CANAL	454	\$1,266	\$1,445
640	CIRCUMCISION	225	\$2,531	\$3,261
7911	CLO REDUC FX W/INT FIX-HUMERUS	220	\$3,858	\$4,084
5845	REPR HYPOSPADIAS/EPISPADIAS	198	\$4,024	\$4,149
5349	OTH UMB HERNIORRHAPHY	182	\$2,251	\$4,205
625	ORCHIOPEXY	157	\$2,881	\$3,118
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	126	\$2,838	\$3,050
232	RESTORATION TOOTH-FILLING	120	\$2,795	\$3,068
4131	BX BONE MARROW	102	\$2,670	\$4,936
5300	UNILAT REPR ING HERN-NOS	102	\$2,790	\$3,603
5302	UNILAT REPR INDIRECT ING HERN	102	\$2,091	\$3,698
3723	COMBO RT & LT HEART CARD CATH	101	\$13,504	\$10,823
194	MYRINGOPLASTY	100	\$3,477	\$4,557
0943	PROBE NASOLACRML DUCT	98	\$2,430	\$2,140
581	URETHRAL MEATOTOMY	87	\$597	\$1,045
6493	DIVIS PENILE ADHES	86	\$1,120	\$1,248
286	ADENOIDECTOMY WO TONSILLECTOMY	85	\$2,232	\$2,650
282	TONSILLECTOMY WO ADENOIDECTOMY	84	\$2,496	\$3,403

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		9,958	\$3,249	\$4,353
42820	T&A; UNDER AGE 12	1,378	\$2,735	\$3,185
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,367	\$1,251	\$1,779
41899	UNLIST PROC DENTOALVEOL STRUCTUR	948	\$3,408	\$3,672
43239	UGI ENDO; W/BX 1/MX	692	\$2,625	\$1,799
67311	STRABISMUS SURG; 1 HORIZONTAL MU	256	\$2,807	\$2,897
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	224	\$2,537	\$3,316
20680	REMOVAL OF IMPLANT; DEEP	199	\$3,620	\$4,387
54640	ORCHIPXY ING APPRCH W/WO HERN RE	193	\$2,978	\$3,214
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	187	\$3,756	\$3,847
42821	T&A; AGE 12 OR OVER	159	\$2,656	\$3,658
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	154	\$2,592	\$5,390
49580	REPR UMBILIC HERNIA <5YR; REDUCI	122	\$2,301	\$2,473
67312	STRABISMUS SURG; 2 HORIZONTAL MU	122	\$2,838	\$2,994
49505	REPR INIT ING HERNIA 5YR/MORE; R	96	\$2,379	\$5,632
49500	REPR INIT ING HERNIA 6MO-<5YR; R	94	\$2,083	\$3,607
54322	1 STAGE DSTL REPR; W/SMPL MEATL	89	\$3,548	\$3,629
53020	MEATOTOMY CUT MEATUS; EXCEPT INF	88	\$624	\$1,112
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	80	\$2,299	\$2,667
55899	UNLISTED PROC MALE GENITAL SYSTE	78	\$1,371	\$2,971
68816	68816	66	\$3,177	\$3,177

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	745	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	268	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	21	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	28	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	379	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	55
	012 LEVEL I SKIN REPAIR	1	23
	013 LEVEL II SKIN REPAIR	6	875
	014 LEVEL III SKIN REPAIR	28	247
02	BREAST PROCEDURES	7	1,671
	020 LEVEL I BREAST PROCEDURES	7	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,641	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	127	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	216	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	123	2,286
	033 LEVEL I HAND PROCEDURES	85	3,806
	034 LEVEL II HAND PROCEDURES	83	1,210
	035 LEVEL I FOOT PROCEDURES	82	6,177
	036 LEVEL II FOOT PROCEDURES	28	1,830
	037 LEVEL I ARTHROSCOPY	76	23,401
	038 LEVEL II ARTHROSCOPY	38	5,474
	039 REPLACEMENT OF CAST	1	146
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	80	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	350	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	475
	045 BUNION PROCEDURES	5	1,762
	046 LEVEL I ARTHROPLASTY	6	650
	047 LEVEL II ARTHROPLASTY	1	144
	048 HAND AND FOOT TENOTOMY	98	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	213	2,711
04	RESPIRATORY PROCEDURES	788	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	41	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	309	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	136	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	302	2,429
05	CARDIOVASCULAR PROCEDURES	282	11,503
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	72	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	48	1,314
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	13	13
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	6	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	4	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	31	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	4	416

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	089 LEVEL II CARDIOTHORACIC PROCEDURES	98	3,049
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	4	66
	097 AICD IMPLANT	2	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	60	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	8	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	52	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,788	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	30	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	57	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,051	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	149	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	226	45,397
	137 THERAPEUTIC COLONOSCOPY	10	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	2,105
	139 LEVEL I HERNIA REPAIR	766	5,686
	140 LEVEL II HERNIA REPAIR	53	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	35	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	22	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	55	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	119
	145 LEVEL I LAPAROSCOPY	177	2,342
	146 LEVEL II LAPAROSCOPY	135	7,903
	147 LEVEL III LAPAROSCOPY	5	7,188
08	GENITOURINARY SYSTEM PROCEDURES	380	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	880
	162 URINARY CATHETERIZATION AND DILATATION	11	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	93	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	116	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	116	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	40	481
09	MALE REPRODUCTIVE SYSTEM	1,342	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	512	1,477
	181 CIRCUMCISION	435	967
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	3	8
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	392	1,446
10	FEMALE REPRODUCTIVE SYSTEM	37	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	19	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	1,849
	201 COLPOSCOPY	16	654
11	NEUROLOGIC SYSTEM PROCEDURES	133	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	220

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	217 LEVEL I NERVE PROCEDURES	25	4,176
	218 LEVEL II NERVE PROCEDURES	23	1,051
	219 SPINAL TAP	57	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	15	11,336
	221 LAMINOTOMY AND LAMINECTOMY	2	2,387
	223 LEVEL III NERVE PROCEDURES	2	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,145	12,660
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	22
	232 LASER EYE PROCEDURES	12	549
	233 CATARACT PROCEDURES	64	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	17	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	9	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	16	1,752
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	686	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	261	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	66	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7,044	31,882
	250 COCHLEAR DEVICE IMPLANTATION	26	114
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	25	31
	252 LEVEL I FACIAL AND ENT PROCEDURES	3,690	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	293	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	236	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	261	3,301
	256 TONSIL AND ADENOID PROCEDURES	2,513	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	476	\$3,225	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	181	\$2,756	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	11	\$2,694	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$9,227	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	\$1,677	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	\$2,864	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	251	\$3,530	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$6,357	\$6,300
	013 LEVEL II SKIN REPAIR	1	\$2,995	\$4,459
	014 LEVEL III SKIN REPAIR	2	\$6,757	\$7,376
02	BREAST PROCEDURES	6	\$2,220	\$4,831
	020 LEVEL I BREAST PROCEDURES	6	\$2,220	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	764	\$4,496	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	68	\$3,904	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	81	\$6,064	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	\$7,273	\$10,524
	033 LEVEL I HAND PROCEDURES	42	\$2,987	\$3,410
	034 LEVEL II HAND PROCEDURES	20	\$3,236	\$6,046
	035 LEVEL I FOOT PROCEDURES	26	\$3,205	\$4,184
	036 LEVEL II FOOT PROCEDURES	10	\$6,084	\$8,885
	037 LEVEL I ARTHROSCOPY	26	\$6,137	\$5,096
	038 LEVEL II ARTHROSCOPY	27	\$9,253	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	\$3,933	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	45	\$3,899	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	283	\$4,331	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,981	\$3,818
	045 BUNION PROCEDURES	2	\$7,850	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$4,590	\$9,598
	048 HAND AND FOOT TENOTOMY	7	\$1,963	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	60	\$835	\$1,654
04	RESPIRATORY PROCEDURES	131	\$3,923	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	34	\$5,078	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	37	\$2,572	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	24	\$5,347	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	36	\$3,270	\$3,105
05	CARDIOVASCULAR PROCEDURES	42	\$12,118	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	24	\$5,233	\$6,616
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	4	\$12,113	\$12,113
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	\$21,736	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	2	\$24,420	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$30,425	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$13,356	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	\$25,614	\$10,145
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	1	\$17,668	\$17,668
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	46	\$4,067	\$5,118



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

122 Primary Childrens Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	7	\$3,617	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	39	\$4,148	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,683	\$2,847	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$3,541	\$2,775
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$2,407	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$1,750	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	\$1,792	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	723	\$2,629	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	115	\$3,346	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	51	\$3,122	\$1,465
	137 THERAPEUTIC COLONOSCOPY	7	\$2,716	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$2,964	\$6,191
	139 LEVEL I HERNIA REPAIR	513	\$2,430	\$5,188
	140 LEVEL II HERNIA REPAIR	38	\$3,229	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	24	\$1,967	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	19	\$2,247	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	48	\$3,417	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$7,060	\$8,862
	145 LEVEL I LAPAROSCOPY	13	\$3,025	\$6,523
	146 LEVEL II LAPAROSCOPY	102	\$5,447	\$8,651
	147 LEVEL III LAPAROSCOPY	5	\$9,603	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	243	\$4,294	\$5,700
	162 URINARY CATHETERIZATION AND DILATATION	7	\$2,666	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	43	\$3,315	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	80	\$8,647	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$5,749	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	91	\$645	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	21	\$6,004	\$15,091
09	MALE REPRODUCTIVE SYSTEM	909	\$2,882	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	349	\$2,560	\$3,472
	181 CIRCUMCISION	288	\$2,455	\$2,393
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	2	\$786	\$943
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	270	\$3,770	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	14	\$1,504	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	\$1,380	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$3,120	\$5,814
11	NEUROLOGIC SYSTEM PROCEDURES	86	\$11,394	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	\$746	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$4,583	\$12,644
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$14,442	\$16,600
	217 LEVEL I NERVE PROCEDURES	14	\$4,614	\$3,955
	218 LEVEL II NERVE PROCEDURES	19	\$40,886	\$22,021
	219 SPINAL TAP	45	\$2,128	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$3,490	\$2,017
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	708	\$3,030	\$4,277

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$1,491	\$1,623
	232 LASER EYE PROCEDURES	10	\$3,171	\$825
	233 CATARACT PROCEDURES	49	\$5,382	\$4,092
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	15	\$4,092	\$4,703
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,146	\$4,558
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$6,744	\$9,262
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	\$7,967	\$4,745
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	7	\$7,387	\$7,259
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	419	\$2,792	\$2,904
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	155	\$2,402	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	38	\$2,772	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4,659	\$2,885	\$4,442
	250 COCHLEAR DEVICE IMPLANTATION	26	\$48,250	\$61,157
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	14	\$2,927	\$3,473
	252 LEVEL I FACIAL AND ENT PROCEDURES	2,543	\$2,260	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	158	\$2,378	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	109	\$5,721	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	98	\$8,025	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	1,711	\$2,697	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,863	41.6	141,642	53.9
Male	8,229	58.4	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	15	0.1	1,613	0.6
29-365 days	1,543	10.9	2,902	1.1
1-4 years	5,622	39.9	11,446	4.4
5-9	3,584	25.4	7,208	2.7
10-14	2,079	14.8	5,295	2.0
15-17	905	6.4	5,309	2.0
18-19	196	1.4	3,821	1.5
20-24	97	0.7	10,434	4.0
25-29	21	0.1	12,230	4.7
30-34	14	0.1	14,877	5.7
35-39	6	0.0	14,643	5.6
40-44	6	0.0	14,871	5.7
45-49	2	0.0	17,304	6.6
50-54	1	0.0	30,494	11.6
55-59	1	0.0	26,436	10.1
60-64	1	0.0	24,041	9.1
65-69	0	0.0	20,003	7.6
70-74	0	0.0	15,679	6.0
75-79	0	0.0	11,976	4.6
80-84	0	0.0	7,762	3.0
85-89	0	0.0	3,511	1.3
90 +	0	0.0	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	1,110	7.9	106,152	40.4
Clinic Referral	12,946	91.9	152,476	58.0
HMO Referral	1	0.0	2,964	1.1
Other Hospital	34	0.2	200	0.1
Skilled Nursing Facility	1	0.0	139	0.1
Other Health Care Facility	1	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	14,082	99.9	262,109	99.7
Another Hospital	2	0.0	126	0.0
Skilled Nursing Facility	3	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	4	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	16	0.0
Unknown	1	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	14	0.1	62,882	23.9
Medicaid	3,965	28.1	19,964	7.6
Other government	351	2.5	6,019	2.3
Blue Cross/Blue Shield	2,182	15.5	33,344	12.7
Other Commercial	866	6.1	17,383	6.6
Managed Care(HMO, PPO)	6,318	44.8	114,999	43.7
Self Pay	106	0.8	3,241	1.2
Industrial & Worker Comp	0	0.0	3,157	1.2
Charity and Unclassified	6	0.0	775	0.3
Childrens Health Insurance	12	0.1	172	0.1
Unknown	273	1.9	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	371	2.6	18,464	7.0
Central Utah	180	1.3	9,378	3.6
Davis County	1,748	12.4	28,404	10.8
Salt Lake County	6,869	48.7	89,757	34.1
Southeastern Utah	131	0.9	5,550	2.1
Southwest Utah	236	1.7	16,470	6.3
Summit County	226	1.6	4,120	1.6
Tooele County	400	2.8	6,638	2.5
Tri-County	147	1.0	6,537	2.5
Utah County	1,853	13.1	39,778	15.1
Wasatch County	103	0.7	2,138	0.8
Weber County	713	5.1	21,938	8.3
Unknown Utah	1	0.0	15	0.0
Outside Utah	1,107	7.9	13,675	5.2
Unknown, Not Reported	8	0.1	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	9,278	100.0	347,183	100.0
Mastectomy (85.0-85.99)	48	0.5	8,605	2.5
Musculoskeletal (76.0-84.99)	1,562	16.8	70,411	20.3
Respiratory (30.0-34.99)	16	0.2	3,243	0.9
Cardiovascular (35.0-39.99)	11	0.1	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	37	0.4	3,288	0.9
Digestive System (42.0-54.99)	4,455	48.0	111,878	32.2
Urinary (55.0-59.99)	225	2.4	12,077	3.5
Male Genital (60.0-64.99)	53	0.6	4,124	1.2
Female Genital (65.0-71.99)	846	9.1	16,165	4.7
Endocrine/Nervous (01.0-07.99)	164	1.8	27,062	7.8
Eye (08.0-16.99)	126	1.4	22,328	6.4
Ear (18.0-20.99)	539	5.8	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,196	12.9	30,939	8.9
Reporting Category(CPT-4 CODES)	8,185	100.0	337,317	100.0
Mastectomy (19120-19220)	17	0.2	1,627	0.5
Musculoskeletal (20000-29909)	1,518	18.5	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	627	7.7	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	11	0.1	21,776	6.5
Lymphatic/Hemetic (38100-38999)	33	0.4	4,663	1.4
Digestive (40490-49999)	4,593	56.1	129,848	38.5
Urinary (50010-53899)	185	2.3	16,024	4.8
Male Genital (54000-55899)	31	0.4	4,044	1.2
Female Genital (56405-58999)	608	7.4	15,380	4.6
Endocrine/Nervous (60000-64999)	191	2.3	26,532	7.9
Eye (65091-68899)	63	0.8	12,738	3.8
Ear (69000-69979)	308	3.8	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		9,278	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	956	10.3	5.51
4542	ENDO POLYPECTOMY LG INTESTINE	948	10.2	4.79
4523	COLONOSCOPY	827	8.9	7.08
2001	MYRINGOTOMY W/INSRT TUBE	406	4.4	3.17
4836	[ENDO] POLYPECTOMY RECTUM	376	4.1	1.34
4525	CLO [ENDO] BX LG INTESTINE	336	3.6	2.37
2169	OTH TURBINECTOMY	252	2.7	0.77
5123	LAP CHOLEY	246	2.7	2.02
283	TONSILLECTOMY W/ADENOIDECTOMY	193	2.1	1.93
806	EXC SEMILUNAR CARTILAGE-KNEE	169	1.8	1.57
4292	DILAT ESOPH	129	1.4	1.38
4513	OTH ENDO SM INTESTINE	124	1.3	1.48
6952	ASPIR CURET FOLLOWING DELIV/AB	119	1.3	0.40
2263	ETHMOIDECTOMY	113	1.2	0.56
215	SUBMUCOUS RESECT NASAL SEPTUM	108	1.2	0.24
282	TONSILLECTOMY WO ADENOIDECTOMY	107	1.2	0.53
4824	CLO [ENDO] BX RECTUM	76	0.8	0.48
6525	OTH LAP LOC EXC/DESTRUC OVARY	74	0.8	0.22
286	ADENOIDECTOMY WO TONSILLECTOMY	71	0.8	0.34
222	INTRANASAL ANTROTOMY	68	0.7	0.37

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,185	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,189	14.5	6.63
43239	UGI ENDO; W/BX 1/MX	948	11.6	6.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	768	9.4	6.69
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	312	3.8	2.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	220	2.7	0.91
69436	TYMPANOSTOMY GENERAL ANESTHESIA	203	2.5	1.71
30140	SUBMUCOS RES TURBINATE PART/CMPL	165	2.0	0.74
29881	SCOPE KNEE SURG;W/MENISCECT MED/	146	1.8	1.47
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	140	1.7	0.77
42820	T&A; UNDER AGE 12	130	1.6	1.56
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	130	1.6	0.53
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	103	1.3	0.98
29826	SCOPE SHOULDER; DECOMP SUBACROM	79	1.0	1.15
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	79	1.0	0.46
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	73	0.9	1.13
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	67	0.8	0.92
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	66	0.8	0.32
20680	REMOVAL OF IMPLANT; DEEP	65	0.8	0.94
42821	T&A; AGE 12 OR OVER	62	0.8	0.42
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	61	0.7	0.63

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		4,093	\$3,094	\$4,864
4523	COLONOSCOPY	679	\$928	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	587	\$1,323	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	508	\$1,169	\$1,852
5123	LAP CHOLEY	231	\$5,388	\$8,201
4525	CLO [ENDO] BX LG INTESTINE	159	\$1,419	\$1,909
283	TONSILLECTOMY W/ADENOIDECTOMY	152	\$3,259	\$3,273
4836	[ENDO] POLYPECTOMY RECTUM	127	\$1,226	\$1,609
6952	ASPIR CURET FOLLOWING DELIV/AB	116	\$2,651	\$3,495
282	TONSILLECTOMY WO ADENOIDECTOMY	83	\$3,044	\$3,403
4701	LAP APPENDECTOMY	64	\$9,229	\$10,495
4513	OTH ENDO SM INTESTINE	63	\$1,309	\$1,505
806	EXC SEMILUNAR CARTILAGE-KNEE	55	\$4,190	\$5,149
8147	OTH REPR KNEE	38	\$7,489	\$6,374
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	34	\$3,784	\$5,679
0443	RELEASE CARPAL TUNNEL	32	\$2,258	\$2,934
6823	ENDOMETRIAL ABLATION	32	\$5,600	\$6,965
6909	OTH D&C UTERUS	29	\$2,619	\$4,052
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	28	\$8,941	\$11,458
4824	CLO [ENDO] BX RECTUM	25	\$1,294	\$1,770
5341	REPR UMB HERN W/PROSTH	25	\$4,755	\$6,191

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		4,312	\$2,957	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	860	\$1,302	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	630	\$928	\$1,275
43239	UGI ENDO; W/BX 1/MX	501	\$1,164	\$1,799
47562	LAPAROSCOPY SURGICAL; CHOLECT	210	\$5,152	\$7,363
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	167	\$1,618	\$1,840
69436	TYMPANOSTOMY GENERAL ANESTHESIA	120	\$1,256	\$1,779
42820	T&A; UNDER AGE 12	101	\$3,014	\$3,185
29881	SCOPE KNEE SURG;W/MENISCECT MED/	77	\$4,443	\$4,987
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	67	\$5,515	\$7,128
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	60	\$3,171	\$3,512
66984	EXTRACAPSULAR CATARACT REMV IOL	56	\$4,008	\$4,069
44970	LAPAROSCOPY SURGICAL APPENDECTOM	53	\$8,891	\$10,450
42821	T&A; AGE 12 OR OVER	50	\$3,761	\$3,658
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	50	\$1,206	\$1,340
20680	REMOVAL OF IMPLANT; DEEP	48	\$2,995	\$4,387
49505	REPR INIT ING HERNIA 5YR/MORE; R	35	\$3,779	\$5,632
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	32	\$5,892	\$7,533
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	27	\$4,955	\$5,232
29848	ENDO WRST SURG REL TRNS CARP LIG	25	\$2,504	\$2,977
58120	DILATION & CURET DX &/ THERAPEUT	25	\$2,556	\$3,922

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	124	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	83	4,645
	013 LEVEL II SKIN REPAIR	2	875
	014 LEVEL III SKIN REPAIR	10	247
02	BREAST PROCEDURES	17	1,671
	020 LEVEL I BREAST PROCEDURES	17	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,284	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	101	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	2,286
	033 LEVEL I HAND PROCEDURES	89	3,806
	034 LEVEL II HAND PROCEDURES	31	1,210
	035 LEVEL I FOOT PROCEDURES	100	6,177
	036 LEVEL II FOOT PROCEDURES	26	1,830
	037 LEVEL I ARTHROSCOPY	518	23,401
	038 LEVEL II ARTHROSCOPY	134	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	8	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	138	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	475
	045 BUNION PROCEDURES	43	1,762
	046 LEVEL I ARTHROPLASTY	17	650
	048 HAND AND FOOT TENOTOMY	2	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	2,711
04	RESPIRATORY PROCEDURES	277	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	58	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	217	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	2,429
05	CARDIOVASCULAR PROCEDURES	8	11,503
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	416
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	143
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	20	4,562
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,449	118,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	14	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	519



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

148 Riverton Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,024	25,670
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	163	5,867
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,964	45,397
137	THERAPEUTIC COLONOSCOPY	374	9,233
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	63	2,105
139	LEVEL I HERNIA REPAIR	99	5,686
140	LEVEL II HERNIA REPAIR	24	1,214
141	LEVEL I ANAL AND RECTAL PROCEDURES	9	831
142	LEVEL II ANAL AND RECTAL PROCEDURES	18	1,074
143	LEVEL I GASTROINTESTINAL PROCEDURES	7	413
145	LEVEL I LAPAROSCOPY	89	2,342
146	LEVEL II LAPAROSCOPY	388	7,903
147	LEVEL III LAPAROSCOPY	192	7,188
148	LEVEL IV LAPAROSCOPY	3	184
08	GENITOURINARY SYSTEM PROCEDURES	167	12,284
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	880
162	URINARY CATHETERIZATION AND DILATATION	6	258
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	85	5,858
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	68	4,061
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	1	71
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	1	481
09	MALE REPRODUCTIVE SYSTEM	39	4,273
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	18	1,477
181	CIRCUMCISION	5	967
184	LEVEL II PENILE AND PROSTATE PROCEDURES	16	1,446
10	FEMALE REPRODUCTIVE SYSTEM	320	9,203
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	54	1,485
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	52	1,849
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	88	2,229
199	DILATION AND CURETTAGE	34	518
200	HYSTEROSCOPY	85	2,466
201	COLPOSCOPY	7	654
11	NEUROLOGIC SYSTEM PROCEDURES	148	25,428
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	4,570
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	216
217	LEVEL I NERVE PROCEDURES	50	4,176
218	LEVEL II NERVE PROCEDURES	25	1,051
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	11,336
221	LAMINOTOMY AND LAMINECTOMY	55	2,387
223	LEVEL III NERVE PROCEDURES	13	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	62	12,660
233	CATARACT PROCEDURES	58	5,898
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	141
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	942
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,168	31,882
251	OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	31

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

148 Riverton Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
252 LEVEL I FACIAL AND ENT PROCEDURES	431	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	75	1,514
254 LEVEL III FACIAL AND ENT PROCEDURES	189	3,880
255 LEVEL IV FACIAL AND ENT PROCEDURES	100	3,301
256 TONSIL AND ADENOID PROCEDURES	372	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	71	\$3,069	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$2,610	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,269	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,895	\$5,133
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,251	\$631
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,090	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$3,609	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	55	\$3,038	\$4,207
	013 LEVEL II SKIN REPAIR	1	\$991	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$4,219	\$7,376
02	BREAST PROCEDURES	17	\$2,786	\$4,831
	020 LEVEL I BREAST PROCEDURES	17	\$2,786	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	472	\$5,579	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$3,519	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$5,917	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$6,960	\$10,524
	033 LEVEL I HAND PROCEDURES	42	\$2,096	\$3,410
	034 LEVEL II HAND PROCEDURES	8	\$4,189	\$6,046
	035 LEVEL I FOOT PROCEDURES	23	\$3,242	\$4,184
	036 LEVEL II FOOT PROCEDURES	9	\$7,270	\$8,885
	037 LEVEL I ARTHROSCOPY	175	\$4,476	\$5,096
	038 LEVEL II ARTHROSCOPY	27	\$12,723	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$6,011	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$2,485	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	84	\$8,184	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,613	\$3,818
	045 BUNION PROCEDURES	25	\$4,523	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$17,388	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,518	\$1,654
04	RESPIRATORY PROCEDURES	7	\$6,100	\$2,438
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$4,001	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	5	\$6,940	\$5,392
05	CARDIOVASCULAR PROCEDURES	3	\$4,412	\$18,123
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$4,412	\$8,315
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	14	\$6,429	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	\$6,429	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,888	\$2,139	\$3,066
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$782	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$1,438	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	553	\$1,169	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	45	\$1,670	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,490	\$1,144	\$1,465
	137 THERAPEUTIC COLONOSCOPY	179	\$1,599	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	14	\$2,729	\$6,191
	139 LEVEL I HERNIA REPAIR	71	\$4,230	\$5,188

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	140 LEVEL II HERNIA REPAIR	8	\$4,180	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	\$3,766	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	15	\$3,960	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	3	\$1,302	\$4,426
	145 LEVEL I LAPAROSCOPY	44	\$3,746	\$6,523
	146 LEVEL II LAPAROSCOPY	324	\$5,959	\$8,651
	147 LEVEL III LAPAROSCOPY	120	\$7,223	\$9,502
	148 LEVEL IV LAPAROSCOPY	2	\$10,120	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	23	\$4,590	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$2,888	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	1	\$5,691	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	13	\$3,498	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	8	\$6,439	\$6,114
09	MALE REPRODUCTIVE SYSTEM	23	\$6,903	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$3,812	\$3,472
	181 CIRCUMCISION	4	\$2,907	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	12	\$10,038	\$8,255
10	FEMALE REPRODUCTIVE SYSTEM	182	\$4,435	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	30	\$2,801	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	16	\$4,699	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	51	\$5,821	\$8,297
	199 DILATION AND CURETTAGE	25	\$2,556	\$3,922
	200 HYSTEROSCOPY	56	\$4,921	\$6,149
	201 COLPOSCOPY	4	\$2,910	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	48	\$7,481	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$210	\$1,622
	217 LEVEL I NERVE PROCEDURES	19	\$4,383	\$3,955
	218 LEVEL II NERVE PROCEDURES	5	\$12,166	\$22,021
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$8,151	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	21	\$9,450	\$12,191
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	61	\$3,946	\$4,277
	233 CATARACT PROCEDURES	58	\$4,005	\$4,092
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,179	\$4,703
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,945	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,297	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	490	\$3,585	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	140	\$1,483	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	26	\$3,780	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	21	\$6,333	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	63	\$8,883	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	240	\$3,160	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

148 Riverton Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,556	57.3	141,642	53.9
Male	2,653	42.7	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	45	0.7	2,902	1.1
1-4 years	193	3.1	11,446	4.4
5-9	121	1.9	7,208	2.7
10-14	126	2.0	5,295	2.0
15-17	168	2.7	5,309	2.0
18-19	107	1.7	3,821	1.5
20-24	336	5.4	10,434	4.0
25-29	449	7.2	12,230	4.7
30-34	569	9.2	14,877	5.7
35-39	534	8.6	14,643	5.6
40-44	489	7.9	14,871	5.7
45-49	497	8.0	17,304	6.6
50-54	897	14.4	30,494	11.6
55-59	625	10.1	26,436	10.1
60-64	466	7.5	24,041	9.1
65-69	280	4.5	20,003	7.6
70-74	144	2.3	15,679	6.0
75-79	88	1.4	11,976	4.6
80-84	43	0.7	7,762	3.0
85-89	24	0.4	3,511	1.3
90 +	8	0.1	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	817	13.2	106,152	40.4
Clinic Referral	5,390	86.8	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	1	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	1	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

148 Riverton Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	6,203	99.9	262,109	99.7
Another Hospital	2	0.0	126	0.0
Skilled Nursing Facility	1	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	2	0.0	303	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	561	9.0	62,882	23.9
Medicaid	292	4.7	19,964	7.6
Other government	84	1.4	6,019	2.3
Blue Cross/Blue Shield	124	2.0	33,344	12.7
Other Commercial	258	4.2	17,383	6.6
Managed Care(HMO, PPO)	4,782	77.0	114,999	43.7
Self Pay	21	0.3	3,241	1.2
Industrial & Worker Comp	42	0.7	3,157	1.2
Charity and Unclassified	15	0.2	775	0.3
Childrens Health Insurance	1	0.0	172	0.1
Unknown	29	0.5	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	16	0.3	18,464	7.0
Central Utah	12	0.2	9,378	3.6
Davis County	84	1.4	28,404	10.8
Salt Lake County	5,444	87.7	89,757	34.1
Southeastern Utah	19	0.3	5,550	2.1
Southwest Utah	10	0.2	16,470	6.3
Summit County	31	0.5	4,120	1.6
Tooele County	72	1.2	6,638	2.5
Tri-County	12	0.2	6,537	2.5
Utah County	450	7.2	39,778	15.1
Wasatch County	16	0.3	2,138	0.8
Weber County	8	0.1	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	34	0.5	13,675	5.2
Unknown, Not Reported	1	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	834	100.0	347,183	100.0
Mastectomy (85.0-85.99)	8	1.0	8,605	2.5
Musculoskeletal (76.0-84.99)	79	9.5	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	2	0.2	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	1	0.1	3,288	0.9
Digestive System (42.0-54.99)	386	46.3	111,878	32.2
Urinary (55.0-59.99)	5	0.6	12,077	3.5
Male Genital (60.0-64.99)	3	0.4	4,124	1.2
Female Genital (65.0-71.99)	46	5.5	16,165	4.7
Endocrine/Nervous (01.0-07.99)	125	15.0	27,062	7.8
Eye (08.0-16.99)	0	0.0	22,328	6.4
Ear (18.0-20.99)	1	0.1	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	178	21.3	30,939	8.9
Reporting Category(CPT-4 CODES)	441	100.0	337,317	100.0
Mastectomy (19120-19220)	0	0.0	1,627	0.5
Musculoskeletal (20000-29909)	2	0.5	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	1	0.2	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	2	0.5	21,776	6.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,663	1.4
Digestive (40490-49999)	323	73.2	129,848	38.5
Urinary (50010-53899)	2	0.5	16,024	4.8
Male Genital (54000-55899)	0	0.0	4,044	1.2
Female Genital (56405-58999)	64	14.5	15,380	4.6
Endocrine/Nervous (60000-64999)	46	10.4	26,532	7.9
Eye (65091-68899)	0	0.0	12,738	3.8
Ear (69000-69979)	1	0.2	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		834	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	94	11.3	5.51
4542	ENDO POLYPECTOMY LG INTESTINE	63	7.6	4.79
4523	COLONOSCOPY	62	7.4	7.08
0391	INJ ANES SPINAL CANAL-ANALGESIA	55	6.6	1.85
0392	INJ OTH AGENT SPINAL CANAL	55	6.6	2.30
2341	APPLIC CROWN	46	5.5	0.44
4525	CLO [ENDO] BX LG INTESTINE	43	5.2	2.37
2370	ROOT CANAL-NOS	42	5.0	0.26
232	RESTORATION TOOTH-FILLING	33	4.0	0.49
6909	OTH D&C UTERUS	29	3.5	0.41
2301	EXTRACT DECIDUOUS TOOTH	25	3.0	0.02
4824	CLO [ENDO] BX RECTUM	19	2.3	0.48
5123	LAP CHOLEY	16	1.9	2.02
4943	CAUT HEMORRHOIDS	14	1.7	0.01
806	EXC SEMILUNAR CARTILAGE-KNEE	13	1.6	1.57
4836	[ENDO] POLYPECTOMY RECTUM	12	1.4	1.34
283	TONSILLECTOMY W/ADENOIDECTOMY	11	1.3	1.93
5303	UNILAT REPR DIRECT ING HERN-GFT	11	1.3	0.24
5304	UNILAT REPR INDIRECT ING HERN-GFT	11	1.3	0.31
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	10	1.2	0.51

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		441	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	167	37.9	6.63
43239	UGI ENDO; W/BX 1/MX	91	20.6	6.02
58120	DILATION & CURET DX &/ THERAPEUT	33	7.5	0.15
49500	REPR INIT ING HERNIA 6MO-<5YR; R	32	7.3	0.07
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	28	6.3	0.02
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	27	6.1	1.01
47600	CHOLECYSTECTOMY;	16	3.6	0.01
42820	T&A; UNDER AGE 12	14	3.2	1.56
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	10	2.3	0.93
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	8	1.8	0.58
44950	APPENDLECTOMY;	3	0.7	0.01
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	2	0.5	0.06
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	2	0.5	0.20
51702	INSERT TEMP INDWLL BLADD CATH; S	2	0.5	0.04
58940	OOPHORECTOMY PART/TOTAL UNI/BLL;	2	0.5	0.00
31526	LARYNGOSCOPY DIRECT; DX W/OP MIC	1	0.2	0.03
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	1	0.2	0.01
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	1	0.2	0.41
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1	0.2	1.71

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		293	\$4,616	\$4,864
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	45	\$2,575	\$1,852
4523	COLONOSCOPY	41	\$2,522	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	32	\$2,717	\$1,760
6909	OTH D&C UTERUS	24	\$4,737	\$4,052
5123	LAP CHOLEY	12	\$13,692	\$8,201
806	EXC SEMILUNAR CARTILAGE-KNEE	12	\$9,044	\$5,149
283	TONSILLECTOMY W/ADENOIDECTOMY	11	\$4,539	\$3,273
5303	UNILAT REPR DIRECT ING HERN-GFT	11	\$6,904	\$5,834
4525	CLO [ENDO] BX LG INTESTINE	10	\$2,982	\$1,909
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	\$9,693	\$5,647
0443	RELEASE CARPAL TUNNEL	8	\$4,017	\$2,934
4943	CAUT HEMORRHOIDS	6	\$2,898	\$3,740
0601	ASPIR THYROID FIELD	4	\$1,060	\$1,349
6902	D&C FOLLOWING DELIV/AB	4	\$4,053	\$3,869
282	TONSILLECTOMY WO ADENOIDECTOMY	3	\$3,826	\$3,403
4513	OTH ENDO SM INTESTINE	3	\$2,688	\$1,505
4709	OTH APPENDECTOMY	3	\$7,672	\$6,485
5341	REPR UMB HERN W/PROSTH	3	\$8,565	\$6,191
8201	EXPLOR TENDON SHEATH HAND	3	\$4,233	\$2,767
8221	EXC LES TENDON SHEATH HAND	3	\$3,926	\$3,126

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		315	\$4,463	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	125	\$2,705	\$1,698
43239	UGI ENDO; W/BX 1/MX	53	\$2,653	\$1,799
49500	REPR INIT ING HERNIA 6MO-<5YR; R	31	\$8,292	\$3,607
58120	DILATION & CURET DX &/ THERAPEUT	31	\$4,784	\$3,922
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	17	\$12,814	\$12,398
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	17	\$2,940	\$1,590
42820	T&A; UNDER AGE 12	14	\$4,386	\$3,185
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	8	\$4,017	\$3,049
47600	CHOLECYSTECTOMY;	6	\$11,337	\$11,293
44950	APPENDECTOMY;	3	\$7,672	\$7,277
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	3	\$2,954	\$1,825
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	2	\$11,753	\$4,379
51702	INSERT TEMP INDWLL BLADD CATH; S	2	\$298	\$13,676
58940	OOPHORECTOMY PART/TOTAL UNI/BIL;	2	\$13,547	\$9,715
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	1	\$9,242	\$6,202

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

128 San Juan Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	10,274
	013 LEVEL II SKIN REPAIR	2	875
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2	66,722
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,711
04	RESPIRATORY PROCEDURES	1	12,953
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	2,980
07	GASTROINTESTINAL SYSTEM PROCEDURES	321	118,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	91	25,670
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	167	45,397
	139 LEVEL I HERNIA REPAIR	32	5,686
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	119
	147 LEVEL III LAPAROSCOPY	28	7,188
10	FEMALE REPRODUCTIVE SYSTEM	34	9,203
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,849
	199 DILATION AND CURETTAGE	33	518
11	NEUROLOGIC SYSTEM PROCEDURES	46	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	27	4,570
	217 LEVEL I NERVE PROCEDURES	8	4,176
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	11	11,336
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	15	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	13,372
	256 TONSIL AND ADENOID PROCEDURES	14	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

128 San Juan Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	\$11,753	\$4,301
	013 LEVEL II SKIN REPAIR	2	\$11,753	\$4,459
07	GASTROINTESTINAL SYSTEM PROCEDURES	229	\$4,265	\$3,066
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	53	\$2,653	\$1,782
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	125	\$2,705	\$1,465
	139 LEVEL I HERNIA REPAIR	31	\$8,292	\$5,188
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$7,672	\$8,862
	147 LEVEL III LAPAROSCOPY	17	\$12,814	\$9,502
10	FEMALE REPRODUCTIVE SYSTEM	32	\$4,923	\$5,677
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$9,242	\$5,814
	199 DILATION AND CURETTAGE	31	\$4,784	\$3,922
11	NEUROLOGIC SYSTEM PROCEDURES	28	\$3,249	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	17	\$2,940	\$1,622
	217 LEVEL I NERVE PROCEDURES	8	\$4,017	\$3,955
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	\$2,954	\$2,017
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	14	\$4,386	\$4,442
	256 TONSIL AND ADENOID PROCEDURES	14	\$4,386	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	274	54.2	141,642	53.9
Male	229	45.3	121,333	46.1
Unknown	3	0.6	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	1	0.2	2,902	1.1
1-4 years	40	7.9	11,446	4.4
5-9	19	3.8	7,208	2.7
10-14	6	1.2	5,295	2.0
15-17	8	1.6	5,309	2.0
18-19	3	0.6	3,821	1.5
20-24	13	2.6	10,434	4.0
25-29	16	3.2	12,230	4.7
30-34	21	4.2	14,877	5.7
35-39	20	4.0	14,643	5.6
40-44	36	7.1	14,871	5.7
45-49	37	7.3	17,304	6.6
50-54	66	13.0	30,494	11.6
55-59	57	11.3	26,436	10.1
60-64	40	7.9	24,041	9.1
65-69	50	9.9	20,003	7.6
70-74	23	4.5	15,679	6.0
75-79	34	6.7	11,976	4.6
80-84	8	1.6	7,762	3.0
85-89	8	1.6	3,511	1.3
90 +	0	0.0	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	504	99.6	106,152	40.4
Clinic Referral	0	0.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	2	0.4	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	506	100.0	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	94	18.6	62,882	23.9
Medicaid	76	15.0	19,964	7.6
Other government	10	2.0	6,019	2.3
Blue Cross/Blue Shield	93	18.4	33,344	12.7
Other Commercial	43	8.5	17,383	6.6
Managed Care(HMO, PPO)	159	31.4	114,999	43.7
Self Pay	31	6.1	3,241	1.2
Industrial & Worker Comp	0	0.0	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	0	0.0	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	0	0.0	89,757	34.1
Southeastern Utah	399	78.9	5,550	2.1
Southwest Utah	0	0.0	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	0	0.0	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	105	20.8	13,675	5.2
Unknown, Not Reported	2	0.4	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	878	100.0	347,183	100.0
Mastectomy (85.0-85.99)	8	0.9	8,605	2.5
Musculoskeletal (76.0-84.99)	49	5.6	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	6	0.7	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	1	0.1	3,288	0.9
Digestive System (42.0-54.99)	580	66.1	111,878	32.2
Urinary (55.0-59.99)	0	0.0	12,077	3.5
Male Genital (60.0-64.99)	0	0.0	4,124	1.2
Female Genital (65.0-71.99)	13	1.5	16,165	4.7
Endocrine/Nervous (01.0-07.99)	58	6.6	27,062	7.8
Eye (08.0-16.99)	140	15.9	22,328	6.4
Ear (18.0-20.99)	16	1.8	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	7	0.8	30,939	8.9
Reporting Category(CPT-4 CODES)	741	100.0	337,317	100.0
Mastectomy (19120-19220)	4	0.5	1,627	0.5
Musculoskeletal (20000-29909)	39	5.3	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	10	1.3	21,776	6.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,663	1.4
Digestive (40490-49999)	545	73.5	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	0	0.0	4,044	1.2
Female Genital (56405-58999)	5	0.7	15,380	4.6
Endocrine/Nervous (60000-64999)	53	7.2	26,532	7.9
Eye (65091-68899)	77	10.4	12,738	3.8
Ear (69000-69979)	8	1.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

130 Sanpete Valley Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	187	21.3	7.08
4542	ENDO POLYPECTOMY LG INTESTINE	103	11.7	4.79
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	100	11.4	5.51
5123	LAP CHOLEY	66	7.5	2.02
1341	PHACOEMULSIFICATION-ASPIR CATARACT	62	7.1	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	62	7.1	1.60
0392	INJ OTH AGENT SPINAL CANAL	36	4.1	2.30
4525	CLO [ENDO] BX LG INTESTINE	26	3.0	2.37
4513	OTH ENDO SM INTESTINE	18	2.1	1.48
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	1.9	0.31
1364	DISCISSION SECNDRY MEMBRN	15	1.7	0.11
0391	INJ ANES SPINAL CANAL-ANALGESIA	13	1.5	1.85
2001	MYRINGOTOMY W/INSRT TUBE	12	1.4	3.17
5303	UNILAT REPR DIRECT ING HERN-GFT	10	1.1	0.24
4836	[ENDO] POLYPECTOMY RECTUM	9	1.0	1.34
4292	DILAT ESOPH	7	0.8	1.38
3999	OTH OPER VESSELS	6	0.7	0.06
5341	REPR UMB HERN W/PROSTH	5	0.6	0.23
8521	LOC EXC LES BREAST	5	0.6	0.61
0309	OTH EXPLOR & DECOMP SPINAL CANAL	4	0.5	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45378	COLONOSCOPY FLEX; DX-SEP PROC	153	20.6	6.69
43239	UGI ENDO; W/BX 1/MX	100	13.5	6.02
45380	COLONOSCOPY FLEX; W/BX 1/MX	82	11.1	6.63
66984	EXTRACAPSULAR CATARACT REMV IOL	62	8.4	1.63
47562	LAPAROSCOPY SURGICAL; CHOLECT	52	7.0	0.91
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	35	4.7	2.16
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	34	4.6	1.01
49505	REPR INIT ING HERNIA 5YR/MORE; R	27	3.6	0.72
45383	COLONOSCOPY FLEX; W/ABLAT LES	20	2.7	0.08
66821	DISCISSION 2ND CATARACT; LASER S	15	2.0	0.12
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	14	1.9	1.18
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	12	1.6	1.13
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	9	1.2	0.37
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	8	1.1	0.01
36475	ENDOVENUS ABLAT TX VEIN EXT RF;1	7	0.9	0.01
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	6	0.8	0.98
69436	TYMPANOSTOMY GENERAL ANESTHESIA	6	0.8	1.71
58120	DILATION & CURET DX &/ THERAPEUT	5	0.7	0.15
28285	CORRECTION HAMMERTO	4	0.5	0.54
28296	HALLUX VALGUS; W/METATARSAL OSTE	4	0.5	0.23

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	525	\$2,955	\$4,864
4523	COLONOSCOPY	148	\$1,339	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	87	\$1,827	\$1,760
5123	LAP CHOLEY	63	\$7,943	\$8,201
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	49	\$1,659	\$1,852
0392	INJ OTH AGENT SPINAL CANAL	22	\$1,079	\$1,445
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	\$6,101	\$5,647
1364	DISCISSION SECNDRY MEMBRN	15	\$1,099	\$732
4525	CLO [ENDO] BX LG INTESTINE	14	\$1,529	\$1,909
5303	UNILAT REPR DIRECT ING HERN-GFT	10	\$5,622	\$5,834
4513	OTH ENDO SM INTESTINE	8	\$1,354	\$1,505
3999	OTH OPER VESSELS	6	\$6,797	\$7,826
0309	OTH EXPLOR & DECOMP SPINAL CANAL	4	\$304	\$11,767
0443	RELEASE CARPAL TUNNEL	4	\$2,038	\$2,934
283	TONSILLECTOMY W/ADENOIDECTOMY	4	\$2,256	\$3,273
5341	REPR UMB HERN W/PROSTH	4	\$6,361	\$6,191
6902	D&C FOLLOWING DELIV/AB	4	\$3,708	\$3,869
6909	OTH D&C UTERUS	4	\$2,577	\$4,052
6952	ASPIR CURET FOLLOWING DELIV/AB	4	\$3,124	\$3,495
8521	LOC EXC LES BREAST	4	\$3,325	\$4,424
4701	LAP APPENDECTOMY	3	\$12,777	\$10,495

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	566	\$2,882	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	118	\$1,341	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	64	\$1,667	\$1,698
66984	EXTRACAPSULAR CATARACT REMV IOL	62	\$2,829	\$4,069
43239	UGI ENDO; W/BX 1/MX	50	\$1,680	\$1,799
47562	LAPAROSCOPY SURGICAL; CHOLECT	49	\$7,712	\$7,363
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	30	\$1,020	\$1,590
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	27	\$1,906	\$1,840
49505	REPR INIT ING HERNIA 5YR/MORE; R	27	\$6,045	\$5,632
45383	COLONOSCOPY FLEX; W/ABLAT LES	16	\$1,783	\$1,600
66821	DISCISSION 2ND CATARACT; LASER S	15	\$1,099	\$750
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	14	\$8,751	\$8,835
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	7	\$1,307	\$1,340
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	7	\$5,316	\$5,232
58120	DILATION & CURET DX &/ THERAPEUT	5	\$2,510	\$3,922
69436	TYMPANOSTOMY GENERAL ANESTHESIA	5	\$1,545	\$1,779
28296	HALLUX VALGUS; W/METATARSAL OSTE	4	\$2,953	\$6,126
36475	ENDOVENUS ABLAT TX VEIN EXT RF;1	4	\$6,346	\$9,040
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	\$2,038	\$3,049
28292	HALLUX VALGUS; KELLER/MAYO TYPE	3	\$3,445	\$3,933
44970	LAPAROSCOPY SURGICAL APPENDECTOM	3	\$12,777	\$10,450

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

130 Sanpete Valley Hospital - CAH

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	10,274
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,191
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4,645
02 BREAST PROCEDURES	4	1,671
020 LEVEL I BREAST PROCEDURES	4	1,627
03 MUSCULOSKELETAL SYSTEM PROCEDURES	38	66,722
033 LEVEL I HAND PROCEDURES	1	3,806
035 LEVEL I FOOT PROCEDURES	13	6,177
036 LEVEL II FOOT PROCEDURES	2	1,830
037 LEVEL I ARTHROSCOPY	10	23,401
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	605
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	543
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	5,701
045 BUNION PROCEDURES	7	1,762
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,711
04 RESPIRATORY PROCEDURES	1	12,953
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,675
05 CARDIOVASCULAR PROCEDURES	10	11,503
085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	10	1,890
07 GASTROINTESTINAL SYSTEM PROCEDURES	537	118,000
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,300
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	519
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	112	25,670
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	12	5,867
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	236	45,397
137 THERAPEUTIC COLONOSCOPY	55	9,233
139 LEVEL I HERNIA REPAIR	39	5,686
140 LEVEL II HERNIA REPAIR	8	1,214
141 LEVEL I ANAL AND RECTAL PROCEDURES	1	831
142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,074
146 LEVEL II LAPAROSCOPY	56	7,903
147 LEVEL III LAPAROSCOPY	14	7,188
10 FEMALE REPRODUCTIVE SYSTEM	5	9,203
199 DILATION AND CURETTAGE	5	518
11 NEUROLOGIC SYSTEM PROCEDURES	53	25,428
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	44	4,570
217 LEVEL I NERVE PROCEDURES	5	4,176
219 SPINAL TAP	4	419
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	77	12,660
232 LASER EYE PROCEDURES	15	549
233 CATARACT PROCEDURES	62	5,898
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	13	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	7	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,514
256 TONSIL AND ADENOID PROCEDURES	5	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	2	\$2,805	\$4,301
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,566	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,045	\$4,207
02	BREAST PROCEDURES	4	\$4,003	\$4,831
	020 LEVEL I BREAST PROCEDURES	4	\$4,003	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	25	\$2,999	\$6,029
	033 LEVEL I HAND PROCEDURES	1	\$2,275	\$3,410
	035 LEVEL I FOOT PROCEDURES	9	\$2,863	\$4,184
	036 LEVEL II FOOT PROCEDURES	2	\$3,250	\$8,885
	037 LEVEL I ARTHROSCOPY	1	\$6,344	\$5,096
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$786	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$2,642	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$4,729	\$9,329
	045 BUNION PROCEDURES	7	\$3,164	\$6,420
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,142	\$1,654
05	CARDIOVASCULAR PROCEDURES	4	\$6,346	\$18,123
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	\$6,346	\$37,492
07	GASTROINTESTINAL SYSTEM PROCEDURES	396	\$3,108	\$3,066
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,324	\$2,674
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,402	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	57	\$1,634	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$1,873	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	182	\$1,455	\$1,465
	137 THERAPEUTIC COLONOSCOPY	43	\$1,860	\$1,880
	139 LEVEL I HERNIA REPAIR	34	\$5,895	\$5,188
	140 LEVEL II HERNIA REPAIR	5	\$6,336	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$3,648	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$3,519	\$4,508
	146 LEVEL II LAPAROSCOPY	52	\$8,004	\$8,651
	147 LEVEL III LAPAROSCOPY	14	\$8,751	\$9,502
10	FEMALE REPRODUCTIVE SYSTEM	5	\$2,510	\$5,677
	199 DILATION AND CURETTAGE	5	\$2,510	\$3,922
11	NEUROLOGIC SYSTEM PROCEDURES	41	\$1,183	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	32	\$1,032	\$1,622
	217 LEVEL I NERVE PROCEDURES	5	\$2,854	\$3,955
	219 SPINAL TAP	4	\$304	\$2,281
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	77	\$2,492	\$4,277
	232 LASER EYE PROCEDURES	15	\$1,099	\$825
	233 CATARACT PROCEDURES	62	\$2,829	\$4,092
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	11	\$1,784	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	6	\$1,528	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$1,435	\$3,767
	256 TONSIL AND ADENOID PROCEDURES	4	\$2,256	\$3,305

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	406	58.4	141,642	53.9
Male	289	41.6	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	2	0.3	2,902	1.1
1-4 years	5	0.7	11,446	4.4
5-9	6	0.9	7,208	2.7
10-14	6	0.9	5,295	2.0
15-17	14	2.0	5,309	2.0
18-19	13	1.9	3,821	1.5
20-24	23	3.3	10,434	4.0
25-29	22	3.2	12,230	4.7
30-34	24	3.5	14,877	5.7
35-39	36	5.2	14,643	5.6
40-44	19	2.7	14,871	5.7
45-49	29	4.2	17,304	6.6
50-54	92	13.2	30,494	11.6
55-59	76	10.9	26,436	10.1
60-64	72	10.4	24,041	9.1
65-69	98	14.1	20,003	7.6
70-74	70	10.1	15,679	6.0
75-79	48	6.9	11,976	4.6
80-84	27	3.9	7,762	3.0
85-89	10	1.4	3,511	1.3
90 +	3	0.4	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	100	14.4	106,152	40.4
Clinic Referral	595	85.6	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	694	99.9	262,109	99.7
Another Hospital	1	0.1	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	278	40.0	62,882	23.9
Medicaid	73	10.5	19,964	7.6
Other government	9	1.3	6,019	2.3
Blue Cross/Blue Shield	35	5.0	33,344	12.7
Other Commercial	44	6.3	17,383	6.6
Managed Care(HMO, PPO)	232	33.4	114,999	43.7
Self Pay	7	1.0	3,241	1.2
Industrial & Worker Comp	6	0.9	3,157	1.2
Charity and Unclassified	11	1.6	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	663	95.4	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	7	1.0	89,757	34.1
Southeastern Utah	2	0.3	5,550	2.1
Southwest Utah	5	0.7	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	1	0.1	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	9	1.3	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	1	0.1	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	7	1.0	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	3,139	100.0	347,183	100.0
Mastectomy (85.0-85.99)	21	0.7	8,605	2.5
Musculoskeletal (76.0-84.99)	180	5.7	70,411	20.3
Respiratory (30.0-34.99)	2	0.1	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	7	0.2	3,288	0.9
Digestive System (42.0-54.99)	1,195	38.1	111,878	32.2
Urinary (55.0-59.99)	32	1.0	12,077	3.5
Male Genital (60.0-64.99)	20	0.6	4,124	1.2
Female Genital (65.0-71.99)	85	2.7	16,165	4.7
Endocrine/Nervous (01.0-07.99)	1,010	32.2	27,062	7.8
Eye (08.0-16.99)	283	9.0	22,328	6.4
Ear (18.0-20.99)	105	3.3	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	199	6.3	30,939	8.9
Reporting Category(CPT-4 CODES)	2,659	100.0	337,317	100.0
Mastectomy (19120-19220)	16	0.6	1,627	0.5
Musculoskeletal (20000-29909)	183	6.9	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	31	1.2	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	6	0.2	4,663	1.4
Digestive (40490-49999)	1,325	49.8	129,848	38.5
Urinary (50010-53899)	26	1.0	16,024	4.8
Male Genital (54000-55899)	11	0.4	4,044	1.2
Female Genital (56405-58999)	77	2.9	15,380	4.6
Endocrine/Nervous (60000-64999)	774	29.1	26,532	7.9
Eye (65091-68899)	157	5.9	12,738	3.8
Ear (69000-69979)	52	2.0	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		3,139	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	482	15.4	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	426	13.6	1.85
4523	COLONOSCOPY	417	13.3	7.08
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	185	5.9	5.51
4542	ENDO POLYPECTOMY LG INTESTINE	134	4.3	4.79
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	125	4.0	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	118	3.8	1.57
2001	MYRINGOTOMY W/INSRT TUBE	104	3.3	3.17
4513	OTH ENDO SM INTESTINE	85	2.7	1.48
283	TONSILLECTOMY W/ADENOIDECTOMY	79	2.5	1.93
4292	DILAT ESOPH	73	2.3	1.38
5123	LAP CHOLEY	66	2.1	2.02
4525	CLO [ENDO] BX LG INTESTINE	60	1.9	2.37
232	RESTORATION TOOTH-FILLING	50	1.6	0.49
042	DESTRUC CRANIAL & PERIPH NERV	41	1.3	0.17
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	38	1.2	0.80
4836	[ENDO] POLYPECTOMY RECTUM	34	1.1	1.34
0481	INJ ANES PERIPH NERV-ANALGESIA	25	0.8	0.33
0443	RELEASE CARPAL TUNNEL	24	0.8	0.96
1364	DISCISSION SECNDRY MEMBRN	20	0.6	0.11

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,659	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	405	15.2	6.69
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	361	13.6	1.01
43239	UGI ENDO; W/BX 1/MX	185	7.0	6.02
45380	COLONOSCOPY FLEX; W/BX 1/MX	139	5.2	6.63
66984	EXTRACAPSULAR CATARACT REMV IOL	125	4.7	1.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	94	3.5	2.16
62310	INJ 1 NOT NEUROLYTIC-EPID; CERV/T	71	2.7	0.28
64623	DESTRUC FACET JT NRV; L/S-EA AD	70	2.6	0.35
42820	T&A; UNDER AGE 12	66	2.5	1.56
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	66	2.5	0.98
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	61	2.3	1.13
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	60	2.3	0.93
41899	UNLIST PROC DENTOALVEOL STRUCTUR	56	2.1	0.79
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	52	2.0	1.18
69436	TYMPANOSTOMY GENERAL ANESTHESIA	52	2.0	1.71
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	47	1.8	0.41
28285	CORRECTION HAMMERTOES	38	1.4	0.54
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	35	1.3	0.17
66821	DISCISSION 2ND CATARACT; LASER S	28	1.1	0.12
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	26	1.0	0.47

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		1,247	\$2,650	\$4,864
4523	COLONOSCOPY	326	\$1,310	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	102	\$1,702	\$1,760
283	TONSILLECTOMY W/ADENOIDECTOMY	75	\$2,557	\$3,273
0392	INJ OTH AGENT SPINAL CANAL	65	\$1,246	\$1,445
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	59	\$1,820	\$1,852
5123	LAP CHOLEY	47	\$8,853	\$8,201
4525	CLO [ENDO] BX LG INTESTINE	42	\$1,679	\$1,909
042	DESTRUC CRANIAL & PERIPH NERV	38	\$1,762	\$6,158
232	RESTORATION TOOTH-FILLING	38	\$3,535	\$3,068
4513	OTH ENDO SM INTESTINE	31	\$1,397	\$1,505
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	30	\$1,222	\$1,961
4836	[ENDO] POLYPECTOMY RECTUM	25	\$1,758	\$1,609
0443	RELEASE CARPAL TUNNEL	23	\$2,064	\$2,934
1364	DISCISSION SECNDRY MEMBRN	20	\$895	\$732
0481	INJ ANES PERIPH NERV-ANALGESIA	19	\$1,416	\$2,733
282	TONSILLECTOMY WO ADENOIDECTOMY	18	\$2,723	\$3,403
5303	UNILAT REPR DIRECT ING HERN-GFT	16	\$5,255	\$5,834
7756	REPR HAMMER TOE	15	\$5,250	\$5,310
8521	LOC EXC LES BREAST	13	\$3,608	\$4,424
0391	INJ ANES SPINAL CANAL-ANALGESIA	12	\$1,400	\$1,857

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,718	\$2,393	\$4,353
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	356	\$1,261	\$1,590
45378	COLONOSCOPY FLEX; DX-SEP PROC	316	\$1,310	\$1,275
66984	EXTRACAPSULAR CATARACT REMV IOL	125	\$3,051	\$4,069
45380	COLONOSCOPY FLEX; W/BX 1/MX	95	\$1,639	\$1,698
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	65	\$1,259	\$1,787
42820	T&A; UNDER AGE 12	63	\$2,412	\$3,185
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	63	\$1,689	\$1,840
43239	UGI ENDO; W/BX 1/MX	57	\$1,777	\$1,799
41899	UNLIST PROC DENTOALVEOL STRUCTUR	56	\$3,622	\$3,672
69436	TYMPANOSTOMY GENERAL ANESTHESIA	46	\$998	\$1,779
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	42	\$8,694	\$8,835
66821	DISCISSION 2ND CATARACT; LASER S	28	\$966	\$750
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	27	\$1,218	\$1,340
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	23	\$2,064	\$3,049
49505	REPR INIT ING HERNIA 5YR/MORE; R	21	\$4,925	\$5,632
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	18	\$1,109	\$1,576
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	16	\$2,681	\$3,512
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	16	\$1,260	\$1,825
19120	EXC BRST CYST TUMR/LES OPN M/F 1	14	\$3,730	\$4,414
42821	T&A; AGE 12 OR OVER	13	\$3,232	\$3,658

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	9	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,649
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	4,645
02	BREAST PROCEDURES	16	1,671
	020 LEVEL I BREAST PROCEDURES	16	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	175	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,402
	033 LEVEL I HAND PROCEDURES	9	3,806
	035 LEVEL I FOOT PROCEDURES	61	6,177
	036 LEVEL II FOOT PROCEDURES	7	1,830
	037 LEVEL I ARTHROSCOPY	29	23,401
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	605
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	10	5,701
	045 BUNION PROCEDURES	15	1,762
	048 HAND AND FOOT TENOTOMY	5	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	34	2,711
04	RESPIRATORY PROCEDURES	13	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	4,869
05	CARDIOVASCULAR PROCEDURES	1	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,314
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	4,562
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,205	118,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	713
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	246	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	88	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	545	45,397
	137 THERAPEUTIC COLONOSCOPY	100	9,233
	139 LEVEL I HERNIA REPAIR	43	5,686
	140 LEVEL II HERNIA REPAIR	9	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	9	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	413
	145 LEVEL I LAPAROSCOPY	15	2,342
	146 LEVEL II LAPAROSCOPY	57	7,903
	147 LEVEL III LAPAROSCOPY	75	7,188
08	GENITOURINARY SYSTEM PROCEDURES	20	12,284
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	12	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	5	4,061
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	481
09	MALE REPRODUCTIVE SYSTEM	13	4,273



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,477
	181 CIRCUMCISION	5	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	5	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	300
10	FEMALE REPRODUCTIVE SYSTEM	37	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	2,229
	199 DILATION AND CURETTAGE	11	518
	200 HYSTEROSCOPY	14	2,466
11	NEUROLOGIC SYSTEM PROCEDURES	774	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	440	4,570
	217 LEVEL I NERVE PROCEDURES	24	4,176
	218 LEVEL II NERVE PROCEDURES	6	1,051
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	304	11,336
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	157	12,660
	232 LASER EYE PROCEDURES	28	549
	233 CATARACT PROCEDURES	128	5,898
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	237
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	228	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	117	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	10	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	3,301
	256 TONSIL AND ADENOID PROCEDURES	99	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	8	\$2,127	\$4,301
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,512	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$2,073	\$4,207
02	BREAST PROCEDURES	16	\$3,744	\$4,831
	020 LEVEL I BREAST PROCEDURES	16	\$3,744	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	97	\$3,229	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$6,065	\$5,214
	033 LEVEL I HAND PROCEDURES	6	\$2,713	\$3,410
	035 LEVEL I FOOT PROCEDURES	23	\$2,609	\$4,184
	036 LEVEL II FOOT PROCEDURES	4	\$8,785	\$8,885
	037 LEVEL I ARTHROSCOPY	19	\$3,980	\$5,096
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$6,173	\$5,630
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7	\$5,625	\$9,329
	045 BUNION PROCEDURES	12	\$3,491	\$6,420
	048 HAND AND FOOT TENOTOMY	1	\$1,804	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	\$1,123	\$1,654
04	RESPIRATORY PROCEDURES	1	\$2,500	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$2,500	\$2,700
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$2,918	\$5,118
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$2,918	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	713	\$2,728	\$3,066
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$5,099	\$1,167
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	84	\$1,597	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$2,088	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	411	\$1,386	\$1,465
	137 THERAPEUTIC COLONOSCOPY	65	\$1,693	\$1,880
	139 LEVEL I HERNIA REPAIR	30	\$4,801	\$5,188
	140 LEVEL II HERNIA REPAIR	5	\$6,943	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$3,343	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$5,466	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$1,017	\$4,426
	145 LEVEL I LAPAROSCOPY	4	\$7,445	\$6,523
	146 LEVEL II LAPAROSCOPY	33	\$10,216	\$8,651
	147 LEVEL III LAPAROSCOPY	54	\$9,399	\$9,502
08	GENITOURINARY SYSTEM PROCEDURES	17	\$2,416	\$5,700
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	9	\$1,776	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	5	\$3,595	\$6,114
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$1,391	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$2,855	\$15,091
09	MALE REPRODUCTIVE SYSTEM	12	\$4,713	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$3,215	\$3,472
	181 CIRCUMCISION	5	\$2,814	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	5	\$7,331	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,607	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	20	\$4,231	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,742	\$4,672

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHRG	AVE TOT CHRG(ALL Hospitals )
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$3,695	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$6,724	\$8,297
	199 DILATION AND CURETTAGE	11	\$2,372	\$3,922
	200 HYSTEROSCOPY	4	\$7,978	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	472	\$1,374	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	426	\$1,265	\$1,622
	217 LEVEL I NERVE PROCEDURES	23	\$2,064	\$3,955
	218 LEVEL II NERVE PROCEDURES	2	\$17,110	\$22,021
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	21	\$1,343	\$2,017
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	157	\$2,683	\$4,277
	232 LASER EYE PROCEDURES	28	\$966	\$825
	233 CATARACT PROCEDURES	128	\$3,060	\$4,092
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,386	\$9,262
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	199	\$2,518	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	102	\$2,439	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$3,938	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$2,674	\$8,073
	256 TONSIL AND ADENOID PROCEDURES	94	\$2,585	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,214	56.4	141,642	53.9
Male	940	43.6	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	19	0.9	2,902	1.1
1-4 years	96	4.5	11,446	4.4
5-9	55	2.6	7,208	2.7
10-14	23	1.1	5,295	2.0
15-17	35	1.6	5,309	2.0
18-19	21	1.0	3,821	1.5
20-24	35	1.6	10,434	4.0
25-29	37	1.7	12,230	4.7
30-34	99	4.6	14,877	5.7
35-39	100	4.6	14,643	5.6
40-44	73	3.4	14,871	5.7
45-49	109	5.1	17,304	6.6
50-54	255	11.8	30,494	11.6
55-59	204	9.5	26,436	10.1
60-64	208	9.7	24,041	9.1
65-69	229	10.6	20,003	7.6
70-74	239	11.1	15,679	6.0
75-79	145	6.7	11,976	4.6
80-84	122	5.7	7,762	3.0
85-89	40	1.9	3,511	1.3
90 +	10	0.5	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	273	12.7	106,152	40.4
Clinic Referral	1,881	87.3	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,154	100.0	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	876	40.7	62,882	23.9
Medicaid	231	10.7	19,964	7.6
Other government	32	1.5	6,019	2.3
Blue Cross/Blue Shield	148	6.9	33,344	12.7
Other Commercial	136	6.3	17,383	6.6
Managed Care(HMO, PPO)	674	31.3	114,999	43.7
Self Pay	11	0.5	3,241	1.2
Industrial & Worker Comp	20	0.9	3,157	1.2
Charity and Unclassified	7	0.3	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	19	0.9	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	18,464	7.0
Central Utah	2,081	96.6	9,378	3.6
Davis County	0	0.0	28,404	10.8
Salt Lake County	2	0.1	89,757	34.1
Southeastern Utah	20	0.9	5,550	2.1
Southwest Utah	32	1.5	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	5	0.2	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	3	0.1	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	11	0.5	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	5,964	100.0	347,183	100.0
Mastectomy (85.0-85.99)	168	2.8	8,605	2.5
Musculoskeletal (76.0-84.99)	1,142	19.1	70,411	20.3
Respiratory (30.0-34.99)	48	0.8	3,243	0.9
Cardiovascular (35.0-39.99)	960	16.1	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	53	0.9	3,288	0.9
Digestive System (42.0-54.99)	718	12.0	111,878	32.2
Urinary (55.0-59.99)	268	4.5	12,077	3.5
Male Genital (60.0-64.99)	61	1.0	4,124	1.2
Female Genital (65.0-71.99)	517	8.7	16,165	4.7
Endocrine/Nervous (01.0-07.99)	402	6.7	27,062	7.8
Eye (08.0-16.99)	1,007	16.9	22,328	6.4
Ear (18.0-20.99)	31	0.5	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	589	9.9	30,939	8.9
Reporting Category(CPT-4 CODES)	6,339	100.0	337,317	100.0
Mastectomy (19120-19220)	28	0.4	1,627	0.5
Musculoskeletal (20000-29909)	1,357	21.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	499	7.9	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	940	14.8	21,776	6.5
Lymphatic/Hemetic (38100-38999)	54	0.9	4,663	1.4
Digestive (40490-49999)	970	15.3	129,848	38.5
Urinary (50010-53899)	341	5.4	16,024	4.8
Male Genital (54000-55899)	38	0.6	4,044	1.2
Female Genital (56405-58999)	537	8.5	15,380	4.6
Endocrine/Nervous (60000-64999)	683	10.8	26,532	7.9
Eye (65091-68899)	863	13.6	12,738	3.8
Ear (69000-69979)	29	0.5	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		5,964	100.0	100.0
3722	LT HEART CARD CATH	238	4.0	0.90
0844	REPR ENTROPION/ECTROP-LID RECON	180	3.0	0.11
806	EXC SEMILUNAR CARTILAGE-KNEE	170	2.9	1.57
3726	CARD ELECTROPHYSIO STIMUL-RECORD	135	2.3	0.60
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	129	2.2	0.59
0834	REPR BLEPHAROPT-OTH LEVATOR MUSC	123	2.1	0.04
3727	CARD MAPPING	114	1.9	0.56
5123	LAP CHOLEY	105	1.8	2.02
2169	OTH TURBINECTOMY	89	1.5	0.77
0887	UPPER EYELID RHYTIDECTOMY	85	1.4	0.22
4513	OTH ENDO SM INTESTINE	82	1.4	1.48
2263	ETHMOIDECTOMY	81	1.4	0.56
3728	INTRACARDIAC ECHOCARDIOGRAPHY	81	1.4	0.39
8051	EXC INTERVERTEBRAL DISC	81	1.4	0.48
215	SUBMUCOUS RESECT NASAL SEPTUM	79	1.3	0.24
598	URETERAL CATH	75	1.3	0.77
8511	CLO [PERCUT] [NEEDLE] BX BREAST	75	1.3	0.47
283	TONSILLECTOMY W/ADENOIDECTOMY	72	1.2	1.93
0991	OBLIT LACRML PUNCTUM	70	1.2	0.02
6823	ENDOMETRIAL ABLATION	69	1.2	0.42

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,339	100.0	100.0
67917	REPAIR OF ECTROPION; EXTENSIVE	170	2.7	0.09
29881	SCOPE KNEE SURG;W/MENISCECT MED/	148	2.3	1.47
93620	COMP EP EVAL;RT ATRIAL VENT HIS	132	2.1	0.33
93651	INTRACARD CATH ABLAT ARRHY; TX T	128	2.0	0.33
93621	COMP EP EVAL;LT ATRIAL COR SINUS	121	1.9	0.27
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	117	1.8	0.07
30140	SUBMUCOS RES TURBINATE PART/CMPL	113	1.8	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	108	1.7	0.77
93623	PROGRAM STIM & PACE AFTER IV DRU	84	1.3	0.23
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	83	1.3	1.18
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	81	1.3	1.13
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	74	1.2	0.36
29445	APPLIC RIGID TOTAL CNTC LEG CAST	73	1.2	0.04
52332	CYSTOURETHROSCOPY W/INSRT STENT	73	1.2	0.73
93613	INTRACARD EP 3-D MAPPING	70	1.1	0.22
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	68	1.1	0.17
68760	CLO LACRIMAL PUNCTUM; THERMOCAUT	68	1.1	0.02
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	67	1.1	0.31
67900	REPAIR OF BROW PTOSIS	67	1.1	0.05
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	64	1.0	0.56

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

120 Salt Lake Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
ICD-9 Procedures		2,454	\$11,070	\$4,864
3722	LT HEART CARD CATH	147	\$12,706	\$10,333
806	EXC SEMILUNAR CARTILAGE-KNEE	115	\$6,376	\$5,149
5123	LAP CHOLEY	84	\$10,530	\$8,201
4513	OTH ENDO SM INTESTINE	71	\$2,148	\$1,505
8511	CLO [PERCUT] [NEEDLE] BX BREAST	69	\$3,549	\$2,779
8051	EXC INTERVERTEBRAL DISC	68	\$13,561	\$12,020
283	TONSILLECTOMY W/ADENOIDECTOMY	61	\$3,953	\$3,273
0393	INSRT/REPLCMT SPINAL NEUROSTIM	56	\$64,379	\$45,375
6823	ENDOMETRIAL ABLATION	40	\$8,622	\$6,965
3723	COMBO RT & LT HEART CARD CATH	31	\$11,550	\$10,823
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	29	\$5,439	\$4,479
8147	OTH REPR KNEE	29	\$8,088	\$6,374
0309	OTH EXPLOR & DECOMP SPINAL CANAL	26	\$16,394	\$11,767
0390	INSRT SPINAL CANAL INFUS CATH	26	\$34,328	\$23,847
6952	ASPIR CURET FOLLOWING DELIV/AB	26	\$4,019	\$3,495
0331	SPINAL TAP	24	\$2,561	\$2,562
0689	OTH PARATHYROIDECTOMY	23	\$11,841	\$9,878
5749	OTH TRANSURETH EXC/DEST LES BLADDER	23	\$7,563	\$5,845
8521	LOC EXC LES BREAST	22	\$4,646	\$4,424
064	COMPLT THYROIDECTOMY	20	\$13,759	\$11,859

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
CPT-4 Procedures		2,579	\$9,983	\$4,353
29881	SCOPE KNEE SURG;W/MENISCECT MED/	97	\$6,063	\$4,987
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	71	\$2,152	\$1,340
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	69	\$11,412	\$8,835
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	67	\$4,716	\$3,589
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	64	\$4,559	\$3,715
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	56	\$13,096	\$11,995
49505	REPR INIT ING HERNIA 5YR/MORE; R	51	\$6,785	\$5,632
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	45	\$9,636	\$11,434
42821	T&A; AGE 12 OR OVER	41	\$3,969	\$3,658
47562	LAPAROSCOPY SURGICAL; CHOLECT	39	\$9,539	\$7,363
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	39	\$8,546	\$7,533
29505	APPLICATION OF LONG LEG SPLINT	32	\$451	\$447
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	32	\$5,357	\$4,394
43752	NASO/ORO-GAS TUBE PLC MD SKLL&FL	30	\$959	\$2,264
58661	LAP SURG; W/REMV ADNEXAL STRUCT	30	\$11,546	\$10,088
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	29	\$12,023	\$9,935
58340	CATH&INTRO SALINE/CONTRAST SIS/H	28	\$1,262	\$1,013
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	28	\$9,578	\$7,128
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	\$7,244	\$5,295
61885	INSRT/REPL CRAN NEUROSTIM; 1 ARR	27	\$61,062	\$48,214

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	158	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	14	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	11	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	39	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	59	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	24	875
	014 LEVEL III SKIN REPAIR	1	247
02	BREAST PROCEDURES	33	1,671
	020 LEVEL I BREAST PROCEDURES	28	1,627
	021 LEVEL II BREAST PROCEDURES	5	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,102	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	2,286
	033 LEVEL I HAND PROCEDURES	27	3,806
	034 LEVEL II HAND PROCEDURES	3	1,210
	035 LEVEL I FOOT PROCEDURES	68	6,177
	036 LEVEL II FOOT PROCEDURES	34	1,830
	037 LEVEL I ARTHROSCOPY	386	23,401
	038 LEVEL II ARTHROSCOPY	160	5,474
	039 REPLACEMENT OF CAST	73	146
	040 SPLINT, STRAPPING AND CAST REMOVAL	78	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	66	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	475
	045 BUNION PROCEDURES	31	1,762
	046 LEVEL I ARTHROPLASTY	4	650
	047 LEVEL II ARTHROPLASTY	7	144
	048 HAND AND FOOT TENOTOMY	2	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	2,711
04	RESPIRATORY PROCEDURES	208	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	29	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	49	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	119	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	11	2,429
05	CARDIOVASCULAR PROCEDURES	728	11,503
	081 ECHOCARDIOGRAPHY	5	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	257	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	45	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	22	445

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	76	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	263	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	143
	097 AICD IMPLANT	42	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	74	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	64	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,007	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	39	448
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	110	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	53	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	7	45,397
	137 THERAPEUTIC COLONOSCOPY	4	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	22	2,105
	139 LEVEL I HERNIA REPAIR	116	5,686
	140 LEVEL II HERNIA REPAIR	36	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	47	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	14	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	4	119
	145 LEVEL I LAPAROSCOPY	52	2,342
	146 LEVEL II LAPAROSCOPY	191	7,903
	147 LEVEL III LAPAROSCOPY	292	7,188
	148 LEVEL IV LAPAROSCOPY	10	184
08	GENITOURINARY SYSTEM PROCEDURES	309	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	56	880
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	116	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	126	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	71
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	8	481
09	MALE REPRODUCTIVE SYSTEM	45	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	1,477
	181 CIRCUMCISION	7	967
	182 INSERTION OF PENILE PROSTHESIS	1	75
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	8
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	27	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	300
10	FEMALE REPRODUCTIVE SYSTEM	286	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	39	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	44	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	72	2,229
	199 DILATION AND CURETTAGE	7	518
	200 HYSTEROSCOPY	118	2,466

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	201 COLPOSCOPY	6	654
11	NEUROLOGIC SYSTEM PROCEDURES	555	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	32	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	40	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	35	220
	217 LEVEL I NERVE PROCEDURES	49	4,176
	218 LEVEL II NERVE PROCEDURES	31	1,051
	219 SPINAL TAP	27	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	46	11,336
	221 LAMINOTOMY AND LAMINECTOMY	170	2,387
	223 LEVEL III NERVE PROCEDURES	125	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	860	12,660
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	22
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	38	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	237
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	231	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	584	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	642	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	169	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	98	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	133	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	134	3,301
	256 TONSIL AND ADENOID PROCEDURES	108	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	96	\$5,026	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	\$2,392	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$4,728	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$3,969	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	\$2,987	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	\$4,331	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	37	\$6,001	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$8,282	\$6,300
	013 LEVEL II SKIN REPAIR	17	\$6,299	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$1,554	\$7,376
02	BREAST PROCEDURES	29	\$5,318	\$4,831
	020 LEVEL I BREAST PROCEDURES	25	\$4,792	\$4,723
	021 LEVEL II BREAST PROCEDURES	4	\$8,604	\$8,864
03	MUSCULOSKELETAL SYSTEM PROCEDURES	539	\$7,359	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$5,577	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$11,315	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$14,809	\$10,524
	033 LEVEL I HAND PROCEDURES	15	\$4,486	\$3,410
	035 LEVEL I FOOT PROCEDURES	26	\$6,178	\$4,184
	036 LEVEL II FOOT PROCEDURES	14	\$8,289	\$8,885
	037 LEVEL I ARTHROSCOPY	200	\$6,296	\$5,096
	038 LEVEL II ARTHROSCOPY	50	\$15,289	\$13,106
	039 REPLACEMENT OF CAST	15	\$6,982	\$4,045
	040 SPLINT, STRAPPING AND CAST REMOVAL	78	\$622	\$1,449
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	\$540	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$746	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	46	\$15,004	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	\$2,761	\$3,818
	045 BUNION PROCEDURES	15	\$10,319	\$6,420
	047 LEVEL II ARTHROPLASTY	3	\$39,159	\$23,125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$1,952	\$1,654
04	RESPIRATORY PROCEDURES	40	\$4,096	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	22	\$2,696	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	\$5,243	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	\$7,451	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	\$1,478	\$3,105
05	CARDIOVASCULAR PROCEDURES	73	\$28,088	\$18,123
	081 ECHOCARDIOGRAPHY	5	\$18,898	\$20,742
	083 PLACEMENT OF TRANSVENOUS CATHETERS	10	\$6,558	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	24	\$35,472	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	16	\$35,315	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$13,983	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$24,959	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$7,999	\$10,145
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$4,041	\$8,297

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	097 AICD IMPLANT	12	\$32,919	\$49,564
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	71	\$4,592	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	64	\$4,559	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$4,893	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	662	\$8,805	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	38	\$1,398	\$2,775
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,390	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	90	\$2,618	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	40	\$3,514	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	5	\$2,852	\$1,465
	137 THERAPEUTIC COLONOSCOPY	3	\$2,412	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$8,119	\$6,191
	139 LEVEL I HERNIA REPAIR	85	\$6,828	\$5,188
	140 LEVEL II HERNIA REPAIR	15	\$8,104	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$3,670	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	40	\$4,148	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$5,550	\$4,426
	145 LEVEL I LAPAROSCOPY	16	\$8,271	\$6,523
	146 LEVEL II LAPAROSCOPY	131	\$11,478	\$8,651
	147 LEVEL III LAPAROSCOPY	164	\$15,340	\$9,502
	148 LEVEL IV LAPAROSCOPY	8	\$25,182	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	129	\$7,944	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	45	\$9,636	\$11,434
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	34	\$7,093	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	41	\$5,781	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$5,282	\$20,129
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	8	\$13,461	\$15,091
09	MALE REPRODUCTIVE SYSTEM	36	\$10,947	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$8,505	\$3,472
	181 CIRCUMCISION	6	\$5,374	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	1	\$45,170	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	22	\$11,723	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$7,755	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	125	\$8,010	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	12	\$6,626	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	9	\$5,574	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	27	\$11,377	\$8,297
	199 DILATION AND CURETTAGE	4	\$3,330	\$3,922
	200 HYSTEROSCOPY	72	\$7,547	\$6,149
	201 COLPOSCOPY	1	\$7,677	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	286	\$24,668	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	32	\$1,926	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	19	\$15,715	\$12,644
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	16	\$28,458	\$16,600
	217 LEVEL I NERVE PROCEDURES	19	\$10,423	\$3,955

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	218 LEVEL II NERVE PROCEDURES	16	\$57,933	\$22,021
	219 SPINAL TAP	26	\$2,684	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	\$3,388	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	86	\$14,183	\$12,191
	223 LEVEL III NERVE PROCEDURES	63	\$60,231	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	64	\$4,784	\$4,277
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$4,517	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	57	\$4,816	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	223	\$8,151	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	29	\$3,345	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	14	\$5,970	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	16	\$11,645	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	86	\$13,206	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	78	\$4,040	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,467	56.8	141,642	53.9
Male	1,877	43.2	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	11	0.3	1,613	0.6
29-365 days	4	0.1	2,902	1.1
1-4 years	30	0.7	11,446	4.4
5-9	29	0.7	7,208	2.7
10-14	42	1.0	5,295	2.0
15-17	47	1.1	5,309	2.0
18-19	67	1.5	3,821	1.5
20-24	176	4.1	10,434	4.0
25-29	257	5.9	12,230	4.7
30-34	361	8.3	14,877	5.7
35-39	313	7.2	14,643	5.6
40-44	336	7.7	14,871	5.7
45-49	386	8.9	17,304	6.6
50-54	403	9.3	30,494	11.6
55-59	394	9.1	26,436	10.1
60-64	360	8.3	24,041	9.1
65-69	368	8.5	20,003	7.6
70-74	279	6.4	15,679	6.0
75-79	191	4.4	11,976	4.6
80-84	167	3.8	7,762	3.0
85-89	95	2.2	3,511	1.3
90 +	28	0.6	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	4,280	98.5	106,152	40.4
Clinic Referral	37	0.9	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	7	0.2	200	0.1
Skilled Nursing Facility	5	0.1	139	0.1
Other Health Care Facility	1	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	1	0.0	17	0.0
Unknown	7	0.2	930	0.4
Not Reported	6	0.1	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,327	99.6	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	4	0.1	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	2	0.0	120	0.0
Under Care of Home Service	4	0.1	303	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	6	0.1	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,330	30.6	62,882	23.9
Medicaid	188	4.3	19,964	7.6
Other government	176	4.1	6,019	2.3
Blue Cross/Blue Shield	1,204	27.7	33,344	12.7
Other Commercial	541	12.5	17,383	6.6
Managed Care(HMO, PPO)	827	19.0	114,999	43.7
Self Pay	21	0.5	3,241	1.2
Industrial & Worker Comp	56	1.3	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	1	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	45	1.0	18,464	7.0
Central Utah	19	0.4	9,378	3.6
Davis County	413	9.5	28,404	10.8
Salt Lake County	2,759	63.5	89,757	34.1
Southeastern Utah	19	0.4	5,550	2.1
Southwest Utah	13	0.3	16,470	6.3
Summit County	99	2.3	4,120	1.6
Tooele County	130	3.0	6,638	2.5
Tri-County	115	2.6	6,537	2.5
Utah County	139	3.2	39,778	15.1
Wasatch County	26	0.6	2,138	0.8
Weber County	130	3.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	433	10.0	13,675	5.2
Unknown, Not Reported	4	0.1	118	0.0

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



**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	14,195	100.0	347,183	100.0
Mastectomy (85.0-85.99)	1,180	8.3	8,605	2.5
Musculoskeletal (76.0-84.99)	2,049	14.4	70,411	20.3
Respiratory (30.0-34.99)	201	1.4	3,243	0.9
Cardiovascular (35.0-39.99)	2,271	16.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	282	2.0	3,288	0.9
Digestive System (42.0-54.99)	2,322	16.4	111,878	32.2
Urinary (55.0-59.99)	857	6.0	12,077	3.5
Male Genital (60.0-64.99)	194	1.4	4,124	1.2
Female Genital (65.0-71.99)	919	6.5	16,165	4.7
Endocrine/Nervous (01.0-07.99)	2,724	19.2	27,062	7.8
Eye (08.0-16.99)	1,089	7.7	22,328	6.4
Ear (18.0-20.99)	52	0.4	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	55	0.4	30,939	8.9
Reporting Category(CPT-4 CODES)	13,734	100.0	337,317	100.0
Mastectomy (19120-19220)	15	0.1	1,627	0.5
Musculoskeletal (20000-29909)	2,070	15.1	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	225	1.6	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	3,467	25.2	21,776	6.5
Lymphatic/Hemetic (38100-38999)	274	2.0	4,663	1.4
Digestive (40490-49999)	2,348	17.1	129,848	38.5
Urinary (50010-53899)	654	4.8	16,024	4.8
Male Genital (54000-55899)	68	0.5	4,044	1.2
Female Genital (56405-58999)	833	6.1	15,380	4.6
Endocrine/Nervous (60000-64999)	2,780	20.2	26,532	7.9
Eye (65091-68899)	750	5.5	12,738	3.8
Ear (69000-69979)	250	1.8	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		14,195	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	840	5.9	2.30
0391	INJ ANES SPINAL CANAL-ANALGESIA	812	5.7	1.85
8511	CLO [PERCUT] [NEEDLE] BX BREAST	520	3.7	0.47
3728	INTRACARDIAC ECHOCARDIOGRAPHY	460	3.2	0.39
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	390	2.7	0.25
8519	OTH DX PROC BREAST	376	2.6	0.23
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	355	2.5	0.80
5123	LAP CHOLEY	296	2.1	2.02
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	242	1.7	5.51
5732	OTH CYSTOSCOPY	236	1.7	0.36
1474	OTH MECH VITRECTOMY	231	1.6	0.40
042	DESTRUC CRANIAL & PERIPH NERV	216	1.5	0.17
0481	INJ ANES PERIPH NERV-ANALGESIA	164	1.2	0.33
3726	CARD ELECTROPHYSIO STIMUL-RECORD	156	1.1	0.60
0611	CLO PERCUT NEEDLE BX THYROID GLAND	155	1.1	0.17
3893	VENOUS CATH-NEC	154	1.1	0.21
1475	INJ VITREOUS SUBSTITUTE	149	1.0	0.18
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	147	1.0	0.59
8051	EXC INTERVERTEBRAL DISC	143	1.0	0.48
3727	CARD MAPPING	142	1.0	0.56

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,734	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	601	4.4	0.66
64623	DESTRUC FACET JT NRV; L/S-EA AD	455	3.3	0.35
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	432	3.1	1.01
93580	PERQ TRNSCATH CLO INTERATRIAL CM	394	2.9	0.15
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	379	2.8	0.74
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	316	2.3	0.47
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	239	1.7	0.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	224	1.6	6.63
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	222	1.6	0.12
43239	UGI ENDO; W/BX 1/MX	220	1.6	6.02
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	172	1.3	0.41
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	168	1.2	0.28
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	168	1.2	0.17
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	165	1.2	0.20
47563	LAPAROSCPY SURG; CHOLECT W/CHOLAN	152	1.1	1.18
67025	INJ VITREOUS SUBSTITUTE-SEP PROC	148	1.1	0.05
93620	COMP EP EVAL;RT ATRIAL VENT HIS	148	1.1	0.33
47562	LAPAROSCOPY SURGICAL; CHOLECT	146	1.1	0.91
93623	PROGRAM STIM & PACE AFTER IV DRU	144	1.0	0.23
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	142	1.0	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, 2011  
 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	4,940	\$9,840	\$4,864
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	317	\$2,099	\$1,961
5123	LAP CHOLEY	247	\$11,422	\$8,201
042	DESTRUC CRANIAL & PERIPH NERV	209	\$9,348	\$6,158
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	190	\$3,810	\$1,852
8511	CLO [PERCUT] [NEEDLE] BX BREAST	160	\$1,497	\$2,779
0611	CLO PERCUT NEEDLE BX THYROID GLAND	147	\$868	\$1,323
3893	VENOUS CATH-NEC	141	\$3,087	\$5,207
3607	INSERTION RX-ELUTING COR ART STENT	110	\$44,273	\$34,536
8051	EXC INTERVERTEBRAL DISC	109	\$15,413	\$12,020
6952	ASPIR CURET FOLLOWING DELIV/AB	102	\$6,099	\$3,495
5491	PERCUT ABD DRAIN	96	\$2,080	\$2,428
5011	CLO [PERCUT] [NEEDLE] BX LIVER	84	\$3,089	\$3,128
4523	COLONOSCOPY	79	\$2,902	\$1,265
3324	CLO [ENDO] BX BRONCHUS	77	\$5,705	\$4,265
4131	BX BONE MARROW	77	\$4,130	\$4,936
4542	ENDO POLYPECTOMY LG INTESTINE	71	\$4,058	\$1,760
0481	INJ ANES PERIPH NERV-ANALGESIA	67	\$3,950	\$2,733
4513	OTH ENDO SM INTESTINE	60	\$3,956	\$1,505
4525	CLO [ENDO] BX LG INTESTINE	60	\$3,512	\$1,909
4422	ENDO DILAT PYLORUS	58	\$4,422	\$2,994

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	6,701	\$9,380	\$4,353
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	390	\$2,717	\$1,590
93580	PERQ TRNSCATH CLO INTERATRIAL CM	390	\$48,496	\$45,915
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	311	\$3,704	\$3,715
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	285	\$2,037	\$1,576
36416	COLLECTON CAPILLARY BLOOD SPECIM	280	\$111	\$168
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	221	\$484	\$674
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	158	\$2,977	\$1,787
43239	UGI ENDO; W/BX 1/MX	156	\$3,387	\$1,799
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	151	\$3,048	\$4,379
45380	COLONOSCOPY FLEX; W/BX 1/MX	150	\$3,577	\$1,698
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	129	\$16,169	\$11,995
47562	LAPAROSCOPY SURGICAL; CHOLECT	123	\$11,269	\$7,363
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	122	\$11,507	\$8,835
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	96	\$1,697	\$1,743
58340	CATH&INTRO SALINE/CONTRAST SIS/H	92	\$1,033	\$1,013
66984	EXTRACAPSULAR CATARACT REMV IOL	89	\$8,683	\$4,069
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	81	\$2,952	\$2,818
45378	COLONOSCOPY FLEX; DX-SEP PROC	75	\$2,972	\$1,275
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	73	\$10,152	\$7,076
49080	PERITONEOCENTESIS; INIT	70	\$1,637	\$1,546

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	611	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	209	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	4	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	15	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	46	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	136	4,645
	013 LEVEL II SKIN REPAIR	192	875
	014 LEVEL III SKIN REPAIR	3	247
02	BREAST PROCEDURES	15	1,671
	020 LEVEL I BREAST PROCEDURES	15	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,601	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	100	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,286
	033 LEVEL I HAND PROCEDURES	21	3,806
	034 LEVEL II HAND PROCEDURES	10	1,210
	035 LEVEL I FOOT PROCEDURES	343	6,177
	036 LEVEL II FOOT PROCEDURES	86	1,830
	037 LEVEL I ARTHROSCOPY	87	23,401
	038 LEVEL II ARTHROSCOPY	17	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	2	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	21	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	101	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	475
	045 BUNION PROCEDURES	123	1,762
	046 LEVEL I ARTHROPLASTY	7	650
	047 LEVEL II ARTHROPLASTY	18	144
	048 HAND AND FOOT TENOTOMY	13	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	543	2,711
04	RESPIRATORY PROCEDURES	439	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	303	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	2,980
	064 ENDOSCOPY OF THE LOWER AIRWAY	132	2,429
05	CARDIOVASCULAR PROCEDURES	1,803	11,503
	081 ECHOCARDIOGRAPHY	10	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	379	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	94	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	555	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	60	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	232	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	31	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	361	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	75

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

124 St. Marks Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	091 VASCULAR LIGATION AND RECONSTRUCTION	7	143
	092 RESUSCITATION	1	19
	097 AICD IMPLANT	71	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	430	4,562
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	5	29
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	379	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	46	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,322	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	76	448
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	33	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	46	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	332	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	162	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	317	45,397
	137 THERAPEUTIC COLONOSCOPY	57	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	76	2,105
	139 LEVEL I HERNIA REPAIR	150	5,686
	140 LEVEL II HERNIA REPAIR	78	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	52	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	66	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	13	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	7	119
	145 LEVEL I LAPAROSCOPY	135	2,342
	146 LEVEL II LAPAROSCOPY	376	7,903
	147 LEVEL III LAPAROSCOPY	342	7,188
	148 LEVEL IV LAPAROSCOPY	4	184
08	GENITOURINARY SYSTEM PROCEDURES	448	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	17	880
	162 URINARY CATHETERIZATION AND DILATATION	3	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	216	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	188	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	7	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	10	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	7	481
09	MALE REPRODUCTIVE SYSTEM	175	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	1,477
	181 CIRCUMCISION	5	967
	182 INSERTION OF PENILE PROSTHESIS	14	75
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	128	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	300
10	FEMALE REPRODUCTIVE SYSTEM	462	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	95	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	47	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	101	2,229
	199 DILATION AND CURETTAGE	49	518
	200 HYSTEROSCOPY	163	2,466

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

124 St. Marks Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	201 COLPOSCOPY	7	654
11	NEUROLOGIC SYSTEM PROCEDURES	2,897	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	618	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	20	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	220
	217 LEVEL I NERVE PROCEDURES	92	4,176
	218 LEVEL II NERVE PROCEDURES	110	1,051
	219 SPINAL TAP	39	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,714	11,336
	221 LAMINOTOMY AND LAMINECTOMY	216	2,387
	223 LEVEL III NERVE PROCEDURES	87	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	750	12,660
	232 LASER EYE PROCEDURES	2	549
	233 CATARACT PROCEDURES	135	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	10	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	61	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	179	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	332	1,752
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	19	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	172	31,882
	250 COCHLEAR DEVICE IMPLANTATION	1	114
	252 LEVEL I FACIAL AND ENT PROCEDURES	16	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	30	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	114	3,301
	256 TONSIL AND ADENOID PROCEDURES	5	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	421	\$4,439	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	131	\$4,577	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$5,524	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$7,111	\$5,133
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$5,540	\$631
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	7	\$5,969	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	39	\$6,459	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	83	\$5,441	\$4,207
	013 LEVEL II SKIN REPAIR	155	\$3,127	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$6,811	\$7,376
02	BREAST PROCEDURES	9	\$8,085	\$4,831
	020 LEVEL I BREAST PROCEDURES	9	\$8,085	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	781	\$5,978	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$9,294	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$11,025	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$16,812	\$10,524
	033 LEVEL I HAND PROCEDURES	13	\$6,984	\$3,410
	034 LEVEL II HAND PROCEDURES	7	\$11,351	\$6,046
	035 LEVEL I FOOT PROCEDURES	70	\$6,812	\$4,184
	036 LEVEL II FOOT PROCEDURES	16	\$13,746	\$8,885
	037 LEVEL I ARTHROSCOPY	23	\$10,640	\$5,096
	038 LEVEL II ARTHROSCOPY	3	\$24,537	\$13,106
	040 SPLINT, STRAPPING AND CAST REMOVAL	2	\$1,168	\$1,449
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$13,130	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$6,283	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	\$17,015	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	\$5,625	\$3,818
	045 BUNION PROCEDURES	39	\$9,691	\$6,420
	046 LEVEL I ARTHROPLASTY	2	\$13,991	\$9,598
	047 LEVEL II ARTHROPLASTY	11	\$31,583	\$23,125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	463	\$1,983	\$1,654
04	RESPIRATORY PROCEDURES	305	\$2,984	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	236	\$2,461	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$7,610	\$1,165
	064 ENDOSCOPY OF THE LOWER AIRWAY	68	\$4,729	\$3,105
05	CARDIOVASCULAR PROCEDURES	637	\$37,262	\$18,123
	081 ECHOCARDIOGRAPHY	8	\$43,290	\$20,742
	083 PLACEMENT OF TRANSVENOUS CATHETERS	82	\$9,703	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	411	\$47,163	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	36	\$50,074	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	\$4,967	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	22	\$21,309	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	65	\$12,601	\$10,145
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$13,595	\$8,315
	097 AICD IMPLANT	3	\$14,589	\$49,564

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	318	\$3,868	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	311	\$3,704	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$11,162	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,448	\$8,287	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	71	\$5,234	\$2,775
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	\$2,645	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	32	\$3,402	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	236	\$3,587	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	112	\$5,620	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	225	\$3,375	\$1,465
	137 THERAPEUTIC COLONOSCOPY	11	\$4,190	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$18,510	\$6,191
	139 LEVEL I HERNIA REPAIR	60	\$8,501	\$5,188
	140 LEVEL II HERNIA REPAIR	23	\$9,489	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	23	\$6,587	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	36	\$7,897	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$9,757	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	\$15,477	\$8,862
	145 LEVEL I LAPAROSCOPY	77	\$10,482	\$6,523
	146 LEVEL II LAPAROSCOPY	269	\$13,316	\$8,651
	147 LEVEL III LAPAROSCOPY	223	\$14,172	\$9,502
	148 LEVEL IV LAPAROSCOPY	4	\$22,823	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	199	\$9,795	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	12	\$16,160	\$11,434
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	88	\$9,331	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	82	\$8,898	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	\$6,746	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	8	\$11,211	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	\$15,766	\$15,091
09	MALE REPRODUCTIVE SYSTEM	148	\$14,598	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	\$6,852	\$3,472
	181 CIRCUMCISION	4	\$5,804	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	13	\$44,739	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	114	\$12,698	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,648	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	280	\$9,283	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	43	\$7,070	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	24	\$7,726	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	78	\$11,502	\$8,297
	199 DILATION AND CURETTAGE	26	\$6,504	\$3,922
	200 HYSTEROSCOPY	105	\$9,619	\$6,149
	201 COLPOSCOPY	4	\$8,343	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	1,065	\$6,123	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	565	\$2,773	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$6,732	\$12,644



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

124 St. Marks Hospital

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
Procedure	EAPG			
217	LEVEL I NERVE PROCEDURES	29	\$7,765	\$3,955
218	LEVEL II NERVE PROCEDURES	19	\$22,229	\$22,021
219	SPINAL TAP	37	\$2,465	\$2,281
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	213	\$3,015	\$2,017
221	LAMINOTOMY AND LAMINECTOMY	153	\$15,999	\$12,191
223	LEVEL III NERVE PROCEDURES	48	\$23,316	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	197	\$10,801	\$4,277
233	CATARACT PROCEDURES	92	\$8,802	\$4,092
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	\$8,283	\$4,703
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	23	\$11,652	\$9,262
238	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	66	\$13,529	\$7,259
239	STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$7,106	\$2,904
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$13,128	\$2,864
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$12,704	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	89	\$14,680	\$4,442
250	COCHLEAR DEVICE IMPLANTATION	1	\$90,936	\$61,157
252	LEVEL I FACIAL AND ENT PROCEDURES	6	\$8,875	\$2,666
253	LEVEL II FACIAL AND ENT PROCEDURES	2	\$10,338	\$3,767
254	LEVEL III FACIAL AND ENT PROCEDURES	7	\$21,553	\$8,073
255	LEVEL IV FACIAL AND ENT PROCEDURES	71	\$13,780	\$10,539
256	TONSIL AND ADENOID PROCEDURES	2	\$6,210	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	6,629	63.3	141,642	53.9
Male	3,839	36.7	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	294	2.8	1,613	0.6
29-365 days	98	0.9	2,902	1.1
1-4 years	0	0.0	11,446	4.4
5-9	0	0.0	7,208	2.7
10-14	21	0.2	5,295	2.0
15-17	86	0.8	5,309	2.0
18-19	87	0.8	3,821	1.5
20-24	293	2.8	10,434	4.0
25-29	405	3.9	12,230	4.7
30-34	510	4.9	14,877	5.7
35-39	579	5.5	14,643	5.6
40-44	608	5.8	14,871	5.7
45-49	778	7.4	17,304	6.6
50-54	986	9.4	30,494	11.6
55-59	1,078	10.3	26,436	10.1
60-64	1,024	9.8	24,041	9.1
65-69	962	9.2	20,003	7.6
70-74	819	7.8	15,679	6.0
75-79	719	6.9	11,976	4.6
80-84	631	6.0	7,762	3.0
85-89	336	3.2	3,511	1.3
90 +	154	1.5	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	7,941	75.9	106,152	40.4
Clinic Referral	2,487	23.8	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	7	0.1	200	0.1
Skilled Nursing Facility	31	0.3	139	0.1
Other Health Care Facility	2	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	10,437	99.7	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	14	0.1	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	2	0.0	120	0.0
Under Care of Home Service	13	0.1	303	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	3,838	36.7	62,882	23.9
Medicaid	593	5.7	19,964	7.6
Other government	141	1.3	6,019	2.3
Blue Cross/Blue Shield	2,477	23.7	33,344	12.7
Other Commercial	433	4.1	17,383	6.6
Managed Care(HMO, PPO)	2,733	26.1	114,999	43.7
Self Pay	119	1.1	3,241	1.2
Industrial & Worker Comp	121	1.2	3,157	1.2
Charity and Unclassified	5	0.0	775	0.3
Childrens Health Insurance	7	0.1	172	0.1
Unknown	1	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	98	0.9	18,464	7.0
Central Utah	49	0.5	9,378	3.6
Davis County	476	4.5	28,404	10.8
Salt Lake County	8,279	79.1	89,757	34.1
Southeastern Utah	60	0.6	5,550	2.1
Southwest Utah	44	0.4	16,470	6.3
Summit County	139	1.3	4,120	1.6
Tooele County	248	2.4	6,638	2.5
Tri-County	86	0.8	6,537	2.5
Utah County	288	2.8	39,778	15.1
Wasatch County	34	0.3	2,138	0.8
Weber County	147	1.4	21,938	8.3
Unknown Utah	6	0.1	15	0.0
Outside Utah	513	4.9	13,675	5.2
Unknown, Not Reported	1	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	5,544	100.0	347,183	100.0
Mastectomy (85.0-85.99)	254	4.6	8,605	2.5
Musculoskeletal (76.0-84.99)	630	11.4	70,411	20.3
Respiratory (30.0-34.99)	32	0.6	3,243	0.9
Cardiovascular (35.0-39.99)	1,040	18.8	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	30	0.5	3,288	0.9
Digestive System (42.0-54.99)	2,170	39.1	111,878	32.2
Urinary (55.0-59.99)	92	1.7	12,077	3.5
Male Genital (60.0-64.99)	22	0.4	4,124	1.2
Female Genital (65.0-71.99)	299	5.4	16,165	4.7
Endocrine/Nervous (01.0-07.99)	750	13.5	27,062	7.8
Eye (08.0-16.99)	62	1.1	22,328	6.4
Ear (18.0-20.99)	34	0.6	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	129	2.3	30,939	8.9
Reporting Category(CPT-4 CODES)	5,729	100.0	337,317	100.0
Mastectomy (19120-19220)	33	0.6	1,627	0.5
Musculoskeletal (20000-29909)	672	11.7	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	70	1.2	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	1,473	25.7	21,776	6.5
Lymphatic/Hemetic (38100-38999)	25	0.4	4,663	1.4
Digestive (40490-49999)	2,293	40.0	129,848	38.5
Urinary (50010-53899)	105	1.8	16,024	4.8
Male Genital (54000-55899)	30	0.5	4,044	1.2
Female Genital (56405-58999)	287	5.0	15,380	4.6
Endocrine/Nervous (60000-64999)	690	12.0	26,532	7.9
Eye (65091-68899)	34	0.6	12,738	3.8
Ear (69000-69979)	17	0.3	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		5,544	100.0	100.0
4523	COLONOSCOPY	484	8.7	7.08
4542	ENDO POLYPECTOMY LG INTESTINE	429	7.7	4.79
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	350	6.3	5.51
3726	CARD ELECTROPHYSIO STIMUL-RECORD	246	4.4	0.60
0392	INJ OTH AGENT SPINAL CANAL	241	4.3	2.30
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	231	4.2	0.59
0391	INJ ANES SPINAL CANAL-ANALGESIA	228	4.1	1.85
3727	CARD MAPPING	228	4.1	0.56
5123	LAP CHOLEY	154	2.8	2.02
4513	OTH ENDO SM INTESTINE	151	2.7	1.48
4525	CLO [ENDO] BX LG INTESTINE	104	1.9	2.37
4292	DILAT ESOPH	102	1.8	1.38
3722	LT HEART CARD CATH	96	1.7	0.90
8511	CLO [PERCUT] [NEEDLE] BX BREAST	62	1.1	0.47
4836	[ENDO] POLYPECTOMY RECTUM	57	1.0	1.34
8519	OTH DX PROC BREAST	56	1.0	0.23
6902	D&C FOLLOWING DELIV/AB	42	0.8	0.13
0393	INSRT/REPLCMT SPINAL NEUROSTIM	39	0.7	0.10
3772	INIT INSRT TRANSVEN LEAD ATRIA-VENT	39	0.7	0.14
3783	INIT INSRT DUAL-CHAMBR DEVICE	39	0.7	0.14

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,729	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	469	8.2	6.69
45380	COLONOSCOPY FLEX; W/BX 1/MX	442	7.7	6.63
43239	UGI ENDO; W/BX 1/MX	351	6.1	6.02
93620	COMP EP EVAL;RT ATRIAL VENT HIS	242	4.2	0.33
93623	PROGRAM STIM & PACE AFTER IV DRU	238	4.2	0.23
93621	COMP EP EVAL;LT ATRIAL COR SINUS	231	4.0	0.27
93651	INTRACARD CATH ABLAT ARRHY; TX T	215	3.8	0.33
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	208	3.6	2.16
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	197	3.4	0.93
93613	INTRACARD EP 3-D MAPPING	193	3.4	0.22
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	127	2.2	1.18
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	106	1.9	0.41
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	100	1.7	1.13
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	99	1.7	0.98
33208	INSRT/REPL PACEMKR; ATRIAL&VENT	42	0.7	0.10
43264	ERCP; REMV CALCULI&PANC DUCT	38	0.7	0.13
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	38	0.7	1.01
63685	INSRT/REPL SP NEUROSTIM GEN/RECV	37	0.6	0.08
57288	SLING OPERATION STRESS INCONTINE	36	0.6	0.44
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	36	0.6	0.53

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	2,480	\$7,654	\$4,864
4523	COLONOSCOPY	427	\$2,478	\$1,265
4542	ENDO POLYPECTOMY LG INTESTINE	363	\$3,490	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	210	\$2,857	\$1,852
5123	LAP CHOLEY	132	\$11,025	\$8,201
4513	OTH ENDO SM INTESTINE	73	\$2,973	\$1,505
4525	CLO [ENDO] BX LG INTESTINE	64	\$2,992	\$1,909
3722	LT HEART CARD CATH	62	\$14,816	\$10,333
6902	D&C FOLLOWING DELIV/AB	40	\$4,607	\$3,869
0393	INSRT/REPLCMT SPINAL NEUROSTIM	38	\$74,804	\$45,375
0611	CLO PERCUT NEEDLE BX THYROID GLAND	36	\$1,423	\$1,323
4701	LAP APPENDECTOMY	31	\$14,543	\$10,495
0331	SPINAL TAP	28	\$3,711	\$2,562
4836	[ENDO] POLYPECTOMY RECTUM	28	\$2,908	\$1,609
064	COMPLT THYROIDECTOMY	26	\$13,708	\$11,859
0395	SPINAL BLD PATCH	21	\$712	\$1,182
283	TONSILLECTOMY W/ADENOIDECTOMY	21	\$5,330	\$3,273
3723	COMBO RT & LT HEART CARD CATH	20	\$16,327	\$10,823
6823	ENDOMETRIAL ABLATION	20	\$9,502	\$6,965
8511	CLO [PERCUT] [NEEDLE] BX BREAST	19	\$6,556	\$2,779
8051	EXC INTERVERTEBRAL DISC	18	\$14,749	\$12,020

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,605	\$5,970	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	416	\$2,479	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	305	\$2,893	\$1,698
43239	UGI ENDO; W/BX 1/MX	209	\$2,843	\$1,799
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	112	\$3,365	\$1,840
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	105	\$11,391	\$8,835
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	90	\$2,085	\$1,825
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	69	\$3,091	\$1,340
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	37	\$1,331	\$1,590
58340	CATH&INTRO SALINE/CONTRAST SIS/H	34	\$1,945	\$1,013
33208	INSRT/REPL PACEMKR; ATRIAL&VENT	33	\$35,336	\$30,748
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	32	\$3,459	\$2,023
51600	INJ PROC-CYSTOGRAPHY	32	\$1,573	\$1,515
44970	LAPAROSCOPY SURGICAL APPENDECTOM	30	\$14,545	\$10,450
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	28	\$3,711	\$2,349
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	27	\$3,282	\$3,589
47562	LAPAROSCOPY SURGICAL; CHOLECT	26	\$9,549	\$7,363
19120	EXC BRST CYST TUMR/LES OPN M/F 1	24	\$7,305	\$4,414
60240	THYROIDECTOMY TOTAL OR COMPLETE	24	\$13,706	\$12,149
93660	EVAL CARDIOVASC FUNCT W/TILT TAB	24	\$1,097	\$917
49650	LAPARSCPY SURG; REPR INIT ING HE	23	\$15,546	\$9,093

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	84	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	9	2,649
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	39	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	55
	013 LEVEL II SKIN REPAIR	20	875
02	BREAST PROCEDURES	33	1,671
	020 LEVEL I BREAST PROCEDURES	33	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	477	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	2,286
	033 LEVEL I HAND PROCEDURES	36	3,806
	034 LEVEL II HAND PROCEDURES	7	1,210
	035 LEVEL I FOOT PROCEDURES	87	6,177
	036 LEVEL II FOOT PROCEDURES	24	1,830
	037 LEVEL I ARTHROSCOPY	119	23,401
	038 LEVEL II ARTHROSCOPY	24	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	34	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	475
	045 BUNION PROCEDURES	27	1,762
	047 LEVEL II ARTHROPLASTY	1	144
	048 HAND AND FOOT TENOTOMY	10	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	28	2,711
04	RESPIRATORY PROCEDURES	52	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	31	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	8	2,429
05	CARDIOVASCULAR PROCEDURES	1,172	11,503
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	522	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	18	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	7	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	50	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	71	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	9	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	476	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	75
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	2	66
	097 AICD IMPLANT	16	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	30	4,562
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	29

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	14	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,290	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	15	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	451	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	130	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	913	45,397
	137 THERAPEUTIC COLONOSCOPY	213	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	111	2,105
	139 LEVEL I HERNIA REPAIR	48	5,686
	140 LEVEL II HERNIA REPAIR	8	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	10	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	15	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	413
	145 LEVEL I LAPAROSCOPY	35	2,342
	146 LEVEL II LAPAROSCOPY	139	7,903
	147 LEVEL III LAPAROSCOPY	181	7,188
	148 LEVEL IV LAPAROSCOPY	3	184
08	GENITOURINARY SYSTEM PROCEDURES	77	12,284
	162 URINARY CATHETERIZATION AND DILATATION	4	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	40	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	20	4,061
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	13	481
09	MALE REPRODUCTIVE SYSTEM	19	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	1,477
	181 CIRCUMCISION	1	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	300
10	FEMALE REPRODUCTIVE SYSTEM	154	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	22	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	36	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	39	2,229
	199 DILATION AND CURETTAGE	14	518
	200 HYSTEROSCOPY	41	2,466
	201 COLPOSCOPY	2	654
11	NEUROLOGIC SYSTEM PROCEDURES	658	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	67	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	36	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	220
	217 LEVEL I NERVE PROCEDURES	34	4,176
	218 LEVEL II NERVE PROCEDURES	31	1,051
	219 SPINAL TAP	28	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	335	11,336



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	2,387
	223 LEVEL III NERVE PROCEDURES	37	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	34	12,660
	233 CATARACT PROCEDURES	19	5,898
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	9	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	199	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	54	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	10	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	27	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	68	3,301
	256 TONSIL AND ADENOID PROCEDURES	40	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

144 Timpanogos Regional Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	54	\$6,066	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	\$6,369	\$4,844
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$6,752	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$4,465	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$5,322	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	\$6,100	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$5,054	\$6,300
	013 LEVEL II SKIN REPAIR	15	\$6,316	\$4,459
02	BREAST PROCEDURES	28	\$7,433	\$4,831
	020 LEVEL I BREAST PROCEDURES	28	\$7,433	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	233	\$8,151	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$10,888	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$8,453	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$21,893	\$10,524
	033 LEVEL I HAND PROCEDURES	15	\$4,009	\$3,410
	034 LEVEL II HAND PROCEDURES	3	\$5,013	\$6,046
	035 LEVEL I FOOT PROCEDURES	36	\$5,330	\$4,184
	036 LEVEL II FOOT PROCEDURES	11	\$11,146	\$8,885
	037 LEVEL I ARTHROSCOPY	60	\$7,204	\$5,096
	038 LEVEL II ARTHROSCOPY	8	\$18,032	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$9,668	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$3,614	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	26	\$11,493	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	\$3,641	\$3,818
	045 BUNION PROCEDURES	17	\$10,585	\$6,420
	047 LEVEL II ARTHROPLASTY	1	\$30,186	\$23,125
	048 HAND AND FOOT TENOTOMY	1	\$8,991	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$1,842	\$1,654
04	RESPIRATORY PROCEDURES	26	\$3,547	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	\$2,795	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$11,859	\$1,165
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	\$4,236	\$3,105
05	CARDIOVASCULAR PROCEDURES	64	\$25,251	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	14	\$9,755	\$6,616
	086 PACEMAKER INSERTION AND REPLACEMENT	38	\$35,190	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$14,844	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	4	\$14,414	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	5	\$9,075	\$10,145
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$9,591	\$8,297
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	21	\$6,500	\$5,118
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	\$5,575	\$5,575
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	14	\$2,356	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$16,324	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,514	\$4,695	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	15	\$2,264	\$2,775

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHRGR	AVE TOT CHRGR(ALL Hospitals )
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$1,114	\$1,167
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,276	\$1,834
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	278	\$2,904	\$1,782
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	52	\$3,625	\$2,558
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	723	\$2,654	\$1,465
137 THERAPEUTIC COLONOSCOPY	115	\$3,376	\$1,880
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	\$5,706	\$6,191
139 LEVEL I HERNIA REPAIR	34	\$8,748	\$5,188
140 LEVEL II HERNIA REPAIR	2	\$7,631	\$6,288
141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$6,645	\$3,586
142 LEVEL II ANAL AND RECTAL PROCEDURES	12	\$8,386	\$4,508
143 LEVEL I GASTROINTESTINAL PROCEDURES	7	\$4,096	\$4,426
145 LEVEL I LAPAROSCOPY	12	\$12,306	\$6,523
146 LEVEL II LAPAROSCOPY	110	\$13,506	\$8,651
147 LEVEL III LAPAROSCOPY	135	\$11,608	\$9,502
148 LEVEL IV LAPAROSCOPY	3	\$16,758	\$16,442
08 GENITOURINARY SYSTEM PROCEDURES	36	\$9,432	\$5,700
162 URINARY CATHETERIZATION AND DILATATION	3	\$9,902	\$5,011
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	17	\$6,049	\$3,113
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	3	\$5,908	\$6,114
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	13	\$14,561	\$15,091
09 MALE REPRODUCTIVE SYSTEM	11	\$15,599	\$5,436
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$5,289	\$3,472
181 CIRCUMCISION	1	\$5,170	\$2,393
184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	\$21,508	\$8,255
10 FEMALE REPRODUCTIVE SYSTEM	78	\$7,691	\$5,677
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	\$4,615	\$4,672
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	\$7,413	\$5,814
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	21	\$10,170	\$8,297
199 DILATION AND CURETTAGE	10	\$4,629	\$3,922
200 HYSTEROSCOPY	24	\$7,996	\$6,149
11 NEUROLOGIC SYSTEM PROCEDURES	238	\$4,344	\$5,293
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	66	\$1,121	\$1,622
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	\$5,966	\$12,644
217 LEVEL I NERVE PROCEDURES	10	\$5,663	\$3,955
218 LEVEL II NERVE PROCEDURES	6	\$14,616	\$22,021
219 SPINAL TAP	28	\$3,711	\$2,281
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	94	\$2,087	\$2,017
221 LAMINOTOMY AND LAMINECTOMY	28	\$13,731	\$12,191
223 LEVEL III NERVE PROCEDURES	2	\$53,589	\$36,029
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	17	\$6,354	\$4,277
233 CATARACT PROCEDURES	17	\$6,354	\$4,092
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	124	\$9,390	\$4,442
252 LEVEL I FACIAL AND ENT PROCEDURES	26	\$4,764	\$2,666
253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$7,712	\$3,767

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

144 Timpanogos Regional Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
254 LEVEL III FACIAL AND ENT PROCEDURES	12	\$14,575	\$8,073
255 LEVEL IV FACIAL AND ENT PROCEDURES	53	\$12,738	\$10,539
256 TONSIL AND ADENOID PROCEDURES	28	\$5,428	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,277	56.5	141,642	53.9
Male	1,755	43.5	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	1	0.0	1,613	0.6
29-365 days	9	0.2	2,902	1.1
1-4 years	33	0.8	11,446	4.4
5-9	37	0.9	7,208	2.7
10-14	33	0.8	5,295	2.0
15-17	53	1.3	5,309	2.0
18-19	64	1.6	3,821	1.5
20-24	217	5.4	10,434	4.0
25-29	216	5.4	12,230	4.7
30-34	249	6.2	14,877	5.7
35-39	225	5.6	14,643	5.6
40-44	281	7.0	14,871	5.7
45-49	289	7.2	17,304	6.6
50-54	558	13.8	30,494	11.6
55-59	396	9.8	26,436	10.1
60-64	355	8.8	24,041	9.1
65-69	328	8.1	20,003	7.6
70-74	255	6.3	15,679	6.0
75-79	202	5.0	11,976	4.6
80-84	146	3.6	7,762	3.0
85-89	65	1.6	3,511	1.3
90 +	20	0.5	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	3,982	98.8	106,152	40.4
Clinic Referral	42	1.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	2	0.0	200	0.1
Skilled Nursing Facility	5	0.1	139	0.1
Other Health Care Facility	1	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,018	99.7	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	4	0.1	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	4	0.1	120	0.0
Under Care of Home Service	5	0.1	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,129	28.0	62,882	23.9
Medicaid	116	2.9	19,964	7.6
Other government	39	1.0	6,019	2.3
Blue Cross/Blue Shield	996	24.7	33,344	12.7
Other Commercial	265	6.6	17,383	6.6
Managed Care(HMO, PPO)	1,380	34.2	114,999	43.7
Self Pay	54	1.3	3,241	1.2
Industrial & Worker Comp	53	1.3	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	0	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	4	0.1	18,464	7.0
Central Utah	206	5.1	9,378	3.6
Davis County	13	0.3	28,404	10.8
Salt Lake County	79	2.0	89,757	34.1
Southeastern Utah	120	3.0	5,550	2.1
Southwest Utah	30	0.7	16,470	6.3
Summit County	1	0.0	4,120	1.6
Tooele County	3	0.1	6,638	2.5
Tri-County	53	1.3	6,537	2.5
Utah County	3,392	84.1	39,778	15.1
Wasatch County	39	1.0	2,138	0.8
Weber County	5	0.1	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	87	2.2	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	3,279	100.0	347,183	100.0
Mastectomy (85.0-85.99)	48	1.5	8,605	2.5
Musculoskeletal (76.0-84.99)	370	11.3	70,411	20.3
Respiratory (30.0-34.99)	12	0.4	3,243	0.9
Cardiovascular (35.0-39.99)	34	1.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	6	0.2	3,288	0.9
Digestive System (42.0-54.99)	1,386	42.3	111,878	32.2
Urinary (55.0-59.99)	9	0.3	12,077	3.5
Male Genital (60.0-64.99)	4	0.1	4,124	1.2
Female Genital (65.0-71.99)	188	5.7	16,165	4.7
Endocrine/Nervous (01.0-07.99)	58	1.8	27,062	7.8
Eye (08.0-16.99)	347	10.6	22,328	6.4
Ear (18.0-20.99)	351	10.7	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	466	14.2	30,939	8.9
Reporting Category(CPT-4 CODES)	2,372	100.0	337,317	100.0
Mastectomy (19120-19220)	46	1.9	1,627	0.5
Musculoskeletal (20000-29909)	385	16.2	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	78	3.3	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	29	1.2	21,776	6.5
Lymphatic/Hemetic (38100-38999)	5	0.2	4,663	1.4
Digestive (40490-49999)	1,278	53.9	129,848	38.5
Urinary (50010-53899)	1	0.0	16,024	4.8
Male Genital (54000-55899)	3	0.1	4,044	1.2
Female Genital (56405-58999)	136	5.7	15,380	4.6
Endocrine/Nervous (60000-64999)	51	2.2	26,532	7.9
Eye (65091-68899)	180	7.6	12,738	3.8
Ear (69000-69979)	180	7.6	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		3,279	100.0	100.0
4523	COLONOSCOPY	426	13.0	7.08
2001	MYRINGOTOMY W/INSRT TUBE	332	10.1	3.17
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	217	6.6	5.51
283	TONSILLECTOMY W/ADENOIDECTOMY	206	6.3	1.93
4542	ENDO POLYPECTOMY LG INTESTINE	189	5.8	4.79
1341	PHACOEMULSIFICATION-ASPIR CATARACT	166	5.1	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	166	5.1	1.60
4513	OTH ENDO SM INTESTINE	157	4.8	1.48
4525	CLO [ENDO] BX LG INTESTINE	72	2.2	2.37
4836	[ENDO] POLYPECTOMY RECTUM	68	2.1	1.34
5123	LAP CHOLEY	58	1.8	2.02
2341	APPLIC CROWN	52	1.6	0.44
0443	RELEASE CARPAL TUNNEL	41	1.3	0.96
232	RESTORATION TOOTH-FILLING	40	1.2	0.49
6902	D&C FOLLOWING DELIV/AB	39	1.2	0.13
2309	EXTRACT OTH TOOTH	37	1.1	0.17
8521	LOC EXC LES BREAST	35	1.1	0.61
4292	DILAT ESOPH	33	1.0	1.38
806	EXC SEMILUNAR CARTILAGE-KNEE	32	1.0	1.57
286	ADENOIDECTOMY WO TONSILLECTOMY	27	0.8	0.34

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,372	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	210	8.9	6.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	173	7.3	6.69
69436	TYMPANOSTOMY GENERAL ANESTHESIA	167	7.0	1.71
66984	EXTRACAPSULAR CATARACT REMV IOL	161	6.8	1.63
45380	COLONOSCOPY FLEX; W/BX 1/MX	147	6.2	6.63
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	131	5.5	1.13
45384	COLONOSCOPY FLEX; REMV LES-FORCE	122	5.1	0.22
42820	T&A; UNDER AGE 12	118	5.0	1.56
42821	T&A; AGE 12 OR OVER	60	2.5	0.42
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	58	2.4	2.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	51	2.2	0.91
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	40	1.7	0.58
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	37	1.6	0.53
43248	UGI ENDO; W/INSRT GUIDE WIRE	33	1.4	0.11
19120	EXC BRST CYST TUMR/LES OPN M/F 1	30	1.3	0.31
29881	SCOPE KNEE SURG;W/MENISCECT MED/	30	1.3	1.47
23130	ACROMPLSTY/ACROMNECT PART W/WO R	22	0.9	0.02
26055	TENDON SHEATH INCISION	21	0.9	0.41
30140	SUBMUCOS RES TURBINATE PART/CMPL	20	0.8	0.74
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	19	0.8	0.56

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	1,494	\$3,719	\$4,864
4523	COLONOSCOPY	311	\$1,642	\$1,265
283	TONSILLECTOMY W/ADENOIDECTOMY	155	\$3,876	\$3,273
4542	ENDO POLYPECTOMY LG INTESTINE	119	\$1,949	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	75	\$2,029	\$1,852
4513	OTH ENDO SM INTESTINE	65	\$1,760	\$1,505
5123	LAP CHOLEY	56	\$7,873	\$8,201
6902	D&C FOLLOWING DELIV/AB	39	\$4,086	\$3,869
4525	CLO [ENDO] BX LG INTESTINE	34	\$2,058	\$1,909
0443	RELEASE CARPAL TUNNEL	31	\$2,216	\$2,934
8521	LOC EXC LES BREAST	25	\$4,977	\$4,424
806	EXC SEMILUNAR CARTILAGE-KNEE	22	\$4,310	\$5,149
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	21	\$6,956	\$10,862
4836	[ENDO] POLYPECTOMY RECTUM	18	\$1,946	\$1,609
4543	ENDO DEST OTH LES/TISS LG INTEST	16	\$1,836	\$2,065
4701	LAP APPENDECTOMY	16	\$11,005	\$10,495
5304	UNILAT REPR INDIRECT ING HERN-GFT	16	\$6,740	\$5,647
5421	LAPAROSCOPY	16	\$5,976	\$5,776
6823	ENDOMETRIAL ABLATION	15	\$5,389	\$6,965
8183	OTH REPR SHLDR	15	\$5,773	\$8,998
6732	DESTRUC LES CERV-CAUT	14	\$3,052	\$3,499

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	1,601	\$3,934	\$4,353
66984	EXTRACAPSULAR CATARACT REMV IOL	160	\$4,451	\$4,069
69436	TYMPANOSTOMY GENERAL ANESTHESIA	147	\$3,364	\$1,779
42820	T&A; UNDER AGE 12	99	\$3,819	\$3,185
45378	COLONOSCOPY FLEX; DX-SEP PROC	99	\$1,691	\$1,275
43239	UGI ENDO; W/BX 1/MX	95	\$2,340	\$1,799
45380	COLONOSCOPY FLEX; W/BX 1/MX	94	\$2,164	\$1,698
45384	COLONOSCOPY FLEX; REMV LES-FORCE	87	\$1,892	\$2,087
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	73	\$1,870	\$1,340
42821	T&A; AGE 12 OR OVER	56	\$3,977	\$3,658
47562	LAPAROSCOPY SURGICAL; CHOLECT	49	\$7,706	\$7,363
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	34	\$1,927	\$1,840
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	32	\$2,237	\$3,049
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	27	\$7,186	\$7,128
43248	UGI ENDO; W/INSRT GUIDE WIRE	23	\$1,880	\$1,638
29881	SCOPE KNEE SURG;W/MENISCECT MED/	22	\$4,310	\$4,987
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	\$6,721	\$5,632
19120	EXC BRST CYST TUMR/LES OPN M/F 1	17	\$4,301	\$4,414
20680	REMOVAL OF IMPLANT; DEEP	16	\$3,331	\$4,387
44970	LAPAROSCOPY SURGICAL APPENDECTOM	16	\$11,005	\$10,450
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	16	\$5,976	\$5,940

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	38	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	94
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	4,645
	012 LEVEL I SKIN REPAIR	2	23
	013 LEVEL II SKIN REPAIR	3	875
02	BREAST PROCEDURES	46	1,671
	020 LEVEL I BREAST PROCEDURES	46	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	346	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	2,286
	033 LEVEL I HAND PROCEDURES	37	3,806
	034 LEVEL II HAND PROCEDURES	7	1,210
	035 LEVEL I FOOT PROCEDURES	46	6,177
	036 LEVEL II FOOT PROCEDURES	2	1,830
	037 LEVEL I ARTHROSCOPY	45	23,401
	038 LEVEL II ARTHROSCOPY	19	5,474
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	71	5,701
	045 BUNION PROCEDURES	11	1,762
	046 LEVEL I ARTHROPLASTY	2	650
	047 LEVEL II ARTHROPLASTY	1	144
	048 HAND AND FOOT TENOTOMY	2	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,711
04	RESPIRATORY PROCEDURES	30	12,953
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	18	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	3	2,429
05	CARDIOVASCULAR PROCEDURES	19	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	7	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	1,890
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	1,246
	092 RESUSCITATION	1	19
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,127	118,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	342	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	40	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	323	45,397

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
137 THERAPEUTIC COLONOSCOPY	197	9,233
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	7	2,105
139 LEVEL I HERNIA REPAIR	37	5,686
140 LEVEL II HERNIA REPAIR	4	1,214
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,074
144 LEVEL II GASTROINTESTINAL PROCEDURES	5	119
145 LEVEL I LAPAROSCOPY	42	2,342
146 LEVEL II LAPAROSCOPY	79	7,903
147 LEVEL III LAPAROSCOPY	44	7,188
08 GENITOURINARY SYSTEM PROCEDURES	1	12,284
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	4,061
09 MALE REPRODUCTIVE SYSTEM	3	4,273
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,477
181 CIRCUMCISION	2	967
10 FEMALE REPRODUCTIVE SYSTEM	75	9,203
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	20	1,485
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	12	1,849
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	14	2,229
199 DILATION AND CURETTAGE	6	518
200 HYSTEROSCOPY	23	2,466
11 NEUROLOGIC SYSTEM PROCEDURES	51	25,428
217 LEVEL I NERVE PROCEDURES	50	4,176
218 LEVEL II NERVE PROCEDURES	1	1,051
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	180	12,660
233 CATARACT PROCEDURES	167	5,898
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	236
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	237
239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	1,027
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	942
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	444	31,882
252 LEVEL I FACIAL AND ENT PROCEDURES	204	13,372
253 LEVEL II FACIAL AND ENT PROCEDURES	16	1,514
254 LEVEL III FACIAL AND ENT PROCEDURES	22	3,880
255 LEVEL IV FACIAL AND ENT PROCEDURES	9	3,301
256 TONSIL AND ADENOID PROCEDURES	193	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	28	\$3,280	\$4,301
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$3,732	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$4,518	\$5,133
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,743	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$4,497	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	18	\$3,276	\$4,207
	012 LEVEL I SKIN REPAIR	1	\$3,696	\$5,040
	013 LEVEL II SKIN REPAIR	3	\$1,229	\$4,459
02	BREAST PROCEDURES	20	\$4,501	\$4,831
	020 LEVEL I BREAST PROCEDURES	20	\$4,501	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	212	\$5,648	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$4,086	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$4,880	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$7,872	\$10,524
	033 LEVEL I HAND PROCEDURES	21	\$2,394	\$3,410
	034 LEVEL II HAND PROCEDURES	4	\$3,536	\$6,046
	035 LEVEL I FOOT PROCEDURES	21	\$3,957	\$4,184
	036 LEVEL II FOOT PROCEDURES	2	\$10,518	\$8,885
	037 LEVEL I ARTHROSCOPY	33	\$4,291	\$5,096
	038 LEVEL II ARTHROSCOPY	10	\$8,409	\$13,106
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$8,191	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	58	\$6,733	\$9,329
	045 BUNION PROCEDURES	7	\$8,137	\$6,420
	046 LEVEL I ARTHROPLASTY	2	\$6,511	\$9,598
	047 LEVEL II ARTHROPLASTY	1	\$17,377	\$23,125
04	RESPIRATORY PROCEDURES	5	\$4,786	\$2,438
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$4,325	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$6,633	\$5,392
05	CARDIOVASCULAR PROCEDURES	13	\$4,645	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	\$4,711	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	7	\$4,588	\$37,492
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$16,188	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	\$23,843	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$8,534	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	707	\$3,370	\$3,066
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$1,052	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,516	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	168	\$2,135	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	26	\$1,914	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	196	\$1,923	\$1,465
	137 THERAPEUTIC COLONOSCOPY	128	\$1,897	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$1,994	\$6,191
	139 LEVEL I HERNIA REPAIR	35	\$6,455	\$5,188
	140 LEVEL II HERNIA REPAIR	3	\$8,285	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$2,080	\$3,586

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$5,280	\$4,508
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	\$6,619	\$8,862
	145 LEVEL I LAPAROSCOPY	29	\$6,219	\$6,523
	146 LEVEL II LAPAROSCOPY	72	\$8,482	\$8,651
	147 LEVEL III LAPAROSCOPY	34	\$7,568	\$9,502
09	MALE REPRODUCTIVE SYSTEM	3	\$2,908	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$5,130	\$3,472
	181 CIRCUMCISION	2	\$1,797	\$2,393
10	FEMALE REPRODUCTIVE SYSTEM	51	\$4,861	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	17	\$3,131	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	\$4,928	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	12	\$7,929	\$8,297
	199 DILATION AND CURETTAGE	4	\$2,979	\$3,922
	200 HYSTEROSCOPY	13	\$4,845	\$6,149
11	NEUROLOGIC SYSTEM PROCEDURES	34	\$2,332	\$5,293
	217 LEVEL I NERVE PROCEDURES	34	\$2,332	\$3,955
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	178	\$4,323	\$4,277
	233 CATARACT PROCEDURES	166	\$4,425	\$4,092
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,300	\$9,262
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$4,223	\$2,904
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$2,249	\$2,864
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	344	\$3,703	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	163	\$3,305	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$3,539	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$4,792	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	8	\$7,383	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	161	\$3,912	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,285	55.7	141,642	53.9
Male	1,023	44.3	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	3	0.1	1,613	0.6
29-365 days	30	1.3	2,902	1.1
1-4 years	177	7.7	11,446	4.4
5-9	129	5.6	7,208	2.7
10-14	58	2.5	5,295	2.0
15-17	48	2.1	5,309	2.0
18-19	26	1.1	3,821	1.5
20-24	104	4.5	10,434	4.0
25-29	125	5.4	12,230	4.7
30-34	147	6.4	14,877	5.7
35-39	89	3.9	14,643	5.6
40-44	105	4.5	14,871	5.7
45-49	116	5.0	17,304	6.6
50-54	247	10.7	30,494	11.6
55-59	213	9.2	26,436	10.1
60-64	172	7.5	24,041	9.1
65-69	198	8.6	20,003	7.6
70-74	139	6.0	15,679	6.0
75-79	90	3.9	11,976	4.6
80-84	64	2.8	7,762	3.0
85-89	18	0.8	3,511	1.3
90 +	10	0.4	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,307	100.0	106,152	40.4
Clinic Referral	0	0.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	1	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,298	99.6	262,109	99.7
Another Hospital	7	0.3	126	0.0
Skilled Nursing Facility	2	0.1	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	1	0.0	120	0.0
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	533	23.1	62,882	23.9
Medicaid	268	11.6	19,964	7.6
Other government	30	1.3	6,019	2.3
Blue Cross/Blue Shield	380	16.5	33,344	12.7
Other Commercial	241	10.4	17,383	6.6
Managed Care(HMO, PPO)	733	31.8	114,999	43.7
Self Pay	80	3.5	3,241	1.2
Industrial & Worker Comp	31	1.3	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	12	0.5	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.0	18,464	7.0
Central Utah	2	0.1	9,378	3.6
Davis County	1	0.0	28,404	10.8
Salt Lake County	2	0.1	89,757	34.1
Southeastern Utah	4	0.2	5,550	2.1
Southwest Utah	0	0.0	16,470	6.3
Summit County	1	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	2,264	98.1	6,537	2.5
Utah County	3	0.1	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	0	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	30	1.3	13,675	5.2
Unknown, Not Reported	0	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	1,526	100.0	347,183	100.0
Mastectomy (85.0-85.99)	30	2.0	8,605	2.5
Musculoskeletal (76.0-84.99)	231	15.1	70,411	20.3
Respiratory (30.0-34.99)	39	2.6	3,243	0.9
Cardiovascular (35.0-39.99)	96	6.3	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	25	1.6	3,288	0.9
Digestive System (42.0-54.99)	245	16.1	111,878	32.2
Urinary (55.0-59.99)	204	13.4	12,077	3.5
Male Genital (60.0-64.99)	49	3.2	4,124	1.2
Female Genital (65.0-71.99)	190	12.5	16,165	4.7
Endocrine/Nervous (01.0-07.99)	95	6.2	27,062	7.8
Eye (08.0-16.99)	8	0.5	22,328	6.4
Ear (18.0-20.99)	109	7.1	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	205	13.4	30,939	8.9
Reporting Category(CPT-4 CODES)	21,487	100.0	337,317	100.0
Mastectomy (19120-19220)	21	0.1	1,627	0.5
Musculoskeletal (20000-29909)	1,197	5.6	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	2,317	10.8	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	3,863	18.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	90	0.4	4,663	1.4
Digestive (40490-49999)	5,816	27.1	129,848	38.5
Urinary (50010-53899)	3,891	18.1	16,024	4.8
Male Genital (54000-55899)	568	2.6	4,044	1.2
Female Genital (56405-58999)	1,816	8.5	15,380	4.6
Endocrine/Nervous (60000-64999)	1,340	6.2	26,532	7.9
Eye (65091-68899)	64	0.3	12,738	3.8
Ear (69000-69979)	504	2.3	8,359	2.5

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		1,526	100.0	100.0
5123	LAP CHOLEY	58	3.8	2.02
5732	OTH CYSTOSCOPY	43	2.8	0.36
598	URETERAL CATH	35	2.3	0.77
8051	EXC INTERVERTEBRAL DISC	34	2.2	0.48
560	TRANSURETH REMOV OBST URETER-PELV	30	2.0	0.53
2263	ETHMOIDECTOMY	29	1.9	0.56
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	29	1.9	0.14
0481	INJ ANES PERIPH NERV-ANALGESIA	27	1.8	0.33
194	MYRINGOPLASTY	25	1.6	0.22
2219	OTH DX PROC NASAL SINUSES	24	1.6	0.06
5979	OTH REPR URIN STRESS INCONT	24	1.6	0.26
5304	UNILAT REPR INDIRECT ING HERN-GFT	22	1.4	0.31
2049	OTH MASTOIDECTOMY	21	1.4	0.04
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	21	1.4	0.29
6909	OTH D&C UTERUS	20	1.3	0.41
6812	HYSTEROSCOPY	19	1.2	0.12
222	INTRANASAL ANTROTOMY	18	1.2	0.37
6829	OTH EXC/DESTRUC LES UTERUS	17	1.1	0.18
1953	TYPE III TYMPANOPLASTY	16	1.0	0.03
5631	URETEROSCOPY	16	1.0	0.13

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		21,487	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	914	4.3	6.63
43239	UGI ENDO; W/BX 1/MX	892	4.2	6.02
52000	CYSTOURETHROSCOPY-SEP PROC	807	3.8	0.48
51741	COMPLEX UROFLOWMETRY	766	3.6	0.23
51798	MSR PVR U&/BLADD CAPACTY US NON-	679	3.2	0.20
45378	COLONOSCOPY FLEX; DX-SEP PROC	519	2.4	6.69
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	501	2.3	0.22
31579	LARYNGSCPY FLEX/RIGID W/STROBOSC	439	2.0	0.13
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	309	1.4	0.10
93651	INTRACARD CATH ABLAT ARRHY; TX T	300	1.4	0.33
93613	INTRACARD EP 3-D MAPPING	299	1.4	0.22
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	279	1.3	0.10
93620	COMP EP EVAL;RT ATRIAL VENT HIS	274	1.3	0.33
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	273	1.3	1.13
49080	PERITONEOCENTESIS; INIT	246	1.1	0.22
93621	COMP EP EVAL;LT ATRIAL COR SINUS	243	1.1	0.27
51797	VOID PRSS STDY; INTRA-ABD VOID P	233	1.1	0.07
51728	51728	231	1.1	0.07
51784	EMG ANAL/URETH SPHINCTER-NOT NEE	231	1.1	0.07
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	229	1.1	0.28

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	693	\$10,210	\$4,864
5123	LAP CHOLEY	52	\$8,057	\$8,201
8051	EXC INTERVERTEBRAL DISC	31	\$9,978	\$12,020
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	28	\$6,560	\$8,076
5304	UNILAT REPR INDIRECT ING HERN-GFT	22	\$6,484	\$5,647
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	16	\$10,511	\$17,603
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	14	\$47,082	\$30,902
5303	UNILAT REPR DIRECT ING HERN-GFT	14	\$5,801	\$5,834
194	MYRINGOPLASTY	13	\$7,287	\$4,557
282	TONSILLECTOMY WO ADENOIDECTOMY	13	\$3,662	\$3,403
7869	REMOV IMPLNT DEVICE-OTH BONE	11	\$4,721	\$4,978
8321	BX SOFT TISS	11	\$4,114	\$4,351
4701	LAP APPENDECTOMY	10	\$10,979	\$10,495
2096	IMPLNT/REPLCMT COCH PROSTH-NOS	9	\$78,351	\$58,190
5979	OTH REPR URIN STRESS INCONT	9	\$8,469	\$8,551
7865	REMOV IMPLNT DEVICE-FEM	9	\$5,316	\$5,048
1919	OTH STAPEDECTOMY	8	\$6,603	\$9,431
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	8	\$7,720	\$7,068
5305	UNILAT REPR ING HERN-GFT-NOS	7	\$7,870	\$6,294
5362	5362	7	\$12,747	\$14,157
4945	LIG HEMORRHOIDS	6	\$6,707	\$5,322

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	11,280	\$4,326	\$4,353
45380	COLONOSCOPY FLEX; W/BX 1/MX	746	\$1,667	\$1,698
43239	UGI ENDO; W/BX 1/MX	614	\$1,456	\$1,799
45378	COLONOSCOPY FLEX; DX-SEP PROC	481	\$1,162	\$1,275
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	474	\$333	\$383
52000	CYSTOURETHROSCOPY-SEP PROC	465	\$793	\$1,090
31579	LARYNGSCPY FLEX/RIGID W/STROBOSC	436	\$1,003	\$1,002
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	288	\$389	\$399
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	277	\$196	\$231
49080	PERITONEOCENTESIS; INIT	243	\$1,316	\$1,546
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	236	\$1,570	\$1,340
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	228	\$1,694	\$2,818
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	220	\$551	\$566
93660	EVAL CARDIOVASC FUNCT W/TILT TAB	200	\$703	\$917
54150	CIRC USING CLAMP/OTH DEVICE; NB	188	\$183	\$503
36561	INSRT TUNNLS CNTRL CVAD PORT; 5 Y	184	\$5,128	\$7,076
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	126	\$2,917	\$3,715
52310	CYSTOURETHROSCOPY-SEP PROC; SIMP	122	\$1,230	\$1,929
58340	CATH&INTRO SALINE/CONTRAST SIS/H	122	\$487	\$1,013
49505	REPR INIT ING HERNIA 5YR/MORE; R	109	\$5,841	\$5,632
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	107	\$753	\$1,248

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	172	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	14	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	130	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	37	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	224	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	202	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	55
	012 LEVEL I SKIN REPAIR	7	23
	013 LEVEL II SKIN REPAIR	120	875
	014 LEVEL III SKIN REPAIR	27	247
02	BREAST PROCEDURES	22	1,671
	020 LEVEL I BREAST PROCEDURES	21	1,627
	021 LEVEL II BREAST PROCEDURES	1	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	659	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	63	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	81	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	2,286
	033 LEVEL I HAND PROCEDURES	45	3,806
	034 LEVEL II HAND PROCEDURES	17	1,210
	035 LEVEL I FOOT PROCEDURES	48	6,177
	036 LEVEL II FOOT PROCEDURES	34	1,830
	037 LEVEL I ARTHROSCOPY	69	23,401
	038 LEVEL II ARTHROSCOPY	24	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	20	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	31	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	133	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	475
	045 BUNION PROCEDURES	10	1,762
	046 LEVEL I ARTHROPLASTY	19	650
	047 LEVEL II ARTHROPLASTY	5	144
	048 HAND AND FOOT TENOTOMY	8	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	2,711
04	RESPIRATORY PROCEDURES	2,513	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	669	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1,202	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	399	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	243	2,429
05	CARDIOVASCULAR PROCEDURES	2,460	11,503
	081 ECHOCARDIOGRAPHY	48	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	557	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	268	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	271	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	76	445

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

125 UHC University Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	205	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	90	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	738	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	32	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	25	143
	092 RESUSCITATION	2	19
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	60	66
	097 AICD IMPLANT	88	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	223	4,562
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	27	235
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	144	2,545
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	6	33
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	46	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,794	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	134	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	16	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	47	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	44	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,214	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	460	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,477	45,397
	137 THERAPEUTIC COLONOSCOPY	273	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	46	2,105
	139 LEVEL I HERNIA REPAIR	205	5,686
	140 LEVEL II HERNIA REPAIR	49	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	68	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	54	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	50	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	13	119
	145 LEVEL I LAPAROSCOPY	94	2,342
	146 LEVEL II LAPAROSCOPY	345	7,903
	147 LEVEL III LAPAROSCOPY	201	7,188
	148 LEVEL IV LAPAROSCOPY	4	184
08	GENITOURINARY SYSTEM PROCEDURES	2,075	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	25	880
	161 URINARY STUDIES AND PROCEDURES	468	470
	162 URINARY CATHETERIZATION AND DILATATION	33	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1,189	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	271	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	26	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	58	481
09	MALE REPRODUCTIVE SYSTEM	529	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	168	1,477
	181 CIRCUMCISION	203	967
	182 INSERTION OF PENILE PROSTHESIS	24	75

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

125 UHC University Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	56	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	78	300
10	FEMALE REPRODUCTIVE SYSTEM	1,076	9,203
	190 ARTIFICIAL FERTILIZATION	1	1
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	102	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	202	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	178	2,229
	199 DILATION AND CURETTAGE	31	518
	200 HYSTEROSCOPY	140	2,466
	201 COLPOSCOPY	422	654
11	NEUROLOGIC SYSTEM PROCEDURES	1,352	25,428
	213 NERVE AND MUSCLE TESTS	231	231
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	25	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	70	220
	217 LEVEL I NERVE PROCEDURES	79	4,176
	218 LEVEL II NERVE PROCEDURES	64	1,051
	219 SPINAL TAP	3	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	594	11,336
	221 LAMINOTOMY AND LAMINECTOMY	130	2,387
	223 LEVEL III NERVE PROCEDURES	153	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	63	12,660
	232 LASER EYE PROCEDURES	1	549
	233 CATARACT PROCEDURES	4	5,898
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	4	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	6	1,752
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	28	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	18	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,024	31,882
	250 COCHLEAR DEVICE IMPLANTATION	58	114
	252 LEVEL I FACIAL AND ENT PROCEDURES	260	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	52	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	269	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	315	3,301
	256 TONSIL AND ADENOID PROCEDURES	70	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHRG	AVE TOT CHRG(ALL Hospitals )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	766	\$2,291	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	145	\$2,674	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	13	\$4,034	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,954	\$5,133
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	119	\$262	\$631
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	26	\$2,265	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	191	\$1,401	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	153	\$3,549	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$5,130	\$6,300
	012 LEVEL I SKIN REPAIR	3	\$6,950	\$5,040
	013 LEVEL II SKIN REPAIR	102	\$2,906	\$4,459
	014 LEVEL III SKIN REPAIR	11	\$7,610	\$7,376
02	BREAST PROCEDURES	18	\$3,932	\$4,831
	020 LEVEL I BREAST PROCEDURES	18	\$3,932	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	226	\$7,506	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$4,775	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$6,655	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$8,851	\$10,524
	033 LEVEL I HAND PROCEDURES	17	\$5,280	\$3,410
	034 LEVEL II HAND PROCEDURES	5	\$7,283	\$6,046
	035 LEVEL I FOOT PROCEDURES	6	\$5,107	\$4,184
	036 LEVEL II FOOT PROCEDURES	7	\$4,564	\$8,885
	037 LEVEL I ARTHROSCOPY	21	\$6,914	\$5,096
	038 LEVEL II ARTHROSCOPY	3	\$12,981	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	16	\$2,383	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	24	\$2,457	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	69	\$11,957	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$6,142	\$3,818
	046 LEVEL I ARTHROPLASTY	2	\$7,953	\$9,598
	047 LEVEL II ARTHROPLASTY	4	\$19,986	\$23,125
	048 HAND AND FOOT TENOTOMY	1	\$1,445	\$2,534
04	RESPIRATORY PROCEDURES	1,796	\$1,655	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	657	\$2,461	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1,014	\$858	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	44	\$6,215	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	81	\$2,625	\$3,105
05	CARDIOVASCULAR PROCEDURES	612	\$10,890	\$18,123
	081 ECHOCARDIOGRAPHY	38	\$19,417	\$20,742
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$4,490	\$9,966
	083 PLACEMENT OF TRANSVENOUS CATHETERS	245	\$5,250	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	87	\$23,534	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	49	\$20,064	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	\$3,384	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	57	\$10,039	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	115	\$7,494	\$10,145

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$7,411	\$8,297
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	\$12,668	\$8,315
	097 AICD IMPLANT	1	\$56,764	\$49,564
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	162	\$3,366	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	134	\$3,004	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	28	\$5,102	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,442	\$3,234	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	115	\$1,802	\$2,775
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	38	\$1,538	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	29	\$1,250	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	882	\$1,538	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	174	\$2,482	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,238	\$1,466	\$1,465
	137 THERAPEUTIC COLONOSCOPY	93	\$2,649	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	17	\$5,179	\$6,191
	139 LEVEL I HERNIA REPAIR	169	\$5,586	\$5,188
	140 LEVEL II HERNIA REPAIR	31	\$6,919	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	47	\$3,959	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	40	\$5,108	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	32	\$2,487	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	12	\$12,098	\$8,862
	145 LEVEL I LAPAROSCOPY	58	\$6,906	\$6,523
	146 LEVEL II LAPAROSCOPY	301	\$9,925	\$8,651
	147 LEVEL III LAPAROSCOPY	164	\$10,336	\$9,502
	148 LEVEL IV LAPAROSCOPY	2	\$16,954	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	843	\$3,369	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	18	\$9,999	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	19	\$4,361	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	674	\$1,354	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	76	\$6,636	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	11	\$24,755	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	\$11,749	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	41	\$20,513	\$15,091
09	MALE REPRODUCTIVE SYSTEM	457	\$2,846	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	133	\$1,819	\$3,472
	181 CIRCUMCISION	196	\$354	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	17	\$32,026	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	37	\$8,892	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	74	\$1,568	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	657	\$2,649	\$5,677
	190 ARTIFICIAL FERTILIZATION	1	\$2,421	\$2,421
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	51	\$2,762	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	49	\$5,924	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	60	\$9,265	\$8,297
	199 DILATION AND CURETTAGE	17	\$3,974	\$3,922

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	81	\$5,177	\$6,149
	201 COLPOSCOPY	398	\$664	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	421	\$20,281	\$5,293
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	11	\$15,093	\$12,644
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	41	\$17,716	\$16,600
	217 LEVEL I NERVE PROCEDURES	42	\$9,924	\$3,955
	218 LEVEL II NERVE PROCEDURES	47	\$34,558	\$22,021
	219 SPINAL TAP	1	\$5,896	\$2,281
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	82	\$2,029	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	96	\$10,593	\$12,191
	223 LEVEL III NERVE PROCEDURES	101	\$43,717	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	41	\$3,613	\$4,277
	232 LASER EYE PROCEDURES	1	\$726	\$825
	233 CATARACT PROCEDURES	4	\$4,826	\$4,092
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	\$10,462	\$9,262
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	3	\$7,257	\$7,259
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	24	\$926	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$8,786	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	532	\$14,105	\$4,442
	250 COCHLEAR DEVICE IMPLANTATION	57	\$73,133	\$61,157
	252 LEVEL I FACIAL AND ENT PROCEDURES	137	\$3,766	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	28	\$3,314	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	73	\$7,776	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	174	\$10,974	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	63	\$3,954	\$3,305

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



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

125 UHC University Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	7,704	50.6	141,642	53.9
Male	7,517	49.4	121,333	46.1
Unknown	1	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	144	0.9	1,613	0.6
29-365 days	82	0.5	2,902	1.1
1-4 years	41	0.3	11,446	4.4
5-9	72	0.5	7,208	2.7
10-14	95	0.6	5,295	2.0
15-17	136	0.9	5,309	2.0
18-19	208	1.4	3,821	1.5
20-24	755	5.0	10,434	4.0
25-29	1,001	6.6	12,230	4.7
30-34	1,074	7.1	14,877	5.7
35-39	1,063	7.0	14,643	5.6
40-44	1,102	7.2	14,871	5.7
45-49	1,207	7.9	17,304	6.6
50-54	1,636	10.7	30,494	11.6
55-59	1,696	11.1	26,436	10.1
60-64	1,482	9.7	24,041	9.1
65-69	1,259	8.3	20,003	7.6
70-74	888	5.8	15,679	6.0
75-79	624	4.1	11,976	4.6
80-84	429	2.8	7,762	3.0
85-89	177	1.2	3,511	1.3
90 +	51	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	5,121	33.6	106,152	40.4
Clinic Referral	9,587	63.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	13	0.1	200	0.1
Skilled Nursing Facility	1	0.0	139	0.1
Other Health Care Facility	2	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	5	0.0	17	0.0
Unknown	493	3.2	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

125 UHC University Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	15,122	99.3	262,109	99.7
Another Hospital	4	0.0	126	0.0
Skilled Nursing Facility	26	0.2	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	7	0.0	120	0.0
Under Care of Home Service	39	0.3	303	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	4	0.0	16	0.0
Unknown	10	0.1	50	0.0
Not Reported	9	0.1	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	4,195	27.6	62,882	23.9
Medicaid	1,504	9.9	19,964	7.6
Other government	498	3.3	6,019	2.3
Blue Cross/Blue Shield	3,877	25.5	33,344	12.7
Other Commercial	1,159	7.6	17,383	6.6
Managed Care(HMO, PPO)	3,418	22.5	114,999	43.7
Self Pay	384	2.5	3,241	1.2
Industrial & Worker Comp	125	0.8	3,157	1.2
Charity and Unclassified	0	0.0	775	0.3
Childrens Health Insurance	35	0.2	172	0.1
Unknown	14	0.1	963	0.4
Not Reported	13	0.1	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	266	1.7	18,464	7.0
Central Utah	119	0.8	9,378	3.6
Davis County	1,386	9.1	28,404	10.8
Salt Lake County	8,441	55.5	89,757	34.1
Southeastern Utah	221	1.5	5,550	2.1
Southwest Utah	179	1.2	16,470	6.3
Summit County	357	2.3	4,120	1.6
Tooele County	451	3.0	6,638	2.5
Tri-County	236	1.6	6,537	2.5
Utah County	788	5.2	39,778	15.1
Wasatch County	88	0.6	2,138	0.8
Weber County	455	3.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	2,220	14.6	13,675	5.2
Unknown, Not Reported	15	0.1	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	492	100.0	347,183	100.0
Mastectomy (85.0-85.99)	108	22.0	8,605	2.5
Musculoskeletal (76.0-84.99)	34	6.9	70,411	20.3
Respiratory (30.0-34.99)	14	2.8	3,243	0.9
Cardiovascular (35.0-39.99)	1	0.2	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	99	20.1	3,288	0.9
Digestive System (42.0-54.99)	33	6.7	111,878	32.2
Urinary (55.0-59.99)	73	14.8	12,077	3.5
Male Genital (60.0-64.99)	3	0.6	4,124	1.2
Female Genital (65.0-71.99)	44	8.9	16,165	4.7
Endocrine/Nervous (01.0-07.99)	48	9.8	27,062	7.8
Eye (08.0-16.99)	2	0.4	22,328	6.4
Ear (18.0-20.99)	2	0.4	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	31	6.3	30,939	8.9
Reporting Category(CPT-4 CODES)	9,875	100.0	337,317	100.0
Mastectomy (19120-19220)	71	0.7	1,627	0.5
Musculoskeletal (20000-29909)	236	2.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	761	7.7	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	2,430	24.6	21,776	6.5
Lymphatic/Hemetic (38100-38999)	1,738	17.6	4,663	1.4
Digestive (40490-49999)	2,999	30.4	129,848	38.5
Urinary (50010-53899)	857	8.7	16,024	4.8
Male Genital (54000-55899)	221	2.2	4,044	1.2
Female Genital (56405-58999)	303	3.1	15,380	4.6
Endocrine/Nervous (60000-64999)	216	2.2	26,532	7.9
Eye (65091-68899)	14	0.1	12,738	3.8
Ear (69000-69979)	29	0.3	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		492	100.0	100.0
4023	EXC AX LYMPH NODE	28	5.7	0.23
4019	OTH DX PROC LYMPHATIC STRUCT	26	5.3	0.13
5749	OTH TRANSURETH EXC/DEST LES BLADDER	22	4.5	0.24
5732	OTH CYSTOSCOPY	21	4.3	0.36
8521	LOC EXC LES BREAST	18	3.7	0.61
062	UNILAT THYROID LOBEC	12	2.4	0.15
850	MASTOTOMYS	12	2.4	0.07
8596	REMOV BREAST TISS EXPANDER(S)	12	2.4	0.06
4011	BX LYMPHATIC STRUCT	10	2.0	0.20
4021	EXC DEEP CERV LYMPH NODE	10	2.0	0.04
0681	COMPLT PARATHYROIDECTOMY	9	1.8	0.02
8589	OTH MAMMO	9	1.8	0.09
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	8	1.6	0.11
598	URETERAL CATH	8	1.6	0.77
0689	OTH PARATHYROIDECTOMY	7	1.4	0.12
4024	EXC ING LYMPH NODE	7	1.4	0.03
4223	OTH ESOPHAGOSCOPY	7	1.4	0.06
8339	EXC LES OTH SOFT TISS	7	1.4	0.36
8512	OP BX BREAST	7	1.4	0.04
8553	UNILAT BREAST IMPLNT	7	1.4	0.08

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		9,875	100.0	100.0
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	1,118	11.3	0.49
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	1,048	10.6	0.74
52000	CYSTOURETHROSCOPY-SEP PROC	469	4.7	0.48
43239	UGI ENDO; W/BX 1/MX	398	4.0	6.02
45380	COLONOSCOPY FLEX; W/BX 1/MX	398	4.0	6.63
36592	36592	331	3.4	0.13
45378	COLONOSCOPY FLEX; DX-SEP PROC	303	3.1	6.69
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	283	2.9	0.19
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	227	2.3	0.22
36591	36591	218	2.2	0.10
38792	INJECTION PROC; ID SENTINEL NODE	191	1.9	0.13
43242	UGI ENDO; W/US GUID ASPIR/BX	163	1.7	0.13
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	147	1.5	0.22
37204	TRANSCATH OCCLUD PERQ NON CNS	131	1.3	0.07
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	130	1.3	0.09
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	127	1.3	1.13
51720	BLADD INSTL ANTICARCINOGENIC AGT	124	1.3	0.06
36247	SEL CATH PLCMT ART; INIT 3RD ABD	119	1.2	0.08
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	118	1.2	0.13
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	110	1.1	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, 2011  
 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		171	\$8,032	\$4,864
8521	LOC EXC LES BREAST	15	\$4,207	\$4,424
062	UNILAT THYROID LOBEC	11	\$11,746	\$10,144
0681	COMPLT PARATHYROIDECTOMY	9	\$10,281	\$10,026
4011	BX LYMPHATIC STRUCT	7	\$5,289	\$5,235
0689	OTH PARATHYROIDECTOMY	6	\$9,069	\$9,878
5749	OTH TRANSURETH EXC/DEST LES BLADDER	6	\$8,667	\$5,845
8589	OTH MAMMO	6	\$6,516	\$5,836
4024	EXC ING LYMPH NODE	5	\$7,199	\$6,832
4051	RAD EXC AX LYMPH NODES	5	\$10,562	\$8,815
4023	EXC AX LYMPH NODE	4	\$7,352	\$7,990
8339	EXC LES OTH SOFT TISS	4	\$8,494	\$4,838
4041	RAD NECK DISSECTION-UNILAT	3	\$9,439	\$10,347
6563	LAP REMOV BIL OVARY-TUBE-SAME SURG	3	\$9,760	\$11,914
6959	OTH ASPIR CURET UTERUS	3	\$5,925	\$3,545
8321	BX SOFT TISS	3	\$8,794	\$4,351
8522	RESECT BREAST QUADRANT	3	\$4,502	\$7,485
0390	INSRT SPINAL CANAL INFUS CATH	2	\$40,866	\$23,847
0481	INJ ANES PERIPH NERV-ANALGESIA	2	\$2,377	\$2,733
0652	COMPLT SUBSTERNAL THYROIDECTOMY	2	\$12,482	\$10,807
251	EXC/DESTRUC LES/TISS TONGUE	2	\$4,780	\$3,351

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		6,006	\$3,854	\$4,353
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	891	\$5,901	\$5,390
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	716	\$3,752	\$3,715
52000	CYSTOURETHROSCOPY-SEP PROC	459	\$688	\$1,090
45380	COLONOSCOPY FLEX; W/BX 1/MX	314	\$1,815	\$1,698
45378	COLONOSCOPY FLEX; DX-SEP PROC	270	\$1,185	\$1,275
43239	UGI ENDO; W/BX 1/MX	233	\$1,476	\$1,799
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	224	\$450	\$383
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	198	\$1,748	\$1,928
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	137	\$5,071	\$7,076
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	127	\$1,670	\$1,895
51720	BLADD INSTL ANTICARCINOGENIC AGT	118	\$1,117	\$1,093
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	117	\$686	\$884
43242	UGI ENDO; W/US GUID ASPIR/BX	106	\$4,120	\$3,708
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	103	\$1,337	\$1,340
55875	55875	63	\$17,572	\$15,372
32422	32422	60	\$1,332	\$1,558
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	59	\$209	\$231
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	56	\$7,003	\$4,379
45300	PROCSIGMOSCOPY RIGID; DX-SEP PRO	52	\$713	\$882
36590	REMOV TUNNLD CVAD W/SUBQ PORT/PUM	48	\$1,403	\$3,935

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	1,463	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1,154	2,649
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	106	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	102	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	55
	013 LEVEL II SKIN REPAIR	75	875
	014 LEVEL III SKIN REPAIR	2	247
02	BREAST PROCEDURES	91	1,671
	020 LEVEL I BREAST PROCEDURES	71	1,627
	021 LEVEL II BREAST PROCEDURES	20	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	85	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	2,286
	033 LEVEL I HAND PROCEDURES	7	3,806
	034 LEVEL II HAND PROCEDURES	4	1,210
	035 LEVEL I FOOT PROCEDURES	9	6,177
	036 LEVEL II FOOT PROCEDURES	2	1,830
	037 LEVEL I ARTHROSCOPY	6	23,401
	038 LEVEL II ARTHROSCOPY	1	5,474
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	5,701
	047 LEVEL II ARTHROPLASTY	2	144
	048 HAND AND FOOT TENOTOMY	1	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,711
04	RESPIRATORY PROCEDURES	638	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	109	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	285	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	236	2,429
05	CARDIOVASCULAR PROCEDURES	386	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	231	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	134	1,890
	088 LEVEL I CARDIOTHORACIC PROCEDURES	11	416
	089 LEVEL II CARDIOTHORACIC PROCEDURES	4	3,049
	091 VASCULAR LIGATION AND RECONSTRUCTION	6	143
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1,382	4,562
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	1	235
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	29
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1,058	2,545
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	20	33
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	302	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,861	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	27	448

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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			
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	10	1,300
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	196	713
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	46	519
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,029	25,670
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	180	5,867
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	720	45,397
137	THERAPEUTIC COLONOSCOPY	95	9,233
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	391	2,105
139	LEVEL I HERNIA REPAIR	3	5,686
140	LEVEL II HERNIA REPAIR	1	1,214
141	LEVEL I ANAL AND RECTAL PROCEDURES	12	831
142	LEVEL II ANAL AND RECTAL PROCEDURES	10	1,074
143	LEVEL I GASTROINTESTINAL PROCEDURES	16	413
144	LEVEL II GASTROINTESTINAL PROCEDURES	6	119
145	LEVEL I LAPAROSCOPY	24	2,342
146	LEVEL II LAPAROSCOPY	43	7,903
147	LEVEL III LAPAROSCOPY	46	7,188
148	LEVEL IV LAPAROSCOPY	6	184
08	GENITOURINARY SYSTEM PROCEDURES	887	12,284
162	URINARY CATHETERIZATION AND DILATATION	6	258
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	747	5,858
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	69	4,061
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	2	205
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	63	481
09	MALE REPRODUCTIVE SYSTEM	153	4,273
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,477
181	CIRCUMCISION	1	967
184	LEVEL II PENILE AND PROSTATE PROCEDURES	16	1,446
185	PROSTATE NEEDLE AND PUNCH BIOPSY	130	300
10	FEMALE REPRODUCTIVE SYSTEM	185	9,203
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	75	1,485
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	14	1,849
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	2,229
199	DILATION AND CURETTAGE	9	518
200	HYSTEROSCOPY	11	2,466
201	COLPOSCOPY	65	654
11	NEUROLOGIC SYSTEM PROCEDURES	102	25,428
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	4,570
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	216
216	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	10	220
217	LEVEL I NERVE PROCEDURES	40	4,176
218	LEVEL II NERVE PROCEDURES	2	1,051
219	SPINAL TAP	8	419
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	24	11,336
221	LAMINOTOMY AND LAMINECTOMY	1	2,387
223	LEVEL III NERVE PROCEDURES	13	822

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	14	12,660
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	10	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	251	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	41	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	35	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	30	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	138	3,301
	256 TONSIL AND ADENOID PROCEDURES	7	9,670

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	1,143	\$5,485	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	915	\$5,827	\$4,844
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,357	\$5,133
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,766	\$631
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	\$1,121	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	80	\$2,631	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	72	\$3,251	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$7,069	\$6,300
	013 LEVEL II SKIN REPAIR	57	\$6,938	\$4,459
	014 LEVEL III SKIN REPAIR	2	\$8,260	\$7,376
02	BREAST PROCEDURES	65	\$5,827	\$4,831
	020 LEVEL I BREAST PROCEDURES	51	\$4,900	\$4,723
	021 LEVEL II BREAST PROCEDURES	14	\$9,203	\$8,864
03	MUSCULOSKELETAL SYSTEM PROCEDURES	42	\$7,589	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$7,290	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$8,293	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$6,606	\$10,524
	033 LEVEL I HAND PROCEDURES	5	\$5,625	\$3,410
	034 LEVEL II HAND PROCEDURES	1	\$7,470	\$6,046
	035 LEVEL I FOOT PROCEDURES	5	\$8,113	\$4,184
	036 LEVEL II FOOT PROCEDURES	1	\$5,785	\$8,885
	037 LEVEL I ARTHROSCOPY	1	\$7,627	\$5,096
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$8,662	\$9,329
04	RESPIRATORY PROCEDURES	378	\$1,269	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	101	\$1,894	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	239	\$726	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$6,225	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	34	\$2,640	\$3,105
05	CARDIOVASCULAR PROCEDURES	217	\$6,244	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	208	\$5,471	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	6	\$28,581	\$37,492
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	\$15,163	\$10,145
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	797	\$4,126	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	717	\$3,754	\$3,738
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	5	\$5,836	\$6,461
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	75	\$7,574	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,863	\$2,640	\$3,066
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	26	\$5,578	\$2,775
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$4,388	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	186	\$821	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	22	\$1,444	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	672	\$2,001	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	119	\$4,381	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	591	\$1,524	\$1,465
	137 THERAPEUTIC COLONOSCOPY	35	\$2,161	\$1,880

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHRG	AVE TOT CHRG(ALL Hospitals )
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	112	\$7,250	\$6,191
	139 LEVEL I HERNIA REPAIR	1	\$4,503	\$5,188
	140 LEVEL II HERNIA REPAIR	1	\$5,219	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	\$3,250	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	\$7,419	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	7	\$4,563	\$4,426
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$14,242	\$8,862
	145 LEVEL I LAPAROSCOPY	10	\$10,027	\$6,523
	146 LEVEL II LAPAROSCOPY	22	\$10,881	\$8,651
	147 LEVEL III LAPAROSCOPY	33	\$11,005	\$9,502
	148 LEVEL IV LAPAROSCOPY	2	\$22,160	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	771	\$2,974	\$5,700
	162 URINARY CATHETERIZATION AND DILATATION	1	\$6,155	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	669	\$1,260	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	36	\$8,467	\$6,114
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$15,906	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	63	\$17,572	\$15,091
09	MALE REPRODUCTIVE SYSTEM	140	\$2,428	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$17,630	\$3,472
	181 CIRCUMCISION	1	\$3,212	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	\$6,759	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	127	\$1,670	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	162	\$6,113	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	68	\$11,291	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	11	\$4,195	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	\$9,067	\$8,297
	199 DILATION AND CURETTAGE	8	\$4,241	\$3,922
	200 HYSTEROSCOPY	8	\$4,508	\$6,149
	201 COLPOSCOPY	61	\$853	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	27	\$12,623	\$5,293
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$5,375	\$12,644
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	\$29,949	\$16,600
	217 LEVEL I NERVE PROCEDURES	11	\$6,484	\$3,955
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$6,323	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	1	\$4,083	\$12,191
	223 LEVEL III NERVE PROCEDURES	6	\$19,158	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	9	\$3,712	\$4,277
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$1,306	\$2,864
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$12,133	\$4,495
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	166	\$10,228	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	17	\$6,330	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	\$7,348	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	19	\$9,668	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	112	\$11,586	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	7	\$4,022	\$3,305

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

310 UHC Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,630	46.5	141,642	53.9
Male	4,172	53.5	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	1	0.0	11,446	4.4
5-9	0	0.0	7,208	2.7
10-14	10	0.1	5,295	2.0
15-17	13	0.2	5,309	2.0
18-19	60	0.8	3,821	1.5
20-24	153	2.0	10,434	4.0
25-29	198	2.5	12,230	4.7
30-34	308	3.9	14,877	5.7
35-39	355	4.6	14,643	5.6
40-44	369	4.7	14,871	5.7
45-49	508	6.5	17,304	6.6
50-54	787	10.1	30,494	11.6
55-59	1,026	13.2	26,436	10.1
60-64	1,181	15.1	24,041	9.1
65-69	1,062	13.6	20,003	7.6
70-74	766	9.8	15,679	6.0
75-79	470	6.0	11,976	4.6
80-84	363	4.7	7,762	3.0
85-89	129	1.7	3,511	1.3
90 +	43	0.6	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,193	28.1	106,152	40.4
Clinic Referral	5,231	67.0	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	9	0.1	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	369	4.7	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

310 UHC Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	7,758	99.4	262,109	99.7
Another Hospital	1	0.0	126	0.0
Skilled Nursing Facility	2	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	13	0.2	120	0.0
Under Care of Home Service	16	0.2	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	7	0.1	50	0.0
Not Reported	5	0.1	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,801	35.9	62,882	23.9
Medicaid	427	5.5	19,964	7.6
Other government	222	2.8	6,019	2.3
Blue Cross/Blue Shield	1,811	23.2	33,344	12.7
Other Commercial	706	9.0	17,383	6.6
Managed Care(HMO, PPO)	1,680	21.5	114,999	43.7
Self Pay	124	1.6	3,241	1.2
Industrial & Worker Comp	6	0.1	3,157	1.2
Charity and Unclassified	1	0.0	775	0.3
Childrens Health Insurance	17	0.2	172	0.1
Unknown	1	0.0	963	0.4
Not Reported	6	0.1	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	187	2.4	18,464	7.0
Central Utah	99	1.3	9,378	3.6
Davis County	700	9.0	28,404	10.8
Salt Lake County	3,129	40.1	89,757	34.1
Southeastern Utah	101	1.3	5,550	2.1
Southwest Utah	165	2.1	16,470	6.3
Summit County	217	2.8	4,120	1.6
Tooele County	214	2.7	6,638	2.5
Tri-County	104	1.3	6,537	2.5
Utah County	455	5.8	39,778	15.1
Wasatch County	85	1.1	2,138	0.8
Weber County	381	4.9	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	1,959	25.1	13,675	5.2
Unknown, Not Reported	6	0.1	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	1,255	100.0	347,183	100.0
Mastectomy (85.0-85.99)	0	0.0	8,605	2.5
Musculoskeletal (76.0-84.99)	866	69.0	70,411	20.3
Respiratory (30.0-34.99)	0	0.0	3,243	0.9
Cardiovascular (35.0-39.99)	0	0.0	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,288	0.9
Digestive System (42.0-54.99)	0	0.0	111,878	32.2
Urinary (55.0-59.99)	0	0.0	12,077	3.5
Male Genital (60.0-64.99)	0	0.0	4,124	1.2
Female Genital (65.0-71.99)	0	0.0	16,165	4.7
Endocrine/Nervous (01.0-07.99)	389	31.0	27,062	7.8
Eye (08.0-16.99)	0	0.0	22,328	6.4
Ear (18.0-20.99)	0	0.0	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,939	8.9
Reporting Category(CPT-4 CODES)	5,812	100.0	337,317	100.0
Mastectomy (19120-19220)	0	0.0	1,627	0.5
Musculoskeletal (20000-29909)	4,131	71.1	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	21,776	6.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,663	1.4
Digestive (40490-49999)	0	0.0	129,848	38.5
Urinary (50010-53899)	0	0.0	16,024	4.8
Male Genital (54000-55899)	0	0.0	4,044	1.2
Female Genital (56405-58999)	0	0.0	15,380	4.6
Endocrine/Nervous (60000-64999)	1,679	28.9	26,532	7.9
Eye (65091-68899)	0	0.0	12,738	3.8
Ear (69000-69979)	0	0.0	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		1,255	100.0	100.0
0481	INJ ANES PERIPH NERV-ANALGESIA	266	21.2	0.33
0443	RELEASE CARPAL TUNNEL	68	5.4	0.96
8026	ARTHSCPY-KNEE	56	4.5	0.25
806	EXC SEMILUNAR CARTILAGE-KNEE	51	4.1	1.57
8201	EXPLOR TENDON SHEATH HAND	38	3.0	0.36
8021	ARTHSCPY-SHLDR	34	2.7	0.17
8145	OTH REPR CRUCIATE LIGAMNT	33	2.6	0.50
8140	REPR HIP-NEC	30	2.4	0.07
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	28	2.2	0.21
8363	ROTATOR CUFF REPR	27	2.2	0.73
8023	ARTHSCPY-WRIST	21	1.7	0.04
8085	OTH LOC EXC/DESTRUC JT LES-HIP	20	1.6	0.05
8388	OTH PLSTC OPER TENDON	18	1.4	0.35
8025	ARTHSCPY-HIP	17	1.4	0.03
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	17	1.4	0.67
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	16	1.3	0.27
8221	EXC LES TENDON SHEATH HAND	16	1.3	0.24
0489	INJ NON-NEUROLYTIC PERIPH NERV	13	1.0	0.17
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	13	1.0	0.27
8027	ARTHSCPY-ANK	13	1.0	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,812	100.0	100.0
20680	REMOVAL OF IMPLANT; DEEP	217	3.7	0.94
64446	INJ ANES AGT; SCIATC NRV CATH DA	207	3.6	0.07
64445	INJ ANESAGT; SCIATIC NERVE SINGL	201	3.5	0.06
64450	INJ ANES AGT; OTH PERIPH NERVE/B	196	3.4	0.07
29881	SCOPE KNEE SURG;W/MENISCECT MED/	175	3.0	1.47
64416	INJ ANES AGT; BRACH PLEX CATH DA	175	3.0	0.06
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	168	2.9	0.06
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	167	2.9	0.58
26055	TENDON SHEATH INCISION	144	2.5	0.41
64448	INJ ANES AGT; FEM NRV CATH DAILY	137	2.4	0.04
64447	INJ ANES AGT; FEMORAL NERVE SING	130	2.2	0.05
27093	INJ PROC HIP ARTHROGRAPHY; WO AN	118	2.0	0.08
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	118	2.0	0.56
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	115	2.0	0.63
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	108	1.9	0.17
29826	SCOPE SHOULDER; DECOMP SUBACROM	104	1.8	1.15
29848	ENDO WRST SURG REL TRNS CARP LIG	99	1.7	0.38
29862	SCOPE HIP SURG; DEBRID/SHAV CART	88	1.5	0.06
64417	INJECTION ANESTHETIC AGT; AX NER	73	1.3	0.03
20670	REMOVAL OF IMPLANT; SUP SEP PROC	71	1.2	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, 2011  
 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		267	\$4,515	\$4,864
0443	RELEASE CARPAL TUNNEL	32	\$2,070	\$2,934
806	EXC SEMILUNAR CARTILAGE-KNEE	23	\$4,492	\$5,149
8201	EXPLOR TENDON SHEATH HAND	23	\$1,812	\$2,767
0481	INJ ANES PERIPH NERV-ANALGESIA	15	\$8,515	\$2,733
8221	EXC LES TENDON SHEATH HAND	13	\$2,111	\$3,126
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	10	\$3,040	\$4,286
8235	OTH FASCIECT HAND	7	\$4,720	\$5,272
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	6	\$3,650	\$3,999
7869	REMOV IMPLNT DEVICE-OTH BONE	6	\$2,862	\$4,978
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	5	\$8,097	\$11,458
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	5	\$4,367	\$4,479
8084	OTH LOC EXC/DEST JT LES-HND-FINGR	4	\$1,952	\$2,962
8140	REPR HIP-NEC	4	\$15,086	\$16,715
8145	OTH REPR CRUCIATE LIGAMNT	4	\$12,348	\$14,211
8179	OTH REPR HAND-FINGR & WRIST	4	\$3,987	\$5,067
046	TRANSPOSITION CRANIAL & PERIPH NERV	3	\$6,071	\$5,194
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	3	\$3,452	\$3,912
7864	REMOV IMPLNT DEVICE-CARP-METACARP	3	\$2,715	\$3,397
7933	OP REDUC W/INT FIX-CARP-METACARP	3	\$7,770	\$7,820
8021	ARTHSCPY-SHLDR	3	\$6,111	\$12,182

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,466	\$3,880	\$4,353
29881	SCOPE KNEE SURG;W/MENISCECT MED/	141	\$4,233	\$4,987
27093	INJ PROC HIP ARTHROGRAPHY; WO AN	118	\$2,919	\$3,074
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	108	\$2,703	\$3,589
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	97	\$2,147	\$3,049
20680	REMOVAL OF IMPLANT; DEEP	82	\$3,642	\$4,387
29848	ENDO WRST SURG REL TRNS CARP LIG	73	\$2,489	\$2,977
20670	REMOVAL OF IMPLANT; SUP SEP PROC	63	\$1,403	\$2,383
26055	TENDON SHEATH INCISION	56	\$1,747	\$2,604
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	46	\$4,361	\$4,394
25111	EXCISION OF GANGLION WRIST; PRIM	37	\$2,258	\$3,274
28890	28890	27	\$211	\$211
29862	SCOPE HIP SURG; DEBRID/SHAV CART	26	\$13,417	\$12,359
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	23	\$3,310	\$4,654
26160	EXC LES TEND SHETH/JNT CAP HND/F	22	\$2,051	\$2,897
29846	SCOPE WRIST SURG; EXC&/REPR CART	21	\$4,841	\$5,759
28899	UNLISTED PROCEDURE FOOT OR TOES	14	\$2,936	\$6,758
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	14	\$4,261	\$4,652
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	13	\$14,565	\$13,965
20950	MON FL PRESS DETECT MUSC CMPRTMT	12	\$897	\$897
26860	ARTHRSIS IP JOINT W/WO INTRL FI	12	\$5,150	\$5,913

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	352	10,274
	003 LEVEL I SKIN INCISION AND DRAINAGE	13	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	94
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	316	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	55
	013 LEVEL II SKIN REPAIR	1	875
	014 LEVEL III SKIN REPAIR	3	247
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,488	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	226	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	393	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	246	2,286
	033 LEVEL I HAND PROCEDURES	352	3,806
	034 LEVEL II HAND PROCEDURES	126	1,210
	035 LEVEL I FOOT PROCEDURES	238	6,177
	036 LEVEL II FOOT PROCEDURES	147	1,830
	037 LEVEL I ARTHROSCOPY	954	23,401
	038 LEVEL II ARTHROSCOPY	314	5,474
	039 REPLACEMENT OF CAST	6	146
	040 SPLINT, STRAPPING AND CAST REMOVAL	5	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	57	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	213	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	29	475
	045 BUNION PROCEDURES	60	1,762
	046 LEVEL I ARTHROPLASTY	56	650
	047 LEVEL II ARTHROPLASTY	4	144
	048 HAND AND FOOT TENOTOMY	17	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	33	2,711
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	207	4,562
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	207	235
11	NEUROLOGIC SYSTEM PROCEDURES	1,488	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	4,570
	217 LEVEL I NERVE PROCEDURES	317	4,176
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,162	11,336
	221 LAMINOTOMY AND LAMINECTOMY	8	2,387
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	31,882
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	3,301

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	192	\$2,566	\$4,301
	003 LEVEL I SKIN INCISION AND DRAINAGE	12	\$897	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$3,125	\$5,133
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$3,273	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	168	\$2,646	\$4,207
	014 LEVEL III SKIN REPAIR	3	\$2,762	\$7,376
03	MUSCULOSKELETAL SYSTEM PROCEDURES	865	\$4,640	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	\$4,283	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$6,252	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$8,619	\$10,524
	033 LEVEL I HAND PROCEDURES	158	\$2,445	\$3,410
	034 LEVEL II HAND PROCEDURES	33	\$4,844	\$6,046
	035 LEVEL I FOOT PROCEDURES	41	\$1,669	\$4,184
	036 LEVEL II FOOT PROCEDURES	6	\$4,249	\$8,885
	037 LEVEL I ARTHROSCOPY	389	\$4,845	\$5,096
	038 LEVEL II ARTHROSCOPY	29	\$12,426	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	21	\$2,782	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$1,325	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	46	\$7,342	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$2,750	\$3,818
	045 BUNION PROCEDURES	2	\$9,240	\$6,420
	046 LEVEL I ARTHROPLASTY	4	\$4,973	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	\$1,418	\$1,654
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$459	\$5,118
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	1	\$459	\$459
11	NEUROLOGIC SYSTEM PROCEDURES	153	\$2,896	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$1,102	\$1,622
	217 LEVEL I NERVE PROCEDURES	135	\$2,560	\$3,955
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	12	\$4,588	\$2,017
	221 LAMINOTOMY AND LAMINECTOMY	5	\$8,272	\$12,191
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	\$11,415	\$4,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$11,415	\$10,539

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

309 UHC Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,412	47.6	141,642	53.9
Male	1,553	52.4	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,613	0.6
29-365 days	0	0.0	2,902	1.1
1-4 years	9	0.3	11,446	4.4
5-9	9	0.3	7,208	2.7
10-14	38	1.3	5,295	2.0
15-17	145	4.9	5,309	2.0
18-19	110	3.7	3,821	1.5
20-24	285	9.6	10,434	4.0
25-29	243	8.2	12,230	4.7
30-34	295	9.9	14,877	5.7
35-39	239	8.1	14,643	5.6
40-44	220	7.4	14,871	5.7
45-49	244	8.2	17,304	6.6
50-54	304	10.3	30,494	11.6
55-59	264	8.9	26,436	10.1
60-64	219	7.4	24,041	9.1
65-69	150	5.1	20,003	7.6
70-74	102	3.4	15,679	6.0
75-79	58	2.0	11,976	4.6
80-84	21	0.7	7,762	3.0
85-89	6	0.2	3,511	1.3
90 +	4	0.1	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,514	84.8	106,152	40.4
Clinic Referral	420	14.2	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	0	0.0	17	0.0
Unknown	31	1.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

309 UHC Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,951	99.5	262,109	99.7
Another Hospital	0	0.0	126	0.0
Skilled Nursing Facility	4	0.1	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	1	0.0	120	0.0
Under Care of Home Service	8	0.3	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	1	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	395	13.3	62,882	23.9
Medicaid	170	5.7	19,964	7.6
Other government	133	4.5	6,019	2.3
Blue Cross/Blue Shield	948	32.0	33,344	12.7
Other Commercial	316	10.7	17,383	6.6
Managed Care(HMO, PPO)	798	26.9	114,999	43.7
Self Pay	52	1.8	3,241	1.2
Industrial & Worker Comp	137	4.6	3,157	1.2
Charity and Unclassified	9	0.3	775	0.3
Childrens Health Insurance	6	0.2	172	0.1
Unknown	1	0.0	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	47	1.6	18,464	7.0
Central Utah	25	0.8	9,378	3.6
Davis County	268	9.0	28,404	10.8
Salt Lake County	1,799	60.7	89,757	34.1
Southeastern Utah	31	1.0	5,550	2.1
Southwest Utah	61	2.1	16,470	6.3
Summit County	88	3.0	4,120	1.6
Tooele County	103	3.5	6,638	2.5
Tri-County	22	0.7	6,537	2.5
Utah County	116	3.9	39,778	15.1
Wasatch County	14	0.5	2,138	0.8
Weber County	78	2.6	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	309	10.4	13,675	5.2
Unknown, Not Reported	4	0.1	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	28,518	100.0	347,183	100.0
Mastectomy (85.0-85.99)	176	0.6	8,605	2.5
Musculoskeletal (76.0-84.99)	5,366	18.8	70,411	20.3
Respiratory (30.0-34.99)	198	0.7	3,243	0.9
Cardiovascular (35.0-39.99)	3,966	13.9	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	268	0.9	3,288	0.9
Digestive System (42.0-54.99)	8,104	28.4	111,878	32.2
Urinary (55.0-59.99)	1,043	3.7	12,077	3.5
Male Genital (60.0-64.99)	235	0.8	4,124	1.2
Female Genital (65.0-71.99)	1,163	4.1	16,165	4.7
Endocrine/Nervous (01.0-07.99)	1,397	4.9	27,062	7.8
Eye (08.0-16.99)	2,460	8.6	22,328	6.4
Ear (18.0-20.99)	1,013	3.6	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	3,129	11.0	30,939	8.9
Reporting Category(CPT-4 CODES)	22,007	100.0	337,317	100.0
Mastectomy (19120-19220)	62	0.3	1,627	0.5
Musculoskeletal (20000-29909)	5,398	24.5	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	1,972	9.0	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	973	4.4	21,776	6.5
Lymphatic/Hemetic (38100-38999)	217	1.0	4,663	1.4
Digestive (40490-49999)	8,458	38.4	129,848	38.5
Urinary (50010-53899)	884	4.0	16,024	4.8
Male Genital (54000-55899)	155	0.7	4,044	1.2
Female Genital (56405-58999)	907	4.1	15,380	4.6
Endocrine/Nervous (60000-64999)	1,199	5.4	26,532	7.9
Eye (65091-68899)	1,239	5.6	12,738	3.8
Ear (69000-69979)	543	2.5	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	2,706	9.5	7.08
4513	OTH ENDO SM INTESTINE	1,062	3.7	1.48
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	823	2.9	5.51
2001	MYRINGOTOMY W/INSRT TUBE	774	2.7	3.17
5123	LAP CHOLEY	652	2.3	2.02
4542	ENDO POLYPECTOMY LG INTESTINE	632	2.2	4.79
3722	LT HEART CARD CATH	613	2.1	0.90
806	EXC SEMILUNAR CARTILAGE-KNEE	553	1.9	1.57
283	TONSILLECTOMY W/ADENOIDECTOMY	548	1.9	1.93
3726	CARD ELECTROPHYSIO STIMUL-RECORD	507	1.8	0.60
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	491	1.7	0.59
3727	CARD MAPPING	489	1.7	0.56
8147	OTH REPR KNEE	471	1.7	0.93
3729	OTH DX PROC HEART & PERICARDIUM	411	1.4	0.30
4292	DILAT ESOPH	403	1.4	1.38
8183	OTH REPR SHLDR	335	1.2	0.74
4525	CLO [ENDO] BX LG INTESTINE	305	1.1	2.37
598	URETERAL CATH	292	1.0	0.77
1474	OTH MECH VITRECTOMY	288	1.0	0.40
2263	ETHMOIDECTOMY	282	1.0	0.56

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,271	10.3	6.69
43239	UGI ENDO; W/BX 1/MX	813	3.7	6.02
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	725	3.3	1.13
45380	COLONOSCOPY FLEX; W/BX 1/MX	653	3.0	6.63
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	621	2.8	1.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	568	2.6	1.47
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	441	2.0	0.92
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	413	1.9	2.16
29826	SCOPE SHOULDER; DECOMP SUBACROM	411	1.9	1.15
69436	TYMPANOSTOMY GENERAL ANESTHESIA	398	1.8	1.71
42820	T&A; UNDER AGE 12	396	1.8	1.56
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	385	1.7	0.98
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	256	1.2	0.77
52332	CYSTOURETHROSCOPY W/INSRT STENT	244	1.1	0.73
30140	SUBMUCOS RES TURBINATE PART/CMPL	238	1.1	0.74
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	228	1.0	0.39
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	225	1.0	0.23
66984	EXTRACAPSULAR CATARACT REMV IOL	212	1.0	1.63
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	206	0.9	0.56
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	198	0.9	0.32

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	11,436	\$4,379	\$4,864
4523	COLONOSCOPY	2,466	\$702	\$1,265
4513	OTH ENDO SM INTESTINE	595	\$743	\$1,505
5123	LAP CHOLEY	515	\$7,640	\$8,201
4542	ENDO POLYPECTOMY LG INTESTINE	507	\$1,067	\$1,760
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	500	\$1,443	\$1,852
283	TONSILLECTOMY W/ADENOIDECTOMY	470	\$3,356	\$3,273
3722	LT HEART CARD CATH	356	\$7,830	\$10,333
8147	OTH REPR KNEE	274	\$5,360	\$6,374
806	EXC SEMILUNAR CARTILAGE-KNEE	194	\$4,701	\$5,149
8183	OTH REPR SHLDR	164	\$9,373	\$8,998
4525	CLO [ENDO] BX LG INTESTINE	158	\$1,052	\$1,909
4131	BX BONE MARROW	143	\$6,110	\$4,936
3723	COMBO RT & LT HEART CARD CATH	136	\$8,367	\$10,823
282	TONSILLECTOMY WO ADENOIDECTOMY	126	\$3,590	\$3,403
4836	[ENDO] POLYPECTOMY RECTUM	118	\$1,002	\$1,609
6952	ASPIR CURET FOLLOWING DELIV/AB	116	\$3,629	\$3,495
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	111	\$1,264	\$1,961
0331	SPINAL TAP	105	\$2,149	\$2,562
0443	RELEASE CARPAL TUNNEL	101	\$2,801	\$2,934
598	URETERAL CATH	96	\$5,563	\$6,417

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	11,186	\$3,993	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,060	\$703	\$1,275
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	567	\$842	\$1,340
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	525	\$7,655	\$8,835
43239	UGI ENDO; W/BX 1/MX	493	\$1,443	\$1,799
45380	COLONOSCOPY FLEX; W/BX 1/MX	436	\$1,017	\$1,698
42820	T&A; UNDER AGE 12	332	\$3,284	\$3,185
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	305	\$1,129	\$1,840
69436	TYMPANOSTOMY GENERAL ANESTHESIA	266	\$1,681	\$1,779
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	259	\$1,343	\$2,023
29881	SCOPE KNEE SURG;W/MENISCECT MED/	240	\$4,621	\$4,987
66984	EXTRACAPSULAR CATARACT REMV IOL	198	\$5,113	\$4,069
42821	T&A; AGE 12 OR OVER	135	\$3,544	\$3,658
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	125	\$6,084	\$5,390
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	125	\$2,994	\$3,049
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	122	\$1,339	\$1,590
49505	REPR INIT ING HERNIA 5YR/MORE; R	115	\$5,640	\$5,632
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	114	\$3,643	\$3,512
49650	LAPARSCPY SURG; REPR INIT ING HE	112	\$10,030	\$9,093
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	102	\$4,478	\$4,394
20680	REMOVAL OF IMPLANT; DEEP	101	\$4,536	\$4,387

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	522	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	159	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	15	148
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	94
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	165
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	253	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	55
	013 LEVEL II SKIN REPAIR	23	875
	014 LEVEL III SKIN REPAIR	13	247
02	BREAST PROCEDURES	63	1,671
	020 LEVEL I BREAST PROCEDURES	62	1,627
	021 LEVEL II BREAST PROCEDURES	1	44
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,800	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	159	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	210	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	122	2,286
	033 LEVEL I HAND PROCEDURES	160	3,806
	034 LEVEL II HAND PROCEDURES	68	1,210
	035 LEVEL I FOOT PROCEDURES	223	6,177
	036 LEVEL II FOOT PROCEDURES	67	1,830
	037 LEVEL I ARTHROSCOPY	2,372	23,401
	038 LEVEL II ARTHROSCOPY	544	5,474
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,110
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	25	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	46	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	450	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	475
	045 BUNION PROCEDURES	69	1,762
	046 LEVEL I ARTHROPLASTY	51	650
	047 LEVEL II ARTHROPLASTY	1	144
	048 HAND AND FOOT TENOTOMY	18	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	181	2,711
04	RESPIRATORY PROCEDURES	1,318	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	47	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	285	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	860	4,869
	064 ENDOSCOPY OF THE LOWER AIRWAY	126	2,429
05	CARDIOVASCULAR PROCEDURES	708	11,503
	081 ECHOCARDIOGRAPHY	28	207
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	93	2,258
	083 PLACEMENT OF TRANSVENOUS CATHETERS	73	1,314
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	117	1,890
	086 PACEMAKER INSERTION AND REPLACEMENT	9	445
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	79	1,246
	088 LEVEL I CARDIOTHORACIC PROCEDURES	72	416

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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)
	089 LEVEL II CARDIOTHORACIC PROCEDURES	206	3,049
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	20	143
	097 AICD IMPLANT	8	362
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	87	4,562
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	29
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,545
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	6	33
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	79	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,576	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	53	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	17	519
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,551	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	521	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,954	45,397
	137 THERAPEUTIC COLONOSCOPY	510	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	122	2,105
	139 LEVEL I HERNIA REPAIR	421	5,686
	140 LEVEL II HERNIA REPAIR	71	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	23	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	17	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	7	119
	145 LEVEL I LAPAROSCOPY	139	2,342
	146 LEVEL II LAPAROSCOPY	381	7,903
	147 LEVEL III LAPAROSCOPY	765	7,188
	148 LEVEL IV LAPAROSCOPY	6	184
08	GENITOURINARY SYSTEM PROCEDURES	790	12,284
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	67	880
	162 URINARY CATHETERIZATION AND DILATATION	22	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	367	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	309	4,061
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	4	71
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	9	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	12	481
09	MALE REPRODUCTIVE SYSTEM	146	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	68	1,477
	181 CIRCUMCISION	45	967
	182 INSERTION OF PENILE PROSTHESIS	2	75
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	2	8
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	27	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	300
10	FEMALE REPRODUCTIVE SYSTEM	664	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	107	1,485



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

138 Utah Valley Regional Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	167	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	158	2,229
	199 DILATION AND CURETTAGE	50	518
	200 HYSTEROSCOPY	171	2,466
	201 COLPOSCOPY	11	654
11	NEUROLOGIC SYSTEM PROCEDURES	845	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	177	4,570
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	216
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	220
	217 LEVEL I NERVE PROCEDURES	304	4,176
	218 LEVEL II NERVE PROCEDURES	57	1,051
	219 SPINAL TAP	19	419
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	248	11,336
	221 LAMINOTOMY AND LAMINECTOMY	28	2,387
	223 LEVEL III NERVE PROCEDURES	6	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,229	12,660
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	10	22
	232 LASER EYE PROCEDURES	32	549
	233 CATARACT PROCEDURES	229	5,898
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	26	141
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	236
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	14	237
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	17	280
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	317	1,752
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	89	1,027
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	134	942
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	345	1,576
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,673	31,882
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	31
	252 LEVEL I FACIAL AND ENT PROCEDURES	968	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	116	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	395	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	372	3,301
	256 TONSIL AND ADENOID PROCEDURES	820	9,670

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	326	\$5,224	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	147	\$6,063	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$3,467	\$3,432
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$5,568	\$5,133
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	30	\$4,449	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	134	\$4,459	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,164	\$6,300
	013 LEVEL II SKIN REPAIR	5	\$4,716	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$17,835	\$7,376
02	BREAST PROCEDURES	51	\$4,540	\$4,831
	020 LEVEL I BREAST PROCEDURES	50	\$4,499	\$4,723
	021 LEVEL II BREAST PROCEDURES	1	\$6,564	\$8,864
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,643	\$6,859	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	\$5,516	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	70	\$5,564	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$11,189	\$10,524
	033 LEVEL I HAND PROCEDURES	91	\$3,484	\$3,410
	034 LEVEL II HAND PROCEDURES	25	\$6,740	\$6,046
	035 LEVEL I FOOT PROCEDURES	42	\$3,649	\$4,184
	036 LEVEL II FOOT PROCEDURES	13	\$9,313	\$8,885
	037 LEVEL I ARTHROSCOPY	666	\$5,459	\$5,096
	038 LEVEL II ARTHROSCOPY	165	\$13,802	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	\$11,230	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	33	\$3,760	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	312	\$9,061	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	\$6,550	\$3,818
	045 BUNION PROCEDURES	25	\$4,665	\$6,420
	046 LEVEL I ARTHROPLASTY	7	\$8,458	\$9,598
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	82	\$2,600	\$1,654
04	RESPIRATORY PROCEDURES	93	\$2,878	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	29	\$2,156	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	14	\$3,423	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	16	\$4,379	\$5,392
	064 ENDOSCOPY OF THE LOWER AIRWAY	34	\$2,563	\$3,105
05	CARDIOVASCULAR PROCEDURES	194	\$9,716	\$18,123
	081 ECHOCARDIOGRAPHY	14	\$14,007	\$20,742
	083 PLACEMENT OF TRANSVENOUS CATHETERS	48	\$5,721	\$6,616
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	10	\$19,034	\$37,492
	086 PACEMAKER INSERTION AND REPLACEMENT	9	\$21,939	\$30,536
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$13,829	\$19,433
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	\$7,896	\$10,993
	089 LEVEL II CARDIOTHORACIC PROCEDURES	100	\$8,437	\$10,145
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$10,571	\$8,297
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$10,482	\$8,315
	097 AICD IMPLANT	1	\$51,036	\$49,564

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	56	\$8,314	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$16,646	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	55	\$8,162	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,584	\$2,360	\$3,066
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,370	\$2,674
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	36	\$661	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$2,456	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,069	\$1,127	\$1,782
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	371	\$1,474	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,497	\$757	\$1,465
	137 THERAPEUTIC COLONOSCOPY	369	\$1,108	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	17	\$3,219	\$6,191
	139 LEVEL I HERNIA REPAIR	254	\$5,115	\$5,188
	140 LEVEL II HERNIA REPAIR	23	\$5,842	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$4,101	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	20	\$5,314	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$2,332	\$4,426
	145 LEVEL I LAPAROSCOPY	52	\$5,809	\$6,523
	146 LEVEL II LAPAROSCOPY	241	\$9,980	\$8,651
	147 LEVEL III LAPAROSCOPY	605	\$7,701	\$9,502
	148 LEVEL IV LAPAROSCOPY	4	\$16,440	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	218	\$5,332	\$5,700
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	\$4,224	\$11,434
	162 URINARY CATHETERIZATION AND DILATATION	12	\$6,511	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	93	\$4,619	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	90	\$5,611	\$6,114
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$3,439	\$20,129
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	\$2,817	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	10	\$10,399	\$15,091
09	MALE REPRODUCTIVE SYSTEM	113	\$5,025	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	48	\$4,214	\$3,472
	181 CIRCUMCISION	40	\$3,424	\$2,393
	182 INSERTION OF PENILE PROSTHESIS	2	\$26,843	\$34,693
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	22	\$7,821	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,866	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	314	\$5,783	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	31	\$3,369	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	35	\$6,253	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	83	\$7,179	\$8,297
	199 DILATION AND CURETTAGE	43	\$3,779	\$3,922
	200 HYSTEROSCOPY	118	\$6,049	\$6,149
	201 COLPOSCOPY	4	\$5,135	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	446	\$3,258	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	164	\$1,310	\$1,622
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$2,535	\$12,644

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHRGR	AVE TOT CHRGR(ALL Hospitals )
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$22,907	\$16,600
217 LEVEL I NERVE PROCEDURES	166	\$4,195	\$3,955
218 LEVEL II NERVE PROCEDURES	31	\$7,267	\$22,021
219 SPINAL TAP	19	\$1,605	\$2,281
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	45	\$1,272	\$2,017
221 LAMINOTOMY AND LAMINECTOMY	16	\$8,528	\$12,191
223 LEVEL III NERVE PROCEDURES	2	\$21,929	\$36,029
12 OPTHALMOLOGIC SYSTEM PROCEDURES	752	\$5,646	\$4,277
230 MINOR OPTHALMOLOGICAL TESTS AND PROCEDURES	4	\$1,325	\$1,623
232 LASER EYE PROCEDURES	28	\$1,478	\$825
233 CATARACT PROCEDURES	205	\$5,142	\$4,092
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	18	\$4,609	\$4,703
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	\$4,830	\$4,558
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$9,100	\$9,262
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$5,760	\$4,745
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	248	\$8,637	\$7,259
239 STRABISMUS AND MUSCLE EYE PROCEDURES	48	\$3,173	\$2,904
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	48	\$1,972	\$2,864
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	137	\$4,170	\$4,495
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,301	\$4,394	\$4,442
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	\$4,335	\$3,473
252 LEVEL I FACIAL AND ENT PROCEDURES	410	\$2,426	\$2,666
253 LEVEL II FACIAL AND ENT PROCEDURES	35	\$4,284	\$3,767
254 LEVEL III FACIAL AND ENT PROCEDURES	44	\$8,566	\$8,073
255 LEVEL IV FACIAL AND ENT PROCEDURES	196	\$10,688	\$10,539
256 TONSIL AND ADENOID PROCEDURES	614	\$3,407	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	9,629	53.0	141,642	53.9
Male	8,524	47.0	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	1	0.0	1,613	0.6
29-365 days	146	0.8	2,902	1.1
1-4 years	691	3.8	11,446	4.4
5-9	427	2.4	7,208	2.7
10-14	388	2.1	5,295	2.0
15-17	485	2.7	5,309	2.0
18-19	392	2.2	3,821	1.5
20-24	975	5.4	10,434	4.0
25-29	947	5.2	12,230	4.7
30-34	1,101	6.1	14,877	5.7
35-39	1,034	5.7	14,643	5.6
40-44	967	5.3	14,871	5.7
45-49	1,186	6.5	17,304	6.6
50-54	2,168	11.9	30,494	11.6
55-59	1,842	10.1	26,436	10.1
60-64	1,679	9.2	24,041	9.1
65-69	1,265	7.0	20,003	7.6
70-74	964	5.3	15,679	6.0
75-79	767	4.2	11,976	4.6
80-84	465	2.6	7,762	3.0
85-89	207	1.1	3,511	1.3
90 +	56	0.3	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	8,981	49.5	106,152	40.4
Clinic Referral	9,082	50.0	152,476	58.0
HMO Referral	1	0.0	2,964	1.1
Other Hospital	68	0.4	200	0.1
Skilled Nursing Facility	17	0.1	139	0.1
Other Health Care Facility	3	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	1	0.0	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	18,091	99.7	262,109	99.7
Another Hospital	3	0.0	126	0.0
Skilled Nursing Facility	26	0.1	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	18	0.1	120	0.0
Under Care of Home Service	9	0.0	303	0.1
Left Against Medical Advice	2	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	16	0.0
Unknown	1	0.0	50	0.0
Not Reported	2	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	3,667	20.2	62,882	23.9
Medicaid	1,148	6.3	19,964	7.6
Other government	185	1.0	6,019	2.3
Blue Cross/Blue Shield	404	2.2	33,344	12.7
Other Commercial	1,165	6.4	17,383	6.6
Managed Care(HMO, PPO)	11,034	60.8	114,999	43.7
Self Pay	206	1.1	3,241	1.2
Industrial & Worker Comp	128	0.7	3,157	1.2
Charity and Unclassified	83	0.5	775	0.3
Childrens Health Insurance	6	0.0	172	0.1
Unknown	127	0.7	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	22	0.1	18,464	7.0
Central Utah	1,395	7.7	9,378	3.6
Davis County	44	0.2	28,404	10.8
Salt Lake County	288	1.6	89,757	34.1
Southeastern Utah	572	3.2	5,550	2.1
Southwest Utah	106	0.6	16,470	6.3
Summit County	32	0.2	4,120	1.6
Tooele County	20	0.1	6,638	2.5
Tri-County	207	1.1	6,537	2.5
Utah County	14,930	82.2	39,778	15.1
Wasatch County	265	1.5	2,138	0.8
Weber County	30	0.2	21,938	8.3
Unknown Utah	1	0.0	15	0.0
Outside Utah	236	1.3	13,675	5.2
Unknown, Not Reported	5	0.0	118	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	5,652	100.0	347,183	100.0
Mastectomy (85.0-85.99)	84	1.5	8,605	2.5
Musculoskeletal (76.0-84.99)	1,027	18.2	70,411	20.3
Respiratory (30.0-34.99)	11	0.2	3,243	0.9
Cardiovascular (35.0-39.99)	12	0.2	23,216	6.7
Lymphatic/Hemetic (40.0-41.99)	39	0.7	3,288	0.9
Digestive System (42.0-54.99)	2,293	40.6	111,878	32.2
Urinary (55.0-59.99)	183	3.2	12,077	3.5
Male Genital (60.0-64.99)	87	1.5	4,124	1.2
Female Genital (65.0-71.99)	456	8.1	16,165	4.7
Endocrine/Nervous (01.0-07.99)	648	11.5	27,062	7.8
Eye (08.0-16.99)	2	0.0	22,328	6.4
Ear (18.0-20.99)	185	3.3	13,847	4.0
Nose, Mouth, Pharynx (21.0-29.99)	625	11.1	30,939	8.9
Reporting Category(CPT-4 CODES)	4,941	100.0	337,317	100.0
Mastectomy (19120-19220)	19	0.4	1,627	0.5
Musculoskeletal (20000-29909)	909	18.4	78,025	23.1
Respiratory (30000-32999 & 39501-39599)	170	3.4	18,301	5.4
Cardiovascular (33010-37799 & 93501-93660)	19	0.4	21,776	6.5
Lymphatic/Hemetic (38100-38999)	37	0.7	4,663	1.4
Digestive (40490-49999)	2,356	47.7	129,848	38.5
Urinary (50010-53899)	165	3.3	16,024	4.8
Male Genital (54000-55899)	51	1.0	4,044	1.2
Female Genital (56405-58999)	419	8.5	15,380	4.6
Endocrine/Nervous (60000-64999)	691	14.0	26,532	7.9
Eye (65091-68899)	1	0.0	12,738	3.8
Ear (69000-69979)	104	2.1	8,359	2.5

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		5,652	100.0	100.0
4523	COLONOSCOPY	558	9.9	7.08
4542	ENDO POLYPECTOMY LG INTESTINE	438	7.7	4.79
0392	INJ OTH AGENT SPINAL CANAL	397	7.0	2.30
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	245	4.3	5.51
5123	LAP CHOLEY	204	3.6	2.02
2001	MYRINGOTOMY W/INSRT TUBE	163	2.9	3.17
4836	[ENDO] POLYPECTOMY RECTUM	130	2.3	1.34
806	EXC SEMILUNAR CARTILAGE-KNEE	117	2.1	1.57
283	TONSILLECTOMY W/ADENOIDECTOMY	108	1.9	1.93
4525	CLO [ENDO] BX LG INTESTINE	108	1.9	2.37
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	96	1.7	0.80
4513	OTH ENDO SM INTESTINE	95	1.7	1.48
282	TONSILLECTOMY WO ADENOIDECTOMY	72	1.3	0.53
4292	DILAT ESOPH	71	1.3	1.38
0443	RELEASE CARPAL TUNNEL	69	1.2	0.96
2263	ETHMOIDECTOMY	65	1.2	0.56
4701	LAP APPENDECTOMY	63	1.1	0.38
0391	INJ ANES SPINAL CANAL-ANALGESIA	61	1.1	1.85
2370	ROOT CANAL-NOS	57	1.0	0.26
2341	APPLIC CROWN	56	1.0	0.44

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,941	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	440	8.9	6.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	437	8.8	6.69
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	252	5.1	1.01
43239	UGI ENDO; W/BX 1/MX	244	4.9	6.02
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	172	3.5	2.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	126	2.6	0.91
42820	T&A; UNDER AGE 12	101	2.0	1.56
41899	UNLIST PROC DENTOALVEOL STRUCTUR	95	1.9	0.79
29881	SCOPE KNEE SURG;W/MENISCECT MED/	91	1.8	1.47
64493	64493	84	1.7	0.25
69436	TYMPANOSTOMY GENERAL ANESTHESIA	83	1.7	1.71
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	77	1.6	0.28
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	74	1.5	1.18
64494	64494	70	1.4	0.19
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	68	1.4	0.58
49505	REPR INIT ING HERNIA 5YR/MORE; R	67	1.4	0.72
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	65	1.3	0.46
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	64	1.3	1.13
44970	LAPAROSCOPY SURGICAL APPENDECTOM	62	1.3	0.34
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	59	1.2	0.53

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		3,071	\$2,944	\$4,864
4523	COLONOSCOPY	512	\$923	\$1,265
0392	INJ OTH AGENT SPINAL CANAL	337	\$1,208	\$1,445
4542	ENDO POLYPECTOMY LG INTESTINE	307	\$1,288	\$1,760
5123	LAP CHOLEY	158	\$6,512	\$8,201
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	138	\$1,291	\$1,852
283	TONSILLECTOMY W/ADENOIDECTOMY	96	\$2,439	\$3,273
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	78	\$1,450	\$1,961
282	TONSILLECTOMY WO ADENOIDECTOMY	68	\$2,662	\$3,403
0443	RELEASE CARPAL TUNNEL	58	\$2,197	\$2,934
4525	CLO [ENDO] BX LG INTESTINE	56	\$1,348	\$1,909
4836	[ENDO] POLYPECTOMY RECTUM	50	\$1,211	\$1,609
4513	OTH ENDO SM INTESTINE	36	\$1,204	\$1,505
5304	UNILAT REPR INDIRECT ING HERN-GFT	36	\$4,980	\$5,647
806	EXC SEMILUNAR CARTILAGE-KNEE	36	\$4,360	\$5,149
6952	ASPIR CURET FOLLOWING DELIV/AB	35	\$2,834	\$3,495
0489	INJ NON-NEUROLYTIC PERIPH NERV	34	\$1,470	\$1,659
4701	LAP APPENDECTOMY	29	\$7,855	\$10,495
6029	OTH TRANSURETHRAL PROSTATECTOMY	26	\$9,745	\$9,685
560	TRANSURETH REMOV OBST URETER-PELV	25	\$4,409	\$6,448
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	24	\$5,950	\$10,862

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		3,069	\$3,052	\$4,353
45378	COLONOSCOPY FLEX; DX-SEP PROC	398	\$921	\$1,275
45380	COLONOSCOPY FLEX; W/BX 1/MX	347	\$1,291	\$1,698
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	243	\$1,171	\$1,590
43239	UGI ENDO; W/BX 1/MX	135	\$1,237	\$1,799
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	113	\$1,401	\$1,840
47562	LAPAROSCOPY SURGICAL; CHOLECT	91	\$6,126	\$7,363
42820	T&A; UNDER AGE 12	89	\$2,418	\$3,185
41899	UNLIST PROC DENTOALVEOL STRUCTUR	86	\$2,289	\$3,672
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	73	\$1,136	\$1,787
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	67	\$6,901	\$8,835
69436	TYMPANOSTOMY GENERAL ANESTHESIA	66	\$962	\$1,779
29881	SCOPE KNEE SURG;W/MENISCECT MED/	62	\$4,455	\$4,987
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	62	\$2,688	\$3,512
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	60	\$2,234	\$3,049
49505	REPR INIT ING HERNIA 5YR/MORE; R	54	\$5,009	\$5,632
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	32	\$1,127	\$1,825
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	31	\$954	\$1,340
20680	REMOVAL OF IMPLANT; DEEP	27	\$3,497	\$4,387
29880	SCOPE KNEE SURG;W/MENISCECT MED&	25	\$4,426	\$5,295
44970	LAPAROSCOPY SURGICAL APPENDECTOM	25	\$7,350	\$10,450

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

112 Valley View Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	85	10,274
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	2,649
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	148
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	5	165
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	182
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	1,191
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	4,645
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	2	875
	014 LEVEL III SKIN REPAIR	3	247
02	BREAST PROCEDURES	19	1,671
	020 LEVEL I BREAST PROCEDURES	19	1,627
03	MUSCULOSKELETAL SYSTEM PROCEDURES	824	66,722
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	2,402
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	75	4,903
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	2,286
	033 LEVEL I HAND PROCEDURES	51	3,806
	034 LEVEL II HAND PROCEDURES	12	1,210
	035 LEVEL I FOOT PROCEDURES	66	6,177
	036 LEVEL II FOOT PROCEDURES	27	1,830
	037 LEVEL I ARTHROSCOPY	260	23,401
	038 LEVEL II ARTHROSCOPY	88	5,474
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	11	605
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	29	543
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	71	5,701
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	475
	045 BUNION PROCEDURES	19	1,762
	046 LEVEL I ARTHROPLASTY	5	650
	048 HAND AND FOOT TENOTOMY	11	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	2,711
04	RESPIRATORY PROCEDURES	99	12,953
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	2,675
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	13	2,980
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	81	4,869
05	CARDIOVASCULAR PROCEDURES	10	11,503
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	1,314
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	75
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	143
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	36	4,562
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,545
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	35	1,720
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,217	118,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	448
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	22	1,300
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	713
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	519

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	308	25,670
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	65	5,867
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	884	45,397
	137 THERAPEUTIC COLONOSCOPY	190	9,233
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	20	2,105
	139 LEVEL I HERNIA REPAIR	128	5,686
	140 LEVEL II HERNIA REPAIR	34	1,214
	141 LEVEL I ANAL AND RECTAL PROCEDURES	13	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	13	1,074
	143 LEVEL I GASTROINTESTINAL PROCEDURES	11	413
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	119
	145 LEVEL I LAPAROSCOPY	62	2,342
	146 LEVEL II LAPAROSCOPY	284	7,903
	147 LEVEL III LAPAROSCOPY	162	7,188
	148 LEVEL IV LAPAROSCOPY	4	184
08	GENITOURINARY SYSTEM PROCEDURES	134	12,284
	162 URINARY CATHETERIZATION AND DILATATION	5	258
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	59	5,858
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	62	4,061
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	205
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	481
09	MALE REPRODUCTIVE SYSTEM	70	4,273
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	23	1,477
	181 CIRCUMCISION	15	967
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	27	1,446
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	300
10	FEMALE REPRODUCTIVE SYSTEM	243	9,203
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	52	1,485
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	50	1,849
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	69	2,229
	199 DILATION AND CURETTAGE	8	518
	200 HYSTEROSCOPY	52	2,466
	201 COLPOSCOPY	12	654
11	NEUROLOGIC SYSTEM PROCEDURES	669	25,428
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	329	4,570
	217 LEVEL I NERVE PROCEDURES	79	4,176
	218 LEVEL II NERVE PROCEDURES	1	1,051
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	259	11,336
	223 LEVEL III NERVE PROCEDURES	1	822
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	12,660
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	237
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	523	31,882
	252 LEVEL I FACIAL AND ENT PROCEDURES	217	13,372
	253 LEVEL II FACIAL AND ENT PROCEDURES	12	1,514
	254 LEVEL III FACIAL AND ENT PROCEDURES	79	3,880
	255 LEVEL IV FACIAL AND ENT PROCEDURES	29	3,301

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
256 TONSIL AND ADENOID PROCEDURES	186	9,670

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	58	\$3,226	\$4,301
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$2,692	\$4,844
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,549	\$3,432
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,054	\$631
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,104	\$3,135
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	\$3,037	\$3,592
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	35	\$3,462	\$4,207
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,435	\$6,300
	013 LEVEL II SKIN REPAIR	1	\$4,235	\$4,459
	014 LEVEL III SKIN REPAIR	1	\$2,970	\$7,376
02	BREAST PROCEDURES	18	\$3,565	\$4,831
	020 LEVEL I BREAST PROCEDURES	18	\$3,565	\$4,723
03	MUSCULOSKELETAL SYSTEM PROCEDURES	402	\$4,674	\$6,029
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$4,351	\$5,214
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$4,047	\$6,757
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$7,348	\$10,524
	033 LEVEL I HAND PROCEDURES	37	\$3,044	\$3,410
	034 LEVEL II HAND PROCEDURES	6	\$4,401	\$6,046
	035 LEVEL I FOOT PROCEDURES	21	\$3,711	\$4,184
	036 LEVEL II FOOT PROCEDURES	13	\$6,812	\$8,885
	037 LEVEL I ARTHROSCOPY	129	\$4,622	\$5,096
	038 LEVEL II ARTHROSCOPY	15	\$10,721	\$13,106
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	\$5,490	\$5,630
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	28	\$2,111	\$3,606
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	64	\$6,271	\$9,329
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,179	\$3,818
	045 BUNION PROCEDURES	6	\$6,361	\$6,420
	046 LEVEL I ARTHROPLASTY	1	\$6,081	\$9,598
	048 HAND AND FOOT TENOTOMY	7	\$1,869	\$2,534
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$824	\$1,654
04	RESPIRATORY PROCEDURES	11	\$2,785	\$2,438
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	\$2,490	\$2,700
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$2,994	\$1,165
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,850	\$5,392
05	CARDIOVASCULAR PROCEDURES	6	\$8,200	\$18,123
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$9,514	\$6,616
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$5,013	\$8,297
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	\$7,822	\$8,315
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	33	\$8,801	\$5,118
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$7,998	\$3,738
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	32	\$8,826	\$8,262
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,459	\$2,595	\$3,066
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$737	\$1,167
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$846	\$1,834
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	166	\$1,185	\$1,782

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	22	\$2,080	\$2,558
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	745	\$1,093	\$1,465
	137 THERAPEUTIC COLONOSCOPY	125	\$1,402	\$1,880
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$1,037	\$6,191
	139 LEVEL I HERNIA REPAIR	89	\$4,597	\$5,188
	140 LEVEL II HERNIA REPAIR	18	\$5,842	\$6,288
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	\$3,516	\$3,586
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$4,103	\$4,508
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$12,148	\$4,426
	145 LEVEL I LAPAROSCOPY	19	\$7,324	\$6,523
	146 LEVEL II LAPAROSCOPY	136	\$6,515	\$8,651
	147 LEVEL III LAPAROSCOPY	111	\$8,025	\$9,502
	148 LEVEL IV LAPAROSCOPY	1	\$12,578	\$16,442
08	GENITOURINARY SYSTEM PROCEDURES	106	\$4,686	\$5,700
	162 URINARY CATHETERIZATION AND DILATATION	5	\$7,090	\$5,011
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	46	\$3,326	\$3,113
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	47	\$4,749	\$6,114
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$2,293	\$2,387
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	\$13,416	\$15,091
09	MALE REPRODUCTIVE SYSTEM	53	\$5,967	\$5,436
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$3,518	\$3,472
	181 CIRCUMCISION	14	\$2,035	\$2,393
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	24	\$9,763	\$8,255
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	4	\$3,685	\$1,958
10	FEMALE REPRODUCTIVE SYSTEM	94	\$6,189	\$5,677
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	\$4,489	\$4,672
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	10	\$4,729	\$5,814
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	40	\$7,764	\$8,297
	199 DILATION AND CURETTAGE	4	\$2,526	\$3,922
	200 HYSTEROSCOPY	26	\$5,612	\$6,149
	201 COLPOSCOPY	4	\$5,753	\$1,107
11	NEUROLOGIC SYSTEM PROCEDURES	438	\$1,507	\$5,293
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	316	\$1,163	\$1,622
	217 LEVEL I NERVE PROCEDURES	70	\$2,740	\$3,955
	218 LEVEL II NERVE PROCEDURES	1	\$21,559	\$22,021
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	50	\$1,187	\$2,017
	223 LEVEL III NERVE PROCEDURES	1	\$19,669	\$36,029
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$7,254	\$4,277
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$7,254	\$9,262
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	388	\$2,583	\$4,442
	252 LEVEL I FACIAL AND ENT PROCEDURES	168	\$1,788	\$2,666
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	\$3,781	\$3,767
	254 LEVEL III FACIAL AND ENT PROCEDURES	25	\$3,679	\$8,073
	255 LEVEL IV FACIAL AND ENT PROCEDURES	23	\$7,226	\$10,539
	256 TONSIL AND ADENOID PROCEDURES	165	\$2,528	\$3,305

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,379	56.6	141,642	53.9
Male	1,826	43.4	121,333	46.1
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
<b>AGE</b>				
1-28 days	4	0.1	1,613	0.6
29-365 days	27	0.6	2,902	1.1
1-4 years	192	4.6	11,446	4.4
5-9	101	2.4	7,208	2.7
10-14	89	2.1	5,295	2.0
15-17	95	2.3	5,309	2.0
18-19	84	2.0	3,821	1.5
20-24	202	4.8	10,434	4.0
25-29	186	4.4	12,230	4.7
30-34	190	4.5	14,877	5.7
35-39	189	4.5	14,643	5.6
40-44	172	4.1	14,871	5.7
45-49	206	4.9	17,304	6.6
50-54	462	11.0	30,494	11.6
55-59	400	9.5	26,436	10.1
60-64	373	8.9	24,041	9.1
65-69	431	10.2	20,003	7.6
70-74	348	8.3	15,679	6.0
75-79	239	5.7	11,976	4.6
80-84	140	3.3	7,762	3.0
85-89	56	1.3	3,511	1.3
90 +	19	0.5	1,125	0.4
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	74	1.8	106,152	40.4
Clinic Referral	4,128	98.2	152,476	58.0
HMO Referral	0	0.0	2,964	1.1
Other Hospital	0	0.0	200	0.1
Skilled Nursing Facility	0	0.0	139	0.1
Other Health Care Facility	0	0.0	29	0.0
ER (Not valid since 7/2010)	0	0.0	19	0.0
Court/Law Enforcement	3	0.1	17	0.0
Unknown	0	0.0	930	0.4
Not Reported	0	0.0	54	0.0

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,201	99.9	262,109	99.7
Another Hospital	2	0.0	126	0.0
Skilled Nursing Facility	0	0.0	203	0.1
Intermediate Care Facility	0	0.0	16	0.0
Another Type of Institution	0	0.0	120	0.0
Under Care of Home Service	1	0.0	303	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	16	0.0
Unknown	0	0.0	50	0.0
Not Reported	0	0.0	21	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,357	32.3	62,882	23.9
Medicaid	470	11.2	19,964	7.6
Other government	94	2.2	6,019	2.3
Blue Cross/Blue Shield	447	10.6	33,344	12.7
Other Commercial	313	7.4	17,383	6.6
Managed Care(HMO, PPO)	1,395	33.2	114,999	43.7
Self Pay	33	0.8	3,241	1.2
Industrial & Worker Comp	50	1.2	3,157	1.2
Charity and Unclassified	9	0.2	775	0.3
Childrens Health Insurance	0	0.0	172	0.1
Unknown	37	0.9	963	0.4
Not Reported	0	0.0	81	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	6	0.1	18,464	7.0
Central Utah	244	5.8	9,378	3.6
Davis County	1	0.0	28,404	10.8
Salt Lake County	21	0.5	89,757	34.1
Southeastern Utah	4	0.1	5,550	2.1
Southwest Utah	3,767	89.6	16,470	6.3
Summit County	0	0.0	4,120	1.6
Tooele County	0	0.0	6,638	2.5
Tri-County	0	0.0	6,537	2.5
Utah County	5	0.1	39,778	15.1
Wasatch County	0	0.0	2,138	0.8
Weber County	2	0.0	21,938	8.3
Unknown Utah	0	0.0	15	0.0
Outside Utah	152	3.6	13,675	5.2
Unknown, Not Reported	3	0.1	118	0.0

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



**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	418	100.0	154,611	100.0
Mastectomy (19120-19220)	2	0.5	304	0.2
Musculoskeletal (20000-29909)	386	92.3	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	2	0.5	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	28	6.7	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

428 Alpine 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				
26055	TENDON SHEATH INCISION	46	11.0	0.40
29848	ENDO WRST SURG REL TRNS CARP LIG	45	10.8	0.36
25111	EXCISION OF GANGLION WRIST; PRIM	39	9.3	0.17
20680	REMOVAL OF IMPLANT; DEEP	38	9.1	0.45
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	23	5.5	0.05
26160	EXC LES TEND SHETH/JNT CAP HND/F	21	5.0	0.13
25000	INCISION EXT TENDON SHEATH WRIST	20	4.8	0.10
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	13	3.1	0.25
25260	REPR TEND/MUSC FLX WRIST; PRIM 1	10	2.4	0.01
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	10	2.4	0.08
26735	OPEN TX PHALANGEAL FX W/WO FIX E	10	2.4	0.03
64831	SUT DIGTL NERVE HAND/FOOT; 1 NER	9	2.2	0.03
26350	REP FLX TEND NOT ZONE 2 DIGT;NO	8	1.9	0.02
25270	REPR TEND/MUSC EXT WRIST; PRIM 1	6	1.4	0.01
26200	EXCISION/CURET BN CYST/BEN TUMR	6	1.4	0.01
26540	REPAIR COLLAT LIGAMENT MCP/IP JO	6	1.4	0.04
26607	CLOS TX MC FX W/MANIP W/EXT FIX	6	1.4	0.01
26725	CLOS TX PHALANGEAL FX; W/WO TRAC	6	1.4	0.01
26746	OPN TX ARTIC FX MCP/IP JNT W/WO	6	1.4	0.02
20103	EXPL PENETRAT WOUND-SEP PROC;EXT	4	1.0	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, 2011  
 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				
25111	EXCISION OF GANGLION WRIST; PRIM	213	\$1,867	\$2,172
29848	ENDO WRST SURG REL TRNS CARP LIG	33	\$1,274	\$2,058
26055	TENDON SHEATH INCISION	31	\$2,021	\$2,929
20680	REMOVAL OF IMPLANT; DEEP	26	\$1,713	\$2,138
26160	EXC LES TEND SHETH/JNT CAP HND/F	20	\$1,420	\$2,483
25000	INCISION EXT TENDON SHEATH WRIST	15	\$1,685	\$2,407
26735	OPEN TX PHALANGEAL FX W/VO FIX E	10	\$1,679	\$1,449
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	8	\$1,642	\$2,610
26607	CLOS TX MC FX W/MANIP W/EXT FIX	8	\$2,247	\$2,098
26615	OPEN TX MC FX 1 W/VO INTRL/EXT F	6	\$2,138	\$1,851
26020	DRAIN TEND SHEATH DIGIT &/ PALM	6	\$3,353	\$3,034
26608	PERCUT SKEL FIX MC FRACTURE EA B	4	\$1,822	\$1,225
26765	OPEN TX DIST PHALANG FX W/VO FIX	4	\$2,396	\$2,745
26540	REPAIR COLLAT LIGAMENT MCP/IP JO	4	\$1,273	\$2,417
64831	SUT DIGTL NERVE HAND/FOOT; 1 NER	3	\$2,838	\$2,328
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$5,294	\$3,020
20926	TISSUE GRAFTS OTHER	2	\$1,323	\$1,466
25628	OPEN TX CARPAL SCAPHOID FX W/VO	2	\$1,927	\$2,244
25800	ARTHRODISIS WRST; Cmpl W/O BN GRAF	2	\$2,162	\$3,122
26045	FASCIOTOMY PALMAR; OPEN PARTIAL	2	\$2,206	\$3,887
		2	\$2,220	\$1,862

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	48	2,645
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	40	1,362
	014 LEVEL III SKIN REPAIR	6	98
02	BREAST PROCEDURES	2	274
	020 LEVEL I BREAST PROCEDURES	2	271
03	MUSCULOSKELETAL SYSTEM PROCEDURES	334	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	835
	033 LEVEL I HAND PROCEDURES	165	1,637
	034 LEVEL II HAND PROCEDURES	25	429
	037 LEVEL I ARTHROSCOPY	45	9,939
	039 REPLACEMENT OF CAST	2	3
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	1,386
	046 LEVEL I ARTHROPLASTY	2	253
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	645
07	GASTROINTESTINAL SYSTEM PROCEDURES	2	59,492
	140 LEVEL II HERNIA REPAIR	2	207
11	NEUROLOGIC SYSTEM PROCEDURES	28	8,540
	217 LEVEL I NERVE PROCEDURES	26	2,004
	218 LEVEL II NERVE PROCEDURES	2	75
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	620

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	22	\$1,466	\$1,639
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	\$1,420	\$2,243
	014 LEVEL III SKIN REPAIR	2	\$1,927	\$2,197
02	BREAST PROCEDURES	2	\$1,323	\$1,377
	020 LEVEL I BREAST PROCEDURES	2	\$1,323	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	178	\$1,848	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$1,679	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$2,206	\$3,286
	033 LEVEL I HAND PROCEDURES	93	\$1,646	\$2,238
	034 LEVEL II HAND PROCEDURES	10	\$2,360	\$2,806
	037 LEVEL I ARTHROSCOPY	31	\$2,021	\$3,693
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$2,138	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	26	\$2,134	\$3,543
11	NEUROLOGIC SYSTEM PROCEDURES	11	\$3,078	\$1,636
	217 LEVEL I NERVE PROCEDURES	11	\$3,078	\$2,013

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

428 Alpine Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	149	50.2	60,235	53.3
Male	148	49.8	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	4	1.3	1,379	1.2
15-17	12	4.0	1,548	1.4
18-19	16	5.4	1,314	1.2
20-24	22	7.4	3,658	3.2
25-29	39	13.1	3,719	3.3
30-34	22	7.4	4,323	3.8
35-39	26	8.8	4,350	3.8
40-44	29	9.8	4,618	4.1
45-49	19	6.4	5,768	5.1
50-54	30	10.1	12,040	10.6
55-59	32	10.8	10,423	9.2
60-64	33	11.1	10,920	9.7
65-69	5	1.7	12,396	11.0
70-74	2	0.7	10,909	9.6
75-79	4	1.3	8,797	7.8
80-84	2	0.7	5,835	5.2
85-89	0	0.0	2,400	2.1
90 +	0	0.0	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	297	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

428 Alpine Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	297	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	21	7.1	36,503	32.3
Medicaid	9	3.0	7,769	6.9
Other government	174	58.6	4,318	3.8
Blue Cross/Blue Shield	14	4.7	21,533	19.0
Other Commercial	22	7.4	7,538	6.7
Managed Care(HMO, PPO)	25	8.4	30,290	26.8
Self Pay	8	2.7	1,634	1.4
Industrial & Worker Comp	24	8.1	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	5	1.7	4,706	4.2
Central Utah	0	0.0	1,480	1.3
Davis County	123	41.4	16,394	14.5
Salt Lake County	8	2.7	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	2	0.7	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	0	0.0	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	0	0.0	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	155	52.2	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	4	1.3	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	4	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	0	0.0	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	0	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	124	0.2
Digestive System (42.0-54.99)	0	0.0	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	0	0.0	308	0.5
Female Genital (65.0-71.99)	0	0.0	690	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,352	6.4
Eye (08.0-16.99)	0	0.0	10,507	15.4
Ear (18.0-20.99)	0	0.0	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	4	100.0	11,264	16.5
Reporting Category(CPT-4 CODES)	4,048	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	1,199	29.6	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	213	5.3	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	20	0.5	295	0.2
Lymphatic/Hemetic (38100-38999)	2	0.0	198	0.1
Digestive (40490-49999)	2,394	59.1	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	72	1.8	2,251	1.5
Endocrine/Nervous (60000-64999)	37	0.9	8,726	5.6
Eye (65091-68899)	5	0.1	30,244	19.6
Ear (69000-69979)	106	2.6	5,045	3.3

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		4	100.0	100.0
28	OPER TONSILS & ADENOIDS	2	50.0	0.00
2810	2810	2	50.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		4,048	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	592	14.6	8.22
45380	COLONOSCOPY FLEX; W/BX 1/MX	523	12.9	10.40
45378	COLONOSCOPY FLEX; DX-SEP PROC	427	10.5	8.61
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	244	6.0	2.90
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	205	5.1	1.44
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	126	3.1	1.47
29826	SCOPE SHOULDER; DECOMP SUBACROM	115	2.8	1.14
29848	ENDO WRST SURG REL TRNS CARP LIG	110	2.7	0.36
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	101	2.5	0.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	98	2.4	1.50
69436	TYMPANOSTOMY GENERAL ANESTHESIA	92	2.3	2.73
29879	SCOPE KNEE SURG; ABRASION ARTHPL	79	2.0	0.30
26055	TENDON SHEATH INCISION	67	1.7	0.40
29823	SCOPE SHOULDER SURGICAL; DEBRID	64	1.6	0.22
29880	SCOPE KNEE SURG;W/MENISCECT MED&	53	1.3	0.51
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	51	1.3	1.07
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	50	1.2	0.57
29807	SCOPE SHLDR SURG; REPR SLAP LESI	38	0.9	0.18
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	37	0.9	0.43
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	34	0.8	0.37

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		1,934	\$1,646	\$2,172
45378	COLONOSCOPY FLEX; DX-SEP PROC	337	\$1,295	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	323	\$1,546	\$1,366
43239	UGI ENDO; W/BX 1/MX	264	\$1,019	\$1,534
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	116	\$1,835	\$1,485
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	86	\$864	\$1,377
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	84	\$1,291	\$1,414
29848	ENDO WRST SURG REL TRNS CARP LIG	63	\$2,236	\$2,929
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	62	\$1,134	\$1,775
29881	SCOPE KNEE SURG;W/MENISCECT MED/	46	\$2,844	\$3,394
42820	T&A; UNDER AGE 12	29	\$1,939	\$1,789
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	28	\$1,676	\$1,720
20670	REMOVAL OF IMPLANT; SUP SEP PROC	24	\$643	\$2,008
29880	SCOPE KNEE SURG;W/MENISCECT MED&	23	\$3,042	\$3,911
26055	TENDON SHEATH INCISION	20	\$1,327	\$2,138
29879	SCOPE KNEE SURG; ABRASION ARTHPL	18	\$2,919	\$3,186
29826	SCOPE SHOULDER; DECOMP SUBACROM	17	\$2,927	\$3,924
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	14	\$4,046	\$3,145
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	14	\$2,374	\$4,140
58558	HYSTEROscopy SURG; W/BX &/ POLYPE	13	\$1,764	\$2,335
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	12	\$1,123	\$980

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	90	2,645
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	63
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	68	1,362
	013 LEVEL II SKIN REPAIR	6	67
	014 LEVEL III SKIN REPAIR	1	98
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,101	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	835
	033 LEVEL I HAND PROCEDURES	132	1,637
	034 LEVEL II HAND PROCEDURES	16	429
	035 LEVEL I FOOT PROCEDURES	33	2,503
	036 LEVEL II FOOT PROCEDURES	7	552
	037 LEVEL I ARTHROSCOPY	576	9,939
	038 LEVEL II ARTHROSCOPY	126	2,078
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	80	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	205
	045 BUNION PROCEDURES	21	892
	047 LEVEL II ARTHROPLASTY	3	27
	048 HAND AND FOOT TENOTOMY	9	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	645
04	RESPIRATORY PROCEDURES	107	4,930
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	101	3,931
05	CARDIOVASCULAR PROCEDURES	1	50
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	3
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	16	277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	13	140
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	1	2
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,319	59,492
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	112
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	719	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	236	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,055	29,841
	137 THERAPEUTIC COLONOSCOPY	282	5,824
	140 LEVEL II HERNIA REPAIR	1	207
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	273
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	11
	145 LEVEL I LAPAROSCOPY	3	164
	146 LEVEL II LAPAROSCOPY	13	806
	147 LEVEL III LAPAROSCOPY	6	799
10	FEMALE REPRODUCTIVE SYSTEM	52	1,233

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	11	185
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	105
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	162
199 DILATION AND CURETTAGE	2	28
200 HYSTEROSCOPY	29	375
201 COLPOSCOPY	1	377
11 NEUROLOGIC SYSTEM PROCEDURES	36	8,540
217 LEVEL I NERVE PROCEDURES	36	2,004
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	5	29,855
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,066
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	2,821
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	311	17,532
252 LEVEL I FACIAL AND ENT PROCEDURES	163	10,552
253 LEVEL II FACIAL AND ENT PROCEDURES	5	620
254 LEVEL III FACIAL AND ENT PROCEDURES	51	1,999
255 LEVEL IV FACIAL AND ENT PROCEDURES	2	577
256 TONSIL AND ADENOID PROCEDURES	90	3,783

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	51	\$1,161	\$1,639
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$559	\$756
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$949	\$1,716
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$1,129	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	43	\$1,188	\$2,243
	014 LEVEL III SKIN REPAIR	1	\$1,548	\$2,197
03	MUSCULOSKELETAL SYSTEM PROCEDURES	396	\$2,526	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$1,655	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$2,556	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$3,828	\$4,230
	033 LEVEL I HAND PROCEDURES	53	\$1,668	\$2,238
	034 LEVEL II HAND PROCEDURES	3	\$2,896	\$2,806
	035 LEVEL I FOOT PROCEDURES	14	\$1,545	\$2,349
	036 LEVEL II FOOT PROCEDURES	1	\$3,720	\$3,331
	037 LEVEL I ARTHROSCOPY	190	\$2,636	\$3,693
	038 LEVEL II ARTHROSCOPY	18	\$4,553	\$6,268
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	\$2,015	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	66	\$2,609	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$750	\$1,288
	045 BUNION PROCEDURES	9	\$2,646	\$2,758
	047 LEVEL II ARTHROPLASTY	3	\$4,143	\$9,470
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$179	\$1,186
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$1,564	\$2,266
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	\$668	\$6,509
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$2,459	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,317	\$1,349	\$1,589
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	351	\$980	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	78	\$1,146	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	747	\$1,401	\$1,422
	137 THERAPEUTIC COLONOSCOPY	121	\$1,834	\$1,579
	140 LEVEL II HERNIA REPAIR	1	\$1,586	\$2,700
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$4,526	\$1,557
	145 LEVEL I LAPAROSCOPY	3	\$2,255	\$3,179
	146 LEVEL II LAPAROSCOPY	9	\$3,788	\$3,976
	147 LEVEL III LAPAROSCOPY	6	\$4,644	\$4,814
10	FEMALE REPRODUCTIVE SYSTEM	44	\$1,970	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	\$1,171	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$1,948	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	\$4,610	\$3,598
	199 DILATION AND CURETTAGE	2	\$1,427	\$1,475
	200 HYSTEROSCOPY	27	\$2,080	\$3,408
	201 COLPOSCOPY	1	\$1,254	\$701
11	NEUROLOGIC SYSTEM PROCEDURES	16	\$2,193	\$1,636
	217 LEVEL I NERVE PROCEDURES	16	\$2,193	\$2,013
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	106	\$2,065	\$2,001

**AMB ST 1-5  
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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 CHRG	AVE TOT CHRG(ALL FASCs )
252 LEVEL I FACIAL AND ENT PROCEDURES	17	\$1,000	\$2,038
253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$1,919	\$1,997
254 LEVEL III FACIAL AND ENT PROCEDURES	14	\$4,046	\$2,897
255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$8,925	\$2,904
256 TONSIL AND ADENOID PROCEDURES	71	\$1,839	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

431 American Fork Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,531	54.0	60,235	53.3
Male	1,302	46.0	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	18	0.6	694	0.6
1-4 years	40	1.4	4,826	4.3
5-9	41	1.4	2,284	2.0
10-14	43	1.5	1,379	1.2
15-17	58	2.0	1,548	1.4
18-19	58	2.0	1,314	1.2
20-24	131	4.6	3,658	3.2
25-29	102	3.6	3,719	3.3
30-34	148	5.2	4,323	3.8
35-39	146	5.2	4,350	3.8
40-44	159	5.6	4,618	4.1
45-49	187	6.6	5,768	5.1
50-54	337	11.9	12,040	10.6
55-59	251	8.9	10,423	9.2
60-64	210	7.4	10,920	9.7
65-69	327	11.5	12,396	11.0
70-74	235	8.3	10,909	9.6
75-79	206	7.3	8,797	7.8
80-84	95	3.4	5,835	5.2
85-89	36	1.3	2,400	2.1
90 +	5	0.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,833	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

431 American Fork Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,833	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	988	34.9	36,503	32.3
Medicaid	77	2.7	7,769	6.9
Other government	106	3.7	4,318	3.8
Blue Cross/Blue Shield	583	20.6	21,533	19.0
Other Commercial	235	8.3	7,538	6.7
Managed Care(HMO, PPO)	806	28.5	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	34	1.2	1,560	1.4
Charity and Unclassified	1	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	3	0.1	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2	0.1	4,706	4.2
Central Utah	75	2.6	1,480	1.3
Davis County	4	0.1	16,394	14.5
Salt Lake County	48	1.7	37,661	33.3
Southeastern Utah	23	0.8	1,013	0.9
Southwest Utah	2	0.1	11,458	10.1
Summit County	1	0.0	1,614	1.4
Tooele County	2	0.1	2,088	1.8
Tri-County	11	0.4	494	0.4
Utah County	2,598	91.7	15,087	13.3
Wasatch County	25	0.9	501	0.4
Weber County	1	0.0	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	41	1.4	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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



**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	11,714	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	3,965	33.8	17,002	25.0
Respiratory (30.0-34.99)	15	0.1	110	0.2
Cardiovascular (35.0-39.99)	2	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	11	0.1	124	0.2
Digestive System (42.0-54.99)	2,255	19.3	18,063	26.5
Urinary (55.0-59.99)	335	2.9	986	1.4
Male Genital (60.0-64.99)	78	0.7	308	0.5
Female Genital (65.0-71.99)	47	0.4	690	1.0
Endocrine/Nervous (01.0-07.99)	1,230	10.5	4,352	6.4
Eye (08.0-16.99)	1,952	16.7	10,507	15.4
Ear (18.0-20.99)	521	4.4	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	1,303	11.1	11,264	16.5
Reporting Category(CPT-4 CODES)	16,501	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	5,625	34.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	1,038	6.3	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	152	0.9	295	0.2
Lymphatic/Hemetic (38100-38999)	16	0.1	198	0.1
Digestive (40490-49999)	3,715	22.5	67,037	43.4
Urinary (50010-53899)	801	4.9	2,312	1.5
Male Genital (54000-55899)	106	0.6	941	0.6
Female Genital (56405-58999)	68	0.4	2,251	1.5
Endocrine/Nervous (60000-64999)	1,593	9.7	8,726	5.6
Eye (65091-68899)	2,622	15.9	30,244	19.6
Ear (69000-69979)	765	4.6	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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				
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,019	8.7	3.61
0391	INJ ANES SPINAL CANAL-ANALGESIA	552	4.7	0.83
4525	CLO [ENDO] BX LG INTESTINE	483	4.1	7.47
806	EXC SEMILUNAR CARTILAGE-KNEE	483	4.1	3.25
2001	MYRINGOTOMY W/INSRT TUBE	459	3.9	4.77
4513	OTH ENDO SM INTESTINE	429	3.7	1.15
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	372	3.2	4.91
4523	COLONOSCOPY	357	3.0	5.93
0443	RELEASE CARPAL TUNNEL	270	2.3	1.84
283	TONSILLECTOMY W/ADENOIDECTOMY	270	2.3	2.82
8183	OTH REPR SHLDR	268	2.3	1.90
4592	ANASTOM SM INTESTINE-RECTAL STUMP	245	2.1	0.36
2169	OTH TURBINECTOMY	221	1.9	2.15
2188	OTH SEPTOPLASTY	172	1.5	1.36
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	159	1.4	0.34
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	158	1.3	0.86
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	145	1.2	1.23
5123	LAP CHOLEY	138	1.2	0.79
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	134	1.1	1.06
8363	ROTATOR CUFF REPR	134	1.1	1.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	1,340	8.1	9.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	678	4.1	2.73
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	567	3.4	1.47
43239	UGI ENDO; W/BX 1/MX	493	3.0	8.22
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	490	3.0	0.97
29881	SCOPE KNEE SURG;W/MENISCECT MED/	488	3.0	1.50
45380	COLONOSCOPY FLEX; W/BX 1/MX	447	2.7	10.40
45378	COLONOSCOPY FLEX; DX-SEP PROC	421	2.6	8.61
29826	SCOPE SHOULDER; DECOMP SUBACROM	382	2.3	1.14
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	352	2.1	0.83
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	341	2.1	1.44
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	334	2.0	0.59
30140	SUBMUCOS RES TURBINATE PART/CMPL	259	1.6	1.53
42820	T&A; UNDER AGE 12	256	1.6	1.10
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	243	1.5	0.68
20680	REMOVAL OF IMPLANT; DEEP	215	1.3	0.45
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	207	1.3	2.90
29822	SCOPE SHOULDER SURGICAL; DEBRID	200	1.2	0.29
66821	DISCISSION 2ND CATARACT; LASER S	198	1.2	1.42
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	194	1.2	0.57

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

401 Central Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
ICD-9	Procedures	5,547	\$3,703	\$2,152
1341	PHACOEMULSIFICATION-ASPIR CATARACT	981	\$3,835	\$3,766
4525	CLO [ENDO] BX LG INTESTINE	396	\$2,220	\$959
4513	OTH ENDO SM INTESTINE	355	\$2,221	\$1,573
806	EXC SEMILUNAR CARTILAGE-KNEE	327	\$5,450	\$3,600
4523	COLONOSCOPY	254	\$2,222	\$1,075
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	239	\$2,222	\$1,039
283	TONSILLECTOMY W/ADENOIDECTOMY	229	\$2,098	\$1,894
4592	ANASTOM SM INTESTINE-RECTAL STUMP	184	\$2,200	\$2,200
5123	LAP CHOLEY	125	\$6,617	\$4,900
0443	RELEASE CARPAL TUNNEL	124	\$2,633	\$2,264
1364	DISCISSION SECNDRY MEMBRN	124	\$1,855	\$1,388
0392	INJ OTH AGENT SPINAL CANAL	104	\$1,822	\$860
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	96	\$5,612	\$4,489
2349	OTH DENTAL RESTORATION	83	\$2,709	\$2,709
1279	OTH GLAU PROC	69	\$1,405	\$1,405
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	58	\$7,725	\$7,133
282	TONSILLECTOMY WO ADENOIDECTOMY	55	\$2,136	\$1,857
8221	EXC LES TENDON SHEATH HAND	48	\$3,435	\$2,287
0391	INJ ANES SPINAL CANAL-ANALGESIA	39	\$1,869	\$1,840
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	37	\$3,913	\$3,716

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4	Procedures	7,575	\$3,793	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	1,287	\$3,839	\$2,925
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	467	\$2,222	\$1,377
45380	COLONOSCOPY FLEX; W/BX 1/MX	340	\$2,222	\$1,366
43239	UGI ENDO; W/BX 1/MX	310	\$2,222	\$1,534
29881	SCOPE KNEE SURG;W/MENISCECT MED/	307	\$5,371	\$3,394
45378	COLONOSCOPY FLEX; DX-SEP PROC	293	\$2,222	\$1,479
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	256	\$2,222	\$1,775
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	241	\$9,307	\$8,212
42820	T&A; UNDER AGE 12	211	\$2,028	\$1,789
66821	DISCISSION 2ND CATARACT; LASER S	197	\$1,822	\$880
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	181	\$2,225	\$1,485
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	163	\$2,473	\$1,715
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	158	\$6,609	\$5,266
41899	UNLIST PROC DENTOALVEOL STRUCTUR	141	\$2,709	\$2,146
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	130	\$1,822	\$1,040
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	128	\$5,603	\$4,042
29880	SCOPE KNEE SURG;W/MENISCECT MED&	123	\$5,609	\$3,911
20680	REMOVAL OF IMPLANT; DEEP	104	\$4,284	\$2,483
42821	T&A; AGE 12 OR OVER	90	\$2,163	\$1,756
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	79	\$2,150	\$1,720

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	350	2,645
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	63
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	30
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	303	1,362
	013 LEVEL II SKIN REPAIR	1	67
	014 LEVEL III SKIN REPAIR	6	98
03	MUSCULOSKELETAL SYSTEM PROCEDURES	5,235	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	146	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	366	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	98	835
	033 LEVEL I HAND PROCEDURES	314	1,637
	034 LEVEL II HAND PROCEDURES	87	429
	035 LEVEL I FOOT PROCEDURES	561	2,503
	036 LEVEL II FOOT PROCEDURES	128	552
	037 LEVEL I ARTHROSCOPY	2,085	9,939
	038 LEVEL II ARTHROSCOPY	503	2,078
	039 REPLACEMENT OF CAST	1	3
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	28	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	361	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	84	205
	045 BUNION PROCEDURES	139	892
	046 LEVEL I ARTHROPLASTY	66	253
	047 LEVEL II ARTHROPLASTY	5	27
	048 HAND AND FOOT TENOTOMY	32	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	228	645
04	RESPIRATORY PROCEDURES	495	4,930
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	48
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	75	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	411	3,931
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	8
05	CARDIOVASCULAR PROCEDURES	15	50
	083 PLACEMENT OF TRANSVENOUS CATHETERS	14	38
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	138	277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	121	140
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	1	2
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,987	59,492
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,066	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	359	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	873	29,841
	137 THERAPEUTIC COLONOSCOPY	207	5,824

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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)
	139 LEVEL I HERNIA REPAIR	129	1,091
	140 LEVEL II HERNIA REPAIR	28	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	273
	145 LEVEL I LAPAROSCOPY	5	164
	146 LEVEL II LAPAROSCOPY	109	806
	147 LEVEL III LAPAROSCOPY	183	799
08	GENITOURINARY SYSTEM PROCEDURES	797	2,445
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	334	916
	162 URINARY CATHETERIZATION AND DILATATION	1	5
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	213	757
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	236	561
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	3
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	23
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	180
09	MALE REPRODUCTIVE SYSTEM	96	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	61	321
	181 CIRCUMCISION	24	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	46
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	4	18
10	FEMALE REPRODUCTIVE SYSTEM	56	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	22	162
	199 DILATION AND CURETTAGE	4	28
	200 HYSTEROSCOPY	13	375
11	NEUROLOGIC SYSTEM PROCEDURES	1,588	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	130	1,193
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	21
	217 LEVEL I NERVE PROCEDURES	506	2,004
	218 LEVEL II NERVE PROCEDURES	16	75
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	904	5,036
	221 LAMINOTOMY AND LAMINECTOMY	19	154
	223 LEVEL III NERVE PROCEDURES	7	56
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,618	29,855
	232 LASER EYE PROCEDURES	276	3,027
	233 CATARACT PROCEDURES	1,423	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	21	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	95	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	55	675
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	5	916
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	10	1,193
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	25	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	148	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	560	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,079	17,532

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

401 Central Utah Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
252 LEVEL I FACIAL AND ENT PROCEDURES	1,182	10,552
253 LEVEL II FACIAL AND ENT PROCEDURES	56	620
254 LEVEL III FACIAL AND ENT PROCEDURES	218	1,999
255 LEVEL IV FACIAL AND ENT PROCEDURES	87	577
256 TONSIL AND ADENOID PROCEDURES	536	3,783

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	180	\$3,695	\$1,639
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$1,813	\$756
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$3,281	\$1,716
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	18	\$2,708	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	152	\$3,881	\$2,243
	014 LEVEL III SKIN REPAIR	1	\$2,823	\$2,197
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,839	\$5,223	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$3,375	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	104	\$5,220	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	\$5,882	\$4,230
	033 LEVEL I HAND PROCEDURES	171	\$3,576	\$2,238
	034 LEVEL II HAND PROCEDURES	36	\$4,323	\$2,806
	035 LEVEL I FOOT PROCEDURES	106	\$3,933	\$2,349
	036 LEVEL II FOOT PROCEDURES	57	\$5,129	\$3,331
	037 LEVEL I ARTHROSCOPY	784	\$5,527	\$3,693
	038 LEVEL II ARTHROSCOPY	148	\$7,930	\$6,268
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$3,344	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	22	\$2,438	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	233	\$5,377	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	19	\$2,569	\$1,288
	045 BUNION PROCEDURES	67	\$4,831	\$2,758
	046 LEVEL I ARTHROPLASTY	2	\$6,355	\$3,656
	047 LEVEL II ARTHROPLASTY	3	\$12,065	\$9,470
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	\$1,197	\$1,186
04	RESPIRATORY PROCEDURES	21	\$3,540	\$1,467
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	\$3,861	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	13	\$3,343	\$2,079
05	CARDIOVASCULAR PROCEDURES	12	\$4,950	\$2,898
	083 PLACEMENT OF TRANSVENOUS CATHETERS	12	\$4,950	\$2,782
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	15	\$3,559	\$2,266
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$2,841	\$6,509
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	\$3,610	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,205	\$2,745	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$922	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$913	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	780	\$2,218	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	273	\$2,158	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	634	\$2,220	\$1,422
	137 THERAPEUTIC COLONOSCOPY	181	\$2,225	\$1,579
	139 LEVEL I HERNIA REPAIR	99	\$5,163	\$2,556
	140 LEVEL II HERNIA REPAIR	15	\$6,504	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	\$1,527	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$2,692	\$1,557
	145 LEVEL I LAPAROSCOPY	1	\$4,001	\$3,179
	146 LEVEL II LAPAROSCOPY	34	\$5,911	\$3,976

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	163	\$6,591	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	358	\$7,566	\$5,668
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	241	\$9,307	\$8,231
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	50	\$3,721	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	59	\$4,352	\$3,037
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$7,382	\$7,382
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$2,596	\$2,302
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	\$2,146	\$4,054
09	MALE REPRODUCTIVE SYSTEM	65	\$3,792	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	39	\$4,124	\$2,592
	181 CIRCUMCISION	18	\$2,989	\$849
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	5	\$4,835	\$2,733
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$2,561	\$1,527
10	FEMALE REPRODUCTIVE SYSTEM	22	\$4,430	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$2,892	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$3,112	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	9	\$4,739	\$3,598
	199 DILATION AND CURETTAGE	1	\$2,997	\$1,475
	200 HYSTEROSCOPY	8	\$4,975	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	394	\$2,878	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	130	\$1,822	\$1,043
	217 LEVEL I NERVE PROCEDURES	198	\$2,995	\$2,013
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	47	\$1,737	\$962
	221 LAMINOTOMY AND LAMINECTOMY	17	\$8,916	\$4,587
	223 LEVEL III NERVE PROCEDURES	2	\$35,368	\$8,561
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,760	\$3,555	\$2,708
	232 LASER EYE PROCEDURES	272	\$1,661	\$886
	233 CATARACT PROCEDURES	1,361	\$3,876	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,731	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	33	\$3,441	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	27	\$5,976	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$2,270	\$852
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$3,950	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$3,379	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	40	\$4,167	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	699	\$2,515	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	205	\$2,612	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	22	\$2,822	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	39	\$4,068	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	36	\$4,858	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	397	\$2,082	\$1,774

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



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,689	51.0	60,235	53.3
Male	5,463	49.0	52,811	46.7
Unknown	1	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	82	0.7	694	0.6
1-4 years	462	4.1	4,826	4.3
5-9	251	2.3	2,284	2.0
10-14	187	1.7	1,379	1.2
15-17	273	2.4	1,548	1.4
18-19	299	2.7	1,314	1.2
20-24	743	6.7	3,658	3.2
25-29	511	4.6	3,719	3.3
30-34	507	4.5	4,323	3.8
35-39	480	4.3	4,350	3.8
40-44	470	4.2	4,618	4.1
45-49	518	4.6	5,768	5.1
50-54	730	6.5	12,040	10.6
55-59	793	7.1	10,423	9.2
60-64	765	6.9	10,920	9.7
65-69	1,120	10.0	12,396	11.0
70-74	1,018	9.1	10,909	9.6
75-79	941	8.4	8,797	7.8
80-84	660	5.9	5,835	5.2
85-89	275	2.5	2,400	2.1
90 +	68	0.6	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	11,153	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	11,153	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	3,470	31.1	36,503	32.3
Medicaid	775	6.9	7,769	6.9
Other government	223	2.0	4,318	3.8
Blue Cross/Blue Shield	1,630	14.6	21,533	19.0
Other Commercial	886	7.9	7,538	6.7
Managed Care(HMO, PPO)	3,540	31.7	30,290	26.8
Self Pay	234	2.1	1,634	1.4
Industrial & Worker Comp	392	3.5	1,560	1.4
Charity and Unclassified	3	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	9	0.1	4,706	4.2
Central Utah	908	8.1	1,480	1.3
Davis County	40	0.4	16,394	14.5
Salt Lake County	195	1.7	37,661	33.3
Southeastern Utah	601	5.4	1,013	0.9
Southwest Utah	54	0.5	11,458	10.1
Summit County	19	0.2	1,614	1.4
Tooele County	28	0.3	2,088	1.8
Tri-County	114	1.0	494	0.4
Utah County	8,688	77.9	15,087	13.3
Wasatch County	159	1.4	501	0.4
Weber County	13	0.1	14,582	12.9
Unknown Utah	4	0.0	14	0.0
Outside Utah	320	2.9	5,949	5.3
Unknown, Not Reported	1	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	6,231	100.0	68,087	100.0
Mastectomy (85.0-85.99)	26	0.4	824	1.2
Musculoskeletal (76.0-84.99)	1,519	24.4	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	6	0.1	27	0.0
Lymphatic/Hemetic (40.0-41.99)	11	0.2	124	0.2
Digestive System (42.0-54.99)	1,054	16.9	18,063	26.5
Urinary (55.0-59.99)	222	3.6	986	1.4
Male Genital (60.0-64.99)	79	1.3	308	0.5
Female Genital (65.0-71.99)	53	0.9	690	1.0
Endocrine/Nervous (01.0-07.99)	718	11.5	4,352	6.4
Eye (08.0-16.99)	1,480	23.8	10,507	15.4
Ear (18.0-20.99)	452	7.3	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	611	9.8	11,264	16.5
Reporting Category(CPT-4 CODES)	7,161	100.0	154,611	100.0
Mastectomy (19120-19220)	1	0.0	304	0.2
Musculoskeletal (20000-29909)	1,876	26.2	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	317	4.4	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	12	0.2	295	0.2
Lymphatic/Hemetic (38100-38999)	11	0.2	198	0.1
Digestive (40490-49999)	1,401	19.6	67,037	43.4
Urinary (50010-53899)	474	6.6	2,312	1.5
Male Genital (54000-55899)	241	3.4	941	0.6
Female Genital (56405-58999)	90	1.3	2,251	1.5
Endocrine/Nervous (60000-64999)	855	11.9	8,726	5.6
Eye (65091-68899)	1,431	20.0	30,244	19.6
Ear (69000-69979)	452	6.3	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		6,231	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	988	15.9	7.01
2001	MYRINGOTOMY W/INSRT TUBE	398	6.4	4.77
4523	COLONOSCOPY	313	5.0	5.93
0392	INJ OTH AGENT SPINAL CANAL	297	4.8	1.02
283	TONSILLECTOMY W/ADENOIDECTOMY	235	3.8	2.82
806	EXC SEMILUNAR CARTILAGE-KNEE	225	3.6	3.25
0443	RELEASE CARPAL TUNNEL	160	2.6	1.84
4525	CLO [ENDO] BX LG INTESTINE	154	2.5	7.47
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	130	2.1	0.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	127	2.0	4.91
0870	RECON EYELID-NOS	115	1.8	0.24
042	DESTRUC CRANIAL & PERIPH NERV	104	1.7	0.53
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	103	1.7	1.23
8183	OTH REPR SHLDR	100	1.6	1.90
5304	UNILAT REPR INDIRECT ING HERN-GFT	90	1.4	0.22
1364	DISCISSION SECNDRY MEMBRN	88	1.4	0.31
7756	REPR HAMMER TOE	86	1.4	0.70
5305	UNILAT REPR ING HERN-GFT-NOS	84	1.3	0.22
0844	REPR ENTROPION/ECTROP-LID RECON	74	1.2	0.24
4513	OTH ENDO SM INTESTINE	74	1.2	1.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,161	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	988	13.8	9.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	398	5.6	2.73
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	213	3.0	0.59
45378	COLONOSCOPY FLEX; DX-SEP PROC	199	2.8	8.61
42820	T&A; UNDER AGE 12	188	2.6	1.10
55875	55875	172	2.4	0.11
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	155	2.2	0.60
45380	COLONOSCOPY FLEX; W/BX 1/MX	152	2.1	10.40
43239	UGI ENDO; W/BX 1/MX	126	1.8	8.22
29881	SCOPE KNEE SURG;W/MENISCECT MED/	125	1.7	1.50
29880	SCOPE KNEE SURG;W/MENISCECT MED&	100	1.4	0.51
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	94	1.3	0.83
49505	REPR INIT ING HERNIA 5YR/MORE; R	90	1.3	0.42
29826	SCOPE SHOULDER; DECOMP SUBACROM	88	1.2	1.14
66821	DISCISSION 2ND CATARACT; LASER S	88	1.2	1.42
28285	CORRECTION HAMMERTOES	86	1.2	0.50
49650	LAPARSCPY SURG; REPR INIT ING HE	84	1.2	0.18
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	76	1.1	0.97
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	74	1.0	1.47
67917	REPAIR OF ECTROPION; EXTENSIVE	69	1.0	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, 2011  
 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		3,465	\$1,748	\$2,152
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	984	\$1,359	\$1,882
0392	INJ OTH AGENT SPINAL CANAL	269	\$737	\$860
4523	COLONOSCOPY	254	\$664	\$1,075
283	TONSILLECTOMY W/ADENOIDECTOMY	187	\$1,674	\$1,894
0443	RELEASE CARPAL TUNNEL	115	\$1,754	\$2,264
4525	CLO [ENDO] BX LG INTESTINE	114	\$637	\$959
806	EXC SEMILUNAR CARTILAGE-KNEE	112	\$2,841	\$3,600
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	85	\$860	\$1,039
1364	DISCISSION SECNDRY MEMBRN	84	\$697	\$1,388
2001	MYRINGOTOMY W/INSRT TUBE	79	\$1,341	\$1,675
5304	UNILAT REPR INDIRECT ING HERN-GFT	71	\$2,699	\$3,096
5123	LAP CHOLEY	61	\$4,225	\$4,900
5732	OTH CYSTOSCOPY	45	\$2,608	\$3,555
5749	OTH TRANSURETH EXC/DEST LES BLADDER	40	\$2,693	\$2,650
5305	UNILAT REPR ING HERN-GFT-NOS	39	\$3,204	\$2,993
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	37	\$2,676	\$3,066
4513	OTH ENDO SM INTESTINE	35	\$852	\$1,573
282	TONSILLECTOMY WO ADENOIDECTOMY	33	\$1,443	\$1,857
598	URETERAL CATH	33	\$4,653	\$6,401
8211	TENOT HAND	32	\$2,101	\$1,465

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		3,794	\$1,808	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	983	\$1,359	\$2,925
55875	55875	172	\$4,140	\$4,140
45378	COLONOSCOPY FLEX; DX-SEP PROC	156	\$769	\$1,479
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	148	\$584	\$1,040
42820	T&A; UNDER AGE 12	139	\$1,640	\$1,789
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	136	\$1,988	\$8,212
45380	COLONOSCOPY FLEX; W/BX 1/MX	108	\$639	\$1,366
43239	UGI ENDO; W/BX 1/MX	84	\$853	\$1,534
66821	DISCISSION 2ND CATARACT; LASER S	84	\$697	\$880
69436	TYMPANOSTOMY GENERAL ANESTHESIA	78	\$1,287	\$1,601
49505	REPR INIT ING HERNIA 5YR/MORE; R	70	\$2,717	\$2,464
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	\$2,986	\$3,394
66982	EXTRACAP CATARACT REMV W/IOL-CMP	64	\$1,612	\$3,933
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	63	\$703	\$1,025
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	61	\$1,430	\$1,715
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	59	\$4,246	\$5,266
29848	ENDO WRST SURG REL TRNS CARP LIG	53	\$2,137	\$2,929
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	52	\$587	\$1,414
G0105	COLOREC CANCR SCR; COLNSCPY HI R	45	\$384	\$1,194
29880	SCOPE KNEE SURG;W/MENISCECT MED&	42	\$2,773	\$3,911

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	167	2,645
004 LEVEL II SKIN INCISION AND DRAINAGE	5	30
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	57
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	28
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	30	898
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	119	1,362
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	4
013 LEVEL II SKIN REPAIR	2	67
014 LEVEL III SKIN REPAIR	6	98
02 BREAST PROCEDURES	1	274
020 LEVEL I BREAST PROCEDURES	1	271
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1,663	24,199
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	588
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	1,731
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	108	835
033 LEVEL I HAND PROCEDURES	129	1,637
034 LEVEL II HAND PROCEDURES	13	429
035 LEVEL I FOOT PROCEDURES	230	2,503
036 LEVEL II FOOT PROCEDURES	31	552
037 LEVEL I ARTHROSCOPY	706	9,939
038 LEVEL II ARTHROSCOPY	61	2,078
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	154
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	224
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	82	1,386
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	205
045 BUNION PROCEDURES	38	892
046 LEVEL I ARTHROPLASTY	16	253
047 LEVEL II ARTHROPLASTY	6	27
048 HAND AND FOOT TENOTOMY	27	118
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	46	645
04 RESPIRATORY PROCEDURES	187	4,930
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	48
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	49	943
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	136	3,931
05 CARDIOVASCULAR PROCEDURES	2	50
083 PLACEMENT OF TRANSVENOUS CATHETERS	1	38
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	5
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	10	277
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	135
07 GASTROINTESTINAL SYSTEM PROCEDURES	1,115	59,492
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	112
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	184
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	201	15,034
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	3,309
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	468	29,841
137 THERAPEUTIC COLONOSCOPY	49	5,824

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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			
	139 LEVEL I HERNIA REPAIR	148	1,091
	140 LEVEL II HERNIA REPAIR	17	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	273
	145 LEVEL I LAPAROSCOPY	11	164
	146 LEVEL II LAPAROSCOPY	114	806
	147 LEVEL III LAPAROSCOPY	73	799
08	GENITOURINARY SYSTEM PROCEDURES	631	2,445
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	212	916
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	176	757
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	68	561
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	23
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	172	180
09	MALE REPRODUCTIVE SYSTEM	70	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	31	321
	181 CIRCUMCISION	24	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	15	46
10	FEMALE REPRODUCTIVE SYSTEM	57	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	12	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	12	162
	199 DILATION AND CURETTAGE	4	28
	200 HYSTEROSCOPY	20	375
	201 COLPOSCOPY	2	377
11	NEUROLOGIC SYSTEM PROCEDURES	841	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	221	1,193
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	21
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	1
	217 LEVEL I NERVE PROCEDURES	129	2,004
	218 LEVEL II NERVE PROCEDURES	21	75
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	430	5,036
	221 LAMINOTOMY AND LAMINECTOMY	7	154
	223 LEVEL III NERVE PROCEDURES	30	56
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,430	29,855
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	225
	232 LASER EYE PROCEDURES	94	3,027
	233 CATARACT PROCEDURES	1,077	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	11	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	20	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	675
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	916
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	20	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	24	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	173	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	929	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	499	10,552

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
253 LEVEL II FACIAL AND ENT PROCEDURES	54	620
254 LEVEL III FACIAL AND ENT PROCEDURES	56	1,999
255 LEVEL IV FACIAL AND ENT PROCEDURES	12	577
256 TONSIL AND ADENOID PROCEDURES	308	3,783

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	88	\$2,387	\$1,639
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$1,646	\$1,716
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	\$3,174	\$401
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$808	\$778
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	\$2,381	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	60	\$2,443	\$2,243
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,964	\$2,102
	013 LEVEL II SKIN REPAIR	1	\$1,587	\$1,818
03	MUSCULOSKELETAL SYSTEM PROCEDURES	533	\$2,783	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$1,929	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$2,222	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$5,024	\$4,230
	033 LEVEL I HAND PROCEDURES	63	\$2,216	\$2,238
	034 LEVEL II HAND PROCEDURES	8	\$1,827	\$2,806
	035 LEVEL I FOOT PROCEDURES	43	\$1,711	\$2,349
	036 LEVEL II FOOT PROCEDURES	15	\$3,130	\$3,331
	037 LEVEL I ARTHROSCOPY	198	\$2,665	\$3,693
	038 LEVEL II ARTHROSCOPY	15	\$6,128	\$6,268
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$1,708	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	53	\$3,778	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	\$1,082	\$1,288
	045 BUNION PROCEDURES	6	\$2,049	\$2,758
	047 LEVEL II ARTHROPLASTY	6	\$14,121	\$9,470
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	\$561	\$1,186
04	RESPIRATORY PROCEDURES	5	\$2,008	\$1,467
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$2,043	\$6,298
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,985	\$813
05	CARDIOVASCULAR PROCEDURES	2	\$998	\$2,898
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$997	\$2,782
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,000	\$889
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	8	\$1,345	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$1,345	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	776	\$1,533	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$505	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$732	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	120	\$858	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$434	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	363	\$654	\$1,422
	137 THERAPEUTIC COLONOSCOPY	22	\$557	\$1,579
	139 LEVEL I HERNIA REPAIR	115	\$2,771	\$2,556
	140 LEVEL II HERNIA REPAIR	8	\$4,096	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$682	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$1,441	\$1,557
	145 LEVEL I LAPAROSCOPY	5	\$4,540	\$3,179
	146 LEVEL II LAPAROSCOPY	57	\$3,217	\$3,976

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	147 LEVEL III LAPAROSCOPY	63	\$4,182	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	426	\$2,973	\$5,668
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	135	\$1,991	\$8,231
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	82	\$2,345	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	37	\$2,523	\$3,037
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	172	\$4,140	\$4,054
09	MALE REPRODUCTIVE SYSTEM	50	\$2,115	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	18	\$1,595	\$2,592
	181 CIRCUMCISION	22	\$2,500	\$849
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	10	\$2,203	\$2,733
10	FEMALE REPRODUCTIVE SYSTEM	31	\$2,495	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$2,414	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$2,678	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$3,591	\$3,598
	199 DILATION AND CURETTAGE	4	\$960	\$1,475
	200 HYSTEROSCOPY	14	\$2,598	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	331	\$1,096	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	211	\$619	\$1,043
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$2,239	\$1,838
	217 LEVEL I NERVE PROCEDURES	68	\$1,476	\$2,013
	218 LEVEL II NERVE PROCEDURES	3	\$2,701	\$8,855
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	29	\$966	\$962
	221 LAMINOTOMY AND LAMINECTOMY	3	\$3,335	\$4,587
	223 LEVEL III NERVE PROCEDURES	15	\$5,396	\$8,561
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,194	\$1,334	\$2,708
	232 LASER EYE PROCEDURES	88	\$692	\$886
	233 CATARACT PROCEDURES	1,069	\$1,369	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	\$940	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,031	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	\$3,722	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	\$871	\$852
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$1,955	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,730	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,201	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	341	\$1,600	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	95	\$1,382	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	15	\$1,560	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	\$2,781	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	\$2,975	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	219	\$1,630	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,587	50.1	60,235	53.3
Male	2,570	49.8	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	3	0.1	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	68	1.3	694	0.6
1-4 years	248	4.8	4,826	4.3
5-9	168	3.3	2,284	2.0
10-14	92	1.8	1,379	1.2
15-17	74	1.4	1,548	1.4
18-19	46	0.9	1,314	1.2
20-24	91	1.8	3,658	3.2
25-29	100	1.9	3,719	3.3
30-34	113	2.2	4,323	3.8
35-39	118	2.3	4,350	3.8
40-44	133	2.6	4,618	4.1
45-49	145	2.8	5,768	5.1
50-54	234	4.5	12,040	10.6
55-59	291	5.6	10,423	9.2
60-64	446	8.6	10,920	9.7
65-69	831	16.1	12,396	11.0
70-74	798	15.5	10,909	9.6
75-79	624	12.1	8,797	7.8
80-84	362	7.0	5,835	5.2
85-89	148	2.9	2,400	2.1
90 +	30	0.6	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	5,160	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	5,160	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,587	50.1	36,503	32.3
Medicaid	406	7.9	7,769	6.9
Other government	95	1.8	4,318	3.8
Blue Cross/Blue Shield	732	14.2	21,533	19.0
Other Commercial	511	9.9	7,538	6.7
Managed Care(HMO, PPO)	494	9.6	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	72	1.4	1,560	1.4
Charity and Unclassified	14	0.3	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	249	4.8	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	6	0.1	4,706	4.2
Central Utah	49	0.9	1,480	1.3
Davis County	6	0.1	16,394	14.5
Salt Lake County	19	0.4	37,661	33.3
Southeastern Utah	3	0.1	1,013	0.9
Southwest Utah	4,009	77.7	11,458	10.1
Summit County	1	0.0	1,614	1.4
Tooele County	1	0.0	2,088	1.8
Tri-County	4	0.1	494	0.4
Utah County	9	0.2	15,087	13.3
Wasatch County	1	0.0	501	0.4
Weber County	3	0.1	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	1,049	20.3	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	41	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	1	2.4	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	0	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	124	0.2
Digestive System (42.0-54.99)	2	4.9	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	0	0.0	308	0.5
Female Genital (65.0-71.99)	4	9.8	690	1.0
Endocrine/Nervous (01.0-07.99)	2	4.9	4,352	6.4
Eye (08.0-16.99)	0	0.0	10,507	15.4
Ear (18.0-20.99)	22	53.7	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	10	24.4	11,264	16.5
Reporting Category(CPT-4 CODES)	6,686	100.0	154,611	100.0
Mastectomy (19120-19220)	31	0.5	304	0.2
Musculoskeletal (20000-29909)	1,601	23.9	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	1,105	16.5	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	11	0.2	198	0.1
Digestive (40490-49999)	1,510	22.6	67,037	43.4
Urinary (50010-53899)	5	0.1	2,312	1.5
Male Genital (54000-55899)	2	0.0	941	0.6
Female Genital (56405-58999)	460	6.9	2,251	1.5
Endocrine/Nervous (60000-64999)	218	3.3	8,726	5.6
Eye (65091-68899)	1,196	17.9	30,244	19.6
Ear (69000-69979)	546	8.2	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		41	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	22	53.7	4.77
283	TONSILLECTOMY W/ADENOIDECTOMY	6	14.6	2.82
0443	RELEASE CARPAL TUNNEL	2	4.9	1.84
286	ADENOIDECTOMY WO TONSILLECTOMY	2	4.9	0.57
5123	LAP CHOLEY	2	4.9	0.79
6823	ENDOMETRIAL ABLATION	2	4.9	0.17
2591	LINGUAL FRENOTOMY	1	2.4	0.03
282	TONSILLECTOMY WO ADENOIDECTOMY	1	2.4	0.83
6525	OTH LAP LOC EXC/DESTRUC OVARY	1	2.4	0.03
6732	DESTRUC LES CERV-CAUT	1	2.4	0.02
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	1	2.4	0.49

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,686	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	760	11.4	9.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	455	6.8	2.73
45378	COLONOSCOPY FLEX; DX-SEP PROC	285	4.3	8.61
30140	SUBMUCOS RES TURBINATE PART/CMPL	256	3.8	1.53
45380	COLONOSCOPY FLEX; W/BX 1/MX	238	3.6	10.40
66821	DISCISSION 2ND CATARACT; LASER S	230	3.4	1.42
31267	NASL/SINUS ENDO; W/TISS REMV MAX	229	3.4	0.73
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	199	3.0	0.75
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	158	2.4	1.07
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	153	2.3	0.17
42820	T&A; UNDER AGE 12	152	2.3	1.10
43239	UGI ENDO; W/BX 1/MX	146	2.2	8.22
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	141	2.1	0.83
29881	SCOPE KNEE SURG;W/MENISCECT MED/	136	2.0	1.50
28285	CORRECTION HAMMERTO	107	1.6	0.50
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	98	1.5	0.12
29826	SCOPE SHOULDER; DECOMP SUBACROM	95	1.4	1.14
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	84	1.3	0.19
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	79	1.2	2.90
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	76	1.1	0.43

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		14	\$2,389	\$2,152
283	TONSILLECTOMY W/ADENOIDECTOMY	5	\$2,095	\$1,894
0443	RELEASE CARPAL TUNNEL	2	\$1,729	\$2,264
5123	LAP CHOLEY	2	\$5,422	\$4,900
2591	LINGUAL FRENOTOMY	1	\$1,096	\$925
282	TONSILLECTOMY WO ADENOIDECTOMY	1	\$2,072	\$1,857
6525	OTH LAP LOC EXC/DESTRUC OVARY	1	\$2,360	\$4,318
6732	DESTRUC LES CERV-CAUT	1	\$1,470	\$2,837
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	1	\$1,676	\$2,552

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		3,288	\$2,412	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	746	\$3,016	\$2,925
45378	COLONOSCOPY FLEX; DX-SEP PROC	242	\$1,300	\$1,479
66821	DISCISSION 2ND CATARACT; LASER S	220	\$1,136	\$880
45380	COLONOSCOPY FLEX; W/BX 1/MX	187	\$1,306	\$1,366
42820	T&A; UNDER AGE 12	118	\$2,072	\$1,789
29881	SCOPE KNEE SURG;W/MENISCECT MED/	95	\$3,850	\$3,394
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	75	\$2,694	\$3,162
43239	UGI ENDO; W/BX 1/MX	72	\$1,635	\$1,534
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	67	\$1,592	\$1,715
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	64	\$2,072	\$1,720
47562	LAPAROSCOPY SURGICAL; CHOLECT	58	\$5,422	\$3,775
29880	SCOPE KNEE SURG;W/MENISCECT MED&	56	\$4,182	\$3,911
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	48	\$1,300	\$1,485
28296	HALLUX VALGUS; W/METATARSAL OSTE	47	\$2,391	\$2,459
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	41	\$5,449	\$5,266
66982	EXTRACAP CATARACT REMV W/IOL-CMP	40	\$3,024	\$3,933
42821	T&A; AGE 12 OR OVER	36	\$2,168	\$1,756
49505	REPR INIT ING HERNIA 5YR/MORE; R	36	\$2,878	\$2,464
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	31	\$2,007	\$2,335
69436	TYMPANOSTOMY GENERAL ANESTHESIA	31	\$3,136	\$1,601

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	104	2,645
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	28
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	97	1,362
	013 LEVEL II SKIN REPAIR	1	67
02	BREAST PROCEDURES	31	274
	020 LEVEL I BREAST PROCEDURES	31	271
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,444	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	835
	033 LEVEL I HAND PROCEDURES	111	1,637
	034 LEVEL II HAND PROCEDURES	28	429
	035 LEVEL I FOOT PROCEDURES	261	2,503
	036 LEVEL II FOOT PROCEDURES	73	552
	037 LEVEL I ARTHROSCOPY	501	9,939
	038 LEVEL II ARTHROSCOPY	96	2,078
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	80	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	205
	045 BUNION PROCEDURES	101	892
	046 LEVEL I ARTHROPLASTY	20	253
	048 HAND AND FOOT TENOTOMY	3	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	27	645
04	RESPIRATORY PROCEDURES	654	4,930
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	48
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	32	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	620	3,931
05	CARDIOVASCULAR PROCEDURES	1	50
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	2
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	11	277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,344	59,492
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	164	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	41	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	523	29,841
	137 THERAPEUTIC COLONOSCOPY	81	5,824
	139 LEVEL I HERNIA REPAIR	82	1,091
	140 LEVEL II HERNIA REPAIR	32	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	12	273
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	5



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	47	164
	146 LEVEL II LAPAROSCOPY	151	806
	147 LEVEL III LAPAROSCOPY	196	799
08	GENITOURINARY SYSTEM PROCEDURES	5	2,445
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	4	757
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	561
09	MALE REPRODUCTIVE SYSTEM	2	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	321
10	FEMALE REPRODUCTIVE SYSTEM	224	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	41	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	17	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	24	162
	199 DILATION AND CURETTAGE	1	28
	200 HYSTEROSCOPY	131	375
	201 COLPOSCOPY	10	377
11	NEUROLOGIC SYSTEM PROCEDURES	226	8,540
	217 LEVEL I NERVE PROCEDURES	224	2,004
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	5,036
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,195	29,855
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	17	225
	232 LASER EYE PROCEDURES	232	3,027
	233 CATARACT PROCEDURES	808	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	19	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	675
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	12	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	44	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	54	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,429	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	763	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	50	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	219	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	38	577
	256 TONSIL AND ADENOID PROCEDURES	359	3,783

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	48	\$1,693	\$1,639
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,470	\$1,716
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$1,584	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	45	\$1,703	\$2,243
02	BREAST PROCEDURES	29	\$1,923	\$1,377
	020 LEVEL I BREAST PROCEDURES	29	\$1,923	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	662	\$2,820	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$1,945	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$1,714	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$1,923	\$4,230
	033 LEVEL I HAND PROCEDURES	63	\$2,035	\$2,238
	034 LEVEL II HAND PROCEDURES	21	\$2,085	\$2,806
	035 LEVEL I FOOT PROCEDURES	93	\$2,071	\$2,349
	036 LEVEL II FOOT PROCEDURES	39	\$1,975	\$3,331
	037 LEVEL I ARTHROSCOPY	218	\$3,928	\$3,693
	038 LEVEL II ARTHROSCOPY	38	\$4,352	\$6,268
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$1,470	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	\$2,049	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	\$1,557	\$1,288
	045 BUNION PROCEDURES	62	\$2,549	\$2,758
	046 LEVEL I ARTHROPLASTY	3	\$2,807	\$3,656
	048 HAND AND FOOT TENOTOMY	1	\$1,676	\$2,685
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,096	\$1,186
04	RESPIRATORY PROCEDURES	13	\$1,696	\$1,467
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,096	\$6,298
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	\$1,757	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$1,724	\$2,079
05	CARDIOVASCULAR PROCEDURES	1	\$1,676	\$2,898
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$1,676	\$2,318
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	10	\$1,638	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$1,638	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	888	\$2,114	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,096	\$977
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	84	\$1,587	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$1,300	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	429	\$1,303	\$1,422
	137 THERAPEUTIC COLONOSCOPY	49	\$1,300	\$1,579
	139 LEVEL I HERNIA REPAIR	48	\$2,775	\$2,556
	140 LEVEL II HERNIA REPAIR	9	\$3,205	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$1,386	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	11	\$1,639	\$1,557
	145 LEVEL I LAPAROSCOPY	30	\$2,779	\$3,179
	146 LEVEL II LAPAROSCOPY	98	\$4,227	\$3,976
	147 LEVEL III LAPAROSCOPY	116	\$3,668	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	3	\$1,221	\$5,668

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$1,096	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$1,470	\$3,037
09	MALE REPRODUCTIVE SYSTEM	1	\$2,000	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$2,000	\$2,592
10	FEMALE REPRODUCTIVE SYSTEM	95	\$2,614	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	\$1,681	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	\$2,245	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	\$3,311	\$3,598
	200 HYSTEROSCOPY	50	\$3,106	\$3,408
	201 COLPOSCOPY	9	\$1,493	\$701
11	NEUROLOGIC SYSTEM PROCEDURES	94	\$1,605	\$1,636
	217 LEVEL I NERVE PROCEDURES	94	\$1,605	\$2,013
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,069	\$2,574	\$2,708
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	\$1,096	\$388
	232 LASER EYE PROCEDURES	220	\$1,136	\$886
	233 CATARACT PROCEDURES	794	\$3,010	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,470	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	\$2,396	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,237	\$5,713
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$2,392	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,706	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$2,021	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	373	\$2,284	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	57	\$2,433	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	15	\$1,731	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	56	\$2,980	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	15	\$2,841	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	230	\$2,078	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,595	57.1	60,235	53.3
Male	1,953	42.9	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	59	1.3	694	0.6
1-4 years	244	5.4	4,826	4.3
5-9	149	3.3	2,284	2.0
10-14	103	2.3	1,379	1.2
15-17	119	2.6	1,548	1.4
18-19	72	1.6	1,314	1.2
20-24	203	4.5	3,658	3.2
25-29	190	4.2	3,719	3.3
30-34	235	5.2	4,323	3.8
35-39	236	5.2	4,350	3.8
40-44	209	4.6	4,618	4.1
45-49	252	5.5	5,768	5.1
50-54	450	9.9	12,040	10.6
55-59	384	8.4	10,423	9.2
60-64	319	7.0	10,920	9.7
65-69	365	8.0	12,396	11.0
70-74	355	7.8	10,909	9.6
75-79	290	6.4	8,797	7.8
80-84	208	4.6	5,835	5.2
85-89	83	1.8	2,400	2.1
90 +	23	0.5	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	4,548	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,540	99.8	105,539	93.3
Another Hospital	6	0.1	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	1	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	1	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,188	26.1	36,503	32.3
Medicaid	255	5.6	7,769	6.9
Other government	454	10.0	4,318	3.8
Blue Cross/Blue Shield	1,008	22.2	21,533	19.0
Other Commercial	296	6.5	7,538	6.7
Managed Care(HMO, PPO)	1,278	28.1	30,290	26.8
Self Pay	49	1.1	1,634	1.4
Industrial & Worker Comp	20	0.4	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	55	1.2	4,706	4.2
Central Utah	2	0.0	1,480	1.3
Davis County	3,572	78.5	16,394	14.5
Salt Lake County	40	0.9	37,661	33.3
Southeastern Utah	1	0.0	1,013	0.9
Southwest Utah	5	0.1	11,458	10.1
Summit County	4	0.1	1,614	1.4
Tooele County	7	0.2	2,088	1.8
Tri-County	6	0.1	494	0.4
Utah County	6	0.1	15,087	13.3
Wasatch County	1	0.0	501	0.4
Weber County	784	17.2	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	61	1.3	5,949	5.3
Unknown, Not Reported	4	0.1	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	68,087	100.0
Musculoskeletal (76.0-84.99)	.	.	824	1.2
Respiratory (30.0-34.99)	.	.	17,002	25.0
Cardiovascular (35.0-39.99)	.	.	110	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	27	0.0
Digestive System (42.0-54.99)	.	.	124	0.2
Urinary (55.0-59.99)	.	.	18,063	26.5
Male Genital (60.0-64.99)	.	.	986	1.4
Female Genital (65.0-71.99)	.	.	308	0.5
Endocrine/Nervous (01.0-07.99)	.	.	690	1.0
Eye (08.0-16.99)	.	.	4,352	6.4
Ear (18.0-20.99)	.	.	10,507	15.4
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,830	5.6
	.	.	11,264	16.5
<b>Reporting Category(CPT-4 CODES)</b>	<b>2,729</b>	<b>100.0</b>	<b>154,611</b>	<b>100.0</b>
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	0	0.0	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	2,729	100.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

429 Granite Peaks 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	2,729	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	712	26.1	8.22
45383	COLONOSCOPY FLEX; W/ABLAT LES	616	22.6	8.61
45380	COLONOSCOPY FLEX; W/BX 1/MX	419	15.4	0.34
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	413	15.1	10.40
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	149	5.5	0.37
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	132	4.8	2.90
G0105	COLOREC CANCR SCR; COLNSCPY HI R	86	3.2	0.18
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	70	2.6	0.09
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	34	1.2	1.47
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	32	1.2	1.44
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	26	1.0	1.03
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	9	0.3	0.07
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	7	0.3	0.08
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	6	0.2	0.09
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	4	0.1	0.01
43244	UGI ENDO; W/BAND LIG VARICES	4	0.1	0.35
45384	COLONOSCPY FLEX; REMV LES-FORCE	2	0.1	0.05
43243	UGI ENDO; W/INJ SCLEROSIS-VARICE	2	0.1	0.14
43247	UGI ENDO; W/REMOVAL FB	1	0.0	0.00
		1	0.0	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, 2011  
 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 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		2,729	\$1,491	\$2,172
43239	UGI ENDO; W/BX 1/MX	712	\$1,219	\$1,534
45378	COLONOSCOPY FLEX; DX-SEP PROC	616	\$1,703	\$1,479
45383	COLONOSCOPY FLEX; W/ABLAT LES	419	\$1,720	\$1,658
45380	COLONOSCOPY FLEX; W/BX 1/MX	413	\$1,733	\$1,366
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	149	\$632	\$971
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	132	\$1,700	\$1,485
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	86	\$1,720	\$1,414
G0105	COLOREC CANCR SCR; COLNSCPY HI R	70	\$1,676	\$1,194
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	34	\$716	\$1,377
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	32	\$1,201	\$1,775
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	26	\$1,201	\$1,379
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	9	\$355	\$985
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	7	\$1,200	\$980
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	6	\$716	\$859
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	4	\$537	\$853
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	4	\$1,700	\$1,261
43244	UGI ENDO; W/BAND LIG VARICES	2	\$1,201	\$1,560
45384	COLONOSCPY FLEX; REMV LES-FORCE	2	\$1,700	\$2,401
43243	UGI ENDO; W/INJ SCLEROSIS-VARICE	1	\$1,201	\$1,201
43247	UGI ENDO; W/REMOVAL FB	1	\$1,201	\$1,022

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

429 Granite Peaks Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	149	2,645
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	149	898
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,580	59,492
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	26	1,601
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	746	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	44	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,187	29,841
	137 THERAPEUTIC COLONOSCOPY	558	5,824

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	149	\$632	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	149	\$632	\$1,204
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,580	\$1,541	\$1,589
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	26	\$1,201	\$1,728
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$355	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	\$644	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	746	\$1,197	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	44	\$1,201	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,187	\$1,711	\$1,422
	137 THERAPEUTIC COLONOSCOPY	558	\$1,715	\$1,579

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

429 Granite Peaks Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,442	52.8	60,235	53.3
Male	1,287	47.2	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	0	0.0	1,379	1.2
15-17	2	0.1	1,548	1.4
18-19	9	0.3	1,314	1.2
20-24	54	2.0	3,658	3.2
25-29	64	2.3	3,719	3.3
30-34	97	3.6	4,323	3.8
35-39	99	3.6	4,350	3.8
40-44	103	3.8	4,618	4.1
45-49	171	6.3	5,768	5.1
50-54	412	15.1	12,040	10.6
55-59	318	11.7	10,423	9.2
60-64	313	11.5	10,920	9.7
65-69	472	17.3	12,396	11.0
70-74	300	11.0	10,909	9.6
75-79	202	7.4	8,797	7.8
80-84	85	3.1	5,835	5.2
85-89	22	0.8	2,400	2.1
90 +	6	0.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,729	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

429 Granite Peaks Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,729	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,106	40.5	36,503	32.3
Medicaid	7	0.3	7,769	6.9
Other government	158	5.8	4,318	3.8
Blue Cross/Blue Shield	1,423	52.1	21,533	19.0
Other Commercial	14	0.5	7,538	6.7
Managed Care(HMO, PPO)	7	0.3	30,290	26.8
Self Pay	3	0.1	1,634	1.4
Industrial & Worker Comp	4	0.1	1,560	1.4
Charity and Unclassified	3	0.1	151	0.1
Childrens Health Insurance	4	0.1	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	3	0.1	4,706	4.2
Central Utah	9	0.3	1,480	1.3
Davis County	52	1.9	16,394	14.5
Salt Lake County	2,426	88.9	37,661	33.3
Southeastern Utah	8	0.3	1,013	0.9
Southwest Utah	7	0.3	11,458	10.1
Summit County	56	2.1	1,614	1.4
Tooele County	26	1.0	2,088	1.8
Tri-County	4	0.1	494	0.4
Utah County	101	3.7	15,087	13.3
Wasatch County	7	0.3	501	0.4
Weber County	3	0.1	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	27	1.0	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	8,227	100.0	68,087	100.0
Mastectomy (85.0-85.99)	181	2.2	824	1.2
Musculoskeletal (76.0-84.99)	1,789	21.7	17,002	25.0
Respiratory (30.0-34.99)	24	0.3	110	0.2
Cardiovascular (35.0-39.99)	1	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	8	0.1	124	0.2
Digestive System (42.0-54.99)	61	0.7	18,063	26.5
Urinary (55.0-59.99)	68	0.8	986	1.4
Male Genital (60.0-64.99)	24	0.3	308	0.5
Female Genital (65.0-71.99)	2	0.0	690	1.0
Endocrine/Nervous (01.0-07.99)	212	2.6	4,352	6.4
Eye (08.0-16.99)	1,652	20.1	10,507	15.4
Ear (18.0-20.99)	513	6.2	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	3,692	44.9	11,264	16.5
Reporting Category(CPT-4 CODES)	6,759	100.0	154,611	100.0
Mastectomy (19120-19220)	5	0.1	304	0.2
Musculoskeletal (20000-29909)	1,868	27.6	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	2,971	44.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	8	0.1	198	0.1
Digestive (40490-49999)	591	8.7	67,037	43.4
Urinary (50010-53899)	68	1.0	2,312	1.5
Male Genital (54000-55899)	14	0.2	941	0.6
Female Genital (56405-58999)	5	0.1	2,251	1.5
Endocrine/Nervous (60000-64999)	148	2.2	8,726	5.6
Eye (65091-68899)	758	11.2	30,244	19.6
Ear (69000-69979)	320	4.7	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		8,227	100.0	100.0
2263	ETHMOIDECTOMY	883	10.7	1.97
2262	EXC LES MAXIL SINUS W/OTH APPRCH	670	8.1	1.37
2188	OTH SEPTOPLASTY	475	5.8	1.36
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	427	5.2	7.01
1341	PHACOEMULSIFICATION-ASPIR CATARACT	426	5.2	3.61
2001	MYRINGOTOMY W/INSRT TUBE	400	4.9	4.77
283	TONSILLECTOMY W/ADENOIDECTOMY	307	3.7	2.82
2169	OTH TURBINECTOMY	305	3.7	2.15
2242	FRONTAL SINUSECTOMY	248	3.0	0.38
2131	LOC EXC/DESTRUC INTRANASAL LES	227	2.8	0.40
806	EXC SEMILUNAR CARTILAGE-KNEE	207	2.5	3.25
0887	UPPER EYELID RHYTIDECTOMY	201	2.4	0.57
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	144	1.8	0.57
8147	OTH REPR KNEE	131	1.6	0.51
0443	RELEASE CARPAL TUNNEL	119	1.4	1.84
0886	LOWER EYELID RHYTIDECTOMY	110	1.3	0.23
286	ADENOIDECTOMY WO TONSILLECTOMY	104	1.3	0.57
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	81	1.0	0.49
222	INTRANASAL ANTROTOMY	75	0.9	0.41
2264	SPHENOIDECTOMY	70	0.9	0.16

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,759	100.0	100.0
30140	SUBMUCOS RES TURBINATE PART/CMPL	666	9.9	1.53
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	483	7.1	1.07
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	428	6.3	0.75
66984	EXTRACAPSULAR CATARACT REMV IOL	424	6.3	9.64
31267	NASL/SINUS ENDO; W/TISS REMV MAX	423	6.3	0.73
30115	EXCISION NASAL POLYP EXTENSIVE	256	3.8	0.18
69436	TYMPANOSTOMY GENERAL ANESTHESIA	212	3.1	2.73
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	190	2.8	0.37
31240	NASL/SINUS ENDO; CONCHA BULLOSA	171	2.5	0.17
29881	SCOPE KNEE SURG;W/MENISCECT MED/	166	2.5	1.50
42821	T&A; AGE 12 OR OVER	159	2.4	0.50
42820	T&A; UNDER AGE 12	151	2.2	1.10
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	118	1.7	0.19
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	109	1.6	0.57
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	79	1.2	0.51
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	65	1.0	0.83
42831	ADENOIDECTOMY PRIMARY; AGE 12/OV	59	0.9	0.05
26055	TENDON SHEATH INCISION	56	0.8	0.40
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	55	0.8	0.41
29826	SCOPE SHOULDER; DECOMP SUBACROM	54	0.8	1.14

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	1,171	\$2,321	\$2,152
283	TONSILLECTOMY W/ADENOIDECTOMY	202	\$1,085	\$1,894
806	EXC SEMILUNAR CARTILAGE-KNEE	103	\$2,240	\$3,600
8147	OTH REPR KNEE	46	\$3,016	\$5,092
0443	RELEASE CARPAL TUNNEL	41	\$1,353	\$2,264
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	35	\$6,789	\$5,149
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	29	\$2,055	\$2,552
282	TONSILLECTOMY WO ADENOIDECTOMY	27	\$1,226	\$1,857
1952	TYPE II TYMPANOPLASTY	24	\$3,488	\$3,729
8221	EXC LES TENDON SHEATH HAND	23	\$1,207	\$2,287
8145	OTH REPR CRUCIATE LIGAMNT	20	\$10,713	\$8,655
5123	LAP CHOLEY	19	\$6,300	\$4,900
8339	EXC LES OTH SOFT TISS	19	\$1,346	\$2,557
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	17	\$1,535	\$2,495
5749	OTH TRANSURETH EXC/DEST LES BLADDER	16	\$1,672	\$2,650
8554	BILAT BREAST IMPLNT	16	\$956	\$1,059
8201	EXPLOR TENDON SHEATH HAND	14	\$1,426	\$2,446
2171	CLO REDUC NASAL FX	13	\$1,227	\$2,125
8364	OTH SUT TENDON	12	\$2,581	\$3,002
7914	CLO REDUC W/INT FIX-PHALANGES HAND	11	\$2,621	\$2,818
8363	ROTATOR CUFF REPR	11	\$8,015	\$6,153

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4	Procedures	1,788	\$2,169	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	423	\$1,799	\$2,925
69436	TYMPANOSTOMY GENERAL ANESTHESIA	116	\$1,143	\$1,601
42821	T&A; AGE 12 OR OVER	102	\$1,119	\$1,756
29881	SCOPE KNEE SURG;W/MENISCECT MED/	90	\$2,311	\$3,394
42820	T&A; UNDER AGE 12	90	\$1,046	\$1,789
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	48	\$2,697	\$3,604
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	36	\$2,272	\$4,042
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	36	\$1,234	\$1,715
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	25	\$1,239	\$1,720
29880	SCOPE KNEE SURG;W/MENISCECT MED&	24	\$2,268	\$3,911
25111	EXCISION OF GANGLION WRIST; PRIM	21	\$1,208	\$2,058
28296	HALLUX VALGUS; W/METATARSAL OSTE	21	\$2,055	\$2,459
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	21	\$10,713	\$7,664
20680	REMOVAL OF IMPLANT; DEEP	17	\$1,399	\$2,483
28080	EXC INTERDIGITL NEUROMA SINGLE EA	17	\$1,545	\$2,341
25607	25607	16	\$7,008	\$4,741
49650	LAPARSCPY SURG; REPR INIT ING HE	16	\$6,342	\$3,674
65426	EXC/TRANSPOSITION PTERYGLIUM; W/G	16	\$1,909	\$2,651
27650	REPR PRIM OPN/PERQ RUP ACHILLES	15	\$2,612	\$3,147
29848	ENDO WRST SURG REL TRNS CARP LIG	14	\$3,623	\$2,929

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	84	2,645
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	28
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	55	1,362
	012 LEVEL I SKIN REPAIR	1	4
	013 LEVEL II SKIN REPAIR	9	67
	014 LEVEL III SKIN REPAIR	2	98
02	BREAST PROCEDURES	5	274
	020 LEVEL I BREAST PROCEDURES	5	271
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,716	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	120	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	835
	033 LEVEL I HAND PROCEDURES	131	1,637
	034 LEVEL II HAND PROCEDURES	42	429
	035 LEVEL I FOOT PROCEDURES	216	2,503
	036 LEVEL II FOOT PROCEDURES	43	552
	037 LEVEL I ARTHROSCOPY	593	9,939
	038 LEVEL II ARTHROSCOPY	126	2,078
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	28	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	135	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	205
	045 BUNION PROCEDURES	104	892
	046 LEVEL I ARTHROPLASTY	34	253
	048 HAND AND FOOT TENOTOMY	7	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	58	645
04	RESPIRATORY PROCEDURES	1,480	4,930
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	48
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	237	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1,240	3,931
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	8
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	8	277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	79	59,492
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	15,034
	139 LEVEL I HERNIA REPAIR	18	1,091
	140 LEVEL II HERNIA REPAIR	5	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	11	273
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	5
	146 LEVEL II LAPAROSCOPY	33	806
	147 LEVEL III LAPAROSCOPY	9	799
08	GENITOURINARY SYSTEM PROCEDURES	64	2,445
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	916
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	30	757



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	31	561
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	23
09 MALE REPRODUCTIVE SYSTEM	17	694
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	321
181 CIRCUMCISION	1	307
184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	46
10 FEMALE REPRODUCTIVE SYSTEM	5	1,233
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	105
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	162
11 NEUROLOGIC SYSTEM PROCEDURES	119	8,540
217 LEVEL I NERVE PROCEDURES	119	2,004
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	758	29,855
233 CATARACT PROCEDURES	429	16,165
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	2,308
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	31	703
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	675
239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	756
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	60	1,066
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	231	2,821
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,362	17,532
252 LEVEL I FACIAL AND ENT PROCEDURES	1,204	10,552
253 LEVEL II FACIAL AND ENT PROCEDURES	55	620
254 LEVEL III FACIAL AND ENT PROCEDURES	573	1,999
255 LEVEL IV FACIAL AND ENT PROCEDURES	56	577
256 TONSIL AND ADENOID PROCEDURES	474	3,783

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	40	\$1,409	\$1,639
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,426	\$778
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	13	\$1,292	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	26	\$1,467	\$2,243
02	BREAST PROCEDURES	4	\$1,653	\$1,377
	020 LEVEL I BREAST PROCEDURES	4	\$1,653	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	585	\$2,986	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$1,776	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$2,388	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$3,646	\$4,230
	033 LEVEL I HAND PROCEDURES	46	\$1,311	\$2,238
	034 LEVEL II HAND PROCEDURES	11	\$1,694	\$2,806
	035 LEVEL I FOOT PROCEDURES	50	\$1,647	\$2,349
	036 LEVEL II FOOT PROCEDURES	14	\$3,441	\$3,331
	037 LEVEL I ARTHROSCOPY	217	\$2,494	\$3,693
	038 LEVEL II ARTHROSCOPY	41	\$7,415	\$6,268
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$1,507	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$1,859	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	97	\$4,543	\$3,543
	045 BUNION PROCEDURES	38	\$2,272	\$2,758
	046 LEVEL I ARTHROPLASTY	2	\$4,142	\$3,656
04	RESPIRATORY PROCEDURES	16	\$1,511	\$1,467
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,378	\$6,298
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$1,418	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	11	\$1,557	\$2,079
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	8	\$2,037	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$2,037	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	63	\$4,598	\$1,589
	139 LEVEL I HERNIA REPAIR	13	\$2,223	\$2,556
	140 LEVEL II HERNIA REPAIR	1	\$2,694	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$500	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	\$1,389	\$1,557
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$2,700	\$3,708
	146 LEVEL II LAPAROSCOPY	30	\$6,178	\$3,976
	147 LEVEL III LAPAROSCOPY	9	\$6,494	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	29	\$1,844	\$5,668
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	18	\$1,514	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	11	\$2,384	\$3,037
09	MALE REPRODUCTIVE SYSTEM	12	\$1,606	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$1,084	\$2,592
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	\$1,868	\$2,733
10	FEMALE REPRODUCTIVE SYSTEM	4	\$2,773	\$2,046
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$2,368	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$2,909	\$3,598
11	NEUROLOGIC SYSTEM PROCEDURES	51	\$1,344	\$1,636

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	51	\$1,344	\$2,013
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	553	\$1,896	\$2,708
	233 CATARACT PROCEDURES	428	\$1,798	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,099	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	\$1,909	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,073	\$5,713
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$1,455	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	94	\$2,424	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	423	\$1,269	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	144	\$1,167	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$1,873	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	22	\$2,129	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	26	\$2,415	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	225	\$1,101	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

403 Intermountain Avenues Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,778	52.9	60,235	53.3
Male	1,582	47.1	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	34	1.0	694	0.6
1-4 years	180	5.4	4,826	4.3
5-9	142	4.2	2,284	2.0
10-14	95	2.8	1,379	1.2
15-17	115	3.4	1,548	1.4
18-19	71	2.1	1,314	1.2
20-24	207	6.2	3,658	3.2
25-29	191	5.7	3,719	3.3
30-34	243	7.2	4,323	3.8
35-39	207	6.2	4,350	3.8
40-44	201	6.0	4,618	4.1
45-49	215	6.4	5,768	5.1
50-54	301	9.0	12,040	10.6
55-59	331	9.9	10,423	9.2
60-64	293	8.7	10,920	9.7
65-69	186	5.5	12,396	11.0
70-74	142	4.2	10,909	9.6
75-79	109	3.2	8,797	7.8
80-84	65	1.9	5,835	5.2
85-89	24	0.7	2,400	2.1
90 +	8	0.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	3,101	92.3	86,987	76.9
Clinic Referral	259	7.7	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

403 Intermountain Avenues Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,359	100.0	105,539	93.3
Another Hospital	1	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	476	14.2	36,503	32.3
Medicaid	161	4.8	7,769	6.9
Other government	23	0.7	4,318	3.8
Blue Cross/Blue Shield	317	9.4	21,533	19.0
Other Commercial	305	9.1	7,538	6.7
Managed Care(HMO, PPO)	1,953	58.1	30,290	26.8
Self Pay	40	1.2	1,634	1.4
Industrial & Worker Comp	38	1.1	1,560	1.4
Charity and Unclassified	14	0.4	151	0.1
Childrens Health Insurance	1	0.0	58	0.1
Unknown	32	1.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	21	0.6	4,706	4.2
Central Utah	9	0.3	1,480	1.3
Davis County	677	20.1	16,394	14.5
Salt Lake County	2,223	66.2	37,661	33.3
Southeastern Utah	6	0.2	1,013	0.9
Southwest Utah	15	0.4	11,458	10.1
Summit County	52	1.5	1,614	1.4
Tooele County	56	1.7	2,088	1.8
Tri-County	11	0.3	494	0.4
Utah County	116	3.5	15,087	13.3
Wasatch County	13	0.4	501	0.4
Weber County	60	1.8	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	97	2.9	5,949	5.3
Unknown, Not Reported	4	0.1	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	4,131	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	0	0.0	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	0	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	124	0.2
Digestive System (42.0-54.99)	4,131	100.0	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	0	0.0	308	0.5
Female Genital (65.0-71.99)	0	0.0	690	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,352	6.4
Eye (08.0-16.99)	0	0.0	10,507	15.4
Ear (18.0-20.99)	0	0.0	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	11,264	16.5
Reporting Category(CPT-4 CODES)	4,259	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	0	0.0	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	4,259	100.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

426 Lakeview Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
<b>All ICD-9 Procedures</b>				
4525	CLO [ENDO] BX LG INTESTINE	1,507	36.5	7.47
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,018	24.6	4.91
4523	COLONOSCOPY	700	16.9	5.93
4542	ENDO POLYPECTOMY LG INTESTINE	452	10.9	1.91
4292	DILAT ESOPH	307	7.4	1.03
4513	OTH ENDO SM INTESTINE	79	1.9	1.15
4543	ENDO DEST OTH LES/TISS LG INTEST	38	0.9	0.13
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	14	0.3	0.04
4422	ENDO DILAT PYLORUS	4	0.1	0.04
4514	CLO [ENDO] BX SM INTESTINE	4	0.1	0.03
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	3	0.1	0.01
4699	OTH OPER INTESTINE	2	0.0	0.00
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	0.0	0.00
4524	FLEX SIGMOIDOSCOPY	1	0.0	0.02
4836	[ENDO] POLYPECTOMY RECTUM	1	0.0	0.05

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,506	35.4	10.40
43239	UGI ENDO; W/BX 1/MX	1,018	23.9	8.22
45378	COLONOSCOPY FLEX; DX-SEP PROC	700	16.4	8.61
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	451	10.6	2.90
43248	UGI ENDO; W/INSRT GUIDE WIRE	187	4.4	0.29
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	119	2.8	1.44
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	101	2.4	0.35
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	79	1.9	1.47
45384	COLONOSCOPY FLEX; REMV LES-FORCE	22	0.5	0.14
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	14	0.3	0.07
45383	COLONOSCOPY FLEX; W/ABLAT LES	13	0.3	0.34
43244	UGI ENDO; W/BAND LIG VARICES	11	0.3	0.05
43247	UGI ENDO; W/REMOVAL FB	5	0.1	0.06
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	5	0.1	0.00
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	4	0.1	0.08
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	0.1	0.03
44360	SM INTEST ENDO NOT ILEUM; DX-SP	3	0.1	0.00
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	3	0.1	0.02
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	2	0.0	0.01
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	0.0	0.07

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	2,558	\$819	\$2,152
4525	CLO [ENDO] BX LG INTESTINE	1,050	\$804	\$959
4523	COLONOSCOPY	637	\$983	\$1,075
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	539	\$733	\$1,039
4542	ENDO POLYPECTOMY LG INTESTINE	166	\$875	\$980
4292	DILAT ESOPH	74	\$495	\$643
4513	OTH ENDO SM INTESTINE	56	\$428	\$1,573
4543	ENDO DEST OTH LES/TISS LG INTEST	23	\$678	\$697
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	6	\$625	\$1,255
4514	CLO [ENDO] BX SM INTESTINE	3	\$492	\$926
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	\$529	\$463
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	\$982	\$982
4836	[ENDO] POLYPECTOMY RECTUM	1	\$0	\$1,600

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4	Procedures	2,516	\$813	\$2,172
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,035	\$806	\$1,366
45378	COLONOSCOPY FLEX; DX-SEP PROC	637	\$983	\$1,479
43239	UGI ENDO; W/BX 1/MX	533	\$736	\$1,534
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	134	\$751	\$1,485
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	56	\$428	\$1,377
43248	UGI ENDO; W/INSRT GUIDE WIRE	45	\$440	\$666
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	29	\$580	\$1,775
45384	COLONOSCOPY FLEX; REMV LES-FORCE	12	\$651	\$2,401
45383	COLONOSCOPY FLEX; W/ABLAT LES	9	\$787	\$1,658
43244	UGI ENDO; W/BAND LIG VARICES	6	\$939	\$1,560
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	6	\$625	\$1,336
43247	UGI ENDO; W/REMOVAL FB	3	\$340	\$1,022
44360	SM INTEST ENDO NOT ILEUM; DX-SP	3	\$492	\$531
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$529	\$1,195
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	\$349	\$1,437
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	1	\$331	\$331
44380	ILEOSCPY-STOMA; DX-SEP PROC	1	\$982	\$1,192
44389	COLONOSCPY THRU STOMA; W/BX 1/MX	1	\$349	\$770
45387	COLONOSCPY PROX SPLEN FLEX; W/STE	1	\$0	\$0

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	4,257	59,492
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,601
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	112
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	184
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,100	15,034
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	352	3,309
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,207	29,841
137 THERAPEUTIC COLONOSCOPY	591	5,824
143 LEVEL I GASTROINTESTINAL PROCEDURES	2	11

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

426 Lakeview Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,514	\$813	\$1,589
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	592	\$706	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	92	\$526	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,672	\$874	\$1,422
	137 THERAPEUTIC COLONOSCOPY	158	\$736	\$1,579

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,709	51.5	60,235	53.3
Male	1,606	48.4	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	2	0.1	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	0	0.0	1,379	1.2
15-17	11	0.3	1,548	1.4
18-19	27	0.8	1,314	1.2
20-24	69	2.1	3,658	3.2
25-29	69	2.1	3,719	3.3
30-34	93	2.8	4,323	3.8
35-39	96	2.9	4,350	3.8
40-44	109	3.3	4,618	4.1
45-49	156	4.7	5,768	5.1
50-54	575	17.3	12,040	10.6
55-59	383	11.5	10,423	9.2
60-64	414	12.5	10,920	9.7
65-69	439	13.2	12,396	11.0
70-74	365	11.0	10,909	9.6
75-79	306	9.2	8,797	7.8
80-84	153	4.6	5,835	5.2
85-89	37	1.1	2,400	2.1
90 +	15	0.5	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	3,317	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,313	99.9	105,539	93.3
Another Hospital	3	0.1	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	1	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	979	29.5	36,503	32.3
Medicaid	85	2.6	7,769	6.9
Other government	67	2.0	4,318	3.8
Blue Cross/Blue Shield	626	18.9	21,533	19.0
Other Commercial	116	3.5	7,538	6.7
Managed Care(HMO, PPO)	1,432	43.2	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	1	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	11	0.3	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	15	0.5	4,706	4.2
Central Utah	1	0.0	1,480	1.3
Davis County	2,927	88.2	16,394	14.5
Salt Lake County	242	7.3	37,661	33.3
Southeastern Utah	4	0.1	1,013	0.9
Southwest Utah	2	0.1	11,458	10.1
Summit County	3	0.1	1,614	1.4
Tooele County	30	0.9	2,088	1.8
Tri-County	3	0.1	494	0.4
Utah County	8	0.2	15,087	13.3
Wasatch County	7	0.2	501	0.4
Weber County	44	1.3	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	31	0.9	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

404 McKay-Dee Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	11,331	100.0	68,087	100.0
Mastectomy (85.0-85.99)	69	0.6	824	1.2
Musculoskeletal (76.0-84.99)	3,640	32.1	17,002	25.0
Respiratory (30.0-34.99)	28	0.2	110	0.2
Cardiovascular (35.0-39.99)	9	0.1	27	0.0
Lymphatic/Hemetic (40.0-41.99)	32	0.3	124	0.2
Digestive System (42.0-54.99)	546	4.8	18,063	26.5
Urinary (55.0-59.99)	14	0.1	986	1.4
Male Genital (60.0-64.99)	5	0.0	308	0.5
Female Genital (65.0-71.99)	337	3.0	690	1.0
Endocrine/Nervous (01.0-07.99)	390	3.4	4,352	6.4
Eye (08.0-16.99)	2,472	21.8	10,507	15.4
Ear (18.0-20.99)	1,608	14.2	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	2,181	19.2	11,264	16.5
Reporting Category(CPT-4 CODES)	7,598	100.0	154,611	100.0
Mastectomy (19120-19220)	23	0.3	304	0.2
Musculoskeletal (20000-29909)	2,882	37.9	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	1,059	13.9	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	7	0.1	295	0.2
Lymphatic/Hemetic (38100-38999)	23	0.3	198	0.1
Digestive (40490-49999)	1,178	15.5	67,037	43.4
Urinary (50010-53899)	6	0.1	2,312	1.5
Male Genital (54000-55899)	4	0.1	941	0.6
Female Genital (56405-58999)	179	2.4	2,251	1.5
Endocrine/Nervous (60000-64999)	113	1.5	8,726	5.6
Eye (65091-68899)	1,063	14.0	30,244	19.6
Ear (69000-69979)	1,061	14.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		11,331	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	1,364	12.0	4.77
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	997	8.8	7.01
1341	PHACOEMULSIFICATION-ASPIR CATARACT	994	8.8	3.61
283	TONSILLECTOMY W/ADENOIDECTOMY	651	5.7	2.82
806	EXC SEMILUNAR CARTILAGE-KNEE	405	3.6	3.25
2169	OTH TURBINECTOMY	295	2.6	2.15
8183	OTH REPR SHLDR	272	2.4	1.90
2188	OTH SEPTOPLASTY	270	2.4	1.36
0443	RELEASE CARPAL TUNNEL	246	2.2	1.84
8363	ROTATOR CUFF REPR	218	1.9	1.23
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	213	1.9	1.23
282	TONSILLECTOMY WO ADENOIDECTOMY	201	1.8	0.83
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	194	1.7	1.06
8145	OTH REPR CRUCIATE LIGAMNT	155	1.4	0.73
5123	LAP CHOLEY	145	1.3	0.79
8388	OTH PLSTC OPER TENDON	132	1.2	0.42
201	REMOV TYMPANOSTOMY TUBE	121	1.1	0.24
0887	UPPER EYELID RHYTIDECTOMY	118	1.0	0.57
2263	ETHMOIDECTOMY	106	0.9	1.97
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	105	0.9	0.49

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,598	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	928	12.2	2.73
66984	EXTRACAPSULAR CATARACT REMV IOL	759	10.0	9.64
30140	SUBMUCOS RES TURBINATE PART/CMPL	371	4.9	1.53
42820	T&A; UNDER AGE 12	332	4.4	1.10
29881	SCOPE KNEE SURG;W/MENISCECT MED/	238	3.1	1.50
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	207	2.7	1.07
29826	SCOPE SHOULDER; DECOMP SUBACROM	191	2.5	1.14
42821	T&A; AGE 12 OR OVER	149	2.0	0.50
29848	ENDO WRST SURG REL TRNS CARP LIG	142	1.9	0.36
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	111	1.5	0.43
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	110	1.4	0.41
49505	REPR INIT ING HERNIA 5YR/MORE; R	96	1.3	0.42
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	87	1.1	0.21
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	83	1.1	0.26
28285	CORRECTION HAMMERTO	78	1.0	0.50
20680	REMOVAL OF IMPLANT; DEEP	74	1.0	0.45
31267	NASL/SINUS ENDO; W/TISS REMV MAX	73	1.0	0.73
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	73	1.0	0.30
28296	HALLUX VALGUS; W/METATARSAL OSTE	72	0.9	0.31
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	69	0.9	0.12

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		2,793	\$3,079	\$2,152
283	TONSILLECTOMY W/ADENOIDECTOMY	568	\$2,368	\$1,894
282	TONSILLECTOMY WO ADENOIDECTOMY	159	\$2,306	\$1,857
806	EXC SEMILUNAR CARTILAGE-KNEE	144	\$3,656	\$3,600
0443	RELEASE CARPAL TUNNEL	129	\$3,056	\$2,264
5123	LAP CHOLEY	129	\$4,223	\$4,900
8183	OTH REPR SHLDR	69	\$7,905	\$5,797
5303	UNILAT REPR DIRECT ING HERN-GFT	49	\$3,032	\$3,795
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	48	\$3,484	\$2,552
8145	OTH REPR CRUCIATE LIGAMNT	40	\$9,456	\$8,655
8339	EXC LES OTH SOFT TISS	38	\$2,280	\$2,557
8314	FASCIOTOMY	33	\$1,896	\$2,154
2171	CLO REDUC NASAL FX	32	\$1,903	\$2,125
4951	LT LAT ANAL SPHINCTEROTOMY	32	\$1,981	\$1,970
5304	UNILAT REPR INDIRECT ING HERN-GFT	31	\$3,024	\$3,096
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	29	\$3,261	\$4,489
2169	OTH TURBINECTOMY	27	\$3,026	\$2,851
7756	REPR HAMMER TOE	27	\$3,006	\$2,823
7788	OTH PART OSTEC-TARSALS-METATARSALS	27	\$5,609	\$3,684
8521	LOC EXC LES BREAST	27	\$2,095	\$1,054
194	MYRINGOPLASTY	22	\$3,597	\$2,573

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		3,410	\$3,560	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	744	\$4,189	\$2,925
42820	T&A; UNDER AGE 12	281	\$2,347	\$1,789
29881	SCOPE KNEE SURG;W/MENISCECT MED/	155	\$3,698	\$3,394
42821	T&A; AGE 12 OR OVER	140	\$2,387	\$1,756
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	99	\$2,302	\$1,720
29848	ENDO WRST SURG REL TRNS CARP LIG	73	\$3,328	\$2,929
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	69	\$4,314	\$5,266
49505	REPR INIT ING HERNIA 5YR/MORE; R	57	\$3,034	\$2,464
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	57	\$5,172	\$4,140
66982	EXTRACAP CATARACT REMV W/IOL-CMP	49	\$4,577	\$3,933
29880	SCOPE KNEE SURG;W/MENISCECT MED&	46	\$4,082	\$3,911
28296	HALLUX VALGUS; W/METATARSAL OSTE	40	\$3,597	\$2,459
29807	SCOPE SHLDR SURG; REPR SLAP LESI	40	\$7,946	\$5,983
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	33	\$9,364	\$7,664
20680	REMOVAL OF IMPLANT; DEEP	32	\$2,412	\$2,483
47562	LAPAROSCOPY SURGICAL; CHOLECT	27	\$4,030	\$3,775
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	26	\$1,992	\$1,535
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	26	\$2,377	\$2,335
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	25	\$3,431	\$4,042
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	25	\$2,532	\$2,651

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	209	2,645
	003 LEVEL I SKIN INCISION AND DRAINAGE	9	63
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	30
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	28
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	38	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	150	1,362
	012 LEVEL I SKIN REPAIR	1	4
	013 LEVEL II SKIN REPAIR	2	67
	014 LEVEL III SKIN REPAIR	1	98
02	BREAST PROCEDURES	23	274
	020 LEVEL I BREAST PROCEDURES	23	271
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,645	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	343	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	120	835
	033 LEVEL I HAND PROCEDURES	64	1,637
	034 LEVEL II HAND PROCEDURES	50	429
	035 LEVEL I FOOT PROCEDURES	294	2,503
	036 LEVEL II FOOT PROCEDURES	118	552
	037 LEVEL I ARTHROSCOPY	1,049	9,939
	038 LEVEL II ARTHROSCOPY	243	2,078
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	158	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	205
	045 BUNION PROCEDURES	109	892
	046 LEVEL I ARTHROPLASTY	3	253
	047 LEVEL II ARTHROPLASTY	2	27
	048 HAND AND FOOT TENOTOMY	11	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	645
04	RESPIRATORY PROCEDURES	357	4,930
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	48
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	48	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	301	3,931
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	8
05	CARDIOVASCULAR PROCEDURES	1	50
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	2
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	21	277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	447	59,492
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3	15,034
	139 LEVEL I HERNIA REPAIR	155	1,091
	140 LEVEL II HERNIA REPAIR	11	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	54	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	44	273
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	5



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	145 LEVEL I LAPAROSCOPY	19	164
	146 LEVEL II LAPAROSCOPY	64	806
	147 LEVEL III LAPAROSCOPY	96	799
08	GENITOURINARY SYSTEM PROCEDURES	6	2,445
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	5	757
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	561
09	MALE REPRODUCTIVE SYSTEM	4	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	321
	181 CIRCUMCISION	2	307
10	FEMALE REPRODUCTIVE SYSTEM	126	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	185
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	162
	199 DILATION AND CURETTAGE	2	28
	200 HYSTEROSCOPY	103	375
	201 COLPOSCOPY	1	377
11	NEUROLOGIC SYSTEM PROCEDURES	106	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	1,193
	217 LEVEL I NERVE PROCEDURES	101	2,004
	218 LEVEL II NERVE PROCEDURES	1	75
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,060	29,855
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	225
	232 LASER EYE PROCEDURES	1	3,027
	233 CATARACT PROCEDURES	820	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	39	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	27	675
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	916
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	41	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	44	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	81	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,551	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,471	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	115	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	235	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	38	577
	256 TONSIL AND ADENOID PROCEDURES	692	3,783

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

404 McKay-Dee Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	104	\$2,700	\$1,639
	003 LEVEL I SKIN INCISION AND DRAINAGE	8	\$1,804	\$756
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	\$2,119	\$1,716
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	\$1,516	\$778
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	\$2,494	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	66	\$2,993	\$2,243
	012 LEVEL I SKIN REPAIR	1	\$1,781	\$2,472
	014 LEVEL III SKIN REPAIR	1	\$1,369	\$2,197
02	BREAST PROCEDURES	21	\$2,677	\$1,377
	020 LEVEL I BREAST PROCEDURES	21	\$2,677	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,047	\$4,186	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	\$2,433	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	102	\$4,295	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	\$5,068	\$4,230
	033 LEVEL I HAND PROCEDURES	22	\$2,390	\$2,238
	034 LEVEL II HAND PROCEDURES	11	\$4,373	\$2,806
	035 LEVEL I FOOT PROCEDURES	115	\$2,712	\$2,349
	036 LEVEL II FOOT PROCEDURES	40	\$3,613	\$3,331
	037 LEVEL I ARTHROSCOPY	428	\$4,214	\$3,693
	038 LEVEL II ARTHROSCOPY	78	\$8,477	\$6,268
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	\$3,115	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	\$2,143	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	108	\$3,727	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$174	\$1,288
	045 BUNION PROCEDURES	51	\$3,764	\$2,758
	046 LEVEL I ARTHROPLASTY	1	\$2,229	\$3,656
	047 LEVEL II ARTHROPLASTY	1	\$3,612	\$9,470
	048 HAND AND FOOT TENOTOMY	3	\$5,816	\$2,685
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	\$4,053	\$1,186
04	RESPIRATORY PROCEDURES	33	\$2,337	\$1,467
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,397	\$6,298
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	\$2,508	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	22	\$2,303	\$2,079
05	CARDIOVASCULAR PROCEDURES	1	\$2,960	\$2,898
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$2,960	\$2,318
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	18	\$2,604	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$2,604	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	334	\$3,298	\$1,589
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$2,018	\$1,507
	139 LEVEL I HERNIA REPAIR	102	\$3,076	\$2,556
	140 LEVEL II HERNIA REPAIR	8	\$3,193	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	39	\$1,916	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	43	\$2,406	\$1,557
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$7,113	\$3,708
	145 LEVEL I LAPAROSCOPY	13	\$3,350	\$3,179

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	146 LEVEL II LAPAROSCOPY	42	\$4,180	\$3,976
	147 LEVEL III LAPAROSCOPY	84	\$4,212	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	3	\$2,262	\$5,668
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$1,039	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$4,707	\$3,037
09	MALE REPRODUCTIVE SYSTEM	3	\$2,840	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$3,445	\$2,592
	181 CIRCUMCISION	1	\$1,629	\$849
10	FEMALE REPRODUCTIVE SYSTEM	106	\$4,159	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	\$1,584	\$1,649
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	\$4,381	\$3,598
	199 DILATION AND CURETTAGE	1	\$2,167	\$1,475
	200 HYSTEROSCOPY	86	\$4,416	\$3,408
	201 COLPOSCOPY	1	\$2,509	\$701
11	NEUROLOGIC SYSTEM PROCEDURES	58	\$3,142	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$972	\$1,043
	217 LEVEL I NERVE PROCEDURES	53	\$3,251	\$2,013
	218 LEVEL II NERVE PROCEDURES	1	\$6,041	\$8,855
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	930	\$3,998	\$2,708
	232 LASER EYE PROCEDURES	1	\$5,554	\$886
	233 CATARACT PROCEDURES	803	\$4,182	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	\$3,898	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	29	\$2,620	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	20	\$4,726	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$4,531	\$852
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	7	\$3,754	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	25	\$1,340	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	40	\$2,611	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	741	\$2,437	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	85	\$1,678	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	43	\$2,977	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	33	\$3,700	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	26	\$4,620	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	554	\$2,333	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,440	53.4	60,235	53.3
Male	3,004	46.6	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	140	2.2	694	0.6
1-4 years	660	10.2	4,826	4.3
5-9	397	6.2	2,284	2.0
10-14	249	3.9	1,379	1.2
15-17	236	3.7	1,548	1.4
18-19	127	2.0	1,314	1.2
20-24	327	5.1	3,658	3.2
25-29	335	5.2	3,719	3.3
30-34	410	6.4	4,323	3.8
35-39	362	5.6	4,350	3.8
40-44	361	5.6	4,618	4.1
45-49	369	5.7	5,768	5.1
50-54	446	6.9	12,040	10.6
55-59	437	6.8	10,423	9.2
60-64	396	6.1	10,920	9.7
65-69	378	5.9	12,396	11.0
70-74	292	4.5	10,909	9.6
75-79	246	3.8	8,797	7.8
80-84	172	2.7	5,835	5.2
85-89	86	1.3	2,400	2.1
90 +	18	0.3	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	1,971	30.6	86,987	76.9
Clinic Referral	4,473	69.4	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	6,434	99.8	105,539	93.3
Another Hospital	10	0.2	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,153	17.9	36,503	32.3
Medicaid	539	8.4	7,769	6.9
Other government	221	3.4	4,318	3.8
Blue Cross/Blue Shield	481	7.5	21,533	19.0
Other Commercial	192	3.0	7,538	6.7
Managed Care(HMO, PPO)	3,556	55.2	30,290	26.8
Self Pay	59	0.9	1,634	1.4
Industrial & Worker Comp	148	2.3	1,560	1.4
Charity and Unclassified	11	0.2	151	0.1
Childrens Health Insurance	2	0.0	58	0.1
Unknown	82	1.3	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	383	5.9	4,706	4.2
Central Utah	1	0.0	1,480	1.3
Davis County	1,644	25.5	16,394	14.5
Salt Lake County	76	1.2	37,661	33.3
Southeastern Utah	1	0.0	1,013	0.9
Southwest Utah	9	0.1	11,458	10.1
Summit County	28	0.4	1,614	1.4
Tooele County	3	0.0	2,088	1.8
Tri-County	2	0.0	494	0.4
Utah County	14	0.2	15,087	13.3
Wasatch County	1	0.0	501	0.4
Weber County	4,185	64.9	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	96	1.5	5,949	5.3
Unknown, Not Reported	1	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	5,061	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	0	0.0	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	5,061	100.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

432 Mountain West 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				
45380	COLONOSCOPY FLEX; W/BX 1/MX	5,061	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,782	35.2	10.40
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,104	21.8	8.61
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	520	10.3	2.90
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	129	2.5	1.44
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	90	1.8	0.35
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	69	1.4	1.47
43248	UGI ENDO; W/INSRT GUIDE WIRE	68	1.3	0.29
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	50	1.0	1.03
45384	COLONOSCOPY FLEX; REMV LES-FORCE	16	0.3	0.14
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	14	0.3	0.07
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	11	0.2	0.08
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	7	0.1	0.01
43244	UGI ENDO; W/BAND LIG VARICES	7	0.1	0.05
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	6	0.1	0.01
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	6	0.1	0.09
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	4	0.1	0.07
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	2	0.0	0.01
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	2	0.0	0.01
45386	COLNSCP PROX SPLENC FLXR; DILAT	2	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, 2011  
 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 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		3,021	\$1,126	\$2,172
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,214	\$1,133	\$1,366
45378	COLONOSCOPY FLEX; DX-SEP PROC	951	\$1,132	\$1,479
43239	UGI ENDO; W/BX 1/MX	570	\$1,133	\$1,534
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	165	\$1,130	\$1,485
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	50	\$849	\$1,377
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	20	\$1,133	\$1,775
45384	COLONOSCOPY FLEX; REMV LES-FORCE	15	\$1,133	\$2,401
43248	UGI ENDO; W/INSRT GUIDE WIRE	8	\$1,133	\$666
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	6	\$1,133	\$980
43244	UGI ENDO; W/BAND LIG VARICES	4	\$1,133	\$1,560
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	4	\$849	\$859
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	3	\$586	\$833
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	3	\$1,133	\$1,336
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	\$849	\$985
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	2	\$1,133	\$935
43200	ESOPHAGOSCOPY; DX-SEP PROC	1	\$1,133	\$1,089
43247	UGI ENDO; W/REMOVAL FB	1	\$1,133	\$1,022
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	1	\$1,133	\$1,437

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

432 Mountain West Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	2,645
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	57
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,060	59,492
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	50	1,601
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,247	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	235	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,886	29,841
	137 THERAPEUTIC COLONOSCOPY	630	5,824

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	3,021	\$1,126	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$849	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$849	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	626	\$1,108	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	42	\$1,133	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,165	\$1,132	\$1,422
	137 THERAPEUTIC COLONOSCOPY	181	\$1,130	\$1,579

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

432 Mountain West Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,960	49.4	60,235	53.3
Male	2,006	50.6	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	0	0.0	1,379	1.2
15-17	6	0.2	1,548	1.4
18-19	26	0.7	1,314	1.2
20-24	86	2.2	3,658	3.2
25-29	98	2.5	3,719	3.3
30-34	135	3.4	4,323	3.8
35-39	139	3.5	4,350	3.8
40-44	189	4.8	4,618	4.1
45-49	232	5.8	5,768	5.1
50-54	889	22.4	12,040	10.6
55-59	556	14.0	10,423	9.2
60-64	472	11.9	10,920	9.7
65-69	478	12.1	12,396	11.0
70-74	319	8.0	10,909	9.6
75-79	184	4.6	8,797	7.8
80-84	109	2.7	5,835	5.2
85-89	39	1.0	2,400	2.1
90 +	9	0.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	3,966	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

432 Mountain West Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,917	73.6	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	1,049	26.4	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,070	27.0	36,503	32.3
Medicaid	54	1.4	7,769	6.9
Other government	84	2.1	4,318	3.8
Blue Cross/Blue Shield	1,157	29.2	21,533	19.0
Other Commercial	178	4.5	7,538	6.7
Managed Care(HMO, PPO)	1,379	34.8	30,290	26.8
Self Pay	44	1.1	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.0	4,706	4.2
Central Utah	7	0.2	1,480	1.3
Davis County	171	4.3	16,394	14.5
Salt Lake County	3,383	85.3	37,661	33.3
Southeastern Utah	9	0.2	1,013	0.9
Southwest Utah	6	0.2	11,458	10.1
Summit County	101	2.5	1,614	1.4
Tooele County	82	2.1	2,088	1.8
Tri-County	19	0.5	494	0.4
Utah County	74	1.9	15,087	13.3
Wasatch County	12	0.3	501	0.4
Weber County	8	0.2	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	93	2.3	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	378	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	378	100.0	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	0	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	124	0.2
Digestive System (42.0-54.99)	0	0.0	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	0	0.0	308	0.5
Female Genital (65.0-71.99)	0	0.0	690	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,352	6.4
Eye (08.0-16.99)	0	0.0	10,507	15.4
Ear (18.0-20.99)	0	0.0	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	11,264	16.5
Reporting Category(CPT-4 CODES)	5,370	100.0	154,611	100.0
Mastectomy (19120-19220)	6	0.1	304	0.2
Musculoskeletal (20000-29909)	2,957	55.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	390	7.3	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	3	0.1	295	0.2
Lymphatic/Hemetic (38100-38999)	5	0.1	198	0.1
Digestive (40490-49999)	349	6.5	67,037	43.4
Urinary (50010-53899)	55	1.0	2,312	1.5
Male Genital (54000-55899)	27	0.5	941	0.6
Female Genital (56405-58999)	1	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	543	10.1	8,726	5.6
Eye (65091-68899)	922	17.2	30,244	19.6
Ear (69000-69979)	112	2.1	5,045	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		378	100.0	100.0
7781	OTH PART OSTEC--SCAPULA-CLAV-THOR	175	46.3	1.06
8363	ROTATOR CUFF REPR	150	39.7	1.23
8182	REPR RECUR DISLOC SHLDR	36	9.5	0.11
8183	OTH REPR SHLDR	14	3.7	1.90
8021	ARTHSCPY--SHLDR	3	0.8	0.28

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,370	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	741	13.8	9.64
29881	SCOPE KNEE SURG;W/MENISCECT MED/	293	5.5	1.50
29826	SCOPE SHOULDER; DECOMP SUBACROM	278	5.2	1.14
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	221	4.1	0.57
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	175	3.3	0.47
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	150	2.8	0.57
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	141	2.6	0.26
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	139	2.6	0.83
41899	UNLIST PROC DENTOALVEOL STRUCTUR	103	1.9	1.86
66821	DISCISSION 2ND CATARACT; LASER S	86	1.6	1.42
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	82	1.5	0.17
69436	TYMPANOSTOMY GENERAL ANESTHESIA	77	1.4	2.73
29880	SCOPE KNEE SURG;W/MENISCECT MED&	75	1.4	0.51
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	70	1.3	1.07
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	67	1.2	0.22
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	66	1.2	0.43
28285	CORRECTION HAMMERTO	65	1.2	0.50
26055	TENDON SHEATH INCISION	62	1.2	0.40
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	53	1.0	0.41
25447	ARTHPLSTY INTERPSTN INTERCARPAL/	47	0.9	0.14

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		184	\$4,030	\$2,152
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	81	\$4,425	\$4,457
8363	ROTATOR CUFF REPR	59	\$4,794	\$6,153
8182	REPR RECUR DISLOC SHLDR	35	\$2,013	\$2,891
8183	OTH REPR SHLDR	6	\$3,730	\$5,797
8021	ARTHSCPY-SHLDR	3	\$2,506	\$2,721

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		2,086	\$1,396	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	734	\$1,303	\$2,925
41899	UNLIST PROC DENTOALVEOL STRUCTUR	102	\$1,147	\$2,146
29881	SCOPE KNEE SURG;W/MENISCECT MED/	99	\$1,827	\$3,394
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	71	\$1,169	\$1,715
66821	DISCISSION 2ND CATARACT; LASER S	66	\$307	\$880
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	60	\$966	\$1,720
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	50	\$1,679	\$4,042
49505	REPR INIT ING HERNIA 5YR/MORE; R	37	\$1,920	\$2,464
29880	SCOPE KNEE SURG;W/MENISCECT MED&	34	\$1,763	\$3,911
42820	T&A; UNDER AGE 12	31	\$879	\$1,789
69436	TYMPANOSTOMY GENERAL ANESTHESIA	28	\$1,307	\$1,601
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	25	\$1,641	\$2,380
29806	SCOPE SHOULDER SURGICAL; CPSLORR	23	\$1,899	\$4,942
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	20	\$1,529	\$3,806
20680	REMOVAL OF IMPLANT; DEEP	18	\$1,297	\$2,483
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	17	\$2,346	\$8,212
21320	CLOS TX NASL BONE FRACTURE; W/ST	16	\$782	\$1,912
29826	SCOPE SHOULDER; DECOMP SUBACROM	15	\$1,667	\$3,924
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	14	\$900	\$2,098
66982	EXTRACAP CATARACT REMV W/IOL-CMP	14	\$983	\$3,933

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	90	2,645
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	63
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	30
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	60	1,362
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4
	013 LEVEL II SKIN REPAIR	2	67
	014 LEVEL III SKIN REPAIR	5	98
02	BREAST PROCEDURES	6	274
	020 LEVEL I BREAST PROCEDURES	6	271
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,836	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	193	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	95	835
	033 LEVEL I HAND PROCEDURES	135	1,637
	034 LEVEL II HAND PROCEDURES	59	429
	035 LEVEL I FOOT PROCEDURES	172	2,503
	036 LEVEL II FOOT PROCEDURES	26	552
	037 LEVEL I ARTHROSCOPY	1,476	9,939
	038 LEVEL II ARTHROSCOPY	255	2,078
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	11	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	104	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	34	205
	045 BUNION PROCEDURES	46	892
	046 LEVEL I ARTHROPLASTY	53	253
	047 LEVEL II ARTHROPLASTY	11	27
	048 HAND AND FOOT TENOTOMY	4	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	107	645
04	RESPIRATORY PROCEDURES	187	4,930
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	16	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	171	3,931
05	CARDIOVASCULAR PROCEDURES	1	50
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	80	59,492
	139 LEVEL I HERNIA REPAIR	61	1,091
	140 LEVEL II HERNIA REPAIR	5	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	273
	146 LEVEL II LAPAROSCOPY	1	806
	147 LEVEL III LAPAROSCOPY	6	799
08	GENITOURINARY SYSTEM PROCEDURES	55	2,445
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	21	916
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	22	757



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	12	561
09	MALE REPRODUCTIVE SYSTEM	27	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	321
	181 CIRCUMCISION	2	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	46
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	18
11	NEUROLOGIC SYSTEM PROCEDURES	544	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	15	1,193
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	21
	217 LEVEL I NERVE PROCEDURES	203	2,004
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	323	5,036
	223 LEVEL III NERVE PROCEDURES	1	56
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	918	29,855
	232 LASER EYE PROCEDURES	88	3,027
	233 CATARACT PROCEDURES	759	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	15	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	9	675
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	16	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	29	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	604	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	315	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	41	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	85	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	32	577
	256 TONSIL AND ADENOID PROCEDURES	131	3,783

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	48	\$1,063	\$1,639
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$486	\$756
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$773	\$1,716
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$1,015	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	\$1,137	\$2,243
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,445	\$2,102
	014 LEVEL III SKIN REPAIR	4	\$728	\$2,197
02	BREAST PROCEDURES	6	\$874	\$1,377
	020 LEVEL I BREAST PROCEDURES	6	\$874	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	628	\$1,848	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$1,070	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	\$2,047	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$2,714	\$4,230
	033 LEVEL I HAND PROCEDURES	46	\$1,221	\$2,238
	034 LEVEL II HAND PROCEDURES	6	\$1,895	\$2,806
	035 LEVEL I FOOT PROCEDURES	34	\$1,248	\$2,349
	036 LEVEL II FOOT PROCEDURES	8	\$1,333	\$3,331
	037 LEVEL I ARTHROSCOPY	293	\$1,769	\$3,693
	038 LEVEL II ARTHROSCOPY	34	\$2,065	\$6,268
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$2,077	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$103	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	65	\$2,607	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	\$876	\$1,288
	045 BUNION PROCEDURES	16	\$1,892	\$2,758
	046 LEVEL I ARTHROPLASTY	2	\$2,423	\$3,656
	047 LEVEL II ARTHROPLASTY	6	\$7,162	\$9,470
	048 HAND AND FOOT TENOTOMY	1	\$567	\$2,685
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$503	\$1,186
04	RESPIRATORY PROCEDURES	9	\$1,208	\$1,467
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,124	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,249	\$2,079
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	\$973	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$973	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	66	\$1,899	\$1,589
	139 LEVEL I HERNIA REPAIR	50	\$1,977	\$2,556
	140 LEVEL II HERNIA REPAIR	4	\$1,597	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$680	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$1,335	\$1,557
	146 LEVEL II LAPAROSCOPY	1	\$1,286	\$3,976
	147 LEVEL III LAPAROSCOPY	5	\$2,288	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	33	\$1,785	\$5,668
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	17	\$2,346	\$8,231
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	7	\$1,102	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	9	\$1,256	\$3,037
09	MALE REPRODUCTIVE SYSTEM	9	\$754	\$1,608

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$723	\$2,592
	181 CIRCUMCISION	1	\$886	\$849
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$1,342	\$2,733
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$470	\$1,527
11	NEUROLOGIC SYSTEM PROCEDURES	117	\$990	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	15	\$364	\$1,043
	217 LEVEL I NERVE PROCEDURES	89	\$1,163	\$2,013
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	12	\$290	\$962
	223 LEVEL III NERVE PROCEDURES	1	\$3,321	\$8,561
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	842	\$1,218	\$2,708
	232 LASER EYE PROCEDURES	68	\$303	\$886
	233 CATARACT PROCEDURES	750	\$1,296	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$835	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	11	\$1,947	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$668	\$5,713
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,225	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$742	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	318	\$1,074	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	160	\$1,116	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	21	\$1,312	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	\$847	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	21	\$1,157	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	108	\$966	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,716	51.3	60,235	53.3
Male	1,630	48.7	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	2	0.1	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	13	0.4	694	0.6
1-4 years	119	3.6	4,826	4.3
5-9	69	2.1	2,284	2.0
10-14	71	2.1	1,379	1.2
15-17	89	2.7	1,548	1.4
18-19	82	2.4	1,314	1.2
20-24	124	3.7	3,658	3.2
25-29	119	3.6	3,719	3.3
30-34	155	4.6	4,323	3.8
35-39	168	5.0	4,350	3.8
40-44	154	4.6	4,618	4.1
45-49	199	5.9	5,768	5.1
50-54	299	8.9	12,040	10.6
55-59	234	7.0	10,423	9.2
60-64	277	8.3	10,920	9.7
65-69	315	9.4	12,396	11.0
70-74	293	8.8	10,909	9.6
75-79	277	8.3	8,797	7.8
80-84	211	6.3	5,835	5.2
85-89	65	1.9	2,400	2.1
90 +	15	0.4	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	3,348	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,347	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	1	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,095	32.7	36,503	32.3
Medicaid	134	4.0	7,769	6.9
Other government	111	3.3	4,318	3.8
Blue Cross/Blue Shield	605	18.1	21,533	19.0
Other Commercial	397	11.9	7,538	6.7
Managed Care(HMO, PPO)	784	23.4	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	127	3.8	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	95	2.8	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	50	1.5	4,706	4.2
Central Utah	4	0.1	1,480	1.3
Davis County	2,333	69.7	16,394	14.5
Salt Lake County	268	8.0	37,661	33.3
Southeastern Utah	5	0.1	1,013	0.9
Southwest Utah	7	0.2	11,458	10.1
Summit County	9	0.3	1,614	1.4
Tooele County	278	8.3	2,088	1.8
Tri-County	4	0.1	494	0.4
Utah County	32	1.0	15,087	13.3
Wasatch County	3	0.1	501	0.4
Weber County	281	8.4	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	74	2.2	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	7,978	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	2,094	26.2	17,002	25.0
Respiratory (30.0-34.99)	9	0.1	110	0.2
Cardiovascular (35.0-39.99)	2	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	9	0.1	124	0.2
Digestive System (42.0-54.99)	1,328	16.6	18,063	26.5
Urinary (55.0-59.99)	279	3.5	986	1.4
Male Genital (60.0-64.99)	89	1.1	308	0.5
Female Genital (65.0-71.99)	41	0.5	690	1.0
Endocrine/Nervous (01.0-07.99)	677	8.5	4,352	6.4
Eye (08.0-16.99)	1,974	24.7	10,507	15.4
Ear (18.0-20.99)	257	3.2	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	1,219	15.3	11,264	16.5
Reporting Category(CPT-4 CODES)	8,724	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	2,274	26.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	346	4.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	10	0.1	198	0.1
Digestive (40490-49999)	2,279	26.1	67,037	43.4
Urinary (50010-53899)	575	6.6	2,312	1.5
Male Genital (54000-55899)	88	1.0	941	0.6
Female Genital (56405-58999)	47	0.5	2,251	1.5
Endocrine/Nervous (60000-64999)	759	8.7	8,726	5.6
Eye (65091-68899)	2,072	23.8	30,244	19.6
Ear (69000-69979)	273	3.1	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		7,978	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,580	19.8	7.01
2309	EXTRACT OTH TOOTH	533	6.7	0.79
0481	INJ ANES PERIPH NERV-ANALGESIA	455	5.7	0.91
4523	COLONOSCOPY	408	5.1	5.93
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	372	4.7	4.91
8183	OTH REPR SHLDR	273	3.4	1.90
806	EXC SEMILUNAR CARTILAGE-KNEE	247	3.1	3.25
2001	MYRINGOTOMY W/INSRT TUBE	225	2.8	4.77
283	TONSILLECTOMY W/ADENOIDECTOMY	180	2.3	2.82
4542	ENDO POLYPECTOMY LG INTESTINE	170	2.1	1.91
0443	RELEASE CARPAL TUNNEL	155	1.9	1.84
4292	DILAT ESOPH	151	1.9	1.03
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	133	1.7	1.23
4525	CLO [ENDO] BX LG INTESTINE	125	1.6	7.47
8363	ROTATOR CUFF REPR	117	1.5	1.23
598	URETERAL CATH	98	1.2	0.38
1474	OTH MECH VITRECTOMY	93	1.2	0.14
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	85	1.1	1.06
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	81	1.0	0.86
8147	OTH REPR KNEE	77	1.0	0.51

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		8,724	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,549	17.8	9.64
41899	UNLIST PROC DENTOALVEOL STRUCTUR	587	6.7	1.86
45378	COLONOSCOPY FLEX; DX-SEP PROC	427	4.9	8.61
43239	UGI ENDO; W/BX 1/MX	385	4.4	8.22
45380	COLONOSCOPY FLEX; W/BX 1/MX	262	3.0	10.40
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	257	2.9	0.26
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	232	2.7	0.59
69436	TYMPANOSTOMY GENERAL ANESTHESIA	223	2.6	2.73
29826	SCOPE SHOULDER; DECOMP SUBACROM	203	2.3	1.14
29881	SCOPE KNEE SURG;W/MENISCECT MED/	183	2.1	1.50
42820	T&A; UNDER AGE 12	142	1.6	1.10
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	133	1.5	0.57
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	125	1.4	1.03
64417	INJECTION ANESTHETIC AGT; AX NER	125	1.4	0.08
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	112	1.3	0.83
52332	CYSTOURETHROSCOPY W/INSRT STENT	102	1.2	0.23
66821	DISCISSION 2ND CATARACT; LASER S	101	1.2	1.42
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	82	0.9	2.90
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	81	0.9	0.57
64445	INJ ANESAGT; SCIATIC NERVE SINGL	78	0.9	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, 2011  
 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		4,279	\$3,010	\$2,152
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,556	\$2,287	\$1,882
2309	EXTRACT OTH TOOTH	533	\$3,152	\$3,151
4523	COLONOSCOPY	337	\$1,516	\$1,075
283	TONSILLECTOMY W/ADENOIDECTOMY	149	\$2,560	\$1,894
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	149	\$2,211	\$1,039
2001	MYRINGOTOMY W/INSRT TUBE	147	\$1,972	\$1,675
0443	RELEASE CARPAL TUNNEL	109	\$3,343	\$2,264
4542	ENDO POLYPECTOMY LG INTESTINE	95	\$1,720	\$980
1474	OTH MECH VITRECTOMY	82	\$5,372	\$5,372
806	EXC SEMILUNAR CARTILAGE-KNEE	75	\$6,305	\$3,600
4525	CLO [ENDO] BX LG INTESTINE	73	\$1,643	\$959
2499	OTH DENTAL OPER	52	\$3,197	\$1,305
282	TONSILLECTOMY WO ADENOIDECTOMY	48	\$2,615	\$1,857
5749	OTH TRANSURETH EXC/DEST LES BLADDER	30	\$2,670	\$2,650
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	25	\$8,116	\$4,489
1139	OTH EXC PTERYGIUM	21	\$3,910	\$3,442
640	CIRCUMCISION	20	\$2,259	\$2,422
8145	OTH REPR CRUCIATE LIGAMNT	20	\$15,188	\$8,655
8339	EXC LES OTH SOFT TISS	20	\$3,482	\$2,557
8147	OTH REPR KNEE	19	\$8,517	\$5,092

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		4,721	\$3,266	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	1,526	\$2,277	\$2,925
41899	UNLIST PROC DENTOALVEOL STRUCTUR	585	\$3,152	\$2,146
45378	COLONOSCOPY FLEX; DX-SEP PROC	352	\$1,516	\$1,479
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	205	\$12,650	\$8,212
45380	COLONOSCOPY FLEX; W/BX 1/MX	162	\$1,632	\$1,366
43239	UGI ENDO; W/BX 1/MX	154	\$2,237	\$1,534
69436	TYMPANOSTOMY GENERAL ANESTHESIA	147	\$1,991	\$1,601
42820	T&A; UNDER AGE 12	109	\$2,503	\$1,789
66821	DISCISSION 2ND CATARACT; LASER S	101	\$266	\$880
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	76	\$2,237	\$1,715
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	74	\$1,669	\$1,040
29881	SCOPE KNEE SURG;W/MENISCECT MED/	54	\$5,584	\$3,394
67042	67042	49	\$5,377	\$5,179
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	39	\$2,452	\$1,720
42821	T&A; AGE 12 OR OVER	35	\$2,468	\$1,756
66982	EXTRACAP CATARACT REMV W/IOL-CMP	34	\$2,520	\$3,933
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	33	\$1,970	\$1,485
29848	ENDO WRST SURG REL TRNS CARP LIG	32	\$5,864	\$2,929
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	26	\$8,236	\$4,042
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	23	\$3,914	\$2,651

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

414 Mount Ogden Surgical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	137	2,645
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	63
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	119	1,362
	014 LEVEL III SKIN REPAIR	5	98
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,126	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	170	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	147	835
	033 LEVEL I HAND PROCEDURES	108	1,637
	034 LEVEL II HAND PROCEDURES	40	429
	035 LEVEL I FOOT PROCEDURES	102	2,503
	036 LEVEL II FOOT PROCEDURES	33	552
	037 LEVEL I ARTHROSCOPY	1,050	9,939
	038 LEVEL II ARTHROSCOPY	235	2,078
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	110	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	205
	045 BUNION PROCEDURES	30	892
	046 LEVEL I ARTHROPLASTY	30	253
	048 HAND AND FOOT TENOTOMY	8	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	645
04	RESPIRATORY PROCEDURES	149	4,930
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	48
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	19	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	128	3,931
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	8
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	10	277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,416	59,492
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	125	1,601
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	425	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	40	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	689	29,841
	137 THERAPEUTIC COLONOSCOPY	97	5,824
	139 LEVEL I HERNIA REPAIR	11	1,091
	140 LEVEL II HERNIA REPAIR	1	207
	145 LEVEL I LAPAROSCOPY	16	164
	146 LEVEL II LAPAROSCOPY	3	806
	147 LEVEL III LAPAROSCOPY	7	799
08	GENITOURINARY SYSTEM PROCEDURES	571	2,445
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	232	916
	162 URINARY CATHETERIZATION AND DILATATION	3	5
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	175	757

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	154	561
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	23
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	180
09	MALE REPRODUCTIVE SYSTEM	85	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	51	321
	181 CIRCUMCISION	24	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	5	46
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	18
10	FEMALE REPRODUCTIVE SYSTEM	28	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	162
	200 HYSTEROSCOPY	13	375
11	NEUROLOGIC SYSTEM PROCEDURES	754	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	74	1,193
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	21
	217 LEVEL I NERVE PROCEDURES	162	2,004
	218 LEVEL II NERVE PROCEDURES	3	75
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	511	5,036
	223 LEVEL III NERVE PROCEDURES	2	56
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,063	29,855
	232 LASER EYE PROCEDURES	101	3,027
	233 CATARACT PROCEDURES	1,617	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	16	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	28	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	18	675
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	916
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	137	1,193
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	13	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	31	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	99	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,350	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	943	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	29	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	81	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	18	577
	256 TONSIL AND ADENOID PROCEDURES	279	3,783

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	68	\$3,132	\$1,639
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,451	\$756
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$3,442	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	58	\$3,130	\$2,243
	014 LEVEL III SKIN REPAIR	2	\$2,451	\$2,197
03	MUSCULOSKELETAL SYSTEM PROCEDURES	407	\$6,241	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$4,260	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$4,076	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$4,442	\$4,230
	033 LEVEL I HAND PROCEDURES	46	\$4,448	\$2,238
	034 LEVEL II HAND PROCEDURES	5	\$5,533	\$2,806
	035 LEVEL I FOOT PROCEDURES	36	\$4,153	\$2,349
	036 LEVEL II FOOT PROCEDURES	8	\$5,380	\$3,331
	037 LEVEL I ARTHROSCOPY	186	\$6,925	\$3,693
	038 LEVEL II ARTHROSCOPY	25	\$13,262	\$6,268
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$7,567	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$3,575	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	\$5,883	\$3,543
	045 BUNION PROCEDURES	14	\$4,631	\$2,758
	046 LEVEL I ARTHROPLASTY	1	\$9,444	\$3,656
04	RESPIRATORY PROCEDURES	11	\$3,804	\$1,467
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,229	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	\$4,072	\$2,079
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	\$2,814	\$2,814
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	\$3,514	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$3,514	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	771	\$1,805	\$1,589
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,632	\$1,728
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,058	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	175	\$2,123	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	14	\$1,679	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	514	\$1,553	\$1,422
	137 THERAPEUTIC COLONOSCOPY	34	\$1,970	\$1,579
	139 LEVEL I HERNIA REPAIR	8	\$3,869	\$2,556
	140 LEVEL II HERNIA REPAIR	1	\$4,018	\$2,700
	145 LEVEL I LAPAROSCOPY	13	\$3,912	\$3,179
	146 LEVEL II LAPAROSCOPY	3	\$4,663	\$3,976
	147 LEVEL III LAPAROSCOPY	6	\$4,663	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	304	\$9,583	\$5,668
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	205	\$12,650	\$8,231
	162 URINARY CATHETERIZATION AND DILATATION	1	\$3,437	\$3,437
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	52	\$2,777	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	43	\$3,794	\$3,037
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$2,970	\$2,302
09	MALE REPRODUCTIVE SYSTEM	63	\$3,336	\$1,608

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

414 Mount Ogden Surgical Center

procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
Procedure EAPG				
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	37	\$3,745	\$2,592
181	CIRCUMCISION	22	\$2,209	\$849
184	LEVEL II PENILE AND PROSTATE PROCEDURES	4	\$5,757	\$2,733
10	FEMALE REPRODUCTIVE SYSTEM	23	\$5,364	\$2,046
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$3,346	\$1,649
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$3,860	\$3,210
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$9,874	\$3,598
200	HYSTEROSCOPY	11	\$4,551	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	170	\$2,088	\$1,636
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	74	\$1,669	\$1,043
217	LEVEL I NERVE PROCEDURES	88	\$2,564	\$2,013
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	8	\$738	\$962
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,885	\$2,494	\$2,708
232	LASER EYE PROCEDURES	101	\$266	\$886
233	CATARACT PROCEDURES	1,578	\$2,308	\$2,997
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	14	\$2,262	\$2,228
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	24	\$4,010	\$2,616
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	9	\$5,494	\$5,713
237	LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$4,244	\$852
238	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	116	\$5,370	\$4,913
239	STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$4,976	\$3,474
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$2,983	\$1,073
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	28	\$6,310	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,004	\$2,871	\$2,001
252	LEVEL I FACIAL AND ENT PROCEDURES	770	\$2,920	\$2,038
253	LEVEL II FACIAL AND ENT PROCEDURES	18	\$3,095	\$1,997
254	LEVEL III FACIAL AND ENT PROCEDURES	4	\$4,588	\$2,897
255	LEVEL IV FACIAL AND ENT PROCEDURES	11	\$5,431	\$2,904
256	TONSIL AND ADENOID PROCEDURES	201	\$2,488	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,241	51.3	60,235	53.3
Male	3,076	48.7	52,811	46.7
Unknown	5	0.1	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	40	0.6	694	0.6
1-4 years	632	10.0	4,826	4.3
5-9	239	3.8	2,284	2.0
10-14	114	1.8	1,379	1.2
15-17	117	1.9	1,548	1.4
18-19	66	1.0	1,314	1.2
20-24	184	2.9	3,658	3.2
25-29	197	3.1	3,719	3.3
30-34	249	3.9	4,323	3.8
35-39	222	3.5	4,350	3.8
40-44	226	3.6	4,618	4.1
45-49	276	4.4	5,768	5.1
50-54	453	7.2	12,040	10.6
55-59	448	7.1	10,423	9.2
60-64	469	7.4	10,920	9.7
65-69	701	11.1	12,396	11.0
70-74	614	9.7	10,909	9.6
75-79	579	9.2	8,797	7.8
80-84	310	4.9	5,835	5.2
85-89	147	2.3	2,400	2.1
90 +	39	0.6	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	6,322	100.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	0	0.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	6,322	100.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,041	32.3	36,503	32.3
Medicaid	712	11.3	7,769	6.9
Other government	95	1.5	4,318	3.8
Blue Cross/Blue Shield	1,710	27.0	21,533	19.0
Other Commercial	1,026	16.2	7,538	6.7
Managed Care(HMO, PPO)	510	8.1	30,290	26.8
Self Pay	129	2.0	1,634	1.4
Industrial & Worker Comp	82	1.3	1,560	1.4
Charity and Unclassified	1	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	15	0.2	171	0.2
Not Reported	1	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	358	5.7	4,706	4.2
Central Utah	4	0.1	1,480	1.3
Davis County	1,338	21.2	16,394	14.5
Salt Lake County	64	1.0	37,661	33.3
Southeastern Utah	3	0.0	1,013	0.9
Southwest Utah	2	0.0	11,458	10.1
Summit County	21	0.3	1,614	1.4
Tooele County	7	0.1	2,088	1.8
Tri-County	7	0.1	494	0.4
Utah County	10	0.2	15,087	13.3
Wasatch County	3	0.0	501	0.4
Weber County	4,257	67.3	14,582	12.9
Unknown Utah	3	0.0	14	0.0
Outside Utah	244	3.9	5,949	5.3
Unknown, Not Reported	1	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	7,775	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	0	0.0	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	7,775	100.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

419 Northern Utah 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				
45380	COLONOSCOPY FLEX; W/BX 1/MX	7,775	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,968	25.3	10.40
43239	UGI ENDO; W/BX 1/MX	1,777	22.9	8.22
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,637	21.1	8.61
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	961	12.4	1.03
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	430	5.5	2.90
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	295	3.8	1.47
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	259	3.3	1.44
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	69	0.9	0.09
43247	UGI ENDO; W/REMOVAL FB	61	0.8	0.06
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	50	0.6	0.35
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	45	0.6	0.08
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	33	0.4	0.07
43255	UGI ENDO; W/CONTRL BLEED ANY MET	32	0.4	0.03
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	23	0.3	0.07
44388	COLONOSCOPY-STOMA; DX-SEP PROC	13	0.2	0.02
45384	COLONOSCOPY FLEX; REMV LES-FORCE	11	0.1	0.14
43258	UGI ENDO; W/ABLAT LES NOT SNARE	10	0.1	0.07
43248	UGI ENDO; W/INSRT GUIDE WIRE	9	0.1	0.29
44389	COLONSCPY THRU STOMA; W/BX 1/MX	8	0.1	0.01
43244	UGI ENDO; W/BAND LIG VARICES	7	0.1	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, 2011  
 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				

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	1,045	\$718	\$2,172
45378	COLONOSCOPY FLEX; DX-SEP PROC	419	\$710	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	292	\$783	\$1,366
43239	UGI ENDO; W/BX 1/MX	138	\$584	\$1,534
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	48	\$1,006	\$1,485
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	39	\$505	\$1,377
43255	UGI ENDO; W/CONTRL BLEED ANY MET	20	\$803	\$1,195
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	14	\$308	\$859
43247	UGI ENDO; W/REMOVAL FB	12	\$685	\$1,022
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	12	\$662	\$1,775
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	10	\$223	\$985
43244	UGI ENDO; W/BAND LIG VARICES	6	\$777	\$1,560
43268	ERCP; INSRT TUBE/STNT BILE/PANC	5	\$1,445	\$1,445
43215	ESOPHAGOSCOPY; W/REMV FB	3	\$731	\$731
43760	CHANGE OF GASTROSTOMY TUBE	3	\$450	\$1,350
45384	COLONOSCOPY FLEX; REMV LES-FORCE	3	\$1,006	\$2,401
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	2	\$685	\$980
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	2	\$1,110	\$2,382
43260	ERCP; DX W/WO CLCT SPEC SEP PROC	2	\$994	\$2,913
43264	ERCP; REMV CALCULI BILI&/PANC DUCT	2	\$1,534	\$1,534
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	\$947	\$1,437

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

419 Northern Utah Endoscopy Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
07 GASTROINTESTINAL SYSTEM PROCEDURES	7,771	59,492
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	961	1,601
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	33	112
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	82	184
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,076	15,034
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	457	3,309
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,632	29,841
137 THERAPEUTIC COLONOSCOPY	504	5,824
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	26	31

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	1,042	\$719	\$1,589
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$292	\$1,728
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$223	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	\$319	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	179	\$567	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	58	\$746	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	714	\$740	\$1,422
	137 THERAPEUTIC COLONOSCOPY	53	\$1,004	\$1,579
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	\$1,332	\$1,783

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,945	51.6	60,235	53.3
Male	1,828	48.4	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	2	0.1	1,379	1.2
15-17	15	0.4	1,548	1.4
18-19	40	1.1	1,314	1.2
20-24	121	3.2	3,658	3.2
25-29	98	2.6	3,719	3.3
30-34	127	3.4	4,323	3.8
35-39	120	3.2	4,350	3.8
40-44	143	3.8	4,618	4.1
45-49	244	6.5	5,768	5.1
50-54	736	19.5	12,040	10.6
55-59	548	14.5	10,423	9.2
60-64	528	14.0	10,920	9.7
65-69	316	8.4	12,396	11.0
70-74	300	8.0	10,909	9.6
75-79	229	6.1	8,797	7.8
80-84	107	2.8	5,835	5.2
85-89	68	1.8	2,400	2.1
90 +	31	0.8	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	3,773	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,773	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	663	17.6	36,503	32.3
Medicaid	105	2.8	7,769	6.9
Other government	67	1.8	4,318	3.8
Blue Cross/Blue Shield	941	24.9	21,533	19.0
Other Commercial	264	7.0	7,538	6.7
Managed Care(HMO, PPO)	1,648	43.7	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	1	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	84	2.2	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	3,259	86.4	4,706	4.2
Central Utah	2	0.1	1,480	1.3
Davis County	17	0.5	16,394	14.5
Salt Lake County	13	0.3	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	3	0.1	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	4	0.1	2,088	1.8
Tri-County	4	0.1	494	0.4
Utah County	8	0.2	15,087	13.3
Wasatch County	1	0.0	501	0.4
Weber County	17	0.5	14,582	12.9
Unknown Utah	2	0.1	14	0.0
Outside Utah	441	11.7	5,949	5.3
Unknown, Not Reported	2	0.1	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

420      Ridgeline Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	7,761	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	0	0.0	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	7,761	100.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

420 Ridgeline Endoscopy Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	7,761	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,511	32.4	8.22
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,037	26.2	8.61
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,278	16.5	10.40
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	813	10.5	1.44
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	339	4.4	2.90
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	229	3.0	0.37
45384	COLONOSCOPY FLEX; REMV LES-FORCE	132	1.7	0.14
43258	UGI ENDO; W/ABLAT LES NOT SNARE	95	1.2	0.07
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	74	1.0	1.47
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	66	0.9	1.03
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	25	0.3	0.02
43228	ESOPHAGOSCOPY; W/ABLAT TUMOR	18	0.2	0.01
43244	UGI ENDO; W/BAND LIG VARICES	16	0.2	0.05
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	16	0.2	0.07
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	13	0.2	0.01
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	12	0.2	0.07
43458	DILAT ESOPHAGUS W/BALLOON ACHALA	10	0.1	0.01
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	10	0.1	0.09
43255	UGI ENDO; W/CONTRL BLEED ANY MET	9	0.1	0.03
45383	COLONOSCOPY FLEX; W/ABLAT LES	9	0.1	0.34

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

420 Ridgeline Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		5,456	\$2,882	\$2,172
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,955	\$2,932	\$1,479
43239	UGI ENDO; W/BX 1/MX	1,549	\$2,829	\$1,534
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,087	\$3,029	\$1,366
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	220	\$1,400	\$971
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	201	\$3,066	\$1,485
45384	COLONOSCOPY FLEX; REMV LES-FORCE	116	\$3,070	\$2,401
43258	UGI ENDO; W/ABLAT LES NOT SNARE	89	\$2,920	\$2,920
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	70	\$2,487	\$1,377
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	53	\$2,820	\$1,775
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	25	\$7,240	\$7,240
43228	ESOPHAGOSCOPY; W/ABLAT TUMOR	17	\$3,933	\$3,933
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	14	\$2,400	\$985
43244	UGI ENDO; W/BAND LIG VARICES	10	\$2,931	\$1,560
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	8	\$2,700	\$2,382
43255	UGI ENDO; W/CONTRL BLEED ANY MET	6	\$2,800	\$1,195
43458	DILAT ESOPHAGUS W/BALLOON ACHALA	6	\$3,593	\$3,593
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	6	\$2,742	\$859
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	4	\$2,800	\$1,336
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	4	\$2,742	\$1,379
43247	UGI ENDO; W/REMOVAL FB	3	\$2,933	\$1,022

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

420 Ridgeline Endoscopy Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	229	2,645
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	229	898
04 RESPIRATORY PROCEDURES	25	4,930
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	25	48
07 GASTROINTESTINAL SYSTEM PROCEDURES	7,505	59,492
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	76	1,601
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	17	112
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	17	184
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,585	15,034
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	987	3,309
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,331	29,841
137 THERAPEUTIC COLONOSCOPY	487	5,824
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	31

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

**AMB ST 1-5  
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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 )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	220	\$1,400	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	220	\$1,400	\$1,204
04	RESPIRATORY PROCEDURES	25	\$7,240	\$1,467
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	25	\$7,240	\$6,298
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,209	\$2,924	\$1,589
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	10	\$3,253	\$1,728
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	\$2,400	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	\$2,719	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,619	\$2,814	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	190	\$2,968	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,045	\$2,966	\$1,422
	137 THERAPEUTIC COLONOSCOPY	322	\$3,064	\$1,579
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$6,750	\$1,783

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,530	53.5	60,235	53.3
Male	3,064	46.5	52,811	46.7
Unknown	1	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	18	0.3	1,379	1.2
15-17	42	0.6	1,548	1.4
18-19	41	0.6	1,314	1.2
20-24	134	2.0	3,658	3.2
25-29	157	2.4	3,719	3.3
30-34	185	2.8	4,323	3.8
35-39	230	3.5	4,350	3.8
40-44	265	4.0	4,618	4.1
45-49	377	5.7	5,768	5.1
50-54	846	12.8	12,040	10.6
55-59	638	9.7	10,423	9.2
60-64	727	11.0	10,920	9.7
65-69	835	12.7	12,396	11.0
70-74	833	12.6	10,909	9.6
75-79	589	8.9	8,797	7.8
80-84	446	6.8	5,835	5.2
85-89	173	2.6	2,400	2.1
90 +	59	0.9	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	6,595	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	6,595	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,821	42.8	36,503	32.3
Medicaid	218	3.3	7,769	6.9
Other government	1,009	15.3	4,318	3.8
Blue Cross/Blue Shield	1,061	16.1	21,533	19.0
Other Commercial	514	7.8	7,538	6.7
Managed Care(HMO, PPO)	847	12.8	30,290	26.8
Self Pay	64	1.0	1,634	1.4
Industrial & Worker Comp	3	0.0	1,560	1.4
Charity and Unclassified	58	0.9	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	244	3.7	4,706	4.2
Central Utah	4	0.1	1,480	1.3
Davis County	1,804	27.4	16,394	14.5
Salt Lake County	19	0.3	37,661	33.3
Southeastern Utah	1	0.0	1,013	0.9
Southwest Utah	6	0.1	11,458	10.1
Summit County	23	0.3	1,614	1.4
Tooele County	4	0.1	2,088	1.8
Tri-County	3	0.0	494	0.4
Utah County	5	0.1	15,087	13.3
Wasatch County	1	0.0	501	0.4
Weber County	4,336	65.7	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	145	2.2	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	2,933	100.0	154,611	100.0
Mastectomy (19120-19220)	18	0.6	304	0.2
Musculoskeletal (20000-29909)	196	6.7	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	45	1.5	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	1	0.0	198	0.1
Digestive (40490-49999)	1,310	44.7	67,037	43.4
Urinary (50010-53899)	6	0.2	2,312	1.5
Male Genital (54000-55899)	3	0.1	941	0.6
Female Genital (56405-58999)	1	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	46	1.6	8,726	5.6
Eye (65091-68899)	716	24.4	30,244	19.6
Ear (69000-69979)	591	20.2	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	2,933	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,078	36.8	1.86
66984	EXTRACAPSULAR CATARACT REMV IOL	570	19.4	2.73
67311	STRABISMUS SURG; 1 HORIZONTAL MU	341	11.6	9.64
67311	STRABISMUS SURG; 1 HORIZONTAL MU	110	3.8	0.20
66821	DISCISSION 2ND CATARACT; LASER S	95	3.2	1.42
42820	T&A; UNDER AGE 12	90	3.1	1.10
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	79	2.7	0.30
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	30	1.0	0.05
42821	T&A; AGE 12 OR OVER	26	0.9	0.50
68811	PROBE NASOLACRIM DUCT; REQ GEN A	24	0.8	0.09
28124	PARTIAL EXCISION BONE; PHALANX T	23	0.8	0.07
67028	INTRAVITREAL INJ PHARMACOLOGIC A	22	0.8	0.53
28285	CORRECTION HAMMERTOES	19	0.6	0.50
67314	STRAB SURG R/R PROC; 1 VERTICL M	18	0.6	0.05
40819	EXCISION OF FRENUM LABIAL OR BUC	15	0.5	0.02
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	14	0.5	0.08
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	14	0.5	0.83
19140	MASTECTOMY FOR GYNECOMASTIA	13	0.4	0.01
28296	HALLUX VALGUS; W/METATARSAL OSTE	11	0.4	0.31
69300	OTPLSTY PROTRUDING EAR W/NO SZ R	11	0.4	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, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

427 Riverwoods Surgery Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
CPT-4 Procedures		1,906	\$1,874	\$2,172
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,055	\$1,848	\$2,146
66984	EXTRACAPSULAR CATARACT REMV IOL	338	\$2,426	\$2,925
66821	DISCISSION 2ND CATARACT; LASER S	92	\$867	\$880
42820	T&A; UNDER AGE 12	72	\$1,999	\$1,789
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	26	\$1,001	\$2,118
42821	T&A; AGE 12 OR OVER	23	\$1,999	\$1,756
67028	INTRAVITREAL INJ PHARMACOLOGIC A	17	\$446	\$762
68811	PROBE NASOLACRIM DUCT; REQ GEN A	14	\$1,547	\$2,009
19140	MASTECTOMY FOR GYNECOMASTIA	12	\$800	\$800
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	12	\$1,864	\$1,690
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	12	\$3,675	\$4,867
69300	OTPLSTY PROTRUDING EAR W/NO SZ R	10	\$876	\$1,024
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	8	\$1,481	\$1,715
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	8	\$1,534	\$2,651
67311	STRABISMUS SURG; 1 HORIZONTAL MU	8	\$1,925	\$4,025
68530	REMOVAL FB/DACRYOLITH LAC PASSAG	8	\$1,547	\$1,761
20680	REMOVAL OF IMPLANT; DEEP	7	\$1,421	\$2,483
66982	EXTRACAP CATARACT REMV W/IOL-CMP	6	\$2,657	\$3,933
68815	PROBE NASOLAC DUCT; W/INSERT TUB	6	\$1,547	\$2,154
69436	TYMPANOSTOMY GENERAL ANESTHESIA	6	\$1,370	\$1,601

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

427 Riverwoods Surgery Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	22	2,645
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	898
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	1,362
014 LEVEL III SKIN REPAIR	5	98
02 BREAST PROCEDURES	4	274
020 LEVEL I BREAST PROCEDURES	4	271
03 MUSCULOSKELETAL SYSTEM PROCEDURES	165	24,199
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	588
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	1,731
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	835
033 LEVEL I HAND PROCEDURES	8	1,637
034 LEVEL II HAND PROCEDURES	3	429
035 LEVEL I FOOT PROCEDURES	90	2,503
036 LEVEL II FOOT PROCEDURES	15	552
037 LEVEL I ARTHROSCOPY	5	9,939
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7	1,386
045 BUNION PROCEDURES	19	892
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	645
04 RESPIRATORY PROCEDURES	1	4,930
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	943
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	277
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	135
07 GASTROINTESTINAL SYSTEM PROCEDURES	14	59,492
139 LEVEL I HERNIA REPAIR	5	1,091
145 LEVEL I LAPAROSCOPY	1	164
146 LEVEL II LAPAROSCOPY	5	806
147 LEVEL III LAPAROSCOPY	3	799
08 GENITOURINARY SYSTEM PROCEDURES	6	2,445
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	757
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	3	561
09 MALE REPRODUCTIVE SYSTEM	3	694
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	321
10 FEMALE REPRODUCTIVE SYSTEM	1	1,233
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	185
11 NEUROLOGIC SYSTEM PROCEDURES	47	8,540
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	1,193
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	21
217 LEVEL I NERVE PROCEDURES	23	2,004
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	5	5,036
221 LAMINOTOMY AND LAMINECTOMY	14	154
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	715	29,855
232 LASER EYE PROCEDURES	100	3,027
233 CATARACT PROCEDURES	362	16,165
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	2,308
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	10	703
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	675



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

427 Riverwoods Surgery Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	24	916
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	21	1,193
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	141	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	40	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	14	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,931	17,532
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	1
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,664	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	31	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	30	577
	256 TONSIL AND ADENOID PROCEDURES	197	3,783

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	15	\$1,302	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$1,227	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$1,390	\$2,243
	014 LEVEL III SKIN REPAIR	1	\$407	\$2,197
02	BREAST PROCEDURES	4	\$1,426	\$1,377
	020 LEVEL I BREAST PROCEDURES	4	\$1,426	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	59	\$1,913	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$1,730	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$2,106	\$3,286
	033 LEVEL I HAND PROCEDURES	6	\$1,462	\$2,238
	034 LEVEL II HAND PROCEDURES	2	\$1,199	\$2,806
	035 LEVEL I FOOT PROCEDURES	27	\$1,704	\$2,349
	036 LEVEL II FOOT PROCEDURES	2	\$1,966	\$3,331
	037 LEVEL I ARTHROSCOPY	2	\$2,400	\$3,693
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	5	\$3,005	\$3,543
	045 BUNION PROCEDURES	9	\$2,313	\$2,758
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$1,798	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,798	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	11	\$2,579	\$1,589
	139 LEVEL I HERNIA REPAIR	5	\$3,005	\$2,556
	146 LEVEL II LAPAROSCOPY	3	\$1,633	\$3,976
	147 LEVEL III LAPAROSCOPY	3	\$2,815	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	4	\$1,751	\$5,668
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$1,531	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	2	\$1,971	\$3,037
09	MALE REPRODUCTIVE SYSTEM	3	\$2,128	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$2,128	\$2,592
10	FEMALE REPRODUCTIVE SYSTEM	1	\$880	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$880	\$1,649
11	NEUROLOGIC SYSTEM PROCEDURES	33	\$2,123	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$539	\$1,043
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$2,063	\$1,838
	217 LEVEL I NERVE PROCEDURES	12	\$1,393	\$2,013
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$1,257	\$962
	221 LAMINOTOMY AND LAMINECTOMY	12	\$3,675	\$4,587
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	543	\$1,988	\$2,708
	232 LASER EYE PROCEDURES	97	\$862	\$886
	233 CATARACT PROCEDURES	351	\$2,418	\$2,997
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,534	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,490	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	17	\$446	\$852
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	9	\$3,240	\$4,913
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	22	\$1,925	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	28	\$1,484	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	10	\$1,164	\$3,298

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,218	\$1,825	\$2,001
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$167	\$167
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,069	\$1,842	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	\$846	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$1,087	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	26	\$1,001	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	109	\$1,982	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

427 Riverwoods Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,173	49.8	60,235	53.3
Male	1,182	50.2	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	98	4.2	694	0.6
1-4 years	1,100	46.7	4,826	4.3
5-9	266	11.3	2,284	2.0
10-14	73	3.1	1,379	1.2
15-17	27	1.1	1,548	1.4
18-19	16	0.7	1,314	1.2
20-24	34	1.4	3,658	3.2
25-29	25	1.1	3,719	3.3
30-34	27	1.1	4,323	3.8
35-39	39	1.7	4,350	3.8
40-44	28	1.2	4,618	4.1
45-49	40	1.7	5,768	5.1
50-54	47	2.0	12,040	10.6
55-59	55	2.3	10,423	9.2
60-64	56	2.4	10,920	9.7
65-69	110	4.7	12,396	11.0
70-74	114	4.8	10,909	9.6
75-79	106	4.5	8,797	7.8
80-84	70	3.0	5,835	5.2
85-89	20	0.8	2,400	2.1
90 +	4	0.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,355	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

427 Riverwoods Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,355	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	343	14.6	36,503	32.3
Medicaid	1,050	44.6	7,769	6.9
Other government	40	1.7	4,318	3.8
Blue Cross/Blue Shield	255	10.8	21,533	19.0
Other Commercial	123	5.2	7,538	6.7
Managed Care(HMO, PPO)	355	15.1	30,290	26.8
Self Pay	155	6.6	1,634	1.4
Industrial & Worker Comp	10	0.4	1,560	1.4
Charity and Unclassified	2	0.1	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	22	0.9	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2	0.1	4,706	4.2
Central Utah	150	6.4	1,480	1.3
Davis County	8	0.3	16,394	14.5
Salt Lake County	36	1.5	37,661	33.3
Southeastern Utah	73	3.1	1,013	0.9
Southwest Utah	9	0.4	11,458	10.1
Summit County	4	0.2	1,614	1.4
Tooele County	3	0.1	2,088	1.8
Tri-County	34	1.4	494	0.4
Utah County	2,008	85.3	15,087	13.3
Wasatch County	12	0.5	501	0.4
Weber County	2	0.1	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	14	0.6	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Musculoskeletal (76.0-84.99)	.	.	824	1.2
Respiratory (30.0-34.99)	.	.	17,002	25.0
Cardiovascular (35.0-39.99)	.	.	110	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	27	0.0
Digestive System (42.0-54.99)	.	.	124	0.2
Urinary (55.0-59.99)	.	.	18,063	26.5
Male Genital (60.0-64.99)	.	.	986	1.4
Female Genital (65.0-71.99)	.	.	308	0.5
Endocrine/Nervous (01.0-07.99)	.	.	690	1.0
Eye (08.0-16.99)	.	.	4,352	6.4
Ear (18.0-20.99)	.	.	10,507	15.4
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,830	5.6
	.	.	11,264	16.5
<b>Reporting Category(CPT-4 CODES)</b>	<b>1,773</b>	<b>100.0</b>	<b>154,611</b>	<b>100.0</b>
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	286	16.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	143	8.1	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	4	0.2	295	0.2
Lymphatic/Hemetic (38100-38999)	1	0.1	198	0.1
Digestive (40490-49999)	578	32.6	67,037	43.4
Urinary (50010-53899)	179	10.1	2,312	1.5
Male Genital (54000-55899)	66	3.7	941	0.6
Female Genital (56405-58999)	7	0.4	2,251	1.5
Endocrine/Nervous (60000-64999)	44	2.5	8,726	5.6
Eye (65091-68899)	422	23.8	30,244	19.6
Ear (69000-69979)	43	2.4	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	524	29.6	1.86
66984	EXTRACAPSULAR CATARACT REMV IOL	117	6.6	9.64
67900	REPAIR OF BROW PTOSIS	99	5.6	0.23
28296	HALLUX VALGUS; W/METATARSAL OSTE	95	5.4	0.31
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	74	4.2	0.59
30140	SUBMUCOS RES TURBINATE PART/CMPL	56	3.2	1.53
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	46	2.6	0.51
52332	CYSTOURETHROSCOPY W/INSRT STENT	42	2.4	0.23
28285	CORRECTION HAMMERTO	33	1.9	0.50
69436	TYMPANOSTOMY GENERAL ANESTHESIA	32	1.8	2.73
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	31	1.7	1.07
67917	REPAIR OF ECTROPION; EXTENSIVE	20	1.1	0.36
28080	EXC INTERDIGITL NEUROMA SINGLE EA	17	1.0	0.16
67335	PLCMT ADJUSTABLE SUTURE-STRABISM	17	1.0	0.08
55400	VASOVASOSTOMY VASOVASORRHAPHY	16	0.9	0.05
67311	STRABISMUS SURG; 1 HORIZONTAL MU	16	0.9	0.20
52276	CYSTURETHRSCPY W/DIR INTRL URETH	14	0.8	0.04
67924	REPAIR OF ENTROPION; EXTENSIVE	14	0.8	0.08
67314	STRAB SURG R/R PROC; 1 VERTICL M	13	0.7	0.05
42821	T&A; AGE 12 OR OVER	12	0.7	0.50

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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 CHRGR	AVE TOT CHRGR(ALL FASCs )
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGR	AVE TOT CHRGR(ALL FASCs )
CPT-4 Procedures		1,107	\$2,520	\$2,172
41899	UNLIST PROC DENTOALVEOL STRUCTUR	523	\$2,505	\$2,146
66984	EXTRACAPSULAR CATARACT REMV IOL	111	\$2,184	\$2,925
28296	HALLUX VALGUS; W/METATARSAL OSTE	88	\$1,862	\$2,459
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	55	\$6,944	\$8,212
67900	REPAIR OF BROW PTOSIS	18	\$1,758	\$2,798
55400	VASOVASOSTOMY VASOVASORRHAPHY	16	\$2,310	\$2,289
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	12	\$1,365	\$2,398
28299	CORR HALLUX VALGUS; DBL OSTEO	10	\$1,917	\$3,336
42821	T&A; AGE 12 OR OVER	10	\$2,279	\$1,756
52276	CYSTURETHRSOPY W/DIR INTRL URETH	10	\$1,400	\$2,897
52260	CYSTOURETHROSCOPY W/DILAT; GEN AN	9	\$2,021	\$2,213
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	\$2,036	\$1,720
55040	EXCISION OF HYDROCELE; UNILATERA	8	\$1,938	\$2,869
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	8	\$852	\$1,040
42820	T&A; UNDER AGE 12	7	\$1,699	\$1,789
67917	REPAIR OF ECTROPION; EXTENSIVE	7	\$3,210	\$2,856
52332	CYSTOURETHROSCOPY W/INSRT STENT	6	\$2,870	\$3,384
55530	EXC VARICOCL/LIG SPERM VN;SEP PR	6	\$2,478	\$3,026
67314	STRAB SURG R/R PROC; 1 VERTICL M	6	\$2,653	\$3,122
20926	TISSUE GRAFTS OTHER	5	\$2,341	\$2,244

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

407 Salt Lake Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	35	2,645
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	63
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	57
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	1,362
	013 LEVEL II SKIN REPAIR	4	67
	014 LEVEL III SKIN REPAIR	7	98
03	MUSCULOSKELETAL SYSTEM PROCEDURES	236	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	1,731
	033 LEVEL I HAND PROCEDURES	9	1,637
	035 LEVEL I FOOT PROCEDURES	80	2,503
	036 LEVEL II FOOT PROCEDURES	8	552
	037 LEVEL I ARTHROSCOPY	3	9,939
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	154
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	11	1,386
	045 BUNION PROCEDURES	113	892
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	645
04	RESPIRATORY PROCEDURES	27	4,930
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	17	3,931
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	27	59,492
	139 LEVEL I HERNIA REPAIR	14	1,091
	140 LEVEL II HERNIA REPAIR	3	207
	146 LEVEL II LAPAROSCOPY	6	806
	147 LEVEL III LAPAROSCOPY	4	799
08	GENITOURINARY SYSTEM PROCEDURES	178	2,445
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	74	916
	162 URINARY CATHETERIZATION AND DILATATION	1	5
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	69	757
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	30	561
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	23
09	MALE REPRODUCTIVE SYSTEM	54	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	36	321
	181 CIRCUMCISION	13	307
	182 INSERTION OF PENILE PROSTHESIS	1	1
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	46
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	18
10	FEMALE REPRODUCTIVE SYSTEM	5	1,233
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	162
	200 HYSTEROSCOPY	3	375
11	NEUROLOGIC SYSTEM PROCEDURES	45	8,540

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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			
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	11	1,193
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	21
	217 LEVEL I NERVE PROCEDURES	1	2,004
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	27	5,036
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	420	29,855
	233 CATARACT PROCEDURES	119	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	675
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	67	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	211	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	741	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	623	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	45	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	25	577
	256 TONSIL AND ADENOID PROCEDURES	35	3,783

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	19	\$1,748	\$1,639
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,525	\$756
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$525	\$1,716
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$1,589	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$1,631	\$2,243
	014 LEVEL III SKIN REPAIR	5	\$2,341	\$2,197
03	MUSCULOSKELETAL SYSTEM PROCEDURES	133	\$1,983	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,660	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$4,428	\$3,286
	033 LEVEL I HAND PROCEDURES	3	\$2,362	\$2,238
	035 LEVEL I FOOT PROCEDURES	16	\$2,009	\$2,349
	036 LEVEL II FOOT PROCEDURES	6	\$2,786	\$3,331
	037 LEVEL I ARTHROSCOPY	1	\$2,310	\$3,693
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7	\$2,351	\$3,543
	045 BUNION PROCEDURES	98	\$1,867	\$2,758
04	RESPIRATORY PROCEDURES	3	\$2,523	\$1,467
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,478	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,545	\$2,079
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$2,203	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,203	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	23	\$2,784	\$1,589
	139 LEVEL I HERNIA REPAIR	12	\$2,167	\$2,556
	140 LEVEL II HERNIA REPAIR	3	\$3,849	\$2,700
	146 LEVEL II LAPAROSCOPY	4	\$3,034	\$3,976
	147 LEVEL III LAPAROSCOPY	4	\$3,584	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	98	\$4,663	\$5,668
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	55	\$6,944	\$8,231
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	19	\$1,862	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	24	\$1,654	\$3,037
09	MALE REPRODUCTIVE SYSTEM	47	\$2,202	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	\$2,261	\$2,592
	181 CIRCUMCISION	13	\$1,386	\$849
	182 INSERTION OF PENILE PROSTHESIS	1	\$11,192	\$11,192
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	\$2,436	\$2,733
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,583	\$1,527
10	FEMALE REPRODUCTIVE SYSTEM	5	\$1,709	\$2,046
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$765	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$2,858	\$3,598
	200 HYSTEROSCOPY	3	\$1,641	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	13	\$1,124	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	8	\$852	\$1,043
	217 LEVEL I NERVE PROCEDURES	1	\$3,097	\$2,013
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$1,176	\$962
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	175	\$2,339	\$2,708
	233 CATARACT PROCEDURES	113	\$2,189	\$2,997

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

407 Salt Lake Surgical Center

procedure	EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
	Procedure EAPG				
	235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,933	\$2,616
	236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$7,596	\$5,713
	239	STRABISMUS AND MUSCLE EYE PROCEDURES	8	\$2,515	\$3,474
	240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,881	\$1,073
	241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	42	\$2,156	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES		587	\$2,424	\$2,001
	252	LEVEL I FACIAL AND ENT PROCEDURES	528	\$2,498	\$2,038
	253	LEVEL II FACIAL AND ENT PROCEDURES	10	\$1,447	\$1,997
	254	LEVEL III FACIAL AND ENT PROCEDURES	8	\$2,032	\$2,897
	255	LEVEL IV FACIAL AND ENT PROCEDURES	15	\$1,352	\$2,904
	256	TONSIL AND ADENOID PROCEDURES	26	\$2,026	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	769	56.2	60,235	53.3
Male	600	43.8	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	6	0.4	694	0.6
1-4 years	427	31.2	4,826	4.3
5-9	102	7.5	2,284	2.0
10-14	12	0.9	1,379	1.2
15-17	20	1.5	1,548	1.4
18-19	16	1.2	1,314	1.2
20-24	49	3.6	3,658	3.2
25-29	62	4.5	3,719	3.3
30-34	45	3.3	4,323	3.8
35-39	43	3.1	4,350	3.8
40-44	47	3.4	4,618	4.1
45-49	38	2.8	5,768	5.1
50-54	64	4.7	12,040	10.6
55-59	50	3.7	10,423	9.2
60-64	63	4.6	10,920	9.7
65-69	103	7.5	12,396	11.0
70-74	75	5.5	10,909	9.6
75-79	69	5.0	8,797	7.8
80-84	43	3.1	5,835	5.2
85-89	22	1.6	2,400	2.1
90 +	13	0.9	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	1,369	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,369	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	251	18.3	36,503	32.3
Medicaid	544	39.7	7,769	6.9
Other government	14	1.0	4,318	3.8
Blue Cross/Blue Shield	241	17.6	21,533	19.0
Other Commercial	109	8.0	7,538	6.7
Managed Care(HMO, PPO)	109	8.0	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	4	0.3	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	97	7.1	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	5	0.4	4,706	4.2
Central Utah	5	0.4	1,480	1.3
Davis County	62	4.5	16,394	14.5
Salt Lake County	1,097	80.1	37,661	33.3
Southeastern Utah	6	0.4	1,013	0.9
Southwest Utah	5	0.4	11,458	10.1
Summit County	14	1.0	1,614	1.4
Tooele County	23	1.7	2,088	1.8
Tri-County	11	0.8	494	0.4
Utah County	37	2.7	15,087	13.3
Wasatch County	9	0.7	501	0.4
Weber County	16	1.2	14,582	12.9
Unknown Utah	4	0.3	14	0.0
Outside Utah	75	5.5	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	4,192	100.0	68,087	100.0
Mastectomy (85.0-85.99)	296	7.1	824	1.2
Musculoskeletal (76.0-84.99)	1,674	39.9	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	5	0.1	27	0.0
Lymphatic/Hemetic (40.0-41.99)	1	0.0	124	0.2
Digestive System (42.0-54.99)	628	15.0	18,063	26.5
Urinary (55.0-59.99)	68	1.6	986	1.4
Male Genital (60.0-64.99)	29	0.7	308	0.5
Female Genital (65.0-71.99)	72	1.7	690	1.0
Endocrine/Nervous (01.0-07.99)	533	12.7	4,352	6.4
Eye (08.0-16.99)	35	0.8	10,507	15.4
Ear (18.0-20.99)	187	4.5	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	664	15.8	11,264	16.5
Reporting Category(CPT-4 CODES)	4,012	100.0	154,611	100.0
Mastectomy (19120-19220)	9	0.2	304	0.2
Musculoskeletal (20000-29909)	1,761	43.9	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	103	2.6	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	5	0.1	295	0.2
Lymphatic/Hemetic (38100-38999)	2	0.0	198	0.1
Digestive (40490-49999)	1,197	29.8	67,037	43.4
Urinary (50010-53899)	75	1.9	2,312	1.5
Male Genital (54000-55899)	30	0.7	941	0.6
Female Genital (56405-58999)	95	2.4	2,251	1.5
Endocrine/Nervous (60000-64999)	538	13.4	8,726	5.6
Eye (65091-68899)	8	0.2	30,244	19.6
Ear (69000-69979)	189	4.7	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		4,192	100.0	100.0
2499	OTH DENTAL OPER	408	9.7	0.68
806	EXC SEMILUNAR CARTILAGE-KNEE	266	6.3	3.25
042	DESTRUC CRANIAL & PERIPH NERV	236	5.6	0.53
4523	COLONOSCOPY	167	4.0	5.93
2001	MYRINGOTOMY W/INSRT TUBE	162	3.9	4.77
8553	UNILAT BREAST IMPLNT	159	3.8	0.26
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	157	3.7	1.23
4525	CLO [ENDO] BX LG INTESTINE	114	2.7	7.47
8076	SYNOVECT-KNEE	112	2.7	0.58
8183	OTH REPR SHLDR	108	2.6	1.90
8363	ROTATOR CUFF REPR	83	2.0	1.23
7756	REPR HAMMER TOE	81	1.9	0.70
283	TONSILLECTOMY W/ADENOIDECTOMY	79	1.9	2.82
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	77	1.8	0.86
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	67	1.6	0.49
031	DIVIS INTRASPINAL NERV ROOT	58	1.4	0.09
0443	RELEASE CARPAL TUNNEL	58	1.4	1.84
2169	OTH TURBINECTOMY	55	1.3	2.15
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	50	1.2	1.06
8021	ARTHSCPY-SHLDR	46	1.1	0.28

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		4,012	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	408	10.2	1.86
29881	SCOPE KNEE SURG;W/MENISCECT MED/	173	4.3	1.50
45378	COLONOSCOPY FLEX; DX-SEP PROC	167	4.2	8.61
69436	TYMPANOSTOMY GENERAL ANESTHESIA	162	4.0	2.73
29879	SCOPE KNEE SURG; ABRASION ARTHPL	144	3.6	0.30
64623	DESTRUC FACET JT NRV; L/S-EA AD	144	3.6	0.29
45380	COLONOSCOPY FLEX; W/BX 1/MX	111	2.8	10.40
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	106	2.6	0.17
29826	SCOPE SHOULDER; DECOMP SUBACROM	96	2.4	1.14
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	92	2.3	0.16
29880	SCOPE KNEE SURG;W/MENISCECT MED&	87	2.2	0.51
28285	CORRECTION HAMMERTOE	81	2.0	0.50
29823	SCOPE SHOULDER SURGICAL; DEBRID	77	1.9	0.22
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	62	1.5	0.18
42820	T&A; UNDER AGE 12	62	1.5	1.10
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	58	1.4	0.83
30140	SUBMUCOS RES TURBINATE PART/CMPL	51	1.3	1.53
23120	CLAVICULECTOMY; PARTIAL	50	1.2	0.12
43770	43770	43	1.1	0.03
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	42	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, 2011  
 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	1,798	\$1,217	\$2,152
2499	OTH DENTAL OPER	407	\$1,064	\$1,305
4523	COLONOSCOPY	155	\$829	\$1,075
4525	CLO [ENDO] BX LG INTESTINE	101	\$735	\$959
806	EXC SEMILUNAR CARTILAGE-KNEE	83	\$1,548	\$3,600
8553	UNILAT BREAST IMPLNT	76	\$680	\$680
283	TONSILLECTOMY W/ADENOIDECTOMY	69	\$952	\$1,894
4495	4495	43	\$4,569	\$4,569
0309	OTH EXPLOR & DECOMP SPINAL CANAL	38	\$3,621	\$3,859
5123	LAP CHOLEY	33	\$2,395	\$4,900
0443	RELEASE CARPAL TUNNEL	29	\$902	\$2,264
4543	ENDO DEST OTH LES/TISS LG INTEST	28	\$710	\$697
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	27	\$1,264	\$2,552
4949	OTH PROC HEMORRHOIDS	21	\$1,405	\$2,050
7860	REMOV IMPLNT DEVICE-UNS SITE	21	\$1,014	\$1,178
5300	UNILAT REPR ING HERN-NOS	20	\$1,163	\$1,278
8076	SYNOVECT-KNEE	20	\$1,318	\$3,903
282	TONSILLECTOMY WO ADENOIDECTOMY	19	\$1,002	\$1,857
594	SUPRAPUBIC SLING OPER	19	\$1,415	\$2,724
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	19	\$1,681	\$4,489
4959	OTH ANAL SPHINCTEROTOMY	17	\$863	\$826

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4	Procedures	1,696	\$1,261	\$2,172
41899	UNLIST PROC DENTOALVEOL STRUCTUR	407	\$1,064	\$2,146
45378	COLONOSCOPY FLEX; DX-SEP PROC	154	\$829	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	98	\$738	\$1,366
29881	SCOPE KNEE SURG;W/MENISCECT MED/	61	\$1,649	\$3,394
42820	T&A; UNDER AGE 12	56	\$900	\$1,789
43770	43770	37	\$4,596	\$4,794
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	37	\$3,628	\$4,867
47562	LAPAROSCOPY SURGICAL; CHOLECT	30	\$2,477	\$3,775
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	27	\$880	\$1,715
45383	COLONOSCOPY FLEX; W/ABLAT LES	26	\$738	\$1,658
46947	HEMORRHOIDOPEXY BY STAPLING	21	\$1,405	\$2,307
20680	REMOVAL OF IMPLANT; DEEP	20	\$988	\$2,483
29880	SCOPE KNEE SURG;W/MENISCECT MED&	20	\$1,249	\$3,911
57288	SLING OPERATION STRESS INCONTINE	18	\$1,439	\$4,464
28296	HALLUX VALGUS; W/METATARSAL OSTE	17	\$1,135	\$2,459
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	17	\$863	\$1,535
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	17	\$4,587	\$8,212
26055	TENDON SHEATH INCISION	16	\$825	\$2,138
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	15	\$1,334	\$2,380
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	15	\$991	\$1,720

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	63	2,645
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	57
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	28
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	52	1,362
	014 LEVEL III SKIN REPAIR	6	98
02	BREAST PROCEDURES	9	274
	020 LEVEL I BREAST PROCEDURES	9	271
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,691	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	152	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	82	835
	033 LEVEL I HAND PROCEDURES	58	1,637
	034 LEVEL II HAND PROCEDURES	1	429
	035 LEVEL I FOOT PROCEDURES	221	2,503
	036 LEVEL II FOOT PROCEDURES	41	552
	037 LEVEL I ARTHROSCOPY	794	9,939
	038 LEVEL II ARTHROSCOPY	96	2,078
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	65	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	205
	045 BUNION PROCEDURES	81	892
	046 LEVEL I ARTHROPLASTY	6	253
	048 HAND AND FOOT TENOTOMY	8	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	645
04	RESPIRATORY PROCEDURES	3	4,930
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	3,931
05	CARDIOVASCULAR PROCEDURES	5	50
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	5
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	3
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	140
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	660	59,492
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	31	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	285	29,841
	137 THERAPEUTIC COLONOSCOPY	57	5,824
	139 LEVEL I HERNIA REPAIR	41	1,091
	140 LEVEL II HERNIA REPAIR	11	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	40	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	64	273

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	11
	145 LEVEL I LAPAROSCOPY	7	164
	146 LEVEL II LAPAROSCOPY	52	806
	147 LEVEL III LAPAROSCOPY	62	799
08	GENITOURINARY SYSTEM PROCEDURES	75	2,445
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	19	916
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	37	757
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	17	561
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	23
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	180
09	MALE REPRODUCTIVE SYSTEM	25	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	20	321
	181 CIRCUMCISION	4	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	46
10	FEMALE REPRODUCTIVE SYSTEM	71	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	9	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	32	162
	199 DILATION AND CURETTAGE	4	28
	200 HYSTEROSCOPY	18	375
11	NEUROLOGIC SYSTEM PROCEDURES	531	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	1,193
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	21
	217 LEVEL I NERVE PROCEDURES	107	2,004
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	352	5,036
	221 LAMINOTOMY AND LAMINECTOMY	51	154
	223 LEVEL III NERVE PROCEDURES	3	56
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	8	29,855
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	703
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	827	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	636	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	22	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	21	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	7	577
	256 TONSIL AND ADENOID PROCEDURES	141	3,783

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	28	\$992	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$790	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	25	\$950	\$2,243
	014 LEVEL III SKIN REPAIR	1	\$2,439	\$2,197
02	BREAST PROCEDURES	9	\$952	\$1,377
	020 LEVEL I BREAST PROCEDURES	9	\$952	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	395	\$1,221	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$826	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$1,111	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$1,743	\$4,230
	033 LEVEL I HAND PROCEDURES	31	\$883	\$2,238
	035 LEVEL I FOOT PROCEDURES	50	\$983	\$2,349
	036 LEVEL II FOOT PROCEDURES	9	\$1,031	\$3,331
	037 LEVEL I ARTHROSCOPY	137	\$1,480	\$3,693
	038 LEVEL II ARTHROSCOPY	24	\$1,402	\$6,268
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$976	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	54	\$1,149	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	\$630	\$1,288
	045 BUNION PROCEDURES	28	\$1,206	\$2,758
	046 LEVEL I ARTHROPLASTY	1	\$0	\$3,656
04	RESPIRATORY PROCEDURES	2	\$1,099	\$1,467
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,099	\$2,079
05	CARDIOVASCULAR PROCEDURES	1	\$778	\$2,898
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$778	\$889
07	GASTROINTESTINAL SYSTEM PROCEDURES	516	\$1,242	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,501	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$534	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	15	\$616	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$331	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	259	\$796	\$1,422
	137 THERAPEUTIC COLONOSCOPY	42	\$643	\$1,579
	139 LEVEL I HERNIA REPAIR	28	\$1,183	\$2,556
	140 LEVEL II HERNIA REPAIR	6	\$1,508	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	23	\$807	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	41	\$1,154	\$1,557
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$1,377	\$1,294
	145 LEVEL I LAPAROSCOPY	1	\$1,071	\$3,179
	146 LEVEL II LAPAROSCOPY	45	\$2,089	\$3,976
	147 LEVEL III LAPAROSCOPY	49	\$3,827	\$4,814
08	GENITOURINARY SYSTEM PROCEDURES	55	\$2,026	\$5,668
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	17	\$4,587	\$8,231
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	26	\$921	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	10	\$816	\$3,037
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$581	\$2,302
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$758	\$4,054

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
09	MALE REPRODUCTIVE SYSTEM	19	\$1,046	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$1,107	\$2,592
	181 CIRCUMCISION	4	\$827	\$849
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$1,071	\$2,733
10	FEMALE REPRODUCTIVE SYSTEM	45	\$1,564	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$625	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	\$1,457	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	22	\$1,338	\$3,598
	199 DILATION AND CURETTAGE	4	\$865	\$1,475
	200 HYSTEROSCOPY	12	\$2,412	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	95	\$2,455	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	9	\$482	\$1,043
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$811	\$1,838
	217 LEVEL I NERVE PROCEDURES	35	\$1,398	\$2,013
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$920	\$962
	221 LAMINOTOMY AND LAMINECTOMY	42	\$3,416	\$4,587
	223 LEVEL III NERVE PROCEDURES	2	\$15,100	\$8,561
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2	\$1,103	\$2,708
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,103	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	500	\$1,032	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	399	\$1,056	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$674	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$824	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3	\$1,540	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	88	\$945	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,567	56.9	60,235	53.3
Male	1,187	43.1	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	1	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	23	0.8	694	0.6
1-4 years	383	13.9	4,826	4.3
5-9	154	5.6	2,284	2.0
10-14	46	1.7	1,379	1.2
15-17	60	2.2	1,548	1.4
18-19	45	1.6	1,314	1.2
20-24	110	4.0	3,658	3.2
25-29	133	4.8	3,719	3.3
30-34	160	5.8	4,323	3.8
35-39	169	6.1	4,350	3.8
40-44	197	7.2	4,618	4.1
45-49	218	7.9	5,768	5.1
50-54	293	10.6	12,040	10.6
55-59	233	8.5	10,423	9.2
60-64	198	7.2	10,920	9.7
65-69	150	5.4	12,396	11.0
70-74	99	3.6	10,909	9.6
75-79	52	1.9	8,797	7.8
80-84	24	0.9	5,835	5.2
85-89	7	0.3	2,400	2.1
90 +	1	0.0	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	2,755	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,755	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	322	11.7	36,503	32.3
Medicaid	455	16.5	7,769	6.9
Other government	134	4.9	4,318	3.8
Blue Cross/Blue Shield	663	24.1	21,533	19.0
Other Commercial	103	3.7	7,538	6.7
Managed Care(HMO, PPO)	668	24.2	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	48	1.7	1,560	1.4
Charity and Unclassified	39	1.4	151	0.1
Childrens Health Insurance	47	1.7	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	276	10.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	13	0.5	4,706	4.2
Central Utah	32	1.2	1,480	1.3
Davis County	102	3.7	16,394	14.5
Salt Lake County	2,151	78.1	37,661	33.3
Southeastern Utah	17	0.6	1,013	0.9
Southwest Utah	13	0.5	11,458	10.1
Summit County	23	0.8	1,614	1.4
Tooele County	51	1.9	2,088	1.8
Tri-County	14	0.5	494	0.4
Utah County	239	8.7	15,087	13.3
Wasatch County	8	0.3	501	0.4
Weber County	22	0.8	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	70	2.5	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	6,836	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	0	0.0	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	6,836	100.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	6,836	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,025	29.6	10.40
43239	UGI ENDO; W/BX 1/MX	1,693	24.8	8.61
43239	UGI ENDO; W/BX 1/MX	838	12.3	8.22
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	832	12.2	2.90
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	461	6.7	1.47
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	301	4.4	1.03
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	191	2.8	0.37
45237	45237	187	2.7	0.12
43248	UGI ENDO; W/INSRT GUIDE WIRE	115	1.7	0.29
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	84	1.2	0.35
45383	COLONOSCOPY FLEX; W/ABLAT LES	18	0.3	0.34
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	13	0.2	0.07
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	11	0.2	1.44
43244	UGI ENDO; W/BAND LIG VARICES	8	0.1	0.05
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	8	0.1	0.07
45384	COLONOSCOPY FLEX; REMV LES-FORCE	7	0.1	0.14
43247	UGI ENDO; W/REMOVAL FB	5	0.1	0.06
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	5	0.1	0.09
43255	UGI ENDO; W/CONTRL BLEED ANY MET	4	0.1	0.03
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	4	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, 2011  
 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		2,680	\$1,100	\$2,172
45380	COLONOSCOPY FLEX; W/BX 1/MX	903	\$1,133	\$1,366
45378	COLONOSCOPY FLEX; DX-SEP PROC	885	\$1,133	\$1,479
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	277	\$1,133	\$1,485
43239	UGI ENDO; W/BX 1/MX	193	\$1,133	\$1,534
45237	45237	171	\$1,133	\$1,133
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	113	\$591	\$971
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	94	\$849	\$1,377
43248	UGI ENDO; W/INSRT GUIDE WIRE	27	\$1,133	\$666
43244	UGI ENDO; W/BAND LIG VARICES	5	\$1,133	\$1,560
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	2	\$1,133	\$1,775
45383	COLONOSCOPY FLEX; W/ABLAT LES	2	\$1,133	\$1,658
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$1,133	\$1,336
43255	UGI ENDO; W/CONTRL BLEED ANY MET	1	\$1,133	\$1,195
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	1	\$1,133	\$935
44389	COLONOSCPY THRU STOMA; W/BX 1/MX	1	\$1,133	\$770
45381	COLNSCPY PROX SPLENC FLXR;SUBMUC	1	\$1,133	\$1,261
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	1	\$1,133	\$1,437
45384	COLONOSCPY FLEX; REMV LES-FORCE	1	\$1,133	\$2,401
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	1	\$103	\$194

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	195	2,645
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	4	57
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	191	898
07	GASTROINTESTINAL SYSTEM PROCEDURES	6,453	59,492
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	301	1,601
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,305	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	163	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,721	29,841
	137 THERAPEUTIC COLONOSCOPY	947	5,824

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	113	\$591	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	113	\$591	\$1,204
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,395	\$1,122	\$1,589
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	288	\$1,040	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	36	\$1,133	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,789	\$1,133	\$1,422
	137 THERAPEUTIC COLONOSCOPY	282	\$1,133	\$1,579

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

430 St. George Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,317	51.0	60,235	53.3
Male	2,227	49.0	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	0	0.0	1,379	1.2
15-17	0	0.0	1,548	1.4
18-19	13	0.3	1,314	1.2
20-24	30	0.7	3,658	3.2
25-29	37	0.8	3,719	3.3
30-34	50	1.1	4,323	3.8
35-39	49	1.1	4,350	3.8
40-44	80	1.8	4,618	4.1
45-49	140	3.1	5,768	5.1
50-54	641	14.1	12,040	10.6
55-59	498	11.0	10,423	9.2
60-64	700	15.4	10,920	9.7
65-69	825	18.2	12,396	11.0
70-74	672	14.8	10,909	9.6
75-79	503	11.1	8,797	7.8
80-84	229	5.0	5,835	5.2
85-89	63	1.4	2,400	2.1
90 +	14	0.3	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	4,544	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

430 St. George Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,544	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,117	46.6	36,503	32.3
Medicaid	35	0.8	7,769	6.9
Other government	115	2.5	4,318	3.8
Blue Cross/Blue Shield	459	10.1	21,533	19.0
Other Commercial	338	7.4	7,538	6.7
Managed Care(HMO, PPO)	1,447	31.8	30,290	26.8
Self Pay	32	0.7	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	1	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2	0.0	4,706	4.2
Central Utah	26	0.6	1,480	1.3
Davis County	2	0.0	16,394	14.5
Salt Lake County	15	0.3	37,661	33.3
Southeastern Utah	6	0.1	1,013	0.9
Southwest Utah	4,080	89.8	11,458	10.1
Summit County	2	0.0	1,614	1.4
Tooele County	0	0.0	2,088	1.8
Tri-County	2	0.0	494	0.4
Utah County	7	0.2	15,087	13.3
Wasatch County	1	0.0	501	0.4
Weber County	0	0.0	14,582	12.9
Unknown Utah	1	0.0	14	0.0
Outside Utah	400	8.8	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	9	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	0	0.0	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	0	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	124	0.2
Digestive System (42.0-54.99)	0	0.0	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	0	0.0	308	0.5
Female Genital (65.0-71.99)	8	88.9	690	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,352	6.4
Eye (08.0-16.99)	1	11.1	10,507	15.4
Ear (18.0-20.99)	0	0.0	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	11,264	16.5
Reporting Category(CPT-4 CODES)	1,880	100.0	154,611	100.0
Mastectomy (19120-19220)	7	0.4	304	0.2
Musculoskeletal (20000-29909)	89	4.7	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	30	1.6	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	6	0.3	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	179	9.5	67,037	43.4
Urinary (50010-53899)	3	0.2	2,312	1.5
Male Genital (54000-55899)	3	0.2	941	0.6
Female Genital (56405-58999)	167	8.9	2,251	1.5
Endocrine/Nervous (60000-64999)	552	29.4	8,726	5.6
Eye (65091-68899)	841	44.7	30,244	19.6
Ear (69000-69979)	3	0.2	5,045	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		9	100.0	100.0
7	7	8	88.9	0.01
1	1	1	11.1	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,880	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	426	22.7	9.64
64623	DESTRUC FACET JT NRV; L/S-EA AD	113	6.0	0.29
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	111	5.9	0.51
66821	DISCISSION 2ND CATARACT; LASER S	105	5.6	1.42
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	92	4.9	0.60
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	63	3.4	0.16
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	50	2.7	0.18
45378	COLONOSCOPY FLEX; DX-SEP PROC	47	2.5	8.61
45380	COLONOSCOPY FLEX; W/BX 1/MX	38	2.0	10.40
66982	EXTRACAP CATARACT REMV W/IOL-CMP	35	1.9	0.64
64627	DESTRUC FACET NRV; CRV/THOR-EA A	30	1.6	0.08
64493	64493	29	1.5	0.20
67961	EXC & REPR LID; TO 1/4 LID MARGI	29	1.5	0.06
57288	SLING OPERATION STRESS INCONTINE	25	1.3	0.08
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	25	1.3	0.97
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	20	1.1	0.05
64494	64494	20	1.1	0.14
64640	DESTRUC NEUROLYTIC; OTH PERIPH N	20	1.1	0.01
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	19	1.0	0.03
68811	PROBE NASOLACRIM DUCT; REQ GEN A	17	0.9	0.09

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
ICD-9 Procedures		9	\$20,677	\$2,152
7	7	8	\$21,480	\$21,480
1	1	1	\$14,248	\$14,248

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		1,053	\$5,973	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	405	\$8,068	\$2,925
66821	DISCISSION 2ND CATARACT; LASER S	105	\$1,872	\$880
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	85	\$3,315	\$1,040
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	48	\$3,286	\$1,025
45378	COLONOSCOPY FLEX; DX-SEP PROC	40	\$2,800	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	32	\$2,705	\$1,366
66982	EXTRACAP CATARACT REMV W/IOL-CMP	32	\$8,060	\$3,933
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	14	\$11,489	\$4,708
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	13	\$3,498	\$1,414
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	11	\$4,847	\$2,118
68811	PROBE NASOLACRIM DUCT; REQ GEN A	11	\$5,218	\$2,009
58661	LAP SURG; W/REMV ADNEXAL STRUCT	9	\$13,350	\$6,524
43239	UGI ENDO; W/BX 1/MX	8	\$2,956	\$1,534
49320	LAP-ABD DX-W/O SPECMN-SEP PROC	8	\$5,864	\$2,495
66986	EXCHANGE OF INTRAOCULAR LENS	8	\$7,923	\$3,686
19120	EXC BRST CYST TUMR/LES OPN M/F 1	7	\$5,196	\$1,466
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	7	\$2,806	\$873
64510	INJECTION ANES AGT; STELLATE GAN	7	\$2,445	\$1,761
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	7	\$6,293	\$2,651
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	6	\$2,877	\$1,386

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	21	2,645
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	1,362
	014 LEVEL III SKIN REPAIR	4	98
02	BREAST PROCEDURES	7	274
	020 LEVEL I BREAST PROCEDURES	7	271
03	MUSCULOSKELETAL SYSTEM PROCEDURES	61	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	1,731
	033 LEVEL I HAND PROCEDURES	9	1,637
	035 LEVEL I FOOT PROCEDURES	23	2,503
	037 LEVEL I ARTHROSCOPY	2	9,939
	038 LEVEL II ARTHROSCOPY	1	2,078
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,386
	045 BUNION PROCEDURES	3	892
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	645
04	RESPIRATORY PROCEDURES	4	4,930
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	3,931
05	CARDIOVASCULAR PROCEDURES	1	50
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	3
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	140
07	GASTROINTESTINAL SYSTEM PROCEDURES	235	59,492
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	17	15,034
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	101	29,841
	137 THERAPEUTIC COLONOSCOPY	12	5,824
	139 LEVEL I HERNIA REPAIR	10	1,091
	140 LEVEL II HERNIA REPAIR	3	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	273
	145 LEVEL I LAPAROSCOPY	17	164
	146 LEVEL II LAPAROSCOPY	31	806
	147 LEVEL III LAPAROSCOPY	32	799
	148 LEVEL IV LAPAROSCOPY	1	1
08	GENITOURINARY SYSTEM PROCEDURES	3	2,445
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	757
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	23
09	MALE REPRODUCTIVE SYSTEM	3	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	321
	181 CIRCUMCISION	2	307
10	FEMALE REPRODUCTIVE SYSTEM	96	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	20	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	35	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	28	162
	199 DILATION AND CURETTAGE	4	28
	200 HYSTEROSCOPY	9	375

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

408 St. George Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
11	NEUROLOGIC SYSTEM PROCEDURES	554	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	143	1,193
	217 LEVEL I NERVE PROCEDURES	9	2,004
	218 LEVEL II NERVE PROCEDURES	21	75
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	379	5,036
	221 LAMINOTOMY AND LAMINECTOMY	2	154
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	839	29,855
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	225
	232 LASER EYE PROCEDURES	105	3,027
	233 CATARACT PROCEDURES	477	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	9	703
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	18	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	31	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	194	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	44	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	14	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	6	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	19	577

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

408 St. George Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	14	\$3,517	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$7,495	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$3,631	\$2,243
	014 LEVEL III SKIN REPAIR	4	\$1,300	\$2,197
02	BREAST PROCEDURES	7	\$5,196	\$1,377
	020 LEVEL I BREAST PROCEDURES	7	\$5,196	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	28	\$4,961	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$825	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$22,738	\$3,286
	033 LEVEL I HAND PROCEDURES	7	\$5,206	\$2,238
	035 LEVEL I FOOT PROCEDURES	7	\$4,370	\$2,349
	037 LEVEL I ARTHROSCOPY	2	\$4,948	\$3,693
	038 LEVEL II ARTHROSCOPY	1	\$2,000	\$6,268
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$4,500	\$3,543
	045 BUNION PROCEDURES	2	\$7,332	\$2,758
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	\$2,877	\$1,186
05	CARDIOVASCULAR PROCEDURES	1	\$11,799	\$2,898
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$11,799	\$11,799
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$21,860	\$2,266
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$21,860	\$6,509
07	GASTROINTESTINAL SYSTEM PROCEDURES	168	\$5,912	\$1,589
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	9	\$2,697	\$1,507
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	86	\$2,883	\$1,422
	137 THERAPEUTIC COLONOSCOPY	7	\$3,042	\$1,579
	139 LEVEL I HERNIA REPAIR	7	\$6,178	\$2,556
	140 LEVEL II HERNIA REPAIR	2	\$9,568	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$6,737	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$9,019	\$1,557
	145 LEVEL I LAPAROSCOPY	13	\$7,590	\$3,179
	146 LEVEL II LAPAROSCOPY	24	\$12,234	\$3,976
	147 LEVEL III LAPAROSCOPY	11	\$15,861	\$4,814
	148 LEVEL IV LAPAROSCOPY	1	\$3,000	\$3,000
08	GENITOURINARY SYSTEM PROCEDURES	2	\$4,047	\$5,668
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$2,352	\$2,332
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$5,742	\$2,302
09	MALE REPRODUCTIVE SYSTEM	3	\$9,766	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$925	\$2,592
	181 CIRCUMCISION	2	\$14,186	\$849
10	FEMALE REPRODUCTIVE SYSTEM	26	\$7,655	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	\$4,516	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	\$8,605	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$11,496	\$3,598
	199 DILATION AND CURETTAGE	1	\$5,671	\$1,475
	200 HYSTEROSCOPY	5	\$7,900	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	168	\$3,678	\$1,636

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

408 St. George Surgical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	133	\$3,305	\$1,043
	217 LEVEL I NERVE PROCEDURES	7	\$5,554	\$2,013
	218 LEVEL II NERVE PROCEDURES	4	\$19,773	\$8,855
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	24	\$2,518	\$962
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	606	\$6,721	\$2,708
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$740	\$388
	232 LASER EYE PROCEDURES	105	\$1,872	\$886
	233 CATARACT PROCEDURES	452	\$8,042	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$5,915	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	\$6,101	\$2,616
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$3,736	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$5,357	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	20	\$4,502	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	29	\$3,813	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	8	\$2,802	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$1,033	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$842	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	15	\$5,503	\$2,904

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	827	61.6	60,235	53.3
Male	516	38.4	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	10	0.7	694	0.6
1-4 years	16	1.2	4,826	4.3
5-9	6	0.4	2,284	2.0
10-14	3	0.2	1,379	1.2
15-17	5	0.4	1,548	1.4
18-19	7	0.5	1,314	1.2
20-24	19	1.4	3,658	3.2
25-29	26	1.9	3,719	3.3
30-34	37	2.8	4,323	3.8
35-39	49	3.6	4,350	3.8
40-44	54	4.0	4,618	4.1
45-49	39	2.9	5,768	5.1
50-54	66	4.9	12,040	10.6
55-59	92	6.9	10,423	9.2
60-64	123	9.2	10,920	9.7
65-69	206	15.3	12,396	11.0
70-74	227	16.9	10,909	9.6
75-79	173	12.9	8,797	7.8
80-84	120	8.9	5,835	5.2
85-89	49	3.6	2,400	2.1
90 +	16	1.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	1,143	85.1	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	200	14.9	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,343	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	784	58.4	36,503	32.3
Medicaid	64	4.8	7,769	6.9
Other government	30	2.2	4,318	3.8
Blue Cross/Blue Shield	120	8.9	21,533	19.0
Other Commercial	82	6.1	7,538	6.7
Managed Care(HMO, PPO)	165	12.3	30,290	26.8
Self Pay	84	6.3	1,634	1.4
Industrial & Worker Comp	14	1.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.1	4,706	4.2
Central Utah	13	1.0	1,480	1.3
Davis County	1	0.1	16,394	14.5
Salt Lake County	1	0.1	37,661	33.3
Southeastern Utah	1	0.1	1,013	0.9
Southwest Utah	1,158	86.2	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	0	0.0	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	4	0.3	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	1	0.1	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	163	12.1	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	6,471	100.0	68,087	100.0
Mastectomy (85.0-85.99)	200	3.1	824	1.2
Musculoskeletal (76.0-84.99)	1,934	29.9	17,002	25.0
Respiratory (30.0-34.99)	34	0.5	110	0.2
Cardiovascular (35.0-39.99)	2	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	52	0.8	124	0.2
Digestive System (42.0-54.99)	794	12.3	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	4	0.1	308	0.5
Female Genital (65.0-71.99)	117	1.8	690	1.0
Endocrine/Nervous (01.0-07.99)	575	8.9	4,352	6.4
Eye (08.0-16.99)	917	14.2	10,507	15.4
Ear (18.0-20.99)	268	4.1	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	1,574	24.3	11,264	16.5
Reporting Category(CPT-4 CODES)	7,360	100.0	154,611	100.0
Mastectomy (19120-19220)	187	2.5	304	0.2
Musculoskeletal (20000-29909)	2,526	34.3	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	1,319	17.9	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	45	0.6	295	0.2
Lymphatic/Hemetic (38100-38999)	100	1.4	198	0.1
Digestive (40490-49999)	1,216	16.5	67,037	43.4
Urinary (50010-53899)	1	0.0	2,312	1.5
Male Genital (54000-55899)	4	0.1	941	0.6
Female Genital (56405-58999)	95	1.3	2,251	1.5
Endocrine/Nervous (60000-64999)	675	9.2	8,726	5.6
Eye (65091-68899)	904	12.3	30,244	19.6
Ear (69000-69979)	288	3.9	5,045	3.3

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		6,471	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	782	12.1	7.01
2169	OTH TURBINECTOMY	482	7.4	2.15
806	EXC SEMILUNAR CARTILAGE-KNEE	381	5.9	3.25
0443	RELEASE CARPAL TUNNEL	238	3.7	1.84
0392	INJ OTH AGENT SPINAL CANAL	234	3.6	1.02
5300	UNILAT REPR ING HERN-NOS	232	3.6	0.39
2001	MYRINGOTOMY W/INSRT TUBE	219	3.4	4.77
215	SUBMUCOUS RESECT NASAL SEPTUM	216	3.3	0.53
8183	OTH REPR SHLDR	203	3.1	1.90
283	TONSILLECTOMY W/ADENOIDECTOMY	189	2.9	2.82
8521	LOC EXC LES BREAST	187	2.9	0.37
2262	EXC LES MAXIL SINUS W/OTH APPRCH	159	2.5	1.37
5123	LAP CHOLEY	135	2.1	0.79
282	TONSILLECTOMY WO ADENOIDECTOMY	125	1.9	0.83
8021	ARTHSCPY-SHLDR	116	1.8	0.28
2263	ETHMOIDECTOMY	112	1.7	1.97
5349	OTH UMB HERNIORRHAPHY	97	1.5	0.25
8211	TENOT HAND	80	1.2	0.27
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	70	1.1	1.23
4946	EXC HEMORRHOIDS	69	1.1	0.17

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,360	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	782	10.6	9.64
30140	SUBMUCOS RES TURBINATE PART/CMPL	461	6.3	1.53
29881	SCOPE KNEE SURG;W/MENISCECT MED/	344	4.7	1.50
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	232	3.2	0.83
69436	TYMPANOSTOMY GENERAL ANESTHESIA	219	3.0	2.73
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	204	2.8	1.07
29826	SCOPE SHOULDER; DECOMP SUBACROM	203	2.8	1.14
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	193	2.6	0.57
49505	REPR INIT ING HERNIA 5YR/MORE; R	192	2.6	0.42
31267	NASL/SINUS ENDO; W/TISS REMV MAX	159	2.2	0.73
42820	T&A; UNDER AGE 12	133	1.8	1.10
19120	EXC BRST CYST TUMR/LES OPN M/F 1	130	1.8	0.15
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	122	1.7	0.43
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	122	1.7	0.97
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	113	1.5	0.26
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	112	1.5	0.75
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	111	1.5	0.60
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	88	1.2	0.30
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	82	1.1	0.47
26055	TENDON SHEATH INCISION	80	1.1	0.40

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		3,496	\$1,601	\$2,152
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	778	\$1,731	\$1,882
806	EXC SEMILUNAR CARTILAGE-KNEE	287	\$2,135	\$3,600
0392	INJ OTH AGENT SPINAL CANAL	217	\$558	\$860
283	TONSILLECTOMY W/ADENOIDECTOMY	159	\$971	\$1,894
8521	LOC EXC LES BREAST	144	\$855	\$1,054
5300	UNILAT REPR ING HERN-NOS	134	\$1,230	\$1,278
5123	LAP CHOLEY	128	\$4,657	\$4,900
0443	RELEASE CARPAL TUNNEL	105	\$1,033	\$2,264
8183	OTH REPR SHLDR	104	\$4,786	\$5,797
282	TONSILLECTOMY WO ADENOIDECTOMY	101	\$1,099	\$1,857
5349	OTH UMB HERNIORRHAPHY	80	\$1,340	\$2,076
4946	EXC HEMORRHOIDS	63	\$991	\$1,169
4912	ANAL FISTULECTOMY	39	\$699	\$888
4939	OTH LOC EXC/DESTRUC LES/TISS ANUS	34	\$684	\$790
8221	EXC LES TENDON SHEATH HAND	34	\$1,299	\$2,287
7860	REMOV IMPLNT DEVICE-UNS SITE	31	\$1,166	\$1,178
8145	OTH REPR CRUCIATE LIGAMNT	29	\$4,513	\$8,655
1132	EXC PTERYGIUM W/CORNEAL GFT	27	\$1,543	\$2,256
8201	EXPLOR TENDON SHEATH HAND	27	\$891	\$2,446
4023	EXC AX LYMPH NODE	26	\$1,953	\$1,958

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		3,631	\$1,518	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	778	\$1,731	\$2,925
29881	SCOPE KNEE SURG;W/MENISCECT MED/	262	\$2,091	\$3,394
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	107	\$416	\$1,040
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	107	\$701	\$873
49505	REPR INIT ING HERNIA 5YR/MORE; R	105	\$1,241	\$2,464
42820	T&A; UNDER AGE 12	102	\$995	\$1,789
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	100	\$979	\$1,715
19120	EXC BRST CYST TUMR/LES OPN M/F 1	97	\$894	\$1,466
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	97	\$1,107	\$1,720
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	79	\$4,381	\$5,266
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	50	\$3,216	\$5,125
42821	T&A; AGE 12 OR OVER	49	\$845	\$1,756
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	47	\$829	\$2,416
19125	EXC BRST LES ID RAD MARKR OPN;1	46	\$793	\$944
47562	LAPAROSCOPY SURGICAL; CHOLECT	45	\$5,111	\$3,775
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	38	\$1,075	\$1,190
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	31	\$4,804	\$4,867
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	29	\$2,019	\$2,821
20680	REMOVAL OF IMPLANT; DEEP	28	\$1,055	\$2,483
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	28	\$4,537	\$7,664

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, 2011**  
**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	292	2,645
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	34
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	63
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	30
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	21	28
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	37	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	209	1,362
	012 LEVEL I SKIN REPAIR	1	4
	013 LEVEL II SKIN REPAIR	12	67
	014 LEVEL III SKIN REPAIR	7	98
02	BREAST PROCEDURES	173	274
	020 LEVEL I BREAST PROCEDURES	170	271
	021 LEVEL II BREAST PROCEDURES	3	3
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,881	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	125	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	835
	033 LEVEL I HAND PROCEDURES	176	1,637
	034 LEVEL II HAND PROCEDURES	46	429
	035 LEVEL I FOOT PROCEDURES	147	2,503
	036 LEVEL II FOOT PROCEDURES	24	552
	037 LEVEL I ARTHROSCOPY	758	9,939
	038 LEVEL II ARTHROSCOPY	271	2,078
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	224
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	112	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	205
	045 BUNION PROCEDURES	49	892
	046 LEVEL I ARTHROPLASTY	18	253
	048 HAND AND FOOT TENOTOMY	3	118
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	19	645
04	RESPIRATORY PROCEDURES	560	4,930
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	48
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	48	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	511	3,931
05	CARDIOVASCULAR PROCEDURES	23	50
	083 PLACEMENT OF TRANSVENOUS CATHETERS	23	38
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	47	277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	140
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	43	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	774	59,492
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	112
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	3,309
	139 LEVEL I HERNIA REPAIR	290	1,091
	140 LEVEL II HERNIA REPAIR	68	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	69	199

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
	142 LEVEL II ANAL AND RECTAL PROCEDURES	112	273
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	11
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	5
	145 LEVEL I LAPAROSCOPY	20	164
	146 LEVEL II LAPAROSCOPY	105	806
	147 LEVEL III LAPAROSCOPY	103	799
08	GENITOURINARY SYSTEM PROCEDURES	1	2,445
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	23
09	MALE REPRODUCTIVE SYSTEM	4	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	321
10	FEMALE REPRODUCTIVE SYSTEM	56	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	105
	199 DILATION AND CURETTAGE	7	28
	200 HYSTEROSCOPY	26	375
	201 COLPOSCOPY	1	377
11	NEUROLOGIC SYSTEM PROCEDURES	616	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	106	1,193
	217 LEVEL I NERVE PROCEDURES	280	2,004
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	172	5,036
	221 LAMINOTOMY AND LAMINECTOMY	58	154
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	837	29,855
	232 LASER EYE PROCEDURES	1	3,027
	233 CATARACT PROCEDURES	756	16,165
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	31	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	18	675
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	22	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	8	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,406	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	719	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	37	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	244	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	85	577
	256 TONSIL AND ADENOID PROCEDURES	321	3,783

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	140	\$720	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$903	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$0	\$756
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$377	\$1,716
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	11	\$582	\$778
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	\$578	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	99	\$773	\$2,243
	014 LEVEL III SKIN REPAIR	1	\$1,327	\$2,197
02	BREAST PROCEDURES	134	\$867	\$1,377
	020 LEVEL I BREAST PROCEDURES	132	\$871	\$1,384
	021 LEVEL II BREAST PROCEDURES	2	\$569	\$569
03	MUSCULOSKELETAL SYSTEM PROCEDURES	792	\$1,875	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$919	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$1,349	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$2,474	\$4,230
	033 LEVEL I HAND PROCEDURES	74	\$1,038	\$2,238
	034 LEVEL II HAND PROCEDURES	22	\$1,288	\$2,806
	035 LEVEL I FOOT PROCEDURES	29	\$1,076	\$2,349
	036 LEVEL II FOOT PROCEDURES	10	\$815	\$3,331
	037 LEVEL I ARTHROSCOPY	337	\$2,188	\$3,693
	038 LEVEL II ARTHROSCOPY	82	\$3,519	\$6,268
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$0	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$0	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	97	\$1,409	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	\$702	\$1,288
	045 BUNION PROCEDURES	17	\$1,268	\$2,758
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$942	\$1,186
04	RESPIRATORY PROCEDURES	30	\$835	\$1,467
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	\$459	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	20	\$1,023	\$2,079
05	CARDIOVASCULAR PROCEDURES	19	\$1,506	\$2,898
	083 PLACEMENT OF TRANSVENOUS CATHETERS	19	\$1,506	\$2,782
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	18	\$806	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$806	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	560	\$1,870	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$254	\$977
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$0	\$1,685
	139 LEVEL I HERNIA REPAIR	177	\$1,253	\$2,556
	140 LEVEL II HERNIA REPAIR	47	\$1,104	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	45	\$613	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	98	\$888	\$1,557
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$1,130	\$1,294
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$1,311	\$3,708
	145 LEVEL I LAPAROSCOPY	14	\$658	\$3,179
	146 LEVEL II LAPAROSCOPY	84	\$3,390	\$3,976

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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			
08	147 LEVEL III LAPAROSCOPY	89	\$4,053	\$4,814
	GENITOURINARY SYSTEM PROCEDURES	1	\$0	\$5,668
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$0	\$2,302
09	MALE REPRODUCTIVE SYSTEM	1	\$778	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$778	\$2,592
10	FEMALE REPRODUCTIVE SYSTEM	50	\$1,161	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	\$686	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$394	\$3,210
	199 DILATION AND CURETTAGE	5	\$1,113	\$1,475
	200 HYSTEROSCOPY	23	\$1,702	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	368	\$1,064	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	102	\$418	\$1,043
	217 LEVEL I NERVE PROCEDURES	120	\$1,038	\$2,013
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	114	\$696	\$962
	221 LAMINOTOMY AND LAMINECTOMY	32	\$4,536	\$4,587
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	790	\$1,672	\$2,708
	233 CATARACT PROCEDURES	748	\$1,687	\$2,997
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	25	\$1,451	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	13	\$1,466	\$5,713
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$1,017	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$616	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$926	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	333	\$1,133	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	26	\$666	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	\$1,405	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	25	\$1,674	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	29	\$2,043	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	246	\$1,012	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,734	54.7	60,235	53.3
Male	2,261	45.2	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	3	0.1	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	13	0.3	694	0.6
1-4 years	116	2.3	4,826	4.3
5-9	98	2.0	2,284	2.0
10-14	73	1.5	1,379	1.2
15-17	84	1.7	1,548	1.4
18-19	81	1.6	1,314	1.2
20-24	226	4.5	3,658	3.2
25-29	235	4.7	3,719	3.3
30-34	268	5.4	4,323	3.8
35-39	310	6.2	4,350	3.8
40-44	288	5.8	4,618	4.1
45-49	400	8.0	5,768	5.1
50-54	436	8.7	12,040	10.6
55-59	530	10.6	10,423	9.2
60-64	542	10.8	10,920	9.7
65-69	495	9.9	12,396	11.0
70-74	308	6.2	10,909	9.6
75-79	271	5.4	8,797	7.8
80-84	135	2.7	5,835	5.2
85-89	75	1.5	2,400	2.1
90 +	14	0.3	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	4,998	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,984	99.7	105,539	93.3
Another Hospital	13	0.3	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	1	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,057	21.1	36,503	32.3
Medicaid	188	3.8	7,769	6.9
Other government	56	1.1	4,318	3.8
Blue Cross/Blue Shield	1,465	29.3	21,533	19.0
Other Commercial	309	6.2	7,538	6.7
Managed Care(HMO, PPO)	1,625	32.5	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	250	5.0	1,560	1.4
Charity and Unclassified	4	0.1	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	44	0.9	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	14	0.3	4,706	4.2
Central Utah	18	0.4	1,480	1.3
Davis County	194	3.9	16,394	14.5
Salt Lake County	4,078	81.6	37,661	33.3
Southeastern Utah	27	0.5	1,013	0.9
Southwest Utah	14	0.3	11,458	10.1
Summit County	55	1.1	1,614	1.4
Tooele County	176	3.5	2,088	1.8
Tri-County	55	1.1	494	0.4
Utah County	152	3.0	15,087	13.3
Wasatch County	22	0.4	501	0.4
Weber County	32	0.6	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	160	3.2	5,949	5.3
Unknown, Not Reported	1	0.0	32	0.0

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



**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Musculoskeletal (76.0-84.99)	.	.	824	1.2
Respiratory (30.0-34.99)	.	.	17,002	25.0
Cardiovascular (35.0-39.99)	.	.	110	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	27	0.0
Digestive System (42.0-54.99)	.	.	124	0.2
Urinary (55.0-59.99)	.	.	18,063	26.5
Male Genital (60.0-64.99)	.	.	986	1.4
Female Genital (65.0-71.99)	.	.	308	0.5
Endocrine/Nervous (01.0-07.99)	.	.	690	1.0
Eye (08.0-16.99)	.	.	4,352	6.4
Ear (18.0-20.99)	.	.	10,507	15.4
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,830	5.6
	.	.	11,264	16.5
<b>Reporting Category(CPT-4 CODES)</b>	<b>5,617</b>	<b>100.0</b>	<b>154,611</b>	<b>100.0</b>
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	3	0.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	18	0.3	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	0	0.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	19	0.3	8,726	5.6
Eye (65091-68899)	5,577	99.3	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	5,617	100.0	100.0
66999	UNLISTED PROC ANTERIOR SEGMENT E	1,976	35.2	9.64
67028	INTRAVITREAL INJ PHARMACOLOGIC A	1,070	19.0	0.81
65760	KERATOMILEUSIS	741	13.2	0.53
66821	DISCISSION 2ND CATARACT; LASER S	354	6.3	0.47
66982	EXTRACAP CATARACT REMV W/IOL-CMP	315	5.6	1.42
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	172	3.1	0.64
67917	REPAIR OF ECTROPION; EXTENSIVE	155	2.8	0.10
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	101	1.8	0.36
67900	REPAIR OF BROW PTOSIS	39	0.7	0.21
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	38	0.7	0.23
67820	CORRECT TRICHIASIS; EPILAT-FORCE	33	0.6	0.17
66986	EXCHANGE OF INTRAOCULAR LENS	32	0.6	0.08
67036	VITRECTOMY MECH PARS PLANA APPRC	31	0.6	0.10
65400	EXCISION LESION CORNEA NO PTERYG	28	0.5	0.12
67041	67041	27	0.5	0.05
66825	REPSTN IO LENS REQ INCI-SEP PROC	26	0.5	0.14
67210	DESTRCT LES RETINA; PHOTOCOAGULA	23	0.4	0.05
67810	BIOPSY OF EYELID	21	0.4	0.05
65730	KERATOPLSTY; PENETRAT NOT APHAKI	21	0.4	0.03
		20	0.4	0.08

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

410 SurgiCare Center of Utah

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
CPT-4 Procedures		3,430	\$1,835	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	1,751	\$2,388	\$2,925
67028	INTRAVITREAL INJ PHARMACOLOGIC A	667	\$769	\$762
66821	DISCISSION 2ND CATARACT; LASER S	175	\$692	\$880
66982	EXTRACAP CATARACT REMV W/IOL-CMP	159	\$2,523	\$3,933
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	103	\$295	\$295
66999	UNLISTED PROC ANTERIOR SEGMENT E	57	\$2,329	\$1,883
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	39	\$1,494	\$2,651
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	33	\$1,411	\$969
65760	KERATOMILEUSIS	32	\$1,081	\$1,965
67041	67041	26	\$3,673	\$3,937
67036	VITRECTOMY MECH PARS PLANA APPRC	25	\$3,134	\$3,899
66986	EXCHANGE OF INTRAOCULAR LENS	24	\$2,373	\$3,686
67820	CORRECT TRICHIASIS; EPILAT-FORCE	24	\$219	\$251
66825	REPSTN IO LENS REQ INCI-SEP PROC	21	\$1,658	\$2,816
65730	KERATOPLSTY; PENETRAT NOT APHAKI	20	\$2,712	\$8,370
65400	EXCISION LESION CORNEA NO PTERYG	19	\$839	\$1,580
65756	65756	19	\$2,944	\$4,208
67042	67042	18	\$4,149	\$5,179
67810	BIOPSY OF EYELID	14	\$834	\$649
67210	DESTRCT LES RETINA; PHOTOCOAGULA	13	\$1,196	\$858

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

410 SurgiCare Center of Utah

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	4	2,645
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	898
04 RESPIRATORY PROCEDURES	1	4,930
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	943
11 NEUROLOGIC SYSTEM PROCEDURES	19	8,540
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	19	5,036
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	5,547	29,855
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	170	225
232 LASER EYE PROCEDURES	406	3,027
233 CATARACT PROCEDURES	2,219	16,165
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1,453	2,308
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	87	703
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	55	675
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	748	916
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	96	1,193
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	107	1,066
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	206	2,821
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	19	17,532
253 LEVEL II FACIAL AND ENT PROCEDURES	18	620
255 LEVEL IV FACIAL AND ENT PROCEDURES	1	577

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	4	\$617	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$617	\$1,204
11	NEUROLOGIC SYSTEM PROCEDURES	5	\$668	\$1,636
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	5	\$668	\$962
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3,396	\$1,850	\$2,708
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	112	\$298	\$388
	232 LASER EYE PROCEDURES	251	\$851	\$886
	233 CATARACT PROCEDURES	1,968	\$2,387	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	107	\$1,679	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	66	\$1,292	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	52	\$2,638	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	671	\$777	\$852
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	92	\$3,622	\$4,913
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	57	\$461	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	20	\$2,743	\$3,298

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,507	56.1	60,235	53.3
Male	1,962	43.9	52,811	46.7
Unknown	2	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	1	0.0	2,284	2.0
10-14	6	0.1	1,379	1.2
15-17	2	0.0	1,548	1.4
18-19	2	0.0	1,314	1.2
20-24	43	1.0	3,658	3.2
25-29	68	1.5	3,719	3.3
30-34	71	1.6	4,323	3.8
35-39	70	1.6	4,350	3.8
40-44	87	1.9	4,618	4.1
45-49	101	2.3	5,768	5.1
50-54	236	5.3	12,040	10.6
55-59	326	7.3	10,423	9.2
60-64	394	8.8	10,920	9.7
65-69	649	14.5	12,396	11.0
70-74	725	16.2	10,909	9.6
75-79	660	14.8	8,797	7.8
80-84	619	13.8	5,835	5.2
85-89	294	6.6	2,400	2.1
90 +	117	2.6	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	4,471	100.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,471	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,576	57.6	36,503	32.3
Medicaid	36	0.8	7,769	6.9
Other government	26	0.6	4,318	3.8
Blue Cross/Blue Shield	450	10.1	21,533	19.0
Other Commercial	196	4.4	7,538	6.7
Managed Care(HMO, PPO)	749	16.8	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	2	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	436	9.8	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	52	1.2	4,706	4.2
Central Utah	36	0.8	1,480	1.3
Davis County	236	5.3	16,394	14.5
Salt Lake County	2,864	64.1	37,661	33.3
Southeastern Utah	107	2.4	1,013	0.9
Southwest Utah	21	0.5	11,458	10.1
Summit County	76	1.7	1,614	1.4
Tooele County	240	5.4	2,088	1.8
Tri-County	52	1.2	494	0.4
Utah County	244	5.5	15,087	13.3
Wasatch County	30	0.7	501	0.4
Weber County	36	0.8	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	473	10.6	5,949	5.3
Unknown, Not Reported	4	0.1	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	34	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	9	26.5	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	1	2.9	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	8	23.5	941	0.6
Female Genital (56405-58999)	16	47.1	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

501 UHC Centerville Health 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				
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	9	26.5	0.22
54150	CIRC USING CLAMP/OTH DEVICE; NB	6	17.6	0.13
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	4	11.8	0.03
25600	CLOS TX DIST RADIAL FX; W/O MANI	3	8.8	0.02
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	5.9	0.02
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	2	5.9	0.13
21800	CLOS TX RIB FRACTURE UNCOMP EA	1	2.9	0.00
23500	CLOS TX CLAVICULAR FX; W/O MANIP	1	2.9	0.01
27767	27767	1	2.9	0.00
28490	CLOS TX FX GT TOE PHALANX; WO MA	1	2.9	0.01
46320	ENUCLEATION EXT THROMBOTIC HEMOR	1	2.9	0.02
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	2.9	0.02
54162	LYSIS/EXC PENILE POST-CIRC ADHES	1	2.9	0.01
58110	58110	1	2.9	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, 2011**  
**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	30	\$368	\$2,172
54150	CIRC USING CLAMP/OTH DEVICE; NB	9	\$352	\$352
25600	CIRC USING CLAMP/OTH DEVICE; NB	6	\$136	\$169
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	3	\$570	\$445
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	3	\$578	\$477
21800	CLOS TX RIB FRACTURE UNCOMP EA	2	\$281	\$346
23500	CLOS TX CLAVICULAR FX; W/O MANIP	1	\$202	\$288
27767	27767	1	\$472	\$324
28490	CLOS TX FX GT TOE PHALANX; WO MA	1	\$376	\$376
46320	ENUCLEATION EXT THROMBOTIC HEMOR	1	\$302	\$242
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	\$874	\$1,131
54162	LYSIS/EXC PENILE POST-CIRC ADHES	1	\$118	\$192
			\$714	\$2,571

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

501 UHC Centerville Health Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	2,645
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	57
03 MUSCULOSKELETAL SYSTEM PROCEDURES	9	24,199
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	154
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	224
07 GASTROINTESTINAL SYSTEM PROCEDURES	1	59,492
141 LEVEL I ANAL AND RECTAL PROCEDURES	1	199
09 MALE REPRODUCTIVE SYSTEM	7	694
181 CIRCUMCISION	7	307
10 FEMALE REPRODUCTIVE SYSTEM	7	1,233
201 COLPOSCOPY	7	377

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	1	\$118	\$1,639
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$118	\$401
03	MUSCULOSKELETAL SYSTEM PROCEDURES	9	\$402	\$3,314
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$308	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$521	\$878
07	GASTROINTESTINAL SYSTEM PROCEDURES	1	\$874	\$1,589
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$874	\$1,228
09	MALE REPRODUCTIVE SYSTEM	7	\$219	\$1,608
	181 CIRCUMCISION	7	\$219	\$849
10	FEMALE REPRODUCTIVE SYSTEM	3	\$578	\$2,046
	201 COLPOSCOPY	3	\$578	\$701

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

501 UHC Centerville Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	21	65.6	60,235	53.3
Male	11	34.4	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	7	21.9	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	1	3.1	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	1	3.1	1,379	1.2
15-17	0	0.0	1,548	1.4
18-19	0	0.0	1,314	1.2
20-24	2	6.3	3,658	3.2
25-29	1	3.1	3,719	3.3
30-34	2	6.3	4,323	3.8
35-39	3	9.4	4,350	3.8
40-44	6	18.8	4,618	4.1
45-49	0	0.0	5,768	5.1
50-54	2	6.3	12,040	10.6
55-59	3	9.4	10,423	9.2
60-64	2	6.3	10,920	9.7
65-69	1	3.1	12,396	11.0
70-74	1	3.1	10,909	9.6
75-79	0	0.0	8,797	7.8
80-84	0	0.0	5,835	5.2
85-89	0	0.0	2,400	2.1
90 +	0	0.0	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	30	93.8	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	2	6.3	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

501 UHC Centerville Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	32	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	2	6.3	36,503	32.3
Medicaid	8	25.0	7,769	6.9
Other government	0	0.0	4,318	3.8
Blue Cross/Blue Shield	9	28.1	21,533	19.0
Other Commercial	1	3.1	7,538	6.7
Managed Care(HMO, PPO)	8	25.0	30,290	26.8
Self Pay	4	12.5	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	4,706	4.2
Central Utah	0	0.0	1,480	1.3
Davis County	22	68.8	16,394	14.5
Salt Lake County	5	15.6	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	0	0.0	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	0	0.0	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	0	0.0	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	4	12.5	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	1	3.1	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

502 UHC Daybreak Health Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	526	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	9	1.7	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	378	71.9	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	18	3.4	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	23	4.4	941	0.6
Female Genital (56405-58999)	49	9.3	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	2	0.4	30,244	19.6
Ear (69000-69979)	47	8.9	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

502 UHC Daybreak Health 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				
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	526	100.0	100.0
31237	NASL/SINUS ENDO SURG; W/BX SEP P	228	43.3	0.15
31231	NASAL ENDO DX UNI/BIL SEP PROC	58	11.0	0.08
31238	NASL/SINUS ENDO; W/CNTRL NASL HE	41	7.8	0.03
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	30	5.7	0.03
54150	CIRC USING CLAMP/OTH DEVICE; NB	21	4.0	0.07
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	20	3.8	0.13
30901	CNTRL NASL HEMORR ANT SMPL ANY M	18	3.4	0.22
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	13	2.5	0.05
69433	TYMPANOSTOMY LOCAL/TOP ANESTHESI	12	2.3	0.13
40812	EXC LES-MOUTH; W/SMPL REPR	10	1.9	0.01
56501	DESTRUCTION OF LESION VULVA; SIM	7	1.3	0.01
69220	DEBRID MASTOIDECTOMY CAVITY SIMP	4	0.8	0.02
25600	CLOS TX DIST RADIAL FX; W/O MANI	4	0.8	0.00
40808	BIOPSY VESTIBULE OF MOUTH	3	0.6	0.02
42700	I&D ABSCESS; PERITONSILLAR	3	0.6	0.00
54056	DESTRUC LESION PENIS SIMPLE; CRY	3	0.6	0.00
69801	LABYRINTHOTOMY; TRANSCANAL	3	0.6	0.02
30100	BIOPSY INTRANASAL	3	0.6	0.00
30300	REMOVAL FB INTRANASL; OFC TYPE P	2	0.4	0.01
		2	0.4	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, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

502 UHC Daybreak 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		383	\$585	\$2,172
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	181	\$302	\$302
31237	NASL/SINUS ENDO SURG; W/BX SEP P	54	\$1,248	\$1,512
31238	NASL/SINUS ENDO; W/CNTRL NASL HE	25	\$1,221	\$1,286
54150	CIRC USING CLAMP/OTH DEVICE; NB	20	\$151	\$169
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	17	\$263	\$352
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	11	\$702	\$665
30901	CNTRL NASL HEMORR ANT SMPL ANY M	9	\$286	\$616
69433	TYMPANOSTOMY LOCAL/TOP ANESTHESI	8	\$825	\$825
40812	EXC LES-MOUTH; W/SMPL REPR	6	\$1,216	\$1,570
56501	DESTRUCTION OF LESION VULVA; SIM	4	\$1,286	\$1,348
25600	CLOS TX DIST RADIAL FX; W/O MANI	3	\$365	\$445
42700	I&D ABSCESS; PERITONSILLAR	3	\$454	\$454
54056	DESTRUC LESION PENIS SIMPLE; CRY	3	\$156	\$192
69220	DEBRID MASTOIDECTOMY CAVITY SIMP	3	\$119	\$119
69801	LABYRINTHOTOMY; TRANSCANAL	3	\$2,356	\$2,356
30100	BIOPSY INTRANASAL	2	\$642	\$879
30300	REMOVAL FB INTRANASL; OFC TYPE P	2	\$139	\$152
56420	I&D OF BARTHOLINS GLAND ABSCESS	2	\$301	\$256
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	2	\$329	\$477
67810	BIOPSY OF EYELID	2	\$498	\$649

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

502 UHC Daybreak Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	23	2,645
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	34
	003 LEVEL I SKIN INCISION AND DRAINAGE	7	63
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	7	57
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,362
03	MUSCULOSKELETAL SYSTEM PROCEDURES	6	24,199
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	224
04	RESPIRATORY PROCEDURES	359	4,930
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	358	943
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	8
07	GASTROINTESTINAL SYSTEM PROCEDURES	2	59,492
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	273
09	MALE REPRODUCTIVE SYSTEM	20	694
	181 CIRCUMCISION	20	307
10	FEMALE REPRODUCTIVE SYSTEM	24	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	185
	201 COLPOSCOPY	16	377
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2	29,855
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,066
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	28	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	22	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	1,999

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

502 UHC Daybreak Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	19	\$488	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$491	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	7	\$473	\$756
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	6	\$137	\$401
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$819	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$1,382	\$2,243
03	MUSCULOSKELETAL SYSTEM PROCEDURES	6	\$392	\$3,314
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$425	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$375	\$878
04	RESPIRATORY PROCEDURES	261	\$589	\$1,467
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	261	\$589	\$813
07	GASTROINTESTINAL SYSTEM PROCEDURES	2	\$1,295	\$1,589
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$805	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$1,785	\$1,557
09	MALE REPRODUCTIVE SYSTEM	20	\$151	\$1,608
	181 CIRCUMCISION	20	\$151	\$849
10	FEMALE REPRODUCTIVE SYSTEM	20	\$886	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$1,259	\$1,649
	201 COLPOSCOPY	13	\$686	\$701
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2	\$498	\$2,708
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$498	\$1,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	22	\$1,169	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	18	\$953	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$1,509	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$2,356	\$2,897

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

502 UHC Daybreak Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	261	57.9	60,235	53.3
Male	190	42.1	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	20	4.4	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	5	1.1	4,826	4.3
5-9	11	2.4	2,284	2.0
10-14	8	1.8	1,379	1.2
15-17	5	1.1	1,548	1.4
18-19	6	1.3	1,314	1.2
20-24	34	7.5	3,658	3.2
25-29	41	9.1	3,719	3.3
30-34	38	8.4	4,323	3.8
35-39	44	9.8	4,350	3.8
40-44	39	8.6	4,618	4.1
45-49	22	4.9	5,768	5.1
50-54	61	13.5	12,040	10.6
55-59	34	7.5	10,423	9.2
60-64	22	4.9	10,920	9.7
65-69	16	3.5	12,396	11.0
70-74	18	4.0	10,909	9.6
75-79	11	2.4	8,797	7.8
80-84	11	2.4	5,835	5.2
85-89	4	0.9	2,400	2.1
90 +	1	0.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	438	97.1	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	13	2.9	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

502 UHC Daybreak Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	449	99.6	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	2	0.4	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	77	17.1	36,503	32.3
Medicaid	56	12.4	7,769	6.9
Other government	3	0.7	4,318	3.8
Blue Cross/Blue Shield	129	28.6	21,533	19.0
Other Commercial	32	7.1	7,538	6.7
Managed Care(HMO, PPO)	137	30.4	30,290	26.8
Self Pay	7	1.6	1,634	1.4
Industrial & Worker Comp	3	0.7	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	2	0.4	58	0.1
Unknown	1	0.2	171	0.2
Not Reported	4	0.9	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2	0.4	4,706	4.2
Central Utah	5	1.1	1,480	1.3
Davis County	10	2.2	16,394	14.5
Salt Lake County	355	78.7	37,661	33.3
Southeastern Utah	2	0.4	1,013	0.9
Southwest Utah	2	0.4	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	11	2.4	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	28	6.2	15,087	13.3
Wasatch County	5	1.1	501	0.4
Weber County	3	0.7	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	28	6.2	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	463	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	42	9.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	45	9.7	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.2	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	1	0.2	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	65	14.0	941	0.6
Female Genital (56405-58999)	308	66.5	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	1	0.2	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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/VO ENDOCRV BX-SEP P	463	100.0	100.0
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	113	24.4	0.22
54150	CIRC USING CLAMP/OTH DEVICE; NB	72	15.6	0.13
31720	CATHETER ASPIR; NASOTRACH SEP PR	60	13.0	0.13
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	39	8.4	0.03
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	21	4.5	0.03
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	19	4.1	0.03
25600	CLOS TX DIST RADIAL FX; W/O MANI	16	3.5	0.02
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	11	2.4	0.02
30300	REMOVAL FB INTRANASL; OFC TYPE P	11	2.4	0.03
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	6	1.3	0.01
26720	CLOS TX PHALANGEAL FX; W/O MANIP	6	1.3	0.02
54056	DESTRUC LESION PENIS SIMPLE; CRY	5	1.1	0.01
56501	DESTRUCTION OF LESION VULVA; SIM	5	1.1	0.02
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	5	1.1	0.01
57421	COLPSCPY VAG W/CERV IF PRS; W/BX	5	1.1	0.01
58110	58110	5	1.1	0.01
28470	CLOS TX MT FX; W/O MANIPULATION	4	0.9	0.01
56405	I&D OF VULVA OR PERINEAL ABSCESS	4	0.9	0.01
56420	I&D OF BARTHOLINS GLAND ABSCESS	4	0.9	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, 2011**  
**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 )
<b>CPT-4 Procedures</b>				
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	437	\$403	\$2,172
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	113	\$352	\$352
54150	CIRC USING CLAMP/OTH DEVICE; NB	66	\$617	\$665
31720	CATHETER ASPIR; NASOTRACH SEP PR	60	\$166	\$169
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	39	\$198	\$198
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	19	\$429	\$477
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	19	\$262	\$241
25600	CLOS TX DIST RADIAL FX; W/O MANI	16	\$353	\$469
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	11	\$367	\$445
30300	REMOVAL FB INTRANASL; OFC TYPE P	11	\$1,227	\$1,294
26720	CLOS TX PHALANGEAL FX; W/O MANIP	6	\$171	\$152
54056	DESTRUC LESION PENIS SIMPLE; CRY	5	\$297	\$303
56501	DESTRUCTION OF LESION VULVA; SIM	5	\$217	\$192
57421	COLPSCPY VAG W/CERV IF PRS; W/BX	5	\$1,294	\$1,348
57500	BX SINGLE/MX/LOC EXC LES W/WO FU	5	\$478	\$658
28470	CLOS TX MT FX; W/O MANIPULATION	5	\$555	\$617
56405	I&D OF VULVA OR PERINEAL ABSCESS	4	\$207	\$303
27786	CLOS TX DIST FIBR FX; W/O MANIP	4	\$508	\$591
28490	CLOS TX FX GT TOE PHALANX; WO MA	3	\$395	\$409
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	3	\$251	\$242
		3	\$261	\$346

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	31	2,645
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	34
	003 LEVEL I SKIN INCISION AND DRAINAGE	11	63
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	5	57
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	898
	013 LEVEL II SKIN REPAIR	1	67
03	MUSCULOSKELETAL SYSTEM PROCEDURES	39	24,199
	035 LEVEL I FOOT PROCEDURES	1	2,503
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	25	224
09	MALE REPRODUCTIVE SYSTEM	60	694
	181 CIRCUMCISION	60	307
10	FEMALE REPRODUCTIVE SYSTEM	149	1,233
	190 ARTIFICIAL FERTILIZATION	1	1
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	14	185
	201 COLPOSCOPY	134	377
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	29,855
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,066

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	24	\$477	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	\$555	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	10	\$449	\$756
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	5	\$217	\$401
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$528	\$1,204
	013 LEVEL II SKIN REPAIR	1	\$1,503	\$1,818
03	MUSCULOSKELETAL SYSTEM PROCEDURES	39	\$340	\$3,314
	035 LEVEL I FOOT PROCEDURES	1	\$1,323	\$2,349
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	\$279	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	25	\$332	\$878
09	MALE REPRODUCTIVE SYSTEM	60	\$166	\$1,608
	181 CIRCUMCISION	60	\$166	\$849
10	FEMALE REPRODUCTIVE SYSTEM	136	\$647	\$2,046
	190 ARTIFICIAL FERTILIZATION	1	\$130	\$130
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	12	\$1,229	\$1,649
	201 COLPOSCOPY	123	\$594	\$701
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$166	\$2,708
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$166	\$1,073

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, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

503 UHC Greenwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	336	74.7	60,235	53.3
Male	114	25.3	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	49	10.9	167	0.1
29-365 days	39	8.7	694	0.6
1-4 years	22	4.9	4,826	4.3
5-9	11	2.4	2,284	2.0
10-14	12	2.7	1,379	1.2
15-17	2	0.4	1,548	1.4
18-19	3	0.7	1,314	1.2
20-24	46	10.2	3,658	3.2
25-29	52	11.6	3,719	3.3
30-34	37	8.2	4,323	3.8
35-39	35	7.8	4,350	3.8
40-44	35	7.8	4,618	4.1
45-49	41	9.1	5,768	5.1
50-54	35	7.8	12,040	10.6
55-59	13	2.9	10,423	9.2
60-64	11	2.4	10,920	9.7
65-69	5	1.1	12,396	11.0
70-74	1	0.2	10,909	9.6
75-79	0	0.0	8,797	7.8
80-84	1	0.2	5,835	5.2
85-89	0	0.0	2,400	2.1
90 +	0	0.0	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	429	95.3	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	21	4.7	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

503 UHC Greenwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	450	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	30	6.7	36,503	32.3
Medicaid	209	46.4	7,769	6.9
Other government	6	1.3	4,318	3.8
Blue Cross/Blue Shield	65	14.4	21,533	19.0
Other Commercial	16	3.6	7,538	6.7
Managed Care(HMO, PPO)	106	23.6	30,290	26.8
Self Pay	16	3.6	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	1	0.2	171	0.2
Not Reported	1	0.2	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	4,706	4.2
Central Utah	0	0.0	1,480	1.3
Davis County	5	1.1	16,394	14.5
Salt Lake County	420	93.3	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	0	0.0	11,458	10.1
Summit County	1	0.2	1,614	1.4
Tooele County	5	1.1	2,088	1.8
Tri-County	1	0.2	494	0.4
Utah County	11	2.4	15,087	13.3
Wasatch County	2	0.4	501	0.4
Weber County	1	0.2	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	2	0.4	5,949	5.3
Unknown, Not Reported	2	0.4	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	98	100.0	68,087	100.0
Mastectomy (85.0-85.99)	52	53.1	824	1.2
Musculoskeletal (76.0-84.99)	8	8.2	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	0	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	124	0.2
Digestive System (42.0-54.99)	0	0.0	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	0	0.0	308	0.5
Female Genital (65.0-71.99)	9	9.2	690	1.0
Endocrine/Nervous (01.0-07.99)	14	14.3	4,352	6.4
Eye (08.0-16.99)	7	7.1	10,507	15.4
Ear (18.0-20.99)	2	2.0	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	6	6.1	11,264	16.5
Reporting Category(CPT-4 CODES)	161	100.0	154,611	100.0
Mastectomy (19120-19220)	4	2.5	304	0.2
Musculoskeletal (20000-29909)	62	38.5	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	16	9.9	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	5	3.1	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	23	14.3	2,251	1.5
Endocrine/Nervous (60000-64999)	41	25.5	8,726	5.6
Eye (65091-68899)	1	0.6	30,244	19.6
Ear (69000-69979)	9	5.6	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		98	100.0	100.0
8554	BILAT BREAST IMPLNT	23	23.5	0.11
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	7	7.1	0.32
8532	BILAT REDUC MAMMO	7	7.1	0.03
6679	OTH REPR FALLOPIAN TUBE	6	6.1	0.01
8594	REMOV IMPLNT BREAST	6	6.1	0.18
0443	RELEASE CARPAL TUNNEL	5	5.1	1.84
856	MASTOPEXY	5	5.1	0.06
0887	UPPER EYELID RHYTIDECTOMY	3	3.1	0.57
8524	EXC ECTOPIC BREAST TISS	3	3.1	0.01
185	SURG CORRECT PROMINENT EAR	2	2.0	0.02
2171	CLO REDUC NASAL FX	2	2.0	0.19
8536	OTH BILAT SUBQ MAMMECTOMY	2	2.0	0.01
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	1	1.0	0.31
043	SUT CRANIAL & PERIPH NERV	1	1.0	0.04
0836	REPR BLEPHAROPTOSIS-OTH TECH	1	1.0	0.23
0869	OTH RECON EYELID W/FLAPS/GFT	1	1.0	0.05
0870	RECON EYELID-NOS	1	1.0	0.24
0886	LOWER EYELID RHYTIDECTOMY	1	1.0	0.23
2187	OTH RHINOPLASTY	1	1.0	0.05
2189	OTH REPR & PLSTC OPER NOSE	1	1.0	0.07

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		161	100.0	100.0
58750	TUBOTUBAL ANASTOMOSIS	19	11.8	0.02
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	15	9.3	0.83
64719	NEUROPLASTY; ULNAR NERV AT WRIST	13	8.1	0.02
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	6	3.7	0.25
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	6	3.7	0.05
26525	CAPCTOMY/CAPSULOT; IP JNT EA JNT	5	3.1	0.02
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	2.5	0.15
26727	PERQ FIX PHALANGEAL FX W/MANIP E	4	2.5	0.05
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	4	2.5	1.07
20680	REMOVAL OF IMPLANT; DEEP	3	1.9	0.45
20926	TISSUE GRAFTS OTHER	3	1.9	0.05
26608	PERCUT SKEL FIX MC FRACTURE EA B	3	1.9	0.05
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	3	1.9	0.05
30465	REPAIR OF NASAL VESTIBULAR STENO	3	1.9	0.08
20103	EXPL PENETRAT WOUND-SEP PROC;EXT	2	1.2	0.01
21337	CLOS TX NASL SEPTAL FX W/WO STBL	2	1.2	0.01
26356	REP FLX TEND ZONE 2 DIGTL; W/O G	2	1.2	0.03
26440	TENOLYS FLX TEND; PALM/FNGR EA T	2	1.2	0.01
26593	RELEASE INTRIN MUSC HAND EA MUSC	2	1.2	0.00
26735	OPEN TX PHALANGEAL FX W/WO FIX E	2	1.2	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, 2011  
 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	59	\$1,826	\$2,152
8554	BILAT BREAST IMPLNT	16	\$1,055	\$1,059
6679	OTH REPR FALLOPIAN TUBE	6	\$1,600	\$2,367
8532	BILAT REDUC MAMMO	5	\$2,509	\$3,310
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	3	\$3,050	\$2,222
856	MASTOPEXY	3	\$1,812	\$1,469
0887	UPPER EYELID RHYTIDECTOMY	2	\$858	\$904
185	SURG CORRECT PROMINENT EAR	2	\$696	\$1,409
2171	CLO REDUC NASAL FX	2	\$1,782	\$2,125
8536	OTH BILAT SUBQ MAMMECTOMY	2	\$1,191	\$1,191
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	1	\$2,042	\$2,495
0443	RELEASE CARPAL TUNNEL	1	\$2,267	\$2,264
0869	OTH RECON EYELID W/FLAPS/GFT	1	\$3,189	\$2,128
0870	RECON EYELID-NOS	1	\$853	\$1,070
2187	OTH RHINOPLASTY	1	\$854	\$3,640
2189	OTH REPR & PLSTC OPER NOSE	1	\$3,639	\$2,733
6673	SALPINGO-SALPINGOSTOMY	1	\$1,661	\$1,211
7679	OTH OP REDUC FACIAL FX	1	\$5,896	\$4,536
7756	REPR HAMMER TOE	1	\$4,503	\$2,823
7769	LOC EXC LES/TISS-OTH BONE	1	\$2,216	\$2,421
7913	CLO REDUC-/INT FIX-CARP-METACARP	1	\$2,333	\$3,020

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4	Procedures	81	\$2,294	\$2,172
58750	TUBOTUBAL ANASTOMOSIS	18	\$1,625	\$1,781
69300	OTPLSTY PROTRUDING EAR W/VO SZ R	6	\$696	\$1,024
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	\$3,697	\$1,466
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	\$1,680	\$1,715
20926	TISSUE GRAFTS OTHER	3	\$7,228	\$2,244
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	3	\$854	\$2,118
20103	EXPL PENETRAT WOUND-SEP PROC;EXT	2	\$2,603	\$1,774
20680	REMOVAL OF IMPLANT; DEEP	2	\$3,821	\$2,483
21337	CLOS TX NASL SEPTAL FX W/VO STBL	2	\$1,901	\$1,925
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	2	\$1,073	\$1,478
20670	REMOVAL OF IMPLANT; SUP SEP PROC	1	\$1,991	\$2,008
21320	CLOS TX NASL BONE FRACTURE; W/ST	1	\$1,745	\$1,912
21387	OPEN TX ORB BLOWOUT FX; COMB	1	\$5,896	\$5,896
21554	21554	1	\$3,085	\$2,423
21930	EXC TUMR SOFT TISSUE BACK/FLANK	1	\$2,304	\$1,287
21931	21931	1	\$1,627	\$1,929
21933	21933	1	\$2,062	\$2,794
22900	EXCISION ABD WALL TUMOR SUBFASCI	1	\$3,379	\$1,253
25660	CLOS TX RADIOCARPAL DISLOC W/MAN	1	\$2,007	\$2,007
26055	TENDON SHEATH INCISION	1	\$1,935	\$2,138

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	18	2,645
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	898
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	1,362
012 LEVEL I SKIN REPAIR	1	4
014 LEVEL III SKIN REPAIR	5	98
02 BREAST PROCEDURES	4	274
020 LEVEL I BREAST PROCEDURES	4	271
03 MUSCULOSKELETAL SYSTEM PROCEDURES	42	24,199
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	588
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	1,731
033 LEVEL I HAND PROCEDURES	17	1,637
034 LEVEL II HAND PROCEDURES	6	429
035 LEVEL I FOOT PROCEDURES	2	2,503
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	224
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	12	1,386
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	205
07 GASTROINTESTINAL SYSTEM PROCEDURES	3	59,492
145 LEVEL I LAPAROSCOPY	2	164
147 LEVEL III LAPAROSCOPY	1	799
10 FEMALE REPRODUCTIVE SYSTEM	22	1,233
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	185
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	105
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	19	162
200 HYSTEROSCOPY	1	375
11 NEUROLOGIC SYSTEM PROCEDURES	41	8,540
217 LEVEL I NERVE PROCEDURES	40	2,004
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	5,036
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1	29,855
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	2,821
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	30	17,532
252 LEVEL I FACIAL AND ENT PROCEDURES	4	10,552
253 LEVEL II FACIAL AND ENT PROCEDURES	8	620
254 LEVEL III FACIAL AND ENT PROCEDURES	5	1,999
255 LEVEL IV FACIAL AND ENT PROCEDURES	13	577

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	16	\$3,517	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$2,608	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$2,625	\$2,243
	012 LEVEL I SKIN REPAIR	1	\$3,162	\$2,472
	014 LEVEL III SKIN REPAIR	5	\$5,378	\$2,197
02	BREAST PROCEDURES	4	\$3,697	\$1,377
	020 LEVEL I BREAST PROCEDURES	4	\$3,697	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	10	\$2,650	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$2,578	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,767	\$3,286
	033 LEVEL I HAND PROCEDURES	3	\$2,489	\$2,238
	035 LEVEL I FOOT PROCEDURES	2	\$3,656	\$2,349
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$2,007	\$878
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$2,683	\$3,543
07	GASTROINTESTINAL SYSTEM PROCEDURES	2	\$1,584	\$1,589
	145 LEVEL I LAPAROSCOPY	1	\$1,584	\$3,179
	147 LEVEL III LAPAROSCOPY	1	\$1,584	\$4,814
10	FEMALE REPRODUCTIVE SYSTEM	21	\$1,919	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,768	\$1,649
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$5,917	\$3,210
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	18	\$1,625	\$3,598
	200 HYSTEROSCOPY	1	\$2,367	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	8	\$1,913	\$1,636
	217 LEVEL I NERVE PROCEDURES	7	\$1,928	\$2,013
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$1,808	\$962
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$1,506	\$2,708
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,506	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	19	\$1,474	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$1,717	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	8	\$997	\$1,997
	255 LEVEL IV FACIAL AND ENT PROCEDURES	9	\$1,844	\$2,904

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

504 UHC Madsen Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	105	68.2	60,235	53.3
Male	49	31.8	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	4	2.6	2,284	2.0
10-14	3	1.9	1,379	1.2
15-17	5	3.2	1,548	1.4
18-19	7	4.5	1,314	1.2
20-24	18	11.7	3,658	3.2
25-29	15	9.7	3,719	3.3
30-34	27	17.5	4,323	3.8
35-39	22	14.3	4,350	3.8
40-44	9	5.8	4,618	4.1
45-49	11	7.1	5,768	5.1
50-54	12	7.8	12,040	10.6
55-59	6	3.9	10,423	9.2
60-64	9	5.8	10,920	9.7
65-69	4	2.6	12,396	11.0
70-74	1	0.6	10,909	9.6
75-79	1	0.6	8,797	7.8
80-84	0	0.0	5,835	5.2
85-89	0	0.0	2,400	2.1
90 +	0	0.0	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	133	86.4	86,987	76.9
Clinic Referral	20	13.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	1	0.6	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

504 UHC Madsen Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	148	96.1	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	4	2.6	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	2	1.3	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	4	2.6	36,503	32.3
Medicaid	6	3.9	7,769	6.9
Other government	15	9.7	4,318	3.8
Blue Cross/Blue Shield	28	18.2	21,533	19.0
Other Commercial	10	6.5	7,538	6.7
Managed Care(HMO, PPO)	28	18.2	30,290	26.8
Self Pay	58	37.7	1,634	1.4
Industrial & Worker Comp	4	2.6	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	1	0.6	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.6	4,706	4.2
Central Utah	0	0.0	1,480	1.3
Davis County	12	7.8	16,394	14.5
Salt Lake County	98	63.6	37,661	33.3
Southeastern Utah	1	0.6	1,013	0.9
Southwest Utah	1	0.6	11,458	10.1
Summit County	4	2.6	1,614	1.4
Tooele County	4	2.6	2,088	1.8
Tri-County	3	1.9	494	0.4
Utah County	6	3.9	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	4	2.6	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	20	13.0	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	18	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	0	0.0	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	0	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	124	0.2
Digestive System (42.0-54.99)	0	0.0	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	0	0.0	308	0.5
Female Genital (65.0-71.99)	0	0.0	690	1.0
Endocrine/Nervous (01.0-07.99)	1	5.6	4,352	6.4
Eye (08.0-16.99)	17	94.4	10,507	15.4
Ear (18.0-20.99)	0	0.0	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	11,264	16.5
Reporting Category(CPT-4 CODES)	8,300	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	28	0.3	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	30	0.4	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	29	0.3	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	0	0.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	1	0.0	8,726	5.6
Eye (65091-68899)	8,212	98.9	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		18	100.0	100.0
1171	KERATOMILEUSIS	8	44.4	0.01
1341	PHACOEMULSIFICATION-ASPIR CATARACT	2	11.1	3.61
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	1	5.6	0.31
101	OTH CONJ INCIS	1	5.6	0.00
1264	TRABECULECTOMY AB EXT	1	5.6	0.09
1319	OTH INTRACAPSUL LENS EXTRACT	1	5.6	0.00
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1	5.6	7.01
1372	SECNDRY INSRT IOL PROSTH	1	5.6	0.07
138	REMOV LENS IMPLNT	1	5.6	0.01
1473	MECH VITRECTOMY-ANT APPRCH	1	5.6	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		8,300	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	2,912	35.1	9.64
66821	DISCISSION 2ND CATARACT; LASER S	486	5.9	1.42
66982	EXTRACAP CATARACT REMV W/IOL-CMP	383	4.6	0.64
65760	KERATOMILEUSIS	379	4.6	0.47
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	208	2.5	0.17
67042	67042	151	1.8	0.18
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	134	1.6	0.51
66172	FISTULIZAT SCLERA; TRABECULECT	114	1.4	0.09
65756	65756	112	1.3	0.10
65757	65757	108	1.3	0.07
67335	PLCMT ADJUSTABLE SUTURE-STRABISM	97	1.2	0.08
67108	REPR RETINAL DETACH; W/VITRECTOM	96	1.2	0.11
67840	EXC LES LID NO CLOS/W SMPL DIR C	95	1.1	0.09
67917	REPAIR OF ECTROPION; EXTENSIVE	95	1.1	0.36
67311	STRABISMUS SURG; 1 HORIZONTAL MU	93	1.1	0.20
67036	VITRECTOMY MECH PARS PLANA APPRC	87	1.0	0.12
67113	67113	86	1.0	0.08
65855	TRABECULOPLSTY-LASER-1/MORE SESS	84	1.0	0.16
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	78	0.9	0.21
65730	KERATOPLSTY; PENETRAT NOT APHAKI	77	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, 2011**  
**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 CHR	AVE TOT CHR(ALL FASCs )
ICD-9 Procedures		10	\$3,395	\$2,152
1171	KERATOMILEUSIS	8	\$2,162	\$2,162
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	1	\$11,723	\$2,495
1473	MECH VITRECTOMY-ANT APPRCH	1	\$4,935	\$4,152

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
CPT-4 Procedures		6,175	\$3,781	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	2,749	\$4,350	\$2,925
66821	DISCISSION 2ND CATARACT; LASER S	480	\$723	\$880
65760	KERATOMILEUSIS	379	\$2,040	\$1,965
66982	EXTRACAP CATARACT REMV W/IOL-CMP	335	\$5,583	\$3,933
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	180	\$902	\$969
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	115	\$6,179	\$3,604
67042	67042	97	\$6,919	\$5,179
67840	EXC LES LID NO CLOS/W SMPL DIR C	88	\$866	\$899
65855	TRABECULOPLSTY-LASER-1/MORE SESS	84	\$546	\$723
67108	REPR RETINAL DETACH; W/VITRECTOM	82	\$8,535	\$6,193
66172	FISTULIZAT SCLERA; TRABECULECT	71	\$5,088	\$4,904
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	69	\$3,621	\$2,651
66999	UNLISTED PROC ANTERIOR SEGMENT E	62	\$3,845	\$1,883
65730	KERATOPLSTY; PENETRAT NOT APHAKI	57	\$11,197	\$8,370
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	57	\$992	\$899
67113	67113	56	\$9,175	\$6,949
67800	EXCISION OF CHALAZION; SINGLE	55	\$397	\$460
67210	DESTRCT LES RETINA; PHOTOCOAGULA	53	\$798	\$858
66250	REVIS OPERATIVE WOUND ANT SEGMT	52	\$2,895	\$2,549
67041	67041	50	\$6,679	\$3,937

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	49	2,645
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	898
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1	24,199
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	588
04 RESPIRATORY PROCEDURES	10	4,930
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	10	3,931
11 NEUROLOGIC SYSTEM PROCEDURES	1	8,540
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	5,036
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	7,997	29,855
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	26	225
232 LASER EYE PROCEDURES	984	3,027
233 CATARACT PROCEDURES	3,423	16,165
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	677	2,308
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	279	703
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	470	675
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	119	916
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	601	1,193
239 STRABISMUS AND MUSCLE EYE PROCEDURES	390	756
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	412	1,066
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	616	2,821
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	51	17,532
252 LEVEL I FACIAL AND ENT PROCEDURES	1	10,552
253 LEVEL II FACIAL AND ENT PROCEDURES	23	620
254 LEVEL III FACIAL AND ENT PROCEDURES	6	1,999
255 LEVEL IV FACIAL AND ENT PROCEDURES	21	577

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	41	\$2,203	\$1,639
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	41	\$2,203	\$1,204
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$4,665	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$4,665	\$1,960
04	RESPIRATORY PROCEDURES	1	\$3,481	\$1,467
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,481	\$2,079
11	NEUROLOGIC SYSTEM PROCEDURES	1	\$11,723	\$1,636
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$11,723	\$962
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	6,058	\$3,802	\$2,708
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	17	\$798	\$388
	232 LASER EYE PROCEDURES	928	\$811	\$886
	233 CATARACT PROCEDURES	3,145	\$4,494	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	578	\$2,621	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	125	\$3,331	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	211	\$7,049	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	39	\$1,824	\$852
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	371	\$7,165	\$4,913
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	41	\$4,802	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	322	\$875	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	281	\$5,366	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	\$8,316	\$2,001
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$7,160	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	6	\$8,509	\$2,904

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



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

416 UHC Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,479	49.3	60,235	53.3
Male	3,583	50.7	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	2	0.0	694	0.6
1-4 years	41	0.6	4,826	4.3
5-9	48	0.7	2,284	2.0
10-14	61	0.9	1,379	1.2
15-17	43	0.6	1,548	1.4
18-19	35	0.5	1,314	1.2
20-24	127	1.8	3,658	3.2
25-29	203	2.9	3,719	3.3
30-34	223	3.2	4,323	3.8
35-39	198	2.8	4,350	3.8
40-44	205	2.9	4,618	4.1
45-49	253	3.6	5,768	5.1
50-54	379	5.4	12,040	10.6
55-59	593	8.4	10,423	9.2
60-64	926	13.1	10,920	9.7
65-69	925	13.1	12,396	11.0
70-74	913	12.9	10,909	9.6
75-79	760	10.8	8,797	7.8
80-84	657	9.3	5,835	5.2
85-89	358	5.1	2,400	2.1
90 +	112	1.6	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	5,643	79.9	86,987	76.9
Clinic Referral	1,327	18.8	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	2	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	1	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	89	1.3	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

416 UHC Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	6,954	98.5	105,539	93.3
Another Hospital	45	0.6	87	0.1
Skilled Nursing Facility	4	0.1	4	0.0
Intermediate Care Facility	4	0.1	4	0.0
Another Type of Institution	28	0.4	31	0.0
Under Care of Home Service	3	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	16	0.2	7,389	6.5
Not Reported	8	0.1	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	3,050	43.2	36,503	32.3
Medicaid	338	4.8	7,769	6.9
Other government	837	11.9	4,318	3.8
Blue Cross/Blue Shield	796	11.3	21,533	19.0
Other Commercial	307	4.3	7,538	6.7
Managed Care(HMO, PPO)	1,081	15.3	30,290	26.8
Self Pay	573	8.1	1,634	1.4
Industrial & Worker Comp	31	0.4	1,560	1.4
Charity and Unclassified	1	0.0	151	0.1
Childrens Health Insurance	1	0.0	58	0.1
Unknown	5	0.1	171	0.2
Not Reported	42	0.6	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	176	2.5	4,706	4.2
Central Utah	57	0.8	1,480	1.3
Davis County	615	8.7	16,394	14.5
Salt Lake County	4,039	57.2	37,661	33.3
Southeastern Utah	61	0.9	1,013	0.9
Southwest Utah	138	2.0	11,458	10.1
Summit County	198	2.8	1,614	1.4
Tooele County	130	1.8	2,088	1.8
Tri-County	62	0.9	494	0.4
Utah County	327	4.6	15,087	13.3
Wasatch County	46	0.7	501	0.4
Weber County	237	3.4	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	973	13.8	5,949	5.3
Unknown, Not Reported	3	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	46	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	20	43.5	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	1	2.2	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	4	8.7	941	0.6
Female Genital (56405-58999)	20	43.5	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	1	2.2	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		46	100.0	100.0
58100	ENDOMET BX W/NO ENDOCRV BX-SEP P	7	15.2	0.22
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	6	13.0	0.02
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	5	10.9	0.13
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	4	8.7	0.03
26720	CLOS TX PHALANGEAL FX; W/O MANIP	3	6.5	0.01
54150	CIRC USING CLAMP/OTH DEVICE; NB	3	6.5	0.13
23500	CLOS TX CLAVICULAR FX; W/O MANIP	2	4.3	0.01
27786	CLOS TX DIST FIBR FX; W/O MANIP	2	4.3	0.01
28010	TENOTOMY PERCUT TOE; SINGLE TEND	2	4.3	0.01
56405	I&D OF VULVA OR PERINEAL ABSCESS	2	4.3	0.01
26750	CLOS TX DIST PHALANG FX; W/O MAN	1	2.2	0.00
28011	TENOTOMY PERCUT TOE; MX TENDONS	1	2.2	0.00
28285	CORRECTION HAMMERTO	1	2.2	0.50
28470	CLOS TX MT FX; W/O MANIPULATION	1	2.2	0.01
28490	CLOS TX FX GT TOE PHALANK; WO MA	1	2.2	0.01
46320	ENUCLEATION EXT THROMBOTIC HEMOR	1	2.2	0.02
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	2.2	0.02
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	1	2.2	0.02
57500	BX SINGLE/MX/LOC EXC LES W/O FU	1	2.2	0.02
67820	CORRECT TRICHIASIS; EPILAT-FORCE	1	2.2	0.08

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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				
58100	ENDOMET BX W/NO ENDOCRV BX-SEP P	44	\$502	\$2,172
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	7	\$470	\$352
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	6	\$371	\$346
57455	COLPSCPY CERV W/UP VAG; W/BX C	5	\$728	\$665
26720	CLOS TX PHALANGEAL FX; W/O MANIP	4	\$586	\$477
54150	CIRC USING CLAMP/OTH DEVICE; NB	3	\$348	\$303
23500	CLOS TX CLAVICULAR FX; W/O MANIP	3	\$136	\$169
27786	CLOS TX DIST FIBR FX; W/O MANIP	2	\$311	\$324
56405	I&D OF VULVA OR PERINEAL ABSCESS	2	\$383	\$409
26750	CLOS TX DIST PHALANG FX; W/O MAN	2	\$363	\$591
28010	TENOTOMY PERCUT TOE; SINGLE TEND	1	\$340	\$370
28011	TENOTOMY PERCUT TOE; MX TENDONS	1	\$1,462	\$1,423
28470	CLOS TX MT FX; W/O MANIPULATION	1	\$1,470	\$4,883
28490	CLOS TX FX GT TOE PHALANX; WO MA	1	\$338	\$303
46320	ENUCLEATION EXT THROMBOTIC HEMOR	1	\$260	\$242
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	\$874	\$1,131
57452	COLPSCPY CERV INCL UP/ADJ VAGI	1	\$118	\$192
57500	BX SINGLE/MX/LOC EXC LES W/O FU	1	\$1,448	\$469
67820	CORRECT TRICHIASIS; EPILAT-FORCE	1	\$568	\$617
			\$160	\$251

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	4	2,645
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	34
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	63
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	57
03	MUSCULOSKELETAL SYSTEM PROCEDURES	20	24,199
	035 LEVEL I FOOT PROCEDURES	1	2,503
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	224
	048 HAND AND FOOT TENOTOMY	3	118
07	GASTROINTESTINAL SYSTEM PROCEDURES	1	59,492
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	199
09	MALE REPRODUCTIVE SYSTEM	3	694
	181 CIRCUMCISION	3	307
10	FEMALE REPRODUCTIVE SYSTEM	10	1,233
	201 COLPOSCOPY	10	377
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	29,855
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,066

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHRG	AVE TOT CHRG(ALL FASCs )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	4	\$353	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$568	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$363	\$756
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$118	\$401
03	MUSCULOSKELETAL SYSTEM PROCEDURES	18	\$474	\$3,314
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	\$346	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$368	\$878
	048 HAND AND FOOT TENOTOMY	2	\$1,466	\$2,685
07	GASTROINTESTINAL SYSTEM PROCEDURES	1	\$874	\$1,589
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$874	\$1,228
09	MALE REPRODUCTIVE SYSTEM	3	\$136	\$1,608
	181 CIRCUMCISION	3	\$136	\$849
10	FEMALE REPRODUCTIVE SYSTEM	10	\$743	\$2,046
	201 COLPOSCOPY	10	\$743	\$701
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$160	\$2,708
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$160	\$1,073

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, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

505 UHC Parkway Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	32	71.1	60,235	53.3
Male	13	28.9	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	3	6.7	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	2	4.4	2,284	2.0
10-14	2	4.4	1,379	1.2
15-17	1	2.2	1,548	1.4
18-19	1	2.2	1,314	1.2
20-24	5	11.1	3,658	3.2
25-29	2	4.4	3,719	3.3
30-34	4	8.9	4,323	3.8
35-39	4	8.9	4,350	3.8
40-44	3	6.7	4,618	4.1
45-49	4	8.9	5,768	5.1
50-54	4	8.9	12,040	10.6
55-59	1	2.2	10,423	9.2
60-64	2	4.4	10,920	9.7
65-69	1	2.2	12,396	11.0
70-74	4	8.9	10,909	9.6
75-79	1	2.2	8,797	7.8
80-84	0	0.0	5,835	5.2
85-89	0	0.0	2,400	2.1
90 +	1	2.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	40	88.9	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	5	11.1	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

505 UHC Parkway Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	45	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	8	17.8	36,503	32.3
Medicaid	13	28.9	7,769	6.9
Other government	0	0.0	4,318	3.8
Blue Cross/Blue Shield	2	4.4	21,533	19.0
Other Commercial	1	2.2	7,538	6.7
Managed Care(HMO, PPO)	21	46.7	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	4,706	4.2
Central Utah	1	2.2	1,480	1.3
Davis County	0	0.0	16,394	14.5
Salt Lake County	0	0.0	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	0	0.0	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	1	2.2	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	42	93.3	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	0	0.0	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	0	0.0	5,949	5.3
Unknown, Not Reported	1	2.2	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	970	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	19	2.0	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	5	0.5	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	888	91.5	67,037	43.4
Urinary (50010-53899)	8	0.8	2,312	1.5
Male Genital (54000-55899)	12	1.2	941	0.6
Female Genital (56405-58999)	33	3.4	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	1	0.1	30,244	19.6
Ear (69000-69979)	4	0.4	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

507 UHC Redstone Health 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	970	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	562	57.9	10.40
45378	COLONOSCOPY FLEX; DX-SEP PROC	122	12.6	8.22
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	121	12.5	8.61
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	46	4.7	2.90
54056	DESTRUC LESION PENIS SIMPLE; CRY	22	2.3	0.35
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	10	1.0	0.02
52000	CYSTOURETHROSCOPY-SEP PROC	9	0.9	0.22
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	8	0.8	0.05
30901	CNTRL NASL HEMORR ANT SMPL ANY M	6	0.6	0.13
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	5	0.5	0.05
28470	CLOS TX MT FX; W/O MANIPULATION	5	0.5	0.01
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	4	0.4	0.01
57500	BX SINGLE/MX/LOC EXC LES W/WO FU	4	0.4	0.07
27786	CLOS TX DIST FIBR FX; W/O MANIP	4	0.4	0.02
69100	BIOPSY EXTERNAL EAR	3	0.3	0.01
26750	CLOS TX DIST PHALANG FX; W/O MAN	3	0.3	0.01
28490	CLOS TX FX GT TOE PHALANX; WO MA	2	0.2	0.00
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	0.2	0.01
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	0.2	0.02
		2	0.2	1.47

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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	827	\$1,377	\$2,172
45378	COLONOSCOPY FLEX; DX-SEP PROC	511	\$1,588	\$1,366
43239	UGI ENDO; W/BX 1/MX	118	\$1,137	\$1,479
54056	DESTRUC LESION PENIS SIMPLE; CRY	111	\$1,334	\$1,534
52000	CYSTOURETHROSCOPY-SEP PROC	9	\$201	\$192
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	8	\$645	\$1,200
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	7	\$258	\$352
30901	CNTRL NASL HEMORR ANT SMPL ANY M	6	\$640	\$665
28470	CLOS TX MT FX; W/O MANIPULATION	5	\$233	\$616
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	4	\$332	\$303
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	4	\$467	\$446
27786	CLOS TX DIST FIBR FX; W/O MANIP	4	\$593	\$617
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	\$344	\$409
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	3	\$718	\$985
69100	BIOPSY EXTERNAL EAR	3	\$1,822	\$1,485
26750	CLOS TX DIST PHALANG FX; W/O MAN	3	\$1,109	\$733
28490	CLOS TX FX GT TOE PHALANX; WO MA	2	\$450	\$370
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	\$281	\$242
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	2	\$268	\$346
54050	DESTRUC LESION PENIS SIMPLE; CHE	2	\$932	\$1,377
			\$333	\$277

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	28	2,645
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	34
003 LEVEL I SKIN INCISION AND DRAINAGE	1	63
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	12	57
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	898
03 MUSCULOSKELETAL SYSTEM PROCEDURES	18	24,199
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	154
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	224
07 GASTROINTESTINAL SYSTEM PROCEDURES	885	59,492
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	112
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	184
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	125	15,034
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	684	29,841
137 THERAPEUTIC COLONOSCOPY	68	5,824
08 GENITOURINARY SYSTEM PROCEDURES	8	2,445
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	8	757
10 FEMALE REPRODUCTIVE SYSTEM	11	1,233
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	185
201 COLPOSCOPY	10	377
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1	29,855
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,066

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	25	\$453	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$593	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$343	\$756
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	11	\$225	\$401
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$682	\$1,204
03	MUSCULOSKELETAL SYSTEM PROCEDURES	18	\$330	\$3,314
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	\$353	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	\$307	\$878
07	GASTROINTESTINAL SYSTEM PROCEDURES	750	\$1,474	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$718	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,122	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	114	\$1,322	\$1,507
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	629	\$1,504	\$1,422
	137 THERAPEUTIC COLONOSCOPY	3	\$1,822	\$1,579
08	GENITOURINARY SYSTEM PROCEDURES	8	\$645	\$5,668
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	8	\$645	\$2,332
10	FEMALE REPRODUCTIVE SYSTEM	11	\$667	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$1,394	\$1,649
	201 COLPOSCOPY	10	\$595	\$701
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$511	\$2,708
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$511	\$1,073

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, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

507 UHC Redstone Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	452	50.9	60,235	53.3
Male	436	49.1	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	3	0.3	1,379	1.2
15-17	1	0.1	1,548	1.4
18-19	3	0.3	1,314	1.2
20-24	9	1.0	3,658	3.2
25-29	14	1.6	3,719	3.3
30-34	9	1.0	4,323	3.8
35-39	11	1.2	4,350	3.8
40-44	43	4.8	4,618	4.1
45-49	52	5.9	5,768	5.1
50-54	224	25.2	12,040	10.6
55-59	139	15.7	10,423	9.2
60-64	153	17.2	10,920	9.7
65-69	120	13.5	12,396	11.0
70-74	57	6.4	10,909	9.6
75-79	36	4.1	8,797	7.8
80-84	13	1.5	5,835	5.2
85-89	1	0.1	2,400	2.1
90 +	0	0.0	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	828	93.2	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	60	6.8	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

507 UHC Redstone Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	888	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	229	25.8	36,503	32.3
Medicaid	7	0.8	7,769	6.9
Other government	13	1.5	4,318	3.8
Blue Cross/Blue Shield	298	33.6	21,533	19.0
Other Commercial	62	7.0	7,538	6.7
Managed Care(HMO, PPO)	271	30.5	30,290	26.8
Self Pay	8	0.9	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.1	4,706	4.2
Central Utah	1	0.1	1,480	1.3
Davis County	1	0.1	16,394	14.5
Salt Lake County	42	4.7	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	0	0.0	11,458	10.1
Summit County	702	79.1	1,614	1.4
Tooele County	0	0.0	2,088	1.8
Tri-County	1	0.1	494	0.4
Utah County	2	0.2	15,087	13.3
Wasatch County	82	9.2	501	0.4
Weber County	1	0.1	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	51	5.7	5,949	5.3
Unknown, Not Reported	4	0.5	32	0.0

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



**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	4,936	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	78	1.6	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	14	0.3	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	4,387	88.9	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	53	1.1	941	0.6
Female Genital (56405-58999)	324	6.6	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	78	1.6	30,244	19.6
Ear (69000-69979)	1	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

506 UHC Redwood Health 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	4,936	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,710	34.6	10.40
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,016	20.6	8.22
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	914	18.5	8.61
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	286	5.8	2.90
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	205	4.2	1.47
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	131	2.7	0.22
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	74	1.5	0.13
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	72	1.5	0.35
54150	CIRC USING CLAMP/OTH DEVICE; NB	45	0.9	1.44
66821	DISCISSION 2ND CATARACT; LASER S	42	0.9	0.13
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	27	0.5	1.42
67820	CORRECT TRICHIASIS; EPILAT-FORCE	21	0.4	0.09
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	21	0.4	0.08
43244	UGI ENDO; W/BAND LIG VARICES	19	0.4	0.03
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	18	0.4	0.05
57500	BX SINGLE/MX/LOC EXC LES W/WO FU	15	0.3	0.17
44386	ENDO EVAL SM INTST POUCH; W/BX 1	14	0.3	0.02
24640	CLOS TX RADIAL HEAD SUBLUX CHLD	12	0.2	0.02
43200	ESOPHAGOSCOPY; DX-SEP PROC	11	0.2	0.01
		11	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, 2011  
 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 )
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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	3,862	\$1,243	\$2,172
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,376	\$1,555	\$1,366
43239	UGI ENDO; W/BX 1/MX	854	\$1,120	\$1,479
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	809	\$1,344	\$1,534
58100	ENDOMET BX W/NO ENDOCRV BX-SEP P	167	\$969	\$1,377
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	122	\$356	\$352
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	70	\$702	\$665
54150	CIRC USING CLAMP/OTH DEVICE; NB	57	\$1,591	\$1,485
66821	DISCISSION 2ND CATARACT; LASER S	42	\$150	\$169
67820	CORRECT TRICHIASIS; EPILAT-FORCE	27	\$723	\$880
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	21	\$264	\$251
43244	UGI ENDO; W/BAND LIG VARICES	18	\$1,310	\$1,294
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	17	\$1,710	\$1,560
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	15	\$793	\$969
57500	BX SINGLE/MX/LOC EXC LES W/NO FU	14	\$1,214	\$859
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	13	\$654	\$617
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	11	\$321	\$297
43200	ESOPHAGOSCOPY; DX-SEP PROC	11	\$1,571	\$1,775
54056	DESTRUC LESION PENIS SIMPLE; CRY	10	\$927	\$1,089
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	10	\$185	\$192
		10	\$219	\$241

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

506 UHC Redwood Health Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	48	2,645
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	14	34
	003 LEVEL I SKIN INCISION AND DRAINAGE	11	63
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	12	57
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	898
	013 LEVEL II SKIN REPAIR	1	67
03	MUSCULOSKELETAL SYSTEM PROCEDURES	76	24,199
	035 LEVEL I FOOT PROCEDURES	3	2,503
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	53	224
	048 HAND AND FOOT TENOTOMY	3	118
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,379	59,492
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	7	1,601
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	23	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,236	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	82	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,651	29,841
	137 THERAPEUTIC COLONOSCOPY	370	5,824
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	199
09	MALE REPRODUCTIVE SYSTEM	42	694
	181 CIRCUMCISION	42	307
10	FEMALE REPRODUCTIVE SYSTEM	146	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	15	185
	200 HYSTEROSCOPY	5	375
	201 COLPOSCOPY	126	377
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	74	29,855
	232 LASER EYE PROCEDURES	49	3,027
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	916
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	24	1,066

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHR	AVE TOT CHR(ALL FASCs )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	45	\$520	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	\$654	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	11	\$399	\$756
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	12	\$243	\$401
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$654	\$1,204
	013 LEVEL II SKIN REPAIR	1	\$2,365	\$1,818
03	MUSCULOSKELETAL SYSTEM PROCEDURES	76	\$394	\$3,314
	035 LEVEL I FOOT PROCEDURES	3	\$1,410	\$2,349
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	\$223	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	53	\$334	\$878
	048 HAND AND FOOT TENOTOMY	3	\$1,411	\$2,685
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,345	\$1,359	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$717	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	\$1,233	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	989	\$1,276	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	31	\$1,621	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,239	\$1,387	\$1,422
	137 THERAPEUTIC COLONOSCOPY	61	\$1,629	\$1,579
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$927	\$1,228
09	MALE REPRODUCTIVE SYSTEM	42	\$150	\$1,608
	181 CIRCUMCISION	42	\$150	\$849
10	FEMALE REPRODUCTIVE SYSTEM	126	\$799	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$952	\$1,649
	200 HYSTEROSCOPY	5	\$1,916	\$3,408
	201 COLPOSCOPY	115	\$742	\$701
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	74	\$606	\$2,708
	232 LASER EYE PROCEDURES	49	\$736	\$886
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$1,460	\$852
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	24	\$306	\$1,073

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, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

506 UHC Redwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,538	58.1	60,235	53.3
Male	1,827	41.9	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	30	0.7	167	0.1
29-365 days	14	0.3	694	0.6
1-4 years	16	0.4	4,826	4.3
5-9	9	0.2	2,284	2.0
10-14	13	0.3	1,379	1.2
15-17	15	0.3	1,548	1.4
18-19	17	0.4	1,314	1.2
20-24	139	3.2	3,658	3.2
25-29	170	3.9	3,719	3.3
30-34	195	4.5	4,323	3.8
35-39	197	4.5	4,350	3.8
40-44	250	5.7	4,618	4.1
45-49	328	7.5	5,768	5.1
50-54	862	19.7	12,040	10.6
55-59	614	14.1	10,423	9.2
60-64	531	12.2	10,920	9.7
65-69	382	8.8	12,396	11.0
70-74	262	6.0	10,909	9.6
75-79	180	4.1	8,797	7.8
80-84	113	2.6	5,835	5.2
85-89	23	0.5	2,400	2.1
90 +	5	0.1	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	4,049	92.8	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	316	7.2	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

506 UHC Redwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,365	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,077	24.7	36,503	32.3
Medicaid	677	15.5	7,769	6.9
Other government	59	1.4	4,318	3.8
Blue Cross/Blue Shield	1,005	23.0	21,533	19.0
Other Commercial	197	4.5	7,538	6.7
Managed Care(HMO, PPO)	1,301	29.8	30,290	26.8
Self Pay	40	0.9	1,634	1.4
Industrial & Worker Comp	3	0.1	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	4	0.1	171	0.2
Not Reported	2	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	11	0.3	4,706	4.2
Central Utah	10	0.2	1,480	1.3
Davis County	166	3.8	16,394	14.5
Salt Lake County	3,413	78.2	37,661	33.3
Southeastern Utah	8	0.2	1,013	0.9
Southwest Utah	5	0.1	11,458	10.1
Summit County	88	2.0	1,614	1.4
Tooele County	365	8.4	2,088	1.8
Tri-County	12	0.3	494	0.4
Utah County	99	2.3	15,087	13.3
Wasatch County	14	0.3	501	0.4
Weber County	43	1.0	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	128	2.9	5,949	5.3
Unknown, Not Reported	3	0.1	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	7	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	6	85.7	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	0	0.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	1	14.3	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

508 UHC South Jordan Health 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				
27780	CLOS TX PROX FIB/SHAFT FX; WO MA	7	100.0	100.0
25600	CLOS TX DIST RADIAL FX; W/O MANI	2	28.6	0.00
26720	CLOS TX PHALANGEAL FX; W/O MANIP	1	14.3	0.02
27200	CLOSED TREATMENT COCCYGEAL FRACT	1	14.3	0.01
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	1	14.3	0.00
54150	CIRC USING CLAMP/OTH DEVICE; NB	1	14.3	0.02
		1	14.3	0.13

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

**AMB ST 1-3**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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				
27780	CLOS TX PROX FIB/SHAFT FX; WO MA	7	\$339	\$2,172
25600	CLOS TX DIST RADIAL FX; W/O MANI	2	\$491	\$455
26720	CLOS TX PHALANGEAL FX; W/O MANIP	1	\$361	\$445
27200	CLOSED TREATMENT COCCYGEAL FRACT	1	\$313	\$303
28510	CLOSED TREATMENT COCCYGEAL FRACT	1	\$323	\$323
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	1	\$260	\$346
54150	CIRC USING CLAMP/OTH DEVICE; NB	1	\$136	\$169

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	6	24,199
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	224
09	MALE REPRODUCTIVE SYSTEM	1	694
	181 CIRCUMCISION	1	307

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
03	MUSCULOSKELETAL SYSTEM PROCEDURES	6	\$373	\$3,314
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$299	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$448	\$878
09	MALE REPRODUCTIVE SYSTEM	1	\$136	\$1,608
	181 CIRCUMCISION	1	\$136	\$849

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

508 UHC South Jordan Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3	42.9	60,235	53.3
Male	4	57.1	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	1	14.3	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	0	0.0	2,284	2.0
10-14	1	14.3	1,379	1.2
15-17	0	0.0	1,548	1.4
18-19	0	0.0	1,314	1.2
20-24	0	0.0	3,658	3.2
25-29	1	14.3	3,719	3.3
30-34	0	0.0	4,323	3.8
35-39	0	0.0	4,350	3.8
40-44	1	14.3	4,618	4.1
45-49	0	0.0	5,768	5.1
50-54	0	0.0	12,040	10.6
55-59	0	0.0	10,423	9.2
60-64	0	0.0	10,920	9.7
65-69	0	0.0	12,396	11.0
70-74	3	42.9	10,909	9.6
75-79	0	0.0	8,797	7.8
80-84	0	0.0	5,835	5.2
85-89	0	0.0	2,400	2.1
90 +	0	0.0	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	7	100.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

508 UHC South Jordan Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	7	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	2	28.6	36,503	32.3
Medicaid	0	0.0	7,769	6.9
Other government	0	0.0	4,318	3.8
Blue Cross/Blue Shield	1	14.3	21,533	19.0
Other Commercial	1	14.3	7,538	6.7
Managed Care(HMO, PPO)	3	42.9	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	4,706	4.2
Central Utah	0	0.0	1,480	1.3
Davis County	0	0.0	16,394	14.5
Salt Lake County	7	100.0	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	0	0.0	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	0	0.0	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	0	0.0	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	0	0.0	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	0	0.0	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	69	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	21	30.4	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	8	11.6	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	21	30.4	941	0.6
Female Genital (56405-58999)	2	2.9	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	14	20.3	30,244	19.6
Ear (69000-69979)	3	4.3	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

509 UHC Stansbury Health 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				
54150	CIRC USING CLAMP/OTH DEVICE; NB	69	100.0	100.0
67820	CORRECT TRICHIASIS; EPILAT-FORCE	15	21.7	0.13
25560	CLOS TX RADIAL & ULNA FX; W/O MA	8	11.6	0.08
25600	CLOS TX DIST RADIAL FX; W/O MANI	6	8.7	0.01
46083	INCISION THROMBOSED HEMORRHOID E	5	7.2	0.02
26600	CLOS TX MC FX 1; W/O MANIP EA BN	4	5.8	0.01
54050	DESTRUC LESION PENIS SIMPLE; CHE	3	4.3	0.01
54056	DESTRUC LESION PENIS SIMPLE; CRY	3	4.3	0.00
69100	BIOPSY EXTERNAL EAR	3	4.3	0.02
46600	ANSCPY; DX W/O CLCT SPEC BRSH/W	3	4.3	0.01
67810	BIOPSY OF EYELID	2	2.9	0.01
21800	CLOS TX RIB FRACTURE UNCOMP EA	2	2.9	0.03
23500	CLOS TX CLAVICULAR FX; W/O MANIP	1	1.4	0.00
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	1	1.4	0.01
27750	CLOS TX TIBL SHAFT FX; W/O MANIP	1	1.4	0.00
27786	CLOS TX DIST FIBR FX; W/O MANIP	1	1.4	0.01
28490	CLOS TX FX GT TOE PHALANX; WO MA	1	1.4	0.01
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	1	1.4	0.02
40808	BIOPSY VESTIBULE OF MOUTH	1	1.4	0.00
41010	INCISION OF LINGUAL FRENUM	1	1.4	0.00

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



**AMB ST 1-3**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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		63	\$273	\$2,172
54150	CIRC USING CLAMP/OTH DEVICE; NB	15	\$149	\$169
67820	CORRECT TRICHIASIS; EPILAT-FORCE	8	\$235	\$251
25560	CLOS TX RADIAL & ULNA FX; W/O MA	6	\$262	\$273
25600	CLOS TX DIST RADIAL FX; W/O MANI	5	\$314	\$445
46083	INCISION THROMBOSED HEMORRHOID E	4	\$346	\$362
26600	CLOS TX MC FX 1; W/O MANIP EA BN	3	\$377	\$346
54050	DESTRUC LESION PENIS SIMPLE; CHE	3	\$97	\$277
54056	DESTRUC LESION PENIS SIMPLE; CRY	3	\$304	\$192
46600	ANSCPY; DX W/O CLCT SPEC BRSH/W	2	\$131	\$194
69100	BIOPSY EXTERNAL EAR	2	\$535	\$733
21800	CLOS TX RIB FRACTURE UNCOMP EA	1	\$375	\$288
23500	CLOS TX CLAVICULAR FX; W/O MANIP	1	\$314	\$324
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	1	\$238	\$297
27750	CLOS TX TIBL SHAFT FX; W/O MANIP	1	\$492	\$492
27786	CLOS TX DIST FIBR FX; W/O MANIP	1	\$378	\$409
28490	CLOS TX FX GT TOE PHALANK; WO MA	1	\$147	\$242
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	1	\$468	\$346
40808	BIOPSY VESTIBULE OF MOUTH	1	\$678	\$505
41010	INCISION OF LINGUAL FRENUM	1	\$574	\$1,480
56420	I&D OF BARTHOLINS GLAND ABSCESS	1	\$169	\$256

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	16	2,645
003 LEVEL I SKIN INCISION AND DRAINAGE	5	63
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	6	57
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	898
03 MUSCULOSKELETAL SYSTEM PROCEDURES	21	24,199
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	154
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	224
09 MALE REPRODUCTIVE SYSTEM	15	694
181 CIRCUMCISION	15	307
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	12	29,855
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	225
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	11	1,066
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	17,532
252 LEVEL I FACIAL AND ENT PROCEDURES	1	10,552

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 CHRG	AVE TOT CHRG(ALL FASCs )
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	15	\$322	\$1,639
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$310	\$756
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	6	\$200	\$401
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$520	\$1,204
03	MUSCULOSKELETAL SYSTEM PROCEDURES	21	\$318	\$3,314
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$326	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	\$317	\$878
09	MALE REPRODUCTIVE SYSTEM	15	\$149	\$1,608
	181 CIRCUMCISION	15	\$149	\$849
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	9	\$290	\$2,708
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$290	\$1,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	\$574	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$574	\$2,038

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

509 UHC Stansbury Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	17	25.8	60,235	53.3
Male	49	74.2	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	13	19.7	167	0.1
29-365 days	3	4.5	694	0.6
1-4 years	1	1.5	4,826	4.3
5-9	4	6.1	2,284	2.0
10-14	7	10.6	1,379	1.2
15-17	1	1.5	1,548	1.4
18-19	1	1.5	1,314	1.2
20-24	3	4.5	3,658	3.2
25-29	4	6.1	3,719	3.3
30-34	4	6.1	4,323	3.8
35-39	1	1.5	4,350	3.8
40-44	2	3.0	4,618	4.1
45-49	2	3.0	5,768	5.1
50-54	6	9.1	12,040	10.6
55-59	2	3.0	10,423	9.2
60-64	2	3.0	10,920	9.7
65-69	0	0.0	12,396	11.0
70-74	3	4.5	10,909	9.6
75-79	2	3.0	8,797	7.8
80-84	3	4.5	5,835	5.2
85-89	2	3.0	2,400	2.1
90 +	0	0.0	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	57	86.4	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	9	13.6	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

509 UHC Stansbury Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	66	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	9	13.6	36,503	32.3
Medicaid	14	21.2	7,769	6.9
Other government	3	4.5	4,318	3.8
Blue Cross/Blue Shield	16	24.2	21,533	19.0
Other Commercial	3	4.5	7,538	6.7
Managed Care(HMO, PPO)	18	27.3	30,290	26.8
Self Pay	3	4.5	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	4,706	4.2
Central Utah	0	0.0	1,480	1.3
Davis County	0	0.0	16,394	14.5
Salt Lake County	1	1.5	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	0	0.0	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	64	97.0	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	0	0.0	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	0	0.0	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	0	0.0	5,949	5.3
Unknown, Not Reported	1	1.5	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	68,087	100.0
Musculoskeletal (76.0-84.99)	.	.	824	1.2
Respiratory (30.0-34.99)	.	.	17,002	25.0
Cardiovascular (35.0-39.99)	.	.	110	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	27	0.0
Digestive System (42.0-54.99)	.	.	124	0.2
Urinary (55.0-59.99)	.	.	18,063	26.5
Male Genital (60.0-64.99)	.	.	986	1.4
Female Genital (65.0-71.99)	.	.	308	0.5
Endocrine/Nervous (01.0-07.99)	.	.	690	1.0
Eye (08.0-16.99)	.	.	4,352	6.4
Ear (18.0-20.99)	.	.	10,507	15.4
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,830	5.6
	.	.	11,264	16.5
<b>Reporting Category(CPT-4 CODES)</b>	<b>273</b>	<b>100.0</b>	<b>154,611</b>	<b>100.0</b>
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	31	11.4	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	4	1.5	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	1	0.4	67,037	43.4
Urinary (50010-53899)	1	0.4	2,312	1.5
Male Genital (54000-55899)	72	26.4	941	0.6
Female Genital (56405-58999)	151	55.3	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	13	4.8	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

510 UHC Westridge Health 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				
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	273	100.0	100.0
54150	CIRC USING CLAMP/OTH DEVICE; NB	58	21.2	0.22
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	56	20.5	0.13
57455	COLPSCPY CERV W/UP VAG; W/BX C	28	10.3	0.13
57455	COLPSCPY CERV W/UP VAG; W/BX C	13	4.8	0.03
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	12	4.4	0.02
56501	DESTRUCTION OF LESION VULVA; SIM	12	4.4	0.02
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	10	3.7	0.03
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	9	3.3	0.03
67820	CORRECT TRICHIASIS; EPILAT-FORCE	9	3.3	0.08
26720	CLOS TX PHALANGEAL FX; W/O MANIP	5	1.8	0.01
57452	COLPSCPY CERV INCL UP/ADJ VAGI	4	1.5	0.02
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	4	1.5	0.01
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	4	1.5	0.02
23500	CLOS TX CLAVICULAR FX; W/O MANIP	3	1.1	0.01
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	3	1.1	0.01
26600	CLOS TX MC FX 1; W/O MANIP EA BN	3	1.1	0.01
28470	CLOS TX MT FX; W/O MANIPULATION	3	1.1	0.01
30300	REMOVAL FB INTRANASL; OFC TYPE P	3	1.1	0.01
54056	DESTRUC LESION PENIS SIMPLE; CRY	3	1.1	0.02
25500	CLOS TX RADIAL SHAFT FX; W/O MAN	2	0.7	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, 2011  
 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		257	\$453	\$2,172
54150	CIRC USING CLAMP/OTH DEVICE; NB	56	\$149	\$169
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	56	\$370	\$352
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	27	\$663	\$665
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	12	\$712	\$944
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	12	\$502	\$477
56501	DESTRUCTION OF LESION VULVA; SIM	10	\$1,425	\$1,348
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	10	\$1,286	\$1,294
67820	CORRECT TRICHIASIS; EPILAT-FORCE	9	\$228	\$251
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	8	\$224	\$241
26720	CLOS TX PHALANGEAL FX; W/O MANIP	5	\$342	\$303
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	4	\$300	\$469
57500	BX SINGLE/MX/LOC EXC LES W/WO FU	4	\$639	\$617
23500	CLOS TX CLAVICULAR FX; W/O MANIP	3	\$451	\$324
24640	CLOS TX RADIAL HEAD SUBLUX CHILD	3	\$164	\$297
26600	CLOS TX MC FX 1; W/O MANIP EA BN	3	\$386	\$346
28470	CLOS TX MT FX; W/O MANIPULATION	3	\$387	\$303
30300	REMOVAL FB INTRANASL; OFC TYPE P	3	\$168	\$152
54056	DESTRUC LESION PENIS SIMPLE; CRY	3	\$122	\$192
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	3	\$413	\$459
25500	CLOS TX RADIAL SHAFT FX; W/O MAN	2	\$349	\$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, 2011**  
**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	11	2,645
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	34
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	63
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	57
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	898
03	MUSCULOSKELETAL SYSTEM PROCEDURES	30	24,199
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	154
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	224
09	MALE REPRODUCTIVE SYSTEM	69	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	321
	181 CIRCUMCISION	56	307
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	1
10	FEMALE REPRODUCTIVE SYSTEM	75	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	185
	201 COLPOSCOPY	59	377
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	13	29,855
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	225
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	1,066
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	10,552

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	9	\$403	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$639	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$355	\$756
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	\$122	\$401
03	MUSCULOSKELETAL SYSTEM PROCEDURES	30	\$383	\$3,314
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	\$359	\$830
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	\$402	\$878
09	MALE REPRODUCTIVE SYSTEM	69	\$251	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$712	\$2,592
	181 CIRCUMCISION	56	\$149	\$849
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$458	\$458
10	FEMALE REPRODUCTIVE SYSTEM	70	\$820	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	14	\$1,300	\$1,649
	201 COLPOSCOPY	56	\$700	\$701
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	9	\$228	\$2,708
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$228	\$1,073
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2	\$409	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$409	\$2,038

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

510 UHC Westridge Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	173	65.3	60,235	53.3
Male	92	34.7	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	44	16.6	167	0.1
29-365 days	14	5.3	694	0.6
1-4 years	7	2.6	4,826	4.3
5-9	8	3.0	2,284	2.0
10-14	6	2.3	1,379	1.2
15-17	6	2.3	1,548	1.4
18-19	4	1.5	1,314	1.2
20-24	27	10.2	3,658	3.2
25-29	30	11.3	3,719	3.3
30-34	20	7.5	4,323	3.8
35-39	25	9.4	4,350	3.8
40-44	17	6.4	4,618	4.1
45-49	12	4.5	5,768	5.1
50-54	19	7.2	12,040	10.6
55-59	8	3.0	10,423	9.2
60-64	5	1.9	10,920	9.7
65-69	5	1.9	12,396	11.0
70-74	3	1.1	10,909	9.6
75-79	1	0.4	8,797	7.8
80-84	0	0.0	5,835	5.2
85-89	1	0.4	2,400	2.1
90 +	3	1.1	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	252	95.1	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	13	4.9	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

510 UHC Westridge Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	265	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	15	5.7	36,503	32.3
Medicaid	113	42.6	7,769	6.9
Other government	1	0.4	4,318	3.8
Blue Cross/Blue Shield	45	17.0	21,533	19.0
Other Commercial	9	3.4	7,538	6.7
Managed Care(HMO, PPO)	50	18.9	30,290	26.8
Self Pay	24	9.1	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	4	1.5	171	0.2
Not Reported	4	1.5	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	4,706	4.2
Central Utah	0	0.0	1,480	1.3
Davis County	4	1.5	16,394	14.5
Salt Lake County	256	96.6	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	0	0.0	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	2	0.8	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	0	0.0	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	1	0.4	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	2	0.8	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	.	.	68,087	100.0
Mastectomy (85.0-85.99)	.	.	824	1.2
Musculoskeletal (76.0-84.99)	.	.	17,002	25.0
Respiratory (30.0-34.99)	.	.	110	0.2
Cardiovascular (35.0-39.99)	.	.	27	0.0
Lymphatic/Hemetic (40.0-41.99)	.	.	124	0.2
Digestive System (42.0-54.99)	.	.	18,063	26.5
Urinary (55.0-59.99)	.	.	986	1.4
Male Genital (60.0-64.99)	.	.	308	0.5
Female Genital (65.0-71.99)	.	.	690	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,352	6.4
Eye (08.0-16.99)	.	.	10,507	15.4
Ear (18.0-20.99)	.	.	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	11,264	16.5
Reporting Category(CPT-4 CODES)	7,933	100.0	154,611	100.0
Mastectomy (19120-19220)	11	0.1	304	0.2
Musculoskeletal (20000-29909)	1,042	13.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	766	9.7	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	5	0.1	295	0.2
Lymphatic/Hemetic (38100-38999)	8	0.1	198	0.1
Digestive (40490-49999)	2,127	26.8	67,037	43.4
Urinary (50010-53899)	55	0.7	2,312	1.5
Male Genital (54000-55899)	94	1.2	941	0.6
Female Genital (56405-58999)	38	0.5	2,251	1.5
Endocrine/Nervous (60000-64999)	2,516	31.7	8,726	5.6
Eye (65091-68899)	1,039	13.1	30,244	19.6
Ear (69000-69979)	232	2.9	5,045	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

422 Utah Surgical Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,933	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	755	9.5	0.97
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	729	9.2	0.68
66984	EXTRACAPSULAR CATARACT REMV IOL	522	6.6	9.64
45378	COLONOSCOPY FLEX; DX-SEP PROC	497	6.3	8.61
45380	COLONOSCOPY FLEX; W/BX 1/MX	374	4.7	10.40
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	347	4.4	0.60
43239	UGI ENDO; W/BX 1/MX	343	4.3	8.22
69436	TYMPANOSTOMY GENERAL ANESTHESIA	170	2.1	2.73
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	164	2.1	2.90
66821	DISCISSION 2ND CATARACT; LASER S	161	2.0	1.42
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	134	1.7	0.18
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	118	1.5	1.07
42820	T&A; UNDER AGE 12	114	1.4	1.10
64493	64493	107	1.3	0.20
64494	64494	95	1.2	0.14
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	91	1.1	0.75
42821	T&A; AGE 12 OR OVER	88	1.1	0.50
64495	64495	86	1.1	0.10
30140	SUBMUCOS RES TURBINATE PART/CMPL	85	1.1	1.53
47562	LAPAROSCOPY SURGICAL; CHOLECT	83	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, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

422 Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
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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		3,335	\$896	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	520	\$1,078	\$2,925
45378	COLONOSCOPY FLEX; DX-SEP PROC	416	\$698	\$1,479
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	328	\$428	\$1,040
45380	COLONOSCOPY FLEX; W/BX 1/MX	242	\$565	\$1,366
66821	DISCISSION 2ND CATARACT; LASER S	137	\$316	\$880
43239	UGI ENDO; W/BX 1/MX	132	\$545	\$1,534
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	130	\$432	\$1,025
42820	T&A; UNDER AGE 12	94	\$819	\$1,789
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	81	\$618	\$1,485
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	80	\$398	\$873
42821	T&A; AGE 12 OR OVER	76	\$1,050	\$1,756
47562	LAPAROSCOPY SURGICAL; CHOLECT	74	\$1,738	\$3,775
67041	67041	59	\$1,552	\$3,937
29881	SCOPE KNEE SURG;W/MENISCECT MED/	44	\$1,874	\$3,394
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	44	\$440	\$1,377
49505	REPR INIT ING HERNIA 5YR/MORE; R	38	\$1,400	\$2,464
29848	ENDO WRST SURG REL TRNS CARP LIG	32	\$1,815	\$2,929
67042	67042	32	\$1,454	\$5,179
20926	TISSUE GRAFTS OTHER	29	\$1,985	\$2,244
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	27	\$1,138	\$1,478

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

422 Utah Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	125	2,645
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	34
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	63
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	30
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	57
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	898
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	43	1,362
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4
	013 LEVEL II SKIN REPAIR	26	67
	014 LEVEL III SKIN REPAIR	32	98
02	BREAST PROCEDURES	9	274
	020 LEVEL I BREAST PROCEDURES	9	271
03	MUSCULOSKELETAL SYSTEM PROCEDURES	797	24,199
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	588
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	62	1,731
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	835
	033 LEVEL I HAND PROCEDURES	71	1,637
	034 LEVEL II HAND PROCEDURES	13	429
	035 LEVEL I FOOT PROCEDURES	66	2,503
	036 LEVEL II FOOT PROCEDURES	5	552
	037 LEVEL I ARTHROSCOPY	296	9,939
	038 LEVEL II ARTHROSCOPY	65	2,078
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	154
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	30	1,386
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	205
	045 BUNION PROCEDURES	39	892
	046 LEVEL I ARTHROPLASTY	5	253
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	92	645
04	RESPIRATORY PROCEDURES	324	4,930
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	48
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	42	943
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	279	3,931
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	135
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,817	59,492
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	51	1,601
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	391	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	56	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	813	29,841
	137 THERAPEUTIC COLONOSCOPY	191	5,824
	139 LEVEL I HERNIA REPAIR	127	1,091
	140 LEVEL II HERNIA REPAIR	20	207
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	199
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	273



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

422 Utah Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	145 LEVEL I LAPAROSCOPY	16	164
	146 LEVEL II LAPAROSCOPY	119	806
	147 LEVEL III LAPAROSCOPY	18	799
08	GENITOURINARY SYSTEM PROCEDURES	45	2,445
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	23	916
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	13	757
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	8	561
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	23
09	MALE REPRODUCTIVE SYSTEM	87	694
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	71	321
	181 CIRCUMCISION	7	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	46
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	18
10	FEMALE REPRODUCTIVE SYSTEM	12	1,233
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	185
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	105
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	162
	200 HYSTEROSCOPY	4	375
11	NEUROLOGIC SYSTEM PROCEDURES	2,444	8,540
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	469	1,193
	217 LEVEL I NERVE PROCEDURES	38	2,004
	218 LEVEL II NERVE PROCEDURES	11	75
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,910	5,036
	221 LAMINOTOMY AND LAMINECTOMY	3	154
	223 LEVEL III NERVE PROCEDURES	13	56
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	995	29,855
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	225
	232 LASER EYE PROCEDURES	162	3,027
	233 CATARACT PROCEDURES	520	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	17	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	675
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	916
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	191	1,193
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	11	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	86	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	826	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	322	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	49	620
	254 LEVEL III FACIAL AND ENT PROCEDURES	143	1,999
	255 LEVEL IV FACIAL AND ENT PROCEDURES	92	577
	256 TONSIL AND ADENOID PROCEDURES	220	3,783

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	72	\$1,331	\$1,639
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$996	\$658
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$311	\$756
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$1,061	\$1,716
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,824	\$401
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$689	\$1,204
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	31	\$850	\$2,243
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$896	\$2,102
	014 LEVEL III SKIN REPAIR	27	\$2,055	\$2,197
02	BREAST PROCEDURES	9	\$809	\$1,377
	020 LEVEL I BREAST PROCEDURES	9	\$809	\$1,384
03	MUSCULOSKELETAL SYSTEM PROCEDURES	248	\$1,368	\$3,314
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$1,238	\$1,960
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$1,645	\$3,286
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,664	\$4,230
	033 LEVEL I HAND PROCEDURES	26	\$1,027	\$2,238
	034 LEVEL II HAND PROCEDURES	3	\$1,479	\$2,806
	035 LEVEL I FOOT PROCEDURES	18	\$1,106	\$2,349
	036 LEVEL II FOOT PROCEDURES	4	\$1,258	\$3,331
	037 LEVEL I ARTHROSCOPY	112	\$1,706	\$3,693
	038 LEVEL II ARTHROSCOPY	10	\$1,741	\$6,268
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	17	\$1,116	\$3,543
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$580	\$1,288
	045 BUNION PROCEDURES	8	\$882	\$2,758
	046 LEVEL I ARTHROPLASTY	1	\$1,594	\$3,656
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	\$293	\$1,186
04	RESPIRATORY PROCEDURES	5	\$905	\$1,467
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$581	\$813
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$985	\$2,079
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$799	\$2,266
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$799	\$2,091
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,074	\$795	\$1,589
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$577	\$977
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$286	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	162	\$528	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$464	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	605	\$653	\$1,422
	137 THERAPEUTIC COLONOSCOPY	91	\$623	\$1,579
	139 LEVEL I HERNIA REPAIR	77	\$1,553	\$2,556
	140 LEVEL II HERNIA REPAIR	8	\$1,764	\$2,700
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$585	\$1,228
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$783	\$1,557
	145 LEVEL I LAPAROSCOPY	10	\$881	\$3,179
	146 LEVEL II LAPAROSCOPY	79	\$1,790	\$3,976
	147 LEVEL III LAPAROSCOPY	16	\$1,186	\$4,814

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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 )
08	GENITOURINARY SYSTEM PROCEDURES	24	\$1,718	\$5,668
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	15	\$2,245	\$8,231
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	\$782	\$2,332
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	5	\$926	\$3,037
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$585	\$2,302
09	MALE REPRODUCTIVE SYSTEM	20	\$1,253	\$1,608
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$1,251	\$2,592
	181 CIRCUMCISION	5	\$1,275	\$849
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	5	\$1,387	\$2,733
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$486	\$1,527
10	FEMALE REPRODUCTIVE SYSTEM	6	\$1,115	\$2,046
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	\$1,135	\$1,649
	200 HYSTEROSCOPY	3	\$1,095	\$3,408
11	NEUROLOGIC SYSTEM PROCEDURES	557	\$497	\$1,636
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	450	\$430	\$1,043
	217 LEVEL I NERVE PROCEDURES	15	\$846	\$2,013
	218 LEVEL II NERVE PROCEDURES	3	\$1,390	\$8,855
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	81	\$397	\$962
	221 LAMINOTOMY AND LAMINECTOMY	3	\$1,884	\$4,587
	223 LEVEL III NERVE PROCEDURES	5	\$5,763	\$8,561
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	856	\$1,040	\$2,708
	232 LASER EYE PROCEDURES	136	\$312	\$886
	233 CATARACT PROCEDURES	511	\$1,088	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$680	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	12	\$1,113	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$602	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	\$1,150	\$852
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	176	\$1,474	\$4,913
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$738	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$1,006	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	265	\$1,032	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	19	\$803	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	15	\$1,136	\$1,997
	254 LEVEL III FACIAL AND ENT PROCEDURES	16	\$1,725	\$2,897
	255 LEVEL IV FACIAL AND ENT PROCEDURES	39	\$1,317	\$2,904
	256 TONSIL AND ADENOID PROCEDURES	176	\$921	\$1,774

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,708	54.8	60,235	53.3
Male	2,226	45.1	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	6	0.1	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	18	0.4	694	0.6
1-4 years	103	2.1	4,826	4.3
5-9	92	1.9	2,284	2.0
10-14	52	1.1	1,379	1.2
15-17	81	1.6	1,548	1.4
18-19	47	1.0	1,314	1.2
20-24	143	2.9	3,658	3.2
25-29	201	4.1	3,719	3.3
30-34	224	4.5	4,323	3.8
35-39	253	5.1	4,350	3.8
40-44	255	5.2	4,618	4.1
45-49	335	6.8	5,768	5.1
50-54	531	10.7	12,040	10.6
55-59	515	10.4	10,423	9.2
60-64	397	8.0	10,920	9.7
65-69	522	10.6	12,396	11.0
70-74	449	9.1	10,909	9.6
75-79	356	7.2	8,797	7.8
80-84	254	5.1	5,835	5.2
85-89	83	1.7	2,400	2.1
90 +	29	0.6	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	4,940	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,935	99.9	105,539	93.3
Another Hospital	5	0.1	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,360	27.5	36,503	32.3
Medicaid	228	4.6	7,769	6.9
Other government	52	1.1	4,318	3.8
Blue Cross/Blue Shield	1,062	21.5	21,533	19.0
Other Commercial	332	6.7	7,538	6.7
Managed Care(HMO, PPO)	1,502	30.4	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	243	4.9	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	161	3.3	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	10	0.2	4,706	4.2
Central Utah	9	0.2	1,480	1.3
Davis County	81	1.6	16,394	14.5
Salt Lake County	4,234	85.7	37,661	33.3
Southeastern Utah	8	0.2	1,013	0.9
Southwest Utah	12	0.2	11,458	10.1
Summit County	16	0.3	1,614	1.4
Tooele County	343	6.9	2,088	1.8
Tri-County	24	0.5	494	0.4
Utah County	88	1.8	15,087	13.3
Wasatch County	12	0.2	501	0.4
Weber County	8	0.2	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	95	1.9	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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)	7,264	100.0	68,087	100.0
Mastectomy (85.0-85.99)	0	0.0	824	1.2
Musculoskeletal (76.0-84.99)	0	0.0	17,002	25.0
Respiratory (30.0-34.99)	0	0.0	110	0.2
Cardiovascular (35.0-39.99)	0	0.0	27	0.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	124	0.2
Digestive System (42.0-54.99)	7,264	100.0	18,063	26.5
Urinary (55.0-59.99)	0	0.0	986	1.4
Male Genital (60.0-64.99)	0	0.0	308	0.5
Female Genital (65.0-71.99)	0	0.0	690	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,352	6.4
Eye (08.0-16.99)	0	0.0	10,507	15.4
Ear (18.0-20.99)	0	0.0	3,830	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	11,264	16.5
Reporting Category(CPT-4 CODES)	7,280	100.0	154,611	100.0
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	0	0.0	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	7,280	100.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	0	0.0	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
<b>All ICD-9 Procedures</b>				
4525	CLO [ENDO] BX LG INTESTINE	2,706	37.3	7.47
4523	COLONOSCOPY	2,094	28.8	5.93
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,422	19.6	4.91
4542	ENDO POLYPECTOMY LG INTESTINE	618	8.5	1.91
4292	DILAT ESOPH	211	2.9	1.03
4513	OTH ENDO SM INTESTINE	169	2.3	1.15
4422	ENDO DILAT PYLORUS	15	0.2	0.04
4514	CLO [ENDO] BX SM INTESTINE	7	0.1	0.03
4522	ENDO LG INTEST THRU ARTIFICL STOMA	6	0.1	0.02
4543	ENDO DEST OTH LES/TISS LG INTEST	4	0.1	0.13
4524	FLEX SIGMOIDOSCOPY	3	0.0	0.02
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	2	0.0	0.00
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	0.0	0.04
4223	OTH ESOPHAGOSCOPY	1	0.0	0.01
4224	CLO [ENDO] BX ESOPH	1	0.0	0.00
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	1	0.0	0.01
4699	OTH OPER INTESTINE	1	0.0	0.00
4945	LIG HEMORRHOIDS	1	0.0	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,690	37.0	10.40
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,023	27.8	8.61
43239	UGI ENDO; W/BX 1/MX	1,422	19.5	8.22
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	617	8.5	2.90
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	169	2.3	1.47
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	166	2.3	1.44
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	68	0.9	0.35
43248	UGI ENDO; W/INSRT GUIDE WIRE	41	0.6	0.29
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	15	0.2	0.08
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	12	0.2	0.09
44386	ENDO EVAL SM INTST POUCH; W/BX 1	7	0.1	0.02
44388	COLONOSCOPY-STOMA; DX-SEP PROC	6	0.1	0.02
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	5	0.1	0.01
44382	ILESCPY THRU STOMA; W/BX SINGLE/	4	0.1	0.01
44389	COLONSCPY THRU STOMA; W/BX 1/MX	4	0.1	0.01
45383	COLONOSCOPY FLEX; W/ABLAT LES	4	0.1	0.34
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	3	0.0	1.03
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	3	0.0	0.01
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	0.0	0.07
45379	COLONOSCOPY FLEX; W/REMV FB	3	0.0	0.00

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011  
 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		5,431	\$837	\$2,152
4525	CLO [ENDO] BX LG INTESTINE	2,135	\$805	\$959
4523	COLONOSCOPY	1,888	\$948	\$1,075
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	955	\$754	\$1,039
4542	ENDO POLYPECTOMY LG INTESTINE	247	\$814	\$980
4513	OTH ENDO SM INTESTINE	128	\$525	\$1,573
4292	DILAT ESOPH	47	\$514	\$643
4422	ENDO DILAT PYLORUS	10	\$442	\$694
4514	CLO [ENDO] BX SM INTESTINE	6	\$1,098	\$926
4522	ENDO LG INTEST THRU ARTIFICL STOMA	6	\$508	\$595
4543	ENDO DEST OTH LES/TISS LG INTEST	3	\$1,070	\$697
4223	OTH ESOPHAGOSCOPY	1	\$1,505	\$1,510
4224	CLO [ENDO] BX ESOPH	1	\$331	\$683
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	\$2,051	\$2,051
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$1,049	\$1,255
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	1	\$331	\$463
4699	OTH OPER INTESTINE	1	\$528	\$528

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		5,431	\$836	\$2,172
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,121	\$808	\$1,366
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,883	\$949	\$1,479
43239	UGI ENDO; W/BX 1/MX	954	\$751	\$1,534
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	246	\$816	\$1,485
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	128	\$525	\$1,377
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	27	\$529	\$1,775
43248	UGI ENDO; W/INSRT GUIDE WIRE	15	\$437	\$666
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	12	\$307	\$859
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	10	\$442	\$980
44388	COLONOSCOPY-STOMA; DX-SEP PROC	6	\$508	\$657
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	5	\$588	\$1,261
44386	ENDO EVAL SM INTST POUCH; W/BX 1	4	\$577	\$848
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	3	\$612	\$935
45383	COLONOSCOPY FLEX; W/ABLAT LES	3	\$1,070	\$1,658
44382	ILESCPY THRU STOMA; W/BX SINGLE/	2	\$1,684	\$1,264
44389	COLONSCPY THRU STOMA; W/BX 1/MX	2	\$577	\$770
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	2	\$420	\$463
43200	ESOPHAGOSCOPY; DX-SEP PROC	1	\$1,505	\$1,089
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	1	\$331	\$833
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	1	\$542	\$436

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



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	1	2,645
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	898
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,279	59,492
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,601
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	112
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	184
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,596	15,034
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	234	3,309
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,735	29,841
	137 THERAPEUTIC COLONOSCOPY	693	5,824
	143 LEVEL I GASTROINTESTINAL PROCEDURES	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 CPT blood draw codes in previous reports.

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

411 Wasatch Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,431	\$836	\$1,589
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$324	\$880
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,087	\$725	\$1,507
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	56	\$522	\$1,685
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,019	\$874	\$1,422
	137 THERAPEUTIC COLONOSCOPY	255	\$812	\$1,579

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,633	57.5	60,235	53.3
Male	2,682	42.5	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	1	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	0	0.0	4,826	4.3
5-9	10	0.2	2,284	2.0
10-14	19	0.3	1,379	1.2
15-17	21	0.3	1,548	1.4
18-19	28	0.4	1,314	1.2
20-24	96	1.5	3,658	3.2
25-29	125	2.0	3,719	3.3
30-34	149	2.4	4,323	3.8
35-39	172	2.7	4,350	3.8
40-44	207	3.3	4,618	4.1
45-49	357	5.7	5,768	5.1
50-54	1,329	21.0	12,040	10.6
55-59	997	15.8	10,423	9.2
60-64	932	14.8	10,920	9.7
65-69	724	11.5	12,396	11.0
70-74	548	8.7	10,909	9.6
75-79	348	5.5	8,797	7.8
80-84	200	3.2	5,835	5.2
85-89	40	0.6	2,400	2.1
90 +	14	0.2	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	6,316	100.0	86,987	76.9
Clinic Referral	0	0.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	6,312	99.9	105,539	93.3
Another Hospital	4	0.1	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,693	26.8	36,503	32.3
Medicaid	167	2.6	7,769	6.9
Other government	25	0.4	4,318	3.8
Blue Cross/Blue Shield	2,026	32.1	21,533	19.0
Other Commercial	278	4.4	7,538	6.7
Managed Care(HMO, PPO)	2,087	33.0	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	0	0.0	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	0	0.0	171	0.2
Not Reported	40	0.6	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	4	0.1	4,706	4.2
Central Utah	15	0.2	1,480	1.3
Davis County	163	2.6	16,394	14.5
Salt Lake County	5,523	87.4	37,661	33.3
Southeastern Utah	31	0.5	1,013	0.9
Southwest Utah	5	0.1	11,458	10.1
Summit County	113	1.8	1,614	1.4
Tooele County	140	2.2	2,088	1.8
Tri-County	31	0.5	494	0.4
Utah County	124	2.0	15,087	13.3
Wasatch County	24	0.4	501	0.4
Weber County	24	0.4	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	119	1.9	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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

**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

421 Zion Eye Institute

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	68,087	100.0
Musculoskeletal (76.0-84.99)	.	.	824	1.2
Respiratory (30.0-34.99)	.	.	17,002	25.0
Cardiovascular (35.0-39.99)	.	.	110	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	27	0.0
Digestive System (42.0-54.99)	.	.	124	0.2
Urinary (55.0-59.99)	.	.	18,063	26.5
Male Genital (60.0-64.99)	.	.	986	1.4
Female Genital (65.0-71.99)	.	.	308	0.5
Endocrine/Nervous (01.0-07.99)	.	.	690	1.0
Eye (08.0-16.99)	.	.	4,352	6.4
Ear (18.0-20.99)	.	.	10,507	15.4
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,830	5.6
	.	.	11,264	16.5
<b>Reporting Category(CPT-4 CODES)</b>	<b>2,352</b>	<b>100.0</b>	<b>154,611</b>	<b>100.0</b>
Mastectomy (19120-19220)	0	0.0	304	0.2
Musculoskeletal (20000-29909)	2	0.1	26,898	17.4
Respiratory (30000-32999 & 39501-39599)	5	0.2	10,360	6.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	295	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	198	0.1
Digestive (40490-49999)	0	0.0	67,037	43.4
Urinary (50010-53899)	0	0.0	2,312	1.5
Male Genital (54000-55899)	0	0.0	941	0.6
Female Genital (56405-58999)	0	0.0	2,251	1.5
Endocrine/Nervous (60000-64999)	0	0.0	8,726	5.6
Eye (65091-68899)	2,345	99.7	30,244	19.6
Ear (69000-69979)	0	0.0	5,045	3.3

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**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	2,352	100.0	100.0
66821	DISCISSION 2ND CATARACT; LASER S	1,261	53.6	9.64
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	305	13.0	1.42
66999	UNLISTED PROC ANTERIOR SEGMENT E	118	5.0	0.51
66982	EXTRACAP CATARACT REMV W/IOL-CMP	97	4.1	0.81
65855	TRABECULOPLSTY-LASER-1/MORE SESS	88	3.7	0.64
67917	REPAIR OF ECTROPION; EXTENSIVE	87	3.7	0.16
67041	67041	74	3.1	0.36
67042	67042	53	2.3	0.14
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	30	1.3	0.18
67036	VITRECTOMY MECH PARS PLANA APPRC	28	1.2	0.07
67924	REPAIR OF ENTROPION; EXTENSIVE	17	0.7	0.12
67040	VITRECTOMY MECH; W/PANRETINAL PH	17	0.7	0.08
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	12	0.5	0.05
67840	EXC LES LID NO CLOS/W SMPL DIR C	11	0.5	0.21
67108	REPR RETINAL DETACH; W/VITRECTOM	11	0.5	0.09
67875	TEMPORARY CLOSURE OF EYELIDS SUT	8	0.3	0.11
67961	EXC & REPR LID; TO 1/4 LID MARGI	8	0.3	0.08
67121	REMV IMPLNT MATL POST SEGMT; IO	8	0.3	0.06
67145	PROPHYLAXIS RET DETACH; PHOTOCOA	7	0.3	0.03
		7	0.3	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, 2011  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

421 Zion Eye Institute

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
CPT-4 Procedures		2,352	\$1,852	\$2,172
66984	EXTRACAPSULAR CATARACT REMV IOL	1,261	\$2,200	\$2,925
66821	DISCISSION 2ND CATARACT; LASER S	305	\$750	\$880
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	118	\$1,466	\$3,604
66999	UNLISTED PROC ANTERIOR SEGMENT E	97	\$492	\$1,883
66982	EXTRACAP CATARACT REMV W/IOL-CMP	88	\$2,203	\$3,933
65855	TRABECULOPLSTY-LASER-1/MORE SESS	87	\$425	\$723
67917	REPAIR OF ECTROPION; EXTENSIVE	74	\$1,484	\$2,856
67041	67041	53	\$3,700	\$3,937
67042	67042	30	\$3,822	\$5,179
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	28	\$743	\$899
67036	VITRECTOMY MECH PARS PLANA APPRC	17	\$4,200	\$3,899
67924	REPAIR OF ENTROPION; EXTENSIVE	17	\$1,359	\$2,950
67040	VITRECTOMY MECH; W/PANRETINAL PH	12	\$3,850	\$4,287
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	11	\$2,209	\$2,651
67840	EXC LES LID NO CLOS/W SMPL DIR C	11	\$525	\$899
67108	REPR RETINAL DETACH; W/VITRECTOM	8	\$2,256	\$6,193
67875	TEMPORARY CLOSURE OF EYELIDS SUT	8	\$900	\$2,324
67961	EXC & REPR LID; TO 1/4 LID MARGI	8	\$1,725	\$3,007
67121	REMV IMPLNT MATL POST SEGMT; IO	7	\$4,550	\$3,029
67145	PROPHYLAXIS RET DETACH; PHOTOCOA	7	\$651	\$683

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

421 Zion Eye Institute

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,345	29,855
	232 LASER EYE PROCEDURES	428	3,027
	233 CATARACT PROCEDURES	1,356	16,165
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	101	2,308
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	18	703
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	675
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	10	916
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	137	1,193
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	6	756
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	34	1,066
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	252	2,821
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	17,532
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	10,552
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	620
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	577

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

421 Zion Eye Institute

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,345	\$1,848	\$2,708
	232 LASER EYE PROCEDURES	428	\$682	\$886
	233 CATARACT PROCEDURES	1,356	\$2,198	\$2,997
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	101	\$516	\$2,228
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	18	\$2,183	\$2,616
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,700	\$5,713
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	10	\$1,141	\$852
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	137	\$3,823	\$4,913
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$2,333	\$3,474
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	34	\$755	\$1,073
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	252	\$1,536	\$3,298
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	\$2,979	\$2,001
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$1,775	\$2,038
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	\$3,100	\$1,997
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$4,900	\$2,904

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,271	54.0	60,235	53.3
Male	1,081	46.0	52,811	46.7
Unknown	0	0.0	9	0.0
Not Reported	0	0.0	18	0.0
<b>AGE</b>				
1-28 days	0	0.0	167	0.1
29-365 days	0	0.0	694	0.6
1-4 years	3	0.1	4,826	4.3
5-9	2	0.1	2,284	2.0
10-14	0	0.0	1,379	1.2
15-17	0	0.0	1,548	1.4
18-19	2	0.1	1,314	1.2
20-24	2	0.1	3,658	3.2
25-29	4	0.2	3,719	3.3
30-34	14	0.6	4,323	3.8
35-39	7	0.3	4,350	3.8
40-44	14	0.6	4,618	4.1
45-49	15	0.6	5,768	5.1
50-54	55	2.3	12,040	10.6
55-59	70	3.0	10,423	9.2
60-64	190	8.1	10,920	9.7
65-69	385	16.4	12,396	11.0
70-74	560	23.8	10,909	9.6
75-79	481	20.5	8,797	7.8
80-84	358	15.2	5,835	5.2
85-89	155	6.6	2,400	2.1
90 +	35	1.5	705	0.6
Not Reported	0	0.0	0	0.0
<b>SOURCE OF ADMISSION/POINT OF ORIGIN</b>				
Physician Referral	0	0.0	86,987	76.9
Clinic Referral	2,352	100.0	14,561	12.9
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	2	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	5,199	4.6
Not Reported	0	0.0	6,322	5.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2011**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,352	100.0	105,539	93.3
Another Hospital	0	0.0	87	0.1
Skilled Nursing Facility	0	0.0	4	0.0
Intermediate Care Facility	0	0.0	4	0.0
Another Type of Institution	0	0.0	31	0.0
Under Care of Home Service	0	0.0	8	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	7,389	6.5
Not Reported	0	0.0	11	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,839	78.2	36,503	32.3
Medicaid	24	1.0	7,769	6.9
Other government	2	0.1	4,318	3.8
Blue Cross/Blue Shield	110	4.7	21,533	19.0
Other Commercial	73	3.1	7,538	6.7
Managed Care(HMO, PPO)	300	12.8	30,290	26.8
Self Pay	0	0.0	1,634	1.4
Industrial & Worker Comp	2	0.1	1,560	1.4
Charity and Unclassified	0	0.0	151	0.1
Childrens Health Insurance	0	0.0	58	0.1
Unknown	2	0.1	171	0.2
Not Reported	0	0.0	1,548	1.4
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.0	4,706	4.2
Central Utah	27	1.1	1,480	1.3
Davis County	2	0.1	16,394	14.5
Salt Lake County	2	0.1	37,661	33.3
Southeastern Utah	0	0.0	1,013	0.9
Southwest Utah	1,866	79.3	11,458	10.1
Summit County	0	0.0	1,614	1.4
Tooele County	2	0.1	2,088	1.8
Tri-County	0	0.0	494	0.4
Utah County	0	0.0	15,087	13.3
Wasatch County	0	0.0	501	0.4
Weber County	0	0.0	14,582	12.9
Unknown Utah	0	0.0	14	0.0
Outside Utah	452	19.2	5,949	5.3
Unknown, Not Reported	0	0.0	32	0.0

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