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

released by
Utah Health Data Committee
The Office of Health Care Statistics
Utah Department of Health

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

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

The Ambulatory Surgery Database

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

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

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

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

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

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

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

The Office of Health Care Statistics has collected information from 81 Utah ambulatory surgery facilities in 2012. 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 2012.

Data Processing and Quality

Data Submission

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

System Edits

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

Facility Reviews

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

Patient Confidentiality

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

About This Report

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

Organization of Report

This report provides summary information and comparisons at the statewide level and at the facility level for ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification), CPT-4 (Current Procedural Terminology, 4th edition) and APG (Ambulatory Patient Groups) codes, which were changed to EAPG (Enhanced Ambulatory Patient Groups) starting with the 2009 AMBST-1 Report, and demographic data. Several sections of the report have separate breakdowns for each of the two basic types of facilities: acute care hospital outpatient surgery centers (hospitals) and freestanding ambulatory surgery center (FASCs). The tables in this report are primarily procedure based, with the exception of the demographic tables, which are based on visits.

CPT-4 and ICD-9-CM Codes

In general, hospitals and FASCs use different coding systems. Hospitals tend to use ICD-9-CM codes, while FASCs use primarily CPT-4 codes. For 2012 81 facilities reported ambulatory surgery data. Among these 81 facilities, 45 were hospitals and the remaining 36 were FASCs. Among the 45 hospitals, 44 reported both ICD-9 and CPT-4 codes, and one reported only CPT-4 codes. Among the 36 FASCs, none reported ICD-9 codes exclusively, 21 reported CPT-4 codes exclusively, and 15 reported both ICD-9 and CPT-4 codes.

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

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

APGs (Ambulatory Patient Groups) and EAPGs (Enhanced APGs)

The APG patient classification system, a CPT-based grouper software product, was developed by 3M Health Information Systems. It was designed to explain the type and amount of resources used in an ambulatory visit, serving a similar function for outpatient visits as DRGs (Diagnostic Related Groups) do for inpatient care. Where DRGs use ICD-9 primary diagnoses as the initial classification variable to develop mutually exclusive DRG categories, APGs use CPT-4 procedures. For example, EAPG-233 is a cataract procedure, which includes CPT-4 codes 66840, 66850, 66852, 66920, 66930, 66940, 66983, 66984, 66985, and 66986¹.

As procedures are grouped into mutually exclusive EAPGs, procedure EAPGs are grouped into mutually exclu-

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

The EAPG patient classification system groups thousands of CPT-4 codes into a manageable set of EAPG procedures or categories. This allows the OHCS to report all ambulatory services to users in a useful way and to produce meaningful comparisons between ambulatory care facilities. However, the OHCS started using the EAPG software recently to analyze the ambulatory surgery data. As the EAPG software developer acknowledged, “the data elements used to define EAPGs were limited to the information routinely collected on the Medicare claim form”¹. In contrast to Medicare data, the Utah ambulatory surgery data include all ages of patients and all types of payer sources. These differences in patient population require users to be aware of the limitations of the APG software and to pay special attention when using EAPGs to analyze non-Medicare populations.

Number of Procedures

In the Utah ambulatory surgery database, one record is generated for each patient visit. This record can have up to six CPT-4 entries, six EAPG entries, and six ICD-9 entries, with at least one entry representing a significant procedure. Many records have multiple ICD-9 or CPT-4 entries representing multiple procedures. Since this report is based on procedures, not visits, the total number of procedures performed will be greater than the total number of reported ambulatory surgery visits. Also, the number of reported procedures differs, depending on the procedure code system used. For instance, in 2012, the total number of reported ambulatory surgery visits was 369,752, but the total number of reportable procedures performed was 406,938 under the ICD-9 coding system and 481,646 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 52%. 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. 43% of all visits that include ICD-9 procedures have single reportable ICD-9 entries. 48% of all visits that include CPT-4 procedures have single reportable CPT-4 entries. As mentioned above, in contrast to ICD-9 values and CPT-4 values, only EAPG values that represent significant procedures appear in the report. If only one CPT-4 or ICD-9 reportable procedure is reported for a visit, that procedure will be significant. In these cases, total charges for CPT-4 or ICD-9 values are calculated from significant procedures as they are for EAPGs.

Patient Demographics

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

Reportable Procedures

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

Description of Tables

Statewide Tables

This report includes one chart that summarizes characteristics of all facilities and five tables that report statewide summary information on ambulatory surgeries in 2012.

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 (406,938) does not match the total number of CPT-4 procedures (481,646). 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=126). 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—2012.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2012.

Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2012.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2012.

Facility Tables

A set of six tables is designed for each facility in a format similar to the statewide tables. Each table also provides comparative information on individual facilities and their peer group's performance. The Health Data Committee System Technical Advisory Committee proposed two peer groups: a hospital group and an FASC group.

AMB ST 1-1: The number and percentage of procedures performed for selected ambulatory surgery reporting categories for each facility. ICD-9 and CPT-4 codes are grouped separately. The number and percentage of procedures performed in the selected categories for hospitals statewide is listed along with the totals for each particular hospital. Likewise, the number and percentage of procedures performed in the selected categories for FASCs statewide is listed along with the totals for each particular FASC.

AMB ST 1-2: Facility specific total numbers and percentages for the 20 most commonly performed procedures, ICD-9 and CPT-4 listed separately. For each hospital, the statewide percentage for all hospitals combined for these procedure codes is included. A similar listing occurs for FASCs. The top 20 procedures for either coding system (ICD-9 or CPT-4) are not restricted to the reportable procedures.

AMB ST 1-3: Facility specific average total charges for the 20 most frequently performed ICD-9 procedures and/or CPT-4 procedures for each facility, listed in order of descending frequency. The average total charge for each procedure for the particular facility is listed, as well as the statewide average total charge for the particular facility type. Only records with a single reportable procedure code are included in the calculation.

AMB ST 1-4: Facility specific frequency for each procedure EAPG category and procedure EAPG. Statewide total numbers for either hospitals or FASCs are listed, depending on the type of facility in question.

AMB ST 1-5: Facility specific average total charge for each procedure EAPG category and procedure EAPG. Statewide average total charges for either hospitals or FASCs are listed, depending on the type of facility in question. Only records with a single reportable procedure code or EAPG are included in the calculation.

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

Description of Terminology

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

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

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

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

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

Sources of Admission:

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

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

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

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

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

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

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

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

Local Health District of Patient Residence:

The following are multi-county districts.

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

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

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

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

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

Weber-Morgan - Includes Weber and Morgan counties.

Limitations and Sources of Variation

Billed Charges versus Actual Payment

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

EAPG versus CPT-4 and ICD-9

Starting in 2003, ICD-9 or CPT-4 summary tables include only reportable procedure values. Not every reportable procedure code is assigned a procedure EAPG. For instance, the CPT-4 value of '47600' (Cholecystec-

tomy) is a reportable procedure. The EAPG software, however, assigns an error EAPG value of '993' (Inpatient only procedures) to this procedure in the outpatient setting because '47600' is classified as strictly an inpatient procedure. The EAPG value of '993' does not appear in the report but the CPT-4 value of '47600' does.

Peer Groups

Ambulatory surgery centers differ in the severity and complexity of cases treated. This fact can make direct comparison between two facilities or comparison of individual facilities with statewide totals difficult. Facilities with similar levels of case severity and complexity could be grouped into what are called peer groups. This kind of comparison is not done in this report. Though the distinction is made between FASCs and hospitals, there can be large differences in the severity and complexity of cases treated between two hospitals or between two FASCs.

Size, Location and Teaching Status of Facility

These three factors have an impact on the severity and complexity of procedures performed and services rendered. Larger facilities offer a more extensive array of procedures and services. These larger facilities tend to require more complex equipment as well as personnel with advanced training. Facilities located in urban areas tend to incur greater costs than their rural counterparts. Higher labor costs and a disproportionate number of elderly patients are among the factors that contribute to this difference. Medical education programs in hospitals incur higher costs due to the following: a) greater number and complexity of ancillary procedures performed, b) use of latest medical technologies, c) resident training, and d) provision of unique tertiary services such as a burn unit.

Outlier Cases

A facility's overall average charge is sometimes unduly influenced by a small number of very expensive or inexpensive procedures. An example of this would be the insertion of pacemakers (EAPG 086), for which the average statewide charge in 2012 was \$35,014. 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 seventeen facilities reported ICD-9 codes 37.22 or 37.23 as one of more than one procedure performed on a patient (never as a single procedure), whereas eleven 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 15 business-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

Hospital and Freestanding Ambulatory Surgery Centers: 2012

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
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
305	Shriner's
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
429	Granite Peaks Endoscopy 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 2012.

*** 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.

Table 1
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2012

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
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

¹Facility ID Number

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

³Urban or Rural location of facility

⁴Teaching facility (Yes/No)

⁵Facility reports CPT-4 Codes

⁶Facility reports ICD-9-CM Codes

Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2012

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
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

¹Facility ID Number

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³Urban or Rural location of facility

⁴Teaching facility (Yes/No)

⁵Facility reports CPT-4 codes

⁶Facility reports ICD-9-CM codes

Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2012

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
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 2012.
 CAH is Critical Access Hospital.

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³Urban or Rural location of facility
⁴Teaching facility (Yes/No)
⁵Facility reports CPT-4 codes
⁶Facility reports ICD-9-CM codes

Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2012

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
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 2012.

CAH is Critical Access Hospital.

¹Facility ID Number

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

³Urban or Rural location of facility

⁴Teaching facility (Yes/No)

⁵Facility reports CPT-4 codes

⁶Facility reports ICD-9-CM codes

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

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

**TABLE 2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

STATEWIDE TOTALS

Reporting Category(ICD-9-CM CODES)	ALL FACILITIES		HOSPITALS		FASCs	
	Procedures Reported (#)	(%)	Procedures Reported (#)	(%)	Procedures Reported (#)	(%)
Reporting Category(ICD-9-CM CODES)	406,938	100.0	340,055	100.0	66,883	100.0
Mastectomy (85.0-85.99)	9,420	2.3	8,708	2.6	712	1.1
Musculoskeletal (76.0-84.99)	87,623	21.5	69,858	20.5	17,765	26.6
Respiratory (30.0-34.99)	3,245	0.8	3,126	0.9	119	0.2
Cardiovascular (35.0-39.99)	19,348	4.8	19,300	0.9	48	0.1
Lymphatic/Hemetic (40.0-41.99)	3,228	0.8	3,058	0.9	170	0.3
Digestive System (42.0-54.99)	128,314	31.5	110,559	32.5	17,755	26.5
Urinary (55.0-59.99)	12,534	3.1	11,335	3.3	1,199	1.8
Male Genital (60.0-64.99)	4,922	1.2	4,598	1.4	324	0.5
Female Genital (65.0-71.99)	17,491	4.3	16,800	4.9	691	1.0
Endocrine/Nervous (01.0-07.99)	28,361	7.0	23,927	7.0	4,434	6.6
Eye (08.0-16.99)	34,818	8.6	24,162	7.1	10,656	15.9
Ear (18.0-20.99)	16,114	4.0	12,742	3.7	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	41,520	10.2	31,882	9.4	9,638	14.4
Reporting Category(CPT-4 CODES)	481,646	100.0	336,452	100.0	145,194	100.0
Mastectomy (19120-19220)	1,945	0.4	1,628	0.5	317	0.2
Musculoskeletal (20000-29909)	105,133	21.8	79,212	23.5	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	28,990	6.0	20,578	6.1	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	18,747	3.9	18,525	5.5	222	0.2
Lymphatic/Hemetic (38100-38999)	4,709	1.0	4,482	1.3	227	0.2
Digestive System (40490-49999)	188,393	39.1	127,003	37.7	61,390	42.3
Urinary (50010-53899)	18,656	3.9	16,209	4.8	2,447	1.7
Male Genital (54000-55899)	5,707	1.2	4,833	1.4	874	0.6
Female Genital (56405-58999)	17,756	3.7	15,699	4.7	2,057	1.4
Endocrine/Nervous (60000-64999)	33,199	6.9	26,706	7.9	6,493	4.5
Eye (65091-68899)	46,432	9.6	13,805	4.1	32,627	22.5
Ear (69000-69979)	11,979	2.5	7,772	2.3	4,207	2.9

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.

**TABLE 3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES**

STATEWIDE TOTALS

		ALL FACILITIES		HOSPITALS		FASCs	
ICD-9 CODE	ICD-9 DESCRIPTION	#	%	#	%	#	%
All Reportable* ICD-9 Procedures		406,938	100.0	340,055	100.0	66,883	100.0
4523	COLONOSCOPY	25,974	6.4	22,592	6.6	3,382	5.1
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	23,286	5.7	19,949	5.9	3,337	5.0
4542	ENDO POLYPECTOMY LG INTESTINE	17,084	4.2	15,814	4.7	1,270	1.9
4525	CLO [ENDO] BX LG INTESTINE	13,253	3.3	8,317	2.4	4,936	7.4
2001	MYRINGOTOMY W/INSRT TUBE	12,465	3.1	9,724	2.9	2,741	4.1
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	10,819	2.7	6,029	1.8	4,790	7.2
1341	PHACOEMLSIFICATION-ASPIR CATARACT	8,542	2.1	5,910	1.7	2,632	3.9
806	EXC SEMILUNAR CARTILAGE-KNEE	7,714	1.9	5,546	1.6	2,168	3.2
283	TONSILLECTOMY W/ADENOIDECTOMY	7,664	1.9	5,934	1.7	1,730	2.6
5123	LAP CHOLEY	7,245	1.8	6,539	1.9	706	1.1
0392	INJ OTH AGENT SPINAL CANAL	6,930	1.7	6,434	1.9	496	0.7
4513	OTH ENDO SM INTESTINE	6,225	1.5	5,299	1.6	926	1.4
4292	DILAT ESOPH	5,952	1.5	5,239	1.5	713	1.1
0391	INJ ANES SPINAL CANAL-ANALGESIA	5,794	1.4	4,945	1.5	849	1.3
0443	RELEASE CARPAL TUNNEL	5,287	1.3	3,829	1.1	1,458	2.2
4836	[ENDO] POLYPECTOMY RECTUM	4,660	1.1	4,629	1.4	31	0.0
2169	OTH TURBINECTOMY	4,457	1.1	3,147	0.9	1,310	2.0
8183	OTH REPR SHLDR	4,018	1.0	2,633	0.8	1,385	2.1
8363	ROTATOR CUFF REPR	3,631	0.9	2,678	0.8	953	1.4
2263	ETHMOIDECTOMY	3,498	0.9	2,528	0.7	970	1.5

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	#	%	#	%
All Reportable* CPT-4 Procedures		481,646	100.0	336,452	100.0	145,194	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	36,443	7.6	21,510	6.4	14,933	10.3
43239	UGI ENDO; W/BX 1/MX	33,534	7.0	21,263	6.3	12,271	8.5
45378	COLONOSCOPY FLEX; DX-SEP PROC	30,770	6.4	19,964	5.9	10,806	7.4
66984	EXTRACAPSULAR CATARACT REMV IOL	21,083	4.4	5,942	1.8	15,141	10.4
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11,469	2.4	7,412	2.2	4,057	2.8
69436	TYMPANOSTOMY GENERAL ANESTHESIA	8,595	1.8	5,162	1.5	3,433	2.4
29881	SCOPE KNEE SURG;W/MENISCECT MED/	7,318	1.5	4,973	1.5	2,345	1.6
42820	T&A; UNDER AGE 12	6,145	1.3	4,619	1.4	1,526	1.1
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	6,122	1.3	3,857	1.1	2,265	1.6
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	5,833	1.2	3,513	1.0	2,320	1.6
29826	SCOPE SHOULDER; DECOMP SUBACROM	5,709	1.2	3,881	1.2	1,828	1.3
30140	SUBMUCOS RES TURBINATE PART/CMPL	5,216	1.1	3,078	0.9	2,138	1.5
41899	UNLIST PROC DENTOALVEOL STRUCTUR	5,010	1.0	2,440	0.7	2,570	1.8
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4,261	0.9	3,709	1.1	552	0.4
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	4,248	0.9	2,909	0.9	1,339	0.9
20680	REMOVAL OF IMPLANT; DEEP	4,107	0.9	3,421	1.0	686	0.5
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	3,539	0.7	2,728	0.8	811	0.6
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	3,373	0.7	2,385	0.7	988	0.7
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	3,371	0.7	2,056	0.6	1,315	0.9
47562	LAPAROSCOPY SURGICAL; CHOLECT	3,253	0.7	3,025	0.9	228	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, 2012
 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	13,073	10,384	2,689
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2,453	2,400	53
003 LEVEL I SKIN INCISION AND DRAINAGE	195	137	58
004 LEVEL II SKIN INCISION AND DRAINAGE	123	93	30
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	146	128	18
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	181	164	17
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2,277	1,208	1,069
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6,225	5,026	1,199
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	59	55	4
012 LEVEL I SKIN REPAIR	39	31	8
013 LEVEL II SKIN REPAIR	1,048	921	127
014 LEVEL III SKIN REPAIR	324	219	105
015 LEVEL IV SKIN REPAIR	3	2	1
02 BREAST PROCEDURES	1,973	1,675	298
020 LEVEL I BREAST PROCEDURES	1,925	1,628	297
021 LEVEL II BREAST PROCEDURES	48	47	1
03 MUSCULOSKELETAL SYSTEM PROCEDURES	90,986	67,841	23,145
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2,972	2,470	502
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6,721	5,118	1,603
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3,135	2,315	820
033 LEVEL I HAND PROCEDURES	5,566	4,044	1,522
034 LEVEL II HAND PROCEDURES	1,740	1,282	458
035 LEVEL I FOOT PROCEDURES	8,759	6,556	2,203
036 LEVEL II FOOT PROCEDURES	2,374	1,905	469
037 LEVEL I ARTHROSCOPY	32,588	22,852	9,736
038 LEVEL II ARTHROSCOPY	8,080	5,849	2,231
039 REPLACEMENT OF CAST	338	330	8
040 SPLINT, STRAPPING AND CAST REMOVAL	2,034	2,030	4
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	710	609	101
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	750	535	215
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7,189	5,938	1,251
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	743	511	232
045 BUNION PROCEDURES	2,532	1,823	709
046 LEVEL I ARTHROPLASTY	973	706	267
047 LEVEL II ARTHROPLASTY	179	149	30
048 HAND AND FOOT TENOTOMY	519	394	125
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3,084	2,425	659
04 RESPIRATORY PROCEDURES	17,975	14,291	3,684
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2,687	2,653	34
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4,338	3,520	818
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8,615	5,791	2,824
064 ENDOSCOPY OF THE LOWER AIRWAY	2,335	2,327	8
05 CARDIOVASCULAR PROCEDURES	9,927	9,853	74
081 ECHOCARDIOGRAPHY	315	315	0
082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1,924	1,924	0
083 PLACEMENT OF TRANSVENOUS CATHETERS	1,312	1,273	39

**TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES**

STATEWIDE TOTALS

Procedure	EAPG category	ALL FACILITIES	HOSPITALS	FASCs
Procedure	EAPG	#	#	#
084	DIAGNOSTIC CARDIAC CATHETERIZATION	7	7	0
085	ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1,403	1,385	18
086	PACEMAKER INSERTION AND REPLACEMENT	389	389	0
087	REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	563	563	0
088	LEVEL I CARDIOTHORACIC PROCEDURES	467	466	1
089	LEVEL II CARDIOTHORACIC PROCEDURES	2,884	2,877	7
090	SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	94	89	5
091	VASCULAR LIGATION AND RECONSTRUCTION	120	116	4
092	RESUSCITATION	13	13	0
096	ATRIAL AND VENTRICULAR RECORDING AND PACING	131	131	0
097	AICD IMPLANT	305	305	0
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4,459	4,277	182
110	PHARMACOTHERAPY BY EXTENDED INFUSION	392	392	0
111	PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	42	42	0
113	LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2,052	2,040	12
114	LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	45	45	0
115	DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1,928	1,758	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	171,803	117,254	54,549
130	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	500	499	1
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3,199	1,482	1,717
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	763	670	93
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	739	540	199
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	41,208	26,657	14,551
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9,389	6,164	3,225
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	68,112	41,948	26,164
137	THERAPEUTIC COLONOSCOPY	14,532	9,396	5,136
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2,125	2,093	32
139	LEVEL I HERNIA REPAIR	6,652	5,542	1,110
140	LEVEL II HERNIA REPAIR	1,398	1,204	194
141	LEVEL I ANAL AND RECTAL PROCEDURES	985	831	154
142	LEVEL II ANAL AND RECTAL PROCEDURES	1,436	1,143	293
143	LEVEL I GASTROINTESTINAL PROCEDURES	529	504	25
144	LEVEL II GASTROINTESTINAL PROCEDURES	104	103	1
145	LEVEL I LAPAROSCOPY	2,552	2,400	152
146	LEVEL II LAPAROSCOPY	8,951	8,245	706
147	LEVEL III LAPAROSCOPY	8,400	7,608	792
148	LEVEL IV LAPAROSCOPY	229	225	4
08	GENITOURINARY SYSTEM PROCEDURES	15,569	13,016	2,553
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,828	890	938
161	URINARY STUDIES AND PROCEDURES	418	417	1
162	URINARY CATHETERIZATION AND DILATATION	304	301	3
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	6,943	6,067	876
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	4,539	3,986	553
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	132	132	0
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	294	282	12
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	1,111	941	170

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure EAPG category	Procedure EAPG	ALL FACILITIES	HOSPITALS	FASCs
		#	#	#
09	MALE REPRODUCTIVE SYSTEM	5,211	4,531	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1,874	1,567	307
	181 CIRCUMCISION	1,439	1,132	307
	182 INSERTION OF PENILE PROSTHESIS	98	98	0
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	3	3	0
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1,489	1,442	47
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	308	289	19
10	FEMALE REPRODUCTIVE SYSTEM	9,889	8,837	1,052
	190 ARTIFICIAL FERTILIZATION	1	1	0
	193 TREATMENT OF INCOMPLETE ABORTION	4	4	0
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1,496	1,349	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1,981	1,904	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2,358	2,262	96
	199 DILATION AND CURETTAGE	472	439	33
	200 HYSTEROSCOPY	2,549	2,236	313
	201 COLPOSCOPY	1,028	642	386
11	NEUROLOGIC SYSTEM PROCEDURES	30,396	23,914	6,482
	213 NERVE AND MUSCLE TESTS	201	200	1
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4,546	3,650	896
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	244	221	23
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	179	178	1
	217 LEVEL I NERVE PROCEDURES	6,357	4,317	2,040
	218 LEVEL II NERVE PROCEDURES	919	835	84
	219 SPINAL TAP	395	395	0
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	13,639	10,531	3,108
	221 LAMINOTOMY AND LAMINECTOMY	2,983	2,724	259
	223 LEVEL III NERVE PROCEDURES	933	863	70
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	46,051	13,758	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	296	17	279
	232 LASER EYE PROCEDURES	3,887	765	3,122
	233 CATARACT PROCEDURES	23,165	6,414	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3,338	131	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1,013	255	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1,065	252	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1,498	270	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	3,341	1,979	1,362
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1,659	1,003	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1,955	892	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4,834	1,780	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	46,672	31,246	15,426
	250 COCHLEAR DEVICE IMPLANTATION	104	104	0
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	29	27	2
	252 LEVEL I FACIAL AND ENT PROCEDURES	21,964	13,009	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	2,151	1,530	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	6,004	4,294	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4,183	3,502	681

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure EAPG category Procedure EAPG	ALL FACILITIES #	HOSPITALS #	FASCs #
256 TONSIL AND ADENOID PROCEDURES	12,237	8,780	3,457

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2012
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	\$3,969	\$4,612	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$4,645	\$4,738	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	\$2,053	\$2,769	\$726
	004 LEVEL II SKIN INCISION AND DRAINAGE	\$4,926	\$5,874	\$2,225
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	\$437	\$431	\$476
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	\$3,120	\$3,248	\$1,119
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$2,376	\$3,634	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$4,411	\$4,950	\$2,120
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$6,611	\$7,059	\$333
	012 LEVEL I SKIN REPAIR	\$1,863	\$1,906	\$1,559
	013 LEVEL II SKIN REPAIR	\$4,710	\$4,731	\$2,671
	014 LEVEL III SKIN REPAIR	\$6,655	\$9,742	\$2,540
02	BREAST PROCEDURES	\$4,713	\$5,295	\$1,487
	020 LEVEL I BREAST PROCEDURES	\$4,544	\$5,104	\$1,493
	021 LEVEL II BREAST PROCEDURES	\$12,972	\$13,404	.
03	MUSCULOSKELETAL SYSTEM PROCEDURES	\$5,691	\$6,423	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$5,005	\$5,722	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$6,079	\$6,996	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$10,576	\$12,233	\$4,447
	033 LEVEL I HAND PROCEDURES	\$3,238	\$3,605	\$2,335
	034 LEVEL II HAND PROCEDURES	\$5,612	\$6,660	\$3,143
	035 LEVEL I FOOT PROCEDURES	\$4,020	\$4,528	\$2,676
	036 LEVEL II FOOT PROCEDURES	\$7,488	\$8,711	\$3,717
	037 LEVEL I ARTHROSCOPY	\$4,635	\$5,040	\$3,659
	038 LEVEL II ARTHROSCOPY	\$11,832	\$13,882	\$6,554
	039 REPLACEMENT OF CAST	\$10,002	\$10,002	.
	040 SPLINT, STRAPPING AND CAST REMOVAL	\$1,590	\$1,590	.
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	\$4,826	\$6,804	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	\$2,958	\$3,983	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$8,781	\$9,982	\$3,584
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$2,919	\$3,670	\$1,342
	045 BUNION PROCEDURES	\$5,633	\$6,795	\$3,069
	046 LEVEL I ARTHROPLASTY	\$8,960	\$9,886	\$3,570
	047 LEVEL II ARTHROPLASTY	\$21,415	\$24,441	\$8,302
	048 HAND AND FOOT TENOTOMY	\$2,677	\$3,095	\$2,033
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$1,923	\$1,936	\$1,575
04	RESPIRATORY PROCEDURES	\$2,451	\$2,528	\$1,587
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$2,890	\$2,852	\$6,424
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	\$1,217	\$1,271	\$932
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	\$5,015	\$5,664	\$2,805
	064 ENDOSCOPY OF THE LOWER AIRWAY	\$3,583	\$3,588	\$2,234
05	CARDIOVASCULAR PROCEDURES	\$17,689	\$17,886	\$2,952
	081 ECHOCARDIOGRAPHY	\$25,325	\$25,325	.
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$2,948	\$2,948	.
	083 PLACEMENT OF TRANSVENOUS CATHETERS	\$7,181	\$7,334	\$2,725
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	\$10,548	\$10,548	.
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	\$31,885	\$32,217	\$4,648

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	\$35,014	\$35,014	.
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$27,051	\$27,051	.
	088 LEVEL I CARDIOTHORACIC PROCEDURES	\$9,499	\$9,499	.
	089 LEVEL II CARDIOTHORACIC PROCEDURES	\$10,446	\$10,472	\$4,712
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$13,041	\$15,384	\$150
	091 VASCULAR LIGATION AND RECONSTRUCTION	\$9,067	\$9,067	.
	092 RESUSCITATION	\$15,674	\$15,674	.
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	\$11,298	\$11,298	.
	097 AICD IMPLANT	\$56,176	\$56,176	.
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	\$5,506	\$5,648	\$2,167
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	\$8,594	\$8,594	.
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	\$3,762	\$3,762	.
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	\$7,643	\$7,643	.
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$8,390	\$9,155	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	\$2,841	\$3,378	\$1,624
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$2,628	\$2,627	\$3,194
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$1,451	\$1,828	\$1,217
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$1,197	\$1,218	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$1,742	\$1,936	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,725	\$1,829	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$2,335	\$2,598	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	\$1,478	\$1,505	\$1,433
	137 THERAPEUTIC COLONOSCOPY	\$1,801	\$1,882	\$1,637
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$6,866	\$6,968	\$1,145
	139 LEVEL I HERNIA REPAIR	\$5,053	\$5,524	\$2,778
	140 LEVEL II HERNIA REPAIR	\$5,958	\$6,756	\$2,576
	141 LEVEL I ANAL AND RECTAL PROCEDURES	\$3,519	\$4,044	\$1,200
	142 LEVEL II ANAL AND RECTAL PROCEDURES	\$4,197	\$4,792	\$2,139
	143 LEVEL I GASTROINTESTINAL PROCEDURES	\$4,424	\$4,517	\$1,320
	144 LEVEL II GASTROINTESTINAL PROCEDURES	\$10,980	\$10,980	.
	145 LEVEL I LAPAROSCOPY	\$6,720	\$7,096	\$2,559
	146 LEVEL II LAPAROSCOPY	\$9,041	\$9,427	\$3,868
	147 LEVEL III LAPAROSCOPY	\$9,980	\$10,611	\$4,985
	148 LEVEL IV LAPAROSCOPY	\$17,849	\$18,070	\$7,480
08	GENITOURINARY SYSTEM PROCEDURES	\$6,250	\$6,463	\$5,392
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$9,821	\$11,846	\$8,211
	162 URINARY CATHETERIZATION AND DILATATION	\$5,301	\$5,332	\$1,134
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	\$3,318	\$3,484	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	\$6,167	\$6,651	\$2,703
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	\$20,165	\$20,165	.
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	\$4,209	\$4,263	\$2,513
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	\$10,368	\$11,734	\$3,858
09	MALE REPRODUCTIVE SYSTEM	\$5,268	\$5,766	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$3,516	\$3,654	\$2,702
	181 CIRCUMCISION	\$1,966	\$2,298	\$841
	182 INSERTION OF PENILE PROSTHESIS	\$37,474	\$37,474	.
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	\$2,626	\$2,626	.

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, AVERAGE TOTAL CHARGES, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure EAPG category	Procedure EAPG	ALL FACILITIES	HOSPITALS	FASCs
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	\$8,884	\$9,032	\$3,870
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	\$2,385	\$2,425	\$1,336
10	FEMALE REPRODUCTIVE SYSTEM	\$5,488	\$6,143	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	\$4,978	\$5,502	\$2,073
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	\$6,327	\$6,583	\$2,354
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	\$8,478	\$8,853	\$3,063
	199 DILATION AND CURETTAGE	\$3,862	\$4,086	\$1,430
	200 HYSTEROSCOPY	\$6,019	\$6,413	\$3,588
	201 COLPOSCOPY	\$965	\$1,106	\$764
11	NEUROLOGIC SYSTEM PROCEDURES	\$5,558	\$6,459	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$1,954	\$2,196	\$1,028
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	\$12,242	\$13,896	\$1,697
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	\$12,020	\$12,020	.
	217 LEVEL I NERVE PROCEDURES	\$3,595	\$4,288	\$2,047
	218 LEVEL II NERVE PROCEDURES	\$21,605	\$22,896	\$3,720
	219 SPINAL TAP	\$2,473	\$2,473	.
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	\$2,548	\$2,853	\$947
	221 LAMINOTOMY AND LAMINECTOMY	\$11,728	\$12,411	\$4,528
	223 LEVEL III NERVE PROCEDURES	\$35,622	\$38,104	\$8,988
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	\$3,237	\$4,588	\$2,693
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$521	\$1,351	\$466
	232 LASER EYE PROCEDURES	\$879	\$939	\$863
	233 CATARACT PROCEDURES	\$3,333	\$4,292	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	\$2,009	\$4,975	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	\$3,152	\$4,384	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	\$6,980	\$11,515	\$5,538
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	\$1,135	\$7,320	\$919
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	\$6,855	\$8,404	\$4,984
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	\$3,324	\$3,336	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,923	\$3,139	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	\$3,746	\$4,358	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	\$4,080	\$4,852	\$2,106
	250 COCHLEAR DEVICE IMPLANTATION	\$60,721	\$60,721	.
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	\$6,923	\$7,574	\$2,370
	252 LEVEL I FACIAL AND ENT PROCEDURES	\$2,687	\$2,933	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	\$3,578	\$3,989	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	\$7,186	\$8,743	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	\$10,158	\$11,118	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	\$3,066	\$3,567	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2012
NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
GENDER						
Female	198,832	53.8	140,857	53.8	57,975	53.8
Male	170,860	46.2	121,057	46.2	49,803	46.2
Unknown	26	0.0	15	0.0	11	0.0
Not Reported	34	0.0	2	0.0	32	0.0
AGE						
1-28 days	1,459	0.4	1,301	0.5	158	0.1
29-365 days	3,206	0.9	2,722	1.0	484	0.4
1-4 years	14,614	4.0	10,474	1.0	4,140	3.8
5-9	8,860	2.4	6,876	4.0	1,984	1.8
10-14	6,921	1.9	5,656	2.6	1,265	1.2
15-17	7,017	1.9	5,579	2.2	1,438	1.3
18-19	5,046	1.4	3,819	2.1	1,227	1.1
20-24	14,020	3.8	10,499	1.5	3,521	3.3
25-29	15,413	4.2	11,895	4.0	3,518	3.3
30-34	19,555	5.3	15,288	5.8	4,267	4.0
35-39	19,152	5.2	15,023	5.7	4,129	3.8
40-44	19,825	5.4	15,275	5.8	4,550	4.2
45-49	21,730	5.9	16,577	6.3	5,153	4.8
50-54	39,717	10.7	29,317	11.2	10,400	9.6
55-59	35,837	9.7	26,116	10.0	9,721	9.0
60-64	34,256	9.3	24,120	9.2	10,136	9.4
65-69	34,145	9.2	21,226	8.1	12,919	12.0
70-74	27,244	7.4	16,114	6.2	11,130	10.3
75-79	20,684	5.6	11,722	4.5	8,962	8.3
80-84	13,382	3.6	7,780	3.0	5,602	5.2
85-89	5,894	1.6	3,464	1.3	2,430	2.3
90 +	1,765	0.5	1,080	0.4	685	0.6
Not Reported	10	0.0	8	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN						
Physician Referral	156,101	42.2	81,064	30.9	75,037	69.6
Clinic Referral	196,152	53.0	177,256	67.7	18,896	17.5
HMO Referral	3,137	0.8	3,137	1.2	0	0.0
Other Hospital	190	0.1	189	0.1	1	0.0
Skilled Nursing Facility	146	0.0	144	0.1	2	0.0
Other Health Care Facility	17	0.0	17	0.0	0	0.0
ER (Not valid since 7/2010)	3	0.0	3	0.0	0	0.0
Court/Law Enforcement	20	0.0	19	0.0	1	0.0
Unknown	7,040	1.9	29	0.0	7,011	6.5
Not Reported	6,946	1.9	73	0.0	6,873	6.4

(Continued)

**TABLE 6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
DISCHARGE STATUS						
Home Health Care	362,927	98.2	260,978	99.6	101,949	94.6
Another Hospital	214	0.1	100	0.0	114	0.1
Skilled Nursing Facility	204	0.1	196	0.1	8	0.0
Intermediate Care	18	0.0	15	0.0	3	0.0
Another Type of Institution	239	0.1	198	0.1	41	0.0
Under Care of Home Service	325	0.1	303	0.1	22	0.0
Left Against Medical Advice	17	0.0	17	0.0	0	0.0
Under care of Home Provider	0	0.0	0	0.0	0	0.0
Expired	19	0.0	18	0.0	1	0.0
Unknown	5,734	1.6	68	0.0	5,666	5.3
Not Reported	55	0.0	38	0.0	17	0.0
PRIMARY PAYER						
Medicare	104,501	28.3	66,198	25.3	38,303	35.5
Medicaid	27,028	7.3	19,834	7.6	7,194	6.7
Other Government	10,724	2.9	6,484	2.5	4,240	3.9
Blue Cross/Blue Shield	52,813	14.3	32,501	12.4	20,312	18.8
Other Commercial	25,836	7.0	19,396	7.4	6,440	6.0
Managed Care(HMO, PPO)	134,910	36.5	108,501	41.4	26,409	24.5
Self Pay	5,287	1.4	3,771	1.4	1,516	1.4
Industrial & Worker Comp	4,614	1.2	3,122	1.2	1,492	1.4
Charity and Unclassified	928	0.3	839	0.3	89	0.1
Childrens Health Insurance	261	0.1	154	0.1	107	0.1
Unknown	1,139	0.3	1,001	0.4	138	0.1
Not Reported	1,711	0.5	130	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE						
Bear River	22,841	6.2	18,435	7.0	4,406	4.1
Central Utah	10,183	2.8	8,690	3.3	1,493	1.4
Davis County	44,182	11.9	29,850	11.4	14,332	13.3
Salt Lake County	126,948	34.3	90,968	34.7	35,980	33.4
Southeastern Utah	6,621	1.8	5,705	2.2	916	0.8
Southwest Utah	26,220	7.1	14,915	5.7	11,305	10.5
Summit County	5,803	1.6	4,208	1.6	1,595	1.5
Tooele County	8,458	2.3	6,494	2.5	1,964	1.8
Tri-County	5,696	1.5	5,152	2.0	544	0.5
Utah County	54,180	14.7	39,008	14.9	15,172	14.1
Wasatch County	2,761	0.7	2,303	0.9	458	0.4
Weber County	35,571	9.6	22,232	8.5	13,339	12.4
Unknown Utah	39	0.0	24	0.0	15	0.0
Outside Utah	20,076	5.4	13,799	5.3	6,277	5.8
Unknown, Not Reported	174	0.0	149	0.1	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

118 Alta View Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	15,184	100.0	340,055	100.0
Mastectomy (85.0-85.99)	503	3.3	8,708	2.6
Musculoskeletal (76.0-84.99)	2,817	18.6	69,858	20.5
Respiratory (30.0-34.99)	18	0.1	3,126	0.9
Cardiovascular (35.0-39.99)	13	0.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	57	0.4	3,058	0.9
Digestive System (42.0-54.99)	7,596	50.0	110,559	32.5
Urinary (55.0-59.99)	586	3.9	11,335	3.3
Male Genital (60.0-64.99)	195	1.3	4,598	1.4
Female Genital (65.0-71.99)	1,019	6.7	16,800	4.9
Endocrine/Nervous (01.0-07.99)	288	1.9	23,927	7.0
Eye (08.0-16.99)	1,115	7.3	24,162	7.1
Ear (18.0-20.99)	98	0.6	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	879	5.8	31,882	9.4
Reporting Category(CPT-4 CODES)	12,663	100.0	336,452	100.0
Mastectomy (19120-19220)	39	0.3	1,628	0.5
Musculoskeletal (20000-29909)	2,522	19.9	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	374	3.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	13	0.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	51	0.4	4,482	1.3
Digestive (40490-49999)	7,412	58.5	127,003	37.7
Urinary (50010-53899)	525	4.1	16,209	4.8
Male Genital (54000-55899)	100	0.8	4,833	1.4
Female Genital (56405-58999)	768	6.1	15,699	4.7
Endocrine/Nervous (60000-64999)	285	2.3	26,706	7.9
Eye (65091-68899)	526	4.2	13,805	4.1
Ear (69000-69979)	48	0.4	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4542	ENDO POLYPECTOMY LG INTESTINE	1,794	11.8	4.65
4523	COLONOSCOPY	1,549	10.2	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,475	9.7	5.87
4525	CLO [ENDO] BX LG INTESTINE	606	4.0	2.45
4836	[ENDO] POLYPECTOMY RECTUM	558	3.7	1.36
806	EXC SEMILUNAR CARTILAGE-KNEE	379	2.5	1.63
5123	LAP CHOLEY	351	2.3	1.92
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	301	2.0	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	299	2.0	1.74
8147	OTH REPR KNEE	199	1.3	0.72
4292	DILAT ESOPH	189	1.2	1.54
4513	OTH ENDO SM INTESTINE	173	1.1	1.56
232	RESTORATION TOOTH-FILLING	152	1.0	0.49
8363	ROTATOR CUFF REPR	136	0.9	0.79
598	URETERAL CATH	135	0.9	0.76
0443	RELEASE CARPAL TUNNEL	121	0.8	1.13
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	119	0.8	0.48
7032	EXC/DESTRUC LES CUL-DE-SAC	106	0.7	0.20
2263	ETHMOIDECTOMY	101	0.7	0.74
0887	UPPER EYELID RHYTIDECTOMY	100	0.7	0.25

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,285	18.0	6.39
43239	UGI ENDO; W/BX 1/MX	1,486	11.7	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,367	10.8	5.93
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	442	3.5	2.20
47562	LAPAROSCOPY SURGICAL; CHOLECT	328	2.6	0.90
66984	EXTRACAPSULAR CATARACT REMV IOL	282	2.2	1.77
29881	SCOPE KNEE SURG;W/MENISCECT MED/	250	2.0	1.48
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	150	1.2	0.55
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	143	1.1	1.15
29880	SCOPE KNEE SURG;W/MENISCECT MED&	135	1.1	0.48
52332	CYSTOURETHROSCOPY W/INSRT STENT	120	0.9	0.74
49505	REPR INIT ING HERNIA 5YR/MORE; R	111	0.9	0.69
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	103	0.8	1.04
28285	CORRECTION HAMMERTOES	98	0.8	0.58
29826	SCOPE SHOULDER; DECOMP SUBACROM	93	0.7	1.15
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	83	0.7	0.61
26055	TENDON SHEATH INCISION	78	0.6	0.44
49650	LAPAROSCPY SURG; REPR INIT ING HE	78	0.6	0.34
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	76	0.6	0.42
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	69	0.5	0.55

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		6,512	\$3,163	\$5,136
4523	COLONOSCOPY	1,315	\$1,005	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	1,180	\$1,416	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	775	\$1,370	\$1,906
5123	LAP CHOLEY	323	\$6,552	\$8,631
4525	CLO [ENDO] BX LG INTESTINE	278	\$1,411	\$1,908
4836	[ENDO] POLYPECTOMY RECTUM	193	\$1,318	\$1,651
806	EXC SEMILUNAR CARTILAGE-KNEE	117	\$4,442	\$5,241
4513	OTH ENDO SM INTESTINE	107	\$1,292	\$1,475
0443	RELEASE CARPAL TUNNEL	77	\$2,808	\$3,092
6952	ASPIR CURET FOLLOWING DELIV/AB	75	\$3,040	\$3,669
8532	BILAT REDUC MAMMO	75	\$11,673	\$12,435
8339	EXC LES OTH SOFT TISS	51	\$3,794	\$4,793
283	TONSILLECTOMY W/ADENOIDECTOMY	48	\$4,397	\$3,559
8201	EXPLOR TENDON SHEATH HAND	44	\$2,298	\$2,889
5341	REPR UMB HERN W/PROSTH	41	\$5,573	\$6,498
282	TONSILLECTOMY WO ADENOIDECTOMY	39	\$3,937	\$3,611
5303	UNILAT REPR DIRECT ING HERN-GFT	38	\$5,662	\$6,274
5304	UNILAT REPR INDIRECT ING HERN-GFT	38	\$5,025	\$5,886
6029	OTH TRANSURETHRAL PROSTATECTOMY	37	\$7,807	\$10,568
8554	BILAT BREAST IMPLNT	37	\$6,462	\$7,967

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		7,142	\$3,291	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,681	\$1,382	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,162	\$1,005	\$1,296
43239	UGI ENDO; W/BX 1/MX	788	\$1,363	\$1,845
47562	LAPAROSCOPY SURGICAL; CHOLECT	302	\$6,505	\$8,029
66984	EXTRACAPSULAR CATARACT REMV IOL	281	\$4,390	\$4,261
29881	SCOPE KNEE SURG;W/MENISCECT MED/	154	\$4,534	\$4,904
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	152	\$1,635	\$1,850
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	95	\$1,163	\$1,361
49505	REPR INIT ING HERNIA 5YR/MORE; R	95	\$5,325	\$6,089
29880	SCOPE KNEE SURG;W/MENISCECT MED&	74	\$4,597	\$5,166
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	70	\$4,958	\$7,970
49650	LAPARSCPY SURG; REPR INIT ING HE	62	\$10,439	\$9,560
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	60	\$2,724	\$3,226
41899	UNLIST PROC DENTOALVEOL STRUCTUR	51	\$4,029	\$3,996
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	40	\$5,662	\$5,406
26055	TENDON SHEATH INCISION	39	\$2,454	\$2,761
44970	LAPAROSCOPY SURGICAL APPENDECTOM	38	\$9,245	\$12,174
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	37	\$4,296	\$3,675
20680	REMOVAL OF IMPLANT; DEEP	35	\$4,097	\$5,341
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	32	\$3,700	\$3,627

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	172	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	126	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	55
	013 LEVEL II SKIN REPAIR	2	921
	014 LEVEL III SKIN REPAIR	2	219
02	BREAST PROCEDURES	39	1,675
	020 LEVEL I BREAST PROCEDURES	39	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,291	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	94	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	174	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	122	2,315
	033 LEVEL I HAND PROCEDURES	165	4,044
	034 LEVEL II HAND PROCEDURES	30	1,282
	035 LEVEL I FOOT PROCEDURES	264	6,556
	036 LEVEL II FOOT PROCEDURES	25	1,905
	037 LEVEL I ARTHROSCOPY	896	22,852
	038 LEVEL II ARTHROSCOPY	172	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	12	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	11	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	175	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	511
	045 BUNION PROCEDURES	99	1,823
	046 LEVEL I ARTHROPLASTY	6	706
	047 LEVEL II ARTHROPLASTY	16	149
	048 HAND AND FOOT TENOTOMY	6	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	2,425
04	RESPIRATORY PROCEDURES	195	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	33	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	139	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	18	2,327
05	CARDIOVASCULAR PROCEDURES	7	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	1,385
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2,877
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	89
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	30	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,490	117,000

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	76	1,482
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	670
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	540
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,635	26,657
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	186	6,164
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,680	41,948
137 THERAPEUTIC COLONOSCOPY	552	9,396
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	78	2,093
139 LEVEL I HERNIA REPAIR	236	5,542
140 LEVEL II HERNIA REPAIR	58	1,204
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
142 LEVEL II ANAL AND RECTAL PROCEDURES	16	1,143
143 LEVEL I GASTROINTESTINAL PROCEDURES	23	504
145 LEVEL I LAPAROSCOPY	115	2,400
146 LEVEL II LAPAROSCOPY	566	8,245
147 LEVEL III LAPAROSCOPY	238	7,608
148 LEVEL IV LAPAROSCOPY	5	225
08 GENITOURINARY SYSTEM PROCEDURES	461	13,016
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	15	890
162 URINARY CATHETERIZATION AND DILATATION	6	301
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	223	6,067
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	200	3,986
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	132
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	282
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	15	941
09 MALE REPRODUCTIVE SYSTEM	136	4,531
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	46	1,567
181 CIRCUMCISION	19	1,132
182 INSERTION OF PENILE PROSTHESIS	1	98
184 LEVEL II PENILE AND PROSTATE PROCEDURES	70	1,442
10 FEMALE REPRODUCTIVE SYSTEM	480	8,837
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	89	1,349
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	124	1,904
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	138	2,262
199 DILATION AND CURETTAGE	15	439
200 HYSTEROSCOPY	102	2,236
201 COLPOSCOPY	12	642
11 NEUROLOGIC SYSTEM PROCEDURES	248	23,914
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	3,650
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	7	221
217 LEVEL I NERVE PROCEDURES	125	4,317
218 LEVEL II NERVE PROCEDURES	21	835
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	27	10,531
221 LAMINOTOMY AND LAMINECTOMY	62	2,724
223 LEVEL III NERVE PROCEDURES	5	863
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	526	13,758
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	17

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
233 CATARACT PROCEDURES	303	6,414
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	131
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	255
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	252
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	39	892
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	168	1,780
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	513	31,246
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	27
252 LEVEL I FACIAL AND ENT PROCEDURES	204	13,009
253 LEVEL II FACIAL AND ENT PROCEDURES	33	1,530
254 LEVEL III FACIAL AND ENT PROCEDURES	78	4,294
255 LEVEL IV FACIAL AND ENT PROCEDURES	69	3,502
256 TONSIL AND ADENOID PROCEDURES	127	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	104	\$4,916	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$4,949	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$3,731	\$2,769
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,828	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	\$4,538	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	75	\$4,634	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$5,376	\$7,059
	013 LEVEL II SKIN REPAIR	1	\$2,522	\$4,731
	014 LEVEL III SKIN REPAIR	2	\$20,888	\$9,742
02	BREAST PROCEDURES	37	\$4,257	\$5,295
	020 LEVEL I BREAST PROCEDURES	37	\$4,257	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	824	\$5,706	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$5,375	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	\$5,967	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$10,182	\$12,233
	033 LEVEL I HAND PROCEDURES	81	\$2,703	\$3,605
	034 LEVEL II HAND PROCEDURES	6	\$3,833	\$6,660
	035 LEVEL I FOOT PROCEDURES	88	\$3,459	\$4,528
	036 LEVEL II FOOT PROCEDURES	7	\$5,039	\$8,711
	037 LEVEL I ARTHROSCOPY	317	\$4,611	\$5,040
	038 LEVEL II ARTHROSCOPY	32	\$14,138	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$5,677	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	8	\$2,455	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	126	\$9,576	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$4,777	\$3,670
	045 BUNION PROCEDURES	50	\$4,751	\$6,795
	046 LEVEL I ARTHROPLASTY	1	\$6,885	\$9,886
	047 LEVEL II ARTHROPLASTY	7	\$11,033	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$2,890	\$1,936
04	RESPIRATORY PROCEDURES	10	\$3,405	\$2,528
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$7,426	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,327	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	8	\$2,662	\$3,588
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	22	\$9,612	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	\$9,612	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,870	\$2,280	\$3,378
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$644	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$1,202	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	887	\$1,342	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	57	\$2,327	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,849	\$1,228	\$1,505
	137 THERAPEUTIC COLONOSCOPY	179	\$1,597	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$4,546	\$6,968
	139 LEVEL I HERNIA REPAIR	175	\$5,253	\$5,524
	140 LEVEL II HERNIA REPAIR	30	\$5,561	\$6,756

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$7,359	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$5,697	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	10	\$2,735	\$4,517
	145 LEVEL I LAPAROSCOPY	46	\$5,516	\$7,096
	146 LEVEL II LAPAROSCOPY	473	\$7,458	\$9,427
	147 LEVEL III LAPAROSCOPY	127	\$7,494	\$10,611
	148 LEVEL IV LAPAROSCOPY	3	\$13,550	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	162	\$5,483	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$4,604	\$11,846
	162 URINARY CATHETERIZATION AND DILATATION	4	\$7,234	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	85	\$4,417	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	57	\$5,390	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$41,868	\$20,165
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	13	\$9,663	\$11,734
09	MALE REPRODUCTIVE SYSTEM	109	\$7,025	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	\$4,511	\$3,654
	181 CIRCUMCISION	15	\$3,898	\$2,298
	182 INSERTION OF PENILE PROSTHESIS	1	\$33,369	\$37,474
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	63	\$8,549	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	221	\$6,007	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	\$4,042	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	53	\$5,428	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	76	\$7,388	\$8,853
	199 DILATION AND CURETTAGE	8	\$3,166	\$4,086
	200 HYSTEROSCOPY	62	\$5,900	\$6,413
	201 COLPOSCOPY	1	\$2,276	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	117	\$5,289	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$555	\$2,196
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$3,591	\$13,896
	217 LEVEL I NERVE PROCEDURES	76	\$3,053	\$4,288
	218 LEVEL II NERVE PROCEDURES	13	\$14,633	\$22,896
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$3,515	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	20	\$8,557	\$12,411
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	402	\$4,316	\$4,588
	233 CATARACT PROCEDURES	302	\$4,388	\$4,292
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	\$6,463	\$4,384
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$3,982	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	82	\$4,004	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	250	\$5,278	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	102	\$3,840	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	10	\$3,663	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	6	\$6,489	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	38	\$11,885	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	94	\$4,261	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,896	58.6	140,857	53.8
Male	4,159	41.4	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	9	0.1	2,722	1.0
1-4 years	82	0.8	10,474	4.0
5-9	51	0.5	6,876	2.6
10-14	75	0.7	5,656	2.2
15-17	127	1.3	5,579	2.1
18-19	137	1.4	3,819	1.5
20-24	424	4.2	10,499	4.0
25-29	470	4.7	11,895	4.5
30-34	582	5.8	15,288	5.8
35-39	601	6.0	15,023	5.7
40-44	589	5.9	15,275	5.8
45-49	674	6.7	16,577	6.3
50-54	1,435	14.3	29,317	11.2
55-59	1,205	12.0	26,116	10.0
60-64	1,199	11.9	24,120	9.2
65-69	1,008	10.0	21,226	8.1
70-74	647	6.4	16,114	6.2
75-79	387	3.8	11,722	4.5
80-84	249	2.5	7,780	3.0
85-89	89	0.9	3,464	1.3
90 +	15	0.1	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,279	22.7	81,064	30.9
Clinic Referral	7,776	77.3	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,040	99.9	260,978	99.6
Another Hospital	8	0.1	100	0.0
Skilled Nursing Facility	2	0.0	196	0.1
Intermediate Care Facility	1	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	3	0.0	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	2,209	22.0	66,198	25.3
Medicaid	391	3.9	19,834	7.6
Other government	110	1.1	6,484	2.5
Blue Cross/Blue Shield	247	2.5	32,501	12.4
Other Commercial	747	7.4	19,396	7.4
Managed Care(HMO, PPO)	6,086	60.5	108,501	41.4
Self Pay	135	1.3	3,771	1.4
Industrial & Worker Comp	88	0.9	3,122	1.2
Charity and Unclassified	31	0.3	839	0.3
Childrens Health Insurance	2	0.0	154	0.1
Unknown	9	0.1	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	16	0.2	18,435	7.0
Central Utah	27	0.3	8,690	3.3
Davis County	130	1.3	29,850	11.4
Salt Lake County	9,110	90.6	90,968	34.7
Southeastern Utah	6	0.1	5,705	2.2
Southwest Utah	10	0.1	14,915	5.7
Summit County	71	0.7	4,208	1.6
Tooele County	124	1.2	6,494	2.5
Tri-County	18	0.2	5,152	2.0
Utah County	386	3.8	39,008	14.9
Wasatch County	20	0.2	2,303	0.9
Weber County	28	0.3	22,232	8.5
Unknown Utah	1	0.0	24	0.0
Outside Utah	106	1.1	13,799	5.3
Unknown, Not Reported	2	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

136 American Fork Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	13,658	100.0	340,055	100.0
Mastectomy (85.0-85.99)	387	2.8	8,708	2.6
Musculoskeletal (76.0-84.99)	2,459	18.0	69,858	20.5
Respiratory (30.0-34.99)	58	0.4	3,126	0.9
Cardiovascular (35.0-39.99)	40	0.3	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	120	0.9	3,058	0.9
Digestive System (42.0-54.99)	5,532	40.5	110,559	32.5
Urinary (55.0-59.99)	300	2.2	11,335	3.3
Male Genital (60.0-64.99)	120	0.9	4,598	1.4
Female Genital (65.0-71.99)	762	5.6	16,800	4.9
Endocrine/Nervous (01.0-07.99)	509	3.7	23,927	7.0
Eye (08.0-16.99)	600	4.4	24,162	7.1
Ear (18.0-20.99)	950	7.0	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	1,821	13.3	31,882	9.4
Reporting Category(CPT-4 CODES)	12,197	100.0	336,452	100.0
Mastectomy (19120-19220)	89	0.7	1,628	0.5
Musculoskeletal (20000-29909)	2,808	23.0	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	1,053	8.6	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	70	0.6	18,525	5.5
Lymphatic/Hemetic (38100-38999)	108	0.9	4,482	1.3
Digestive (40490-49999)	6,014	49.3	127,003	37.7
Urinary (50010-53899)	298	2.4	16,209	4.8
Male Genital (54000-55899)	83	0.7	4,833	1.4
Female Genital (56405-58999)	557	4.6	15,699	4.7
Endocrine/Nervous (60000-64999)	298	2.4	26,706	7.9
Eye (65091-68899)	304	2.5	13,805	4.1
Ear (69000-69979)	515	4.2	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		13,658	100.0	100.0
4523	COLONOSCOPY	1,514	11.1	6.64
2001	MYRINGOTOMY W/INSRT TUBE	801	5.9	2.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	795	5.8	5.87
4525	CLO [ENDO] BX LG INTESTINE	612	4.5	2.45
4542	ENDO POLYPECTOMY LG INTESTINE	583	4.3	4.65
4513	OTH ENDO SM INTESTINE	447	3.3	1.56
283	TONSILLECTOMY W/ADENOIDECTOMY	420	3.1	1.75
5123	LAP CHOLEY	388	2.8	1.92
2169	OTH TURBINECTOMY	290	2.1	0.93
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	282	2.1	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	279	2.0	1.74
4292	DILAT ESOPH	262	1.9	1.54
2188	OTH SEPTOPLASTY	230	1.7	0.58
0443	RELEASE CARPAL TUNNEL	171	1.3	1.13
8521	LOC EXC LES BREAST	157	1.1	0.58
2263	ETHMOIDECTOMY	139	1.0	0.74
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	131	1.0	0.28
806	EXC SEMILUNAR CARTILAGE-KNEE	130	1.0	1.63
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	124	0.9	0.21
7756	REPR HAMMER TOE	124	0.9	0.40

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		12,197	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,328	10.9	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	841	6.9	6.39
43239	UGI ENDO; W/BX 1/MX	795	6.5	6.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	431	3.5	2.20
69436	TYMPANOSTOMY GENERAL ANESTHESIA	411	3.4	1.53
42820	T&A; UNDER AGE 12	338	2.8	1.37
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	310	2.5	1.15
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	305	2.5	1.10
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	282	2.3	0.86
66984	EXTRACAPSULAR CATARACT REMV IOL	282	2.3	1.77
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	254	2.1	1.04
30140	SUBMUCOS RES TURBINATE PART/CMPL	245	2.0	0.91
28285	CORRECTION HAMMERTOE	181	1.5	0.58
45383	COLONOSCOPY FLEX; W/ABLAT LES	157	1.3	0.16
29826	SCOPE SHOULDER; DECOMP SUBACROM	154	1.3	1.15
29848	ENDO WRST SURG REL TRNS CARP LIG	115	0.9	0.49
29881	SCOPE KNEE SURG;W/MENISCECT MED/	115	0.9	1.48
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	107	0.9	0.42
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	106	0.9	0.48
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	105	0.9	0.71

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, 2012
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		6,222	\$3,380	\$5,136
4523	COLONOSCOPY	1,325	\$690	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	440	\$1,166	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	435	\$923	\$1,906
4525	CLO [ENDO] BX LG INTESTINE	432	\$1,010	\$1,908
283	TONSILLECTOMY W/ADENOIDECTOMY	341	\$3,617	\$3,559
5123	LAP CHOLEY	331	\$6,766	\$8,631
4513	OTH ENDO SM INTESTINE	237	\$606	\$1,475
6952	ASPIR CURET FOLLOWING DELIV/AB	110	\$2,930	\$3,669
282	TONSILLECTOMY WO ADENOIDECTOMY	86	\$3,906	\$3,611
0443	RELEASE CARPAL TUNNEL	84	\$2,779	\$3,092
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	72	\$4,852	\$6,271
8521	LOC EXC LES BREAST	72	\$4,574	\$4,756
4701	LAP APPENDECTOMY	65	\$9,960	\$11,971
8183	OTH REPR SHLDR	65	\$13,733	\$9,815
8201	EXPLOR TENDON SHEATH HAND	56	\$2,326	\$2,889
4824	CLO [ENDO] BX RECTUM	53	\$941	\$1,724
806	EXC SEMILUNAR CARTILAGE-KNEE	51	\$5,684	\$5,241
4836	[ENDO] POLYPECTOMY RECTUM	49	\$1,079	\$1,651
8147	OTH REPR KNEE	44	\$7,397	\$6,709
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	42	\$3,117	\$3,594

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,659	\$3,417	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,160	\$690	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	591	\$1,020	\$1,749
43239	UGI ENDO; W/BX 1/MX	438	\$940	\$1,845
69436	TYMPANOSTOMY GENERAL ANESTHESIA	290	\$1,664	\$1,876
66984	EXTRACAPSULAR CATARACT REMV IOL	277	\$4,168	\$4,261
42820	T&A; UNDER AGE 12	275	\$3,598	\$3,454
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	272	\$6,991	\$9,209
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	245	\$1,106	\$1,850
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	225	\$663	\$1,361
45383	COLONOSCOPY FLEX; W/ABLAT LES	101	\$980	\$1,391
29848	ENDO WRST SURG REL TRNS CARP LIG	95	\$2,794	\$3,237
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	95	\$1,475	\$2,098
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	85	\$3,936	\$3,675
49650	LAPARSCPY SURG; REPR INIT ING HE	76	\$7,721	\$9,560
42821	T&A; AGE 12 OR OVER	68	\$3,725	\$3,919
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	\$5,740	\$4,904
47562	LAPAROSCOPY SURGICAL; CHOLECT	66	\$6,022	\$8,029
44970	LAPAROSCOPY SURGICAL APPENDECTOM	65	\$9,960	\$12,174
19120	EXC BRST CYST TUMR/LES OPN M/F 1	53	\$4,935	\$4,844
49505	REPR INIT ING HERNIA 5YR/MORE; R	48	\$5,697	\$6,089

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	201	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	93
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	151	5,026
	013 LEVEL II SKIN REPAIR	9	921
	014 LEVEL III SKIN REPAIR	6	219
02	BREAST PROCEDURES	89	1,675
	020 LEVEL I BREAST PROCEDURES	89	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,526	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	94	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	128	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	2,315
	033 LEVEL I HAND PROCEDURES	190	4,044
	034 LEVEL II HAND PROCEDURES	17	1,282
	035 LEVEL I FOOT PROCEDURES	545	6,556
	036 LEVEL II FOOT PROCEDURES	88	1,905
	037 LEVEL I ARTHROSCOPY	651	22,852
	038 LEVEL II ARTHROSCOPY	239	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	28	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	24	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	209	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	511
	045 BUNION PROCEDURES	215	1,823
	046 LEVEL I ARTHROPLASTY	35	706
	047 LEVEL II ARTHROPLASTY	3	149
	048 HAND AND FOOT TENOTOMY	14	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	2,425
04	RESPIRATORY PROCEDURES	454	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	94	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	312	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	46	2,327
05	CARDIOVASCULAR PROCEDURES	33	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	22	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	8	1,385
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	466
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	116
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	105	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	105	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,554	117,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	540

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,109	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	300	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,181	41,948
	137 THERAPEUTIC COLONOSCOPY	636	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	49	2,093
	139 LEVEL I HERNIA REPAIR	155	5,542
	140 LEVEL II HERNIA REPAIR	22	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	20	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	23	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	17	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	103
	145 LEVEL I LAPAROSCOPY	128	2,400
	146 LEVEL II LAPAROSCOPY	426	8,245
	147 LEVEL III LAPAROSCOPY	448	7,608
	148 LEVEL IV LAPAROSCOPY	3	225
08	GENITOURINARY SYSTEM PROCEDURES	270	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	12	890
	162 URINARY CATHETERIZATION AND DILATATION	8	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	140	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	106	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	941
09	MALE REPRODUCTIVE SYSTEM	92	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	38	1,567
	181 CIRCUMCISION	19	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	35	1,442
10	FEMALE REPRODUCTIVE SYSTEM	312	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	50	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	46	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	43	2,262
	199 DILATION AND CURETTAGE	16	439
	200 HYSTEROSCOPY	153	2,236
	201 COLPOSCOPY	4	642
11	NEUROLOGIC SYSTEM PROCEDURES	211	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	178
	217 LEVEL I NERVE PROCEDURES	120	4,317
	218 LEVEL II NERVE PROCEDURES	22	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	17	10,531
	221 LAMINOTOMY AND LAMINECTOMY	42	2,724
	223 LEVEL III NERVE PROCEDURES	1	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	303	13,758
	233 CATARACT PROCEDURES	288	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	131

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	255
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,979
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,935	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	758	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	91	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	326	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	133	3,502
	256 TONSIL AND ADENOID PROCEDURES	627	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	129	\$3,933	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$3,311	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$2,515	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,676	\$5,874
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	\$4,474	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	13	\$4,073	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	106	\$3,820	\$4,950
	014 LEVEL III SKIN REPAIR	2	\$10,983	\$9,742
02	BREAST PROCEDURES	69	\$5,239	\$5,295
	020 LEVEL I BREAST PROCEDURES	69	\$5,239	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	971	\$5,604	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$4,636	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$5,770	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$9,791	\$12,233
	033 LEVEL I HAND PROCEDURES	98	\$3,092	\$3,605
	034 LEVEL II HAND PROCEDURES	9	\$5,450	\$6,660
	035 LEVEL I FOOT PROCEDURES	144	\$3,805	\$4,528
	036 LEVEL II FOOT PROCEDURES	33	\$8,816	\$8,711
	037 LEVEL I ARTHROSCOPY	237	\$4,585	\$5,040
	038 LEVEL II ARTHROSCOPY	33	\$15,749	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$7,120	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	18	\$3,503	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	156	\$7,458	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,583	\$3,670
	045 BUNION PROCEDURES	98	\$4,922	\$6,795
	046 LEVEL I ARTHROPLASTY	21	\$9,775	\$9,886
	047 LEVEL II ARTHROPLASTY	3	\$6,303	\$24,441
	048 HAND AND FOOT TENOTOMY	1	\$2,742	\$3,095
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$3,000	\$1,936
04	RESPIRATORY PROCEDURES	24	\$3,739	\$2,528
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	\$4,280	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$6,202	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	12	\$2,557	\$3,588
05	CARDIOVASCULAR PROCEDURES	8	\$13,762	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	\$16,427	\$7,334
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$5,834	\$9,499
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$5,697	\$9,067
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	73	\$10,614	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	73	\$10,614	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,728	\$2,252	\$3,378
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$1,978	\$1,828
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$796	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,101	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	665	\$850	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	120	\$1,436	\$2,598

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,751	\$801	\$1,505
	137 THERAPEUTIC COLONOSCOPY	355	\$1,081	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$3,406	\$6,968
	139 LEVEL I HERNIA REPAIR	94	\$5,350	\$5,524
	140 LEVEL II HERNIA REPAIR	11	\$5,692	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	\$5,909	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	17	\$5,028	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$4,466	\$4,517
	145 LEVEL I LAPAROSCOPY	36	\$5,617	\$7,096
	146 LEVEL II LAPAROSCOPY	298	\$7,923	\$9,427
	147 LEVEL III LAPAROSCOPY	340	\$7,346	\$10,611
	148 LEVEL IV LAPAROSCOPY	3	\$14,647	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	98	\$4,434	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$3,584	\$11,846
	162 URINARY CATHETERIZATION AND DILATATION	4	\$5,880	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	57	\$3,794	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	33	\$4,501	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$19,618	\$20,165
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$2,447	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$20,541	\$11,734
09	MALE REPRODUCTIVE SYSTEM	66	\$6,926	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$4,595	\$3,654
	181 CIRCUMCISION	12	\$3,748	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	33	\$9,565	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	155	\$4,876	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	17	\$2,800	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	23	\$5,702	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	17	\$6,463	\$8,853
	199 DILATION AND CURETTAGE	10	\$3,068	\$4,086
	200 HYSTEROSCOPY	87	\$4,989	\$6,413
	201 COLPOSCOPY	1	\$2,442	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	67	\$6,648	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	\$724	\$2,196
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$14,536	\$12,020
	217 LEVEL I NERVE PROCEDURES	35	\$4,565	\$4,288
	218 LEVEL II NERVE PROCEDURES	5	\$8,018	\$22,896
	221 LAMINOTOMY AND LAMINECTOMY	19	\$11,173	\$12,411
	223 LEVEL III NERVE PROCEDURES	1	\$14,405	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	291	\$4,217	\$4,588
	233 CATARACT PROCEDURES	283	\$4,171	\$4,292
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	\$5,938	\$4,384
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$5,102	\$3,139
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	967	\$3,726	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	348	\$1,946	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	56	\$3,418	\$3,989

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
254 LEVEL III FACIAL AND ENT PROCEDURES	39	\$6,899	\$8,743
255 LEVEL IV FACIAL AND ENT PROCEDURES	72	\$11,309	\$11,118
256 TONSIL AND ADENOID PROCEDURES	452	\$3,654	\$3,567

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,365	56.9	140,857	53.8
Male	4,066	43.1	121,057	46.2
Unknown	2	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	106	1.1	2,722	1.0
1-4 years	375	4.0	10,474	4.0
5-9	306	3.2	6,876	2.6
10-14	228	2.4	5,656	2.2
15-17	219	2.3	5,579	2.1
18-19	149	1.6	3,819	1.5
20-24	421	4.5	10,499	4.0
25-29	599	6.4	11,895	4.5
30-34	687	7.3	15,288	5.8
35-39	664	7.0	15,023	5.7
40-44	646	6.8	15,275	5.8
45-49	639	6.8	16,577	6.3
50-54	1,226	13.0	29,317	11.2
55-59	894	9.5	26,116	10.0
60-64	725	7.7	24,120	9.2
65-69	595	6.3	21,226	8.1
70-74	427	4.5	16,114	6.2
75-79	270	2.9	11,722	4.5
80-84	163	1.7	7,780	3.0
85-89	73	0.8	3,464	1.3
90 +	19	0.2	1,080	0.4
Not Reported	2	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,735	29.0	81,064	30.9
Clinic Referral	6,696	71.0	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	1	0.0	189	0.1
Skilled Nursing Facility	1	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,418	99.8	260,978	99.6
Another Hospital	3	0.0	100	0.0
Skilled Nursing Facility	4	0.0	196	0.1
Intermediate Care Facility	1	0.0	15	0.0
Another Type of Institution	3	0.0	198	0.1
Under Care of Home Service	2	0.0	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	1	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	1,576	16.7	66,198	25.3
Medicaid	605	6.4	19,834	7.6
Other government	163	1.7	6,484	2.5
Blue Cross/Blue Shield	218	2.3	32,501	12.4
Other Commercial	590	6.3	19,396	7.4
Managed Care(HMO, PPO)	6,052	64.2	108,501	41.4
Self Pay	91	1.0	3,771	1.4
Industrial & Worker Comp	44	0.5	3,122	1.2
Charity and Unclassified	14	0.1	839	0.3
Childrens Health Insurance	4	0.0	154	0.1
Unknown	76	0.8	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.0	18,435	7.0
Central Utah	106	1.1	8,690	3.3
Davis County	14	0.1	29,850	11.4
Salt Lake County	191	2.0	90,968	34.7
Southeastern Utah	44	0.5	5,705	2.2
Southwest Utah	8	0.1	14,915	5.7
Summit County	4	0.0	4,208	1.6
Tooele County	34	0.4	6,494	2.5
Tri-County	17	0.2	5,152	2.0
Utah County	8,893	94.3	39,008	14.9
Wasatch County	49	0.5	2,303	0.9
Weber County	9	0.1	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	60	0.6	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	3,604	100.0	340,055	100.0
Mastectomy (85.0-85.99)	55	1.5	8,708	2.6
Musculoskeletal (76.0-84.99)	930	25.8	69,858	20.5
Respiratory (30.0-34.99)	4	0.1	3,126	0.9
Cardiovascular (35.0-39.99)	46	1.3	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	9	0.2	3,058	0.9
Digestive System (42.0-54.99)	592	16.4	110,559	32.5
Urinary (55.0-59.99)	12	0.3	11,335	3.3
Male Genital (60.0-64.99)	6	0.2	4,598	1.4
Female Genital (65.0-71.99)	263	7.3	16,800	4.9
Endocrine/Nervous (01.0-07.99)	643	17.8	23,927	7.0
Eye (08.0-16.99)	153	4.2	24,162	7.1
Ear (18.0-20.99)	343	9.5	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	548	15.2	31,882	9.4
Reporting Category(CPT-4 CODES)	3,169	100.0	336,452	100.0
Mastectomy (19120-19220)	18	0.6	1,628	0.5
Musculoskeletal (20000-29909)	907	28.6	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	105	3.3	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	311	9.8	18,525	5.5
Lymphatic/Hemetic (38100-38999)	9	0.3	4,482	1.3
Digestive (40490-49999)	888	28.0	127,003	37.7
Urinary (50010-53899)	23	0.7	16,209	4.8
Male Genital (54000-55899)	4	0.1	4,833	1.4
Female Genital (56405-58999)	191	6.0	15,699	4.7
Endocrine/Nervous (60000-64999)	454	14.3	26,706	7.9
Eye (65091-68899)	77	2.4	13,805	4.1
Ear (69000-69979)	182	5.7	7,772	2.3

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, 2012
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		3,604	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	319	8.9	2.86
0392	INJ OTH AGENT SPINAL CANAL	292	8.1	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	256	7.1	1.45
4523	COLONOSCOPY	194	5.4	6.64
283	TONSILLECTOMY W/ADENOIDECTOMY	147	4.1	1.75
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	108	3.0	5.87
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	108	3.0	0.79
806	EXC SEMILUNAR CARTILAGE-KNEE	99	2.7	1.63
5123	LAP CHOLEY	94	2.6	1.92
2341	APPLIC CROWN	92	2.6	0.44
2349	OTH DENTAL RESTORATION	88	2.4	0.18
1341	PHACOEMULSIFICATION-ASPIR CATARACT	77	2.1	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	75	2.1	1.77
6909	OTH D&C UTERUS	67	1.9	0.38
0443	RELEASE CARPAL TUNNEL	62	1.7	1.13
8363	ROTATOR CUFF REPR	46	1.3	0.79
2309	EXTRACT OTH TOOTH	45	1.2	0.16
3897	3897	43	1.2	0.10
2262	EXC LES MAXIL SINUS W/OTH APPRCH	29	0.8	0.35
2263	ETHMOIDECTOMY	28	0.8	0.74

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,169	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	242	7.6	0.56
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	206	6.5	0.81
45378	COLONOSCOPY FLEX; DX-SEP PROC	176	5.6	5.93
69436	TYMPANOSTOMY GENERAL ANESTHESIA	159	5.0	1.53
43239	UGI ENDO; W/BX 1/MX	112	3.5	6.32
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	105	3.3	0.42
41899	UNLIST PROC DENTOALVEOL STRUCTUR	104	3.3	0.73
47562	LAPAROSCOPY SURGICAL; CHOLECT	94	3.0	0.90
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	91	2.9	0.67
42820	T&A; UNDER AGE 12	88	2.8	1.37
66984	EXTRACAPSULAR CATARACT REMV IOL	64	2.0	1.77
42821	T&A; AGE 12 OR OVER	59	1.9	0.41
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	59	1.9	0.61
29881	SCOPE KNEE SURG;W/MENISCECT MED/	57	1.8	1.48
45380	COLONOSCOPY FLEX; W/BX 1/MX	57	1.8	6.39
29880	SCOPE KNEE SURG;W/MENISCECT MED&	44	1.4	0.48
20680	REMOVAL OF IMPLANT; DEEP	38	1.2	1.02
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	38	1.2	0.21
23410	REP RUP MUSCULOTENDINUS CUFF OPN	36	1.1	0.08
58120	DILATION & CURET DX &/ THERAPEUT	35	1.1	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, 2012
 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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,309	\$6,563	\$5,136
4523	COLONOSCOPY	160	\$1,931	\$1,274
283	TONSILLECTOMY W/ADENOIDECTOMY	109	\$5,998	\$3,559
5123	LAP CHOLEY	93	\$14,825	\$8,631
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	87	\$1,501	\$2,219
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	71	\$2,727	\$1,906
3897	3897	43	\$6,941	\$5,618
0443	RELEASE CARPAL TUNNEL	38	\$5,088	\$3,092
806	EXC SEMILUNAR CARTILAGE-KNEE	38	\$9,545	\$5,241
0392	INJ OTH AGENT SPINAL CANAL	37	\$1,208	\$1,729
8363	ROTATOR CUFF REPR	27	\$16,381	\$12,785
8511	CLO [PERCUT] [NEEDLE] BX BREAST	22	\$2,049	\$3,024
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	18	\$3,133	\$3,061
8221	EXC LES TENDON SHEATH HAND	18	\$6,231	\$3,352
4542	ENDO POLYPECTOMY LG INTESTINE	17	\$2,865	\$1,820
8521	LOC EXC LES BREAST	17	\$7,283	\$4,756
6952	ASPIR CURET FOLLOWING DELIV/AB	16	\$5,328	\$3,669
8201	EXPLOR TENDON SHEATH HAND	16	\$5,205	\$2,889
4525	CLO [ENDO] BX LG INTESTINE	15	\$2,627	\$1,908
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	15	\$16,243	\$11,910
6831	LAPAROSCOPIC SUPRACERV HYSTERECTOMY	13	\$19,928	\$15,802

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,928	\$5,590	\$4,756
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	199	\$1,212	\$2,139
45378	COLONOSCOPY FLEX; DX-SEP PROC	145	\$1,938	\$1,296
69436	TYMPANOSTOMY GENERAL ANESTHESIA	111	\$2,980	\$1,876
41899	UNLIST PROC DENTOALVEOL STRUCTUR	104	\$7,105	\$3,996
47562	LAPAROSCOPY SURGICAL; CHOLECT	93	\$14,825	\$8,029
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	87	\$1,707	\$1,867
43239	UGI ENDO; W/BX 1/MX	78	\$2,757	\$1,845
36416	COLLECTON CAPILLARY BLOOD SPECIM	76	\$152	\$141
66984	EXTRACAPSULAR CATARACT REMV IOL	64	\$5,175	\$4,261
42820	T&A; UNDER AGE 12	63	\$5,868	\$3,454
45380	COLONOSCOPY FLEX; W/BX 1/MX	50	\$2,680	\$1,749
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	50	\$1,193	\$1,992
42821	T&A; AGE 12 OR OVER	46	\$6,177	\$3,919
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	42	\$5,313	\$3,226
29881	SCOPE KNEE SURG;W/MENISCECT MED/	37	\$9,194	\$4,904
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	37	\$6,949	\$4,555
20680	REMOVAL OF IMPLANT; DEEP	28	\$7,735	\$5,341
23410	REP RUP MUSCULOTENDINUS CUFF OPN	25	\$16,683	\$13,587
49505	REPR INIT ING HERNIA 5YR/MORE; R	25	\$9,723	\$6,089
29880	SCOPE KNEE SURG;W/MENISCECT MED&	21	\$9,708	\$5,166

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	115	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	52	5,026
	013 LEVEL II SKIN REPAIR	43	921
	014 LEVEL III SKIN REPAIR	1	219
02	BREAST PROCEDURES	18	1,675
	020 LEVEL I BREAST PROCEDURES	18	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	834	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	2,315
	033 LEVEL I HAND PROCEDURES	71	4,044
	034 LEVEL II HAND PROCEDURES	9	1,282
	035 LEVEL I FOOT PROCEDURES	69	6,556
	036 LEVEL II FOOT PROCEDURES	28	1,905
	037 LEVEL I ARTHROSCOPY	191	22,852
	038 LEVEL II ARTHROSCOPY	18	5,849
	039 REPLACEMENT OF CAST	2	330
	040 SPLINT, STRAPPING AND CAST REMOVAL	16	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	41	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	86	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	511
	045 BUNION PROCEDURES	35	1,823
	046 LEVEL I ARTHROPLASTY	3	706
	048 HAND AND FOOT TENOTOMY	1	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	114	2,425
04	RESPIRATORY PROCEDURES	77	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	61	5,791
05	CARDIOVASCULAR PROCEDURES	4	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	1,385
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	89
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	24	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	21	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	657	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	116	26,657

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		3	6,164
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		233	41,948
137 THERAPEUTIC COLONOSCOPY		6	9,396
139 LEVEL I HERNIA REPAIR		44	5,542
140 LEVEL II HERNIA REPAIR		9	1,204
141 LEVEL I ANAL AND RECTAL PROCEDURES		6	831
142 LEVEL II ANAL AND RECTAL PROCEDURES		3	1,143
144 LEVEL II GASTROINTESTINAL PROCEDURES		3	103
145 LEVEL I LAPAROSCOPY		67	2,400
146 LEVEL II LAPAROSCOPY		127	8,245
147 LEVEL III LAPAROSCOPY		27	7,608
148 LEVEL IV LAPAROSCOPY		9	225
08 GENITOURINARY SYSTEM PROCEDURES		18	13,016
162 URINARY CATHETERIZATION AND DILATATION		17	301
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		1	6,067
09 MALE REPRODUCTIVE SYSTEM		4	4,531
180 TESTICULAR AND EPIDIDYMAL PROCEDURES		4	1,567
10 FEMALE REPRODUCTIVE SYSTEM		113	8,837
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES		4	1,349
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES		17	1,904
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES		13	2,262
199 DILATION AND CURETTAGE		35	439
200 HYSTEROSCOPY		42	2,236
201 COLPOSCOPY		2	642
11 NEUROLOGIC SYSTEM PROCEDURES		447	23,914
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		208	3,650
217 LEVEL I NERVE PROCEDURES		73	4,317
219 SPINAL TAP		4	395
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		162	10,531
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		77	13,758
233 CATARACT PROCEDURES		77	6,414
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		526	31,246
252 LEVEL I FACIAL AND ENT PROCEDURES		302	13,009
253 LEVEL II FACIAL AND ENT PROCEDURES		16	1,530
254 LEVEL III FACIAL AND ENT PROCEDURES		25	4,294
255 LEVEL IV FACIAL AND ENT PROCEDURES		2	3,502
256 TONSIL AND ADENOID PROCEDURES		181	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

Procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		99	\$6,339	\$4,612
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION		12	\$2,766	\$4,738
004 LEVEL II SKIN INCISION AND DRAINAGE		1	\$7,687	\$5,874
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		4	\$6,099	\$3,634
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		39	\$6,844	\$4,950
013 LEVEL II SKIN REPAIR		42	\$6,865	\$4,731
014 LEVEL III SKIN REPAIR		1	\$7,043	\$9,742
02 BREAST PROCEDURES		16	\$7,593	\$5,295
020 LEVEL I BREAST PROCEDURES		16	\$7,593	\$5,104
03 MUSCULOSKELETAL SYSTEM PROCEDURES		438	\$8,008	\$6,423
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		15	\$6,713	\$5,722
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		15	\$11,084	\$6,996
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		31	\$16,795	\$12,233
033 LEVEL I HAND PROCEDURES		46	\$6,181	\$3,605
034 LEVEL II HAND PROCEDURES		3	\$8,684	\$6,660
035 LEVEL I FOOT PROCEDURES		18	\$6,434	\$4,528
036 LEVEL II FOOT PROCEDURES		7	\$11,531	\$8,711
037 LEVEL I ARTHROSCOPY		74	\$9,712	\$5,040
038 LEVEL II ARTHROSCOPY		2	\$24,864	\$13,882
039 REPLACEMENT OF CAST		1	\$4,930	\$10,002
040 SPLINT, STRAPPING AND CAST REMOVAL		13	\$345	\$1,590
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK		4	\$8,417	\$6,804
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		35	\$4,152	\$3,983
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		67	\$13,560	\$9,982
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA		3	\$3,762	\$3,670
045 BUNION PROCEDURES		14	\$12,190	\$6,795
046 LEVEL I ARTHROPLASTY		1	\$11,917	\$9,886
048 HAND AND FOOT TENOTOMY		1	\$4,429	\$3,095
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION		88	\$1,697	\$1,936
04 RESPIRATORY PROCEDURES		14	\$3,515	\$2,528
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION		10	\$2,497	\$2,852
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY		2	\$4,397	\$1,271
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY		2	\$7,725	\$5,664
05 CARDIOVASCULAR PROCEDURES		4	\$5,159	\$17,886
083 PLACEMENT OF TRANSVENOUS CATHETERS		1	\$7,155	\$7,334
085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES		2	\$6,644	\$32,217
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION		1	\$194	\$15,384
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		15	\$4,793	\$5,648
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE		12	\$4,446	\$3,762
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		3	\$6,179	\$9,155
07 GASTROINTESTINAL SYSTEM PROCEDURES		479	\$6,909	\$3,378
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT		1	\$334	\$2,627
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		1	\$1,600	\$1,828
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		1	\$1,990	\$1,218
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		81	\$2,813	\$1,829

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		2	\$4,689	\$2,598
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		195	\$2,128	\$1,505
137 THERAPEUTIC COLONOSCOPY		3	\$2,767	\$1,882
139 LEVEL I HERNIA REPAIR		39	\$9,012	\$5,524
140 LEVEL II HERNIA REPAIR		8	\$8,124	\$6,756
141 LEVEL I ANAL AND RECTAL PROCEDURES		4	\$7,210	\$4,044
142 LEVEL II ANAL AND RECTAL PROCEDURES		3	\$6,521	\$4,792
144 LEVEL II GASTROINTESTINAL PROCEDURES		3	\$10,739	\$10,980
145 LEVEL I LAPAROSCOPY		11	\$11,075	\$7,096
146 LEVEL II LAPAROSCOPY		101	\$14,762	\$9,427
147 LEVEL III LAPAROSCOPY		17	\$18,822	\$10,611
148 LEVEL IV LAPAROSCOPY		9	\$23,902	\$18,070
08 GENITOURINARY SYSTEM PROCEDURES		17	\$917	\$6,463
162 URINARY CATHETERIZATION AND DILATATION		17	\$917	\$5,332
09 MALE REPRODUCTIVE SYSTEM		3	\$6,687	\$5,766
180 TESTICULAR AND EPIDIDYMAL PROCEDURES		3	\$6,687	\$3,654
10 FEMALE REPRODUCTIVE SYSTEM		11	\$7,887	\$6,143
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES		3	\$6,820	\$5,502
199 DILATION AND CURETTAGE		3	\$10,118	\$4,086
200 HYSTEROSCOPY		4	\$8,065	\$6,413
201 COLPOSCOPY		1	\$3,685	\$1,106
11 NEUROLOGIC SYSTEM PROCEDURES		301	\$1,835	\$6,459
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		201	\$1,201	\$2,196
217 LEVEL I NERVE PROCEDURES		44	\$5,462	\$4,288
219 SPINAL TAP		4	\$1,259	\$2,473
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		52	\$1,260	\$2,853
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		77	\$5,218	\$4,588
233 CATARACT PROCEDURES		77	\$5,218	\$4,292
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		368	\$5,301	\$4,852
252 LEVEL I FACIAL AND ENT PROCEDURES		228	\$4,921	\$2,933
253 LEVEL II FACIAL AND ENT PROCEDURES		13	\$3,155	\$3,989
254 LEVEL III FACIAL AND ENT PROCEDURES		9	\$7,771	\$8,743
255 LEVEL IV FACIAL AND ENT PROCEDURES		2	\$15,346	\$11,118
256 TONSIL AND ADENOID PROCEDURES		116	\$5,924	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,325	52.4	140,857	53.8
Male	1,203	47.6	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	90	3.6	1,301	0.5
29-365 days	78	3.1	2,722	1.0
1-4 years	223	8.8	10,474	4.0
5-9	92	3.6	6,876	2.6
10-14	80	3.2	5,656	2.2
15-17	70	2.8	5,579	2.1
18-19	31	1.2	3,819	1.5
20-24	116	4.6	10,499	4.0
25-29	126	5.0	11,895	4.5
30-34	151	6.0	15,288	5.8
35-39	182	7.2	15,023	5.7
40-44	122	4.8	15,275	5.8
45-49	160	6.3	16,577	6.3
50-54	221	8.7	29,317	11.2
55-59	214	8.5	26,116	10.0
60-64	142	5.6	24,120	9.2
65-69	122	4.8	21,226	8.1
70-74	120	4.7	16,114	6.2
75-79	91	3.6	11,722	4.5
80-84	63	2.5	7,780	3.0
85-89	20	0.8	3,464	1.3
90 +	14	0.6	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,394	94.7	81,064	30.9
Clinic Referral	130	5.1	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	1	0.0	189	0.1
Skilled Nursing Facility	1	0.0	144	0.1
Other Health Care Facility	2	0.1	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,527	100.0	260,978	99.6
Another Hospital	1	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	492	19.5	66,198	25.3
Medicaid	332	13.1	19,834	7.6
Other government	81	3.2	6,484	2.5
Blue Cross/Blue Shield	678	26.8	32,501	12.4
Other Commercial	218	8.6	19,396	7.4
Managed Care(HMO, PPO)	572	22.6	108,501	41.4
Self Pay	44	1.7	3,771	1.4
Industrial & Worker Comp	103	4.1	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	8	0.3	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	18,435	7.0
Central Utah	4	0.2	8,690	3.3
Davis County	2	0.1	29,850	11.4
Salt Lake County	9	0.4	90,968	34.7
Southeastern Utah	5	0.2	5,705	2.2
Southwest Utah	3	0.1	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	2,431	96.2	5,152	2.0
Utah County	1	0.0	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	4	0.2	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	67	2.7	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	1,340	100.0	340,055	100.0
Mastectomy (85.0-85.99)	137	10.2	8,708	2.6
Musculoskeletal (76.0-84.99)	431	32.2	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	4	0.3	3,058	0.9
Digestive System (42.0-54.99)	578	43.1	110,559	32.5
Urinary (55.0-59.99)	1	0.1	11,335	3.3
Male Genital (60.0-64.99)	3	0.2	4,598	1.4
Female Genital (65.0-71.99)	12	0.9	16,800	4.9
Endocrine/Nervous (01.0-07.99)	44	3.3	23,927	7.0
Eye (08.0-16.99)	76	5.7	24,162	7.1
Ear (18.0-20.99)	29	2.2	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	25	1.9	31,882	9.4
Reporting Category(CPT-4 CODES)	1,188	100.0	336,452	100.0
Mastectomy (19120-19220)	2	0.2	1,628	0.5
Musculoskeletal (20000-29909)	531	44.7	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	2	0.2	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	2	0.2	18,525	5.5
Lymphatic/Hemetic (38100-38999)	4	0.3	4,482	1.3
Digestive (40490-49999)	562	47.3	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	3	0.3	4,833	1.4
Female Genital (56405-58999)	5	0.4	15,699	4.7
Endocrine/Nervous (60000-64999)	28	2.4	26,706	7.9
Eye (65091-68899)	33	2.8	13,805	4.1
Ear (69000-69979)	16	1.3	7,772	2.3

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, 2012
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		1,340	100.0	100.0
4523	COLONOSCOPY	145	10.8	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	130	9.7	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	87	6.5	4.65
8554	BILAT BREAST IMPLNT	76	5.7	0.14
5123	LAP CHOLEY	49	3.7	1.92
8147	OTH REPR KNEE	45	3.4	0.72
806	EXC SEMILUNAR CARTILAGE-KNEE	40	3.0	1.63
8183	OTH REPR SHLDR	40	3.0	0.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	32	2.4	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	31	2.3	1.77
4836	[ENDO] POLYPECTOMY RECTUM	30	2.2	1.36
0443	RELEASE CARPAL TUNNEL	29	2.2	1.13
4525	CLO [ENDO] BX LG INTESTINE	29	2.2	2.45
8363	ROTATOR CUFF REPR	27	2.0	0.79
8594	REMOV IMPLNT BREAST	26	1.9	0.12
2001	MYRINGOTOMY W/INSRT TUBE	24	1.8	2.86
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	19	1.4	0.48
283	TONSILLECTOMY W/ADENOIDECTOMY	15	1.1	1.75
4292	DILAT ESOPH	12	0.9	1.54
4824	CLO [ENDO] BX RECTUM	12	0.9	0.49

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,188	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	136	11.4	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	125	10.5	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	123	10.4	6.39
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	49	4.1	1.10
29826	SCOPE SHOULDER; DECOMP SUBACROM	46	3.9	1.15
29881	SCOPE KNEE SURG;W/MENISCECT MED/	46	3.9	1.48
29880	SCOPE KNEE SURG;W/MENISCECT MED&	33	2.8	0.48
66984	EXTRACAPSULAR CATARACT REMV IOL	32	2.7	1.77
29823	SCOPE SHOULDER SURGICAL; DEBRID	29	2.4	0.27
29879	SCOPE KNEE SURG; ABRASION ARTHPL	29	2.4	0.19
29848	ENDO WRST SURG REL TRNS CARP LIG	25	2.1	0.49
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	23	1.9	0.71
20680	REMOVAL OF IMPLANT; DEEP	18	1.5	1.02
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	17	1.4	2.20
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	1.3	0.69
29807	SCOPE SHLDR SURG; REPR SLAP LESI	14	1.2	0.23
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	13	1.1	0.07
29822	SCOPE SHOULDER SURGICAL; DEBRID	13	1.1	0.27
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	13	1.1	0.59
69436	TYMPANOSTOMY GENERAL ANESTHESIA	13	1.1	1.53

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, 2012
 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		719	\$4,510	\$5,136
4523	COLONOSCOPY	129	\$1,467	\$1,274
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	77	\$1,896	\$1,906
4542	ENDO POLYPECTOMY LG INTESTINE	66	\$1,871	\$1,820
8554	BILAT BREAST IMPLNT	57	\$4,218	\$7,967
8147	OTH REPR KNEE	40	\$6,390	\$6,709
5123	LAP CHOLEY	37	\$6,704	\$8,631
8183	OTH REPR SHLDR	37	\$11,770	\$9,815
0443	RELEASE CARPAL TUNNEL	18	\$3,723	\$3,092
283	TONSILLECTOMY W/ADENOIDECTOMY	14	\$3,490	\$3,559
4836	[ENDO] POLYPECTOMY RECTUM	14	\$1,844	\$1,651
4525	CLO [ENDO] BX LG INTESTINE	13	\$2,301	\$1,908
806	EXC SEMILUNAR CARTILAGE-KNEE	12	\$5,891	\$5,241
8532	BILAT REDUC MAMMO	9	\$14,772	\$12,435
8363	ROTATOR CUFF REPR	8	\$13,215	\$12,785
5304	UNILAT REPR INDIRECT ING HERN-GFT	7	\$5,575	\$5,886
5341	REPR UMB HERN W/PROSTH	7	\$4,139	\$6,498
7914	CLO REDUC W/INT FIX-PHALANGES HAND	7	\$4,453	\$3,783
4701	LAP APPENDECTOMY	6	\$7,641	\$11,971
5303	UNILAT REPR DIRECT ING HERN-GFT	6	\$6,736	\$6,274
6902	D&C FOLLOWING DELIV/AB	5	\$2,298	\$4,361

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		626	\$3,757	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	110	\$1,479	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	101	\$1,960	\$1,749
43239	UGI ENDO; W/BX 1/MX	84	\$1,902	\$1,845
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	37	\$6,704	\$9,209
66984	EXTRACAPSULAR CATARACT REMV IOL	32	\$2,956	\$4,261
29881	SCOPE KNEE SURG;W/MENISCECT MED/	17	\$4,758	\$4,904
29848	ENDO WRST SURG REL TRNS CARP LIG	16	\$3,246	\$3,237
49505	REPR INIT ING HERNIA 5YR/MORE; R	15	\$5,787	\$6,089
29880	SCOPE KNEE SURG;W/MENISCECT MED&	13	\$5,684	\$5,166
20680	REMOVAL OF IMPLANT; DEEP	10	\$5,184	\$5,341
69436	TYMPANOSTOMY GENERAL ANESTHESIA	10	\$1,736	\$1,876
42820	T&A; UNDER AGE 12	9	\$3,701	\$3,454
44970	LAPAROSCOPY SURGICAL APPENDECTOM	7	\$7,519	\$12,174
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	7	\$2,030	\$1,850
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	7	\$3,824	\$5,406
26727	PERQ FIX PHALANGEAL FX W/MANIP E	6	\$4,457	\$3,948
42821	T&A; AGE 12 OR OVER	5	\$3,110	\$3,919
28322	REP NON/MALUNION; MT W/NO BN GFT	4	\$6,595	\$9,982
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	4	\$4,747	\$5,545
23515	OPEN TX CLAV FX W/NO INTRL/EXT F	3	\$15,883	\$13,591

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	27	10,384
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	5,026
02	BREAST PROCEDURES	2	1,675
	020 LEVEL I BREAST PROCEDURES	2	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	499	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	2,315
	033 LEVEL I HAND PROCEDURES	14	4,044
	034 LEVEL II HAND PROCEDURES	5	1,282
	035 LEVEL I FOOT PROCEDURES	15	6,556
	036 LEVEL II FOOT PROCEDURES	6	1,905
	037 LEVEL I ARTHROSCOPY	268	22,852
	038 LEVEL II ARTHROSCOPY	51	5,849
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	5,938
	045 BUNION PROCEDURES	5	1,823
	046 LEVEL I ARTHROPLASTY	3	706
	048 HAND AND FOOT TENOTOMY	2	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	2,425
05	CARDIOVASCULAR PROCEDURES	2	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	1,273
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	539	117,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,482
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	136	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	249	41,948
	137 THERAPEUTIC COLONOSCOPY	17	9,396
	139 LEVEL I HERNIA REPAIR	33	5,542
	140 LEVEL II HERNIA REPAIR	7	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	7	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	1,143
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	103
	145 LEVEL I LAPAROSCOPY	2	2,400
	146 LEVEL II LAPAROSCOPY	14	8,245
	147 LEVEL III LAPAROSCOPY	49	7,608
09	MALE REPRODUCTIVE SYSTEM	3	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,567
	181 CIRCUMCISION	1	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	1,442
10	FEMALE REPRODUCTIVE SYSTEM	5	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,904

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	2,262
11	NEUROLOGIC SYSTEM PROCEDURES	30	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	221
	217 LEVEL I NERVE PROCEDURES	11	4,317
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	15	10,531
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	33	13,758
	232 LASER EYE PROCEDURES	1	765
	233 CATARACT PROCEDURES	32	6,414
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	44	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	16	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,530
	255 LEVEL IV FACIAL AND ENT PROCEDURES	7	3,502
	256 TONSIL AND ADENOID PROCEDURES	18	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	13	\$4,743	\$4,612
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,820	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$4,820	\$4,950
02	BREAST PROCEDURES	2	\$2,569	\$5,295
	020 LEVEL I BREAST PROCEDURES	2	\$2,569	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	139	\$6,633	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$4,228	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$5,605	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$15,635	\$12,233
	033 LEVEL I HAND PROCEDURES	4	\$3,063	\$3,605
	035 LEVEL I FOOT PROCEDURES	5	\$3,907	\$4,528
	036 LEVEL II FOOT PROCEDURES	6	\$7,315	\$8,711
	037 LEVEL I ARTHROSCOPY	50	\$4,528	\$5,040
	038 LEVEL II ARTHROSCOPY	2	\$19,657	\$13,882
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$4,115	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	30	\$9,572	\$9,982
	045 BUNION PROCEDURES	1	\$6,039	\$6,795
05	CARDIOVASCULAR PROCEDURES	1	\$11,030	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$11,030	\$7,334
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$3,575	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$3,575	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	390	\$2,739	\$3,378
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	84	\$1,902	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$2,372	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	211	\$1,709	\$1,505
	137 THERAPEUTIC COLONOSCOPY	7	\$2,030	\$1,882
	139 LEVEL I HERNIA REPAIR	27	\$5,279	\$5,524
	140 LEVEL II HERNIA REPAIR	3	\$7,279	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	\$3,796	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	\$3,829	\$4,792
	146 LEVEL II LAPAROSCOPY	9	\$9,047	\$9,427
	147 LEVEL III LAPAROSCOPY	37	\$6,704	\$10,611
09	MALE REPRODUCTIVE SYSTEM	1	\$8,396	\$5,766
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$8,396	\$9,032
11	NEUROLOGIC SYSTEM PROCEDURES	12	\$4,625	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$600	\$2,196
	217 LEVEL I NERVE PROCEDURES	6	\$7,330	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$2,579	\$2,853
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	33	\$2,883	\$4,588
	232 LASER EYE PROCEDURES	1	\$563	\$939
	233 CATARACT PROCEDURES	32	\$2,956	\$4,292
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	31	\$3,558	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	10	\$1,736	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$6,835	\$3,989
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$8,400	\$11,118

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
256 TONSIL AND ADENOID PROCEDURES	16	\$3,476	\$3,567

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	556	56.3	140,857	53.8
Male	432	43.7	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	1	0.1	2,722	1.0
1-4 years	17	1.7	10,474	4.0
5-9	10	1.0	6,876	2.6
10-14	24	2.4	5,656	2.2
15-17	19	1.9	5,579	2.1
18-19	23	2.3	3,819	1.5
20-24	38	3.8	10,499	4.0
25-29	52	5.3	11,895	4.5
30-34	79	8.0	15,288	5.8
35-39	77	7.8	15,023	5.7
40-44	61	6.2	15,275	5.8
45-49	55	5.6	16,577	6.3
50-54	176	17.8	29,317	11.2
55-59	95	9.6	26,116	10.0
60-64	78	7.9	24,120	9.2
65-69	57	5.8	21,226	8.1
70-74	55	5.6	16,114	6.2
75-79	44	4.5	11,722	4.5
80-84	14	1.4	7,780	3.0
85-89	12	1.2	3,464	1.3
90 +	1	0.1	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	45	4.6	81,064	30.9
Clinic Referral	943	95.4	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	987	99.9	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	1	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	209	21.2	66,198	25.3
Medicaid	61	6.2	19,834	7.6
Other government	24	2.4	6,484	2.5
Blue Cross/Blue Shield	117	11.8	32,501	12.4
Other Commercial	69	7.0	19,396	7.4
Managed Care(HMO, PPO)	378	38.3	108,501	41.4
Self Pay	111	11.2	3,771	1.4
Industrial & Worker Comp	13	1.3	3,122	1.2
Charity and Unclassified	3	0.3	839	0.3
Childrens Health Insurance	1	0.1	154	0.1
Unknown	2	0.2	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	828	83.8	18,435	7.0
Central Utah	1	0.1	8,690	3.3
Davis County	15	1.5	29,850	11.4
Salt Lake County	1	0.1	90,968	34.7
Southeastern Utah	0	0.0	5,705	2.2
Southwest Utah	1	0.1	14,915	5.7
Summit County	2	0.2	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	2	0.2	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	46	4.7	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	92	9.3	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	159	100.0	340,055	100.0
Mastectomy (85.0-85.99)	3	1.9	8,708	2.6
Musculoskeletal (76.0-84.99)	1	0.6	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	7	4.4	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,058	0.9
Digestive System (42.0-54.99)	78	49.1	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	1	0.6	4,598	1.4
Female Genital (65.0-71.99)	5	3.1	16,800	4.9
Endocrine/Nervous (01.0-07.99)	8	5.0	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	36	22.6	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	20	12.6	31,882	9.4
Reporting Category(CPT-4 CODES)	220	100.0	336,452	100.0
Mastectomy (19120-19220)	0	0.0	1,628	0.5
Musculoskeletal (20000-29909)	2	0.9	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	21	9.5	18,525	5.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,482	1.3
Digestive (40490-49999)	143	65.0	127,003	37.7
Urinary (50010-53899)	7	3.2	16,209	4.8
Male Genital (54000-55899)	1	0.5	4,833	1.4
Female Genital (56405-58999)	4	1.8	15,699	4.7
Endocrine/Nervous (60000-64999)	7	3.2	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	35	15.9	7,772	2.3

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, 2012
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		159	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	36	22.6	2.86
4523	COLONOSCOPY	36	22.6	6.64
4525	CLO [ENDO] BX LG INTESTINE	23	14.5	2.45
283	TONSILLECTOMY W/ADENOIDECTOMY	18	11.3	1.75
0443	RELEASE CARPAL TUNNEL	8	5.0	1.13
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	6	3.8	5.87
3899	OTH PUNCT VEIN	5	3.1	0.01
5341	REPR UMB HERN W/PROSTH	4	2.5	0.23
8521	LOC EXC LES BREAST	3	1.9	0.58
5300	UNILAT REPR ING HERN-NOS	2	1.3	0.09
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	1.3	0.24
282	TONSILLECTOMY WO ADENOIDECTOMY	1	0.6	0.48
286	ADENOIDECTOMY WO TONSILLECTOMY	1	0.6	0.33
3865	OTH EXC THOR VESSEL	1	0.6	0.00
3893	VENOUS CATH-NEC	1	0.6	0.15
4513	OTH ENDO SM INTESTINE	1	0.6	1.56
4524	FLEX SIGMOIDOSCOPY	1	0.6	0.14
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	0.6	0.30
5305	UNILAT REPR ING HERN-GFT-NOS	1	0.6	0.08
5349	OTH UMB HERNIORRHAPHY	1	0.6	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		220	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	50	22.7	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	42	19.1	6.39
69436	TYMPANOSTOMY GENERAL ANESTHESIA	35	15.9	1.53
36416	COLLECTON CAPILLARY BLOOD SPECIM	11	5.0	0.56
42820	T&A; UNDER AGE 12	11	5.0	1.37
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	11	5.0	1.15
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	9	4.1	0.07
42821	T&A; AGE 12 OR OVER	7	3.2	0.41
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	3.2	0.61
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	5	2.3	0.60
36592	36592	5	2.3	0.07
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	5	2.3	0.36
51702	INSERT TEMP INDWLL BLADD CATH; S	5	2.3	0.01
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	1.8	0.69
51700	BLADDER IRRIG SMPL LAVAGE &/ INS	2	0.9	0.01
58120	DILATION & CURET DX &/ THERAPEUT	2	0.9	0.13
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	2	0.9	0.12
21930	EXC TUMR SOFT TISSUE BACK/FLANK	1	0.5	0.01
24075	EXC TUMR SFT TISS UP ARM/ELB; SU	1	0.5	0.01
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	0.5	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, 2012
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		149	\$5,899	\$5,136
2001	MYRINGOTOMY W/INSRT TUBE	35	\$6,592	\$2,823
4523	COLONOSCOPY	35	\$3,574	\$1,274
4525	CLO [ENDO] BX LG INTESTINE	20	\$3,269	\$1,908
283	TONSILLECTOMY W/ADENOIDECTOMY	17	\$9,095	\$3,559
0443	RELEASE CARPAL TUNNEL	8	\$5,310	\$3,092
3899	OTH PUNCT VEIN	5	\$97	\$1,546
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	4	\$4,008	\$1,906
5341	REPR UMB HERN W/PROSTH	4	\$13,439	\$6,498
8521	LOC EXC LES BREAST	3	\$7,204	\$4,756
5300	UNILAT REPR ING HERN-NOS	2	\$8,011	\$3,970
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	\$10,291	\$6,185
282	TONSILLECTOMY WO ADENOIDECTOMY	1	\$3,026	\$3,611
286	ADENOIDECTOMY WO TONSILLECTOMY	1	\$8,626	\$2,966
3865	OTH EXC THOR VESSEL	1	\$10,781	\$10,781
3893	VENOUS CATH-NEC	1	\$5,563	\$5,305
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$16,110	\$5,886
5305	UNILAT REPR ING HERN-GFT-NOS	1	\$7,686	\$7,346
5349	OTH UMB HERNIORRHAPHY	1	\$6,210	\$4,448
539	OTH HERN REPR	1	\$14,039	\$8,741
540	INCIS ABD WALL	1	\$3,168	\$4,764

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		204	\$4,831	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	48	\$3,591	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	39	\$4,361	\$1,749
69436	TYMPANOSTOMY GENERAL ANESTHESIA	34	\$6,480	\$1,876
36416	COLLECTON CAPILLARY BLOOD SPECIM	11	\$243	\$141
42820	T&A; UNDER AGE 12	9	\$9,468	\$3,454
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	9	\$3,549	\$2,009
42821	T&A; AGE 12 OR OVER	7	\$9,575	\$3,919
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	\$4,886	\$3,226
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	6	\$3,851	\$1,361
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	5	\$2,721	\$3,711
36592	36592	5	\$183	\$8,250
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	5	\$13,559	\$5,406
51702	INSERT TEMP INDWLL BLADD CATH; S	5	\$353	\$5,660
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	\$9,955	\$6,089
51700	BLADDER IRRIG SMPL LAVAGE &/ INS	2	\$650	\$889
58120	DILATION & CURET DX &/ THERAPEUT	2	\$5,376	\$4,086
58671	LAP SURG; W/OCCCLUS OVIDUCTS-DEVI	2	\$10,291	\$5,935
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	\$8,626	\$2,998
46083	INCISION THROMBOSED HEMORRHOID E	1	\$1,100	\$480
49422	REMOVAL PERM INTRAPER CANNULA/CA	1	\$10,781	\$4,780

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

101 Beaver Valley Hospital

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		3	10,384
003 LEVEL I SKIN INCISION AND DRAINAGE		1	137
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		2	5,026
04 RESPIRATORY PROCEDURES		1	14,291
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION		1	2,653
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		5	4,277
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE		5	2,040
07 GASTROINTESTINAL SYSTEM PROCEDURES		123	117,000
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		11	26,657
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		101	41,948
139 LEVEL I HERNIA REPAIR		9	5,542
145 LEVEL I LAPAROSCOPY		2	2,400
08 GENITOURINARY SYSTEM PROCEDURES		2	13,016
162 URINARY CATHETERIZATION AND DILATATION		2	301
09 MALE REPRODUCTIVE SYSTEM		1	4,531
181 CIRCUMCISION		1	1,132
10 FEMALE REPRODUCTIVE SYSTEM		2	8,837
199 DILATION AND CURETTAGE		2	439
11 NEUROLOGIC SYSTEM PROCEDURES		7	23,914
217 LEVEL I NERVE PROCEDURES		7	4,317
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		55	31,246
252 LEVEL I FACIAL AND ENT PROCEDURES		35	13,009
256 TONSIL AND ADENOID PROCEDURES		20	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	\$1,100	\$4,612
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,100	\$2,769
04	RESPIRATORY PROCEDURES	1	\$10,781	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$10,781	\$2,852
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$2,721	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	5	\$2,721	\$3,762
07	GASTROINTESTINAL SYSTEM PROCEDURES	113	\$4,652	\$3,378
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$3,851	\$1,829
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	96	\$3,900	\$1,505
	139 LEVEL I HERNIA REPAIR	9	\$11,957	\$5,524
	145 LEVEL I LAPAROSCOPY	2	\$10,291	\$7,096
08	GENITOURINARY SYSTEM PROCEDURES	2	\$650	\$6,463
	162 URINARY CATHETERIZATION AND DILATATION	2	\$650	\$5,332
09	MALE REPRODUCTIVE SYSTEM	1	\$1,630	\$5,766
	181 CIRCUMCISION	1	\$1,630	\$2,298
10	FEMALE REPRODUCTIVE SYSTEM	2	\$5,376	\$6,143
	199 DILATION AND CURETTAGE	2	\$5,376	\$4,086
11	NEUROLOGIC SYSTEM PROCEDURES	7	\$4,886	\$6,459
	217 LEVEL I NERVE PROCEDURES	7	\$4,886	\$4,288
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	51	\$7,474	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	34	\$6,480	\$2,933
	256 TONSIL AND ADENOID PROCEDURES	17	\$9,463	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	112	48.9	140,857	53.8
Male	117	51.1	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	11	4.8	1,301	0.5
29-365 days	12	5.2	2,722	1.0
1-4 years	29	12.7	10,474	4.0
5-9	11	4.8	6,876	2.6
10-14	4	1.7	5,656	2.2
15-17	1	0.4	5,579	2.1
18-19	3	1.3	3,819	1.5
20-24	3	1.3	10,499	4.0
25-29	5	2.2	11,895	4.5
30-34	5	2.2	15,288	5.8
35-39	6	2.6	15,023	5.7
40-44	1	0.4	15,275	5.8
45-49	4	1.7	16,577	6.3
50-54	21	9.2	29,317	11.2
55-59	26	11.4	26,116	10.0
60-64	19	8.3	24,120	9.2
65-69	29	12.7	21,226	8.1
70-74	18	7.9	16,114	6.2
75-79	9	3.9	11,722	4.5
80-84	7	3.1	7,780	3.0
85-89	5	2.2	3,464	1.3
90 +	0	0.0	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	181	79.0	81,064	30.9
Clinic Referral	46	20.1	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	2	0.9	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	225	98.3	260,978	99.6
Another Hospital	1	0.4	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	3	1.3	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	67	29.3	66,198	25.3
Medicaid	33	14.4	19,834	7.6
Other government	3	1.3	6,484	2.5
Blue Cross/Blue Shield	22	9.6	32,501	12.4
Other Commercial	18	7.9	19,396	7.4
Managed Care(HMO, PPO)	39	17.0	108,501	41.4
Self Pay	3	1.3	3,771	1.4
Industrial & Worker Comp	1	0.4	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	6	2.6	1,001	0.4
Not Reported	37	16.2	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	2	0.9	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	0	0.0	90,968	34.7
Southeastern Utah	0	0.0	5,705	2.2
Southwest Utah	221	96.5	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	1	0.4	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	5	2.2	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

103 Brigham City Community Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,918	100.0	340,055	100.0
Mastectomy (85.0-85.99)	55	1.4	8,708	2.6
Musculoskeletal (76.0-84.99)	924	23.6	69,858	20.5
Respiratory (30.0-34.99)	3	0.1	3,126	0.9
Cardiovascular (35.0-39.99)	6	0.2	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	27	0.7	3,058	0.9
Digestive System (42.0-54.99)	1,460	37.3	110,559	32.5
Urinary (55.0-59.99)	30	0.8	11,335	3.3
Male Genital (60.0-64.99)	27	0.7	4,598	1.4
Female Genital (65.0-71.99)	109	2.8	16,800	4.9
Endocrine/Nervous (01.0-07.99)	285	7.3	23,927	7.0
Eye (08.0-16.99)	601	15.3	24,162	7.1
Ear (18.0-20.99)	154	3.9	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	237	6.0	31,882	9.4
Reporting Category(CPT-4 CODES)	3,476	100.0	336,452	100.0
Mastectomy (19120-19220)	18	0.5	1,628	0.5
Musculoskeletal (20000-29909)	886	25.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	98	2.8	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	197	5.7	18,525	5.5
Lymphatic/Hemetic (38100-38999)	26	0.7	4,482	1.3
Digestive (40490-49999)	1,498	43.1	127,003	37.7
Urinary (50010-53899)	42	1.2	16,209	4.8
Male Genital (54000-55899)	16	0.5	4,833	1.4
Female Genital (56405-58999)	70	2.0	15,699	4.7
Endocrine/Nervous (60000-64999)	245	7.0	26,706	7.9
Eye (65091-68899)	303	8.7	13,805	4.1
Ear (69000-69979)	77	2.2	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

103 Brigham City Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,918	100.0	100.0
4523	COLONOSCOPY	313	8.0	6.64
1341	PHACOEMULSIFICATION-ASPIR CATARACT	272	6.9	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	272	6.9	1.77
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	253	6.5	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	246	6.3	4.65
5123	LAP CHOLEY	145	3.7	1.92
2001	MYRINGOTOMY W/INSRT TUBE	143	3.6	2.86
283	TONSILLECTOMY W/ADENOIDECTOMY	94	2.4	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	76	1.9	1.63
4525	CLO [ENDO] BX LG INTESTINE	75	1.9	2.45
0392	INJ OTH AGENT SPINAL CANAL	65	1.7	1.89
0443	RELEASE CARPAL TUNNEL	65	1.7	1.13
8183	OTH REPR SHLDR	58	1.5	0.77
4292	DILAT ESOPH	54	1.4	1.54
0391	INJ ANES SPINAL CANAL-ANALGESIA	53	1.4	1.45
4836	[ENDO] POLYPECTOMY RECTUM	48	1.2	1.36
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	47	1.2	0.79
0481	INJ ANES PERIPH NERV-ANALGESIA	40	1.0	0.24
8026	ARTHSCPY-KNEE	40	1.0	0.11
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	37	0.9	0.48

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,476	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	313	9.0	6.39
43239	UGI ENDO; W/BX 1/MX	269	7.7	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	263	7.6	5.93
66984	EXTRACAPSULAR CATARACT REMV IOL	260	7.5	1.77
36416	COLLECTON CAPILLARY BLOOD SPECIM	160	4.6	0.56
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	133	3.8	1.10
42820	T&A; UNDER AGE 12	73	2.1	1.37
69436	TYMPANOSTOMY GENERAL ANESTHESIA	73	2.1	1.53
29826	SCOPE SHOULDER; DECOMP SUBACROM	62	1.8	1.15
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	54	1.6	0.47
28285	CORRECTION HAMMERTOES	53	1.5	0.58
49505	REPR INIT ING HERNIA 5YR/MORE; R	53	1.5	0.69
29881	SCOPE KNEE SURG;W/MENISCECT MED/	50	1.4	1.48
29848	ENDO WRST SURG REL TRNS CARP LIG	47	1.4	0.49
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	40	1.2	2.20
43248	UGI ENDO; W/INSRT GUIDE WIRE	37	1.1	0.12
44970	LAPAROSCOPY SURGICAL APPENDECTOM	35	1.0	0.39
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	32	0.9	0.25
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	32	0.9	0.67
29822	SCOPE SHOULDER SURGICAL; DEBRID	30	0.9	0.27

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		1,451	\$5,764	\$5,136
4523	COLONOSCOPY	254	\$2,197	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	172	\$2,930	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	123	\$2,206	\$1,906
5123	LAP CHOLEY	119	\$12,451	\$8,631
283	TONSILLECTOMY W/ADENOIDECTOMY	85	\$3,579	\$3,559
806	EXC SEMILUNAR CARTILAGE-KNEE	41	\$7,301	\$5,241
4525	CLO [ENDO] BX LG INTESTINE	38	\$2,909	\$1,908
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	29	\$2,756	\$2,219
4701	LAP APPENDECTOMY	28	\$14,237	\$11,971
6823	ENDOMETRIAL ABLATION	22	\$8,815	\$7,299
0443	RELEASE CARPAL TUNNEL	21	\$5,247	\$3,092
4836	[ENDO] POLYPECTOMY RECTUM	21	\$2,597	\$1,651
5303	UNILAT REPR DIRECT ING HERN-GFT	19	\$9,154	\$6,274
5349	OTH UMB HERNIORRHAPHY	16	\$5,744	\$4,448
5305	UNILAT REPR ING HERN-GFT-NOS	15	\$9,916	\$7,346
8221	EXC LES TENDON SHEATH HAND	13	\$4,437	\$3,352
8511	CLO [PERCUT] [NEEDLE] BX BREAST	13	\$1,120	\$3,024
0392	INJ OTH AGENT SPINAL CANAL	12	\$381	\$1,729
5304	UNILAT REPR INDIRECT ING HERN-GFT	12	\$8,448	\$5,886
6902	D&C FOLLOWING DELIV/AB	12	\$4,397	\$4,361

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,088	\$5,437	\$4,756
66984	EXTRACAPSULAR CATARACT REMV IOL	258	\$6,647	\$4,261
45380	COLONOSCOPY FLEX; W/BX 1/MX	235	\$2,902	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	210	\$2,213	\$1,296
36416	COLLECTON CAPILLARY BLOOD SPECIM	160	\$161	\$141
43239	UGI ENDO; W/BX 1/MX	133	\$2,265	\$1,845
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	108	\$12,443	\$9,209
42820	T&A; UNDER AGE 12	67	\$3,499	\$3,454
69436	TYMPANOSTOMY GENERAL ANESTHESIA	62	\$3,174	\$1,876
49505	REPR INIT ING HERNIA 5YR/MORE; R	47	\$9,135	\$6,089
29881	SCOPE KNEE SURG;W/MENISCECT MED/	41	\$7,216	\$4,904
29848	ENDO WRST SURG REL TRNS CARP LIG	36	\$5,703	\$3,237
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	30	\$8,787	\$7,796
44970	LAPAROSCOPY SURGICAL APPENDECTOM	29	\$14,266	\$12,174
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	28	\$644	\$2,139
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	24	\$1,101	\$1,867
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	21	\$2,910	\$3,778
29880	SCOPE KNEE SURG;W/MENISCECT MED&	21	\$7,522	\$5,166
41899	UNLIST PROC DENTOALVEOL STRUCTUR	18	\$6,591	\$3,996
42821	T&A; AGE 12 OR OVER	18	\$3,877	\$3,919
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	17	\$3,888	\$1,850

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	66	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	14	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	137
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	40	5,026
	013 LEVEL II SKIN REPAIR	6	921
02	BREAST PROCEDURES	18	1,675
	020 LEVEL I BREAST PROCEDURES	18	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	790	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	2,315
	033 LEVEL I HAND PROCEDURES	33	4,044
	034 LEVEL II HAND PROCEDURES	5	1,282
	035 LEVEL I FOOT PROCEDURES	116	6,556
	036 LEVEL II FOOT PROCEDURES	25	1,905
	037 LEVEL I ARTHROSCOPY	315	22,852
	038 LEVEL II ARTHROSCOPY	44	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	42	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	511
	045 BUNION PROCEDURES	45	1,823
	046 LEVEL I ARTHROPLASTY	12	706
	047 LEVEL II ARTHROPLASTY	4	149
	048 HAND AND FOOT TENOTOMY	1	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	37	2,425
04	RESPIRATORY PROCEDURES	35	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	22	5,791
05	CARDIOVASCULAR PROCEDURES	17	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	17	1,273
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	25	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	13	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,373	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	13	1,482
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	284	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	60	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	576	41,948
	137 THERAPEUTIC COLONOSCOPY	52	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,093
	139 LEVEL I HERNIA REPAIR	100	5,542

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	21	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	18	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	18	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	103
	145 LEVEL I LAPAROSCOPY	11	2,400
	146 LEVEL II LAPAROSCOPY	61	8,245
	147 LEVEL III LAPAROSCOPY	140	7,608
08	GENITOURINARY SYSTEM PROCEDURES	26	13,016
	162 URINARY CATHETERIZATION AND DILATATION	1	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	10	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	14	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	132
09	MALE REPRODUCTIVE SYSTEM	23	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	1,567
	181 CIRCUMCISION	9	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	1,442
10	FEMALE REPRODUCTIVE SYSTEM	51	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	2,262
	199 DILATION AND CURETTAGE	2	439
	200 HYSTEROSCOPY	36	2,236
	201 COLPOSCOPY	1	642
11	NEUROLOGIC SYSTEM PROCEDURES	240	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	34	3,650
	217 LEVEL I NERVE PROCEDURES	16	4,317
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	190	10,531
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	303	13,758
	233 CATARACT PROCEDURES	273	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	255
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	15	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	272	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	140	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	26	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	3,502
	256 TONSIL AND ADENOID PROCEDURES	100	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	33	\$4,060	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$900	\$4,738
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$4,073	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	22	\$5,193	\$4,950
	013 LEVEL II SKIN REPAIR	4	\$980	\$4,731
02	BREAST PROCEDURES	13	\$5,638	\$5,295
	020 LEVEL I BREAST PROCEDURES	13	\$5,638	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	288	\$9,396	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$5,897	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$11,766	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$27,221	\$12,233
	033 LEVEL I HAND PROCEDURES	19	\$4,318	\$3,605
	034 LEVEL II HAND PROCEDURES	1	\$4,206	\$6,660
	035 LEVEL I FOOT PROCEDURES	20	\$6,846	\$4,528
	036 LEVEL II FOOT PROCEDURES	6	\$14,551	\$8,711
	037 LEVEL I ARTHROSCOPY	125	\$7,162	\$5,040
	038 LEVEL II ARTHROSCOPY	2	\$34,412	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$12,413	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$5,851	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	28	\$17,362	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$3,257	\$3,670
	045 BUNION PROCEDURES	15	\$18,183	\$6,795
	046 LEVEL I ARTHROPLASTY	6	\$13,420	\$9,886
	047 LEVEL II ARTHROPLASTY	2	\$39,291	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	27	\$2,361	\$1,936
04	RESPIRATORY PROCEDURES	9	\$2,998	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	8	\$2,696	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,418	\$1,271
05	CARDIOVASCULAR PROCEDURES	16	\$9,976	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	16	\$9,976	\$7,334
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	15	\$6,271	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	6	\$2,606	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$8,715	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	889	\$5,092	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	\$1,286	\$2,627
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$2,743	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	140	\$2,248	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	\$4,341	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	445	\$2,577	\$1,505
	137 THERAPEUTIC COLONOSCOPY	21	\$3,945	\$1,882
	139 LEVEL I HERNIA REPAIR	73	\$8,234	\$5,524
	140 LEVEL II HERNIA REPAIR	10	\$9,679	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	7	\$5,883	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	9	\$10,786	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$15,434	\$4,517

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	145 LEVEL I LAPAROSCOPY	5	\$12,880	\$7,096
	146 LEVEL II LAPAROSCOPY	45	\$13,546	\$9,427
	147 LEVEL III LAPAROSCOPY	113	\$12,384	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	15	\$11,940	\$6,463
	162 URINARY CATHETERIZATION AND DILATATION	1	\$2,824	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	4	\$14,963	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	10	\$11,643	\$6,651
09	MALE REPRODUCTIVE SYSTEM	11	\$8,675	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$6,601	\$3,654
	181 CIRCUMCISION	6	\$5,171	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	4	\$14,450	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	44	\$8,059	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	\$5,146	\$5,502
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$12,032	\$8,853
	199 DILATION AND CURETTAGE	2	\$3,641	\$4,086
	200 HYSTEROSCOPY	34	\$8,392	\$6,413
	201 COLPOSCOPY	1	\$5,312	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	50	\$2,006	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	33	\$752	\$2,196
	217 LEVEL I NERVE PROCEDURES	4	\$4,462	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	13	\$4,435	\$2,853
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	294	\$6,621	\$4,588
	233 CATARACT PROCEDURES	271	\$6,692	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,998	\$4,975
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$6,742	\$4,384
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$8,161	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$4,097	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$6,091	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	186	\$4,096	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	94	\$3,864	\$2,933
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$19,675	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	\$15,295	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	87	\$3,652	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,581	57.2	140,857	53.8
Male	1,183	42.8	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	119	4.3	1,301	0.5
29-365 days	35	1.3	2,722	1.0
1-4 years	111	4.0	10,474	4.0
5-9	74	2.7	6,876	2.6
10-14	38	1.4	5,656	2.2
15-17	50	1.8	5,579	2.1
18-19	47	1.7	3,819	1.5
20-24	102	3.7	10,499	4.0
25-29	91	3.3	11,895	4.5
30-34	115	4.2	15,288	5.8
35-39	127	4.6	15,023	5.7
40-44	135	4.9	15,275	5.8
45-49	152	5.5	16,577	6.3
50-54	296	10.7	29,317	11.2
55-59	237	8.6	26,116	10.0
60-64	168	6.1	24,120	9.2
65-69	217	7.9	21,226	8.1
70-74	224	8.1	16,114	6.2
75-79	210	7.6	11,722	4.5
80-84	146	5.3	7,780	3.0
85-89	55	2.0	3,464	1.3
90 +	15	0.5	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	314	11.4	81,064	30.9
Clinic Referral	2,445	88.5	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	5	0.2	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,756	99.7	260,978	99.6
Another Hospital	1	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	1	0.0	15	0.0
Another Type of Institution	2	0.1	198	0.1
Under Care of Home Service	4	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	980	35.5	66,198	25.3
Medicaid	307	11.1	19,834	7.6
Other government	73	2.6	6,484	2.5
Blue Cross/Blue Shield	364	13.2	32,501	12.4
Other Commercial	126	4.6	19,396	7.4
Managed Care(HMO, PPO)	802	29.0	108,501	41.4
Self Pay	63	2.3	3,771	1.4
Industrial & Worker Comp	27	1.0	3,122	1.2
Charity and Unclassified	15	0.5	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	7	0.3	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,366	85.6	18,435	7.0
Central Utah	2	0.1	8,690	3.3
Davis County	45	1.6	29,850	11.4
Salt Lake County	8	0.3	90,968	34.7
Southeastern Utah	3	0.1	5,705	2.2
Southwest Utah	2	0.1	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	2	0.1	5,152	2.0
Utah County	2	0.1	39,008	14.9
Wasatch County	2	0.1	2,303	0.9
Weber County	287	10.4	22,232	8.5
Unknown Utah	1	0.0	24	0.0
Outside Utah	44	1.6	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

145 Cache Valley Specialty Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,847	100.0	340,055	100.0
Mastectomy (85.0-85.99)	20	0.4	8,708	2.6
Musculoskeletal (76.0-84.99)	1,900	39.2	69,858	20.5
Respiratory (30.0-34.99)	17	0.4	3,126	0.9
Cardiovascular (35.0-39.99)	3	0.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	26	0.5	3,058	0.9
Digestive System (42.0-54.99)	183	3.8	110,559	32.5
Urinary (55.0-59.99)	127	2.6	11,335	3.3
Male Genital (60.0-64.99)	46	0.9	4,598	1.4
Female Genital (65.0-71.99)	106	2.2	16,800	4.9
Endocrine/Nervous (01.0-07.99)	322	6.6	23,927	7.0
Eye (08.0-16.99)	418	8.6	24,162	7.1
Ear (18.0-20.99)	543	11.2	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	1,136	23.4	31,882	9.4
Reporting Category(CPT-4 CODES)	4,586	100.0	336,452	100.0
Mastectomy (19120-19220)	15	0.3	1,628	0.5
Musculoskeletal (20000-29909)	2,155	47.0	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	543	11.8	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	18	0.4	18,525	5.5
Lymphatic/Hemetic (38100-38999)	27	0.6	4,482	1.3
Digestive (40490-49999)	790	17.2	127,003	37.7
Urinary (50010-53899)	177	3.9	16,209	4.8
Male Genital (54000-55899)	23	0.5	4,833	1.4
Female Genital (56405-58999)	99	2.2	15,699	4.7
Endocrine/Nervous (60000-64999)	219	4.8	26,706	7.9
Eye (65091-68899)	206	4.5	13,805	4.1
Ear (69000-69979)	314	6.8	7,772	2.3

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, 2012
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		4,847	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	483	10.0	2.86
283	TONSILLECTOMY W/ADENOIDECTOMY	339	7.0	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	263	5.4	1.63
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	188	3.9	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	187	3.9	1.74
0443	RELEASE CARPAL TUNNEL	159	3.3	1.13
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	129	2.7	0.55
2169	OTH TURBINECTOMY	124	2.6	0.93
8183	OTH REPR SHLDR	122	2.5	0.77
2188	OTH SEPTOPLASTY	100	2.1	0.58
282	TONSILLECTOMY WO ADENOIDECTOMY	94	1.9	0.48
286	ADENOIDECTOMY WO TONSILLECTOMY	74	1.5	0.33
8363	ROTATOR CUFF REPR	74	1.5	0.79
2263	ETHMOIDECTOMY	73	1.5	0.74
222	INTRANASAL ANTROTOMY	72	1.5	0.41
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	65	1.3	0.69
7756	REPR HAMMER TOE	61	1.3	0.40
8145	OTH REPR CRUCIATE LIGAMNT	60	1.2	0.49
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	52	1.1	0.25
5123	LAP CHOLEY	50	1.0	1.92

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,586	100.0	100.0
42820	T&A; UNDER AGE 12	263	5.7	1.37
69436	TYMPANOSTOMY GENERAL ANESTHESIA	247	5.4	1.53
66984	EXTRACAPSULAR CATARACT REMV IOL	185	4.0	1.77
29881	SCOPE KNEE SURG;W/MENISCECT MED/	183	4.0	1.48
29848	ENDO WRST SURG REL TRNS CARP LIG	127	2.8	0.49
30140	SUBMUCOS RES TURBINATE PART/CMPL	121	2.6	0.91
29826	SCOPE SHOULDER; DECOMP SUBACROM	114	2.5	1.15
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	113	2.5	0.59
28285	CORRECTION HAMMERTOE	106	2.3	0.58
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	104	2.3	0.86
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	89	1.9	0.42
29880	SCOPE KNEE SURG;W/MENISCECT MED&	80	1.7	0.48
42821	T&A; AGE 12 OR OVER	77	1.7	0.41
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	71	1.5	0.33
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	67	1.5	0.38
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	67	1.5	0.30
20680	REMOVAL OF IMPLANT; DEEP	65	1.4	1.02
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	60	1.3	0.55
27570	MANIP KNEE JNT UNDER GEN ANESTHE	53	1.2	0.08
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	46	1.0	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, 2012
 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		1,799	\$5,109	\$5,136
283	TONSILLECTOMY W/ADENOIDECTOMY	262	\$2,209	\$3,559
806	EXC SEMILUNAR CARTILAGE-KNEE	191	\$4,277	\$5,241
0443	RELEASE CARPAL TUNNEL	90	\$2,471	\$3,092
282	TONSILLECTOMY WO ADENOIDECTOMY	65	\$2,469	\$3,611
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	50	\$4,453	\$4,516
5123	LAP CHOLEY	39	\$8,561	\$8,631
2349	OTH DENTAL RESTORATION	37	\$3,424	\$3,702
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	26	\$5,260	\$4,940
8051	EXC INTERVERTEBRAL DISC	26	\$8,484	\$12,257
8309	OTH INCIS SOFT TISS	24	\$3,310	\$4,910
4701	LAP APPENDECTOMY	23	\$8,028	\$11,971
8145	OTH REPR CRUCIATE LIGAMNT	22	\$13,999	\$14,234
8201	EXPLOR TENDON SHEATH HAND	21	\$1,888	\$2,889
7756	REPR HAMMER TOE	20	\$3,185	\$6,542
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	19	\$9,981	\$11,910
598	URETERAL CATH	17	\$6,302	\$7,263
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	17	\$5,469	\$6,271
2171	CLO REDUC NASAL FX	16	\$2,195	\$2,903
5303	UNILAT REPR DIRECT ING HERN-GFT	16	\$5,607	\$6,274
8183	OTH REPR SHLDR	16	\$9,523	\$9,815

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,144	\$4,657	\$4,756
42820	T&A; UNDER AGE 12	185	\$2,146	\$3,454
66984	EXTRACAPSULAR CATARACT REMV IOL	183	\$3,986	\$4,261
69436	TYMPANOSTOMY GENERAL ANESTHESIA	131	\$1,558	\$1,876
29881	SCOPE KNEE SURG;W/MENISCECT MED/	130	\$4,217	\$4,904
29848	ENDO WRST SURG REL TRNS CARP LIG	85	\$2,866	\$3,237
42821	T&A; AGE 12 OR OVER	64	\$2,450	\$3,919
29880	SCOPE KNEE SURG;W/MENISCECT MED&	63	\$4,416	\$5,166
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	62	\$2,484	\$3,675
27570	MANIP KNEE JNT UNDER GEN ANESTHE	53	\$2,106	\$3,507
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	52	\$4,434	\$4,563
41899	UNLIST PROC DENTOALVEOL STRUCTUR	36	\$3,373	\$3,996
20680	REMOVAL OF IMPLANT; DEEP	33	\$4,165	\$5,341
47562	LAPAROSCOPY SURGICAL; CHOLECT	30	\$8,742	\$8,029
49505	REPR INIT ING HERNIA 5YR/MORE; R	29	\$5,294	\$6,089
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	23	\$2,971	\$4,591
44970	LAPAROSCOPY SURGICAL APPENDECTOM	23	\$8,028	\$12,174
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	22	\$13,999	\$14,129
26055	TENDON SHEATH INCISION	20	\$2,059	\$2,761
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	20	\$7,058	\$11,846
28296	HALLUX VALGUS; W/METATARSAL OSTE	18	\$5,409	\$6,371

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	121	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	7	93
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	91	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	55
02	BREAST PROCEDURES	15	1,675
	020 LEVEL I BREAST PROCEDURES	15	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,996	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	145	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	2,315
	033 LEVEL I HAND PROCEDURES	99	4,044
	034 LEVEL II HAND PROCEDURES	33	1,282
	035 LEVEL I FOOT PROCEDURES	257	6,556
	036 LEVEL II FOOT PROCEDURES	43	1,905
	037 LEVEL I ARTHROSCOPY	828	22,852
	038 LEVEL II ARTHROSCOPY	120	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	111	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	59	511
	045 BUNION PROCEDURES	65	1,823
	046 LEVEL I ARTHROPLASTY	9	706
	047 LEVEL II ARTHROPLASTY	23	149
	048 HAND AND FOOT TENOTOMY	5	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	54	2,425
04	RESPIRATORY PROCEDURES	247	14,291
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	56	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	188	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	3	2,327
05	CARDIOVASCULAR PROCEDURES	16	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	13	1,273
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	116
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	17	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	221	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,482
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	6,164
	139 LEVEL I HERNIA REPAIR	59	5,542
	140 LEVEL II HERNIA REPAIR	11	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	11	1,143

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	103
	145 LEVEL I LAPAROSCOPY	18	2,400
	146 LEVEL II LAPAROSCOPY	87	8,245
	147 LEVEL III LAPAROSCOPY	25	7,608
08	GENITOURINARY SYSTEM PROCEDURES	154	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	33	890
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	52	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	66	3,986
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	282
09	MALE REPRODUCTIVE SYSTEM	43	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	1,567
	181 CIRCUMCISION	7	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	24	1,442
10	FEMALE REPRODUCTIVE SYSTEM	75	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	19	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	18	2,262
	199 DILATION AND CURETTAGE	2	439
	200 HYSTEROSCOPY	23	2,236
11	NEUROLOGIC SYSTEM PROCEDURES	187	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	221
	217 LEVEL I NERVE PROCEDURES	78	4,317
	218 LEVEL II NERVE PROCEDURES	4	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	31	10,531
	221 LAMINOTOMY AND LAMINECTOMY	59	2,724
	223 LEVEL III NERVE PROCEDURES	12	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	206	13,758
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	17
	233 CATARACT PROCEDURES	189	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	255
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,245	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	484	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	46	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	132	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	74	3,502
	256 TONSIL AND ADENOID PROCEDURES	509	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

Procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		60	\$3,989	\$4,612
004 LEVEL II SKIN INCISION AND DRAINAGE		6	\$5,347	\$5,874
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		7	\$4,926	\$3,634
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		47	\$3,676	\$4,950
02 BREAST PROCEDURES		12	\$4,022	\$5,295
020 LEVEL I BREAST PROCEDURES		12	\$4,022	\$5,104
03 MUSCULOSKELETAL SYSTEM PROCEDURES		869	\$5,245	\$6,423
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		13	\$3,242	\$5,722
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		50	\$5,684	\$6,996
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		25	\$8,446	\$12,233
033 LEVEL I HAND PROCEDURES		48	\$2,401	\$3,605
034 LEVEL II HAND PROCEDURES		21	\$8,243	\$6,660
035 LEVEL I FOOT PROCEDURES		80	\$3,563	\$4,528
036 LEVEL II FOOT PROCEDURES		15	\$5,502	\$8,711
037 LEVEL I ARTHROSCOPY		381	\$4,164	\$5,040
038 LEVEL II ARTHROSCOPY		38	\$13,269	\$13,882
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		14	\$3,942	\$3,983
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		85	\$8,756	\$9,982
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA		58	\$2,122	\$3,670
045 BUNION PROCEDURES		27	\$6,151	\$6,795
046 LEVEL I ARTHROPLASTY		2	\$6,307	\$9,886
047 LEVEL II ARTHROPLASTY		11	\$15,200	\$24,441
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION		1	\$5,346	\$1,936
04 RESPIRATORY PROCEDURES		8	\$4,987	\$2,528
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY		3	\$4,131	\$1,271
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY		3	\$7,239	\$5,664
064 ENDOSCOPY OF THE LOWER AIRWAY		2	\$2,892	\$3,588
05 CARDIOVASCULAR PROCEDURES		11	\$6,220	\$17,886
083 PLACEMENT OF TRANSVENOUS CATHETERS		11	\$6,220	\$7,334
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		11	\$5,448	\$5,648
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		11	\$5,448	\$9,155
07 GASTROINTESTINAL SYSTEM PROCEDURES		158	\$6,638	\$3,378
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		1	\$1,928	\$2,598
139 LEVEL I HERNIA REPAIR		49	\$4,731	\$5,524
140 LEVEL II HERNIA REPAIR		6	\$6,144	\$6,756
141 LEVEL I ANAL AND RECTAL PROCEDURES		4	\$3,210	\$4,044
142 LEVEL II ANAL AND RECTAL PROCEDURES		10	\$4,139	\$4,792
144 LEVEL II GASTROINTESTINAL PROCEDURES		3	\$7,948	\$10,980
145 LEVEL I LAPAROSCOPY		7	\$4,659	\$7,096
146 LEVEL II LAPAROSCOPY		64	\$8,718	\$9,427
147 LEVEL III LAPAROSCOPY		14	\$7,830	\$10,611
08 GENITOURINARY SYSTEM PROCEDURES		70	\$5,763	\$6,463
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY		20	\$7,058	\$11,846
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		16	\$5,067	\$3,484
164 LEVEL II BLADDER AND KIDNEY PROCEDURES		33	\$5,426	\$6,651

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$2,139	\$4,263
09	MALE REPRODUCTIVE SYSTEM	38	\$5,865	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$3,996	\$3,654
	181 CIRCUMCISION	6	\$2,854	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	21	\$7,705	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	27	\$5,383	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,506	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$4,024	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	8	\$7,678	\$8,853
	199 DILATION AND CURETTAGE	2	\$5,020	\$4,086
	200 HYSTEROSCOPY	15	\$4,490	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	62	\$6,834	\$6,459
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$10,657	\$13,896
	217 LEVEL I NERVE PROCEDURES	36	\$3,643	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$3,467	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	18	\$8,027	\$12,411
	223 LEVEL III NERVE PROCEDURES	6	\$22,331	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	198	\$3,924	\$4,588
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,794	\$1,351
	233 CATARACT PROCEDURES	187	\$3,999	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,701	\$4,975
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,383	\$4,384
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$4,046	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,708	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,989	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	617	\$3,119	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	190	\$2,093	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	23	\$3,862	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	25	\$5,879	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	60	\$9,428	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	319	\$2,274	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,663	52.1	140,857	53.8
Male	1,527	47.9	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	56	1.8	2,722	1.0
1-4 years	298	9.3	10,474	4.0
5-9	190	6.0	6,876	2.6
10-14	131	4.1	5,656	2.2
15-17	106	3.3	5,579	2.1
18-19	73	2.3	3,819	1.5
20-24	161	5.0	10,499	4.0
25-29	157	4.9	11,895	4.5
30-34	209	6.6	15,288	5.8
35-39	176	5.5	15,023	5.7
40-44	153	4.8	15,275	5.8
45-49	154	4.8	16,577	6.3
50-54	253	7.9	29,317	11.2
55-59	234	7.3	26,116	10.0
60-64	182	5.7	24,120	9.2
65-69	230	7.2	21,226	8.1
70-74	173	5.4	16,114	6.2
75-79	140	4.4	11,722	4.5
80-84	71	2.2	7,780	3.0
85-89	38	1.2	3,464	1.3
90 +	5	0.2	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	52	1.6	81,064	30.9
Clinic Referral	1	0.0	177,256	67.7
HMO Referral	3,137	98.3	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,190	100.0	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	665	20.8	66,198	25.3
Medicaid	347	10.9	19,834	7.6
Other government	87	2.7	6,484	2.5
Blue Cross/Blue Shield	975	30.6	32,501	12.4
Other Commercial	247	7.7	19,396	7.4
Managed Care(HMO, PPO)	740	23.2	108,501	41.4
Self Pay	0	0.0	3,771	1.4
Industrial & Worker Comp	71	2.2	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	58	1.8	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,552	80.0	18,435	7.0
Central Utah	1	0.0	8,690	3.3
Davis County	20	0.6	29,850	11.4
Salt Lake County	11	0.3	90,968	34.7
Southeastern Utah	1	0.0	5,705	2.2
Southwest Utah	4	0.1	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	1	0.0	6,494	2.5
Tri-County	3	0.1	5,152	2.0
Utah County	3	0.1	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	22	0.7	22,232	8.5
Unknown Utah	2	0.1	24	0.0
Outside Utah	570	17.9	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

106 Castlevlew Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,407	100.0	340,055	100.0
Mastectomy (85.0-85.99)	54	1.6	8,708	2.6
Musculoskeletal (76.0-84.99)	736	21.6	69,858	20.5
Respiratory (30.0-34.99)	11	0.3	3,126	0.9
Cardiovascular (35.0-39.99)	8	0.2	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	15	0.4	3,058	0.9
Digestive System (42.0-54.99)	1,036	30.4	110,559	32.5
Urinary (55.0-59.99)	57	1.7	11,335	3.3
Male Genital (60.0-64.99)	31	0.9	4,598	1.4
Female Genital (65.0-71.99)	71	2.1	16,800	4.9
Endocrine/Nervous (01.0-07.99)	1,049	30.8	23,927	7.0
Eye (08.0-16.99)	21	0.6	24,162	7.1
Ear (18.0-20.99)	150	4.4	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	168	4.9	31,882	9.4
Reporting Category(CPT-4 CODES)	3,675	100.0	336,452	100.0
Mastectomy (19120-19220)	5	0.1	1,628	0.5
Musculoskeletal (20000-29909)	693	18.9	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	90	2.4	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	378	10.3	18,525	5.5
Lymphatic/Hemetic (38100-38999)	14	0.4	4,482	1.3
Digestive (40490-49999)	1,051	28.6	127,003	37.7
Urinary (50010-53899)	104	2.8	16,209	4.8
Male Genital (54000-55899)	29	0.8	4,833	1.4
Female Genital (56405-58999)	79	2.1	15,699	4.7
Endocrine/Nervous (60000-64999)	1,135	30.9	26,706	7.9
Eye (65091-68899)	10	0.3	13,805	4.1
Ear (69000-69979)	87	2.4	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

106 Castleview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,407	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	423	12.4	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	409	12.0	1.45
4523	COLONOSCOPY	297	8.7	6.64
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	223	6.5	0.79
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	190	5.6	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	145	4.3	4.65
2001	MYRINGOTOMY W/INSRT TUBE	128	3.8	2.86
5123	LAP CHOLEY	125	3.7	1.92
806	EXC SEMILUNAR CARTILAGE-KNEE	75	2.2	1.63
283	TONSILLECTOMY W/ADENOIDECTOMY	66	1.9	1.75
4525	CLO [ENDO] BX LG INTESTINE	63	1.8	2.45
0443	RELEASE CARPAL TUNNEL	62	1.8	1.13
8183	OTH REPR SHLDR	60	1.8	0.77
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	43	1.3	0.55
8076	SYNOVECT-KNEE	42	1.2	0.41
042	DESTRUC CRANIAL & PERIPH NERV	32	0.9	0.15
8363	ROTATOR CUFF REPR	30	0.9	0.79
4836	[ENDO] POLYPECTOMY RECTUM	26	0.8	1.36
8511	CLO [PERCUT] [NEEDLE] BX BREAST	24	0.7	0.47
4513	OTH ENDO SM INTESTINE	22	0.6	1.56

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,675	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	294	8.0	0.81
36416	COLLECTON CAPILLARY BLOOD SPECIM	290	7.9	0.56
45378	COLONOSCOPY FLEX; DX-SEP PROC	201	5.5	5.93
43239	UGI ENDO; W/BX 1/MX	191	5.2	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	160	4.4	6.39
64493	64493	115	3.1	0.22
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	99	2.7	1.10
64494	64494	85	2.3	0.18
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	74	2.0	2.20
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	74	2.0	0.21
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	73	2.0	0.47
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	68	1.9	0.67
69436	TYMPANOSTOMY GENERAL ANESTHESIA	67	1.8	1.53
29881	SCOPE KNEE SURG;W/MENISCECT MED/	61	1.7	1.48
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	60	1.6	0.42
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	60	1.6	0.60
64490	64490	55	1.5	0.07
64636	64636	53	1.4	0.26
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	52	1.4	0.18
42820	T&A; UNDER AGE 12	52	1.4	1.37

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,523	\$5,704	\$5,136
4523	COLONOSCOPY	267	\$2,281	\$1,274
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	164	\$1,513	\$2,219
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	130	\$3,284	\$1,906
4542	ENDO POLYPECTOMY LG INTESTINE	128	\$3,231	\$1,820
5123	LAP CHOLEY	107	\$14,902	\$8,631
283	TONSILLECTOMY W/ADENOIDECTOMY	54	\$4,965	\$3,559
4525	CLO [ENDO] BX LG INTESTINE	47	\$3,308	\$1,908
806	EXC SEMILUNAR CARTILAGE-KNEE	43	\$9,332	\$5,241
042	DESTRUC CRANIAL & PERIPH NERV	30	\$4,153	\$6,452
0443	RELEASE CARPAL TUNNEL	24	\$4,717	\$3,092
8183	OTH REPR SHLDR	21	\$15,517	\$9,815
4836	[ENDO] POLYPECTOMY RECTUM	19	\$3,151	\$1,651
0611	CLO PERCUT NEEDLE BX THYROID GLAND	18	\$1,665	\$1,376
8076	SYNOVECT-KNEE	18	\$8,033	\$4,983
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	15	\$5,302	\$3,061
0392	INJ OTH AGENT SPINAL CANAL	13	\$1,616	\$1,729
598	URETERAL CATH	13	\$16,449	\$7,263
8201	EXPLOR TENDON SHEATH HAND	13	\$5,233	\$2,889
0331	SPINAL TAP	10	\$1,882	\$2,474
4701	LAP APPENDECTOMY	10	\$16,203	\$11,971

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,133	\$4,603	\$4,756
36416	COLLECTON CAPILLARY BLOOD SPECIM	286	\$102	\$141
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	244	\$1,940	\$2,139
45378	COLONOSCOPY FLEX; DX-SEP PROC	179	\$2,226	\$1,296
43239	UGI ENDO; W/BX 1/MX	136	\$3,288	\$1,845
45380	COLONOSCOPY FLEX; W/BX 1/MX	118	\$3,143	\$1,749
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	87	\$15,139	\$9,209
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	57	\$3,423	\$1,850
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	55	\$2,204	\$2,523
69436	TYMPANOSTOMY GENERAL ANESTHESIA	55	\$2,335	\$1,876
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	52	\$3,063	\$3,778
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	51	\$1,508	\$1,867
42820	T&A; UNDER AGE 12	41	\$5,075	\$3,454
29881	SCOPE KNEE SURG;W/MENISCECT MED/	35	\$9,531	\$4,904
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	35	\$5,343	\$3,226
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	32	\$4,007	\$3,711
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	29	\$16,305	\$11,846
47562	LAPAROSCOPY SURGICAL; CHOLECT	21	\$13,987	\$8,029
29807	SCOPE SHLDR SURG; REPR SLAP LESI	20	\$15,689	\$13,949
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	16	\$7,688	\$4,592
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	\$9,348	\$6,089

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	76	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	23	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	137
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	35	5,026
	012 LEVEL I SKIN REPAIR	1	31
	013 LEVEL II SKIN REPAIR	4	921
02	BREAST PROCEDURES	5	1,675
	020 LEVEL I BREAST PROCEDURES	5	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	573	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	2,315
	033 LEVEL I HAND PROCEDURES	37	4,044
	035 LEVEL I FOOT PROCEDURES	14	6,556
	036 LEVEL II FOOT PROCEDURES	5	1,905
	037 LEVEL I ARTHROSCOPY	222	22,852
	038 LEVEL II ARTHROSCOPY	71	5,849
	040 SPLINT, STRAPPING AND CAST REMOVAL	23	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	21	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	40	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	511
	045 BUNION PROCEDURES	10	1,823
	047 LEVEL II ARTHROPLASTY	1	149
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	71	2,425
04	RESPIRATORY PROCEDURES	62	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	13	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	40	5,791
05	CARDIOVASCULAR PROCEDURES	10	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	1,273
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	563
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	116
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	70	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	60	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	988	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	8	1,482
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	212	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	369	41,948
	137 THERAPEUTIC COLONOSCOPY	89	9,396
	139 LEVEL I HERNIA REPAIR	73	5,542
	140 LEVEL II HERNIA REPAIR	14	1,204

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	14	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	504
	145 LEVEL I LAPAROSCOPY	18	2,400
	146 LEVEL II LAPAROSCOPY	55	8,245
	147 LEVEL III LAPAROSCOPY	115	7,608
08	GENITOURINARY SYSTEM PROCEDURES	98	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	42	890
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	39	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	16	3,986
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	282
09	MALE REPRODUCTIVE SYSTEM	24	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	1,567
	181 CIRCUMCISION	6	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	1,442
10	FEMALE REPRODUCTIVE SYSTEM	47	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	17	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	17	2,262
	199 DILATION AND CURETTAGE	2	439
	200 HYSTEROSCOPY	8	2,236
	201 COLPOSCOPY	1	642
11	NEUROLOGIC SYSTEM PROCEDURES	1,102	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	376	3,650
	217 LEVEL I NERVE PROCEDURES	69	4,317
	218 LEVEL II NERVE PROCEDURES	3	835
	219 SPINAL TAP	12	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	630	10,531
	223 LEVEL III NERVE PROCEDURES	12	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	10	13,758
	233 CATARACT PROCEDURES	10	6,414
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	205	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	89	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	17	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	17	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	3,502
	256 TONSIL AND ADENOID PROCEDURES	78	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

Procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		57	\$4,575	\$4,612
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION		23	\$2,380	\$4,738
003 LEVEL I SKIN INCISION AND DRAINAGE		1	\$4,611	\$2,769
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		8	\$7,794	\$3,634
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		23	\$5,844	\$4,950
013 LEVEL II SKIN REPAIR		2	\$2,339	\$4,731
02 BREAST PROCEDURES		5	\$7,107	\$5,295
020 LEVEL I BREAST PROCEDURES		5	\$7,107	\$5,104
03 MUSCULOSKELETAL SYSTEM PROCEDURES		252	\$7,863	\$6,423
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		4	\$7,430	\$5,722
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		9	\$12,268	\$6,996
033 LEVEL I HAND PROCEDURES		14	\$5,236	\$3,605
035 LEVEL I FOOT PROCEDURES		6	\$6,564	\$4,528
036 LEVEL II FOOT PROCEDURES		3	\$6,666	\$8,711
037 LEVEL I ARTHROSCOPY		77	\$9,344	\$5,040
038 LEVEL II ARTHROSCOPY		21	\$15,575	\$13,882
040 SPLINT, STRAPPING AND CAST REMOVAL		18	\$870	\$1,590
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		15	\$5,302	\$3,983
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		23	\$17,343	\$9,982
045 BUNION PROCEDURES		6	\$10,318	\$6,795
047 LEVEL II ARTHROPLASTY		1	\$24,886	\$24,441
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION		55	\$1,477	\$1,936
04 RESPIRATORY PROCEDURES		14	\$3,604	\$2,528
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION		8	\$1,515	\$2,852
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY		6	\$6,390	\$1,271
05 CARDIOVASCULAR PROCEDURES		9	\$11,393	\$17,886
083 PLACEMENT OF TRANSVENOUS CATHETERS		8	\$10,961	\$7,334
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE		1	\$14,849	\$27,051
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		40	\$4,828	\$5,648
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE		32	\$4,007	\$3,762
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		8	\$8,113	\$9,155
07 GASTROINTESTINAL SYSTEM PROCEDURES		725	\$5,835	\$3,378
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT		3	\$1,280	\$2,627
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		144	\$3,280	\$1,829
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		8	\$4,775	\$2,598
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		305	\$2,609	\$1,505
137 THERAPEUTIC COLONOSCOPY		66	\$3,313	\$1,882
139 LEVEL I HERNIA REPAIR		35	\$9,239	\$5,524
140 LEVEL II HERNIA REPAIR		3	\$11,704	\$6,756
141 LEVEL I ANAL AND RECTAL PROCEDURES		2	\$6,781	\$4,044
142 LEVEL II ANAL AND RECTAL PROCEDURES		8	\$8,332	\$4,792
145 LEVEL I LAPAROSCOPY		13	\$10,453	\$7,096
146 LEVEL II LAPAROSCOPY		42	\$14,344	\$9,427
147 LEVEL III LAPAROSCOPY		96	\$15,885	\$10,611
08 GENITOURINARY SYSTEM PROCEDURES		71	\$10,613	\$6,463

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	29	\$16,305	\$11,846
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	25	\$7,056	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	16	\$6,259	\$6,651
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$4,108	\$4,263
09	MALE REPRODUCTIVE SYSTEM	11	\$5,327	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$7,486	\$3,654
	181 CIRCUMCISION	6	\$3,367	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	\$7,967	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	25	\$8,312	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$5,139	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$8,528	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	\$10,579	\$8,853
	199 DILATION AND CURETTAGE	1	\$4,829	\$4,086
	200 HYSTEROSCOPY	4	\$5,334	\$6,413
	201 COLPOSCOPY	1	\$3,824	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	402	\$2,553	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	307	\$1,965	\$2,196
	217 LEVEL I NERVE PROCEDURES	42	\$5,978	\$4,288
	218 LEVEL II NERVE PROCEDURES	3	\$14,058	\$22,896
	219 SPINAL TAP	12	\$2,507	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	33	\$1,541	\$2,853
	223 LEVEL III NERVE PROCEDURES	5	\$9,790	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	10	\$3,060	\$4,588
	233 CATARACT PROCEDURES	10	\$3,060	\$4,292
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	141	\$4,338	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	60	\$2,644	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	14	\$3,343	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$16,557	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3	\$18,801	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	61	\$4,921	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castlevew Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,537	53.1	140,857	53.8
Male	1,360	46.9	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	247	8.5	1,301	0.5
29-365 days	38	1.3	2,722	1.0
1-4 years	82	2.8	10,474	4.0
5-9	57	2.0	6,876	2.6
10-14	51	1.8	5,656	2.2
15-17	58	2.0	5,579	2.1
18-19	25	0.9	3,819	1.5
20-24	66	2.3	10,499	4.0
25-29	101	3.5	11,895	4.5
30-34	137	4.7	15,288	5.8
35-39	132	4.6	15,023	5.7
40-44	135	4.7	15,275	5.8
45-49	154	5.3	16,577	6.3
50-54	334	11.5	29,317	11.2
55-59	305	10.5	26,116	10.0
60-64	247	8.5	24,120	9.2
65-69	212	7.3	21,226	8.1
70-74	206	7.1	16,114	6.2
75-79	138	4.8	11,722	4.5
80-84	114	3.9	7,780	3.0
85-89	51	1.8	3,464	1.3
90 +	7	0.2	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,610	90.1	81,064	30.9
Clinic Referral	287	9.9	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castlevew Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,893	99.9	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	1	0.0	196	0.1
Intermediate Care Facility	1	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	2	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	868	30.0	66,198	25.3
Medicaid	359	12.4	19,834	7.6
Other government	19	0.7	6,484	2.5
Blue Cross/Blue Shield	419	14.5	32,501	12.4
Other Commercial	520	17.9	19,396	7.4
Managed Care(HMO, PPO)	627	21.6	108,501	41.4
Self Pay	15	0.5	3,771	1.4
Industrial & Worker Comp	67	2.3	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	3	0.1	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	13	0.4	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	1	0.0	90,968	34.7
Southeastern Utah	2,821	97.4	5,705	2.2
Southwest Utah	1	0.0	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	35	1.2	5,152	2.0
Utah County	4	0.1	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	1	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	20	0.7	13,799	5.3
Unknown, Not Reported	1	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	.	.	340,055	100.0
Mastectomy (85.0-85.99)	.	.	8,708	2.6
Musculoskeletal (76.0-84.99)	.	.	69,858	20.5
Respiratory (30.0-34.99)	.	.	3,126	0.9
Cardiovascular (35.0-39.99)	.	.	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	.	.	3,058	0.9
Digestive System (42.0-54.99)	.	.	110,559	32.5
Urinary (55.0-59.99)	.	.	11,335	3.3
Male Genital (60.0-64.99)	.	.	4,598	1.4
Female Genital (65.0-71.99)	.	.	16,800	4.9
Endocrine/Nervous (01.0-07.99)	.	.	23,927	7.0
Eye (08.0-16.99)	.	.	24,162	7.1
Ear (18.0-20.99)	.	.	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	.	.	31,882	9.4
Reporting Category(CPT-4 CODES)	1,007	100.0	336,452	100.0
Mastectomy (19120-19220)	9	0.9	1,628	0.5
Musculoskeletal (20000-29909)	478	47.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	5	0.5	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	22	2.2	18,525	5.5
Lymphatic/Hemetic (38100-38999)	1	0.1	4,482	1.3
Digestive (40490-49999)	380	37.7	127,003	37.7
Urinary (50010-53899)	7	0.7	16,209	4.8
Male Genital (54000-55899)	5	0.5	4,833	1.4
Female Genital (56405-58999)	14	1.4	15,699	4.7
Endocrine/Nervous (60000-64999)	39	3.9	26,706	7.9
Eye (65091-68899)	27	2.7	13,805	4.1
Ear (69000-69979)	20	2.0	7,772	2.3

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, 2012
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				

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,007	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	117	11.6	5.93
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	79	7.8	1.15
45380	COLONOSCOPY FLEX; W/BX 1/MX	66	6.6	6.39
29848	ENDO WRST SURG REL TRNS CARP LIG	52	5.2	0.49
28285	CORRECTION HAMMERTOES	35	3.5	0.58
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	30	3.0	0.42
29881	SCOPE KNEE SURG;W/MENISCECT MED/	28	2.8	1.48
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	25	2.5	1.10
26055	TENDON SHEATH INCISION	24	2.4	0.44
66984	EXTRACAPSULAR CATARACT REMV IOL	23	2.3	1.77
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	19	1.9	0.21
69436	TYMPANOSTOMY GENERAL ANESTHESIA	14	1.4	1.53
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	13	1.3	0.21
42820	T&A; UNDER AGE 12	12	1.2	1.37
29826	SCOPE SHOULDER; DECOMP SUBACROM	11	1.1	1.15
20680	REMOVAL OF IMPLANT; DEEP	10	1.0	1.02
25111	EXCISION OF GANGLION WRIST; PRIM	10	1.0	0.18
43239	UGI ENDO; W/BX 1/MX	10	1.0	6.32
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	10	1.0	0.61
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	9	0.9	0.42

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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				

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	99	\$1,623	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	49	\$1,793	\$1,749
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	43	\$1,677	\$1,361
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	30	\$780	\$1,867
29848	ENDO WRST SURG REL TRNS CARP LIG	27	\$3,481	\$3,237
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	24	\$7,978	\$9,209
66984	EXTRACAPSULAR CATARACT REMV IOL	22	\$3,177	\$4,261
29881	SCOPE KNEE SURG;W/MENISCECT MED/	21	\$5,777	\$4,904
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	13	\$4,290	\$4,555
42820	T&A; UNDER AGE 12	10	\$3,337	\$3,454
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	9	\$4,053	\$3,675
69436	TYMPANOSTOMY GENERAL ANESTHESIA	8	\$1,863	\$1,876
25111	EXCISION OF GANGLION WRIST; PRIM	7	\$3,237	\$3,332
25607		7	\$8,692	\$12,039
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$4,961	\$6,089
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	\$3,995	\$3,226
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$2,670	\$4,844
20680	REMOVAL OF IMPLANT; DEEP	6	\$4,065	\$5,341
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	6	\$4,254	\$4,413
23700	MANIP W/ANES SHLDR JNT INCL FIX	5	\$4,644	\$3,330

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	40	10,384
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	22	5,026
	013 LEVEL II SKIN REPAIR	13	921
	014 LEVEL III SKIN REPAIR	3	219
02	BREAST PROCEDURES	9	1,675
	020 LEVEL I BREAST PROCEDURES	9	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	448	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	2,315
	033 LEVEL I HAND PROCEDURES	62	4,044
	034 LEVEL II HAND PROCEDURES	10	1,282
	035 LEVEL I FOOT PROCEDURES	61	6,556
	036 LEVEL II FOOT PROCEDURES	8	1,905
	037 LEVEL I ARTHROSCOPY	118	22,852
	038 LEVEL II ARTHROSCOPY	19	5,849
	040 SPLINT, STRAPPING AND CAST REMOVAL	2	2,030
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	64	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	511
	045 BUNION PROCEDURES	12	1,823
	046 LEVEL I ARTHROPLASTY	3	706
	047 LEVEL II ARTHROPLASTY	2	149
	048 HAND AND FOOT TENOTOMY	2	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	2,425
04	RESPIRATORY PROCEDURES	2	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	3,520
05	CARDIOVASCULAR PROCEDURES	3	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	1,273
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	466
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	337	117,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	88	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	180	41,948
	137 THERAPEUTIC COLONOSCOPY	7	9,396
	139 LEVEL I HERNIA REPAIR	12	5,542
	140 LEVEL II HERNIA REPAIR	2	1,204
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	504
	145 LEVEL I LAPAROSCOPY	1	2,400

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	146 LEVEL II LAPAROSCOPY	15	8,245
	147 LEVEL III LAPAROSCOPY	26	7,608
08	GENITOURINARY SYSTEM PROCEDURES	7	13,016
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	6	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	3,986
09	MALE REPRODUCTIVE SYSTEM	5	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,567
	181 CIRCUMCISION	3	1,132
10	FEMALE REPRODUCTIVE SYSTEM	12	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	1,349
	199 DILATION AND CURETTAGE	2	439
	201 COLPOSCOPY	4	642
11	NEUROLOGIC SYSTEM PROCEDURES	39	23,914
	217 LEVEL I NERVE PROCEDURES	39	4,317
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	27	13,758
	232 LASER EYE PROCEDURES	1	765
	233 CATARACT PROCEDURES	25	6,414
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	255
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	59	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	16	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	3,502
	256 TONSIL AND ADENOID PROCEDURES	38	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	29	\$3,731	\$4,612
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	\$3,365	\$4,950
	013 LEVEL II SKIN REPAIR	12	\$4,124	\$4,731
	014 LEVEL III SKIN REPAIR	3	\$3,862	\$9,742
02	BREAST PROCEDURES	7	\$2,702	\$5,295
	020 LEVEL I BREAST PROCEDURES	7	\$2,702	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	233	\$5,151	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$3,546	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$9,480	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$10,989	\$12,233
	033 LEVEL I HAND PROCEDURES	26	\$3,662	\$3,605
	034 LEVEL II HAND PROCEDURES	4	\$4,212	\$6,660
	035 LEVEL I FOOT PROCEDURES	17	\$3,333	\$4,528
	036 LEVEL II FOOT PROCEDURES	5	\$5,117	\$8,711
	037 LEVEL I ARTHROSCOPY	65	\$5,113	\$5,040
	038 LEVEL II ARTHROSCOPY	6	\$11,343	\$13,882
	040 SPLINT, STRAPPING AND CAST REMOVAL	2	\$118	\$1,590
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$4,106	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	46	\$7,426	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$4,708	\$3,670
	045 BUNION PROCEDURES	4	\$5,467	\$6,795
	046 LEVEL I ARTHROPLASTY	1	\$4,980	\$9,886
	047 LEVEL II ARTHROPLASTY	1	\$22,845	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	\$780	\$1,936
04	RESPIRATORY PROCEDURES	1	\$612	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$612	\$2,852
05	CARDIOVASCULAR PROCEDURES	2	\$5,199	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$4,528	\$7,334
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$5,871	\$9,499
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$3,898	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$4,132	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,664	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	242	\$2,904	\$3,378
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,188	\$1,218
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	45	\$1,673	\$1,829
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	147	\$1,679	\$1,505
	139 LEVEL I HERNIA REPAIR	9	\$6,041	\$5,524
	140 LEVEL II HERNIA REPAIR	2	\$6,560	\$6,756
	145 LEVEL I LAPAROSCOPY	1	\$5,287	\$7,096
	146 LEVEL II LAPAROSCOPY	12	\$9,052	\$9,427
	147 LEVEL III LAPAROSCOPY	25	\$7,925	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	6	\$3,029	\$6,463
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	5	\$3,019	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$3,077	\$6,651
09	MALE REPRODUCTIVE SYSTEM	2	\$3,831	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$4,122	\$3,654

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	181 CIRCUMCISION	1	\$3,540	\$2,298
10	FEMALE REPRODUCTIVE SYSTEM	8	\$3,078	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	\$2,805	\$5,502
	199 DILATION AND CURETTAGE	2	\$4,148	\$4,086
	201 COLPOSCOPY	2	\$2,555	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	10	\$4,187	\$6,459
	217 LEVEL I NERVE PROCEDURES	10	\$4,187	\$4,288
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	25	\$3,111	\$4,588
	232 LASER EYE PROCEDURES	1	\$940	\$939
	233 CATARACT PROCEDURES	24	\$3,201	\$4,292
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	39	\$3,120	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	9	\$1,890	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$1,599	\$3,989
	256 TONSIL AND ADENOID PROCEDURES	28	\$3,624	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	414	52.7	140,857	53.8
Male	371	47.3	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	2	0.3	2,722	1.0
1-4 years	21	2.7	10,474	4.0
5-9	20	2.5	6,876	2.6
10-14	23	2.9	5,656	2.2
15-17	26	3.3	5,579	2.1
18-19	17	2.2	3,819	1.5
20-24	34	4.3	10,499	4.0
25-29	26	3.3	11,895	4.5
30-34	29	3.7	15,288	5.8
35-39	49	6.2	15,023	5.7
40-44	52	6.6	15,275	5.8
45-49	53	6.8	16,577	6.3
50-54	85	10.8	29,317	11.2
55-59	63	8.0	26,116	10.0
60-64	69	8.8	24,120	9.2
65-69	75	9.6	21,226	8.1
70-74	58	7.4	16,114	6.2
75-79	45	5.7	11,722	4.5
80-84	22	2.8	7,780	3.0
85-89	16	2.0	3,464	1.3
90 +	0	0.0	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	666	84.8	81,064	30.9
Clinic Referral	102	13.0	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	2	0.3	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	15	1.9	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	783	99.7	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	1	0.1	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	1	0.1	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	235	29.9	66,198	25.3
Medicaid	70	8.9	19,834	7.6
Other government	14	1.8	6,484	2.5
Blue Cross/Blue Shield	79	10.1	32,501	12.4
Other Commercial	79	10.1	19,396	7.4
Managed Care(HMO, PPO)	264	33.6	108,501	41.4
Self Pay	21	2.7	3,771	1.4
Industrial & Worker Comp	15	1.9	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	1	0.1	154	0.1
Unknown	7	0.9	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	730	93.0	8,690	3.3
Davis County	1	0.1	29,850	11.4
Salt Lake County	2	0.3	90,968	34.7
Southeastern Utah	1	0.1	5,705	2.2
Southwest Utah	2	0.3	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	4	0.5	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	36	4.6	39,008	14.9
Wasatch County	1	0.1	2,303	0.9
Weber County	1	0.1	22,232	8.5
Unknown Utah	2	0.3	24	0.0
Outside Utah	5	0.6	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

108 Davis Hospital & Medical Center

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	14,519	100.0	340,055	100.0
Mastectomy (85.0-85.99)	451	3.1	8,708	2.6
Musculoskeletal (76.0-84.99)	2,351	16.2	69,858	20.5
Respiratory (30.0-34.99)	67	0.5	3,126	0.9
Cardiovascular (35.0-39.99)	713	4.9	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	53	0.4	3,058	0.9
Digestive System (42.0-54.99)	5,741	39.5	110,559	32.5
Urinary (55.0-59.99)	425	2.9	11,335	3.3
Male Genital (60.0-64.99)	227	1.6	4,598	1.4
Female Genital (65.0-71.99)	1,288	8.9	16,800	4.9
Endocrine/Nervous (01.0-07.99)	486	3.3	23,927	7.0
Eye (08.0-16.99)	1,213	8.4	24,162	7.1
Ear (18.0-20.99)	204	1.4	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	1,300	9.0	31,882	9.4
Reporting Category(CPT-4 CODES)	14,505	100.0	336,452	100.0
Mastectomy (19120-19220)	53	0.4	1,628	0.5
Musculoskeletal (20000-29909)	2,895	20.0	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	933	6.4	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	695	4.8	18,525	5.5
Lymphatic/Hemetic (38100-38999)	69	0.5	4,482	1.3
Digestive (40490-49999)	6,265	43.2	127,003	37.7
Urinary (50010-53899)	636	4.4	16,209	4.8
Male Genital (54000-55899)	207	1.4	4,833	1.4
Female Genital (56405-58999)	1,283	8.8	15,699	4.7
Endocrine/Nervous (60000-64999)	524	3.6	26,706	7.9
Eye (65091-68899)	739	5.1	13,805	4.1
Ear (69000-69979)	206	1.4	7,772	2.3

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, 2012
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	1,330	9.2	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,307	9.0	5.87
4525	CLO [ENDO] BX LG INTESTINE	795	5.5	2.45
4542	ENDO POLYPECTOMY LG INTESTINE	762	5.2	4.65
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	411	2.8	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	409	2.8	1.74
4292	DILAT ESOPH	375	2.6	1.54
5123	LAP CHOLEY	280	1.9	1.92
8511	CLO [PERCUT] [NEEDLE] BX BREAST	242	1.7	0.47
2169	OTH TURBINECTOMY	214	1.5	0.93
2188	OTH SEPTOPLASTY	187	1.3	0.58
3722	LT HEART CARD CATH	169	1.2	0.80
3723	COMBO RT & LT HEART CARD CATH	161	1.1	0.48
283	TONSILLECTOMY W/ADENOIDECTOMY	156	1.1	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	153	1.1	1.63
0443	RELEASE CARPAL TUNNEL	149	1.0	1.13
1364	DISCISSION SECNDRY MEMBRN	148	1.0	0.18
2263	ETHMOIDECTOMY	126	0.9	0.74
6859	OTH VAG HYST	118	0.8	0.17
6099	OTH OPER PROSTATE	108	0.7	0.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,329	9.2	5.93
43239	UGI ENDO; W/BX 1/MX	1,318	9.1	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,268	8.7	6.39
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	403	2.8	2.20
66984	EXTRACAPSULAR CATARACT REMV IOL	383	2.6	1.77
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	375	2.6	1.04
50590	LITHOTRIPTY XTRACORP SHOCK WAVE	256	1.8	0.26
30140	SUBMUCOS RES TURBINATE PART/CMPL	191	1.3	0.91
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	181	1.2	0.60
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	172	1.2	0.55
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	169	1.2	0.86
29826	SCOPE SHOULDER; DECOMP SUBACROM	162	1.1	1.15
47562	LAPAROSCOPY SURGICAL; CHOLECT	158	1.1	0.90
29881	SCOPE KNEE SURG;W/MENISCECT MED/	154	1.1	1.48
57288	SLING OPERATION STRESS INCONTINE	150	1.0	0.37
66821	DISCISSION 2ND CATARACT; LASER S	149	1.0	0.20
29581	29581	143	1.0	0.28
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	129	0.9	1.10
42820	T&A; UNDER AGE 12	117	0.8	1.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	108	0.7	0.69

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		8,014	\$4,963	\$5,136
4523	COLONOSCOPY	1,228	\$1,747	\$1,274
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	812	\$2,183	\$1,906
4525	CLO [ENDO] BX LG INTESTINE	589	\$2,384	\$1,908
4542	ENDO POLYPECTOMY LG INTESTINE	565	\$2,747	\$1,820
5123	LAP CHOLEY	259	\$7,603	\$8,631
8511	CLO [PERCUT] [NEEDLE] BX BREAST	234	\$3,159	\$3,024
1364	DISCISSION SECNDRY MEMBRN	146	\$1,405	\$903
3723	COMBO RT & LT HEART CARD CATH	142	\$15,623	\$11,664
283	TONSILLECTOMY W/ADENOIDECTOMY	138	\$2,952	\$3,559
3722	LT HEART CARD CATH	128	\$18,388	\$11,611
6099	OTH OPER PROSTATE	107	\$7,790	\$8,994
806	EXC SEMILUNAR CARTILAGE-KNEE	96	\$5,080	\$5,241
0443	RELEASE CARPAL TUNNEL	93	\$2,503	\$3,092
282	TONSILLECTOMY WO ADENOIDECTOMY	85	\$2,981	\$3,611
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	77	\$2,337	\$2,219
2001	MYRINGOTOMY W/INSRT TUBE	74	\$2,044	\$2,823
8026	ARTHSCPY-KNEE	72	\$6,108	\$6,102
4701	LAP APPENDECTOMY	56	\$7,259	\$11,971
6952	ASPIR CURET FOLLOWING DELIV/AB	53	\$3,600	\$3,669
5011	CLO [PERCUT] [NEEDLE] BX LIVER	51	\$2,855	\$3,222

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		8,549	\$4,708	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,224	\$1,738	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	945	\$2,292	\$1,749
43239	UGI ENDO; W/BX 1/MX	803	\$2,160	\$1,845
66984	EXTRACAPSULAR CATARACT REMV IOL	377	\$5,182	\$4,261
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	203	\$11,718	\$11,846
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	178	\$2,632	\$1,850
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	172	\$3,775	\$3,711
47562	LAPAROSCOPY SURGICAL; CHOLECT	149	\$6,850	\$8,029
66821	DISCISSION 2ND CATARACT; LASER S	147	\$1,404	\$878
29581		135	\$2,349	\$1,586
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	117	\$8,449	\$9,209
29881	SCOPE KNEE SURG;W/MENISCECT MED/	97	\$5,388	\$4,904
42820	T&A; UNDER AGE 12	97	\$2,854	\$3,454
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	91	\$2,415	\$1,867
49505	REPR INIT ING HERNIA 5YR/MORE; R	91	\$4,598	\$6,089
58340	CATH&INTRO SALINE/CONTRAST SIS/H	78	\$859	\$1,075
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	77	\$2,991	\$3,675
69436	TYMPANOSTOMY GENERAL ANESTHESIA	75	\$2,046	\$1,876
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	69	\$6,481	\$7,970
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	68	\$4,481	\$3,778

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	269	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	17	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	93
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	38	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	136	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	55
	013 LEVEL II SKIN REPAIR	63	921
	014 LEVEL III SKIN REPAIR	4	219
02	BREAST PROCEDURES	56	1,675
	020 LEVEL I BREAST PROCEDURES	53	1,628
	021 LEVEL II BREAST PROCEDURES	3	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,515	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	182	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	2,315
	033 LEVEL I HAND PROCEDURES	142	4,044
	034 LEVEL II HAND PROCEDURES	32	1,282
	035 LEVEL I FOOT PROCEDURES	259	6,556
	036 LEVEL II FOOT PROCEDURES	49	1,905
	037 LEVEL I ARTHROSCOPY	819	22,852
	038 LEVEL II ARTHROSCOPY	194	5,849
	039 REPLACEMENT OF CAST	17	330
	040 SPLINT, STRAPPING AND CAST REMOVAL	222	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	19	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	216	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	19	511
	045 BUNION PROCEDURES	85	1,823
	046 LEVEL I ARTHROPLASTY	26	706
	047 LEVEL II ARTHROPLASTY	2	149
	048 HAND AND FOOT TENOTOMY	1	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	126	2,425
04	RESPIRATORY PROCEDURES	544	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	99	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	44	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	376	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	25	2,327
05	CARDIOVASCULAR PROCEDURES	294	9,853
	081 ECHOCARDIOGRAPHY	38	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	21	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	53	1,273
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	7
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	62	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	33	389

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	23	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	17	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	27	2,877
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	116
	092 RESUSCITATION	1	13
	097 AICD IMPLANT	10	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	220	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	182	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	38	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	6,248	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	16	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,380	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	438	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,599	41,948
	137 THERAPEUTIC COLONOSCOPY	518	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	40	2,093
	139 LEVEL I HERNIA REPAIR	214	5,542
	140 LEVEL II HERNIA REPAIR	56	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	19	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	33	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	7	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	103
	145 LEVEL I LAPAROSCOPY	87	2,400
	146 LEVEL II LAPAROSCOPY	395	8,245
	147 LEVEL III LAPAROSCOPY	407	7,608
	148 LEVEL IV LAPAROSCOPY	24	225
08	GENITOURINARY SYSTEM PROCEDURES	684	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	256	890
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	138	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	149	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	86	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	52	941
09	MALE REPRODUCTIVE SYSTEM	99	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	1,567
	181 CIRCUMCISION	19	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	40	1,442
10	FEMALE REPRODUCTIVE SYSTEM	751	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	81	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	148	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	316	2,262
	199 DILATION AND CURETTAGE	8	439

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
	200 HYSTEROSCOPY	190	2,236
	201 COLPOSCOPY	8	642
11	NEUROLOGIC SYSTEM PROCEDURES	395	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	19	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	178
	217 LEVEL I NERVE PROCEDURES	221	4,317
	218 LEVEL II NERVE PROCEDURES	11	835
	219 SPINAL TAP	28	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	37	10,531
	221 LAMINOTOMY AND LAMINECTOMY	56	2,724
	223 LEVEL III NERVE PROCEDURES	16	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	739	13,758
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	17
	232 LASER EYE PROCEDURES	151	765
	233 CATARACT PROCEDURES	413	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	18	252
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	4	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	88	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	11	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	25	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	19	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,160	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	410	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	91	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	231	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	140	3,502
	256 TONSIL AND ADENOID PROCEDURES	288	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	190	\$4,285	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	17	\$2,531	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$3,738	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$5,071	\$5,874
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	28	\$4,100	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	83	\$4,130	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$12,328	\$7,059
	013 LEVEL II SKIN REPAIR	56	\$4,997	\$4,731
	014 LEVEL III SKIN REPAIR	1	\$2,538	\$9,742
02	BREAST PROCEDURES	45	\$5,961	\$5,295
	020 LEVEL I BREAST PROCEDURES	44	\$4,821	\$5,104
	021 LEVEL II BREAST PROCEDURES	1	\$56,125	\$13,404
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,097	\$5,296	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$4,115	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	\$6,131	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$12,248	\$12,233
	033 LEVEL I HAND PROCEDURES	77	\$2,981	\$3,605
	034 LEVEL II HAND PROCEDURES	18	\$5,102	\$6,660
	035 LEVEL I FOOT PROCEDURES	63	\$3,544	\$4,528
	036 LEVEL II FOOT PROCEDURES	22	\$5,057	\$8,711
	037 LEVEL I ARTHROSCOPY	247	\$5,470	\$5,040
	038 LEVEL II ARTHROSCOPY	38	\$16,173	\$13,882
	039 REPLACEMENT OF CAST	16	\$5,478	\$10,002
	040 SPLINT, STRAPPING AND CAST REMOVAL	207	\$1,978	\$1,590
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$12,974	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	\$3,371	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	145	\$9,954	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	\$2,581	\$3,670
	045 BUNION PROCEDURES	41	\$5,084	\$6,795
	046 LEVEL I ARTHROPLASTY	5	\$10,247	\$9,886
	047 LEVEL II ARTHROPLASTY	2	\$27,229	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	92	\$2,402	\$1,936
04	RESPIRATORY PROCEDURES	129	\$3,292	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	96	\$2,812	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	\$4,276	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	17	\$5,764	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	8	\$2,809	\$3,588
05	CARDIOVASCULAR PROCEDURES	158	\$24,576	\$17,886
	081 ECHOCARDIOGRAPHY	29	\$31,728	\$25,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	46	\$7,073	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	19	\$48,094	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	26	\$32,629	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	\$30,132	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	11	\$15,791	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	10	\$9,805	\$10,472

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
Procedure EAPG				
090	SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$4,290	\$15,384
091	VASCULAR LIGATION AND RECONSTRUCTION	1	\$4,945	\$9,067
092	RESUSCITATION	1	\$557	\$15,674
097	AICD IMPLANT	4	\$73,113	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	198	\$4,569	\$5,648
113	LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	173	\$3,770	\$3,762
115	DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	\$10,096	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,172	\$3,100	\$3,378
130	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	14	\$1,640	\$2,627
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$2,227	\$1,218
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,674	\$1,936
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	845	\$2,157	\$1,829
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	65	\$2,324	\$2,598
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,170	\$1,979	\$1,505
137	THERAPEUTIC COLONOSCOPY	228	\$2,568	\$1,882
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	\$7,464	\$6,968
139	LEVEL I HERNIA REPAIR	151	\$4,198	\$5,524
140	LEVEL II HERNIA REPAIR	22	\$5,395	\$6,756
141	LEVEL I ANAL AND RECTAL PROCEDURES	15	\$3,801	\$4,044
142	LEVEL II ANAL AND RECTAL PROCEDURES	24	\$4,335	\$4,792
143	LEVEL I GASTROINTESTINAL PROCEDURES	4	\$5,933	\$4,517
144	LEVEL II GASTROINTESTINAL PROCEDURES	3	\$7,303	\$10,980
145	LEVEL I LAPAROSCOPY	31	\$5,214	\$7,096
146	LEVEL II LAPAROSCOPY	311	\$7,271	\$9,427
147	LEVEL III LAPAROSCOPY	258	\$9,207	\$10,611
148	LEVEL IV LAPAROSCOPY	20	\$13,084	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	409	\$9,036	\$6,463
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	203	\$11,718	\$11,846
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	49	\$4,936	\$3,484
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	63	\$6,073	\$6,651
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	3	\$5,451	\$20,165
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	62	\$7,335	\$4,263
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	29	\$7,634	\$11,734
09	MALE REPRODUCTIVE SYSTEM	74	\$7,532	\$5,766
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$4,824	\$3,654
181	CIRCUMCISION	17	\$4,460	\$2,298
184	LEVEL II PENILE AND PROSTATE PROCEDURES	36	\$10,563	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	274	\$6,700	\$6,143
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	37	\$4,171	\$5,502
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	11	\$6,100	\$6,583
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	131	\$8,363	\$8,853
199	DILATION AND CURETTAGE	4	\$2,855	\$4,086
200	HYSTEROSCOPY	89	\$5,624	\$6,413
201	COLPOSCOPY	2	\$3,406	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	223	\$5,831	\$6,459

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	19	\$1,774	\$2,196
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$4,658	\$13,896
216	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$6,316	\$12,020
217	LEVEL I NERVE PROCEDURES	111	\$4,063	\$4,288
218	LEVEL II NERVE PROCEDURES	2	\$6,066	\$22,896
219	SPINAL TAP	26	\$2,231	\$2,473
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$2,123	\$2,853
221	LAMINOTOMY AND LAMINECTOMY	47	\$11,525	\$12,411
223	LEVEL III NERVE PROCEDURES	9	\$19,506	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	689	\$4,700	\$4,588
230	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	\$1,472	\$1,351
232	LASER EYE PROCEDURES	148	\$1,403	\$939
233	CATARACT PROCEDURES	405	\$5,273	\$4,292
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,459	\$4,975
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$4,928	\$4,384
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	8	\$9,823	\$11,515
237	LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$7,288	\$7,320
238	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	84	\$7,789	\$8,404
239	STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$7,010	\$3,336
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	19	\$2,133	\$3,139
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$4,234	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	538	\$4,690	\$4,852
252	LEVEL I FACIAL AND ENT PROCEDURES	138	\$2,473	\$2,933
253	LEVEL II FACIAL AND ENT PROCEDURES	50	\$4,141	\$3,989
254	LEVEL III FACIAL AND ENT PROCEDURES	38	\$8,177	\$8,743
255	LEVEL IV FACIAL AND ENT PROCEDURES	92	\$11,010	\$11,118
256	TONSIL AND ADENOID PROCEDURES	220	\$2,961	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,750	56.7	140,857	53.8
Male	5,160	43.3	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	32	0.3	2,722	1.0
1-4 years	156	1.3	10,474	4.0
5-9	142	1.2	6,876	2.6
10-14	152	1.3	5,656	2.2
15-17	230	1.9	5,579	2.1
18-19	181	1.5	3,819	1.5
20-24	454	3.8	10,499	4.0
25-29	521	4.4	11,895	4.5
30-34	735	6.2	15,288	5.8
35-39	727	6.1	15,023	5.7
40-44	773	6.5	15,275	5.8
45-49	869	7.3	16,577	6.3
50-54	1,436	12.1	29,317	11.2
55-59	1,273	10.7	26,116	10.0
60-64	1,153	9.7	24,120	9.2
65-69	1,006	8.4	21,226	8.1
70-74	802	6.7	16,114	6.2
75-79	628	5.3	11,722	4.5
80-84	418	3.5	7,780	3.0
85-89	156	1.3	3,464	1.3
90 +	66	0.6	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	11,572	97.2	81,064	30.9
Clinic Referral	294	2.5	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	5	0.0	29	0.0
Not Reported	39	0.3	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	11,886	99.8	260,978	99.6
Another Hospital	3	0.0	100	0.0
Skilled Nursing Facility	5	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	1	0.0	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	18	0.0
Unknown	13	0.1	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	3,184	26.7	66,198	25.3
Medicaid	404	3.4	19,834	7.6
Other government	1,297	10.9	6,484	2.5
Blue Cross/Blue Shield	1,859	15.6	32,501	12.4
Other Commercial	639	5.4	19,396	7.4
Managed Care(HMO, PPO)	4,418	37.1	108,501	41.4
Self Pay	49	0.4	3,771	1.4
Industrial & Worker Comp	50	0.4	3,122	1.2
Charity and Unclassified	1	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	9	0.1	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	131	1.1	18,435	7.0
Central Utah	4	0.0	8,690	3.3
Davis County	9,348	78.5	29,850	11.4
Salt Lake County	160	1.3	90,968	34.7
Southeastern Utah	7	0.1	5,705	2.2
Southwest Utah	11	0.1	14,915	5.7
Summit County	7	0.1	4,208	1.6
Tooele County	18	0.2	6,494	2.5
Tri-County	15	0.1	5,152	2.0
Utah County	29	0.2	39,008	14.9
Wasatch County	4	0.0	2,303	0.9
Weber County	2,018	16.9	22,232	8.5
Unknown Utah	1	0.0	24	0.0
Outside Utah	126	1.1	13,799	5.3
Unknown, Not Reported	31	0.3	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

116 Delta Community Medical Center - CAH

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	656	100.0	340,055	100.0
Mastectomy (85.0-85.99)	2	0.3	8,708	2.6
Musculoskeletal (76.0-84.99)	15	2.3	69,858	20.5
Respiratory (30.0-34.99)	3	0.5	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	6	0.9	3,058	0.9
Digestive System (42.0-54.99)	297	45.3	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	3	0.5	4,598	1.4
Female Genital (65.0-71.99)	25	3.8	16,800	4.9
Endocrine/Nervous (01.0-07.99)	13	2.0	23,927	7.0
Eye (08.0-16.99)	181	27.6	24,162	7.1
Ear (18.0-20.99)	52	7.9	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	59	9.0	31,882	9.4
Reporting Category(CPT-4 CODES)	505	100.0	336,452	100.0
Mastectomy (19120-19220)	2	0.4	1,628	0.5
Musculoskeletal (20000-29909)	16	3.2	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	3	0.6	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	18,525	5.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,482	1.3
Digestive (40490-49999)	338	66.9	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	3	0.6	4,833	1.4
Female Genital (56405-58999)	12	2.4	15,699	4.7
Endocrine/Nervous (60000-64999)	7	1.4	26,706	7.9
Eye (65091-68899)	95	18.8	13,805	4.1
Ear (69000-69979)	29	5.7	7,772	2.3

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, 2012
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		656	100.0	100.0
4523	COLONOSCOPY	110	16.8	6.64
1341	PHACOEMULSIFICATION-ASPIR CATARACT	83	12.7	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	83	12.7	1.77
4542	ENDO POLYPECTOMY LG INTESTINE	49	7.5	4.65
2001	MYRINGOTOMY W/INSRT TUBE	47	7.2	2.86
283	TONSILLECTOMY W/ADENOIDECTOMY	47	7.2	1.75
4836	[ENDO] POLYPECTOMY RECTUM	46	7.0	1.36
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	34	5.2	5.87
4525	CLO [ENDO] BX LG INTESTINE	16	2.4	2.45
6902	D&C FOLLOWING DELIV/AB	12	1.8	0.14
1364	DISCISSION SECNDRY MEMBRN	8	1.2	0.18
0392	INJ OTH AGENT SPINAL CANAL	7	1.1	1.89
4513	OTH ENDO SM INTESTINE	7	1.1	1.56
4824	CLO [ENDO] BX RECTUM	7	1.1	0.49
6909	OTH D&C UTERUS	7	1.1	0.38
0391	INJ ANES SPINAL CANAL-ANALGESIA	6	0.9	1.45
4019	OTH DX PROC LYMPHATIC STRUCT	6	0.9	0.12
5123	LAP CHOLEY	5	0.8	1.92
7756	REPR HAMMER TOE	5	0.8	0.40
201	REMOV TYMPANOSTOMY TUBE	4	0.6	0.13

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		505	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	103	20.4	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	16.6	6.39
66984	EXTRACAPSULAR CATARACT REMV IOL	77	15.2	1.77
43239	UGI ENDO; W/BX 1/MX	34	6.7	6.32
42820	T&A; UNDER AGE 12	31	6.1	1.37
69436	TYMPANOSTOMY GENERAL ANESTHESIA	25	5.0	1.53
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	22	4.4	2.20
42821	T&A; AGE 12 OR OVER	16	3.2	0.41
49505	REPR INIT ING HERNIA 5YR/MORE; R	8	1.6	0.69
66821	DISCISSION 2ND CATARACT; LASER S	8	1.6	0.20
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	7	1.4	1.15
58120	DILATION & CURET DX &/ THERAPEUT	7	1.4	0.13
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	7	1.4	0.81
28285	CORRECTION HAMMERTOES	6	1.2	0.58
66982	EXTRACAP CATARACT REMV W/IOL-CMP	6	1.2	0.08
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	4	0.8	0.30
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	0.6	0.42
45381	COLNSCP PROX SPLENC FLXR/SUBMUC	3	0.6	0.21
47562	LAPAROSCOPY SURGICAL; CHOLECT	3	0.6	0.90
49561	REPR INIT INCS/VENT HERN; INCARC	3	0.6	0.04

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		296	\$2,669	\$5,136
4523	COLONOSCOPY	95	\$1,711	\$1,274
283	TONSILLECTOMY W/ADENOIDECTOMY	46	\$3,462	\$3,559
4542	ENDO POLYPECTOMY LG INTESTINE	28	\$2,130	\$1,820
4836	[ENDO] POLYPECTOMY RECTUM	24	\$2,164	\$1,651
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	17	\$2,285	\$1,906
6902	D&C FOLLOWING DELIV/AB	12	\$3,267	\$4,361
4525	CLO [ENDO] BX LG INTESTINE	11	\$2,338	\$1,908
1364	DISCISSION SECNDRY MEMBRN	8	\$604	\$903
6909	OTH D&C UTERUS	6	\$2,874	\$4,181
6823	ENDOMETRIAL ABLATION	4	\$6,364	\$7,299
282	TONSILLECTOMY WO ADENOIDECTOMY	3	\$3,288	\$3,611
4513	OTH ENDO SM INTESTINE	3	\$1,891	\$1,475
4824	CLO [ENDO] BX RECTUM	3	\$1,884	\$1,724
5123	LAP CHOLEY	3	\$6,050	\$8,631
5303	UNILAT REPR DIRECT ING HERN-GFT	2	\$5,746	\$6,274
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$4,557	\$5,886
5305	UNILAT REPR ING HERN-GFT-NOS	2	\$5,590	\$7,346
5349	OTH UMB HERNIORRHAPHY	2	\$3,251	\$4,448
7756	REPR HAMMER TOE	2	\$6,284	\$6,542
8339	EXC LES OTH SOFT TISS	2	\$3,690	\$4,793

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		398	\$2,855	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	92	\$1,730	\$1,296
66984	EXTRACAPSULAR CATARACT REMV IOL	76	\$3,823	\$4,261
45380	COLONOSCOPY FLEX; W/BX 1/MX	66	\$2,216	\$1,749
42820	T&A; UNDER AGE 12	30	\$3,467	\$3,454
69436	TYMPANOSTOMY GENERAL ANESTHESIA	20	\$1,893	\$1,876
43239	UGI ENDO; W/BX 1/MX	19	\$2,253	\$1,845
42821	T&A; AGE 12 OR OVER	16	\$3,454	\$3,919
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	10	\$2,235	\$1,850
66821	DISCISSION 2ND CATARACT; LASER S	8	\$604	\$878
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	7	\$555	\$2,139
49505	REPR INIT ING HERNIA 5YR/MORE; R	6	\$5,842	\$6,089
58120	DILATION & CURET DX &/ THERAPEUT	6	\$2,874	\$4,086
66982	EXTRACAP CATARACT REMV W/IOL-CMP	6	\$5,071	\$4,812
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	\$3,288	\$3,675
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	3	\$1,891	\$1,361
19120	EXC BRST CYST TUMR/LES OPN M/F 1	2	\$6,383	\$4,844
28285	CORRECTION HAMMERTOES	2	\$6,284	\$5,099
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	2	\$6,505	\$9,209
49507	REPR INIT ING HERNIA > 5YR; INCA	2	\$5,697	\$6,630
58353	ENDOMET ABLAT THERM W/O SCOPE GU	2	\$6,496	\$6,593

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	1	10,384
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	5,026
02	BREAST PROCEDURES	2	1,675
	020 LEVEL I BREAST PROCEDURES	2	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	14	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,470
	033 LEVEL I HAND PROCEDURES	1	4,044
	035 LEVEL I FOOT PROCEDURES	6	6,556
	036 LEVEL II FOOT PROCEDURES	2	1,905
	045 BUNION PROCEDURES	3	1,823
	048 HAND AND FOOT TENOTOMY	1	394
07	GASTROINTESTINAL SYSTEM PROCEDURES	283	117,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	41	26,657
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	187	41,948
	137 THERAPEUTIC COLONOSCOPY	26	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,093
	139 LEVEL I HERNIA REPAIR	12	5,542
	140 LEVEL II HERNIA REPAIR	5	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	831
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	103
	146 LEVEL II LAPAROSCOPY	7	8,245
	147 LEVEL III LAPAROSCOPY	2	7,608
09	MALE REPRODUCTIVE SYSTEM	3	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,567
	181 CIRCUMCISION	1	1,132
10	FEMALE REPRODUCTIVE SYSTEM	11	8,837
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	1,904
	199 DILATION AND CURETTAGE	7	439
	200 HYSTEROSCOPY	2	2,236
11	NEUROLOGIC SYSTEM PROCEDURES	7	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	7	3,650
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	95	13,758
	232 LASER EYE PROCEDURES	8	765
	233 CATARACT PROCEDURES	84	6,414
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	255
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	88	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	31	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,530
	256 TONSIL AND ADENOID PROCEDURES	54	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	\$4,720	\$4,612
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$4,720	\$4,950
02	BREAST PROCEDURES	2	\$6,383	\$5,295
	020 LEVEL I BREAST PROCEDURES	2	\$6,383	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	5	\$7,511	\$6,423
	033 LEVEL I HAND PROCEDURES	1	\$4,279	\$3,605
	035 LEVEL I FOOT PROCEDURES	2	\$6,284	\$4,528
	036 LEVEL II FOOT PROCEDURES	1	\$12,546	\$8,711
	045 BUNION PROCEDURES	1	\$8,161	\$6,795
07	GASTROINTESTINAL SYSTEM PROCEDURES	208	\$2,310	\$3,378
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	22	\$2,203	\$1,829
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	158	\$1,933	\$1,505
	137 THERAPEUTIC COLONOSCOPY	11	\$2,241	\$1,882
	139 LEVEL I HERNIA REPAIR	8	\$5,194	\$5,524
	140 LEVEL II HERNIA REPAIR	3	\$5,680	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$3,239	\$4,044
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$8,890	\$10,980
	146 LEVEL II LAPAROSCOPY	2	\$9,157	\$9,427
	147 LEVEL III LAPAROSCOPY	2	\$6,505	\$10,611
09	MALE REPRODUCTIVE SYSTEM	1	\$3,440	\$5,766
	181 CIRCUMCISION	1	\$3,440	\$2,298
10	FEMALE REPRODUCTIVE SYSTEM	10	\$4,270	\$6,143
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$6,496	\$6,583
	199 DILATION AND CURETTAGE	6	\$2,874	\$4,086
	200 HYSTEROSCOPY	2	\$6,231	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	7	\$555	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	7	\$555	\$2,196
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	92	\$3,654	\$4,588
	232 LASER EYE PROCEDURES	8	\$604	\$939
	233 CATARACT PROCEDURES	83	\$3,908	\$4,292
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,935	\$4,384
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	72	\$2,980	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	23	\$1,975	\$2,933
	256 TONSIL AND ADENOID PROCEDURES	49	\$3,452	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	256	54.6	140,857	53.8
Male	213	45.4	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	8	1.7	2,722	1.0
1-4 years	29	6.2	10,474	4.0
5-9	22	4.7	6,876	2.6
10-14	8	1.7	5,656	2.2
15-17	7	1.5	5,579	2.1
18-19	5	1.1	3,819	1.5
20-24	13	2.8	10,499	4.0
25-29	11	2.3	11,895	4.5
30-34	11	2.3	15,288	5.8
35-39	11	2.3	15,023	5.7
40-44	12	2.6	15,275	5.8
45-49	18	3.8	16,577	6.3
50-54	57	12.2	29,317	11.2
55-59	44	9.4	26,116	10.0
60-64	37	7.9	24,120	9.2
65-69	59	12.6	21,226	8.1
70-74	57	12.2	16,114	6.2
75-79	33	7.0	11,722	4.5
80-84	16	3.4	7,780	3.0
85-89	10	2.1	3,464	1.3
90 +	1	0.2	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	113	24.1	81,064	30.9
Clinic Referral	356	75.9	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	467	99.6	260,978	99.6
Another Hospital	1	0.2	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	1	0.2	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	183	39.0	66,198	25.3
Medicaid	37	7.9	19,834	7.6
Other government	3	0.6	6,484	2.5
Blue Cross/Blue Shield	39	8.3	32,501	12.4
Other Commercial	63	13.4	19,396	7.4
Managed Care(HMO, PPO)	129	27.5	108,501	41.4
Self Pay	5	1.1	3,771	1.4
Industrial & Worker Comp	1	0.2	3,122	1.2
Charity and Unclassified	1	0.2	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	8	1.7	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.6	18,435	7.0
Central Utah	452	96.4	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	2	0.4	90,968	34.7
Southeastern Utah	0	0.0	5,705	2.2
Southwest Utah	3	0.6	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	2	0.4	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	0	0.0	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	7	1.5	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

140 Dixie Regional Medical Center

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	16,517	100.0	340,055	100.0
Mastectomy (85.0-85.99)	417	2.5	8,708	2.6
Musculoskeletal (76.0-84.99)	3,312	20.1	69,858	20.5
Respiratory (30.0-34.99)	279	1.7	3,126	0.9
Cardiovascular (35.0-39.99)	1,710	10.4	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	254	1.5	3,058	0.9
Digestive System (42.0-54.99)	4,545	27.5	110,559	32.5
Urinary (55.0-59.99)	958	5.8	11,335	3.3
Male Genital (60.0-64.99)	298	1.8	4,598	1.4
Female Genital (65.0-71.99)	1,363	8.3	16,800	4.9
Endocrine/Nervous (01.0-07.99)	693	4.2	23,927	7.0
Eye (08.0-16.99)	77	0.5	24,162	7.1
Ear (18.0-20.99)	859	5.2	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	1,752	10.6	31,882	9.4
Reporting Category(CPT-4 CODES)	13,550	100.0	336,452	100.0
Mastectomy (19120-19220)	105	0.8	1,628	0.5
Musculoskeletal (20000-29909)	3,397	25.1	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	1,047	7.7	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	468	3.5	18,525	5.5
Lymphatic/Hemetic (38100-38999)	172	1.3	4,482	1.3
Digestive (40490-49999)	4,922	36.3	127,003	37.7
Urinary (50010-53899)	851	6.3	16,209	4.8
Male Genital (54000-55899)	192	1.4	4,833	1.4
Female Genital (56405-58999)	1,206	8.9	15,699	4.7
Endocrine/Nervous (60000-64999)	705	5.2	26,706	7.9
Eye (65091-68899)	40	0.3	13,805	4.1
Ear (69000-69979)	445	3.3	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

140 Dixie Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		16,517	100.0	100.0
4523	COLONOSCOPY	834	5.0	6.64
2001	MYRINGOTOMY W/INSRT TUBE	642	3.9	2.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	624	3.8	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	617	3.7	4.65
3722	LT HEART CARD CATH	477	2.9	0.80
4513	OTH ENDO SM INTESTINE	434	2.6	1.56
283	TONSILLECTOMY W/ADENOIDECTOMY	409	2.5	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	331	2.0	1.63
3723	COMBO RT & LT HEART CARD CATH	308	1.9	0.48
5123	LAP CHOLEY	294	1.8	1.92
8363	ROTATOR CUFF REPR	278	1.7	0.79
4292	DILAT ESOPH	258	1.6	1.54
4525	CLO [ENDO] BX LG INTESTINE	235	1.4	2.45
0443	RELEASE CARPAL TUNNEL	222	1.3	1.13
6851	LAP ASSIST VAG HYST [LAVH]	197	1.2	0.17
598	URETERAL CATH	188	1.1	0.76
5979	OTH REPR URIN STRESS INCONT	172	1.0	0.24
2263	ETHMOIDECTOMY	154	0.9	0.74
215	SUBMUCOUS RESECT NASAL SEPTUM	152	0.9	0.27
222	INTRANASAL ANTROTOMY	147	0.9	0.41

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,550	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	632	4.7	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	629	4.6	5.93
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	480	3.5	2.20
45380	COLONOSCOPY FLEX; W/BX 1/MX	388	2.9	6.39
69436	TYMPANOSTOMY GENERAL ANESTHESIA	329	2.4	1.53
42820	T&A; UNDER AGE 12	298	2.2	1.37
29826	SCOPE SHOULDER; DECOMP SUBACROM	286	2.1	1.15
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	285	2.1	1.15
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	279	2.1	1.10
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	245	1.8	0.71
29881	SCOPE KNEE SURG;W/MENISCECT MED/	223	1.6	1.48
30140	SUBMUCOS RES TURBINATE PART/CMPL	182	1.3	0.91
57288	SLING OPERATION STRESS INCONTINE	173	1.3	0.37
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	161	1.2	0.86
52332	CYSTOURETHROSCOPY W/INSRT STENT	160	1.2	0.74
41899	UNLIST PROC DENTOALVEOL STRUCTUR	150	1.1	0.73
43248	UGI ENDO; W/INSRT GUIDE WIRE	138	1.0	0.12
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	137	1.0	0.61
61782	61782	132	1.0	0.16
49505	REPR INIT ING HERNIA 5YR/MORE; R	130	1.0	0.69

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

140 Dixie Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		7,210	\$5,458	\$5,136
4523	COLONOSCOPY	692	\$929	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	474	\$1,300	\$1,820
3722	LT HEART CARD CATH	399	\$8,753	\$11,611
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	326	\$1,570	\$1,906
283	TONSILLECTOMY W/ADENOIDECTOMY	318	\$3,368	\$3,559
3723	COMBO RT & LT HEART CARD CATH	287	\$10,882	\$11,664
5123	LAP CHOLEY	252	\$7,074	\$8,631
4513	OTH ENDO SM INTESTINE	183	\$1,055	\$1,475
806	EXC SEMILUNAR CARTILAGE-KNEE	163	\$4,449	\$5,241
4525	CLO [ENDO] BX LG INTESTINE	131	\$1,235	\$1,908
2349	OTH DENTAL RESTORATION	127	\$3,065	\$3,702
0443	RELEASE CARPAL TUNNEL	110	\$2,983	\$3,092
8363	ROTATOR CUFF REPR	109	\$10,260	\$12,785
8521	LOC EXC LES BREAST	81	\$4,791	\$4,756
5011	CLO [PERCUT] [NEEDLE] BX LIVER	78	\$2,962	\$3,222
5749	OTH TRANSURETH EXC/DEST LES BLADDER	72	\$5,626	\$6,334
3326	CLO [PERCUT] [NEEDLE] BX LUNG	65	\$3,661	\$3,943
6029	OTH TRANSURETHRAL PROSTATECTOMY	65	\$7,705	\$10,568
282	TONSILLECTOMY WO ADENOIDECTOMY	60	\$3,272	\$3,611
4701	LAP APPENDECTOMY	54	\$8,874	\$11,971

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		6,460	\$4,628	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	511	\$919	\$1,296
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	401	\$1,296	\$1,850
43239	UGI ENDO; W/BX 1/MX	329	\$1,550	\$1,845
45380	COLONOSCOPY FLEX; W/BX 1/MX	262	\$1,324	\$1,749
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	249	\$7,061	\$9,209
42820	T&A; UNDER AGE 12	233	\$3,270	\$3,454
69436	TYMPANOSTOMY GENERAL ANESTHESIA	224	\$1,730	\$1,876
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	175	\$1,004	\$1,361
41899	UNLIST PROC DENTOALVEOL STRUCTUR	144	\$3,042	\$3,996
29881	SCOPE KNEE SURG;W/MENISCECT MED/	128	\$4,408	\$4,904
49505	REPR INIT ING HERNIA 5YR/MORE; R	116	\$5,382	\$6,089
42821	T&A; AGE 12 OR OVER	84	\$3,671	\$3,919
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	81	\$3,036	\$3,226
20680	REMOVAL OF IMPLANT; DEEP	77	\$3,836	\$5,341
19120	EXC BRST CYST TUMR/LES OPN M/F 1	74	\$4,739	\$4,844
43248	UGI ENDO; W/INSRT GUIDE WIRE	67	\$1,314	\$1,646
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	58	\$9,840	\$11,030
29880	SCOPE KNEE SURG;W/MENISCECT MED&	56	\$4,542	\$5,166
44970	LAPAROSCOPY SURGICAL APPENDECTOM	56	\$8,793	\$12,174
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	54	\$2,645	\$2,950

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	370	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	81	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	8	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	76	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	166	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	55
	012 LEVEL I SKIN REPAIR	2	31
	013 LEVEL II SKIN REPAIR	2	921
	014 LEVEL III SKIN REPAIR	19	219
02	BREAST PROCEDURES	106	1,675
	020 LEVEL I BREAST PROCEDURES	105	1,628
	021 LEVEL II BREAST PROCEDURES	1	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,017	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	98	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	174	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	2,315
	033 LEVEL I HAND PROCEDURES	234	4,044
	034 LEVEL II HAND PROCEDURES	99	1,282
	035 LEVEL I FOOT PROCEDURES	165	6,556
	036 LEVEL II FOOT PROCEDURES	61	1,905
	037 LEVEL I ARTHROSCOPY	1,211	22,852
	038 LEVEL II ARTHROSCOPY	390	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	23	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	305	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	511
	045 BUNION PROCEDURES	61	1,823
	046 LEVEL I ARTHROPLASTY	63	706
	047 LEVEL II ARTHROPLASTY	2	149
	048 HAND AND FOOT TENOTOMY	5	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	2,425
04	RESPIRATORY PROCEDURES	743	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	137	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	84	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	375	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	147	2,327
05	CARDIOVASCULAR PROCEDURES	403	9,853
	081 ECHOCARDIOGRAPHY	55	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	9	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	31	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	79	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	25	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	29	563

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
	088 LEVEL I CARDIOTHORACIC PROCEDURES	32	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	83	2,877
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	19	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	25	116
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	1	131
	097 AICD IMPLANT	15	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	123	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	120	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,539	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	94	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	47	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	50	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	935	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	283	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,038	41,948
	137 THERAPEUTIC COLONOSCOPY	520	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	101	2,093
	139 LEVEL I HERNIA REPAIR	295	5,542
	140 LEVEL II HERNIA REPAIR	52	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	16	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	42	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	19	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	6	103
	145 LEVEL I LAPAROSCOPY	82	2,400
	146 LEVEL II LAPAROSCOPY	309	8,245
	147 LEVEL III LAPAROSCOPY	623	7,608
	148 LEVEL IV LAPAROSCOPY	26	225
08	GENITOURINARY SYSTEM PROCEDURES	721	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	10	890
	162 URINARY CATHETERIZATION AND DILATATION	23	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	276	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	340	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	16	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	53	941
09	MALE REPRODUCTIVE SYSTEM	239	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	83	1,567
	181 CIRCUMCISION	54	1,132
	182 INSERTION OF PENILE PROSTHESIS	15	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	84	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	289
10	FEMALE REPRODUCTIVE SYSTEM	715	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	58	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	329	1,904

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	247	2,262
	199 DILATION AND CURETTAGE	22	439
	200 HYSTEROSCOPY	50	2,236
	201 COLPOSCOPY	9	642
11	NEUROLOGIC SYSTEM PROCEDURES	523	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	24	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	16	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	178
	217 LEVEL I NERVE PROCEDURES	310	4,317
	218 LEVEL II NERVE PROCEDURES	41	835
	219 SPINAL TAP	1	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	51	10,531
	221 LAMINOTOMY AND LAMINECTOMY	25	2,724
	223 LEVEL III NERVE PROCEDURES	53	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	39	13,758
	233 CATARACT PROCEDURES	2	6,414
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	28	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,744	31,246
	250 COCHLEAR DEVICE IMPLANTATION	7	104
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	735	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	98	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	225	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	124	3,502
	256 TONSIL AND ADENOID PROCEDURES	554	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	245	\$4,601	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	74	\$6,155	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,172	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	\$4,189	\$5,874
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,215	\$431
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	\$4,065	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	48	\$3,501	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	107	\$4,138	\$4,950
	012 LEVEL I SKIN REPAIR	1	\$3,731	\$1,906
	013 LEVEL II SKIN REPAIR	2	\$3,177	\$4,731
02	BREAST PROCEDURES	77	\$4,784	\$5,295
	020 LEVEL I BREAST PROCEDURES	76	\$4,757	\$5,104
	021 LEVEL II BREAST PROCEDURES	1	\$6,796	\$13,404
03	MUSCULOSKELETAL SYSTEM PROCEDURES	967	\$6,044	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$5,347	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	\$6,041	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$8,904	\$12,233
	033 LEVEL I HAND PROCEDURES	97	\$3,492	\$3,605
	034 LEVEL II HAND PROCEDURES	18	\$6,318	\$6,660
	035 LEVEL I FOOT PROCEDURES	43	\$3,859	\$4,528
	036 LEVEL II FOOT PROCEDURES	20	\$7,042	\$8,711
	037 LEVEL I ARTHROSCOPY	325	\$4,493	\$5,040
	038 LEVEL II ARTHROSCOPY	80	\$11,361	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$7,285	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	15	\$5,214	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	197	\$7,818	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,744	\$3,670
	045 BUNION PROCEDURES	28	\$5,948	\$6,795
	046 LEVEL I ARTHROPLASTY	8	\$7,833	\$9,886
	047 LEVEL II ARTHROPLASTY	2	\$18,219	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$2,971	\$1,936
04	RESPIRATORY PROCEDURES	182	\$3,516	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	119	\$3,312	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	16	\$3,684	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	20	\$4,443	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	27	\$3,628	\$3,588
05	CARDIOVASCULAR PROCEDURES	202	\$15,754	\$17,886
	081 ECHOCARDIOGRAPHY	40	\$13,926	\$25,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	17	\$6,149	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	17	\$21,476	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	23	\$25,892	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	21	\$18,420	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	11	\$8,283	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	56	\$8,774	\$10,472
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$5,818	\$15,384

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	091 VASCULAR LIGATION AND RECONSTRUCTION	7	\$4,100	\$9,067
	097 AICD IMPLANT	8	\$68,816	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	88	\$8,602	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	88	\$8,602	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,871	\$3,050	\$3,378
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	14	\$1,115	\$1,828
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	40	\$579	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	42	\$926	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	505	\$1,365	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	142	\$1,940	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	779	\$1,056	\$1,505
	137 THERAPEUTIC COLONOSCOPY	424	\$1,321	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	21	\$4,711	\$6,968
	139 LEVEL I HERNIA REPAIR	220	\$5,212	\$5,524
	140 LEVEL II HERNIA REPAIR	16	\$6,593	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	10	\$3,721	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	32	\$4,801	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$5,108	\$4,517
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	\$8,207	\$10,980
	145 LEVEL I LAPAROSCOPY	38	\$5,584	\$7,096
	146 LEVEL II LAPAROSCOPY	176	\$7,339	\$9,427
	147 LEVEL III LAPAROSCOPY	389	\$7,962	\$10,611
	148 LEVEL IV LAPAROSCOPY	10	\$10,739	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	266	\$5,911	\$6,463
	162 URINARY CATHETERIZATION AND DILATATION	6	\$4,074	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	89	\$4,737	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	112	\$6,258	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	\$14,640	\$20,165
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	14	\$2,258	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	42	\$8,331	\$11,734
09	MALE REPRODUCTIVE SYSTEM	175	\$6,773	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	48	\$4,072	\$3,654
	181 CIRCUMCISION	44	\$3,004	\$2,298
	182 INSERTION OF PENILE PROSTHESIS	15	\$27,263	\$37,474
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	65	\$6,733	\$9,032
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$3,711	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	164	\$5,277	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	18	\$3,784	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	59	\$5,074	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	48	\$6,973	\$8,853
	199 DILATION AND CURETTAGE	10	\$2,987	\$4,086
	200 HYSTEROSCOPY	29	\$4,597	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	192	\$5,472	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	23	\$1,302	\$2,196
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$12,396	\$13,896

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$4,114	\$12,020
	217 LEVEL I NERVE PROCEDURES	119	\$3,512	\$4,288
	218 LEVEL II NERVE PROCEDURES	10	\$28,774	\$22,896
	219 SPINAL TAP	1	\$920	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	10	\$2,958	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	14	\$10,560	\$12,411
	223 LEVEL III NERVE PROCEDURES	12	\$9,675	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	24	\$8,057	\$4,588
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	19	\$9,040	\$8,404
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$4,019	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,691	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,936	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	941	\$3,964	\$4,852
	250 COCHLEAR DEVICE IMPLANTATION	7	\$61,291	\$60,721
	252 LEVEL I FACIAL AND ENT PROCEDURES	404	\$2,390	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	57	\$3,049	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	19	\$7,686	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	71	\$10,277	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	383	\$3,358	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,692	51.5	140,857	53.8
Male	5,359	48.5	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	91	0.8	2,722	1.0
1-4 years	549	5.0	10,474	4.0
5-9	335	3.0	6,876	2.6
10-14	284	2.6	5,656	2.2
15-17	278	2.5	5,579	2.1
18-19	174	1.6	3,819	1.5
20-24	357	3.2	10,499	4.0
25-29	387	3.5	11,895	4.5
30-34	456	4.1	15,288	5.8
35-39	464	4.2	15,023	5.7
40-44	517	4.7	15,275	5.8
45-49	546	4.9	16,577	6.3
50-54	828	7.5	29,317	11.2
55-59	887	8.0	26,116	10.0
60-64	990	9.0	24,120	9.2
65-69	1,207	10.9	21,226	8.1
70-74	1,024	9.3	16,114	6.2
75-79	861	7.8	11,722	4.5
80-84	518	4.7	7,780	3.0
85-89	233	2.1	3,464	1.3
90 +	65	0.6	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	381	3.4	81,064	30.9
Clinic Referral	10,663	96.5	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	6	0.1	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	1	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,981	99.4	260,978	99.6
Another Hospital	1	0.0	100	0.0
Skilled Nursing Facility	8	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	1	0.0	198	0.1
Under Care of Home Service	56	0.5	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	1	0.0	38	0.0
PRIMARY PAYER				
Medicare	3,947	35.7	66,198	25.3
Medicaid	1,130	10.2	19,834	7.6
Other government	177	1.6	6,484	2.5
Blue Cross/Blue Shield	819	7.4	32,501	12.4
Other Commercial	871	7.9	19,396	7.4
Managed Care(HMO, PPO)	3,613	32.7	108,501	41.4
Self Pay	151	1.4	3,771	1.4
Industrial & Worker Comp	176	1.6	3,122	1.2
Charity and Unclassified	57	0.5	839	0.3
Childrens Health Insurance	14	0.1	154	0.1
Unknown	96	0.9	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	20	0.2	18,435	7.0
Central Utah	107	1.0	8,690	3.3
Davis County	17	0.2	29,850	11.4
Salt Lake County	37	0.3	90,968	34.7
Southeastern Utah	22	0.2	5,705	2.2
Southwest Utah	9,527	86.2	14,915	5.7
Summit County	5	0.0	4,208	1.6
Tooele County	1	0.0	6,494	2.5
Tri-County	5	0.0	5,152	2.0
Utah County	41	0.4	39,008	14.9
Wasatch County	3	0.0	2,303	0.9
Weber County	11	0.1	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	1,250	11.3	13,799	5.3
Unknown, Not Reported	5	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	142	100.0	340,055	100.0
Mastectomy (85.0-85.99)	0	0.0	8,708	2.6
Musculoskeletal (76.0-84.99)	1	0.7	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,058	0.9
Digestive System (42.0-54.99)	130	91.5	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	0	0.0	4,598	1.4
Female Genital (65.0-71.99)	3	2.1	16,800	4.9
Endocrine/Nervous (01.0-07.99)	2	1.4	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	2	1.4	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	4	2.8	31,882	9.4
Reporting Category(CPT-4 CODES)	125	100.0	336,452	100.0
Mastectomy (19120-19220)	0	0.0	1,628	0.5
Musculoskeletal (20000-29909)	2	1.6	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	18,525	5.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,482	1.3
Digestive (40490-49999)	120	96.0	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	0	0.0	4,833	1.4
Female Genital (56405-58999)	1	0.8	15,699	4.7
Endocrine/Nervous (60000-64999)	1	0.8	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	1	0.8	7,772	2.3

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, 2012
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		142	100.0	100.0
4523	COLONOSCOPY	52	36.6	6.64
4542	ENDO POLYPECTOMY LG INTESTINE	27	19.0	4.65
4836	[ENDO] POLYPECTOMY RECTUM	9	6.3	1.36
4513	OTH ENDO SM INTESTINE	8	5.6	1.56
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	8	5.6	5.87
4525	CLO [ENDO] BX LG INTESTINE	6	4.2	2.45
4824	CLO [ENDO] BX RECTUM	5	3.5	0.49
283	TONSILLECTOMY W/ADENOIDECTOMY	4	2.8	1.75
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	3	2.1	0.20
2001	MYRINGOTOMY W/INSRT TUBE	2	1.4	2.86
5123	LAP CHOLEY	2	1.4	1.92
5303	UNILAT REPR DIRECT ING HERN-GFT	2	1.4	0.22
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	1.4	0.30
5341	REPR UMB HERN W/PROSTH	2	1.4	0.23
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	2	1.4	0.07
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	0.7	1.45
0392	INJ OTH AGENT SPINAL CANAL	1	0.7	1.89
4530	ENDO EXC/DESTRUC LES DUODENUM	1	0.7	0.03
5361	INCIS HERN REPR W/PROSTH	1	0.7	0.12
6632	OTH BILAT LIG-DIVIS FALLOPIAN TUBES	1	0.7	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		125	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	37	29.6	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	23	18.4	6.39
45383	COLONOSCOPY FLEX; W/ABLAT LES	15	12.0	0.16
43239	UGI ENDO; W/BX 1/MX	11	8.8	6.32
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	7	5.6	1.15
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	4.0	2.20
42820	T&A; UNDER AGE 12	4	3.2	1.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	2.4	0.69
45384	COLONOSCOPY FLEX; REMV LES-FORCE	2	1.6	0.17
47562	LAPAROSCOPY SURGICAL; CHOLECT	2	1.6	0.90
49560	REPR INIT INCS/VENT HERNIA; RDOC	2	1.6	0.14
49568	IMPLNT MESH/OTH-INCS/VENT HERN R	2	1.6	0.16
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	2	1.6	0.36
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	1	0.8	0.42
21920	BX SOFT TISSUE BACK/FLANK; SUP	1	0.8	0.00
43258	UGI ENDO; W/ABLAT LES NOT SNARE	1	0.8	0.05
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	1	0.8	0.01
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	1	0.8	0.12
49525	REPAIR ING HERNIA SLIDING ANY AG	1	0.8	0.01
49570	REPR EPIGASTRIC HERN; RDOC-SEP P	1	0.8	0.04

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		111	\$2,895	\$5,136
4523	COLONOSCOPY	49	\$2,206	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	23	\$2,758	\$1,820
4836	[ENDO] POLYPECTOMY RECTUM	6	\$2,936	\$1,651
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	5	\$2,281	\$1,906
283	TONSILLECTOMY W/ADENOIDECTOMY	4	\$4,590	\$3,559
4513	OTH ENDO SM INTESTINE	4	\$1,751	\$1,475
4525	CLO [ENDO] BX LG INTESTINE	3	\$4,002	\$1,908
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	\$797	\$2,188
5123	LAP CHOLEY	2	\$6,712	\$8,631
5303	UNILAT REPR DIRECT ING HERN-GFT	2	\$4,621	\$6,274
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$5,669	\$5,886
5341	REPR UMB HERN W/PROSTH	2	\$6,844	\$6,498
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	2	\$4,660	\$7,235
4824	CLO [ENDO] BX RECTUM	1	\$2,510	\$1,724
5361	INCIS HERN REPR W/PROSTH	1	\$3,771	\$9,845
6632	OTH BILAT LIG-DIVIS FALLOPIAN TUBES	1	\$8,582	\$7,649
6902	D&C FOLLOWING DELIV/AB	1	\$5,449	\$4,361
6909	OTH D&C UTERUS	1	\$4,567	\$4,181

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		92	\$2,829	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	33	\$2,121	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	16	\$2,725	\$1,749
45383	COLONOSCOPY FLEX; W/ABLAT LES	13	\$2,791	\$1,391
43239	UGI ENDO; W/BX 1/MX	7	\$1,857	\$1,845
42820	T&A; UNDER AGE 12	4	\$4,590	\$3,454
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	4	\$1,751	\$1,361
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	\$4,737	\$6,089
47562	LAPAROSCOPY SURGICAL; CHOLECT	2	\$6,712	\$8,029
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	2	\$6,844	\$5,406
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	1	\$5,920	\$1,407
45384	COLONOSCOPY FLEX; REMV LES-FORCE	1	\$2,007	\$2,196
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1	\$2,047	\$1,850
49525	REPAIR ING HERNIA SLIDING ANY AG	1	\$6,369	\$6,973
49570	REPR EPIGASTRIC HERN; RDUC-SEP P	1	\$3,744	\$4,649
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	1	\$8,582	\$5,948
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	1	\$4	\$2,139
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1	\$1,993	\$1,876

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

115 Fillmore Community Medical Center - CAH

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		1	10,384
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		1	1,208
03 MUSCULOSKELETAL SYSTEM PROCEDURES		1	67,841
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION		1	2,425
07 GASTROINTESTINAL SYSTEM PROCEDURES		116	117,000
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		1	540
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		18	26,657
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		1	6,164
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		60	41,948
137 THERAPEUTIC COLONOSCOPY		22	9,396
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES		1	2,093
139 LEVEL I HERNIA REPAIR		9	5,542
140 LEVEL II HERNIA REPAIR		2	1,204
146 LEVEL II LAPAROSCOPY		2	8,245
10 FEMALE REPRODUCTIVE SYSTEM		1	8,837
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES		1	1,904
11 NEUROLOGIC SYSTEM PROCEDURES		1	23,914
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		1	3,650
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		5	31,246
252 LEVEL I FACIAL AND ENT PROCEDURES		1	13,009
256 TONSIL AND ADENOID PROCEDURES		4	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
07	GASTROINTESTINAL SYSTEM PROCEDURES	85	\$2,721	\$3,378
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$5,920	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$1,819	\$1,829
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	49	\$2,318	\$1,505
	137 THERAPEUTIC COLONOSCOPY	15	\$2,689	\$1,882
	139 LEVEL I HERNIA REPAIR	7	\$5,430	\$5,524
	146 LEVEL II LAPAROSCOPY	2	\$6,712	\$9,427
10	FEMALE REPRODUCTIVE SYSTEM	1	\$8,582	\$6,143
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$8,582	\$6,583
11	NEUROLOGIC SYSTEM PROCEDURES	1	\$4	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$4	\$2,196
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	5	\$4,071	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$1,993	\$2,933
	256 TONSIL AND ADENOID PROCEDURES	4	\$4,590	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	56	44.8	140,857	53.8
Male	69	55.2	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	1	0.8	2,722	1.0
1-4 years	0	0.0	10,474	4.0
5-9	4	3.2	6,876	2.6
10-14	0	0.0	5,656	2.2
15-17	0	0.0	5,579	2.1
18-19	2	1.6	3,819	1.5
20-24	1	0.8	10,499	4.0
25-29	2	1.6	11,895	4.5
30-34	1	0.8	15,288	5.8
35-39	6	4.8	15,023	5.7
40-44	2	1.6	15,275	5.8
45-49	5	4.0	16,577	6.3
50-54	22	17.6	29,317	11.2
55-59	17	13.6	26,116	10.0
60-64	15	12.0	24,120	9.2
65-69	17	13.6	21,226	8.1
70-74	24	19.2	16,114	6.2
75-79	4	3.2	11,722	4.5
80-84	0	0.0	7,780	3.0
85-89	2	1.6	3,464	1.3
90 +	0	0.0	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3	2.4	81,064	30.9
Clinic Referral	122	97.6	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	125	100.0	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	47	37.6	66,198	25.3
Medicaid	8	6.4	19,834	7.6
Other government	1	0.8	6,484	2.5
Blue Cross/Blue Shield	13	10.4	32,501	12.4
Other Commercial	8	6.4	19,396	7.4
Managed Care(HMO, PPO)	45	36.0	108,501	41.4
Self Pay	3	2.4	3,771	1.4
Industrial & Worker Comp	0	0.0	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	124	99.2	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	0	0.0	90,968	34.7
Southeastern Utah	0	0.0	5,705	2.2
Southwest Utah	1	0.8	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	0	0.0	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	0	0.0	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

110 Garfield Memorial Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	201	100.0	340,055	100.0
Mastectomy (85.0-85.99)	0	0.0	8,708	2.6
Musculoskeletal (76.0-84.99)	0	0.0	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,058	0.9
Digestive System (42.0-54.99)	190	94.5	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	1	0.5	4,598	1.4
Female Genital (65.0-71.99)	2	1.0	16,800	4.9
Endocrine/Nervous (01.0-07.99)	1	0.5	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	0	0.0	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	7	3.5	31,882	9.4
Reporting Category(CPT-4 CODES)	171	100.0	336,452	100.0
Mastectomy (19120-19220)	0	0.0	1,628	0.5
Musculoskeletal (20000-29909)	2	1.2	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	18,525	5.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,482	1.3
Digestive (40490-49999)	163	95.3	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	1	0.6	4,833	1.4
Female Genital (56405-58999)	1	0.6	15,699	4.7
Endocrine/Nervous (60000-64999)	4	2.3	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	0	0.0	7,772	2.3

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, 2012
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		201	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	46	22.9	4.65
4523	COLONOSCOPY	43	21.4	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	35	17.4	5.87
4525	CLO [ENDO] BX LG INTESTINE	20	10.0	2.45
5123	LAP CHOLEY	11	5.5	1.92
4836	[ENDO] POLYPECTOMY RECTUM	10	5.0	1.36
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	7	3.5	0.20
283	TONSILLECTOMY W/ADENOIDECTOMY	3	1.5	1.75
4530	ENDO EXC/DESTRUC LES DUODENUM	3	1.5	0.03
4824	CLO [ENDO] BX RECTUM	3	1.5	0.49
4829	DX RECTAL-RECTOSIGMOID-PERIRECT	3	1.5	0.00
2171	CLO REDUC NASAL FX	2	1.0	0.13
282	TONSILLECTOMY WO ADENOIDECTOMY	2	1.0	0.48
4513	OTH ENDO SM INTESTINE	2	1.0	1.56
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	1.0	0.30
0392	INJ OTH AGENT SPINAL CANAL	1	0.5	1.89
4514	CLO [ENDO] BX SM INTESTINE	1	0.5	0.06
5011	CLO [PERCUT] [NEEDLE] BX LIVER	1	0.5	0.30
5303	UNILAT REPR DIRECT ING HERN-GFT	1	0.5	0.22
5315	BILAT REPR INDIRECT ING HERN-GFT	1	0.5	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		171	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	66	38.6	6.39
43239	UGI ENDO; W/BX 1/MX	38	22.2	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	28	16.4	5.93
47562	LAPAROSCOPY SURGICAL; CHOLECT	8	4.7	0.90
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6	3.5	2.20
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	4	2.3	0.21
42820	T&A; UNDER AGE 12	3	1.8	1.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3	1.8	1.10
21320	CLOS TX NASL BONE FRACTURE; W/ST	2	1.2	0.10
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	1.2	0.42
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	1.2	1.15
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	1.2	0.69
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	1	0.6	0.01
47001	BX LIVER NDLE; DONE W/OTH MAJ PR	1	0.6	0.01
49520	REPR RECUR ING HERN ANY AGE; RDU	1	0.6	0.08
49525	REPAIR ING HERNIA SLIDING ANY AG	1	0.6	0.01
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	1	0.6	0.12
55500	EXC HYDROCEL SPERM CRD UNI-SEP P	1	0.6	0.04
58120	DILATION & CURET DX &/ THERAPEUT	1	0.6	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, 2012
 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		117	\$1,523	\$5,136
4523	COLONOSCOPY	33	\$981	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	31	\$1,287	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	15	\$1,135	\$1,906
4525	CLO [ENDO] BX LG INTESTINE	11	\$1,506	\$1,908
5123	LAP CHOLEY	10	\$4,312	\$8,631
283	TONSILLECTOMY W/ADENOIDECTOMY	3	\$1,522	\$3,559
4836	[ENDO] POLYPECTOMY RECTUM	3	\$1,084	\$1,651
2171	CLO REDUC NASAL FX	2	\$539	\$2,903
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$1,352	\$3,611
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$1,438	\$2,188
4513	OTH ENDO SM INTESTINE	1	\$663	\$1,475
4514	CLO [ENDO] BX SM INTESTINE	1	\$2,191	\$1,929
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$3,978	\$5,886
5341	REPR UMB HERN W/PROSTH	1	\$35	\$6,498
6902	D&C FOLLOWING DELIV/AB	1	\$3,911	\$4,361
6909	OTH D&C UTERUS	1	\$5,445	\$4,181

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		113	\$1,572	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	50	\$1,334	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	20	\$1,003	\$1,296
43239	UGI ENDO; W/BX 1/MX	18	\$1,172	\$1,845
47562	LAPAROSCOPY SURGICAL; CHOLECT	8	\$4,164	\$8,029
42820	T&A; UNDER AGE 12	3	\$1,522	\$3,454
21320	CLOS TX NASL BONE FRACTURE; W/ST	2	\$539	\$2,877
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	\$1,352	\$3,675
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	2	\$1,237	\$1,850
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	2	\$4,906	\$9,209
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$3,760	\$6,089
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	1	\$663	\$1,361
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	1	\$2,191	\$2,332
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	1	\$35	\$5,545
58120	DILATION & CURET DX &/ THERAPEUT	1	\$5,445	\$4,086

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
04	RESPIRATORY PROCEDURES	1	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,653
07	GASTROINTESTINAL SYSTEM PROCEDURES	157	117,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	40	26,657
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	94	41,948
	137 THERAPEUTIC COLONOSCOPY	6	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	2,093
	139 LEVEL I HERNIA REPAIR	4	5,542
	140 LEVEL II HERNIA REPAIR	1	1,204
	146 LEVEL II LAPAROSCOPY	8	8,245
	147 LEVEL III LAPAROSCOPY	3	7,608
09	MALE REPRODUCTIVE SYSTEM	1	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,567
10	FEMALE REPRODUCTIVE SYSTEM	1	8,837
	199 DILATION AND CURETTAGE	1	439
11	NEUROLOGIC SYSTEM PROCEDURES	4	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	3,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	13,009
	256 TONSIL AND ADENOID PROCEDURES	5	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
07	GASTROINTESTINAL SYSTEM PROCEDURES	105	\$1,561	\$3,378
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$1,145	\$1,829
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	70	\$1,239	\$1,505
	137 THERAPEUTIC COLONOSCOPY	2	\$1,237	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$2,191	\$6,968
	139 LEVEL I HERNIA REPAIR	3	\$2,519	\$5,524
	146 LEVEL II LAPAROSCOPY	8	\$4,164	\$9,427
	147 LEVEL III LAPAROSCOPY	2	\$4,906	\$10,611
10	FEMALE REPRODUCTIVE SYSTEM	1	\$5,445	\$6,143
	199 DILATION AND CURETTAGE	1	\$5,445	\$4,086
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	\$1,192	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$539	\$2,933
	256 TONSIL AND ADENOID PROCEDURES	5	\$1,454	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	78	50.3	140,857	53.8
Male	77	49.7	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	1	0.6	10,474	4.0
5-9	3	1.9	6,876	2.6
10-14	1	0.6	5,656	2.2
15-17	1	0.6	5,579	2.1
18-19	4	2.6	3,819	1.5
20-24	5	3.2	10,499	4.0
25-29	2	1.3	11,895	4.5
30-34	7	4.5	15,288	5.8
35-39	4	2.6	15,023	5.7
40-44	7	4.5	15,275	5.8
45-49	7	4.5	16,577	6.3
50-54	23	14.8	29,317	11.2
55-59	19	12.3	26,116	10.0
60-64	16	10.3	24,120	9.2
65-69	19	12.3	21,226	8.1
70-74	11	7.1	16,114	6.2
75-79	13	8.4	11,722	4.5
80-84	9	5.8	7,780	3.0
85-89	3	1.9	3,464	1.3
90 +	0	0.0	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	10	6.5	81,064	30.9
Clinic Referral	145	93.5	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	155	100.0	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	56	36.1	66,198	25.3
Medicaid	9	5.8	19,834	7.6
Other government	6	3.9	6,484	2.5
Blue Cross/Blue Shield	17	11.0	32,501	12.4
Other Commercial	16	10.3	19,396	7.4
Managed Care(HMO, PPO)	50	32.3	108,501	41.4
Self Pay	0	0.0	3,771	1.4
Industrial & Worker Comp	1	0.6	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	11	7.1	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	0	0.0	90,968	34.7
Southeastern Utah	0	0.0	5,705	2.2
Southwest Utah	141	91.0	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	0	0.0	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	3	1.9	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	1,155	100.0	340,055	100.0
Mastectomy (85.0-85.99)	26	2.3	8,708	2.6
Musculoskeletal (76.0-84.99)	89	7.7	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	13	1.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	6	0.5	3,058	0.9
Digestive System (42.0-54.99)	731	63.3	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	4	0.3	4,598	1.4
Female Genital (65.0-71.99)	48	4.2	16,800	4.9
Endocrine/Nervous (01.0-07.99)	14	1.2	23,927	7.0
Eye (08.0-16.99)	110	9.5	24,162	7.1
Ear (18.0-20.99)	42	3.6	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	72	6.2	31,882	9.4
Reporting Category(CPT-4 CODES)	1,424	100.0	336,452	100.0
Mastectomy (19120-19220)	7	0.5	1,628	0.5
Musculoskeletal (20000-29909)	105	7.4	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	10	0.7	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	434	30.5	18,525	5.5
Lymphatic/Hemetic (38100-38999)	2	0.1	4,482	1.3
Digestive (40490-49999)	681	47.8	127,003	37.7
Urinary (50010-53899)	16	1.1	16,209	4.8
Male Genital (54000-55899)	4	0.3	4,833	1.4
Female Genital (56405-58999)	24	1.7	15,699	4.7
Endocrine/Nervous (60000-64999)	8	0.6	26,706	7.9
Eye (65091-68899)	109	7.7	13,805	4.1
Ear (69000-69979)	24	1.7	7,772	2.3

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, 2012
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		1,155	100.0	100.0
4523	COLONOSCOPY	192	16.6	6.64
4513	OTH ENDO SM INTESTINE	173	15.0	1.56
1341	PHACOEMULSIFICATION-ASPIR CATARACT	83	7.2	1.74
4525	CLO [ENDO] BX LG INTESTINE	83	7.2	2.45
4542	ENDO POLYPECTOMY LG INTESTINE	62	5.4	4.65
5123	LAP CHOLEY	55	4.8	1.92
283	TONSILLECTOMY W/ADENOIDECTOMY	47	4.1	1.75
5159	INCIS OTH BILE DUCT	47	4.1	0.02
2001	MYRINGOTOMY W/INSRT TUBE	42	3.6	2.86
1364	DISCISSION SECNDRY MEMBRN	23	2.0	0.18
806	EXC SEMILUNAR CARTILAGE-KNEE	23	2.0	1.63
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	20	1.7	5.87
4701	LAP APPENDECTOMY	20	1.7	0.33
8147	OTH REPR KNEE	18	1.6	0.72
282	TONSILLECTOMY WO ADENOIDECTOMY	16	1.4	0.48
6909	OTH D&C UTERUS	16	1.4	0.38
5451	LAP LYSIS PERITONEAL ADHES	15	1.3	0.21
8512	OP BX BREAST	14	1.2	0.04
3897	3897	13	1.1	0.10
0443	RELEASE CARPAL TUNNEL	10	0.9	1.13

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,424	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	359	25.2	0.56
45378	COLONOSCOPY FLEX; DX-SEP PROC	192	13.5	5.93
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	160	11.2	1.15
66984	EXTRACAPSULAR CATARACT REMV IOL	84	5.9	1.77
45380	COLONOSCOPY FLEX; W/BX 1/MX	74	5.2	6.39
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	60	4.2	2.20
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	58	4.1	0.60
42820	T&A; UNDER AGE 12	43	3.0	1.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	29	2.0	1.10
69436	TYMPANOSTOMY GENERAL ANESTHESIA	24	1.7	1.53
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	23	1.6	0.42
29881	SCOPE KNEE SURG;W/MENISCECT MED/	23	1.6	1.48
66821	DISCISSION 2ND CATARACT; LASER S	23	1.6	0.20
43239	UGI ENDO; W/BX 1/MX	20	1.4	6.32
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	13	0.9	0.42
49505	REPR INIT ING HERNIA 5YR/MORE; R	13	0.9	0.69
28124	PARTIAL EXCISION BONE; PHALANX T	9	0.6	0.04
29848	ENDO WRST SURG REL TRNS CARP LIG	9	0.6	0.49
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	9	0.6	1.04
44970	LAPAROSCOPY SURGICAL APPENDECTOM	9	0.6	0.39

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		774	\$2,054	\$5,136
4523	COLONOSCOPY	163	\$1,058	\$1,274
4513	OTH ENDO SM INTESTINE	128	\$1,093	\$1,475
1341	PHACOEMLSIFICATION-ASPIR CATARACT	82	\$2,687	\$2,956
4525	CLO [ENDO] BX LG INTESTINE	73	\$1,343	\$1,908
4542	ENDO POLYPECTOMY LG INTESTINE	48	\$1,315	\$1,820
283	TONSILLECTOMY W/ADENOIDECTOMY	45	\$1,596	\$3,559
1364	DISCISSION SECNDRY MEMBRN	23	\$788	\$903
282	TONSILLECTOMY WO ADENOIDECTOMY	16	\$1,942	\$3,611
4701	LAP APPENDECTOMY	15	\$8,235	\$11,971
8512	OP BX BREAST	14	\$3,382	\$4,527
3897		12	\$3,663	\$5,618
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	12	\$1,340	\$1,906
6909	OTH D&C UTERUS	11	\$1,996	\$4,181
5303	UNILAT REPR DIRECT ING HERN-GFT	9	\$3,772	\$6,274
0443	RELEASE CARPAL TUNNEL	7	\$2,451	\$3,092
5123	LAP CHOLEY	7	\$6,813	\$8,631
2001	MYRINGOTOMY W/INSRT TUBE	6	\$971	\$2,823
5342	5342	6	\$7,287	\$10,789
4292	DILAT ESOPH	5	\$1,180	\$2,939
806	EXC SEMILUNAR CARTILAGE-KNEE	5	\$2,648	\$5,241

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,257	\$1,506	\$4,756
36416	COLLECTON CAPILLARY BLOOD SPECIM	351	\$192	\$141
45378	COLONOSCOPY FLEX; DX-SEP PROC	164	\$1,061	\$1,296
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	124	\$1,029	\$1,361
66984	EXTRACAPSULAR CATARACT REMV IOL	83	\$2,687	\$4,261
45380	COLONOSCOPY FLEX; W/BX 1/MX	66	\$1,342	\$1,749
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	57	\$2,049	\$3,711
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	47	\$1,310	\$1,850
42820	T&A; UNDER AGE 12	41	\$1,556	\$3,454
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	28	\$6,898	\$9,209
66821	DISCISSION 2ND CATARACT; LASER S	23	\$824	\$878
69436	TYMPANOSTOMY GENERAL ANESTHESIA	21	\$975	\$1,876
29881	SCOPE KNEE SURG;W/MENISCECT MED/	20	\$2,605	\$4,904
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	15	\$748	\$1,867
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	13	\$1,956	\$3,675
43239	UGI ENDO; W/BX 1/MX	12	\$1,340	\$1,845
49505	REPR INIT ING HERNIA 5YR/MORE; R	11	\$3,874	\$6,089
44970	LAPAROSCOPY SURGICAL APPENDECTOM	9	\$8,126	\$12,174
51701	INSERTION NON-INDWLL BLADDER CAT	9	\$169	\$1,539
29848	ENDO WRST SURG REL TRNS CARP LIG	8	\$2,510	\$3,237
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	8	\$1,153	\$2,098

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	12	10,384
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	5,026
02	BREAST PROCEDURES	7	1,675
	020 LEVEL I BREAST PROCEDURES	7	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	98	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,470
	035 LEVEL I FOOT PROCEDURES	15	6,556
	036 LEVEL II FOOT PROCEDURES	4	1,905
	037 LEVEL I ARTHROSCOPY	43	22,852
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	2,030
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	511
	045 BUNION PROCEDURES	3	1,823
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	24	2,425
04	RESPIRATORY PROCEDURES	7	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	2,653
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	5,791
05	CARDIOVASCULAR PROCEDURES	8	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	1,273
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	60	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	58	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	622	117,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	180	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	12	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	266	41,948
	137 THERAPEUTIC COLONOSCOPY	61	9,396
	139 LEVEL I HERNIA REPAIR	22	5,542
	140 LEVEL II HERNIA REPAIR	7	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,143
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	103
	145 LEVEL I LAPAROSCOPY	4	2,400
	146 LEVEL II LAPAROSCOPY	37	8,245
	147 LEVEL III LAPAROSCOPY	30	7,608
08	GENITOURINARY SYSTEM PROCEDURES	1	13,016
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	6,067
09	MALE REPRODUCTIVE SYSTEM	3	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,567
10	FEMALE REPRODUCTIVE SYSTEM	17	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,349
	199 DILATION AND CURETTAGE	7	439
	200 HYSTEROSCOPY	8	2,236
	201 COLPOSCOPY	1	642
11	NEUROLOGIC SYSTEM PROCEDURES	8	23,914

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	221
	219 SPINAL TAP	1	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	10,531
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	109	13,758
	232 LASER EYE PROCEDURES	24	765
	233 CATARACT PROCEDURES	84	6,414
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	892
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	94	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	27	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	4,294
	256 TONSIL AND ADENOID PROCEDURES	64	8,780

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	10	\$2,087	\$4,612
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$2,655	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$1,945	\$4,950
02	BREAST PROCEDURES	5	\$3,085	\$5,295
	020 LEVEL I BREAST PROCEDURES	5	\$3,085	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	69	\$2,444	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,939	\$5,722
	035 LEVEL I FOOT PROCEDURES	7	\$4,308	\$4,528
	036 LEVEL II FOOT PROCEDURES	1	\$2,602	\$8,711
	037 LEVEL I ARTHROSCOPY	34	\$2,678	\$5,040
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	\$246	\$1,590
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	\$4,957	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,316	\$3,670
	045 BUNION PROCEDURES	3	\$3,798	\$6,795
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	\$748	\$1,936
04	RESPIRATORY PROCEDURES	5	\$1,059	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	\$1,059	\$2,852
05	CARDIOVASCULAR PROCEDURES	8	\$3,585	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	\$3,585	\$7,334
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	59	\$2,105	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	57	\$2,049	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,703	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	512	\$1,989	\$3,378
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	136	\$1,057	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$1,135	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	230	\$1,142	\$1,505
	137 THERAPEUTIC COLONOSCOPY	47	\$1,310	\$1,882
	139 LEVEL I HERNIA REPAIR	18	\$4,097	\$5,524
	140 LEVEL II HERNIA REPAIR	5	\$3,299	\$6,756
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$2,329	\$4,792
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$3,050	\$10,980
	145 LEVEL I LAPAROSCOPY	4	\$4,493	\$7,096
	146 LEVEL II LAPAROSCOPY	30	\$7,548	\$9,427
	147 LEVEL III LAPAROSCOPY	29	\$6,836	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	1	\$1,023	\$6,463
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$1,023	\$3,484
09	MALE REPRODUCTIVE SYSTEM	1	\$1,565	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,565	\$3,654
10	FEMALE REPRODUCTIVE SYSTEM	16	\$2,819	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$2,566	\$5,502
	199 DILATION AND CURETTAGE	7	\$1,586	\$4,086
	200 HYSTEROSCOPY	7	\$4,129	\$6,413
	201 COLPOSCOPY	1	\$2,535	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	7	\$1,359	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	\$1,190	\$2,196

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$3,450	\$13,896
	219 SPINAL TAP	1	\$116	\$2,473
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	107	\$2,274	\$4,588
	232 LASER EYE PROCEDURES	23	\$824	\$939
	233 CATARACT PROCEDURES	83	\$2,687	\$4,292
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,337	\$3,139
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	87	\$1,539	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	23	\$963	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$3,171	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$2,840	\$8,743
	256 TONSIL AND ADENOID PROCEDURES	61	\$1,687	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	785	55.1	140,857	53.8
Male	640	44.9	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	181	12.7	1,301	0.5
29-365 days	53	3.7	2,722	1.0
1-4 years	121	8.5	10,474	4.0
5-9	42	2.9	6,876	2.6
10-14	26	1.8	5,656	2.2
15-17	23	1.6	5,579	2.1
18-19	11	0.8	3,819	1.5
20-24	36	2.5	10,499	4.0
25-29	39	2.7	11,895	4.5
30-34	43	3.0	15,288	5.8
35-39	51	3.6	15,023	5.7
40-44	32	2.2	15,275	5.8
45-49	54	3.8	16,577	6.3
50-54	109	7.6	29,317	11.2
55-59	87	6.1	26,116	10.0
60-64	106	7.4	24,120	9.2
65-69	93	6.5	21,226	8.1
70-74	118	8.3	16,114	6.2
75-79	72	5.1	11,722	4.5
80-84	94	6.6	7,780	3.0
85-89	28	2.0	3,464	1.3
90 +	6	0.4	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,422	99.8	81,064	30.9
Clinic Referral	0	0.0	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	3	0.2	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,422	99.8	260,978	99.6
Another Hospital	3	0.2	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	428	30.0	66,198	25.3
Medicaid	183	12.8	19,834	7.6
Other government	25	1.8	6,484	2.5
Blue Cross/Blue Shield	120	8.4	32,501	12.4
Other Commercial	108	7.6	19,396	7.4
Managed Care(HMO, PPO)	473	33.2	108,501	41.4
Self Pay	73	5.1	3,771	1.4
Industrial & Worker Comp	6	0.4	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	9	0.6	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	1,372	96.3	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	8	0.6	90,968	34.7
Southeastern Utah	18	1.3	5,705	2.2
Southwest Utah	4	0.3	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	2	0.1	6,494	2.5
Tri-County	2	0.1	5,152	2.0
Utah County	12	0.8	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	7	0.5	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	1,532	100.0	340,055	100.0
Mastectomy (85.0-85.99)	33	2.2	8,708	2.6
Musculoskeletal (76.0-84.99)	352	23.0	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	2	0.1	3,058	0.9
Digestive System (42.0-54.99)	413	27.0	110,559	32.5
Urinary (55.0-59.99)	37	2.4	11,335	3.3
Male Genital (60.0-64.99)	8	0.5	4,598	1.4
Female Genital (65.0-71.99)	29	1.9	16,800	4.9
Endocrine/Nervous (01.0-07.99)	448	29.2	23,927	7.0
Eye (08.0-16.99)	151	9.9	24,162	7.1
Ear (18.0-20.99)	10	0.7	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	49	3.2	31,882	9.4
Reporting Category(CPT-4 CODES)	1,295	100.0	336,452	100.0
Mastectomy (19120-19220)	2	0.2	1,628	0.5
Musculoskeletal (20000-29909)	317	24.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	10	0.8	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	18,525	5.5
Lymphatic/Hemetic (38100-38999)	2	0.2	4,482	1.3
Digestive (40490-49999)	399	30.8	127,003	37.7
Urinary (50010-53899)	37	2.9	16,209	4.8
Male Genital (54000-55899)	6	0.5	4,833	1.4
Female Genital (56405-58999)	15	1.2	15,699	4.7
Endocrine/Nervous (60000-64999)	434	33.5	26,706	7.9
Eye (65091-68899)	68	5.3	13,805	4.1
Ear (69000-69979)	5	0.4	7,772	2.3

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, 2012
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		1,532	100.0	100.0
4523	COLONOSCOPY	202	13.2	6.64
0392	INJ OTH AGENT SPINAL CANAL	180	11.7	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	169	11.0	1.45
4525	CLO [ENDO] BX LG INTESTINE	66	4.3	2.45
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	55	3.6	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	54	3.5	1.74
806	EXC SEMILUNAR CARTILAGE-KNEE	39	2.5	1.63
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	36	2.3	0.69
4542	ENDO POLYPECTOMY LG INTESTINE	35	2.3	4.65
0481	INJ ANES PERIPH NERV-ANALGESIA	31	2.0	0.24
042	DESTRUC CRANIAL & PERIPH NERV	30	2.0	0.15
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	26	1.7	0.79
283	TONSILLECTOMY W/ADENOIDECTOMY	25	1.6	1.75
5123	LAP CHOLEY	24	1.6	1.92
8076	SYNOVECT-KNEE	18	1.2	0.41
0443	RELEASE CARPAL TUNNEL	16	1.0	1.13
0887	UPPER EYELID RHYTIDECTOMY	15	1.0	0.25
598	URETERAL CATH	13	0.8	0.76
0531	INJ ANES SYMPATHETIC NERV-ANALGES	12	0.8	0.05
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	12	0.8	5.87

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,295	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	160	12.4	5.93
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	97	7.5	0.81
45380	COLONOSCOPY FLEX; W/BX 1/MX	80	6.2	6.39
66984	EXTRACAPSULAR CATARACT REMV IOL	55	4.2	1.77
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	46	3.6	0.21
64636	64636	45	3.5	0.26
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	38	2.9	0.67
29881	SCOPE KNEE SURG;W/MENISCECT MED/	32	2.5	1.48
64493	64493	26	2.0	0.22
64494	64494	25	1.9	0.18
42820	T&A; UNDER AGE 12	23	1.8	1.37
64495	64495	22	1.7	0.11
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	21	1.6	0.47
29826	SCOPE SHOULDER; DECOMP SUBACROM	20	1.5	1.15
49505	REPR INIT ING HERNIA 5YR/MORE; R	20	1.5	0.69
64635	64635	20	1.5	0.13
64634	64634	17	1.3	0.08
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	15	1.2	0.05
45384	COLONOSCOPY FLEX; REMV LES-FORCE	15	1.2	0.17
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	15	1.2	0.61

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		677	\$3,413	\$5,136
4523	COLONOSCOPY	194	\$1,551	\$1,274
4525	CLO [ENDO] BX LG INTESTINE	59	\$1,846	\$1,908
0481	INJ ANES PERIPH NERV-ANALGESIA	29	\$3,200	\$3,128
4542	ENDO POLYPECTOMY LG INTESTINE	29	\$2,241	\$1,820
042	DESTRUC CRANIAL & PERIPH NERV	25	\$3,597	\$6,452
283	TONSILLECTOMY W/ADENOIDECTOMY	23	\$3,190	\$3,559
5123	LAP CHOLEY	19	\$6,814	\$8,631
0392	INJ OTH AGENT SPINAL CANAL	15	\$2,011	\$1,729
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	14	\$2,495	\$2,219
0443	RELEASE CARPAL TUNNEL	12	\$2,998	\$3,092
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	11	\$1,467	\$1,906
0531	INJ ANES SYMPATHETIC NERV-ANALGES	10	\$1,761	\$2,978
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	\$4,723	\$5,886
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	10	\$10,850	\$12,607
8183	OTH REPR SHLDR	10	\$10,305	\$9,815
282	TONSILLECTOMY WO ADENOIDECTOMY	8	\$2,826	\$3,611
806	EXC SEMILUNAR CARTILAGE-KNEE	8	\$4,147	\$5,241
4513	OTH ENDO SM INTESTINE	7	\$1,325	\$1,475
0391	INJ ANES SPINAL CANAL-ANALGESIA	6	\$5,052	\$2,496
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	6	\$3,765	\$4,506

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		795	\$3,196	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	152	\$1,547	\$1,296
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	84	\$1,888	\$2,139
45380	COLONOSCOPY FLEX; W/BX 1/MX	73	\$1,882	\$1,749
66984	EXTRACAPSULAR CATARACT REMV IOL	54	\$4,120	\$4,261
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	35	\$1,919	\$2,523
29881	SCOPE KNEE SURG;W/MENISCECT MED/	28	\$4,236	\$4,904
42820	T&A; UNDER AGE 12	21	\$3,207	\$3,454
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	\$4,872	\$6,089
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	17	\$2,189	\$1,992
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	13	\$3,016	\$3,226
43239	UGI ENDO; W/BX 1/MX	12	\$1,474	\$1,845
45384	COLONOSCOPY FLEX; REMV LES-FORCE	12	\$2,089	\$2,196
47562	LAPAROSCOPY SURGICAL; CHOLECT	12	\$6,216	\$8,029
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	12	\$8,116	\$9,209
20680	REMOVAL OF IMPLANT; DEEP	11	\$3,799	\$5,341
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	11	\$2,456	\$2,165
64520	INJECTION ANES AGT; LUMBAR/THOR	9	\$1,758	\$3,273
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	8	\$4,088	\$5,594
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	8	\$2,811	\$1,850
29880	SCOPE KNEE SURG;W/MENISCECT MED&	7	\$4,383	\$5,166

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	21	10,384
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	5,026
	014 LEVEL III SKIN REPAIR	2	219
02	BREAST PROCEDURES	2	1,675
	020 LEVEL I BREAST PROCEDURES	2	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	298	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,315
	033 LEVEL I HAND PROCEDURES	24	4,044
	034 LEVEL II HAND PROCEDURES	2	1,282
	035 LEVEL I FOOT PROCEDURES	41	6,556
	036 LEVEL II FOOT PROCEDURES	7	1,905
	037 LEVEL I ARTHROSCOPY	103	22,852
	038 LEVEL II ARTHROSCOPY	22	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	609
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	39	5,938
	045 BUNION PROCEDURES	11	1,823
	046 LEVEL I ARTHROPLASTY	2	706
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	2,425
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	367	117,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	23	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	241	41,948
	137 THERAPEUTIC COLONOSCOPY	27	9,396
	139 LEVEL I HERNIA REPAIR	30	5,542
	140 LEVEL II HERNIA REPAIR	2	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	1,143
	146 LEVEL II LAPAROSCOPY	23	8,245
	147 LEVEL III LAPAROSCOPY	15	7,608
08	GENITOURINARY SYSTEM PROCEDURES	35	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	890
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	18	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	12	3,986
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	941
09	MALE REPRODUCTIVE SYSTEM	6	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,567
	181 CIRCUMCISION	1	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	1,442
10	FEMALE REPRODUCTIVE SYSTEM	9	8,837

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	2,262
	200 HYSTEROSCOPY	5	2,236
11	NEUROLOGIC SYSTEM PROCEDURES	434	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	150	3,650
	217 LEVEL I NERVE PROCEDURES	18	4,317
	218 LEVEL II NERVE PROCEDURES	2	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	262	10,531
	223 LEVEL III NERVE PROCEDURES	2	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	68	13,758
	232 LASER EYE PROCEDURES	8	765
	233 CATARACT PROCEDURES	55	6,414
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	255
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	52	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	10	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	4	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	3,502
	256 TONSIL AND ADENOID PROCEDURES	34	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

Procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	14	\$3,760	\$4,612
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,229	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$3,799	\$4,950
	014 LEVEL III SKIN REPAIR	2	\$3,813	\$9,742
02	BREAST PROCEDURES	2	\$3,325	\$5,295
	020 LEVEL I BREAST PROCEDURES	2	\$3,325	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	154	\$5,225	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$3,939	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$5,816	\$6,996
	033 LEVEL I HAND PROCEDURES	13	\$3,438	\$3,605
	034 LEVEL II HAND PROCEDURES	1	\$3,721	\$6,660
	035 LEVEL I FOOT PROCEDURES	16	\$3,578	\$4,528
	036 LEVEL II FOOT PROCEDURES	7	\$7,342	\$8,711
	037 LEVEL I ARTHROSCOPY	52	\$4,166	\$5,040
	038 LEVEL II ARTHROSCOPY	3	\$15,438	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$15,444	\$6,804
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	33	\$7,084	\$9,982
	045 BUNION PROCEDURES	5	\$6,497	\$6,795
	046 LEVEL I ARTHROPLASTY	1	\$11,927	\$9,886
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	\$2,402	\$1,936
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$4,922	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$4,922	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	327	\$2,524	\$3,378
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,493	\$1,218
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$1,419	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,549	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	226	\$1,655	\$1,505
	137 THERAPEUTIC COLONOSCOPY	21	\$2,354	\$1,882
	139 LEVEL I HERNIA REPAIR	25	\$4,800	\$5,524
	140 LEVEL II HERNIA REPAIR	2	\$5,235	\$6,756
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$5,149	\$4,792
	146 LEVEL II LAPAROSCOPY	18	\$7,368	\$9,427
	147 LEVEL III LAPAROSCOPY	12	\$8,116	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	11	\$4,247	\$6,463
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	6	\$3,115	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	4	\$5,388	\$6,651
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$6,482	\$11,734
09	MALE REPRODUCTIVE SYSTEM	4	\$4,912	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$3,738	\$3,654
	181 CIRCUMCISION	1	\$3,048	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$9,124	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	7	\$5,025	\$6,143
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$3,196	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$9,597	\$8,853
	200 HYSTEROSCOPY	5	\$4,476	\$6,413

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
11	NEUROLOGIC SYSTEM PROCEDURES	169	\$2,141	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	126	\$2,060	\$2,196
	217 LEVEL I NERVE PROCEDURES	14	\$3,041	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	29	\$2,057	\$2,853
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	66	\$3,770	\$4,588
	232 LASER EYE PROCEDURES	7	\$1,260	\$939
	233 CATARACT PROCEDURES	54	\$4,120	\$4,292
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,424	\$4,384
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,268	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,191	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	39	\$3,329	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	4	\$2,509	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$2,842	\$3,989
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$9,075	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	31	\$3,096	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	545	51.3	140,857	53.8
Male	518	48.7	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	2	0.2	2,722	1.0
1-4 years	10	0.9	10,474	4.0
5-9	17	1.6	6,876	2.6
10-14	14	1.3	5,656	2.2
15-17	26	2.4	5,579	2.1
18-19	9	0.8	3,819	1.5
20-24	20	1.9	10,499	4.0
25-29	25	2.4	11,895	4.5
30-34	49	4.6	15,288	5.8
35-39	60	5.6	15,023	5.7
40-44	79	7.4	15,275	5.8
45-49	85	8.0	16,577	6.3
50-54	152	14.3	29,317	11.2
55-59	131	12.3	26,116	10.0
60-64	110	10.3	24,120	9.2
65-69	113	10.6	21,226	8.1
70-74	71	6.7	16,114	6.2
75-79	44	4.1	11,722	4.5
80-84	31	2.9	7,780	3.0
85-89	11	1.0	3,464	1.3
90 +	4	0.4	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	233	21.9	81,064	30.9
Clinic Referral	830	78.1	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,062	99.9	260,978	99.6
Another Hospital	1	0.1	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	284	26.7	66,198	25.3
Medicaid	42	4.0	19,834	7.6
Other government	10	0.9	6,484	2.5
Blue Cross/Blue Shield	142	13.4	32,501	12.4
Other Commercial	74	7.0	19,396	7.4
Managed Care(HMO, PPO)	457	43.0	108,501	41.4
Self Pay	19	1.8	3,771	1.4
Industrial & Worker Comp	29	2.7	3,122	1.2
Charity and Unclassified	2	0.2	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	4	0.4	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	18,435	7.0
Central Utah	0	0.0	8,690	3.3
Davis County	6	0.6	29,850	11.4
Salt Lake County	25	2.4	90,968	34.7
Southeastern Utah	2	0.2	5,705	2.2
Southwest Utah	3	0.3	14,915	5.7
Summit County	181	17.0	4,208	1.6
Tooele County	2	0.2	6,494	2.5
Tri-County	35	3.3	5,152	2.0
Utah County	24	2.3	39,008	14.9
Wasatch County	738	69.4	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	46	4.3	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	41,305	100.0	340,055	100.0
Mastectomy (85.0-85.99)	1,244	3.0	8,708	2.6
Musculoskeletal (76.0-84.99)	5,270	12.8	69,858	20.5
Respiratory (30.0-34.99)	406	1.0	3,126	0.9
Cardiovascular (35.0-39.99)	4,962	12.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	766	1.9	3,058	0.9
Digestive System (42.0-54.99)	14,496	35.1	110,559	32.5
Urinary (55.0-59.99)	1,438	3.5	11,335	3.3
Male Genital (60.0-64.99)	254	0.6	4,598	1.4
Female Genital (65.0-71.99)	1,224	3.0	16,800	4.9
Endocrine/Nervous (01.0-07.99)	1,371	3.3	23,927	7.0
Eye (08.0-16.99)	6,684	16.2	24,162	7.1
Ear (18.0-20.99)	475	1.1	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	2,715	6.6	31,882	9.4
Reporting Category(CPT-4 CODES)	30,877	100.0	336,452	100.0
Mastectomy (19120-19220)	336	1.1	1,628	0.5
Musculoskeletal (20000-29909)	5,075	16.4	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	2,083	6.7	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	970	3.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	676	2.2	4,482	1.3
Digestive (40490-49999)	14,299	46.3	127,003	37.7
Urinary (50010-53899)	1,176	3.8	16,209	4.8
Male Genital (54000-55899)	175	0.6	4,833	1.4
Female Genital (56405-58999)	880	2.9	15,699	4.7
Endocrine/Nervous (60000-64999)	1,464	4.7	26,706	7.9
Eye (65091-68899)	3,477	11.3	13,805	4.1
Ear (69000-69979)	266	0.9	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

146 Intermountain Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4542	ENDO POLYPECTOMY LG INTESTINE	2,827	6.8	4.65
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,814	6.8	5.87
4523	COLONOSCOPY	2,546	6.2	6.64
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,750	4.2	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,718	4.2	1.74
4525	CLO [ENDO] BX LG INTESTINE	1,108	2.7	2.45
4836	[ENDO] POLYPECTOMY RECTUM	838	2.0	1.36
5123	LAP CHOLEY	691	1.7	1.92
1474	OTH MECH VITRECTOMY	635	1.5	0.46
3726	CARD ELECTROPHYSIO STIMUL-RECORD	530	1.3	0.53
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	518	1.3	0.50
3727	CARD MAPPING	494	1.2	0.49
4292	DILAT ESOPH	491	1.2	1.54
8051	EXC INTERVERTEBRAL DISC	481	1.2	0.49
2169	OTH TURBINECTOMY	479	1.2	0.93
8521	LOC EXC LES BREAST	450	1.1	0.58
3729	OTH DX PROC HEART & PERICARDIUM	439	1.1	0.20
3725	BX HEART	405	1.0	0.16
4513	OTH ENDO SM INTESTINE	396	1.0	1.56
598	URETERAL CATH	354	0.9	0.76

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	3,561	11.5	6.39
43239	UGI ENDO; W/BX 1/MX	2,850	9.2	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,301	7.5	5.93
66984	EXTRACAPSULAR CATARACT REMV IOL	1,666	5.4	1.77
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	942	3.1	2.20
47562	LAPAROSCOPY SURGICAL; CHOLECT	602	1.9	0.90
30140	SUBMUCOS RES TURBINATE PART/CMPL	436	1.4	0.91
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	381	1.2	0.86
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	348	1.1	1.04
52332	CYSTOURETHROSCOPY W/INSRT STENT	303	1.0	0.74
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	271	0.9	0.40
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	268	0.9	1.15
20680	REMOVAL OF IMPLANT; DEEP	257	0.8	1.02
28285	CORRECTION HAMMERTOES	250	0.8	0.58
49505	REPR INIT ING HERNIA 5YR/MORE; R	246	0.8	0.69
19120	EXC BRST CYST TUMR/LES OPN M/F 1	209	0.7	0.32
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	209	0.7	0.42
67042	67042	198	0.6	0.12
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	184	0.6	0.21
52353	CYSURETH W/URETR &/PYELSCPY; LIT	183	0.6	0.33

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

146 Intermountain Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		15,744	\$4,608	\$5,136
4523	COLONOSCOPY	2,230	\$884	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	1,846	\$1,324	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,563	\$1,413	\$1,906
5123	LAP CHOLEY	644	\$6,570	\$8,631
4525	CLO [ENDO] BX LG INTESTINE	430	\$1,379	\$1,908
3725	BX HEART	323	\$4,303	\$4,336
5011	CLO [PERCUT] [NEEDLE] BX LIVER	295	\$2,804	\$3,222
8051	EXC INTERVERTEBRAL DISC	271	\$10,590	\$12,257
4836	[ENDO] POLYPECTOMY RECTUM	254	\$1,234	\$1,651
8521	LOC EXC LES BREAST	248	\$4,434	\$4,756
3722	LT HEART CARD CATH	227	\$7,879	\$11,611
4513	OTH ENDO SM INTESTINE	217	\$1,106	\$1,475
3723	COMBO RT & LT HEART CARD CATH	212	\$9,739	\$11,664
283	TONSILLECTOMY W/ADENOIDECTOMY	197	\$2,900	\$3,559
3721	RT HEART CARD CATH	190	\$5,354	\$7,564
282	TONSILLECTOMY WO ADENOIDECTOMY	177	\$3,060	\$3,611
5491	PERCUT ABD DRAIN	176	\$1,718	\$2,269
4131	BX BONE MARROW	152	\$5,072	\$5,300
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	138	\$8,974	\$8,199
6952	ASPIR CURET FOLLOWING DELIV/AB	136	\$4,261	\$3,669

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		16,545	\$4,165	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,436	\$1,297	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,021	\$887	\$1,296
66984	EXTRACAPSULAR CATARACT REMV IOL	1,627	\$3,571	\$4,261
43239	UGI ENDO; W/BX 1/MX	1,602	\$1,416	\$1,845
47562	LAPAROSCOPY SURGICAL; CHOLECT	570	\$6,472	\$8,029
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	298	\$1,415	\$1,850
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	241	\$10,510	\$12,146
49505	REPR INIT ING HERNIA 5YR/MORE; R	204	\$6,074	\$6,089
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	199	\$1,023	\$1,361
20680	REMOVAL OF IMPLANT; DEEP	176	\$5,296	\$5,341
19120	EXC BRST CYST TUMR/LES OPN M/F 1	168	\$4,105	\$4,844
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	160	\$3,140	\$3,675
67042	67042	151	\$5,959	\$7,359
67108	REPR RETINAL DETACH; W/VITRECTOM	139	\$6,805	\$9,155
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	134	\$2,764	\$2,950
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	108	\$2,473	\$3,226
29881	SCOPE KNEE SURG;W/MENISCECT MED/	106	\$4,687	\$4,904
69436	TYMPANOSTOMY GENERAL ANESTHESIA	101	\$1,359	\$1,876
42820	T&A; UNDER AGE 12	100	\$2,762	\$3,454
49650	LAPARSCPY SURG; REPR INIT ING HE	95	\$10,193	\$9,560

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	909	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	224	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	7	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	28	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	162	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	410	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	55
	012 LEVEL I SKIN REPAIR	2	31
	013 LEVEL II SKIN REPAIR	45	921
	014 LEVEL III SKIN REPAIR	19	219
02	BREAST PROCEDURES	341	1,675
	020 LEVEL I BREAST PROCEDURES	336	1,628
	021 LEVEL II BREAST PROCEDURES	5	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,392	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	177	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	271	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	115	2,315
	033 LEVEL I HAND PROCEDURES	285	4,044
	034 LEVEL II HAND PROCEDURES	92	1,282
	035 LEVEL I FOOT PROCEDURES	660	6,556
	036 LEVEL II FOOT PROCEDURES	84	1,905
	037 LEVEL I ARTHROSCOPY	775	22,852
	038 LEVEL II ARTHROSCOPY	186	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	37	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	14	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	388	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	511
	045 BUNION PROCEDURES	188	1,823
	046 LEVEL I ARTHROPLASTY	45	706
	047 LEVEL II ARTHROPLASTY	6	149
	048 HAND AND FOOT TENOTOMY	18	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	36	2,425
04	RESPIRATORY PROCEDURES	1,339	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	302	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	165	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	615	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	257	2,327
05	CARDIOVASCULAR PROCEDURES	834	9,853
	081 ECHOCARDIOGRAPHY	14	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	121	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	13	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	60	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	48	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	53	563

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	088 LEVEL I CARDIOTHORACIC PROCEDURES	65	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	405	2,877
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	9	116
	092 RESUSCITATION	1	13
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	2	131
	097 AICD IMPLANT	33	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	331	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	327	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	13,765	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	5	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	65	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	27	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	51	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3,156	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	621	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	5,910	41,948
	137 THERAPEUTIC COLONOSCOPY	1,181	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	314	2,093
	139 LEVEL I HERNIA REPAIR	506	5,542
	140 LEVEL II HERNIA REPAIR	168	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	118	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	176	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	34	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	103
	145 LEVEL I LAPAROSCOPY	125	2,400
	146 LEVEL II LAPAROSCOPY	963	8,245
	147 LEVEL III LAPAROSCOPY	322	7,608
	148 LEVEL IV LAPAROSCOPY	20	225
08	GENITOURINARY SYSTEM PROCEDURES	998	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	22	890
	162 URINARY CATHETERIZATION AND DILATATION	10	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	501	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	407	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	15	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	38	941
09	MALE REPRODUCTIVE SYSTEM	189	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	78	1,567
	181 CIRCUMCISION	19	1,132
	182 INSERTION OF PENILE PROSTHESIS	8	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	82	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	289
10	FEMALE REPRODUCTIVE SYSTEM	492	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	92	1,349

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	112	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	124	2,262
	199 DILATION AND CURETTAGE	24	439
	200 HYSTEROSCOPY	126	2,236
	201 COLPOSCOPY	14	642
11	NEUROLOGIC SYSTEM PROCEDURES	1,518	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	73	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	26	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	31	178
	217 LEVEL I NERVE PROCEDURES	420	4,317
	218 LEVEL II NERVE PROCEDURES	168	835
	219 SPINAL TAP	4	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	88	10,531
	221 LAMINOTOMY AND LAMINECTOMY	662	2,724
	223 LEVEL III NERVE PROCEDURES	46	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3,456	13,758
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	17
	232 LASER EYE PROCEDURES	13	765
	233 CATARACT PROCEDURES	1,797	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	40	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	63	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	94	252
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	40	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	747	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	160	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	134	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	367	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,475	31,246
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	806	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	153	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	553	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	483	3,502
	256 TONSIL AND ADENOID PROCEDURES	479	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	592	\$4,749	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	167	\$4,402	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$4,490	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$7,502	\$5,874
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	14	\$2,755	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	101	\$4,269	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	267	\$5,089	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$6,629	\$7,059
	012 LEVEL I SKIN REPAIR	1	\$2,741	\$1,906
	013 LEVEL II SKIN REPAIR	27	\$4,950	\$4,731
	014 LEVEL III SKIN REPAIR	3	\$11,969	\$9,742
02	BREAST PROCEDURES	257	\$4,578	\$5,295
	020 LEVEL I BREAST PROCEDURES	253	\$4,457	\$5,104
	021 LEVEL II BREAST PROCEDURES	4	\$12,271	\$13,404
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,159	\$6,707	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	71	\$5,675	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	\$7,063	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$10,753	\$12,233
	033 LEVEL I HAND PROCEDURES	99	\$3,252	\$3,605
	034 LEVEL II HAND PROCEDURES	25	\$7,163	\$6,660
	035 LEVEL I FOOT PROCEDURES	159	\$3,966	\$4,528
	036 LEVEL II FOOT PROCEDURES	27	\$9,742	\$8,711
	037 LEVEL I ARTHROSCOPY	255	\$4,921	\$5,040
	038 LEVEL II ARTHROSCOPY	21	\$13,566	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	\$7,296	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	\$5,644	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	255	\$9,868	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$2,686	\$3,670
	045 BUNION PROCEDURES	86	\$6,944	\$6,795
	046 LEVEL I ARTHROPLASTY	10	\$7,934	\$9,886
	047 LEVEL II ARTHROPLASTY	4	\$26,225	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	\$2,358	\$1,936
04	RESPIRATORY PROCEDURES	434	\$3,078	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	282	\$2,569	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	28	\$4,206	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	43	\$3,847	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	81	\$4,052	\$3,588
05	CARDIOVASCULAR PROCEDURES	384	\$15,407	\$17,886
	081 ECHOCARDIOGRAPHY	11	\$11,718	\$25,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	\$4,144	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	29	\$17,691	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	44	\$23,976	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	47	\$18,809	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	37	\$8,126	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	193	\$11,931	\$10,472

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
090	SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$7,919	\$15,384
091	VASCULAR LIGATION AND RECONSTRUCTION	3	\$8,538	\$9,067
097	AICD IMPLANT	10	\$65,726	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	109	\$9,334	\$5,648
113	LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	\$16,404	\$3,762
115	DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	106	\$9,134	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	8,667	\$2,470	\$3,378
130	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	4	\$5,398	\$2,627
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$21	\$1,828
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	\$1,227	\$1,218
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	23	\$1,258	\$1,936
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,824	\$1,386	\$1,829
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	195	\$2,243	\$2,598
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,481	\$1,112	\$1,505
137	THERAPEUTIC COLONOSCOPY	320	\$1,419	\$1,882
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	68	\$6,659	\$6,968
139	LEVEL I HERNIA REPAIR	331	\$5,578	\$5,524
140	LEVEL II HERNIA REPAIR	61	\$6,458	\$6,756
141	LEVEL I ANAL AND RECTAL PROCEDURES	82	\$3,088	\$4,044
142	LEVEL II ANAL AND RECTAL PROCEDURES	134	\$3,012	\$4,792
143	LEVEL I GASTROINTESTINAL PROCEDURES	19	\$4,164	\$4,517
144	LEVEL II GASTROINTESTINAL PROCEDURES	2	\$4,644	\$10,980
145	LEVEL I LAPAROSCOPY	52	\$7,041	\$7,096
146	LEVEL II LAPAROSCOPY	824	\$7,649	\$9,427
147	LEVEL III LAPAROSCOPY	215	\$12,143	\$10,611
148	LEVEL IV LAPAROSCOPY	11	\$19,499	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	296	\$7,920	\$6,463
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$5,766	\$11,846
162	URINARY CATHETERIZATION AND DILATATION	6	\$9,336	\$5,332
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	144	\$5,518	\$3,484
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	101	\$5,707	\$6,651
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	10	\$24,107	\$20,165
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$17,062	\$4,263
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	30	\$20,454	\$11,734
09	MALE REPRODUCTIVE SYSTEM	144	\$8,635	\$5,766
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	50	\$5,537	\$3,654
181	CIRCUMCISION	14	\$4,556	\$2,298
182	INSERTION OF PENILE PROSTHESIS	6	\$35,319	\$37,474
184	LEVEL II PENILE AND PROSTATE PROCEDURES	73	\$9,425	\$9,032
185	PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,939	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	264	\$6,357	\$6,143
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	42	\$4,650	\$5,502
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	50	\$7,061	\$6,583
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	70	\$9,157	\$8,853
199	DILATION AND CURETTAGE	17	\$3,895	\$4,086

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
	200 HYSTEROSCOPY	77	\$5,054	\$6,413
	201 COLPOSCOPY	8	\$4,194	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	589	\$8,341	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	66	\$1,894	\$2,196
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	\$9,973	\$13,896
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	10	\$9,245	\$12,020
	217 LEVEL I NERVE PROCEDURES	147	\$3,604	\$4,288
	218 LEVEL II NERVE PROCEDURES	19	\$33,485	\$22,896
	219 SPINAL TAP	4	\$1,629	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	36	\$3,817	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	301	\$10,973	\$12,411
	223 LEVEL III NERVE PROCEDURES	2	\$21,580	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,562	\$4,386	\$4,588
	230 MINOR OPTHALMOLOGICAL TESTS AND PROCEDURES	1	\$2,532	\$1,351
	232 LASER EYE PROCEDURES	3	\$4,218	\$939
	233 CATARACT PROCEDURES	1,713	\$3,597	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	14	\$4,991	\$4,975
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	33	\$3,733	\$4,384
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	72	\$10,429	\$11,515
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	\$4,065	\$7,320
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	534	\$6,232	\$8,404
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	15	\$3,282	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	44	\$5,249	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	127	\$3,800	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,003	\$5,044	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	203	\$2,630	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	49	\$3,979	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	75	\$7,714	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	306	\$8,661	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	370	\$2,978	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	14,003	53.9	140,857	53.8
Male	11,953	46.1	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	17	0.1	2,722	1.0
1-4 years	149	0.6	10,474	4.0
5-9	146	0.6	6,876	2.6
10-14	225	0.9	5,656	2.2
15-17	358	1.4	5,579	2.1
18-19	282	1.1	3,819	1.5
20-24	929	3.6	10,499	4.0
25-29	1,148	4.4	11,895	4.5
30-34	1,468	5.7	15,288	5.8
35-39	1,412	5.4	15,023	5.7
40-44	1,536	5.9	15,275	5.8
45-49	1,832	7.1	16,577	6.3
50-54	3,550	13.7	29,317	11.2
55-59	3,317	12.8	26,116	10.0
60-64	3,287	12.7	24,120	9.2
65-69	2,293	8.8	21,226	8.1
70-74	1,612	6.2	16,114	6.2
75-79	1,204	4.6	11,722	4.5
80-84	769	3.0	7,780	3.0
85-89	311	1.2	3,464	1.3
90 +	111	0.4	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,212	12.4	81,064	30.9
Clinic Referral	22,719	87.5	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	16	0.1	189	0.1
Skilled Nursing Facility	4	0.0	144	0.1
Other Health Care Facility	2	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	1	0.0	19	0.0
Unknown	1	0.0	29	0.0
Not Reported	1	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	25,911	99.8	260,978	99.6
Another Hospital	4	0.0	100	0.0
Skilled Nursing Facility	15	0.1	196	0.1
Intermediate Care Facility	1	0.0	15	0.0
Another Type of Institution	9	0.0	198	0.1
Under Care of Home Service	14	0.1	303	0.1
Left Against Medical Advice	2	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	6,252	24.1	66,198	25.3
Medicaid	1,212	4.7	19,834	7.6
Other government	329	1.3	6,484	2.5
Blue Cross/Blue Shield	892	3.4	32,501	12.4
Other Commercial	1,905	7.3	19,396	7.4
Managed Care(HMO, PPO)	14,518	55.9	108,501	41.4
Self Pay	344	1.3	3,771	1.4
Industrial & Worker Comp	277	1.1	3,122	1.2
Charity and Unclassified	170	0.7	839	0.3
Childrens Health Insurance	16	0.1	154	0.1
Unknown	41	0.2	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	245	0.9	18,435	7.0
Central Utah	151	0.6	8,690	3.3
Davis County	2,091	8.1	29,850	11.4
Salt Lake County	19,787	76.2	90,968	34.7
Southeastern Utah	56	0.2	5,705	2.2
Southwest Utah	138	0.5	14,915	5.7
Summit County	397	1.5	4,208	1.6
Tooele County	554	2.1	6,494	2.5
Tri-County	156	0.6	5,152	2.0
Utah County	1,122	4.3	39,008	14.9
Wasatch County	151	0.6	2,303	0.9
Weber County	265	1.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	836	3.2	13,799	5.3
Unknown, Not Reported	7	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

117 Jordan Valley Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	8,704	100.0	340,055	100.0
Mastectomy (85.0-85.99)	466	5.4	8,708	2.6
Musculoskeletal (76.0-84.99)	2,106	24.2	69,858	20.5
Respiratory (30.0-34.99)	56	0.6	3,126	0.9
Cardiovascular (35.0-39.99)	94	1.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	85	1.0	3,058	0.9
Digestive System (42.0-54.99)	3,022	34.7	110,559	32.5
Urinary (55.0-59.99)	357	4.1	11,335	3.3
Male Genital (60.0-64.99)	143	1.6	4,598	1.4
Female Genital (65.0-71.99)	663	7.6	16,800	4.9
Endocrine/Nervous (01.0-07.99)	574	6.6	23,927	7.0
Eye (08.0-16.99)	170	2.0	24,162	7.1
Ear (18.0-20.99)	245	2.8	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	723	8.3	31,882	9.4
Reporting Category(CPT-4 CODES)	8,557	100.0	336,452	100.0
Mastectomy (19120-19220)	74	0.9	1,628	0.5
Musculoskeletal (20000-29909)	2,377	27.8	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	536	6.3	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	160	1.9	18,525	5.5
Lymphatic/Hemetic (38100-38999)	95	1.1	4,482	1.3
Digestive (40490-49999)	3,358	39.2	127,003	37.7
Urinary (50010-53899)	510	6.0	16,209	4.8
Male Genital (54000-55899)	116	1.4	4,833	1.4
Female Genital (56405-58999)	484	5.7	15,699	4.7
Endocrine/Nervous (60000-64999)	586	6.8	26,706	7.9
Eye (65091-68899)	82	1.0	13,805	4.1
Ear (69000-69979)	179	2.1	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

117 Jordan Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		8,704	100.0	100.0
4523	COLONOSCOPY	803	9.2	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	640	7.4	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	422	4.8	4.65
806	EXC SEMILUNAR CARTILAGE-KNEE	216	2.5	1.63
5123	LAP CHOLEY	205	2.4	1.92
8511	CLO [PERCUT] [NEEDLE] BX BREAST	202	2.3	0.47
4525	CLO [ENDO] BX LG INTESTINE	191	2.2	2.45
4292	DILAT ESOPH	179	2.1	1.54
2001	MYRINGOTOMY W/INSRT TUBE	147	1.7	2.86
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	146	1.7	0.48
283	TONSILLECTOMY W/ADENOIDECTOMY	141	1.6	1.75
8363	ROTATOR CUFF REPR	130	1.5	0.79
6952	ASPIR CURET FOLLOWING DELIV/AB	124	1.4	0.41
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	121	1.4	0.55
2169	OTH TURBINECTOMY	119	1.4	0.93
0391	INJ ANES SPINAL CANAL-ANALGESIA	112	1.3	1.45
0443	RELEASE CARPAL TUNNEL	104	1.2	1.13
0392	INJ OTH AGENT SPINAL CANAL	100	1.1	1.89
598	URETERAL CATH	99	1.1	0.76
8147	OTH REPR KNEE	93	1.1	0.72

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,557	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	804	9.4	5.93
43239	UGI ENDO; W/BX 1/MX	648	7.6	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	471	5.5	6.39
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	239	2.8	2.20
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	189	2.2	1.10
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	179	2.1	1.04
29881	SCOPE KNEE SURG;W/MENISCECT MED/	172	2.0	1.48
29826	SCOPE SHOULDER; DECOMP SUBACROM	157	1.8	1.15
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	136	1.6	0.26
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	123	1.4	0.71
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	122	1.4	0.18
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	122	1.4	0.59
30140	SUBMUCOS RES TURBINATE PART/CMPL	116	1.4	0.91
69436	TYMPANOSTOMY GENERAL ANESTHESIA	100	1.2	1.53
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	99	1.2	0.67
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	89	1.0	0.86
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	87	1.0	1.15
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	87	1.0	0.55
42820	T&A; UNDER AGE 12	84	1.0	1.37
20680	REMOVAL OF IMPLANT; DEEP	83	1.0	1.02

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, 2012
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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		4,135	\$6,313	\$5,136
4523	COLONOSCOPY	669	\$2,793	\$1,274
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	320	\$3,598	\$1,906
4542	ENDO POLYPECTOMY LG INTESTINE	315	\$3,589	\$1,820
8511	CLO [PERCUT] [NEEDLE] BX BREAST	187	\$4,114	\$3,024
5123	LAP CHOLEY	181	\$11,535	\$8,631
6952	ASPIR CURET FOLLOWING DELIV/AB	123	\$4,063	\$3,669
283	TONSILLECTOMY W/ADENOIDECTOMY	118	\$4,724	\$3,559
806	EXC SEMILUNAR CARTILAGE-KNEE	113	\$6,315	\$5,241
4525	CLO [ENDO] BX LG INTESTINE	106	\$3,499	\$1,908
4513	OTH ENDO SM INTESTINE	68	\$2,799	\$1,475
0443	RELEASE CARPAL TUNNEL	58	\$4,137	\$3,092
5011	CLO [PERCUT] [NEEDLE] BX LIVER	55	\$4,763	\$3,222
4292	DILAT ESOPH	54	\$3,646	\$2,939
0611	CLO PERCUT NEEDLE BX THYROID GLAND	53	\$1,655	\$1,376
8521	LOC EXC LES BREAST	49	\$5,737	\$4,756
598	URETERAL CATH	41	\$12,829	\$7,263
282	TONSILLECTOMY WO ADENOIDECTOMY	40	\$4,839	\$3,611
4836	[ENDO] POLYPECTOMY RECTUM	38	\$3,304	\$1,651
5341	REPR UMB HERN W/PROSTH	37	\$7,976	\$6,498
2001	MYRINGOTOMY W/INSRT TUBE	33	\$3,014	\$2,823

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		4,406	\$6,124	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	676	\$2,793	\$1,296
43239	UGI ENDO; W/BX 1/MX	324	\$3,596	\$1,845
45380	COLONOSCOPY FLEX; W/BX 1/MX	305	\$3,337	\$1,749
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	168	\$11,570	\$9,209
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	146	\$3,291	\$1,850
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	114	\$3,886	\$3,778
29881	SCOPE KNEE SURG;W/MENISSECT MED/	91	\$6,313	\$4,904
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	80	\$11,408	\$11,846
66984	EXTRACAPSULAR CATARACT REMV IOL	78	\$6,724	\$4,261
42820	T&A; UNDER AGE 12	70	\$4,722	\$3,454
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	64	\$2,703	\$1,361
69436	TYMPANOSTOMY GENERAL ANESTHESIA	63	\$2,868	\$1,876
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	60	\$1,164	\$1,992
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	55	\$4,763	\$2,950
60100	BX THYROID PERCUTANEOUS CORE NEE	54	\$1,607	\$1,645
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	54	\$1,239	\$2,139
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	51	\$3,513	\$2,098
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	49	\$9,383	\$7,970
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	47	\$13,301	\$12,146
42821	T&A; AGE 12 OR OVER	46	\$4,707	\$3,919

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	274	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	78	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	32	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	121	5,026
	013 LEVEL II SKIN REPAIR	21	921
	014 LEVEL III SKIN REPAIR	15	219
02	BREAST PROCEDURES	75	1,675
	020 LEVEL I BREAST PROCEDURES	74	1,628
	021 LEVEL II BREAST PROCEDURES	1	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,005	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,315
	033 LEVEL I HAND PROCEDURES	134	4,044
	034 LEVEL II HAND PROCEDURES	37	1,282
	035 LEVEL I FOOT PROCEDURES	111	6,556
	036 LEVEL II FOOT PROCEDURES	19	1,905
	037 LEVEL I ARTHROSCOPY	896	22,852
	038 LEVEL II ARTHROSCOPY	280	5,849
	040 SPLINT, STRAPPING AND CAST REMOVAL	36	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	206	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	511
	045 BUNION PROCEDURES	31	1,823
	046 LEVEL I ARTHROPLASTY	20	706
	047 LEVEL II ARTHROPLASTY	1	149
	048 HAND AND FOOT TENOTOMY	2	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	56	2,425
04	RESPIRATORY PROCEDURES	352	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	89	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	46	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	171	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	46	2,327
05	CARDIOVASCULAR PROCEDURES	86	9,853
	081 ECHOCARDIOGRAPHY	7	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	52	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	10	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	2	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	466
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	73	4,277

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	36	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	37	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,284	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	13	499
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	738	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	198	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,285	41,948
	137 THERAPEUTIC COLONOSCOPY	262	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	65	2,093
	139 LEVEL I HERNIA REPAIR	112	5,542
	140 LEVEL II HERNIA REPAIR	22	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	10	504
	145 LEVEL I LAPAROSCOPY	73	2,400
	146 LEVEL II LAPAROSCOPY	150	8,245
	147 LEVEL III LAPAROSCOPY	330	7,608
	148 LEVEL IV LAPAROSCOPY	4	225
08	GENITOURINARY SYSTEM PROCEDURES	465	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	136	890
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	149	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	165	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	8	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	5	941
09	MALE REPRODUCTIVE SYSTEM	127	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	1,567
	181 CIRCUMCISION	13	1,132
	182 INSERTION OF PENILE PROSTHESIS	1	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	45	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	28	289
10	FEMALE REPRODUCTIVE SYSTEM	249	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	55	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	42	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	68	2,262
	199 DILATION AND CURETTAGE	21	439
	200 HYSTEROSCOPY	61	2,236
	201 COLPOSCOPY	2	642
11	NEUROLOGIC SYSTEM PROCEDURES	513	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	68	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	221
	217 LEVEL I NERVE PROCEDURES	139	4,317
	218 LEVEL II NERVE PROCEDURES	7	835
	219 SPINAL TAP	25	395

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	160	10,531
	221 LAMINOTOMY AND LAMINECTOMY	85	2,724
	223 LEVEL III NERVE PROCEDURES	27	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	82	13,758
	233 CATARACT PROCEDURES	78	6,414
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	713	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	269	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	47	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	117	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	66	3,502
	256 TONSIL AND ADENOID PROCEDURES	214	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	175	\$4,403	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	65	\$2,002	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$6,948	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$5,987	\$5,874
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	25	\$4,755	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	58	\$6,034	\$4,950
	013 LEVEL II SKIN REPAIR	16	\$2,817	\$4,731
	014 LEVEL III SKIN REPAIR	6	\$15,770	\$9,742
02	BREAST PROCEDURES	58	\$6,923	\$5,295
	020 LEVEL I BREAST PROCEDURES	58	\$6,923	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	610	\$8,753	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$5,230	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$9,335	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$15,191	\$12,233
	033 LEVEL I HAND PROCEDURES	43	\$4,331	\$3,605
	034 LEVEL II HAND PROCEDURES	10	\$7,628	\$6,660
	035 LEVEL I FOOT PROCEDURES	29	\$5,574	\$4,528
	036 LEVEL II FOOT PROCEDURES	6	\$13,657	\$8,711
	037 LEVEL I ARTHROSCOPY	208	\$6,854	\$5,040
	038 LEVEL II ARTHROSCOPY	40	\$17,850	\$13,882
	040 SPLINT, STRAPPING AND CAST REMOVAL	34	\$3,233	\$1,590
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$5,138	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$7,243	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	140	\$12,851	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$2,347	\$3,670
	045 BUNION PROCEDURES	8	\$8,615	\$6,795
	046 LEVEL I ARTHROPLASTY	9	\$10,682	\$9,886
	047 LEVEL II ARTHROPLASTY	1	\$31,469	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	\$1,227	\$1,936
04	RESPIRATORY PROCEDURES	114	\$4,373	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	82	\$4,239	\$2,852
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	\$7,735	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	25	\$3,874	\$3,588
05	CARDIOVASCULAR PROCEDURES	77	\$17,119	\$17,886
	081 ECHOCARDIOGRAPHY	7	\$28,671	\$25,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$1,477	\$2,948
	083 PLACEMENT OF TRANSVENOUS CATHETERS	49	\$10,073	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	\$45,124	\$32,217
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$23,820	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	\$8,580	\$9,499
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	44	\$6,509	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	36	\$4,280	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$16,540	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,123	\$4,949	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	12	\$1,292	\$2,627

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$2,714	\$1,218
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$2,213	\$1,936
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	391	\$3,437	\$1,829
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	61	\$3,539	\$2,598
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	982	\$2,962	\$1,505
137	THERAPEUTIC COLONOSCOPY	149	\$3,291	\$1,882
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	13	\$7,316	\$6,968
139	LEVEL I HERNIA REPAIR	79	\$7,901	\$5,524
140	LEVEL II HERNIA REPAIR	10	\$11,409	\$6,756
141	LEVEL I ANAL AND RECTAL PROCEDURES	5	\$5,142	\$4,044
142	LEVEL II ANAL AND RECTAL PROCEDURES	5	\$6,266	\$4,792
143	LEVEL I GASTROINTESTINAL PROCEDURES	7	\$3,213	\$4,517
145	LEVEL I LAPAROSCOPY	30	\$6,867	\$7,096
146	LEVEL II LAPAROSCOPY	107	\$10,340	\$9,427
147	LEVEL III LAPAROSCOPY	258	\$12,440	\$10,611
148	LEVEL IV LAPAROSCOPY	4	\$17,917	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	146	\$9,498	\$6,463
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	80	\$11,408	\$11,846
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	25	\$7,341	\$3,484
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	35	\$7,111	\$6,651
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$5,913	\$20,165
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$5,429	\$4,263
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	4	\$7,595	\$11,734
09	MALE REPRODUCTIVE SYSTEM	82	\$7,859	\$5,766
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	17	\$7,013	\$3,654
181	CIRCUMCISION	9	\$5,343	\$2,298
182	INSERTION OF PENILE PROSTHESIS	1	\$44,825	\$37,474
184	LEVEL II PENILE AND PROSTATE PROCEDURES	29	\$11,077	\$9,032
185	PROSTATE NEEDLE AND PUNCH BIOPSY	26	\$4,273	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	126	\$7,089	\$6,143
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	18	\$4,447	\$5,502
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	\$6,418	\$6,583
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	41	\$9,885	\$8,853
199	DILATION AND CURETTAGE	12	\$4,028	\$4,086
200	HYSTEROSCOPY	38	\$6,536	\$6,413
201	COLPOSCOPY	2	\$7,459	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	261	\$5,283	\$6,459
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	67	\$1,200	\$2,196
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$8,658	\$13,896
217	LEVEL I NERVE PROCEDURES	38	\$4,471	\$4,288
218	LEVEL II NERVE PROCEDURES	2	\$13,560	\$22,896
219	SPINAL TAP	24	\$2,227	\$2,473
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	64	\$1,288	\$2,853
221	LAMINOTOMY AND LAMINECTOMY	58	\$13,852	\$12,411
223	LEVEL III NERVE PROCEDURES	6	\$24,130	\$38,104

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	81	\$6,806	\$4,588
	233 CATARACT PROCEDURES	78	\$6,724	\$4,292
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,964	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$10,911	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	314	\$6,417	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	83	\$3,373	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	17	\$4,473	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	15	\$13,864	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	42	\$16,815	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	157	\$4,743	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,896	59.4	140,857	53.8
Male	2,664	40.6	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	20	0.3	2,722	1.0
1-4 years	101	1.5	10,474	4.0
5-9	72	1.1	6,876	2.6
10-14	87	1.3	5,656	2.2
15-17	165	2.5	5,579	2.1
18-19	91	1.4	3,819	1.5
20-24	304	4.6	10,499	4.0
25-29	418	6.4	11,895	4.5
30-34	527	8.0	15,288	5.8
35-39	517	7.9	15,023	5.7
40-44	504	7.7	15,275	5.8
45-49	512	7.8	16,577	6.3
50-54	800	12.2	29,317	11.2
55-59	617	9.4	26,116	10.0
60-64	572	8.7	24,120	9.2
65-69	511	7.8	21,226	8.1
70-74	322	4.9	16,114	6.2
75-79	222	3.4	11,722	4.5
80-84	127	1.9	7,780	3.0
85-89	52	0.8	3,464	1.3
90 +	19	0.3	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	6,552	99.9	81,064	30.9
Clinic Referral	0	0.0	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	8	0.1	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,538	99.7	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	1	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	2	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	19	0.3	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	1,540	23.5	66,198	25.3
Medicaid	403	6.1	19,834	7.6
Other government	268	4.1	6,484	2.5
Blue Cross/Blue Shield	1,799	27.4	32,501	12.4
Other Commercial	692	10.5	19,396	7.4
Managed Care(HMO, PPO)	1,763	26.9	108,501	41.4
Self Pay	24	0.4	3,771	1.4
Industrial & Worker Comp	66	1.0	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	5	0.1	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	11	0.2	18,435	7.0
Central Utah	19	0.3	8,690	3.3
Davis County	70	1.1	29,850	11.4
Salt Lake County	5,735	87.4	90,968	34.7
Southeastern Utah	24	0.4	5,705	2.2
Southwest Utah	20	0.3	14,915	5.7
Summit County	43	0.7	4,208	1.6
Tooele County	134	2.0	6,494	2.5
Tri-County	26	0.4	5,152	2.0
Utah County	329	5.0	39,008	14.9
Wasatch County	11	0.2	2,303	0.9
Weber County	28	0.4	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	105	1.6	13,799	5.3
Unknown, Not Reported	5	0.1	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

114 Kane County Hospital - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	329	100.0	340,055	100.0
Mastectomy (85.0-85.99)	0	0.0	8,708	2.6
Musculoskeletal (76.0-84.99)	1	0.3	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,058	0.9
Digestive System (42.0-54.99)	208	63.2	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	0	0.0	4,598	1.4
Female Genital (65.0-71.99)	3	0.9	16,800	4.9
Endocrine/Nervous (01.0-07.99)	5	1.5	23,927	7.0
Eye (08.0-16.99)	112	34.0	24,162	7.1
Ear (18.0-20.99)	0	0.0	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	31,882	9.4
Reporting Category(CPT-4 CODES)	265	100.0	336,452	100.0
Mastectomy (19120-19220)	0	0.0	1,628	0.5
Musculoskeletal (20000-29909)	4	1.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	5	1.9	18,525	5.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,482	1.3
Digestive (40490-49999)	189	71.3	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	0	0.0	4,833	1.4
Female Genital (56405-58999)	3	1.1	15,699	4.7
Endocrine/Nervous (60000-64999)	6	2.3	26,706	7.9
Eye (65091-68899)	58	21.9	13,805	4.1
Ear (69000-69979)	0	0.0	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

114 Kane County Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		329	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	70	21.3	4.65
1341	PHACOEMULSIFICATION-ASPIR CATARACT	54	16.4	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	54	16.4	1.77
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	46	14.0	5.87
4523	COLONOSCOPY	38	11.6	6.64
4836	[ENDO] POLYPECTOMY RECTUM	32	9.7	1.36
4525	CLO [ENDO] BX LG INTESTINE	13	4.0	2.45
4824	CLO [ENDO] BX RECTUM	5	1.5	0.49
1364	DISCISSION SECNDRY MEMBRN	4	1.2	0.18
0391	INJ ANES SPINAL CANAL-ANALGESIA	2	0.6	1.45
0392	INJ OTH AGENT SPINAL CANAL	2	0.6	1.89
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	0.6	0.20
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	1	0.3	0.21
4513	OTH ENDO SM INTESTINE	1	0.3	1.56
5349	OTH UMB HERNIORRHAPHY	1	0.3	0.30
6622	BIL ENDO LIG-DIVIS FALLOPIAN TUBES	1	0.3	0.02
6851	LAP ASSIST VAG HYST [LAVH]	1	0.3	0.17
6959	OTH ASPIR CURET UTERUS	1	0.3	0.04
8201	EXPLOR TENDON SHEATH HAND	1	0.3	0.38

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		265	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	87	32.8	6.39
66984	EXTRACAPSULAR CATARACT REMV IOL	51	19.2	1.77
43239	UGI ENDO; W/BX 1/MX	46	17.4	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	37	14.0	5.93
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	3.4	2.20
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	5	1.9	0.60
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	5	1.9	0.81
66821	DISCISSION 2ND CATARACT; LASER S	4	1.5	0.20
66982	EXTRACAP CATARACT REMV W/IOL-CMP	3	1.1	0.08
28080	EXC INTERDIGITL NEUROMA SINGLE EA	2	0.8	0.16
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	0.8	0.05
20550	INJECTION; 1 TENDON SHEATH/LIGAM	1	0.4	0.06
26055	TENDON SHEATH INCISION	1	0.4	0.44
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	1	0.4	1.15
43247	UGI ENDO; W/REMOVAL FB	1	0.4	0.13
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	0.4	0.09
45383	COLONOSCOPY FLEX; W/ABLAT LES	1	0.4	0.16
45384	COLONOSCOPY FLEX; REMV LES-FORCE	1	0.4	0.17
49082	49082	1	0.4	0.01
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, 2012
 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		134	\$1,535	\$5,136
4542	ENDO POLYPECTOMY LG INTESTINE	45	\$1,529	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	33	\$1,549	\$1,906
4523	COLONOSCOPY	30	\$1,135	\$1,274
4836	[ENDO] POLYPECTOMY RECTUM	11	\$1,363	\$1,651
4525	CLO [ENDO] BX LG INTESTINE	5	\$1,428	\$1,908
1364	DISCISSION SECNDRY MEMBRN	4	\$576	\$903
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	1	\$2,306	\$3,594
5349	OTH UMB HERNIORRHAPHY	1	\$2,962	\$4,448
6622	BIL ENDO LIG-DIVIS FALLOPIAN TUBES	1	\$4,213	\$5,593
6851	LAP ASSIST VAG HYST [LAVH]	1	\$10,806	\$13,104
6959	OTH ASPIR CURET UTERUS	1	\$5,061	\$3,640
8201	EXPLOR TENDON SHEATH HAND	1	\$1,946	\$2,889

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		214	\$1,907	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	77	\$1,475	\$1,749
66984	EXTRACAPSULAR CATARACT REMV IOL	51	\$3,168	\$4,261
43239	UGI ENDO; W/BX 1/MX	31	\$1,520	\$1,845
45378	COLONOSCOPY FLEX; DX-SEP PROC	30	\$1,135	\$1,296
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	5	\$999	\$2,139
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	4	\$1,766	\$1,850
66821	DISCISSION 2ND CATARACT; LASER S	4	\$576	\$878
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	3	\$3,955	\$3,711
66982	EXTRACAP CATARACT REMV W/IOL-CMP	3	\$3,173	\$4,812
26055	TENDON SHEATH INCISION	1	\$1,946	\$2,761
43258	UGI ENDO; W/ABLAT LES NOT SNARE	1	\$1,584	\$3,398
49082	49082	1	\$246	\$2,254
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	1	\$2,962	\$5,545
58120	DILATION & CURET DX &/ THERAPEUT	1	\$5,061	\$4,086
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	1	\$4,213	\$6,014

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

114 Kane County Hospital - CAH

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
03 MUSCULOSKELETAL SYSTEM PROCEDURES	4	67,841
033 LEVEL I HAND PROCEDURES	1	4,044
035 LEVEL I FOOT PROCEDURES	2	6,556
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,425
04 RESPIRATORY PROCEDURES	1	14,291
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,653
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	4,277
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	5	2,040
07 GASTROINTESTINAL SYSTEM PROCEDURES	190	117,000
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	47	26,657
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	6,164
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	125	41,948
137 THERAPEUTIC COLONOSCOPY	11	9,396
139 LEVEL I HERNIA REPAIR	1	5,542
146 LEVEL II LAPAROSCOPY	1	8,245
147 LEVEL III LAPAROSCOPY	1	7,608
10 FEMALE REPRODUCTIVE SYSTEM	1	8,837
199 DILATION AND CURETTAGE	1	439
11 NEUROLOGIC SYSTEM PROCEDURES	6	23,914
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	3,650
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	10,531
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	58	13,758
232 LASER EYE PROCEDURES	4	765
233 CATARACT PROCEDURES	54	6,414

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$1,946	\$6,423
	033 LEVEL I HAND PROCEDURES	1	\$1,946	\$3,605
04	RESPIRATORY PROCEDURES	1	\$246	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$246	\$2,852
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	\$3,955	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	\$3,955	\$3,762
07	GASTROINTESTINAL SYSTEM PROCEDURES	145	\$1,452	\$3,378
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	31	\$1,520	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,584	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	107	\$1,380	\$1,505
	137 THERAPEUTIC COLONOSCOPY	4	\$1,766	\$1,882
	139 LEVEL I HERNIA REPAIR	1	\$2,962	\$5,524
	146 LEVEL II LAPAROSCOPY	1	\$4,213	\$9,427
10	FEMALE REPRODUCTIVE SYSTEM	1	\$5,061	\$6,143
	199 DILATION AND CURETTAGE	1	\$5,061	\$4,086
11	NEUROLOGIC SYSTEM PROCEDURES	5	\$999	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	\$999	\$2,196
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	58	\$2,989	\$4,588
	232 LASER EYE PROCEDURES	4	\$576	\$939
	233 CATARACT PROCEDURES	54	\$3,168	\$4,292

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

114 Kane County Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	142	59.4	140,857	53.8
Male	97	40.6	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	0	0.0	10,474	4.0
5-9	0	0.0	6,876	2.6
10-14	0	0.0	5,656	2.2
15-17	0	0.0	5,579	2.1
18-19	1	0.4	3,819	1.5
20-24	4	1.7	10,499	4.0
25-29	2	0.8	11,895	4.5
30-34	5	2.1	15,288	5.8
35-39	8	3.3	15,023	5.7
40-44	6	2.5	15,275	5.8
45-49	11	4.6	16,577	6.3
50-54	23	9.6	29,317	11.2
55-59	22	9.2	26,116	10.0
60-64	33	13.8	24,120	9.2
65-69	41	17.2	21,226	8.1
70-74	33	13.8	16,114	6.2
75-79	19	7.9	11,722	4.5
80-84	20	8.4	7,780	3.0
85-89	10	4.2	3,464	1.3
90 +	1	0.4	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3	1.3	81,064	30.9
Clinic Referral	236	98.7	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

114 Kane County Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	238	99.6	260,978	99.6
Another Hospital	1	0.4	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	131	54.8	66,198	25.3
Medicaid	12	5.0	19,834	7.6
Other government	3	1.3	6,484	2.5
Blue Cross/Blue Shield	11	4.6	32,501	12.4
Other Commercial	79	33.1	19,396	7.4
Managed Care(HMO, PPO)	0	0.0	108,501	41.4
Self Pay	3	1.3	3,771	1.4
Industrial & Worker Comp	0	0.0	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	1	0.4	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	0	0.0	90,968	34.7
Southeastern Utah	0	0.0	5,705	2.2
Southwest Utah	180	75.3	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	0	0.0	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	58	24.3	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

107 Lakeview Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,938	100.0	340,055	100.0
Mastectomy (85.0-85.99)	411	8.3	8,708	2.6
Musculoskeletal (76.0-84.99)	1,324	26.8	69,858	20.5
Respiratory (30.0-34.99)	64	1.3	3,126	0.9
Cardiovascular (35.0-39.99)	171	3.5	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	37	0.7	3,058	0.9
Digestive System (42.0-54.99)	578	11.7	110,559	32.5
Urinary (55.0-59.99)	172	3.5	11,335	3.3
Male Genital (60.0-64.99)	70	1.4	4,598	1.4
Female Genital (65.0-71.99)	202	4.1	16,800	4.9
Endocrine/Nervous (01.0-07.99)	1,699	34.4	23,927	7.0
Eye (08.0-16.99)	56	1.1	24,162	7.1
Ear (18.0-20.99)	29	0.6	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	125	2.5	31,882	9.4
Reporting Category(CPT-4 CODES)	6,097	100.0	336,452	100.0
Mastectomy (19120-19220)	46	0.8	1,628	0.5
Musculoskeletal (20000-29909)	2,130	34.9	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	133	2.2	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	508	8.3	18,525	5.5
Lymphatic/Hemetic (38100-38999)	33	0.5	4,482	1.3
Digestive (40490-49999)	687	11.3	127,003	37.7
Urinary (50010-53899)	312	5.1	16,209	4.8
Male Genital (54000-55899)	28	0.5	4,833	1.4
Female Genital (56405-58999)	177	2.9	15,699	4.7
Endocrine/Nervous (60000-64999)	2,014	33.0	26,706	7.9
Eye (65091-68899)	14	0.2	13,805	4.1
Ear (69000-69979)	15	0.2	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,938	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	726	14.7	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	699	14.2	1.45
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	300	6.1	0.79
5123	LAP CHOLEY	154	3.1	1.92
8511	CLO [PERCUT] [NEEDLE] BX BREAST	100	2.0	0.47
806	EXC SEMILUNAR CARTILAGE-KNEE	92	1.9	1.63
8519	OTH DX PROC BREAST	72	1.5	0.26
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	64	1.3	0.69
8521	LOC EXC LES BREAST	63	1.3	0.58
0443	RELEASE CARPAL TUNNEL	58	1.2	1.13
8554	BILAT BREAST IMPLNT	48	1.0	0.14
8076	SYNOVECT-KNEE	43	0.9	0.41
8051	EXC INTERVERTEBRAL DISC	37	0.7	0.49
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	36	0.7	0.55
8183	OTH REPR SHLDR	36	0.7	0.77
5451	LAP LYSIS PERITONEAL ADHES	35	0.7	0.21
8175	ARTHRLSTY CARPOCARPAL JT WO IMPLNT	35	0.7	0.13
598	URETERAL CATH	34	0.7	0.76
3324	CLO [ENDO] BX BRONCHUS	32	0.6	0.20
0309	OTH EXPLOR & DECOMP SPINAL CANAL	31	0.6	0.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,097	100.0	100.0
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	599	9.8	0.47
29581	29581	551	9.0	0.28
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	407	6.7	0.67
29580	STRAPPING; UNNA BOOT	299	4.9	0.29
36416	COLLECTON CAPILLARY BLOOD SPECIM	256	4.2	0.56
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	214	3.5	0.81
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	147	2.4	1.10
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	102	1.7	0.21
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	99	1.6	0.42
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	91	1.5	0.60
64493	64493	76	1.2	0.22
20550	INJECTION; 1 TENDON SHEATH/LIGAM	75	1.2	0.06
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	75	1.2	0.26
64494	64494	72	1.2	0.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	69	1.1	1.48
64495	64495	68	1.1	0.11
49505	REPR INIT ING HERNIA 5YR/MORE; R	62	1.0	0.69
64490	64490	55	0.9	0.07
64491	64491	54	0.9	0.06
64492	64492	54	0.9	0.05

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,561	\$10,809	\$5,136
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	209	\$5,066	\$2,219
5123	LAP CHOLEY	138	\$13,673	\$8,631
8511	CLO [PERCUT] [NEEDLE] BX BREAST	48	\$5,387	\$3,024
8051	EXC INTERVERTEBRAL DISC	34	\$17,422	\$12,257
3897	3897	28	\$5,012	\$5,618
5491	PERCUT ABD DRAIN	28	\$4,396	\$2,269
806	EXC SEMILUNAR CARTILAGE-KNEE	28	\$10,510	\$5,241
0611	CLO PERCUT NEEDLE BX THYROID GLAND	26	\$1,359	\$1,376
0392	INJ OTH AGENT SPINAL CANAL	25	\$6,511	\$1,729
3324	CLO [ENDO] BX BRONCHUS	25	\$10,765	\$4,481
8554	BILAT BREAST IMPLNT	25	\$12,571	\$7,967
5011	CLO [PERCUT] [NEEDLE] BX LIVER	24	\$4,772	\$3,222
5749	OTH TRANSURETH EXC/DEST LES BLADDER	23	\$9,887	\$6,334
6021	[TULIP]	23	\$17,045	\$11,753
5361	INCIS HERN REPR W/PROSTH	20	\$14,384	\$9,845
6902	D&C FOLLOWING DELIV/AB	20	\$6,493	\$4,361
8521	LOC EXC LES BREAST	19	\$9,651	\$4,756
3491	THORACENTESIS	18	\$2,759	\$2,576
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	\$9,082	\$5,886
4701	LAP APPENDECTOMY	16	\$16,816	\$11,971

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,614	\$7,250	\$4,756
29581	29581	352	\$972	\$1,586
29580	STRAPPING; UNNA BOOT	254	\$1,149	\$1,679
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	194	\$5,248	\$2,139
36416	COLLECTON CAPILLARY BLOOD SPECIM	143	\$79	\$141
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	135	\$13,608	\$9,209
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	99	\$4,346	\$2,523
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	77	\$2,116	\$1,867
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	61	\$4,669	\$3,711
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	57	\$16,033	\$11,846
49505	REPR INIT ING HERNIA 5YR/MORE; R	42	\$9,824	\$6,089
29881	SCOPE KNEE SURG;W/MENISCECT MED/	40	\$10,363	\$4,904
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	35	\$5,180	\$4,555
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	33	\$6,338	\$1,992
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	25	\$17,526	\$12,146
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	24	\$4,772	\$2,950
19120	EXC BRST CYST TUMR/LES OPN M/F 1	22	\$10,301	\$4,844
52648	CNTCT LASR VAPRIZ W/VO TURP COMP	21	\$16,754	\$11,956
44500	INTRODUCTION LONG GI TUBE-SEP PR	19	\$3,705	\$1,735
32421	32421	18	\$2,759	\$2,231
49083	49083	18	\$3,034	\$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, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	125	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	2,400
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	93
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	39	5,026
	013 LEVEL II SKIN REPAIR	50	921
	014 LEVEL III SKIN REPAIR	3	219
02	BREAST PROCEDURES	46	1,675
	020 LEVEL I BREAST PROCEDURES	46	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,988	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	2,315
	033 LEVEL I HAND PROCEDURES	63	4,044
	034 LEVEL II HAND PROCEDURES	24	1,282
	035 LEVEL I FOOT PROCEDURES	99	6,556
	036 LEVEL II FOOT PROCEDURES	33	1,905
	037 LEVEL I ARTHROSCOPY	349	22,852
	038 LEVEL II ARTHROSCOPY	68	5,849
	039 REPLACEMENT OF CAST	38	330
	040 SPLINT, STRAPPING AND CAST REMOVAL	850	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	56	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	18	511
	045 BUNION PROCEDURES	13	1,823
	046 LEVEL I ARTHROPLASTY	50	706
	047 LEVEL II ARTHROPLASTY	1	149
	048 HAND AND FOOT TENOTOMY	5	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	205	2,425
04	RESPIRATORY PROCEDURES	149	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	72	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	74	2,327
05	CARDIOVASCULAR PROCEDURES	78	9,853
	081 ECHOCARDIOGRAPHY	8	315
	083 PLACEMENT OF TRANSVENOUS CATHETERS	19	1,273
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	7
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	15	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	13	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	11	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	2,877
	097 AICD IMPLANT	1	305

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	117	4,277
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	2	42
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	91	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	24	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	650	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	42	499
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	37	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	20	41,948
	137 THERAPEUTIC COLONOSCOPY	8	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	37	2,093
	139 LEVEL I HERNIA REPAIR	125	5,542
	140 LEVEL II HERNIA REPAIR	41	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	103
	145 LEVEL I LAPAROSCOPY	36	2,400
	146 LEVEL II LAPAROSCOPY	76	8,245
	147 LEVEL III LAPAROSCOPY	187	7,608
	148 LEVEL IV LAPAROSCOPY	4	225
08	GENITOURINARY SYSTEM PROCEDURES	226	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	75	890
	162 URINARY CATHETERIZATION AND DILATATION	3	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	69	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	56	3,986
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	21	941
09	MALE REPRODUCTIVE SYSTEM	67	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	1,567
	181 CIRCUMCISION	8	1,132
	182 INSERTION OF PENILE PROSTHESIS	2	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	43	1,442
10	FEMALE REPRODUCTIVE SYSTEM	94	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	14	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	19	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	27	2,262
	199 DILATION AND CURETTAGE	7	439
	200 HYSTEROSCOPY	24	2,236
	201 COLPOSCOPY	3	642
11	NEUROLOGIC SYSTEM PROCEDURES	1,981	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	327	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	178

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	217 LEVEL I NERVE PROCEDURES	36	4,317
	218 LEVEL II NERVE PROCEDURES	6	835
	219 SPINAL TAP	10	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,498	10,531
	221 LAMINOTOMY AND LAMINECTOMY	72	2,724
	223 LEVEL III NERVE PROCEDURES	26	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	14	13,758
	232 LASER EYE PROCEDURES	10	765
	233 CATARACT PROCEDURES	1	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	131
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	136	31,246
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	33	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	16	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	23	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	40	3,502
	256 TONSIL AND ADENOID PROCEDURES	23	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	83	\$7,111	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	\$2,641	\$4,738
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$8,042	\$5,874
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$7,072	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$10,004	\$4,950
	013 LEVEL II SKIN REPAIR	39	\$5,792	\$4,731
	014 LEVEL III SKIN REPAIR	2	\$37,021	\$9,742
02	BREAST PROCEDURES	34	\$10,945	\$5,295
	020 LEVEL I BREAST PROCEDURES	34	\$10,945	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	929	\$3,746	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$8,527	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$11,330	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$27,339	\$12,233
	033 LEVEL I HAND PROCEDURES	10	\$8,161	\$3,605
	034 LEVEL II HAND PROCEDURES	6	\$9,186	\$6,660
	035 LEVEL I FOOT PROCEDURES	17	\$7,588	\$4,528
	036 LEVEL II FOOT PROCEDURES	7	\$20,779	\$8,711
	037 LEVEL I ARTHROSCOPY	94	\$10,667	\$5,040
	038 LEVEL II ARTHROSCOPY	10	\$16,508	\$13,882
	039 REPLACEMENT OF CAST	6	\$878	\$10,002
	040 SPLINT, STRAPPING AND CAST REMOVAL	606	\$1,046	\$1,590
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$5,672	\$6,804
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	34	\$16,211	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$5,210	\$3,670
	045 BUNION PROCEDURES	8	\$9,766	\$6,795
	046 LEVEL I ARTHROPLASTY	4	\$19,642	\$9,886
	047 LEVEL II ARTHROPLASTY	1	\$17,060	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	92	\$2,179	\$1,936
04	RESPIRATORY PROCEDURES	74	\$4,355	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	65	\$3,879	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$9,927	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$10,513	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	7	\$7,105	\$3,588
05	CARDIOVASCULAR PROCEDURES	56	\$31,885	\$17,886
	081 ECHOCARDIOGRAPHY	4	\$58,901	\$25,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	16	\$10,448	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	6	\$68,625	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	12	\$42,828	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	\$37,206	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	8	\$16,810	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	\$12,738	\$10,472
	097 AICD IMPLANT	1	\$61,160	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	76	\$6,658	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	61	\$4,669	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$14,743	\$9,155

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG(ALL Hospitals)
07	GASTROINTESTINAL SYSTEM PROCEDURES	378	\$11,124	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	41	\$3,298	\$2,627
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,713	\$1,218
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	15	\$4,309	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$4,118	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	6	\$3,551	\$1,505
	137 THERAPEUTIC COLONOSCOPY	1	\$3,790	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$13,607	\$6,968
	139 LEVEL I HERNIA REPAIR	63	\$10,544	\$5,524
	140 LEVEL II HERNIA REPAIR	9	\$11,185	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	\$7,500	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	\$8,747	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$5,777	\$4,517
	145 LEVEL I LAPAROSCOPY	13	\$10,548	\$7,096
	146 LEVEL II LAPAROSCOPY	44	\$14,009	\$9,427
	147 LEVEL III LAPAROSCOPY	155	\$14,127	\$10,611
	148 LEVEL IV LAPAROSCOPY	2	\$14,628	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	110	\$13,475	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	57	\$16,033	\$11,846
	162 URINARY CATHETERIZATION AND DILATATION	2	\$16,798	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	17	\$9,140	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	17	\$12,005	\$6,651
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$6,632	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	16	\$10,545	\$11,734
09	MALE REPRODUCTIVE SYSTEM	46	\$15,550	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$9,328	\$3,654
	181 CIRCUMCISION	5	\$7,655	\$2,298
	182 INSERTION OF PENILE PROSTHESIS	1	\$57,080	\$37,474
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	37	\$15,999	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	52	\$9,805	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$7,778	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$8,203	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	14	\$13,431	\$8,853
	199 DILATION AND CURETTAGE	7	\$6,786	\$4,086
	200 HYSTEROSCOPY	17	\$9,618	\$6,413
	201 COLPOSCOPY	2	\$7,474	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	446	\$7,647	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	300	\$5,000	\$2,196
	217 LEVEL I NERVE PROCEDURES	8	\$16,899	\$4,288
	218 LEVEL II NERVE PROCEDURES	1	\$32,104	\$22,896
	219 SPINAL TAP	10	\$3,162	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	66	\$5,729	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	48	\$16,815	\$12,411
	223 LEVEL III NERVE PROCEDURES	13	\$40,491	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	13	\$4,069	\$4,588

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	232 LASER EYE PROCEDURES	10	\$2,243	\$939
	233 CATARACT PROCEDURES	1	\$8,311	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$15,668	\$4,975
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$6,487	\$3,139
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	76	\$13,677	\$4,852
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$22,549	\$7,574
	252 LEVEL I FACIAL AND ENT PROCEDURES	11	\$7,379	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$14,950	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	11	\$20,954	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	25	\$17,721	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	19	\$6,720	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,501	58.5	140,857	53.8
Male	1,773	41.5	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	158	3.7	1,301	0.5
29-365 days	24	0.6	2,722	1.0
1-4 years	10	0.2	10,474	4.0
5-9	15	0.4	6,876	2.6
10-14	16	0.4	5,656	2.2
15-17	52	1.2	5,579	2.1
18-19	28	0.7	3,819	1.5
20-24	127	3.0	10,499	4.0
25-29	158	3.7	11,895	4.5
30-34	214	5.0	15,288	5.8
35-39	196	4.6	15,023	5.7
40-44	200	4.7	15,275	5.8
45-49	248	5.8	16,577	6.3
50-54	313	7.3	29,317	11.2
55-59	315	7.4	26,116	10.0
60-64	271	6.3	24,120	9.2
65-69	428	10.0	21,226	8.1
70-74	455	10.6	16,114	6.2
75-79	421	9.9	11,722	4.5
80-84	334	7.8	7,780	3.0
85-89	191	4.5	3,464	1.3
90 +	99	2.3	1,080	0.4
Not Reported	1	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	312	7.3	81,064	30.9
Clinic Referral	3,913	91.6	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	49	1.1	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,252	99.5	260,978	99.6
Another Hospital	1	0.0	100	0.0
Skilled Nursing Facility	14	0.3	196	0.1
Intermediate Care Facility	1	0.0	15	0.0
Another Type of Institution	2	0.0	198	0.1
Under Care of Home Service	3	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	1	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	2,089	48.9	66,198	25.3
Medicaid	158	3.7	19,834	7.6
Other government	202	4.7	6,484	2.5
Blue Cross/Blue Shield	584	13.7	32,501	12.4
Other Commercial	129	3.0	19,396	7.4
Managed Care(HMO, PPO)	935	21.9	108,501	41.4
Self Pay	131	3.1	3,771	1.4
Industrial & Worker Comp	41	1.0	3,122	1.2
Charity and Unclassified	5	0.1	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	27	0.6	18,435	7.0
Central Utah	5	0.1	8,690	3.3
Davis County	3,507	82.1	29,850	11.4
Salt Lake County	288	6.7	90,968	34.7
Southeastern Utah	25	0.6	5,705	2.2
Southwest Utah	9	0.2	14,915	5.7
Summit County	6	0.1	4,208	1.6
Tooele County	98	2.3	6,494	2.5
Tri-County	2	0.0	5,152	2.0
Utah County	20	0.5	39,008	14.9
Wasatch County	3	0.1	2,303	0.9
Weber County	194	4.5	22,232	8.5
Unknown Utah	1	0.0	24	0.0
Outside Utah	88	2.1	13,799	5.3
Unknown, Not Reported	1	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

121 LDS Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	22,495	100.0	340,055	100.0
Mastectomy (85.0-85.99)	458	2.0	8,708	2.6
Musculoskeletal (76.0-84.99)	3,143	14.0	69,858	20.5
Respiratory (30.0-34.99)	507	2.3	3,126	0.9
Cardiovascular (35.0-39.99)	118	0.5	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	295	1.3	3,058	0.9
Digestive System (42.0-54.99)	10,867	48.3	110,559	32.5
Urinary (55.0-59.99)	884	3.9	11,335	3.3
Male Genital (60.0-64.99)	127	0.6	4,598	1.4
Female Genital (65.0-71.99)	1,413	6.3	16,800	4.9
Endocrine/Nervous (01.0-07.99)	681	3.0	23,927	7.0
Eye (08.0-16.99)	1,012	4.5	24,162	7.1
Ear (18.0-20.99)	372	1.7	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	2,618	11.6	31,882	9.4
Reporting Category(CPT-4 CODES)	19,966	100.0	336,452	100.0
Mastectomy (19120-19220)	173	0.9	1,628	0.5
Musculoskeletal (20000-29909)	3,021	15.1	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	2,490	12.5	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	74	0.4	18,525	5.5
Lymphatic/Hemetic (38100-38999)	269	1.3	4,482	1.3
Digestive (40490-49999)	10,793	54.1	127,003	37.7
Urinary (50010-53899)	707	3.5	16,209	4.8
Male Genital (54000-55899)	74	0.4	4,833	1.4
Female Genital (56405-58999)	1,113	5.6	15,699	4.7
Endocrine/Nervous (60000-64999)	481	2.4	26,706	7.9
Eye (65091-68899)	519	2.6	13,805	4.1
Ear (69000-69979)	252	1.3	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,127	9.5	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	1,719	7.6	4.65
4523	COLONOSCOPY	1,622	7.2	6.64
4525	CLO [ENDO] BX LG INTESTINE	841	3.7	2.45
4836	[ENDO] POLYPECTOMY RECTUM	637	2.8	1.36
4513	OTH ENDO SM INTESTINE	581	2.6	1.56
2263	ETHMOIDECTOMY	432	1.9	0.74
5123	LAP CHOLEY	432	1.9	1.92
2169	OTH TURBINECTOMY	426	1.9	0.93
4292	DILAT ESOPH	404	1.8	1.54
2262	EXC LES MAXIL SINUS W/OTH APPRCH	393	1.7	0.35
806	EXC SEMILUNAR CARTILAGE-KNEE	325	1.4	1.63
8521	LOC EXC LES BREAST	255	1.1	0.58
2188	OTH SEPTOPLASTY	251	1.1	0.58
4824	CLO [ENDO] BX RECTUM	251	1.1	0.49
598	URETERAL CATH	213	0.9	0.76
0443	RELEASE CARPAL TUNNEL	205	0.9	1.13
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	182	0.8	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	181	0.8	1.74
3324	CLO [ENDO] BX BRONCHUS	161	0.7	0.20

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,349	11.8	6.39
43239	UGI ENDO; W/BX 1/MX	2,030	10.2	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,323	6.6	5.93
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	541	2.7	2.20
30140	SUBMUCOS RES TURBINATE PART/CMPL	504	2.5	0.91
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	394	2.0	0.86
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	352	1.8	1.04
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	345	1.7	0.19
31267	NASL/SINUS ENDO; W/TISS REMV MAX	286	1.4	0.31
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	275	1.4	0.48
29881	SCOPE KNEE SURG;W/MENISCECT MED/	273	1.4	1.48
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	268	1.3	1.10
43242	UGI ENDO; W/US GUID ASPIR/BX	247	1.2	0.15
49650	LAPARSCPY SURG; REPR INIT ING HE	212	1.1	0.34
66984	EXTRACAPSULAR CATARACT REMV IOL	179	0.9	1.77
52332	CYSTOURETHROSCOPY W/INSRT STENT	177	0.9	0.74
47562	LAPAROSCOPY SURGICAL; CHOLECT	162	0.8	0.90
29826	SCOPE SHOULDER; DECOMP SUBACROM	149	0.7	1.15
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	139	0.7	1.15
45381	COLNSCP PROX SPLENC FLXR/SUBMUC	131	0.7	0.21

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		9,028	\$3,599	\$5,136
4523	COLONOSCOPY	1,296	\$917	\$1,274
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	977	\$1,714	\$1,906
4542	ENDO POLYPECTOMY LG INTESTINE	916	\$1,437	\$1,820
5123	LAP CHOLEY	383	\$6,472	\$8,631
4513	OTH ENDO SM INTESTINE	352	\$1,915	\$1,475
4525	CLO [ENDO] BX LG INTESTINE	317	\$1,343	\$1,908
4836	[ENDO] POLYPECTOMY RECTUM	192	\$1,264	\$1,651
806	EXC SEMILUNAR CARTILAGE-KNEE	157	\$3,788	\$5,241
8521	LOC EXC LES BREAST	148	\$4,313	\$4,756
5491	PERCUT ABD DRAIN	125	\$1,671	\$2,269
6952	ASPIR CURET FOLLOWING DELIV/AB	107	\$3,298	\$3,669
283	TONSILLECTOMY W/ADENOIDECTOMY	102	\$2,721	\$3,559
3324	CLO [ENDO] BX BRONCHUS	102	\$3,061	\$4,481
5211	CLO PERCUT NEEDLE ASPIR BX PANCREAS	89	\$3,738	\$3,692
0443	RELEASE CARPAL TUNNEL	81	\$2,983	\$3,092
0392	INJ OTH AGENT SPINAL CANAL	75	\$2,095	\$1,729
4524	FLEX SIGMOIDOSCOPY	73	\$1,468	\$1,291
282	TONSILLECTOMY WO ADENOIDECTOMY	69	\$3,191	\$3,611
4946	EXC HEMORRHOIDS	68	\$3,624	\$4,556
4824	CLO [ENDO] BX RECTUM	63	\$1,322	\$1,724

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		9,185	\$3,649	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,498	\$1,325	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,050	\$922	\$1,296
43239	UGI ENDO; W/BX 1/MX	849	\$1,406	\$1,845
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	240	\$6,780	\$9,209
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	232	\$2,102	\$2,191
43242	UGI ENDO; W/US GUID ASPIR/BX	206	\$3,739	\$3,870
29881	SCOPE KNEE SURG;W/MENISSECT MED/	183	\$3,854	\$4,904
66984	EXTRACAPSULAR CATARACT REMV IOL	179	\$2,235	\$4,261
49650	LAPARSCPY SURG; REPR INIT ING HE	175	\$6,426	\$9,560
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	148	\$1,511	\$1,850
47562	LAPAROSCOPY SURGICAL; CHOLECT	146	\$6,012	\$8,029
19120	EXC BRST CYST TUMR/LES OPN M/F 1	94	\$3,729	\$4,844
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	93	\$1,449	\$1,361
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	77	\$3,015	\$3,226
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	68	\$4,896	\$5,276
42821	T&A; AGE 12 OR OVER	63	\$2,881	\$3,919
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	63	\$3,253	\$3,675
49505	REPR INIT ING HERNIA 5YR/MORE; R	62	\$5,958	\$6,089
49083	49083	56	\$1,368	\$1,777
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	56	\$4,864	\$5,406

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	357	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	46	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	27	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	89	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	164	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	012 LEVEL I SKIN REPAIR	1	31
	013 LEVEL II SKIN REPAIR	9	921
	014 LEVEL III SKIN REPAIR	12	219
02	BREAST PROCEDURES	174	1,675
	020 LEVEL I BREAST PROCEDURES	173	1,628
	021 LEVEL II BREAST PROCEDURES	1	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,592	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	102	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	219	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	85	2,315
	033 LEVEL I HAND PROCEDURES	131	4,044
	034 LEVEL II HAND PROCEDURES	30	1,282
	035 LEVEL I FOOT PROCEDURES	254	6,556
	036 LEVEL II FOOT PROCEDURES	61	1,905
	037 LEVEL I ARTHROSCOPY	1,058	22,852
	038 LEVEL II ARTHROSCOPY	205	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	19	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	18	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	249	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	511
	045 BUNION PROCEDURES	69	1,823
	046 LEVEL I ARTHROPLASTY	25	706
	047 LEVEL II ARTHROPLASTY	12	149
	048 HAND AND FOOT TENOTOMY	18	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	24	2,425
04	RESPIRATORY PROCEDURES	1,523	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	121	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	157	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	823	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	422	2,327
05	CARDIOVASCULAR PROCEDURES	48	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	28	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	7	1,385
	088 LEVEL I CARDIOTHORACIC PROCEDURES	13	466
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	132	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	6	2,040
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	5	45

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	121	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	10,650	117,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	15	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	107	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	70	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,832	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	629	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,718	41,948
	137 THERAPEUTIC COLONOSCOPY	791	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	320	2,093
	139 LEVEL I HERNIA REPAIR	259	5,542
	140 LEVEL II HERNIA REPAIR	68	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	110	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	176	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	39	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	103
	145 LEVEL I LAPAROSCOPY	226	2,400
	146 LEVEL II LAPAROSCOPY	649	8,245
	147 LEVEL III LAPAROSCOPY	628	7,608
	148 LEVEL IV LAPAROSCOPY	8	225
08	GENITOURINARY SYSTEM PROCEDURES	640	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	23	890
	162 URINARY CATHETERIZATION AND DILATATION	25	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	326	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	238	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	9	132
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	19	941
09	MALE REPRODUCTIVE SYSTEM	80	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	1,567
	181 CIRCUMCISION	1	1,132
	182 INSERTION OF PENILE PROSTHESIS	5	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	34	1,442
10	FEMALE REPRODUCTIVE SYSTEM	715	8,837
	193 TREATMENT OF INCOMPLETE ABORTION	3	4
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	98	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	153	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	225	2,262
	199 DILATION AND CURETTAGE	12	439
	200 HYSTEROSCOPY	207	2,236
	201 COLPOSCOPY	17	642
11	NEUROLOGIC SYSTEM PROCEDURES	388	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	28	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	9	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	178
	217 LEVEL I NERVE PROCEDURES	210	4,317
	218 LEVEL II NERVE PROCEDURES	13	835

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	219 SPINAL TAP	16	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	19	10,531
	221 LAMINOTOMY AND LAMINECTOMY	83	2,724
	223 LEVEL III NERVE PROCEDURES	8	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	519	13,758
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	17
	232 LASER EYE PROCEDURES	11	765
	233 CATARACT PROCEDURES	195	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	7	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	15	255
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	18	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	137	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	32	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	101	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,876	31,246
	250 COCHLEAR DEVICE IMPLANTATION	9	104
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	731	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	80	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	510	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	250	3,502
	256 TONSIL AND ADENOID PROCEDURES	295	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

Procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		194	\$4,535	\$4,612
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION		36	\$6,051	\$4,738
003 LEVEL I SKIN INCISION AND DRAINAGE		2	\$7,177	\$2,769
004 LEVEL II SKIN INCISION AND DRAINAGE		2	\$4,721	\$5,874
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION		17	\$2,653	\$3,248
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		43	\$3,945	\$3,634
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		85	\$4,480	\$4,950
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		1	\$4,942	\$7,059
013 LEVEL II SKIN REPAIR		6	\$4,819	\$4,731
014 LEVEL III SKIN REPAIR		2	\$4,363	\$9,742
02 BREAST PROCEDURES		138	\$4,188	\$5,295
020 LEVEL I BREAST PROCEDURES		138	\$4,188	\$5,104
03 MUSCULOSKELETAL SYSTEM PROCEDURES		994	\$5,285	\$6,423
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		37	\$4,730	\$5,722
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		70	\$5,261	\$6,996
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		18	\$9,344	\$12,233
033 LEVEL I HAND PROCEDURES		70	\$2,662	\$3,605
034 LEVEL II HAND PROCEDURES		18	\$5,336	\$6,660
035 LEVEL I FOOT PROCEDURES		63	\$3,320	\$4,528
036 LEVEL II FOOT PROCEDURES		30	\$8,083	\$8,711
037 LEVEL I ARTHROSCOPY		434	\$4,113	\$5,040
038 LEVEL II ARTHROSCOPY		51	\$10,766	\$13,882
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK		4	\$5,671	\$6,804
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		8	\$1,771	\$3,983
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		140	\$7,335	\$9,982
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA		4	\$2,151	\$3,670
045 BUNION PROCEDURES		29	\$3,411	\$6,795
046 LEVEL I ARTHROPLASTY		9	\$6,236	\$9,886
047 LEVEL II ARTHROPLASTY		7	\$34,777	\$24,441
048 HAND AND FOOT TENOTOMY		2	\$1,469	\$3,095
04 RESPIRATORY PROCEDURES		272	\$2,691	\$2,528
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION		98	\$2,226	\$2,852
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY		13	\$4,051	\$1,271
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY		33	\$3,982	\$5,664
064 ENDOSCOPY OF THE LOWER AIRWAY		128	\$2,576	\$3,588
05 CARDIOVASCULAR PROCEDURES		34	\$5,707	\$17,886
083 PLACEMENT OF TRANSVENOUS CATHETERS		22	\$4,252	\$7,334
085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES		2	\$14,812	\$32,217
088 LEVEL I CARDIOTHORACIC PROCEDURES		10	\$7,087	\$9,499
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		42	\$7,259	\$5,648
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE		6	\$14,094	\$3,762
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		36	\$6,119	\$9,155
07 GASTROINTESTINAL SYSTEM PROCEDURES		5,827	\$2,689	\$3,378
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		75	\$1,678	\$1,218
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		39	\$1,895	\$1,936

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,420	\$1,878	\$1,829
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	173	\$2,158	\$2,598
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,568	\$1,157	\$1,505
137	THERAPEUTIC COLONOSCOPY	203	\$1,562	\$1,882
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	25	\$6,063	\$6,968
139	LEVEL I HERNIA REPAIR	165	\$5,259	\$5,524
140	LEVEL II HERNIA REPAIR	24	\$6,045	\$6,756
141	LEVEL I ANAL AND RECTAL PROCEDURES	59	\$3,515	\$4,044
142	LEVEL II ANAL AND RECTAL PROCEDURES	135	\$4,040	\$4,792
143	LEVEL I GASTROINTESTINAL PROCEDURES	20	\$6,318	\$4,517
144	LEVEL II GASTROINTESTINAL PROCEDURES	2	\$11,688	\$10,980
145	LEVEL I LAPAROSCOPY	58	\$5,449	\$7,096
146	LEVEL II LAPAROSCOPY	478	\$7,096	\$9,427
147	LEVEL III LAPAROSCOPY	377	\$8,651	\$10,611
148	LEVEL IV LAPAROSCOPY	6	\$16,708	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	160	\$6,849	\$6,463
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	\$4,032	\$11,846
162	URINARY CATHETERIZATION AND DILATATION	2	\$7,324	\$5,332
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	73	\$4,812	\$3,484
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	65	\$6,339	\$6,651
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	4	\$23,839	\$20,165
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	12	\$17,200	\$11,734
09	MALE REPRODUCTIVE SYSTEM	70	\$9,227	\$5,766
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	33	\$5,122	\$3,654
181	CIRCUMCISION	1	\$4,259	\$2,298
182	INSERTION OF PENILE PROSTHESIS	5	\$31,018	\$37,474
184	LEVEL II PENILE AND PROSTATE PROCEDURES	31	\$10,243	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	292	\$6,164	\$6,143
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	33	\$4,353	\$5,502
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	25	\$6,010	\$6,583
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	95	\$7,590	\$8,853
199	DILATION AND CURETTAGE	7	\$3,781	\$4,086
200	HYSTEROSCOPY	129	\$5,784	\$6,413
201	COLPOSCOPY	3	\$4,140	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	210	\$5,587	\$6,459
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	27	\$1,690	\$2,196
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$3,999	\$13,896
216	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$20,307	\$12,020
217	LEVEL I NERVE PROCEDURES	107	\$3,314	\$4,288
218	LEVEL II NERVE PROCEDURES	5	\$32,904	\$22,896
219	SPINAL TAP	14	\$1,849	\$2,473
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	10	\$1,768	\$2,853
221	LAMINOTOMY AND LAMINECTOMY	44	\$11,824	\$12,411
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	358	\$3,636	\$4,588
230	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$5	\$1,351

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	232 LASER EYE PROCEDURES	11	\$684	\$939
	233 CATARACT PROCEDURES	189	\$2,208	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,170	\$4,975
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	\$1,970	\$4,384
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$4,502	\$7,320
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	102	\$7,333	\$8,404
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,059	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	39	\$2,627	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	549	\$6,466	\$4,852
	250 COCHLEAR DEVICE IMPLANTATION	9	\$39,819	\$60,721
	252 LEVEL I FACIAL AND ENT PROCEDURES	124	\$5,323	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	19	\$4,174	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	58	\$7,147	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	169	\$9,099	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	170	\$2,940	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	8,164	56.2	140,857	53.8
Male	6,356	43.8	121,057	46.2
Unknown	1	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	10	0.1	2,722	1.0
1-4 years	64	0.4	10,474	4.0
5-9	75	0.5	6,876	2.6
10-14	101	0.7	5,656	2.2
15-17	157	1.1	5,579	2.1
18-19	173	1.2	3,819	1.5
20-24	567	3.9	10,499	4.0
25-29	675	4.6	11,895	4.5
30-34	905	6.2	15,288	5.8
35-39	951	6.5	15,023	5.7
40-44	1,011	7.0	15,275	5.8
45-49	1,035	7.1	16,577	6.3
50-54	1,875	12.9	29,317	11.2
55-59	1,857	12.8	26,116	10.0
60-64	1,602	11.0	24,120	9.2
65-69	1,263	8.7	21,226	8.1
70-74	902	6.2	16,114	6.2
75-79	638	4.4	11,722	4.5
80-84	434	3.0	7,780	3.0
85-89	167	1.2	3,464	1.3
90 +	58	0.4	1,080	0.4
Not Reported	1	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,327	9.1	81,064	30.9
Clinic Referral	13,145	90.5	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	46	0.3	189	0.1
Skilled Nursing Facility	1	0.0	144	0.1
Other Health Care Facility	1	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	1	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	14,411	99.2	260,978	99.6
Another Hospital	6	0.0	100	0.0
Skilled Nursing Facility	4	0.0	196	0.1
Intermediate Care Facility	2	0.0	15	0.0
Another Type of Institution	90	0.6	198	0.1
Under Care of Home Service	7	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	3,443	23.7	66,198	25.3
Medicaid	718	4.9	19,834	7.6
Other government	146	1.0	6,484	2.5
Blue Cross/Blue Shield	561	3.9	32,501	12.4
Other Commercial	1,233	8.5	19,396	7.4
Managed Care(HMO, PPO)	7,721	53.2	108,501	41.4
Self Pay	314	2.2	3,771	1.4
Industrial & Worker Comp	92	0.6	3,122	1.2
Charity and Unclassified	215	1.5	839	0.3
Childrens Health Insurance	61	0.4	154	0.1
Unknown	17	0.1	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	227	1.6	18,435	7.0
Central Utah	99	0.7	8,690	3.3
Davis County	2,855	19.7	29,850	11.4
Salt Lake County	9,178	63.2	90,968	34.7
Southeastern Utah	45	0.3	5,705	2.2
Southwest Utah	96	0.7	14,915	5.7
Summit County	194	1.3	4,208	1.6
Tooele County	347	2.4	6,494	2.5
Tri-County	85	0.6	5,152	2.0
Utah County	539	3.7	39,008	14.9
Wasatch County	63	0.4	2,303	0.9
Weber County	376	2.6	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	413	2.8	13,799	5.3
Unknown, Not Reported	4	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

105 Logan Regional Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	16,338	100.0	340,055	100.0
Mastectomy (85.0-85.99)	622	3.8	8,708	2.6
Musculoskeletal (76.0-84.99)	2,652	16.2	69,858	20.5
Respiratory (30.0-34.99)	64	0.4	3,126	0.9
Cardiovascular (35.0-39.99)	286	1.8	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	71	0.4	3,058	0.9
Digestive System (42.0-54.99)	5,237	32.1	110,559	32.5
Urinary (55.0-59.99)	529	3.2	11,335	3.3
Male Genital (60.0-64.99)	166	1.0	4,598	1.4
Female Genital (65.0-71.99)	588	3.6	16,800	4.9
Endocrine/Nervous (01.0-07.99)	2,001	12.2	23,927	7.0
Eye (08.0-16.99)	2,122	13.0	24,162	7.1
Ear (18.0-20.99)	492	3.0	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	1,508	9.2	31,882	9.4
Reporting Category(CPT-4 CODES)	12,845	100.0	336,452	100.0
Mastectomy (19120-19220)	77	0.6	1,628	0.5
Musculoskeletal (20000-29909)	2,507	19.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	424	3.3	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	108	0.8	18,525	5.5
Lymphatic/Hemetic (38100-38999)	47	0.4	4,482	1.3
Digestive (40490-49999)	5,940	46.2	127,003	37.7
Urinary (50010-53899)	512	4.0	16,209	4.8
Male Genital (54000-55899)	111	0.9	4,833	1.4
Female Genital (56405-58999)	509	4.0	15,699	4.7
Endocrine/Nervous (60000-64999)	1,075	8.4	26,706	7.9
Eye (65091-68899)	1,266	9.9	13,805	4.1
Ear (69000-69979)	269	2.1	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

105 Logan Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		16,338	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	1,342	8.2	4.65
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	874	5.3	5.87
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	756	4.6	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	755	4.6	1.74
0392	INJ OTH AGENT SPINAL CANAL	702	4.3	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	692	4.2	1.45
4523	COLONOSCOPY	526	3.2	6.64
4292	DILAT ESOPH	424	2.6	1.54
4836	[ENDO] POLYPECTOMY RECTUM	394	2.4	1.36
2001	MYRINGOTOMY W/INSRT TUBE	378	2.3	2.86
4525	CLO [ENDO] BX LG INTESTINE	374	2.3	2.45
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	354	2.2	0.79
1364	DISCISSION SECNDRY MEMBRN	332	2.0	0.18
5123	LAP CHOLEY	287	1.8	1.92
8511	CLO [PERCUT] [NEEDLE] BX BREAST	256	1.6	0.47
8147	OTH REPR KNEE	248	1.5	0.72
2341	APPLIC CROWN	225	1.4	0.44
232	RESTORATION TOOTH-FILLING	221	1.4	0.49
283	TONSILLECTOMY W/ADENOIDECTOMY	175	1.1	1.75
0611	CLO PERCUT NEEDLE BX THYROID GLAND	170	1.0	0.16

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		12,845	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,385	10.8	6.39
43239	UGI ENDO; W/BX 1/MX	901	7.0	6.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	889	6.9	2.20
66984	EXTRACAPSULAR CATARACT REMV IOL	695	5.4	1.77
45378	COLONOSCOPY FLEX; DX-SEP PROC	489	3.8	5.93
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	388	3.0	0.67
66821	DISCISSION 2ND CATARACT; LASER S	335	2.6	0.20
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	310	2.4	1.04
41899	UNLIST PROC DENTOALVEOL STRUCTUR	291	2.3	0.73
29881	SCOPE KNEE SURG;W/MENISCECT MED/	224	1.7	1.48
29826	SCOPE SHOULDER; DECOMP SUBACROM	201	1.6	1.15
47562	LAPAROSCOPY SURGICAL; CHOLECT	199	1.5	0.90
69436	TYMPANOSTOMY GENERAL ANESTHESIA	195	1.5	1.53
49505	REPR INIT ING HERNIA 5YR/MORE; R	159	1.2	0.69
52332	CYSTOURETHROSCOPY W/INSRT STENT	147	1.1	0.74
42820	T&A; UNDER AGE 12	146	1.1	1.37
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	120	0.9	0.47
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	116	0.9	0.42
29880	SCOPE KNEE SURG;W/MENISCECT MED&	109	0.8	0.48
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	95	0.7	0.71

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, 2012
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		6,294	\$2,983	\$5,136
4542	ENDO POLYPECTOMY LG INTESTINE	830	\$1,467	\$1,820
4523	COLONOSCOPY	502	\$1,055	\$1,274
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	355	\$1,356	\$1,906
1364	DISCISSION SECNDRY MEMBRN	329	\$565	\$903
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	254	\$1,626	\$2,219
5123	LAP CHOLEY	251	\$5,342	\$8,631
8147	OTH REPR KNEE	214	\$4,209	\$6,709
8511	CLO [PERCUT] [NEEDLE] BX BREAST	160	\$1,558	\$3,024
0611	CLO PERCUT NEEDLE BX THYROID GLAND	142	\$1,055	\$1,376
283	TONSILLECTOMY W/ADENOIDECTOMY	141	\$1,847	\$3,559
4525	CLO [ENDO] BX LG INTESTINE	136	\$1,487	\$1,908
8183	OTH REPR SHLDR	112	\$6,892	\$9,815
0443	RELEASE CARPAL TUNNEL	105	\$2,129	\$3,092
5304	UNILAT REPR INDIRECT ING HERN-GFT	89	\$3,339	\$5,886
282	TONSILLECTOMY WO ADENOIDECTOMY	83	\$2,204	\$3,611
3722	LT HEART CARD CATH	82	\$5,764	\$11,611
4836	[ENDO] POLYPECTOMY RECTUM	70	\$1,401	\$1,651
8521	LOC EXC LES BREAST	69	\$3,418	\$4,756
8051	EXC INTERVERTEBRAL DISC	60	\$8,243	\$12,257
806	EXC SEMILUNAR CARTILAGE-KNEE	58	\$3,271	\$5,241

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,321	\$2,987	\$4,756
66984	EXTRACAPSULAR CATARACT REMV IOL	681	\$3,372	\$4,261
45380	COLONOSCOPY FLEX; W/BX 1/MX	677	\$1,417	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	469	\$1,056	\$1,296
43239	UGI ENDO; W/BX 1/MX	379	\$1,351	\$1,845
66821	DISCISSION 2ND CATARACT; LASER S	335	\$565	\$878
41899	UNLIST PROC DENTOALVEOL STRUCTUR	264	\$3,500	\$3,996
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	223	\$1,402	\$1,850
47562	LAPAROSCOPY SURGICAL; CHOLECT	170	\$4,946	\$8,029
29881	SCOPE KNEE SURG;W/MENISCECT MED/	148	\$3,311	\$4,904
49505	REPR INIT ING HERNIA 5YR/MORE; R	140	\$3,497	\$6,089
69436	TYMPANOSTOMY GENERAL ANESTHESIA	134	\$1,325	\$1,876
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	128	\$1,347	\$1,992
42820	T&A; UNDER AGE 12	111	\$1,771	\$3,454
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	85	\$6,297	\$9,209
29880	SCOPE KNEE SURG;W/MENISCECT MED&	81	\$3,589	\$5,166
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	76	\$1,966	\$3,226
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	72	\$2,234	\$3,675
66982	EXTRACAP CATARACT REMV W/IOL-CMP	59	\$4,164	\$4,812
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	51	\$8,106	\$12,146
29848	ENDO WRST SURG REL TRNS CARP LIG	42	\$2,956	\$3,237

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	146	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	21	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	93
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	86	5,026
	013 LEVEL II SKIN REPAIR	10	921
	014 LEVEL III SKIN REPAIR	3	219
02	BREAST PROCEDURES	77	1,675
	020 LEVEL I BREAST PROCEDURES	77	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,300	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	147	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	2,315
	033 LEVEL I HAND PROCEDURES	93	4,044
	034 LEVEL II HAND PROCEDURES	24	1,282
	035 LEVEL I FOOT PROCEDURES	256	6,556
	036 LEVEL II FOOT PROCEDURES	64	1,905
	037 LEVEL I ARTHROSCOPY	960	22,852
	038 LEVEL II ARTHROSCOPY	228	5,849
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	21	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	167	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	511
	045 BUNION PROCEDURES	78	1,823
	046 LEVEL I ARTHROPLASTY	7	706
	047 LEVEL II ARTHROPLASTY	3	149
	048 HAND AND FOOT TENOTOMY	9	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	129	2,425
04	RESPIRATORY PROCEDURES	239	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	59	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	46	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	129	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	5	2,327
05	CARDIOVASCULAR PROCEDURES	91	9,853
	081 ECHOCARDIOGRAPHY	1	315
	083 PLACEMENT OF TRANSVENOUS CATHETERS	19	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	8	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	16	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	12	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	24	2,877
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	116
	092 RESUSCITATION	1	13

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	42	4,277
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	42
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	40	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,411	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	116	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	24	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	944	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	456	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,879	41,948
	137 THERAPEUTIC COLONOSCOPY	958	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	21	2,093
	139 LEVEL I HERNIA REPAIR	301	5,542
	140 LEVEL II HERNIA REPAIR	58	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	17	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	36	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	16	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	103
	145 LEVEL I LAPAROSCOPY	118	2,400
	146 LEVEL II LAPAROSCOPY	297	8,245
	147 LEVEL III LAPAROSCOPY	154	7,608
08	GENITOURINARY SYSTEM PROCEDURES	457	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	8	890
	162 URINARY CATHETERIZATION AND DILATATION	13	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	202	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	217	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	5	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	941
09	MALE REPRODUCTIVE SYSTEM	123	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	55	1,567
	181 CIRCUMCISION	28	1,132
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	3
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	39	1,442
10	FEMALE REPRODUCTIVE SYSTEM	347	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	75	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	83	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	102	2,262
	199 DILATION AND CURETTAGE	13	439
	200 HYSTEROSCOPY	71	2,236
	201 COLPOSCOPY	3	642
11	NEUROLOGIC SYSTEM PROCEDURES	1,050	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	19	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	7	221

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	11	178
	217 LEVEL I NERVE PROCEDURES	129	4,317
	218 LEVEL II NERVE PROCEDURES	16	835
	219 SPINAL TAP	13	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	755	10,531
	221 LAMINOTOMY AND LAMINECTOMY	82	2,724
	223 LEVEL III NERVE PROCEDURES	18	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,265	13,758
	232 LASER EYE PROCEDURES	373	765
	233 CATARACT PROCEDURES	765	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	10	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	21	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	252
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	34	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	10	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	25	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	23	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,221	31,246
	250 COCHLEAR DEVICE IMPLANTATION	5	104
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	640	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	51	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	113	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	91	3,502
	256 TONSIL AND ADENOID PROCEDURES	320	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	80	\$3,411	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	\$3,417	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,906	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$8,394	\$5,874
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,259	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$2,638	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	46	\$3,269	\$4,950
	013 LEVEL II SKIN REPAIR	6	\$5,646	\$4,731
02	BREAST PROCEDURES	71	\$3,600	\$5,295
	020 LEVEL I BREAST PROCEDURES	71	\$3,600	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	859	\$4,689	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$3,370	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	\$4,941	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$11,007	\$12,233
	033 LEVEL I HAND PROCEDURES	55	\$2,364	\$3,605
	034 LEVEL II HAND PROCEDURES	8	\$5,995	\$6,660
	035 LEVEL I FOOT PROCEDURES	78	\$2,832	\$4,528
	036 LEVEL II FOOT PROCEDURES	32	\$4,641	\$8,711
	037 LEVEL I ARTHROSCOPY	343	\$3,447	\$5,040
	038 LEVEL II ARTHROSCOPY	43	\$12,805	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$6,694	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$2,464	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	119	\$7,606	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,103	\$3,670
	045 BUNION PROCEDURES	35	\$6,372	\$6,795
	046 LEVEL I ARTHROPLASTY	5	\$4,454	\$9,886
	047 LEVEL II ARTHROPLASTY	3	\$18,480	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	50	\$1,282	\$1,936
04	RESPIRATORY PROCEDURES	59	\$1,744	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	47	\$1,313	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$2,703	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	6	\$4,534	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	\$1,578	\$3,588
05	CARDIOVASCULAR PROCEDURES	50	\$8,408	\$17,886
	081 ECHOCARDIOGRAPHY	1	\$8,744	\$25,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	\$8,358	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$4,011	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	6	\$22,571	\$35,014
	088 LEVEL I CARDIOTHORACIC PROCEDURES	10	\$4,888	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	18	\$5,383	\$10,472
	092 RESUSCITATION	1	\$26,498	\$15,674
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	37	\$7,800	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	37	\$7,800	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,540	\$2,135	\$3,378
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$794	\$1,218

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	17	\$1,119	\$1,936
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	409	\$1,323	\$1,829
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	54	\$2,082	\$2,598
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,148	\$1,268	\$1,505
137	THERAPEUTIC COLONOSCOPY	227	\$1,404	\$1,882
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$3,554	\$6,968
139	LEVEL I HERNIA REPAIR	222	\$3,523	\$5,524
140	LEVEL II HERNIA REPAIR	20	\$3,518	\$6,756
141	LEVEL I ANAL AND RECTAL PROCEDURES	12	\$2,258	\$4,044
142	LEVEL II ANAL AND RECTAL PROCEDURES	30	\$2,482	\$4,792
143	LEVEL I GASTROINTESTINAL PROCEDURES	8	\$1,712	\$4,517
144	LEVEL II GASTROINTESTINAL PROCEDURES	1	\$4,392	\$10,980
145	LEVEL I LAPAROSCOPY	46	\$3,755	\$7,096
146	LEVEL II LAPAROSCOPY	223	\$5,261	\$9,427
147	LEVEL III LAPAROSCOPY	108	\$5,851	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	120	\$4,623	\$6,463
162	URINARY CATHETERIZATION AND DILATATION	9	\$7,052	\$5,332
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	51	\$3,742	\$3,484
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	51	\$4,745	\$6,651
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	4	\$4,712	\$20,165
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$1,647	\$4,263
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	4	\$9,488	\$11,734
09	MALE REPRODUCTIVE SYSTEM	89	\$4,276	\$5,766
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	34	\$3,187	\$3,654
181	CIRCUMCISION	24	\$2,452	\$2,298
183	LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$2,082	\$2,626
184	LEVEL II PENILE AND PROSTATE PROCEDURES	30	\$7,044	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	133	\$4,360	\$6,143
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	\$2,558	\$5,502
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	20	\$4,659	\$6,583
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	42	\$5,045	\$8,853
199	DILATION AND CURETTAGE	8	\$2,010	\$4,086
200	HYSTEROSCOPY	41	\$4,937	\$6,413
201	COLPOSCOPY	1	\$2,607	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	328	\$3,265	\$6,459
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	18	\$1,220	\$2,196
216	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$13,733	\$12,020
217	LEVEL I NERVE PROCEDURES	88	\$2,202	\$4,288
218	LEVEL II NERVE PROCEDURES	5	\$13,230	\$22,896
219	SPINAL TAP	12	\$2,070	\$2,473
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	144	\$1,639	\$2,853
221	LAMINOTOMY AND LAMINECTOMY	55	\$8,099	\$12,411
223	LEVEL III NERVE PROCEDURES	4	\$13,788	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,212	\$2,540	\$4,588
232	LASER EYE PROCEDURES	373	\$537	\$939

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	233 CATARACT PROCEDURES	747	\$3,430	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,522	\$4,975
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	13	\$3,759	\$4,384
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$205	\$7,320
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	23	\$5,457	\$8,404
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	10	\$3,050	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	21	\$2,049	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$3,973	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	731	\$3,227	\$4,852
	250 COCHLEAR DEVICE IMPLANTATION	5	\$36,662	\$60,721
	252 LEVEL I FACIAL AND ENT PROCEDURES	411	\$2,760	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	24	\$2,633	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	15	\$5,015	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	55	\$8,489	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	221	\$1,974	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,098	56.9	140,857	53.8
Male	4,621	43.1	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	76	0.7	2,722	1.0
1-4 years	429	4.0	10,474	4.0
5-9	243	2.3	6,876	2.6
10-14	113	1.1	5,656	2.2
15-17	185	1.7	5,579	2.1
18-19	165	1.5	3,819	1.5
20-24	568	5.3	10,499	4.0
25-29	491	4.6	11,895	4.5
30-34	561	5.2	15,288	5.8
35-39	602	5.6	15,023	5.7
40-44	563	5.3	15,275	5.8
45-49	616	5.7	16,577	6.3
50-54	1,228	11.5	29,317	11.2
55-59	1,082	10.1	26,116	10.0
60-64	978	9.1	24,120	9.2
65-69	819	7.6	21,226	8.1
70-74	706	6.6	16,114	6.2
75-79	608	5.7	11,722	4.5
80-84	398	3.7	7,780	3.0
85-89	233	2.2	3,464	1.3
90 +	55	0.5	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,310	12.2	81,064	30.9
Clinic Referral	9,406	87.8	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	1	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	2	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,705	99.9	260,978	99.6
Another Hospital	6	0.1	100	0.0
Skilled Nursing Facility	5	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	2	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	1	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	2,993	27.9	66,198	25.3
Medicaid	753	7.0	19,834	7.6
Other government	145	1.4	6,484	2.5
Blue Cross/Blue Shield	1,496	14.0	32,501	12.4
Other Commercial	896	8.4	19,396	7.4
Managed Care(HMO, PPO)	4,101	38.3	108,501	41.4
Self Pay	162	1.5	3,771	1.4
Industrial & Worker Comp	136	1.3	3,122	1.2
Charity and Unclassified	1	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	36	0.3	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	9,413	87.8	18,435	7.0
Central Utah	9	0.1	8,690	3.3
Davis County	30	0.3	29,850	11.4
Salt Lake County	49	0.5	90,968	34.7
Southeastern Utah	6	0.1	5,705	2.2
Southwest Utah	9	0.1	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	5	0.0	6,494	2.5
Tri-County	5	0.0	5,152	2.0
Utah County	25	0.2	39,008	14.9
Wasatch County	5	0.0	2,303	0.9
Weber County	48	0.4	22,232	8.5
Unknown Utah	2	0.0	24	0.0
Outside Utah	1,111	10.4	13,799	5.3
Unknown, Not Reported	2	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

141 McKay Dee Hospital Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	20,926	100.0	340,055	100.0
Mastectomy (85.0-85.99)	418	2.0	8,708	2.6
Musculoskeletal (76.0-84.99)	3,644	17.4	69,858	20.5
Respiratory (30.0-34.99)	159	0.8	3,126	0.9
Cardiovascular (35.0-39.99)	1,661	7.9	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	162	0.8	3,058	0.9
Digestive System (42.0-54.99)	11,735	56.1	110,559	32.5
Urinary (55.0-59.99)	816	3.9	11,335	3.3
Male Genital (60.0-64.99)	262	1.3	4,598	1.4
Female Genital (65.0-71.99)	922	4.4	16,800	4.9
Endocrine/Nervous (01.0-07.99)	520	2.5	23,927	7.0
Eye (08.0-16.99)	88	0.4	24,162	7.1
Ear (18.0-20.99)	118	0.6	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	421	2.0	31,882	9.4
Reporting Category(CPT-4 CODES)	17,819	100.0	336,452	100.0
Mastectomy (19120-19220)	90	0.5	1,628	0.5
Musculoskeletal (20000-29909)	3,497	19.6	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	302	1.7	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	445	2.5	18,525	5.5
Lymphatic/Hemetic (38100-38999)	129	0.7	4,482	1.3
Digestive (40490-49999)	10,940	61.4	127,003	37.7
Urinary (50010-53899)	787	4.4	16,209	4.8
Male Genital (54000-55899)	138	0.8	4,833	1.4
Female Genital (56405-58999)	787	4.4	15,699	4.7
Endocrine/Nervous (60000-64999)	593	3.3	26,706	7.9
Eye (65091-68899)	46	0.3	13,805	4.1
Ear (69000-69979)	65	0.4	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		20,926	100.0	100.0
4523	COLONOSCOPY	2,744	13.1	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,637	12.6	5.87
4292	DILAT ESOPH	1,099	5.3	1.54
4542	ENDO POLYPECTOMY LG INTESTINE	1,032	4.9	4.65
4525	CLO [ENDO] BX LG INTESTINE	909	4.3	2.45
5123	LAP CHOLEY	520	2.5	1.92
4513	OTH ENDO SM INTESTINE	385	1.8	1.56
4836	[ENDO] POLYPECTOMY RECTUM	325	1.6	1.36
3722	LT HEART CARD CATH	278	1.3	0.80
8051	EXC INTERVERTEBRAL DISC	240	1.1	0.49
598	URETERAL CATH	197	0.9	0.76
4824	CLO [ENDO] BX RECTUM	185	0.9	0.49
806	EXC SEMILUNAR CARTILAGE-KNEE	175	0.8	1.63
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	167	0.8	0.24
0443	RELEASE CARPAL TUNNEL	160	0.8	1.13
3723	COMBO RT & LT HEART CARD CATH	159	0.8	0.48
5011	CLO [PERCUT] [NEEDLE] BX LIVER	152	0.7	0.30
4701	LAP APPENDECTOMY	143	0.7	0.33
560	TRANSURETH REMOV OBST URETER-PELV	134	0.6	0.48
3726	CARD ELECTROPHYSIO STIMUL-RECORD	131	0.6	0.53

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		17,819	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	2,649	14.9	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,317	13.0	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,500	8.4	6.39
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	803	4.5	0.42
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	547	3.1	2.20
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	379	2.1	1.10
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	293	1.6	1.04
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	240	1.3	1.15
20680	REMOVAL OF IMPLANT; DEEP	231	1.3	1.02
49505	REPR INIT ING HERNIA 5YR/MORE; R	226	1.3	0.69
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	183	1.0	0.40
52332	CYSTOURETHROSCOPY W/INSRT STENT	162	0.9	0.74
29881	SCOPE KNEE SURG;W/MENISCECT MED/	160	0.9	1.48
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	157	0.9	0.55
44970	LAPAROSCOPY SURGICAL APPENDECTOM	152	0.9	0.39
47562	LAPAROSCOPY SURGICAL; CHOLECT	143	0.8	0.90
29826	SCOPE SHOULDER; DECOMP SUBACROM	118	0.7	1.15
45384	COLONOSCOPY FLEX; REMV LES-FORCE	108	0.6	0.17
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	108	0.6	0.36
52353	CYSURETH W/URETR &/PYELSCPY; LIT	91	0.5	0.33

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		10,176	\$4,616	\$5,136
4523	COLONOSCOPY	2,355	\$1,206	\$1,274
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,163	\$1,682	\$1,906
4542	ENDO POLYPECTOMY LG INTESTINE	739	\$1,761	\$1,820
5123	LAP CHOLEY	462	\$7,067	\$8,631
4525	CLO [ENDO] BX LG INTESTINE	430	\$1,884	\$1,908
3722	LT HEART CARD CATH	216	\$9,121	\$11,611
4513	OTH ENDO SM INTESTINE	171	\$1,346	\$1,475
4836	[ENDO] POLYPECTOMY RECTUM	168	\$1,643	\$1,651
8051	EXC INTERVERTEBRAL DISC	165	\$12,509	\$12,257
3723	COMBO RT & LT HEART CARD CATH	149	\$9,416	\$11,664
5011	CLO [PERCUT] [NEEDLE] BX LIVER	147	\$3,055	\$3,222
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	108	\$12,849	\$18,879
4701	LAP APPENDECTOMY	106	\$11,376	\$11,971
806	EXC SEMILUNAR CARTILAGE-KNEE	90	\$4,592	\$5,241
6952	ASPIR CURET FOLLOWING DELIV/AB	87	\$3,422	\$3,669
5303	UNILAT REPR DIRECT ING HERN-GFT	85	\$5,193	\$6,274
5304	UNILAT REPR INDIRECT ING HERN-GFT	85	\$5,318	\$5,886
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	71	\$12,269	\$11,910
0443	RELEASE CARPAL TUNNEL	66	\$3,041	\$3,092
6029	OTH TRANSURETHRAL PROSTATECTOMY	63	\$9,277	\$10,568

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		9,240	\$4,216	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,984	\$1,207	\$1,296
43239	UGI ENDO; W/BX 1/MX	1,171	\$1,685	\$1,845
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,061	\$1,883	\$1,749
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	387	\$1,789	\$1,850
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	338	\$7,075	\$9,209
49505	REPR INIT ING HERNIA 5YR/MORE; R	189	\$5,397	\$6,089
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	159	\$12,525	\$12,146
20680	REMOVAL OF IMPLANT; DEEP	139	\$5,150	\$5,341
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	125	\$1,228	\$1,361
47562	LAPAROSCOPY SURGICAL; CHOLECT	124	\$7,054	\$8,029
44970	LAPAROSCOPY SURGICAL APPENDECTOM	107	\$11,342	\$12,174
29881	SCOPE KNEE SURG;W/MENISCECT MED/	101	\$4,609	\$4,904
45384	COLONOSCPY FLEX; REMV LES-FORCE	74	\$1,702	\$2,196
52601	TURP INCL CONTRL POSTOP BLEED CM	72	\$9,403	\$10,967
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	66	\$2,559	\$2,098
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	65	\$4,275	\$5,406
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	61	\$16,287	\$13,591
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	58	\$6,305	\$7,970
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	54	\$11,914	\$11,030
60220	TOT THYRD LOBECT UNI;W/VO ISTHMS	52	\$11,048	\$10,869

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	414	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	49	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	93
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	9	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	30	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	293	5,026
	013 LEVEL II SKIN REPAIR	19	921
	014 LEVEL III SKIN REPAIR	5	219
02	BREAST PROCEDURES	90	1,675
	020 LEVEL I BREAST PROCEDURES	90	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,891	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	155	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	365	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	190	2,315
	033 LEVEL I HAND PROCEDURES	176	4,044
	034 LEVEL II HAND PROCEDURES	64	1,282
	035 LEVEL I FOOT PROCEDURES	272	6,556
	036 LEVEL II FOOT PROCEDURES	184	1,905
	037 LEVEL I ARTHROSCOPY	718	22,852
	038 LEVEL II ARTHROSCOPY	132	5,849
	039 REPLACEMENT OF CAST	1	330
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	34	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	42	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	420	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	511
	045 BUNION PROCEDURES	52	1,823
	046 LEVEL I ARTHROPLASTY	41	706
	047 LEVEL II ARTHROPLASTY	5	149
	048 HAND AND FOOT TENOTOMY	9	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	2,425
04	RESPIRATORY PROCEDURES	247	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	35	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	30	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	61	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	121	2,327
05	CARDIOVASCULAR PROCEDURES	330	9,853
	081 ECHOCARDIOGRAPHY	2	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	27	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	60	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	81	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	6	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	13	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	28	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	104	2,877

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	116
	092 RESUSCITATION	1	13
	097 AICD IMPLANT	7	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	102	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	102	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	11,170	117,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	804	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	27	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	34	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,908	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	431	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,863	41,948
	137 THERAPEUTIC COLONOSCOPY	739	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	186	2,093
	139 LEVEL I HERNIA REPAIR	470	5,542
	140 LEVEL II HERNIA REPAIR	128	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	122	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	131	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	22	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	7	103
	145 LEVEL I LAPAROSCOPY	140	2,400
	146 LEVEL II LAPAROSCOPY	445	8,245
	147 LEVEL III LAPAROSCOPY	673	7,608
	148 LEVEL IV LAPAROSCOPY	40	225
08	GENITOURINARY SYSTEM PROCEDURES	614	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	8	890
	162 URINARY CATHETERIZATION AND DILATATION	19	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	294	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	268	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	4	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	15	941
09	MALE REPRODUCTIVE SYSTEM	199	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	64	1,567
	181 CIRCUMCISION	28	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	99	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	8	289
10	FEMALE REPRODUCTIVE SYSTEM	352	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	62	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	60	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	102	2,262
	199 DILATION AND CURETTAGE	11	439
	200 HYSTEROSCOPY	111	2,236
	201 COLPOSCOPY	6	642
11	NEUROLOGIC SYSTEM PROCEDURES	590	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	43	3,650

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	9	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	178
	217 LEVEL I NERVE PROCEDURES	181	4,317
	218 LEVEL II NERVE PROCEDURES	53	835
	219 SPINAL TAP	1	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	12	10,531
	221 LAMINOTOMY AND LAMINECTOMY	264	2,724
	223 LEVEL III NERVE PROCEDURES	24	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	45	13,758
	232 LASER EYE PROCEDURES	1	765
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	40	1,979
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	491	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	153	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	34	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	53	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	160	3,502
	256 TONSIL AND ADENOID PROCEDURES	91	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	263	\$4,750	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	35	\$4,385	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$3,486	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$5,406	\$5,874
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	\$2,768	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	22	\$3,750	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	176	\$5,151	\$4,950
	013 LEVEL II SKIN REPAIR	18	\$3,525	\$4,731
	014 LEVEL III SKIN REPAIR	2	\$3,697	\$9,742
02	BREAST PROCEDURES	71	\$4,434	\$5,295
	020 LEVEL I BREAST PROCEDURES	71	\$4,434	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	957	\$7,606	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	42	\$6,114	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	102	\$5,426	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$12,693	\$12,233
	033 LEVEL I HAND PROCEDURES	64	\$3,385	\$3,605
	034 LEVEL II HAND PROCEDURES	17	\$6,008	\$6,660
	035 LEVEL I FOOT PROCEDURES	65	\$3,753	\$4,528
	036 LEVEL II FOOT PROCEDURES	35	\$11,402	\$8,711
	037 LEVEL I ARTHROSCOPY	250	\$4,719	\$5,040
	038 LEVEL II ARTHROSCOPY	20	\$13,840	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	\$10,185	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	\$4,136	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	274	\$11,600	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,946	\$3,670
	045 BUNION PROCEDURES	16	\$6,351	\$6,795
	046 LEVEL I ARTHROPLASTY	3	\$7,439	\$9,886
	047 LEVEL II ARTHROPLASTY	3	\$30,502	\$24,441
04	RESPIRATORY PROCEDURES	74	\$3,314	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	21	\$2,005	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	\$6,020	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	5	\$6,501	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	39	\$2,985	\$3,588
05	CARDIOVASCULAR PROCEDURES	155	\$14,047	\$17,886
	081 ECHOCARDIOGRAPHY	1	\$8,700	\$25,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$3,214	\$2,948
	083 PLACEMENT OF TRANSVENOUS CATHETERS	35	\$8,019	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	7	\$14,137	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	4	\$23,103	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	13	\$24,594	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	18	\$6,776	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	70	\$12,658	\$10,472
	092 RESUSCITATION	1	\$23,571	\$15,674
	097 AICD IMPLANT	5	\$68,399	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	80	\$10,724	\$5,648

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure EAPG category				
Procedure EAPG		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		80	\$10,724	\$9,155
07 GASTROINTESTINAL SYSTEM PROCEDURES		6,447	\$2,732	\$3,378
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		13	\$1,088	\$1,828
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		15	\$2,017	\$1,218
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		23	\$1,596	\$1,936
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,306	\$1,649	\$1,829
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		140	\$2,303	\$2,598
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		3,058	\$1,444	\$1,505
137 THERAPEUTIC COLONOSCOPY		478	\$1,794	\$1,882
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES		34	\$4,426	\$6,968
139 LEVEL I HERNIA REPAIR		308	\$4,994	\$5,524
140 LEVEL II HERNIA REPAIR		55	\$5,956	\$6,756
141 LEVEL I ANAL AND RECTAL PROCEDURES		78	\$2,800	\$4,044
142 LEVEL II ANAL AND RECTAL PROCEDURES		79	\$4,086	\$4,792
143 LEVEL I GASTROINTESTINAL PROCEDURES		12	\$5,198	\$4,517
144 LEVEL II GASTROINTESTINAL PROCEDURES		6	\$10,217	\$10,980
145 LEVEL I LAPAROSCOPY		45	\$5,360	\$7,096
146 LEVEL II LAPAROSCOPY		305	\$8,988	\$9,427
147 LEVEL III LAPAROSCOPY		474	\$8,036	\$10,611
148 LEVEL IV LAPAROSCOPY		18	\$17,225	\$18,070
08 GENITOURINARY SYSTEM PROCEDURES		189	\$5,858	\$6,463
162 URINARY CATHETERIZATION AND DILATATION		11	\$7,346	\$5,332
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		87	\$5,426	\$3,484
164 LEVEL II BLADDER AND KIDNEY PROCEDURES		77	\$5,930	\$6,651
165 LEVEL III BLADDER AND KIDNEY PROCEDURES		1	\$3,570	\$20,165
166 LEVEL I URETHRA AND PROSTATE PROCEDURES		2	\$2,507	\$4,263
167 LEVEL II URETHRA AND PROSTATE PROCEDURES		11	\$8,108	\$11,734
09 MALE REPRODUCTIVE SYSTEM		151	\$6,923	\$5,766
180 TESTICULAR AND EPIDIDYMAL PROCEDURES		40	\$4,228	\$3,654
181 CIRCUMCISION		22	\$3,511	\$2,298
184 LEVEL II PENILE AND PROSTATE PROCEDURES		85	\$9,188	\$9,032
185 PROSTATE NEEDLE AND PUNCH BIOPSY		4	\$4,526	\$2,425
10 FEMALE REPRODUCTIVE SYSTEM		192	\$5,934	\$6,143
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES		30	\$3,817	\$5,502
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES		23	\$6,335	\$6,583
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES		67	\$8,022	\$8,853
199 DILATION AND CURETTAGE		4	\$2,404	\$4,086
200 HYSTEROSCOPY		66	\$4,923	\$6,413
201 COLPOSCOPY		2	\$3,580	\$1,106
11 NEUROLOGIC SYSTEM PROCEDURES		308	\$9,644	\$6,459
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		21	\$1,069	\$2,196
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE		1	\$7,841	\$13,896
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE		3	\$13,174	\$12,020
217 LEVEL I NERVE PROCEDURES		69	\$3,752	\$4,288
218 LEVEL II NERVE PROCEDURES		11	\$8,334	\$22,896

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	219 SPINAL TAP	1	\$830	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	5	\$3,259	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	189	\$12,656	\$12,411
	223 LEVEL III NERVE PROCEDURES	8	\$17,615	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	23	\$7,916	\$4,588
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	21	\$7,985	\$8,404
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$6,253	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$8,129	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	282	\$7,763	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	61	\$4,415	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	17	\$4,517	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	17	\$10,779	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	127	\$11,309	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	60	\$3,725	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	8,148	55.3	140,857	53.8
Male	6,589	44.7	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	3	0.0	2,722	1.0
1-4 years	110	0.7	10,474	4.0
5-9	88	0.6	6,876	2.6
10-14	138	0.9	5,656	2.2
15-17	217	1.5	5,579	2.1
18-19	180	1.2	3,819	1.5
20-24	570	3.9	10,499	4.0
25-29	680	4.6	11,895	4.5
30-34	936	6.4	15,288	5.8
35-39	866	5.9	15,023	5.7
40-44	964	6.5	15,275	5.8
45-49	1,050	7.1	16,577	6.3
50-54	2,152	14.6	29,317	11.2
55-59	1,681	11.4	26,116	10.0
60-64	1,476	10.0	24,120	9.2
65-69	1,371	9.3	21,226	8.1
70-74	874	5.9	16,114	6.2
75-79	706	4.8	11,722	4.5
80-84	428	2.9	7,780	3.0
85-89	183	1.2	3,464	1.3
90 +	64	0.4	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,170	14.7	81,064	30.9
Clinic Referral	12,565	85.3	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	2	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	14,710	99.8	260,978	99.6
Another Hospital	3	0.0	100	0.0
Skilled Nursing Facility	11	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	1	0.0	198	0.1
Under Care of Home Service	9	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	3	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	4,063	27.6	66,198	25.3
Medicaid	1,009	6.8	19,834	7.6
Other government	404	2.7	6,484	2.5
Blue Cross/Blue Shield	1,239	8.4	32,501	12.4
Other Commercial	746	5.1	19,396	7.4
Managed Care(HMO, PPO)	6,761	45.9	108,501	41.4
Self Pay	328	2.2	3,771	1.4
Industrial & Worker Comp	130	0.9	3,122	1.2
Charity and Unclassified	13	0.1	839	0.3
Childrens Health Insurance	6	0.0	154	0.1
Unknown	38	0.3	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	774	5.3	18,435	7.0
Central Utah	3	0.0	8,690	3.3
Davis County	3,678	25.0	29,850	11.4
Salt Lake County	101	0.7	90,968	34.7
Southeastern Utah	5	0.0	5,705	2.2
Southwest Utah	10	0.1	14,915	5.7
Summit County	43	0.3	4,208	1.6
Tooele County	11	0.1	6,494	2.5
Tri-County	14	0.1	5,152	2.0
Utah County	29	0.2	39,008	14.9
Wasatch County	1	0.0	2,303	0.9
Weber County	9,804	66.5	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	259	1.8	13,799	5.3
Unknown, Not Reported	5	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	6	100.0	340,055	100.0
Mastectomy (85.0-85.99)	1	16.7	8,708	2.6
Musculoskeletal (76.0-84.99)	1	16.7	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	3	50.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,058	0.9
Digestive System (42.0-54.99)	0	0.0	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	0	0.0	4,598	1.4
Female Genital (65.0-71.99)	1	16.7	16,800	4.9
Endocrine/Nervous (01.0-07.99)	0	0.0	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	0	0.0	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	31,882	9.4
Reporting Category(CPT-4 CODES)	1,010	100.0	336,452	100.0
Mastectomy (19120-19220)	3	0.3	1,628	0.5
Musculoskeletal (20000-29909)	307	30.4	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	11	1.1	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	6	0.6	18,525	5.5
Lymphatic/Hemetic (38100-38999)	10	1.0	4,482	1.3
Digestive (40490-49999)	544	53.9	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	1	0.1	4,833	1.4
Female Genital (56405-58999)	5	0.5	15,699	4.7
Endocrine/Nervous (60000-64999)	29	2.9	26,706	7.9
Eye (65091-68899)	94	9.3	13,805	4.1
Ear (69000-69979)	0	0.0	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

111 Moab Regional Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6	100.0	100.0
3893	VENOUS CATH-NEC	1	16.7	0.15
3931	SUT ART	1	16.7	0.01
3932	SUT VEIN	1	16.7	0.00
6551	OTH REMOV 2 OVARIES @ SAME SURG	1	16.7	0.00
8180	TOT SHLDR REPLCMT	1	16.7	0.00
8572	8572	1	16.7	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,010	100.0	100.0
45384	COLONOSCOPY FLEX; REMV LES-FORCE	124	12.3	0.17
43239	UGI ENDO; W/BX 1/MX	74	7.3	6.32
66984	EXTRACAPSULAR CATARACT REMV IOL	70	6.9	1.77
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	63	6.2	2.20
45378	COLONOSCOPY FLEX; DX-SEP PROC	51	5.0	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	49	4.9	6.39
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	41	4.1	0.07
49083	49083	36	3.6	0.22
29881	SCOPE KNEE SURG;W/MENISCECT MED/	19	1.9	1.48
29826	SCOPE SHOULDER; DECOMP SUBACROM	18	1.8	1.15
29879	SCOPE KNEE SURG; ABRASION ARTHPL	18	1.8	0.19
49505	REPR INIT ING HERNIA 5YR/MORE; R	17	1.7	0.69
66821	DISCISSION 2ND CATARACT; LASER S	17	1.7	0.20
47562	LAPAROSCOPY SURGICAL; CHOLECT	15	1.5	0.90
20680	REMOVAL OF IMPLANT; DEEP	14	1.4	1.02
49650	LAPARSCPY SURG; REPR INIT ING HE	14	1.4	0.34
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	12	1.2	0.55
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	12	1.2	0.61
28285	CORRECTION HAMMERTO	11	1.1	0.58
29880	SCOPE KNEE SURG;W/MENISCECT MED&	11	1.1	0.48

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

111 Moab Regional Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1	\$28,461	\$5,136
8180	TOT SHLDR REPLCMT	1	\$28,461	\$41,953

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		643	\$5,825	\$4,756
45384	COLONOSOCPY FLEX; REMV LES-FORCE	80	\$2,295	\$2,196
66984	EXTRACAPSULAR CATARACT REMV IOL	68	\$3,108	\$4,261
45378	COLONOSCOPY FLEX; DX-SEP PROC	46	\$1,695	\$1,296
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	39	\$1,590	\$2,009
49083	49083	36	\$4,146	\$1,777
43239	UGI ENDO; W/BX 1/MX	35	\$3,859	\$1,845
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	35	\$1,703	\$1,850
45380	COLONOSCOPY FLEX; W/BX 1/MX	30	\$2,306	\$1,749
49505	REPR INIT ING HERNIA 5YR/MORE; R	17	\$7,769	\$6,089
66821	DISCISSION 2ND CATARACT; LASER S	17	\$1,388	\$878
47562	LAPAROSCOPY SURGICAL; CHOLECT	15	\$12,899	\$8,029
20680	REMOVAL OF IMPLANT; DEEP	12	\$8,625	\$5,341
49650	LAPARSCPY SURG; REPR INIT ING HE	12	\$12,284	\$9,560
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	11	\$5,152	\$3,226
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	8	\$15,469	\$13,591
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	8	\$22,489	\$14,129
49653	49653	8	\$13,473	\$11,746
29881	SCOPE KNEE SURG;W/MENISCECT MED/	7	\$13,667	\$4,904
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	6	\$1,260	\$1,867
25605	CLOS TX DIST RADIAL FX; REQ MANI	6	\$3,195	\$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, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Moab Regional Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	25	10,384
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	5,026
	013 LEVEL II SKIN REPAIR	1	921
02	BREAST PROCEDURES	3	1,675
	020 LEVEL I BREAST PROCEDURES	3	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	283	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	2,315
	033 LEVEL I HAND PROCEDURES	18	4,044
	034 LEVEL II HAND PROCEDURES	6	1,282
	035 LEVEL I FOOT PROCEDURES	20	6,556
	037 LEVEL I ARTHROSCOPY	103	22,852
	038 LEVEL II ARTHROSCOPY	36	5,849
	039 REPLACEMENT OF CAST	2	330
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	8	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	46	5,938
	045 BUNION PROCEDURES	4	1,823
	046 LEVEL I ARTHROPLASTY	2	706
	047 LEVEL II ARTHROPLASTY	3	149
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	2,425
04	RESPIRATORY PROCEDURES	41	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	41	2,653
05	CARDIOVASCULAR PROCEDURES	3	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	1,273
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	506	117,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	78	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	14	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	141	41,948
	137 THERAPEUTIC COLONOSCOPY	189	9,396
	139 LEVEL I HERNIA REPAIR	23	5,542
	140 LEVEL II HERNIA REPAIR	5	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	1,143
	145 LEVEL I LAPAROSCOPY	4	2,400
	146 LEVEL II LAPAROSCOPY	39	8,245
09	MALE REPRODUCTIVE SYSTEM	1	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,567
11	NEUROLOGIC SYSTEM PROCEDURES	29	23,914
	217 LEVEL I NERVE PROCEDURES	21	4,317
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	8	10,531

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	94	13,758
	232 LASER EYE PROCEDURES	18	765
	233 CATARACT PROCEDURES	74	6,414
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	270
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	14	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	6	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	3,502

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	20	\$7,512	\$4,612
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$6,825	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$7,723	\$4,950
	013 LEVEL II SKIN REPAIR	1	\$5,305	\$4,731
02	BREAST PROCEDURES	1	\$4,647	\$5,295
	020 LEVEL I BREAST PROCEDURES	1	\$4,647	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	124	\$13,150	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,928	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$9,817	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$21,659	\$12,233
	033 LEVEL I HAND PROCEDURES	14	\$8,490	\$3,605
	034 LEVEL II HAND PROCEDURES	1	\$14,695	\$6,660
	035 LEVEL I FOOT PROCEDURES	2	\$3,848	\$4,528
	037 LEVEL I ARTHROSCOPY	25	\$17,054	\$5,040
	038 LEVEL II ARTHROSCOPY	20	\$23,248	\$13,882
	039 REPLACEMENT OF CAST	2	\$1,690	\$10,002
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$4,014	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$3,195	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	31	\$12,074	\$9,982
	045 BUNION PROCEDURES	3	\$8,255	\$6,795
	047 LEVEL II ARTHROPLASTY	1	\$28,461	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$1,289	\$1,936
04	RESPIRATORY PROCEDURES	41	\$4,068	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	41	\$4,068	\$2,852
05	CARDIOVASCULAR PROCEDURES	3	\$9,617	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$9,617	\$7,334
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$10,077	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$10,077	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	342	\$4,016	\$3,378
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	35	\$3,859	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$3,732	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	115	\$1,819	\$1,505
	137 THERAPEUTIC COLONOSCOPY	115	\$2,114	\$1,882
	139 LEVEL I HERNIA REPAIR	23	\$8,054	\$5,524
	140 LEVEL II HERNIA REPAIR	4	\$9,427	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$9,928	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$8,941	\$4,792
	145 LEVEL I LAPAROSCOPY	4	\$7,709	\$7,096
	146 LEVEL II LAPAROSCOPY	35	\$12,819	\$9,427
09	MALE REPRODUCTIVE SYSTEM	1	\$8,533	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$8,533	\$3,654
11	NEUROLOGIC SYSTEM PROCEDURES	14	\$5,898	\$6,459
	217 LEVEL I NERVE PROCEDURES	14	\$5,898	\$4,288
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	90	\$2,862	\$4,588
	232 LASER EYE PROCEDURES	18	\$1,407	\$939

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Moab Regional Hospital - CAH

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
13	233 CATARACT PROCEDURES	72	\$3,225	\$4,292
	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4	\$2,997	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$1,432	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$4,563	\$3,989

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Moab Regional Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	374	46.2	140,857	53.8
Male	436	53.8	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	2	0.2	10,474	4.0
5-9	2	0.2	6,876	2.6
10-14	13	1.6	5,656	2.2
15-17	15	1.9	5,579	2.1
18-19	9	1.1	3,819	1.5
20-24	16	2.0	10,499	4.0
25-29	12	1.5	11,895	4.5
30-34	29	3.6	15,288	5.8
35-39	31	3.8	15,023	5.7
40-44	32	4.0	15,275	5.8
45-49	60	7.4	16,577	6.3
50-54	128	15.8	29,317	11.2
55-59	134	16.5	26,116	10.0
60-64	90	11.1	24,120	9.2
65-69	98	12.1	21,226	8.1
70-74	51	6.3	16,114	6.2
75-79	40	4.9	11,722	4.5
80-84	30	3.7	7,780	3.0
85-89	11	1.4	3,464	1.3
90 +	7	0.9	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	723	89.3	81,064	30.9
Clinic Referral	86	10.6	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	1	0.1	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Moab Regional Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	809	99.9	260,978	99.6
Another Hospital	1	0.1	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	225	27.8	66,198	25.3
Medicaid	59	7.3	19,834	7.6
Other government	6	0.7	6,484	2.5
Blue Cross/Blue Shield	146	18.0	32,501	12.4
Other Commercial	125	15.4	19,396	7.4
Managed Care(HMO, PPO)	226	27.9	108,501	41.4
Self Pay	0	0.0	3,771	1.4
Industrial & Worker Comp	20	2.5	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	3	0.4	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	0	0.0	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	2	0.2	90,968	34.7
Southeastern Utah	780	96.3	5,705	2.2
Southwest Utah	3	0.4	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	1	0.1	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	2	0.2	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	21	2.6	13,799	5.3
Unknown, Not Reported	1	0.1	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	4,107	100.0	340,055	100.0
Mastectomy (85.0-85.99)	88	2.1	8,708	2.6
Musculoskeletal (76.0-84.99)	744	18.1	69,858	20.5
Respiratory (30.0-34.99)	49	1.2	3,126	0.9
Cardiovascular (35.0-39.99)	205	5.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	22	0.5	3,058	0.9
Digestive System (42.0-54.99)	1,641	40.0	110,559	32.5
Urinary (55.0-59.99)	208	5.1	11,335	3.3
Male Genital (60.0-64.99)	47	1.1	4,598	1.4
Female Genital (65.0-71.99)	202	4.9	16,800	4.9
Endocrine/Nervous (01.0-07.99)	338	8.2	23,927	7.0
Eye (08.0-16.99)	86	2.1	24,162	7.1
Ear (18.0-20.99)	144	3.5	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	333	8.1	31,882	9.4
Reporting Category(CPT-4 CODES)	3,538	100.0	336,452	100.0
Mastectomy (19120-19220)	12	0.3	1,628	0.5
Musculoskeletal (20000-29909)	761	21.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	211	6.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	121	3.4	18,525	5.5
Lymphatic/Hemetic (38100-38999)	17	0.5	4,482	1.3
Digestive (40490-49999)	1,615	45.6	127,003	37.7
Urinary (50010-53899)	209	5.9	16,209	4.8
Male Genital (54000-55899)	40	1.1	4,833	1.4
Female Genital (56405-58999)	192	5.4	15,699	4.7
Endocrine/Nervous (60000-64999)	237	6.7	26,706	7.9
Eye (65091-68899)	43	1.2	13,805	4.1
Ear (69000-69979)	80	2.3	7,772	2.3

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, 2012
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		4,107	100.0	100.0
4523	COLONOSCOPY	593	14.4	6.64
4513	OTH ENDO SM INTESTINE	259	6.3	1.56
4542	ENDO POLYPECTOMY LG INTESTINE	157	3.8	4.65
4292	DILAT ESOPH	126	3.1	1.54
2001	MYRINGOTOMY W/INSRT TUBE	124	3.0	2.86
5123	LAP CHOLEY	118	2.9	1.92
0392	INJ OTH AGENT SPINAL CANAL	117	2.8	1.89
283	TONSILLECTOMY W/ADENOIDECTOMY	117	2.8	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	101	2.5	1.63
0391	INJ ANES SPINAL CANAL-ANALGESIA	93	2.3	1.45
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	86	2.1	5.87
3722	LT HEART CARD CATH	62	1.5	0.80
2349	OTH DENTAL RESTORATION	61	1.5	0.18
4836	[ENDO] POLYPECTOMY RECTUM	56	1.4	1.36
8363	ROTATOR CUFF REPR	48	1.2	0.79
598	URETERAL CATH	46	1.1	0.76
8511	CLO [PERCUT] [NEEDLE] BX BREAST	42	1.0	0.47
4525	CLO [ENDO] BX LG INTESTINE	40	1.0	2.45
1341	PHACOEMULSIFICATION-ASPIR CATARACT	33	0.8	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	33	0.8	1.77

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,538	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	424	12.0	5.93
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	144	4.1	1.15
45380	COLONOSCOPY FLEX; W/BX 1/MX	137	3.9	6.39
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	125	3.5	1.04
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	115	3.3	0.81
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	111	3.1	1.10
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	108	3.1	2.20
42820	T&A; UNDER AGE 12	92	2.6	1.37
43239	UGI ENDO; W/BX 1/MX	86	2.4	6.32
29826	SCOPE SHOULDER; DECOMP SUBACROM	70	2.0	1.15
29881	SCOPE KNEE SURG;W/MENISCECT MED/	70	2.0	1.48
41899	UNLIST PROC DENTOALVEOL STRUCTUR	67	1.9	0.73
69436	TYMPANOSTOMY GENERAL ANESTHESIA	62	1.8	1.53
31720	CATHETER ASPIR; NASOTRACH SEP PR	59	1.7	0.04
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	48	1.4	0.71
52332	CYSTOURETHROSCOPY W/INSRT STENT	43	1.2	0.74
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	42	1.2	0.60
49650	LAPARSCPY SURG; REPR INIT ING HE	41	1.2	0.34
66984	EXTRACAPSULAR CATARACT REMV IOL	33	0.9	1.77
29880	SCOPE KNEE SURG;W/MENISCECT MED&	31	0.9	0.48

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		2,097	\$4,921	\$5,136
4523	COLONOSCOPY	543	\$1,934	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	118	\$2,900	\$1,820
4513	OTH ENDO SM INTESTINE	110	\$1,673	\$1,475
283	TONSILLECTOMY W/ADENOIDECTOMY	96	\$4,333	\$3,559
5123	LAP CHOLEY	94	\$8,632	\$8,631
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	57	\$2,336	\$1,906
2349	OTH DENTAL RESTORATION	56	\$5,016	\$3,702
806	EXC SEMILUNAR CARTILAGE-KNEE	46	\$5,737	\$5,241
3722	LT HEART CARD CATH	37	\$12,661	\$11,611
4836	[ENDO] POLYPECTOMY RECTUM	35	\$2,872	\$1,651
4525	CLO [ENDO] BX LG INTESTINE	33	\$2,521	\$1,908
0392	INJ OTH AGENT SPINAL CANAL	25	\$1,499	\$1,729
6902	D&C FOLLOWING DELIV/AB	25	\$4,069	\$4,361
8511	CLO [PERCUT] [NEEDLE] BX BREAST	25	\$3,356	\$3,024
3723	COMBO RT & LT HEART CARD CATH	24	\$13,725	\$11,664
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	23	\$2,220	\$2,219
8363	ROTATOR CUFF REPR	20	\$19,270	\$12,785
6823	ENDOMETRIAL ABLATION	18	\$7,564	\$7,299
064	COMPLT THYROIDECTOMY	15	\$13,845	\$12,506
5341	REPR UMB HERN W/PROSTH	15	\$8,730	\$6,498

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,424	\$4,759	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	388	\$1,939	\$1,296
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	115	\$1,278	\$2,139
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	112	\$1,824	\$1,361
45380	COLONOSCOPY FLEX; W/BX 1/MX	110	\$2,559	\$1,749
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	104	\$2,585	\$2,098
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	92	\$8,658	\$9,209
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	83	\$3,044	\$1,850
42820	T&A; UNDER AGE 12	73	\$4,252	\$3,454
41899	UNLIST PROC DENTOALVEOL STRUCTUR	66	\$5,069	\$3,996
31720	CATHETER ASPIR; NASOTRACH SEP PR	59	\$631	\$667
43239	UGI ENDO; W/BX 1/MX	59	\$2,391	\$1,845
29881	SCOPE KNEE SURG;W/MENISCECT MED/	56	\$5,719	\$4,904
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	42	\$3,357	\$3,711
69436	TYMPANOSTOMY GENERAL ANESTHESIA	41	\$2,742	\$1,876
49650	LAPARSCPY SURG; REPR INIT ING HE	33	\$14,838	\$9,560
66984	EXTRACAPSULAR CATARACT REMV IOL	33	\$4,120	\$4,261
29880	SCOPE KNEE SURG;W/MENISCECT MED&	28	\$5,723	\$5,166
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	25	\$3,943	\$3,778
42821	T&A; AGE 12 OR OVER	22	\$4,686	\$3,919
58340	CATH&INTRO SALINE/CONTRAST SIS/H	22	\$1,525	\$1,075

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	67	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	5,026
	012 LEVEL I SKIN REPAIR	1	31
	013 LEVEL II SKIN REPAIR	14	921
	014 LEVEL III SKIN REPAIR	5	219
02	BREAST PROCEDURES	12	1,675
	020 LEVEL I BREAST PROCEDURES	12	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	656	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	2,315
	033 LEVEL I HAND PROCEDURES	16	4,044
	034 LEVEL II HAND PROCEDURES	5	1,282
	035 LEVEL I FOOT PROCEDURES	55	6,556
	036 LEVEL II FOOT PROCEDURES	15	1,905
	037 LEVEL I ARTHROSCOPY	283	22,852
	038 LEVEL II ARTHROSCOPY	76	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	44	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	511
	045 BUNION PROCEDURES	20	1,823
	046 LEVEL I ARTHROPLASTY	1	706
	047 LEVEL II ARTHROPLASTY	1	149
	048 HAND AND FOOT TENOTOMY	4	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	41	2,425
04	RESPIRATORY PROCEDURES	109	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	36	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	22	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	42	2,327
05	CARDIOVASCULAR PROCEDURES	48	9,853
	081 ECHOCARDIOGRAPHY	3	315
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	11	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	15	466
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	55	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	42	2,040

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,436	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	10	499
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	232	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	134	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	562	41,948
	137 THERAPEUTIC COLONOSCOPY	118	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	7	2,093
	139 LEVEL I HERNIA REPAIR	38	5,542
	140 LEVEL II HERNIA REPAIR	14	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	504
	145 LEVEL I LAPAROSCOPY	32	2,400
	146 LEVEL II LAPAROSCOPY	121	8,245
	147 LEVEL III LAPAROSCOPY	136	7,608
08	GENITOURINARY SYSTEM PROCEDURES	168	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	890
	162 URINARY CATHETERIZATION AND DILATATION	7	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	89	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	64	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	941
09	MALE REPRODUCTIVE SYSTEM	43	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	1,567
	181 CIRCUMCISION	9	1,132
	182 INSERTION OF PENILE PROSTHESIS	1	98
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	3
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	7	289
10	FEMALE REPRODUCTIVE SYSTEM	114	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	19	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	27	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	27	2,262
	199 DILATION AND CURETTAGE	14	439
	200 HYSTEROSCOPY	26	2,236
	201 COLPOSCOPY	1	642
11	NEUROLOGIC SYSTEM PROCEDURES	183	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	124	3,650
	217 LEVEL I NERVE PROCEDURES	37	4,317
	219 SPINAL TAP	13	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	10,531
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	43	13,758
	233 CATARACT PROCEDURES	34	6,414

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	407	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	175	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	31	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	55	3,502
	256 TONSIL AND ADENOID PROCEDURES	137	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	44	\$3,983	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	\$2,770	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$4,095	\$2,769
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,380	\$431
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$4,369	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$5,117	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$4,694	\$4,950
	013 LEVEL II SKIN REPAIR	13	\$2,721	\$4,731
	014 LEVEL III SKIN REPAIR	2	\$7,065	\$9,742
02	BREAST PROCEDURES	9	\$5,601	\$5,295
	020 LEVEL I BREAST PROCEDURES	9	\$5,601	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	290	\$7,214	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$7,820	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$9,415	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$13,101	\$12,233
	033 LEVEL I HAND PROCEDURES	6	\$5,129	\$3,605
	034 LEVEL II HAND PROCEDURES	4	\$8,662	\$6,660
	035 LEVEL I FOOT PROCEDURES	22	\$4,461	\$4,528
	036 LEVEL II FOOT PROCEDURES	3	\$8,931	\$8,711
	037 LEVEL I ARTHROSCOPY	122	\$6,253	\$5,040
	038 LEVEL II ARTHROSCOPY	18	\$16,418	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$7,195	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$5,109	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	\$11,003	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	\$3,989	\$3,670
	045 BUNION PROCEDURES	8	\$8,816	\$6,795
	047 LEVEL II ARTHROPLASTY	1	\$23,793	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	\$1,831	\$1,936
04	RESPIRATORY PROCEDURES	38	\$3,704	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	27	\$3,426	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	\$7,947	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	\$3,509	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	5	\$2,774	\$3,588
05	CARDIOVASCULAR PROCEDURES	43	\$21,239	\$17,886
	081 ECHOCARDIOGRAPHY	3	\$17,762	\$25,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	7	\$8,196	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$41,120	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	11	\$38,310	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	\$22,979	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	12	\$8,083	\$9,499
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	52	\$4,097	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	42	\$3,357	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$7,207	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,133	\$3,692	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	10	\$1,546	\$2,627

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		11	\$1,271	\$1,218
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		173	\$2,008	\$1,829
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		111	\$2,589	\$2,598
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		499	\$2,076	\$1,505
137 THERAPEUTIC COLONOSCOPY		88	\$3,003	\$1,882
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES		3	\$11,702	\$6,968
139 LEVEL I HERNIA REPAIR		27	\$8,385	\$5,524
140 LEVEL II HERNIA REPAIR		7	\$11,621	\$6,756
141 LEVEL I ANAL AND RECTAL PROCEDURES		4	\$5,463	\$4,044
142 LEVEL II ANAL AND RECTAL PROCEDURES		3	\$6,102	\$4,792
143 LEVEL I GASTROINTESTINAL PROCEDURES		7	\$2,183	\$4,517
145 LEVEL I LAPAROSCOPY		15	\$6,762	\$7,096
146 LEVEL II LAPAROSCOPY		67	\$12,054	\$9,427
147 LEVEL III LAPAROSCOPY		108	\$8,435	\$10,611
08 GENITOURINARY SYSTEM PROCEDURES		61	\$6,874	\$6,463
162 URINARY CATHETERIZATION AND DILATATION		3	\$10,875	\$5,332
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		36	\$5,654	\$3,484
164 LEVEL II BLADDER AND KIDNEY PROCEDURES		19	\$8,317	\$6,651
166 LEVEL I URETHRA AND PROSTATE PROCEDURES		1	\$5,772	\$4,263
167 LEVEL II URETHRA AND PROSTATE PROCEDURES		2	\$9,660	\$11,734
09 MALE REPRODUCTIVE SYSTEM		25	\$8,311	\$5,766
180 TESTICULAR AND EPIDIDYMAL PROCEDURES		9	\$6,697	\$3,654
181 CIRCUMCISION		7	\$5,312	\$2,298
182 INSERTION OF PENILE PROSTHESIS		1	\$33,399	\$37,474
183 LEVEL I PENILE AND PROSTATE PROCEDURES		1	\$3,703	\$2,626
184 LEVEL II PENILE AND PROSTATE PROCEDURES		3	\$17,463	\$9,032
185 PROSTATE NEEDLE AND PUNCH BIOPSY		4	\$5,207	\$2,425
10 FEMALE REPRODUCTIVE SYSTEM		73	\$6,744	\$6,143
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES		12	\$6,475	\$5,502
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES		17	\$7,045	\$6,583
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES		14	\$8,034	\$8,853
199 DILATION AND CURETTAGE		12	\$4,944	\$4,086
200 HYSTEROSCOPY		17	\$6,992	\$6,413
201 COLPOSCOPY		1	\$4,181	\$1,106
11 NEUROLOGIC SYSTEM PROCEDURES		160	\$1,855	\$6,459
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		124	\$1,308	\$2,196
217 LEVEL I NERVE PROCEDURES		18	\$4,646	\$4,288
219 SPINAL TAP		13	\$3,050	\$2,473
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		5	\$2,256	\$2,853
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		42	\$4,762	\$4,588
233 CATARACT PROCEDURES		34	\$4,103	\$4,292
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE		2	\$7,010	\$3,139
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE		6	\$7,744	\$4,358
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		277	\$5,681	\$4,852
252 LEVEL I FACIAL AND ENT PROCEDURES		121	\$4,137	\$2,933

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
253 LEVEL II FACIAL AND ENT PROCEDURES	4	\$4,473	\$3,989
254 LEVEL III FACIAL AND ENT PROCEDURES	5	\$7,374	\$8,743
255 LEVEL IV FACIAL AND ENT PROCEDURES	42	\$13,309	\$11,118
256 TONSIL AND ADENOID PROCEDURES	105	\$4,374	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,823	55.6	140,857	53.8
Male	1,458	44.4	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	2	0.1	1,301	0.5
29-365 days	42	1.3	2,722	1.0
1-4 years	155	4.7	10,474	4.0
5-9	87	2.7	6,876	2.6
10-14	57	1.7	5,656	2.2
15-17	59	1.8	5,579	2.1
18-19	51	1.6	3,819	1.5
20-24	113	3.4	10,499	4.0
25-29	119	3.6	11,895	4.5
30-34	155	4.7	15,288	5.8
35-39	171	5.2	15,023	5.7
40-44	136	4.1	15,275	5.8
45-49	156	4.8	16,577	6.3
50-54	322	9.8	29,317	11.2
55-59	298	9.1	26,116	10.0
60-64	275	8.4	24,120	9.2
65-69	320	9.8	21,226	8.1
70-74	270	8.2	16,114	6.2
75-79	287	8.7	11,722	4.5
80-84	140	4.3	7,780	3.0
85-89	57	1.7	3,464	1.3
90 +	9	0.3	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	437	13.3	81,064	30.9
Clinic Referral	2,840	86.6	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	4	0.1	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,275	99.8	260,978	99.6
Another Hospital	2	0.1	100	0.0
Skilled Nursing Facility	2	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	2	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	1,238	37.7	66,198	25.3
Medicaid	361	11.0	19,834	7.6
Other government	58	1.8	6,484	2.5
Blue Cross/Blue Shield	372	11.3	32,501	12.4
Other Commercial	133	4.1	19,396	7.4
Managed Care(HMO, PPO)	1,055	32.2	108,501	41.4
Self Pay	34	1.0	3,771	1.4
Industrial & Worker Comp	30	0.9	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	390	11.9	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	14	0.4	90,968	34.7
Southeastern Utah	89	2.7	5,705	2.2
Southwest Utah	6	0.2	14,915	5.7
Summit County	1	0.0	4,208	1.6
Tooele County	2	0.1	6,494	2.5
Tri-County	5	0.2	5,152	2.0
Utah County	2,740	83.5	39,008	14.9
Wasatch County	2	0.1	2,303	0.9
Weber County	1	0.0	22,232	8.5
Unknown Utah	2	0.1	24	0.0
Outside Utah	29	0.9	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	4,829	100.0	340,055	100.0
Mastectomy (85.0-85.99)	94	1.9	8,708	2.6
Musculoskeletal (76.0-84.99)	907	18.8	69,858	20.5
Respiratory (30.0-34.99)	25	0.5	3,126	0.9
Cardiovascular (35.0-39.99)	51	1.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	10	0.2	3,058	0.9
Digestive System (42.0-54.99)	1,288	26.7	110,559	32.5
Urinary (55.0-59.99)	170	3.5	11,335	3.3
Male Genital (60.0-64.99)	93	1.9	4,598	1.4
Female Genital (65.0-71.99)	192	4.0	16,800	4.9
Endocrine/Nervous (01.0-07.99)	203	4.2	23,927	7.0
Eye (08.0-16.99)	810	16.8	24,162	7.1
Ear (18.0-20.99)	229	4.7	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	757	15.7	31,882	9.4
Reporting Category(CPT-4 CODES)	3,024	100.0	336,452	100.0
Mastectomy (19120-19220)	12	0.4	1,628	0.5
Musculoskeletal (20000-29909)	808	26.7	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	453	15.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	47	1.6	18,525	5.5
Lymphatic/Hemetic (38100-38999)	8	0.3	4,482	1.3
Digestive (40490-49999)	609	20.1	127,003	37.7
Urinary (50010-53899)	177	5.9	16,209	4.8
Male Genital (54000-55899)	68	2.2	4,833	1.4
Female Genital (56405-58999)	150	5.0	15,699	4.7
Endocrine/Nervous (60000-64999)	147	4.9	26,706	7.9
Eye (65091-68899)	416	13.8	13,805	4.1
Ear (69000-69979)	129	4.3	7,772	2.3

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, 2012
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		4,829	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	336	7.0	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	335	6.9	1.74
4523	COLONOSCOPY	308	6.4	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	235	4.9	5.87
2001	MYRINGOTOMY W/INSRT TUBE	189	3.9	2.86
4542	ENDO POLYPECTOMY LG INTESTINE	162	3.4	4.65
5123	LAP CHOLEY	143	3.0	1.92
283	TONSILLECTOMY W/ADENOIDECTOMY	135	2.8	1.75
2188	OTH SEPTOPLASTY	118	2.4	0.58
2169	OTH TURBINECTOMY	81	1.7	0.93
8076	SYNOVECT-KNEE	78	1.6	0.41
4513	OTH ENDO SM INTESTINE	63	1.3	1.56
2263	ETHMOIDECTOMY	59	1.2	0.74
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	58	1.2	0.79
806	EXC SEMILUNAR CARTILAGE-KNEE	50	1.0	1.63
282	TONSILLECTOMY WO ADENOIDECTOMY	46	1.0	0.48
0881	LINEAR REPR LAC EYELID/EYEBROW	43	0.9	0.02
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	43	0.9	0.20
222	INTRANASAL ANTROTOMY	41	0.8	0.41
2252	SPHENOIDOTOMY	41	0.8	0.16

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,024	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	332	11.0	1.77
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	121	4.0	0.86
42820	T&A; UNDER AGE 12	106	3.5	1.37
69436	TYMPANOSTOMY GENERAL ANESTHESIA	99	3.3	1.53
47562	LAPAROSCOPY SURGICAL; CHOLECT	91	3.0	0.90
30140	SUBMUCOS RES TURBINATE PART/CMPL	86	2.8	0.91
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	70	2.3	0.11
28285	CORRECTION HAMMERTOE	56	1.9	0.58
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	54	1.8	0.48
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	52	1.7	1.10
29881	SCOPE KNEE SURG;W/MENISCECT MED/	47	1.6	1.48
29826	SCOPE SHOULDER; DECOMP SUBACROM	46	1.5	1.15
51600	INJ PROC-CYSTOGRAPHY	44	1.5	0.04
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	41	1.4	0.33
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	41	1.4	0.42
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	41	1.4	0.09
66821	DISCISSION 2ND CATARACT; LASER S	40	1.3	0.20
49505	REPR INIT ING HERNIA 5YR/MORE; R	39	1.3	0.69
29823	SCOPE SHOULDER SURGICAL; DEBRID	38	1.3	0.27
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	36	1.2	0.71

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, 2012
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		2,083	\$6,225	\$5,136
4523	COLONOSCOPY	234	\$1,656	\$1,274
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	134	\$2,649	\$1,906
5123	LAP CHOLEY	126	\$15,795	\$8,631
283	TONSILLECTOMY W/ADENOIDECTOMY	115	\$6,146	\$3,559
4542	ENDO POLYPECTOMY LG INTESTINE	100	\$2,533	\$1,820
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	53	\$2,450	\$2,219
0881	LINEAR REPR LAC EYELID/EYEBROW	41	\$1,822	\$2,025
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	39	\$3,298	\$3,061
1364	DISCISSION SECNDRY MEMBRN	38	\$1,753	\$903
5794	INSRT INDWELLING URIN CATH	38	\$3,569	\$3,608
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	38	\$2,112	\$3,295
282	TONSILLECTOMY WO ADENOIDECTOMY	36	\$6,196	\$3,611
2751	SUT LAC LIP	33	\$1,975	\$2,652
6902	D&C FOLLOWING DELIV/AB	31	\$7,161	\$4,361
0331	SPINAL TAP	28	\$5,934	\$2,474
4513	OTH ENDO SM INTESTINE	27	\$2,388	\$1,475
7971	CLO REDUC DISLOC-SHLDR	27	\$2,888	\$2,896
4701	LAP APPENDECTOMY	25	\$17,401	\$11,971
3897	3897	23	\$5,408	\$5,618
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	23	\$3,133	\$2,188

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,597	\$8,027	\$4,756
66984	EXTRACAPSULAR CATARACT REMV IOL	332	\$4,853	\$4,261
42820	T&A; UNDER AGE 12	92	\$6,117	\$3,454
47562	LAPAROSCOPY SURGICAL; CHOLECT	85	\$15,163	\$8,029
69436	TYMPANOSTOMY GENERAL ANESTHESIA	73	\$4,000	\$1,876
47563	LAPAROSCPY SURG; CHOLECT W/CHOLAN	49	\$17,172	\$9,209
66821	DISCISSION 2ND CATARACT; LASER S	40	\$1,752	\$878
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	38	\$2,197	\$2,422
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	34	\$6,256	\$3,675
49505	REPR INIT ING HERNIA 5YR/MORE; R	32	\$11,518	\$6,089
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	29	\$7,974	\$5,423
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	29	\$1,586	\$2,139
44970	LAPAROSCOPY SURGICAL APPENDECTOM	25	\$17,401	\$12,174
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	23	\$4,837	\$4,555
42821	T&A; AGE 12 OR OVER	23	\$6,260	\$3,919
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	17	\$1,353	\$1,867
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	16	\$10,414	\$7,796
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	16	\$5,757	\$3,226
65855	TRABECULOPSTY-LASER-1/MORE SESS	14	\$2,053	\$1,843
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	13	\$7,777	\$5,276
28296	HALLUX VALGUS; W/METATARSAL OSTE	12	\$13,123	\$6,371

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	79	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	137
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	30	5,026
	013 LEVEL II SKIN REPAIR	24	921
	014 LEVEL III SKIN REPAIR	1	219
02	BREAST PROCEDURES	13	1,675
	020 LEVEL I BREAST PROCEDURES	12	1,628
	021 LEVEL II BREAST PROCEDURES	1	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	726	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	2,315
	033 LEVEL I HAND PROCEDURES	47	4,044
	034 LEVEL II HAND PROCEDURES	1	1,282
	035 LEVEL I FOOT PROCEDURES	105	6,556
	036 LEVEL II FOOT PROCEDURES	21	1,905
	037 LEVEL I ARTHROSCOPY	252	22,852
	038 LEVEL II ARTHROSCOPY	46	5,849
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	13	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	63	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	25	511
	045 BUNION PROCEDURES	37	1,823
	046 LEVEL I ARTHROPLASTY	1	706
	048 HAND AND FOOT TENOTOMY	1	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	44	2,425
04	RESPIRATORY PROCEDURES	233	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	68	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	155	5,791
05	CARDIOVASCULAR PROCEDURES	13	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	1	389
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	466
	092 RESUSCITATION	7	13
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	427	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	10	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	8	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	670

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	13	41,948
	137 THERAPEUTIC COLONOSCOPY	3	9,396
	139 LEVEL I HERNIA REPAIR	75	5,542
	140 LEVEL II HERNIA REPAIR	16	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	3	504
	145 LEVEL I LAPAROSCOPY	16	2,400
	146 LEVEL II LAPAROSCOPY	166	8,245
	147 LEVEL III LAPAROSCOPY	78	7,608
	148 LEVEL IV LAPAROSCOPY	1	225
08	GENITOURINARY SYSTEM PROCEDURES	108	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	890
	162 URINARY CATHETERIZATION AND DILATATION	1	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	54	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	39	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	941
09	MALE REPRODUCTIVE SYSTEM	85	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,567
	181 CIRCUMCISION	9	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	29	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	41	289
10	FEMALE REPRODUCTIVE SYSTEM	95	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	14	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	11	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	2,262
	199 DILATION AND CURETTAGE	3	439
	200 HYSTEROSCOPY	57	2,236
	201 COLPOSCOPY	4	642
11	NEUROLOGIC SYSTEM PROCEDURES	143	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	30	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	221
	217 LEVEL I NERVE PROCEDURES	50	4,317
	218 LEVEL II NERVE PROCEDURES	8	835
	219 SPINAL TAP	6	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	34	10,531
	223 LEVEL III NERVE PROCEDURES	13	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	416	13,758
	232 LASER EYE PROCEDURES	66	765
	233 CATARACT PROCEDURES	339	6,414
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	255
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	270

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE		8	1,780
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		569	31,246
252 LEVEL I FACIAL AND ENT PROCEDURES		194	13,009
253 LEVEL II FACIAL AND ENT PROCEDURES		26	1,530
254 LEVEL III FACIAL AND ENT PROCEDURES		135	4,294
255 LEVEL IV FACIAL AND ENT PROCEDURES		19	3,502
256 TONSIL AND ADENOID PROCEDURES		195	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	63	\$6,550	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$5,560	\$4,738
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$6,158	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$6,892	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	25	\$8,111	\$4,950
	013 LEVEL II SKIN REPAIR	23	\$4,837	\$4,731
02	BREAST PROCEDURES	12	\$9,179	\$5,295
	020 LEVEL I BREAST PROCEDURES	11	\$8,984	\$5,104
	021 LEVEL II BREAST PROCEDURES	1	\$11,320	\$13,404
03	MUSCULOSKELETAL SYSTEM PROCEDURES	242	\$10,380	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$6,417	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$12,009	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$16,570	\$12,233
	033 LEVEL I HAND PROCEDURES	23	\$7,486	\$3,605
	035 LEVEL I FOOT PROCEDURES	21	\$9,922	\$4,528
	036 LEVEL II FOOT PROCEDURES	10	\$15,391	\$8,711
	037 LEVEL I ARTHROSCOPY	57	\$9,448	\$5,040
	038 LEVEL II ARTHROSCOPY	6	\$17,739	\$13,882
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$6,624	\$1,590
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$8,260	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	\$7,741	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	33	\$16,047	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$4,511	\$3,670
	045 BUNION PROCEDURES	13	\$12,754	\$6,795
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	\$1,392	\$1,936
04	RESPIRATORY PROCEDURES	17	\$6,626	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	8	\$3,297	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$8,263	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	\$12,229	\$5,664
05	CARDIOVASCULAR PROCEDURES	7	\$14,340	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$9,374	\$7,334
	086 PACEMAKER INSERTION AND REPLACEMENT	1	\$39,756	\$35,014
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	\$3,917	\$9,499
	092 RESUSCITATION	3	\$14,473	\$15,674
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$12,455	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$12,455	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	318	\$13,312	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	10	\$1,461	\$2,627
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$5,182	\$1,828
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,279	\$1,218
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	12	\$3,157	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$3,743	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	7	\$2,109	\$1,505
	137 THERAPEUTIC COLONOSCOPY	2	\$3,164	\$1,882
	139 LEVEL I HERNIA REPAIR	48	\$10,680	\$5,524

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
	140 LEVEL II HERNIA REPAIR	4	\$10,442	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$8,440	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$9,577	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$3,140	\$4,517
	145 LEVEL I LAPAROSCOPY	10	\$11,363	\$7,096
	146 LEVEL II LAPAROSCOPY	145	\$15,156	\$9,427
	147 LEVEL III LAPAROSCOPY	66	\$18,130	\$10,611
	148 LEVEL IV LAPAROSCOPY	1	\$18,060	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	37	\$9,541	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$11,038	\$11,846
	162 URINARY CATHETERIZATION AND DILATATION	1	\$7,119	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	21	\$9,125	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	7	\$12,115	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$11,673	\$20,165
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$6,065	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	\$7,864	\$11,734
09	MALE REPRODUCTIVE SYSTEM	60	\$5,669	\$5,766
	181 CIRCUMCISION	3	\$7,301	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	19	\$12,356	\$9,032
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	38	\$2,197	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	63	\$8,896	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	11	\$8,383	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	8	\$10,736	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	\$9,802	\$8,853
	199 DILATION AND CURETTAGE	3	\$6,816	\$4,086
	200 HYSTEROSCOPY	36	\$9,040	\$6,413
	201 COLPOSCOPY	3	\$5,611	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	65	\$4,282	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	29	\$1,586	\$2,196
	217 LEVEL I NERVE PROCEDURES	22	\$6,688	\$4,288
	218 LEVEL II NERVE PROCEDURES	3	\$1,901	\$22,896
	219 SPINAL TAP	6	\$6,057	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$1,684	\$2,853
	223 LEVEL III NERVE PROCEDURES	3	\$13,269	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	412	\$4,385	\$4,588
	232 LASER EYE PROCEDURES	66	\$1,820	\$939
	233 CATARACT PROCEDURES	338	\$4,861	\$4,292
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,830	\$4,384
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$2,261	\$7,320
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$5,887	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	274	\$6,739	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	83	\$4,469	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	14	\$7,327	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	11	\$17,604	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	13	\$18,288	\$11,118

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
256 TONSIL AND ADENOID PROCEDURES	153	\$6,154	\$3,567

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,868	55.1	140,857	53.8
Male	1,523	44.9	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	1	0.0	1,301	0.5
29-365 days	25	0.7	2,722	1.0
1-4 years	136	4.0	10,474	4.0
5-9	115	3.4	6,876	2.6
10-14	104	3.1	5,656	2.2
15-17	89	2.6	5,579	2.1
18-19	47	1.4	3,819	1.5
20-24	159	4.7	10,499	4.0
25-29	165	4.9	11,895	4.5
30-34	229	6.8	15,288	5.8
35-39	236	7.0	15,023	5.7
40-44	206	6.1	15,275	5.8
45-49	175	5.2	16,577	6.3
50-54	314	9.3	29,317	11.2
55-59	241	7.1	26,116	10.0
60-64	263	7.8	24,120	9.2
65-69	254	7.5	21,226	8.1
70-74	283	8.3	16,114	6.2
75-79	162	4.8	11,722	4.5
80-84	125	3.7	7,780	3.0
85-89	46	1.4	3,464	1.3
90 +	16	0.5	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	570	16.8	81,064	30.9
Clinic Referral	2,807	82.8	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	14	0.4	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,355	98.9	260,978	99.6
Another Hospital	23	0.7	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	8	0.2	198	0.1
Under Care of Home Service	1	0.0	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	3	0.1	38	0.0
PRIMARY PAYER				
Medicare	980	28.9	66,198	25.3
Medicaid	319	9.4	19,834	7.6
Other government	117	3.5	6,484	2.5
Blue Cross/Blue Shield	587	17.3	32,501	12.4
Other Commercial	242	7.1	19,396	7.4
Managed Care(HMO, PPO)	1,012	29.8	108,501	41.4
Self Pay	85	2.5	3,771	1.4
Industrial & Worker Comp	49	1.4	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	18,435	7.0
Central Utah	5	0.1	8,690	3.3
Davis County	12	0.4	29,850	11.4
Salt Lake County	78	2.3	90,968	34.7
Southeastern Utah	4	0.1	5,705	2.2
Southwest Utah	3	0.1	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	3,166	93.4	6,494	2.5
Tri-County	4	0.1	5,152	2.0
Utah County	16	0.5	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	8	0.2	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	92	2.7	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	13,547	100.0	340,055	100.0
Mastectomy (85.0-85.99)	573	4.2	8,708	2.6
Musculoskeletal (76.0-84.99)	3,386	25.0	69,858	20.5
Respiratory (30.0-34.99)	156	1.2	3,126	0.9
Cardiovascular (35.0-39.99)	1,085	8.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	88	0.6	3,058	0.9
Digestive System (42.0-54.99)	3,960	29.2	110,559	32.5
Urinary (55.0-59.99)	514	3.8	11,335	3.3
Male Genital (60.0-64.99)	115	0.8	4,598	1.4
Female Genital (65.0-71.99)	991	7.3	16,800	4.9
Endocrine/Nervous (01.0-07.99)	671	5.0	23,927	7.0
Eye (08.0-16.99)	352	2.6	24,162	7.1
Ear (18.0-20.99)	543	4.0	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	1,113	8.2	31,882	9.4
Reporting Category(CPT-4 CODES)	14,037	100.0	336,452	100.0
Mastectomy (19120-19220)	61	0.4	1,628	0.5
Musculoskeletal (20000-29909)	4,428	31.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	842	6.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	1,621	11.5	18,525	5.5
Lymphatic/Hemetic (38100-38999)	93	0.7	4,482	1.3
Digestive (40490-49999)	4,344	30.9	127,003	37.7
Urinary (50010-53899)	521	3.7	16,209	4.8
Male Genital (54000-55899)	148	1.1	4,833	1.4
Female Genital (56405-58999)	868	6.2	15,699	4.7
Endocrine/Nervous (60000-64999)	635	4.5	26,706	7.9
Eye (65091-68899)	176	1.3	13,805	4.1
Ear (69000-69979)	300	2.1	7,772	2.3

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, 2012
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		13,547	100.0	100.0
4523	COLONOSCOPY	879	6.5	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	747	5.5	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	543	4.0	4.65
2001	MYRINGOTOMY W/INSRT TUBE	427	3.2	2.86
4525	CLO [ENDO] BX LG INTESTINE	270	2.0	2.45
5123	LAP CHOLEY	252	1.9	1.92
806	EXC SEMILUNAR CARTILAGE-KNEE	228	1.7	1.63
283	TONSILLECTOMY W/ADENOIDECTOMY	220	1.6	1.75
4292	DILAT ESOPH	179	1.3	1.54
3722	LT HEART CARD CATH	176	1.3	0.80
0443	RELEASE CARPAL TUNNEL	175	1.3	1.13
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	160	1.2	0.24
4836	[ENDO] POLYPECTOMY RECTUM	150	1.1	1.36
2169	OTH TURBINECTOMY	148	1.1	0.93
2188	OTH SEPTOPLASTY	133	1.0	0.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	131	1.0	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	130	1.0	1.74
8051	EXC INTERVERTEBRAL DISC	125	0.9	0.49
8363	ROTATOR CUFF REPR	120	0.9	0.79
6841	6841	114	0.8	0.19

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		14,037	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	864	6.2	5.93
43239	UGI ENDO; W/BX 1/MX	759	5.4	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	640	4.6	6.39
29580	STRAPPING; UNNA BOOT	621	4.4	0.29
29581	29581	223	1.6	0.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	222	1.6	2.20
69436	TYMPANOSTOMY GENERAL ANESTHESIA	221	1.6	1.53
29881	SCOPE KNEE SURG;W/MENISCECT MED/	183	1.3	1.48
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	179	1.3	0.60
20680	REMOVAL OF IMPLANT; DEEP	148	1.1	1.02
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	146	1.0	0.86
29826	SCOPE SHOULDER; DECOMP SUBACROM	143	1.0	1.15
42820	T&A; UNDER AGE 12	143	1.0	1.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	143	1.0	1.10
30140	SUBMUCOS RES TURBINATE PART/CMPL	130	0.9	0.91
66984	EXTRACAPSULAR CATARACT REMV IOL	130	0.9	1.77
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	129	0.9	0.55
49505	REPR INIT ING HERNIA 5YR/MORE; R	126	0.9	0.69
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	115	0.8	0.42
28285	CORRECTION HAMMERTOES	111	0.8	0.58

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		5,774	\$8,831	\$5,136
4523	COLONOSCOPY	797	\$1,855	\$1,274
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	441	\$2,821	\$1,906
4542	ENDO POLYPECTOMY LG INTESTINE	411	\$3,961	\$1,820
5123	LAP CHOLEY	228	\$15,544	\$8,631
283	TONSILLECTOMY W/ADENOIDECTOMY	179	\$7,282	\$3,559
4525	CLO [ENDO] BX LG INTESTINE	155	\$4,085	\$1,908
806	EXC SEMILUNAR CARTILAGE-KNEE	127	\$7,915	\$5,241
3722	LT HEART CARD CATH	126	\$15,864	\$11,611
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	117	\$26,569	\$18,879
8051	EXC INTERVERTEBRAL DISC	86	\$20,659	\$12,257
0443	RELEASE CARPAL TUNNEL	72	\$5,263	\$3,092
0611	CLO PERCUT NEEDLE BX THYROID GLAND	71	\$2,104	\$1,376
4836	[ENDO] POLYPECTOMY RECTUM	63	\$3,608	\$1,651
3893	VENOUS CATH-NEC	61	\$7,293	\$5,305
282	TONSILLECTOMY WO ADENOIDECTOMY	58	\$6,947	\$3,611
4513	OTH ENDO SM INTESTINE	55	\$2,098	\$1,475
8221	EXC LES TENDON SHEATH HAND	48	\$5,306	\$3,352
8201	EXPLOR TENDON SHEATH HAND	45	\$4,751	\$2,889
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	43	\$8,803	\$6,185
3491	THORACENTESIS	41	\$2,908	\$2,576

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,611	\$8,182	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	787	\$1,855	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	481	\$3,829	\$1,749
43239	UGI ENDO; W/BX 1/MX	457	\$2,850	\$1,845
69436	TYMPANOSTOMY GENERAL ANESTHESIA	159	\$4,547	\$1,876
29881	SCOPE KNEE SURG;W/MENISCECT MED/	137	\$7,869	\$4,904
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	133	\$3,855	\$1,850
66984	EXTRACAPSULAR CATARACT REMV IOL	129	\$9,079	\$4,261
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	126	\$1,892	\$3,711
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	125	\$16,162	\$9,209
42820	T&A; UNDER AGE 12	113	\$7,081	\$3,454
49505	REPR INIT ING HERNIA 5YR/MORE; R	105	\$9,591	\$6,089
47562	LAPAROSCOPY SURGICAL; CHOLECT	102	\$14,812	\$8,029
20680	REMOVAL OF IMPLANT; DEEP	82	\$7,925	\$5,341
36592	36592	82	\$10,128	\$8,250
55875	55875	82	\$14,787	\$11,183
29580	STRAPPING; UNNA BOOT	81	\$2,404	\$1,679
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	79	\$20,835	\$12,146
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	77	\$6,624	\$4,555
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	67	\$11,204	\$7,970
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	66	\$10,957	\$7,460

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	454	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	53	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	9	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	93
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	42	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	218	5,026
	012 LEVEL I SKIN REPAIR	5	31
	013 LEVEL II SKIN REPAIR	105	921
	014 LEVEL III SKIN REPAIR	11	219
02	BREAST PROCEDURES	62	1,675
	020 LEVEL I BREAST PROCEDURES	61	1,628
	021 LEVEL II BREAST PROCEDURES	1	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,920	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	376	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	2,315
	033 LEVEL I HAND PROCEDURES	251	4,044
	034 LEVEL II HAND PROCEDURES	89	1,282
	035 LEVEL I FOOT PROCEDURES	582	6,556
	036 LEVEL II FOOT PROCEDURES	124	1,905
	037 LEVEL I ARTHROSCOPY	782	22,852
	038 LEVEL II ARTHROSCOPY	198	5,849
	039 REPLACEMENT OF CAST	3	330
	040 SPLINT, STRAPPING AND CAST REMOVAL	845	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	26	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	212	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	34	511
	045 BUNION PROCEDURES	119	1,823
	046 LEVEL I ARTHROPLASTY	36	706
	047 LEVEL II ARTHROPLASTY	2	149
	048 HAND AND FOOT TENOTOMY	10	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	53	2,425
04	RESPIRATORY PROCEDURES	487	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	160	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	49	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	210	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	68	2,327
05	CARDIOVASCULAR PROCEDURES	890	9,853
	081 ECHOCARDIOGRAPHY	6	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	189	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	112	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	228	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	40	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	55	563

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
	088 LEVEL I CARDIOTHORACIC PROCEDURES	26	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	195	2,877
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	7	116
	097 AICD IMPLANT	29	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	268	4,277
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	32	42
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	179	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	57	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,230	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	37	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	118	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	844	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	95	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,511	41,948
	137 THERAPEUTIC COLONOSCOPY	322	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	31	2,093
	139 LEVEL I HERNIA REPAIR	207	5,542
	140 LEVEL II HERNIA REPAIR	29	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	45	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	70	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	9	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	103
	145 LEVEL I LAPAROSCOPY	123	2,400
	146 LEVEL II LAPAROSCOPY	315	8,245
	147 LEVEL III LAPAROSCOPY	421	7,608
	148 LEVEL IV LAPAROSCOPY	25	225
08	GENITOURINARY SYSTEM PROCEDURES	486	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	12	890
	162 URINARY CATHETERIZATION AND DILATATION	7	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	211	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	156	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	93	941
09	MALE REPRODUCTIVE SYSTEM	92	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	32	1,567
	181 CIRCUMCISION	10	1,132
	182 INSERTION OF PENILE PROSTHESIS	2	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	45	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	289
10	FEMALE REPRODUCTIVE SYSTEM	373	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	72	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	78	1,904

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	115	2,262
	199 DILATION AND CURETTAGE	11	439
	200 HYSTEROSCOPY	94	2,236
	201 COLPOSCOPY	3	642
11	NEUROLOGIC SYSTEM PROCEDURES	616	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	57	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	178
	217 LEVEL I NERVE PROCEDURES	196	4,317
	218 LEVEL II NERVE PROCEDURES	21	835
	219 SPINAL TAP	42	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	42	10,531
	221 LAMINOTOMY AND LAMINECTOMY	166	2,724
	223 LEVEL III NERVE PROCEDURES	85	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	176	13,758
	233 CATARACT PROCEDURES	136	6,414
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	252
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	2	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	9	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,209	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	495	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	53	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	202	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	106	3,502
	256 TONSIL AND ADENOID PROCEDURES	353	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	284	\$6,690	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	43	\$5,069	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$6,980	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$8,324	\$5,874
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	\$3,898	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	25	\$6,340	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	118	\$7,422	\$4,950
	012 LEVEL I SKIN REPAIR	2	\$4,103	\$1,906
	013 LEVEL II SKIN REPAIR	86	\$6,685	\$4,731
02	BREAST PROCEDURES	51	\$7,610	\$5,295
	020 LEVEL I BREAST PROCEDURES	50	\$7,464	\$5,104
	021 LEVEL II BREAST PROCEDURES	1	\$14,916	\$13,404
03	MUSCULOSKELETAL SYSTEM PROCEDURES	971	\$10,055	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$12,078	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	88	\$9,657	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$18,731	\$12,233
	033 LEVEL I HAND PROCEDURES	93	\$5,929	\$3,605
	034 LEVEL II HAND PROCEDURES	22	\$10,375	\$6,660
	035 LEVEL I FOOT PROCEDURES	84	\$7,237	\$4,528
	036 LEVEL II FOOT PROCEDURES	18	\$13,955	\$8,711
	037 LEVEL I ARTHROSCOPY	287	\$8,104	\$5,040
	038 LEVEL II ARTHROSCOPY	42	\$25,487	\$13,882
	040 SPLINT, STRAPPING AND CAST REMOVAL	100	\$3,839	\$1,590
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$13,088	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$11,571	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	135	\$17,614	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$4,531	\$3,670
	045 BUNION PROCEDURES	20	\$9,673	\$6,795
	046 LEVEL I ARTHROPLASTY	8	\$18,083	\$9,886
	047 LEVEL II ARTHROPLASTY	1	\$52,721	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	\$2,003	\$1,936
04	RESPIRATORY PROCEDURES	164	\$5,038	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	124	\$3,407	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	\$7,801	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	15	\$10,999	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	16	\$10,536	\$3,588
05	CARDIOVASCULAR PROCEDURES	243	\$22,889	\$17,886
	081 ECHOCARDIOGRAPHY	4	\$46,259	\$25,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	92	\$10,591	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	55	\$24,862	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	26	\$45,360	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	26	\$29,347	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	15	\$18,017	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	13	\$15,594	\$10,472
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	\$11,445	\$9,067

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
097 AICD IMPLANT		8	\$71,766	\$56,176
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		154	\$3,913	\$5,648
111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION		2	\$10,665	\$8,594
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE		126	\$1,892	\$3,762
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		26	\$13,185	\$9,155
07 GASTROINTESTINAL SYSTEM PROCEDURES		2,891	\$6,086	\$3,378
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT		36	\$2,030	\$2,627
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		1	\$3,364	\$1,828
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		12	\$1,245	\$1,218
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		3	\$6,839	\$1,936
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		514	\$2,796	\$1,829
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		36	\$4,487	\$2,598
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		1,272	\$2,608	\$1,505
137 THERAPEUTIC COLONOSCOPY		185	\$3,567	\$1,882
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES		10	\$9,048	\$6,968
139 LEVEL I HERNIA REPAIR		144	\$9,284	\$5,524
140 LEVEL II HERNIA REPAIR		11	\$9,431	\$6,756
141 LEVEL I ANAL AND RECTAL PROCEDURES		36	\$6,023	\$4,044
142 LEVEL II ANAL AND RECTAL PROCEDURES		56	\$7,430	\$4,792
143 LEVEL I GASTROINTESTINAL PROCEDURES		7	\$3,757	\$4,517
144 LEVEL II GASTROINTESTINAL PROCEDURES		3	\$19,740	\$10,980
145 LEVEL I LAPAROSCOPY		57	\$11,173	\$7,096
146 LEVEL II LAPAROSCOPY		228	\$18,036	\$9,427
147 LEVEL III LAPAROSCOPY		266	\$17,092	\$10,611
148 LEVEL IV LAPAROSCOPY		14	\$25,874	\$18,070
08 GENITOURINARY SYSTEM PROCEDURES		185	\$12,342	\$6,463
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY		8	\$19,220	\$11,846
162 URINARY CATHETERIZATION AND DILATATION		3	\$8,070	\$5,332
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		59	\$9,667	\$3,484
164 LEVEL II BLADDER AND KIDNEY PROCEDURES		26	\$10,157	\$6,651
166 LEVEL I URETHRA AND PROSTATE PROCEDURES		2	\$4,795	\$4,263
167 LEVEL II URETHRA AND PROSTATE PROCEDURES		87	\$14,498	\$11,734
09 MALE REPRODUCTIVE SYSTEM		64	\$12,083	\$5,766
180 TESTICULAR AND EPIDIDYMAL PROCEDURES		14	\$7,389	\$3,654
181 CIRCUMCISION		9	\$5,893	\$2,298
182 INSERTION OF PENILE PROSTHESIS		2	\$57,796	\$37,474
184 LEVEL II PENILE AND PROSTATE PROCEDURES		37	\$13,220	\$9,032
185 PROSTATE NEEDLE AND PUNCH BIOPSY		2	\$6,039	\$2,425
10 FEMALE REPRODUCTIVE SYSTEM		182	\$9,875	\$6,143
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES		36	\$8,189	\$5,502
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES		20	\$10,386	\$6,583
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES		64	\$11,990	\$8,853
199 DILATION AND CURETTAGE		4	\$8,555	\$4,086
200 HYSTEROSCOPY		56	\$8,510	\$6,413
201 COLPOSCOPY		2	\$8,283	\$1,106

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
11	NEUROLOGIC SYSTEM PROCEDURES	282	\$12,758	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	30	\$1,460	\$2,196
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	\$23,407	\$13,896
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$26,931	\$12,020
	217 LEVEL I NERVE PROCEDURES	84	\$6,446	\$4,288
	218 LEVEL II NERVE PROCEDURES	1	\$21,204	\$22,896
	219 SPINAL TAP	41	\$3,126	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$5,631	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	96	\$20,878	\$12,411
	223 LEVEL III NERVE PROCEDURES	19	\$37,073	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	163	\$9,435	\$4,588
	233 CATARACT PROCEDURES	135	\$9,055	\$4,292
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	\$8,085	\$4,384
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	\$22,430	\$11,515
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	2	\$10,161	\$8,404
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$8,734	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$5,901	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$7,843	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	578	\$8,062	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	210	\$5,067	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	25	\$9,186	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	36	\$15,952	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	63	\$16,679	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	244	\$7,135	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,601	56.0	140,857	53.8
Male	4,409	44.0	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	1	0.0	1,301	0.5
29-365 days	68	0.7	2,722	1.0
1-4 years	234	2.3	10,474	4.0
5-9	144	1.4	6,876	2.6
10-14	135	1.3	5,656	2.2
15-17	163	1.6	5,579	2.1
18-19	121	1.2	3,819	1.5
20-24	397	4.0	10,499	4.0
25-29	491	4.9	11,895	4.5
30-34	639	6.4	15,288	5.8
35-39	635	6.3	15,023	5.7
40-44	665	6.6	15,275	5.8
45-49	661	6.6	16,577	6.3
50-54	1,348	13.5	29,317	11.2
55-59	1,126	11.2	26,116	10.0
60-64	1,048	10.5	24,120	9.2
65-69	773	7.7	21,226	8.1
70-74	527	5.3	16,114	6.2
75-79	385	3.8	11,722	4.5
80-84	263	2.6	7,780	3.0
85-89	146	1.5	3,464	1.3
90 +	40	0.4	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	602	6.0	81,064	30.9
Clinic Referral	9,401	93.9	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	2	0.0	189	0.1
Skilled Nursing Facility	4	0.0	144	0.1
Other Health Care Facility	1	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,981	99.7	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	10	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	5	0.0	198	0.1
Under Care of Home Service	9	0.1	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	18	0.0
Unknown	3	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	2,415	24.1	66,198	25.3
Medicaid	427	4.3	19,834	7.6
Other government	291	2.9	6,484	2.5
Blue Cross/Blue Shield	2,113	21.1	32,501	12.4
Other Commercial	467	4.7	19,396	7.4
Managed Care(HMO, PPO)	4,046	40.4	108,501	41.4
Self Pay	147	1.5	3,771	1.4
Industrial & Worker Comp	97	1.0	3,122	1.2
Charity and Unclassified	6	0.1	839	0.3
Childrens Health Insurance	1	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	655	6.5	18,435	7.0
Central Utah	2	0.0	8,690	3.3
Davis County	2,078	20.8	29,850	11.4
Salt Lake County	78	0.8	90,968	34.7
Southeastern Utah	2	0.0	5,705	2.2
Southwest Utah	7	0.1	14,915	5.7
Summit County	22	0.2	4,208	1.6
Tooele County	9	0.1	6,494	2.5
Tri-County	12	0.1	5,152	2.0
Utah County	22	0.2	39,008	14.9
Wasatch County	2	0.0	2,303	0.9
Weber County	6,830	68.2	22,232	8.5
Unknown Utah	2	0.0	24	0.0
Outside Utah	289	2.9	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

135 Orem Community Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,906	100.0	340,055	100.0
Mastectomy (85.0-85.99)	195	5.0	8,708	2.6
Musculoskeletal (76.0-84.99)	1,211	31.0	69,858	20.5
Respiratory (30.0-34.99)	1	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	2	0.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	1	0.0	3,058	0.9
Digestive System (42.0-54.99)	39	1.0	110,559	32.5
Urinary (55.0-59.99)	41	1.0	11,335	3.3
Male Genital (60.0-64.99)	0	0.0	4,598	1.4
Female Genital (65.0-71.99)	273	7.0	16,800	4.9
Endocrine/Nervous (01.0-07.99)	805	20.6	23,927	7.0
Eye (08.0-16.99)	459	11.8	24,162	7.1
Ear (18.0-20.99)	44	1.1	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	835	21.4	31,882	9.4
Reporting Category(CPT-4 CODES)	2,827	100.0	336,452	100.0
Mastectomy (19120-19220)	8	0.3	1,628	0.5
Musculoskeletal (20000-29909)	1,235	43.7	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	31	1.1	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	10	0.4	18,525	5.5
Lymphatic/Hemetic (38100-38999)	1	0.0	4,482	1.3
Digestive (40490-49999)	384	13.6	127,003	37.7
Urinary (50010-53899)	24	0.8	16,209	4.8
Male Genital (54000-55899)	0	0.0	4,833	1.4
Female Genital (56405-58999)	206	7.3	15,699	4.7
Endocrine/Nervous (60000-64999)	683	24.2	26,706	7.9
Eye (65091-68899)	228	8.1	13,805	4.1
Ear (69000-69979)	17	0.6	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

135 Orem Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,906	100.0	100.0
232	RESTORATION TOOTH-FILLING	286	7.3	0.49
0392	INJ OTH AGENT SPINAL CANAL	279	7.1	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	268	6.9	1.45
2341	APPLIC CROWN	223	5.7	0.44
1341	PHACOEMULSIFICATION-ASPIR CATARACT	215	5.5	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	214	5.5	1.77
2370	ROOT CANAL-NOS	131	3.4	0.24
0443	RELEASE CARPAL TUNNEL	128	3.3	1.13
2309	EXTRACT OTH TOOTH	77	2.0	0.16
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	63	1.6	0.28
8589	OTH MAMMO	57	1.5	0.10
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	49	1.3	0.79
6952	ASPIR CURET FOLLOWING DELIV/AB	48	1.2	0.41
7756	REPR HAMMER TOE	46	1.2	0.40
8339	EXC LES OTH SOFT TISS	40	1.0	0.36
6823	ENDOMETRIAL ABLATION	38	1.0	0.34
8087	OTH LOC EXC/DESTRUC JT LES-ANK	37	0.9	0.11
8221	EXC LES TENDON SHEATH HAND	36	0.9	0.27
8313	OTH TENOT	36	0.9	0.21
7933	OP REDUC W/INT FIX-CARP-METACARP	35	0.9	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,827	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	321	11.4	0.73
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	282	10.0	0.67
66984	EXTRACAPSULAR CATARACT REMV IOL	195	6.9	1.77
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	175	6.2	0.47
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	67	2.4	0.61
28285	CORRECTION HAMMERTOE	64	2.3	0.58
20680	REMOVAL OF IMPLANT; DEEP	56	2.0	1.02
28296	HALLUX VALGUS; W/METATARSAL OSTE	46	1.6	0.24
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	35	1.2	0.55
29848	ENDO WRST SURG REL TRNS CARP LIG	34	1.2	0.49
26055	TENDON SHEATH INCISION	32	1.1	0.44
29898	SCOPE ANK SURGICAL; DEBRID EXT	32	1.1	0.08
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	29	1.0	0.31
26615	OPEN TX MC FX 1 W/NO INTRL/EXT F	26	0.9	0.12
25110	EXC LES TEND SHEATH FORARM &/ WR	24	0.8	0.01
52000	CYSTOURETHROSCOPY-SEP PROC	22	0.8	0.52
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	22	0.8	0.25
28232	TENOT OPN TENDON FLX; TOE 1 TEND	21	0.7	0.08
28308	OSTEOTOMY METATARSAL; NOT 1ST MT	21	0.7	0.11
64493	64493	21	0.7	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, 2012
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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		803	\$5,993	\$5,136
232	RESTORATION TOOTH-FILLING	56	\$3,088	\$3,353
6952	ASPIR CURET FOLLOWING DELIV/AB	45	\$3,015	\$3,669
0443	RELEASE CARPAL TUNNEL	42	\$3,046	\$3,092
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	29	\$2,176	\$2,219
8221	EXC LES TENDON SHEATH HAND	28	\$3,212	\$3,352
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	26	\$6,868	\$6,271
2341	APPLIC CROWN	25	\$3,531	\$4,135
6823	ENDOMETRIAL ABLATION	24	\$5,932	\$7,299
7933	OP REDUC W/INT FIX-CARP-METACARP	22	\$7,458	\$8,250
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	21	\$3,523	\$4,062
8532	BILAT REDUC MAMMO	20	\$13,013	\$12,435
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	19	\$10,716	\$12,607
806	EXC SEMILUNAR CARTILAGE-KNEE	15	\$6,179	\$5,241
7913	CLO REDUC-/INT FIX-CARP-METACARP	14	\$3,429	\$3,872
8339	EXC LES OTH SOFT TISS	14	\$3,572	\$4,793
0390	INSRT SPINAL CANAL INFUS CATH	13	\$19,839	\$24,673
0392	INJ OTH AGENT SPINAL CANAL	13	\$2,490	\$1,729
0393	INSRT/REPLCMT SPINAL NEUROSTIM	13	\$36,829	\$52,298
6909	OTH D&C UTERUS	12	\$3,231	\$4,181
8201	EXPLOR TENDON SHEATH HAND	12	\$2,993	\$2,889

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,273	\$4,417	\$4,756
41899	UNLIST PROC DENTOALVEOL STRUCTUR	302	\$3,583	\$3,996
66984	EXTRACAPSULAR CATARACT REMV IOL	194	\$2,887	\$4,261
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	109	\$2,297	\$1,992
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	39	\$3,259	\$3,226
29848	ENDO WRST SURG REL TRNS CARP LIG	27	\$3,662	\$3,237
28296	HALLUX VALGUS; W/METATARSAL OSTE	26	\$6,909	\$6,371
25110	EXC LES TEND SHEATH FORARM &/ WR	22	\$4,148	\$3,931
20680	REMOVAL OF IMPLANT; DEEP	19	\$3,899	\$5,341
66982	EXTRACAP CATARACT REMV W/IOL-CMP	18	\$3,422	\$4,812
25111	EXCISION OF GANGLION WRIST; PRIM	17	\$3,391	\$3,332
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	17	\$2,292	\$2,165
29881	SCOPE KNEE SURG;W/MENISCECT MED/	16	\$6,084	\$4,904
26615	OPEN TX MC FX 1 W/VO INTRL/EXT F	15	\$7,618	\$7,588
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	14	\$6,397	\$7,796
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	13	\$4,376	\$5,276
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	13	\$8,029	\$7,970
26160	EXC LES TEND SHETH/JNT CAP HND/F	12	\$2,820	\$3,163
69436	TYMPANOSTOMY GENERAL ANESTHESIA	12	\$1,586	\$1,876
58353	ENDOMET ABLAT THERM W/O SCOPE GU	10	\$5,133	\$6,593
26608	PERCUT SKEL FIX MC FRACTURE EA B	9	\$3,275	\$3,874

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	100	10,384
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	86	5,026
	013 LEVEL II SKIN REPAIR	2	921
02	BREAST PROCEDURES	8	1,675
	020 LEVEL I BREAST PROCEDURES	8	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,123	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	71	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	102	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	2,315
	033 LEVEL I HAND PROCEDURES	115	4,044
	034 LEVEL II HAND PROCEDURES	15	1,282
	035 LEVEL I FOOT PROCEDURES	234	6,556
	036 LEVEL II FOOT PROCEDURES	66	1,905
	037 LEVEL I ARTHROSCOPY	136	22,852
	038 LEVEL II ARTHROSCOPY	8	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	12	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	156	5,938
	045 BUNION PROCEDURES	74	1,823
	046 LEVEL I ARTHROPLASTY	6	706
	048 HAND AND FOOT TENOTOMY	27	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	45	2,425
04	RESPIRATORY PROCEDURES	1	14,291
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	3,520
05	CARDIOVASCULAR PROCEDURES	1	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,273
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	89	117,000
	139 LEVEL I HERNIA REPAIR	7	5,542
	140 LEVEL II HERNIA REPAIR	1	1,204
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,143
	145 LEVEL I LAPAROSCOPY	18	2,400
	146 LEVEL II LAPAROSCOPY	20	8,245
	147 LEVEL III LAPAROSCOPY	41	7,608
	148 LEVEL IV LAPAROSCOPY	1	225
08	GENITOURINARY SYSTEM PROCEDURES	24	13,016
	162 URINARY CATHETERIZATION AND DILATATION	2	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	22	6,067
10	FEMALE REPRODUCTIVE SYSTEM	134	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	23	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	13	2,262

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	199 DILATION AND CURETTAGE	7	439
	200 HYSTEROSCOPY	68	2,236
	201 COLPOSCOPY	2	642
11	NEUROLOGIC SYSTEM PROCEDURES	686	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	16	178
	217 LEVEL I NERVE PROCEDURES	117	4,317
	218 LEVEL II NERVE PROCEDURES	16	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	506	10,531
	221 LAMINOTOMY AND LAMINECTOMY	1	2,724
	223 LEVEL III NERVE PROCEDURES	22	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	228	13,758
	233 CATARACT PROCEDURES	217	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	255
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	415	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	366	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	14	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	7	3,502
	256 TONSIL AND ADENOID PROCEDURES	15	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	38	\$4,480	\$4,612
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$4,674	\$5,874
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$3,404	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	\$4,726	\$4,950
02	BREAST PROCEDURES	7	\$6,139	\$5,295
	020 LEVEL I BREAST PROCEDURES	7	\$6,139	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	393	\$5,933	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$5,437	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$7,495	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$12,173	\$12,233
	033 LEVEL I HAND PROCEDURES	51	\$3,479	\$3,605
	034 LEVEL II HAND PROCEDURES	4	\$4,248	\$6,660
	035 LEVEL I FOOT PROCEDURES	37	\$4,307	\$4,528
	036 LEVEL II FOOT PROCEDURES	15	\$8,328	\$8,711
	037 LEVEL I ARTHROSCOPY	64	\$5,139	\$5,040
	038 LEVEL II ARTHROSCOPY	4	\$14,967	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$6,395	\$6,804
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	94	\$7,191	\$9,982
	045 BUNION PROCEDURES	33	\$7,508	\$6,795
	046 LEVEL I ARTHROPLASTY	4	\$9,059	\$9,886
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	\$2,196	\$1,936
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$4,127	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$4,127	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	34	\$8,493	\$3,378
	139 LEVEL I HERNIA REPAIR	4	\$14,529	\$5,524
	145 LEVEL I LAPAROSCOPY	4	\$6,359	\$7,096
	146 LEVEL II LAPAROSCOPY	11	\$6,766	\$9,427
	147 LEVEL III LAPAROSCOPY	15	\$8,719	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	1	\$7,291	\$6,463
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$7,291	\$3,484
10	FEMALE REPRODUCTIVE SYSTEM	54	\$5,080	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$2,675	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	11	\$5,049	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$6,838	\$8,853
	199 DILATION AND CURETTAGE	6	\$3,341	\$4,086
	200 HYSTEROSCOPY	28	\$5,644	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	172	\$2,995	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$2,789	\$2,196
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$8,444	\$13,896
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	\$7,352	\$12,020
	217 LEVEL I NERVE PROCEDURES	49	\$3,535	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	112	\$2,317	\$2,853
	223 LEVEL III NERVE PROCEDURES	1	\$14,631	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	222	\$3,026	\$4,588
	233 CATARACT PROCEDURES	214	\$2,943	\$4,292

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	\$5,132	\$4,384
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$6,876	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,490	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$5,796	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	342	\$3,537	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	320	\$3,512	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$3,295	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$4,784	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	\$2,310	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	12	\$4,566	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,227	58.9	140,857	53.8
Male	857	41.1	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	3	0.1	2,722	1.0
1-4 years	262	12.6	10,474	4.0
5-9	47	2.3	6,876	2.6
10-14	52	2.5	5,656	2.2
15-17	62	3.0	5,579	2.1
18-19	40	1.9	3,819	1.5
20-24	117	5.6	10,499	4.0
25-29	122	5.9	11,895	4.5
30-34	165	7.9	15,288	5.8
35-39	146	7.0	15,023	5.7
40-44	122	5.9	15,275	5.8
45-49	126	6.0	16,577	6.3
50-54	149	7.1	29,317	11.2
55-59	195	9.4	26,116	10.0
60-64	185	8.9	24,120	9.2
65-69	119	5.7	21,226	8.1
70-74	73	3.5	16,114	6.2
75-79	51	2.4	11,722	4.5
80-84	29	1.4	7,780	3.0
85-89	13	0.6	3,464	1.3
90 +	6	0.3	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	12	0.6	81,064	30.9
Clinic Referral	2,072	99.4	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,078	99.7	260,978	99.6
Another Hospital	3	0.1	100	0.0
Skilled Nursing Facility	1	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	2	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	296	14.2	66,198	25.3
Medicaid	301	14.4	19,834	7.6
Other government	26	1.2	6,484	2.5
Blue Cross/Blue Shield	21	1.0	32,501	12.4
Other Commercial	156	7.5	19,396	7.4
Managed Care(HMO, PPO)	1,166	56.0	108,501	41.4
Self Pay	25	1.2	3,771	1.4
Industrial & Worker Comp	66	3.2	3,122	1.2
Charity and Unclassified	5	0.2	839	0.3
Childrens Health Insurance	1	0.0	154	0.1
Unknown	21	1.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.3	18,435	7.0
Central Utah	148	7.1	8,690	3.3
Davis County	6	0.3	29,850	11.4
Salt Lake County	55	2.6	90,968	34.7
Southeastern Utah	55	2.6	5,705	2.2
Southwest Utah	6	0.3	14,915	5.7
Summit County	1	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	16	0.8	5,152	2.0
Utah County	1,746	83.8	39,008	14.9
Wasatch County	14	0.7	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	30	1.4	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

307 The Orthopedic Specialty Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	9,539	100.0	340,055	100.0
Mastectomy (85.0-85.99)	0	0.0	8,708	2.6
Musculoskeletal (76.0-84.99)	8,398	88.0	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	8	0.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	31	0.3	3,058	0.9
Digestive System (42.0-54.99)	0	0.0	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	0	0.0	4,598	1.4
Female Genital (65.0-71.99)	0	0.0	16,800	4.9
Endocrine/Nervous (01.0-07.99)	1,102	11.6	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	0	0.0	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	31,882	9.4
Reporting Category(CPT-4 CODES)	9,386	100.0	336,452	100.0
Mastectomy (19120-19220)	0	0.0	1,628	0.5
Musculoskeletal (20000-29909)	8,931	95.2	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	1	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	7	0.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	29	0.3	4,482	1.3
Digestive (40490-49999)	0	0.0	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	0	0.0	4,833	1.4
Female Genital (56405-58999)	0	0.0	15,699	4.7
Endocrine/Nervous (60000-64999)	418	4.5	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	0	0.0	7,772	2.3

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, 2012
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		9,539	100.0	100.0
0443	RELEASE CARPAL TUNNEL	760	8.0	1.13
806	EXC SEMILUNAR CARTILAGE-KNEE	537	5.6	1.63
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	508	5.3	0.69
8183	OTH REPR SHLDR	396	4.2	0.77
8147	OTH REPR KNEE	377	4.0	0.72
8363	ROTATOR CUFF REPR	322	3.4	0.79
8145	OTH REPR CRUCIATE LIGAMNT	234	2.5	0.49
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	223	2.3	0.55
8388	OTH PLSTC OPER TENDON	204	2.1	0.39
8201	EXPLOR TENDON SHEATH HAND	201	2.1	0.38
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	174	1.8	0.48
7868	REMOV IMPLNT DEVICE-TARS-METATARS	152	1.6	0.17
8076	SYNOVECT-KNEE	144	1.5	0.41
8221	EXC LES TENDON SHEATH HAND	139	1.5	0.27
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	133	1.4	0.28
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	128	1.3	0.25
8175	ARTHRLSTY CARPOCARPAL JT WO IMPLNT	126	1.3	0.13
8140	REPR HIP-NEC	124	1.3	0.11
7768	LOC EXC LES/TISS-TARS-METATARS	123	1.3	0.26
8313	OTH TENOT	120	1.3	0.21

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		9,386	100.0	100.0
29826	SCOPE SHOULDER; DECOMP SUBACROM	617	6.6	1.15
29848	ENDO WRST SURG REL TRNS CARP LIG	590	6.3	0.49
29881	SCOPE KNEE SURG;W/MENISCECT MED/	579	6.2	1.48
20680	REMOVAL OF IMPLANT; DEEP	415	4.4	1.02
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	405	4.3	0.59
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	350	3.7	0.71
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	297	3.2	0.55
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	252	2.7	0.38
26055	TENDON SHEATH INCISION	178	1.9	0.44
20900	BONE GRAFT ANY DONOR AREA; MINOR	171	1.8	0.10
29822	SCOPE SHOULDER SURGICAL; DEBRID	158	1.7	0.27
29823	SCOPE SHOULDER SURGICAL; DEBRID	140	1.5	0.27
29806	SCOPE SHOULDER SURGICAL; CPSLORR	131	1.4	0.20
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	125	1.3	0.24
28313	RECON ANGULAR DEFORM TOE SOFT TI	124	1.3	0.05
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	109	1.2	0.21
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	108	1.2	0.40
28899	UNLISTED PROCEDURE FOOT OR TOES	103	1.1	0.11
26480	TRNSF/TPLNT TEND DORSUM HND; WO	102	1.1	0.07
25447	ARTHPLSTY INTERPSTN INTERCARPAL/	101	1.1	0.15

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,886	\$6,262	\$5,136
0443	RELEASE CARPAL TUNNEL	298	\$2,632	\$3,092
8147	OTH REPR KNEE	295	\$6,832	\$6,709
8183	OTH REPR SHLDR	287	\$7,372	\$9,815
806	EXC SEMILUNAR CARTILAGE-KNEE	159	\$3,699	\$5,241
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	104	\$3,595	\$4,516
8140	REPR HIP-NEC	95	\$14,837	\$16,351
8145	OTH REPR CRUCIATE LIGAMNT	91	\$13,422	\$14,234
8051	EXC INTERVERTEBRAL DISC	87	\$7,554	\$12,257
8363	ROTATOR CUFF REPR	82	\$10,537	\$12,785
8221	EXC LES TENDON SHEATH HAND	79	\$2,416	\$3,352
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	75	\$10,369	\$11,535
8201	EXPLOR TENDON SHEATH HAND	58	\$2,160	\$2,889
8388	OTH PLSTC OPER TENDON	55	\$6,774	\$8,314
8076	SYNOVECT-KNEE	53	\$3,584	\$4,983
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	46	\$2,473	\$4,506
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	46	\$10,490	\$12,607
7937	OP REDUC W/INT FIX-TARS-METATARS	46	\$8,075	\$10,804
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	46	\$6,560	\$7,479
7933	OP REDUC W/INT FIX-CARP-METACARP	43	\$6,015	\$8,250
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	40	\$3,333	\$4,940

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,928	\$5,452	\$4,756
29881	SCOPE KNEE SURG;W/MENISCECT MED/	403	\$3,753	\$4,904
29848	ENDO WRST SURG REL TRNS CARP LIG	398	\$2,728	\$3,237
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	201	\$3,663	\$4,563
20680	REMOVAL OF IMPLANT; DEEP	117	\$2,894	\$5,341
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	114	\$13,481	\$14,129
29806	SCOPE SHOULDER SURGICAL; CPSLORR	112	\$10,938	\$13,102
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	86	\$3,506	\$4,592
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	84	\$7,406	\$12,146
29880	SCOPE KNEE SURG;W/MENISCECT MED&	65	\$3,838	\$5,166
25111	EXCISION OF GANGLION WRIST; PRIM	56	\$2,324	\$3,332
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	40	\$3,353	\$4,799
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	39	\$4,721	\$5,594
25000	INCISION EXT TENDON SHEATH WRIST	38	\$2,062	\$2,710
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	35	\$11,367	\$13,178
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	32	\$12,307	\$13,591
24342	REINS RUP BICEPS/TRICEPS TEND DI	30	\$6,740	\$8,366
26540	REPAIR COLLAT LIGAMENT MCP/IP JO	29	\$3,603	\$4,743
29823	SCOPE SHOULDER SURGICAL; DEBRID	27	\$6,433	\$7,171
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	26	\$5,359	\$7,588
29822	SCOPE SHOULDER SURGICAL; DEBRID	25	\$6,383	\$7,321

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	486	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	29	2,400
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	448	5,026
	013 LEVEL II SKIN REPAIR	2	921
	014 LEVEL III SKIN REPAIR	2	219
03	MUSCULOSKELETAL SYSTEM PROCEDURES	8,456	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	312	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	730	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	206	2,315
	033 LEVEL I HAND PROCEDURES	518	4,044
	034 LEVEL II HAND PROCEDURES	226	1,282
	035 LEVEL I FOOT PROCEDURES	516	6,556
	036 LEVEL II FOOT PROCEDURES	300	1,905
	037 LEVEL I ARTHROSCOPY	3,616	22,852
	038 LEVEL II ARTHROSCOPY	814	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	153	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	25	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	656	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	511
	045 BUNION PROCEDURES	75	1,823
	046 LEVEL I ARTHROPLASTY	136	706
	047 LEVEL II ARTHROPLASTY	26	149
	048 HAND AND FOOT TENOTOMY	75	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	62	2,425
05	CARDIOVASCULAR PROCEDURES	5	9,853
	088 LEVEL I CARDIOTHORACIC PROCEDURES	4	466
	092 RESUSCITATION	1	13
11	NEUROLOGIC SYSTEM PROCEDURES	425	23,914
	217 LEVEL I NERVE PROCEDURES	204	4,317
	218 LEVEL II NERVE PROCEDURES	4	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	14	10,531
	221 LAMINOTOMY AND LAMINECTOMY	203	2,724

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	135	\$2,901	\$4,612
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$4,401	\$5,874
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$4,475	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	132	\$2,866	\$4,950
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,607	\$5,537	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	\$4,134	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	132	\$5,267	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$9,042	\$12,233
	033 LEVEL I HAND PROCEDURES	175	\$3,103	\$3,605
	034 LEVEL II HAND PROCEDURES	33	\$6,954	\$6,660
	035 LEVEL I FOOT PROCEDURES	67	\$3,288	\$4,528
	036 LEVEL II FOOT PROCEDURES	22	\$5,905	\$8,711
	037 LEVEL I ARTHROSCOPY	1,431	\$3,870	\$5,040
	038 LEVEL II ARTHROSCOPY	276	\$11,918	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	11	\$6,704	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	11	\$2,578	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	283	\$7,778	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,105	\$3,670
	045 BUNION PROCEDURES	11	\$3,839	\$6,795
	046 LEVEL I ARTHROPLASTY	6	\$6,994	\$9,886
	047 LEVEL II ARTHROPLASTY	24	\$28,613	\$24,441
	048 HAND AND FOOT TENOTOMY	1	\$3,598	\$3,095
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$17,510	\$1,936
11	NEUROLOGIC SYSTEM PROCEDURES	182	\$6,018	\$6,459
	217 LEVEL I NERVE PROCEDURES	66	\$3,582	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$2,527	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	112	\$7,578	\$12,411

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,629	48.5	140,857	53.8
Male	2,788	51.5	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	0	0.0	10,474	4.0
5-9	5	0.1	6,876	2.6
10-14	84	1.6	5,656	2.2
15-17	213	3.9	5,579	2.1
18-19	145	2.7	3,819	1.5
20-24	347	6.4	10,499	4.0
25-29	287	5.3	11,895	4.5
30-34	437	8.1	15,288	5.8
35-39	490	9.0	15,023	5.7
40-44	448	8.3	15,275	5.8
45-49	432	8.0	16,577	6.3
50-54	576	10.6	29,317	11.2
55-59	577	10.7	26,116	10.0
60-64	482	8.9	24,120	9.2
65-69	390	7.2	21,226	8.1
70-74	241	4.4	16,114	6.2
75-79	142	2.6	11,722	4.5
80-84	84	1.6	7,780	3.0
85-89	31	0.6	3,464	1.3
90 +	6	0.1	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,364	25.2	81,064	30.9
Clinic Referral	4,053	74.8	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,373	99.2	260,978	99.6
Another Hospital	4	0.1	100	0.0
Skilled Nursing Facility	11	0.2	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	1	0.0	198	0.1
Under Care of Home Service	28	0.5	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	856	15.8	66,198	25.3
Medicaid	125	2.3	19,834	7.6
Other government	76	1.4	6,484	2.5
Blue Cross/Blue Shield	321	5.9	32,501	12.4
Other Commercial	462	8.5	19,396	7.4
Managed Care(HMO, PPO)	3,094	57.1	108,501	41.4
Self Pay	52	1.0	3,771	1.4
Industrial & Worker Comp	385	7.1	3,122	1.2
Charity and Unclassified	24	0.4	839	0.3
Childrens Health Insurance	8	0.1	154	0.1
Unknown	14	0.3	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	51	0.9	18,435	7.0
Central Utah	38	0.7	8,690	3.3
Davis County	312	5.8	29,850	11.4
Salt Lake County	4,126	76.2	90,968	34.7
Southeastern Utah	13	0.2	5,705	2.2
Southwest Utah	52	1.0	14,915	5.7
Summit County	99	1.8	4,208	1.6
Tooele County	96	1.8	6,494	2.5
Tri-County	31	0.6	5,152	2.0
Utah County	392	7.2	39,008	14.9
Wasatch County	24	0.4	2,303	0.9
Weber County	72	1.3	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	111	2.0	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

147 Park City Medical Center

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,784	100.0	340,055	100.0
Mastectomy (85.0-85.99)	69	1.0	8,708	2.6
Musculoskeletal (76.0-84.99)	4,593	67.7	69,858	20.5
Respiratory (30.0-34.99)	1	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	4	0.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	9	0.1	3,058	0.9
Digestive System (42.0-54.99)	1,007	14.8	110,559	32.5
Urinary (55.0-59.99)	139	2.0	11,335	3.3
Male Genital (60.0-64.99)	29	0.4	4,598	1.4
Female Genital (65.0-71.99)	117	1.7	16,800	4.9
Endocrine/Nervous (01.0-07.99)	565	8.3	23,927	7.0
Eye (08.0-16.99)	119	1.8	24,162	7.1
Ear (18.0-20.99)	12	0.2	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	120	1.8	31,882	9.4
Reporting Category(CPT-4 CODES)	6,221	100.0	336,452	100.0
Mastectomy (19120-19220)	14	0.2	1,628	0.5
Musculoskeletal (20000-29909)	3,907	62.8	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	54	0.9	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	5	0.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	7	0.1	4,482	1.3
Digestive (40490-49999)	1,010	16.2	127,003	37.7
Urinary (50010-53899)	139	2.2	16,209	4.8
Male Genital (54000-55899)	18	0.3	4,833	1.4
Female Genital (56405-58999)	83	1.3	15,699	4.7
Endocrine/Nervous (60000-64999)	930	14.9	26,706	7.9
Eye (65091-68899)	48	0.8	13,805	4.1
Ear (69000-69979)	6	0.1	7,772	2.3

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, 2012
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		6,784	100.0	100.0
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	848	12.5	0.69
806	EXC SEMILUNAR CARTILAGE-KNEE	623	9.2	1.63
8145	OTH REPR CRUCIATE LIGAMNT	294	4.3	0.49
0392	INJ OTH AGENT SPINAL CANAL	293	4.3	1.89
8076	SYNOVECT-KNEE	284	4.2	0.41
4523	COLONOSCOPY	276	4.1	6.64
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	257	3.8	0.55
4542	ENDO POLYPECTOMY LG INTESTINE	237	3.5	4.65
8183	OTH REPR SHLDR	214	3.2	0.77
8363	ROTATOR CUFF REPR	181	2.7	0.79
8147	OTH REPR KNEE	161	2.4	0.72
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	119	1.8	5.87
8388	OTH PLSTC OPER TENDON	104	1.5	0.39
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	88	1.3	0.48
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	86	1.3	0.22
0443	RELEASE CARPAL TUNNEL	74	1.1	1.13
4525	CLO [ENDO] BX LG INTESTINE	72	1.1	2.45
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	68	1.0	0.28
042	DESTRUC CRANIAL & PERIPH NERV	66	1.0	0.15
8201	EXPLOR TENDON SHEATH HAND	64	0.9	0.38

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,221	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	504	8.1	1.48
29826	SCOPE SHOULDER; DECOMP SUBACROM	318	5.1	1.15
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	291	4.7	0.38
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	290	4.7	0.55
45380	COLONOSCOPY FLEX; W/BX 1/MX	284	4.6	6.39
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	255	4.1	0.59
45378	COLONOSCOPY FLEX; DX-SEP PROC	238	3.8	5.93
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	174	2.8	0.71
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	145	2.3	0.81
20680	REMOVAL OF IMPLANT; DEEP	124	2.0	1.02
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	120	1.9	0.24
29880	SCOPE KNEE SURG;W/MENISCECT MED&	120	1.9	0.48
43239	UGI ENDO; W/BX 1/MX	119	1.9	6.32
64636	64636	107	1.7	0.26
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	92	1.5	0.67
29823	SCOPE SHOULDER SURGICAL; DEBRID	87	1.4	0.27
45385	COLONOSCOPY FLEX; W/REM LES-SNA	85	1.4	2.20
29882	SCOPE KNEE; W/MENISCUS REPR MED/	81	1.3	0.12
29806	SCOPE SHOULDER SURGICAL; CPSLORR	69	1.1	0.20
29828	29828	68	1.1	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, 2012
 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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,491	\$4,491	\$5,136
4523	COLONOSCOPY	259	\$1,208	\$1,274
0392	INJ OTH AGENT SPINAL CANAL	227	\$1,806	\$1,729
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	194	\$3,573	\$4,516
4542	ENDO POLYPECTOMY LG INTESTINE	185	\$1,524	\$1,820
806	EXC SEMILUNAR CARTILAGE-KNEE	99	\$3,698	\$5,241
8145	OTH REPR CRUCIATE LIGAMNT	67	\$12,232	\$14,234
042	DESTRUC CRANIAL & PERIPH NERV	59	\$3,020	\$6,452
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	58	\$1,300	\$1,906
8076	SYNOVECT-KNEE	53	\$3,378	\$4,983
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	53	\$10,588	\$11,535
0481	INJ ANES PERIPH NERV-ANALGESIA	51	\$2,813	\$3,128
8183	OTH REPR SHLDR	51	\$8,174	\$9,815
5123	LAP CHOLEY	47	\$6,411	\$8,631
0443	RELEASE CARPAL TUNNEL	45	\$2,739	\$3,092
4525	CLO [ENDO] BX LG INTESTINE	45	\$1,604	\$1,908
7939	OP REDUC FX W/INT FIX-OTH BONE	43	\$12,832	\$13,706
8363	ROTATOR CUFF REPR	43	\$11,020	\$12,785
8147	OTH REPR KNEE	39	\$8,322	\$6,709
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	39	\$1,974	\$2,219
4836	[ENDO] POLYPECTOMY RECTUM	35	\$1,482	\$1,651

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,796	\$4,669	\$4,756
29881	SCOPE KNEE SURG;W/MENISCECT MED/	308	\$3,764	\$4,904
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	240	\$3,673	\$4,563
45378	COLONOSCOPY FLEX; DX-SEP PROC	226	\$1,210	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	225	\$1,529	\$1,749
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	114	\$1,761	\$2,139
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	112	\$12,130	\$14,129
29880	SCOPE KNEE SURG;W/MENISCECT MED&	92	\$4,003	\$5,166
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	88	\$3,458	\$4,592
43239	UGI ENDO; W/BX 1/MX	60	\$1,324	\$1,845
29806	SCOPE SHOULDER SURGICAL; CPSLORR	57	\$10,396	\$13,102
20680	REMOVAL OF IMPLANT; DEEP	56	\$3,814	\$5,341
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	55	\$1,485	\$1,850
23515	OPEN TX CLAV FX W/NO INTRL/EXT F	42	\$12,853	\$13,591
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	35	\$5,105	\$5,594
49505	REPR INIT ING HERNIA 5YR/MORE; R	34	\$5,059	\$6,089
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	33	\$3,041	\$3,226
66984	EXTRACAPSULAR CATARACT REMV IOL	33	\$4,012	\$4,261
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	31	\$1,697	\$2,523
26055	TENDON SHEATH INCISION	29	\$2,393	\$2,761
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	27	\$1,882	\$1,992

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

147 Park City Medical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	162	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	146	5,026
	014 LEVEL III SKIN REPAIR	5	219
02	BREAST PROCEDURES	14	1,675
	020 LEVEL I BREAST PROCEDURES	14	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,692	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	96	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	136	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	2,315
	033 LEVEL I HAND PROCEDURES	117	4,044
	034 LEVEL II HAND PROCEDURES	33	1,282
	035 LEVEL I FOOT PROCEDURES	78	6,556
	036 LEVEL II FOOT PROCEDURES	81	1,905
	037 LEVEL I ARTHROSCOPY	2,144	22,852
	038 LEVEL II ARTHROSCOPY	578	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	33	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	14	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	197	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	511
	045 BUNION PROCEDURES	24	1,823
	046 LEVEL I ARTHROPLASTY	22	706
	047 LEVEL II ARTHROPLASTY	14	149
	048 HAND AND FOOT TENOTOMY	7	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	38	2,425
04	RESPIRATORY PROCEDURES	28	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	18	5,791
05	CARDIOVASCULAR PROCEDURES	1	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,273
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	8	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	993	117,000
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	124	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	523	41,948
	137 THERAPEUTIC COLONOSCOPY	91	9,396
	139 LEVEL I HERNIA REPAIR	66	5,542

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

147 Park City Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	140 LEVEL II HERNIA REPAIR	6	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	12	1,143
	145 LEVEL I LAPAROSCOPY	12	2,400
	146 LEVEL II LAPAROSCOPY	77	8,245
	147 LEVEL III LAPAROSCOPY	44	7,608
08	GENITOURINARY SYSTEM PROCEDURES	131	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	890
	162 URINARY CATHETERIZATION AND DILATATION	1	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	61	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	64	3,986
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	282
09	MALE REPRODUCTIVE SYSTEM	18	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,567
	181 CIRCUMCISION	3	1,132
	182 INSERTION OF PENILE PROSTHESIS	1	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	10	1,442
10	FEMALE REPRODUCTIVE SYSTEM	49	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	2,262
	199 DILATION AND CURETTAGE	3	439
	200 HYSTEROSCOPY	32	2,236
11	NEUROLOGIC SYSTEM PROCEDURES	938	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	210	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	8	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	178
	217 LEVEL I NERVE PROCEDURES	72	4,317
	218 LEVEL II NERVE PROCEDURES	21	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	599	10,531
	221 LAMINOTOMY AND LAMINECTOMY	24	2,724
	223 LEVEL III NERVE PROCEDURES	2	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	47	13,758
	232 LASER EYE PROCEDURES	2	765
	233 CATARACT PROCEDURES	33	6,414
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	252
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	87	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	22	13,009
	254 LEVEL III FACIAL AND ENT PROCEDURES	16	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	11	3,502
	256 TONSIL AND ADENOID PROCEDURES	38	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	82	\$3,941	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$2,840	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$4,599	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$4,525	\$5,874
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,212	\$431
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$3,615	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	70	\$3,696	\$4,950
	014 LEVEL III SKIN REPAIR	3	\$10,712	\$9,742
02	BREAST PROCEDURES	11	\$3,517	\$5,295
	020 LEVEL I BREAST PROCEDURES	11	\$3,517	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,475	\$6,051	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$4,883	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$7,232	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$11,179	\$12,233
	033 LEVEL I HAND PROCEDURES	67	\$3,388	\$3,605
	034 LEVEL II HAND PROCEDURES	10	\$6,306	\$6,660
	035 LEVEL I FOOT PROCEDURES	12	\$3,965	\$4,528
	036 LEVEL II FOOT PROCEDURES	17	\$6,454	\$8,711
	037 LEVEL I ARTHROSCOPY	880	\$3,923	\$5,040
	038 LEVEL II ARTHROSCOPY	217	\$11,448	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$7,800	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	\$4,429	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	134	\$11,221	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,023	\$3,670
	045 BUNION PROCEDURES	9	\$4,931	\$6,795
	046 LEVEL I ARTHROPLASTY	1	\$6,962	\$9,886
	047 LEVEL II ARTHROPLASTY	6	\$26,033	\$24,441
	048 HAND AND FOOT TENOTOMY	1	\$2,685	\$3,095
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$1,919	\$1,936
04	RESPIRATORY PROCEDURES	2	\$4,705	\$2,528
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$4,705	\$1,271
05	CARDIOVASCULAR PROCEDURES	1	\$5,319	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$5,319	\$7,334
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$9,193	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$13,680	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$8,071	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	783	\$2,697	\$3,378
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$888	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$2,561	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	65	\$1,303	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$2,023	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	452	\$1,369	\$1,505
	137 THERAPEUTIC COLONOSCOPY	57	\$1,492	\$1,882
	139 LEVEL I HERNIA REPAIR	55	\$4,725	\$5,524
	140 LEVEL II HERNIA REPAIR	5	\$5,618	\$6,756

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	\$4,677	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	12	\$3,735	\$4,792
	145 LEVEL I LAPAROSCOPY	7	\$5,820	\$7,096
	146 LEVEL II LAPAROSCOPY	71	\$8,609	\$9,427
	147 LEVEL III LAPAROSCOPY	36	\$7,570	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	30	\$4,493	\$6,463
	162 URINARY CATHETERIZATION AND DILATATION	1	\$14,326	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	12	\$3,897	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	15	\$4,747	\$6,651
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$1,256	\$4,263
09	MALE REPRODUCTIVE SYSTEM	17	\$7,952	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$3,508	\$3,654
	181 CIRCUMCISION	3	\$2,646	\$2,298
	182 INSERTION OF PENILE PROSTHESIS	1	\$34,274	\$37,474
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	10	\$8,245	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	34	\$5,754	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	\$3,755	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$2,897	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$5,887	\$8,853
	199 DILATION AND CURETTAGE	1	\$2,559	\$4,086
	200 HYSTEROSCOPY	25	\$6,300	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	251	\$2,612	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	146	\$1,745	\$2,196
	217 LEVEL I NERVE PROCEDURES	38	\$3,445	\$4,288
	218 LEVEL II NERVE PROCEDURES	2	\$22,788	\$22,896
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	43	\$1,869	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	22	\$6,542	\$12,411
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	46	\$4,441	\$4,588
	232 LASER EYE PROCEDURES	2	\$628	\$939
	233 CATARACT PROCEDURES	33	\$4,012	\$4,292
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	\$3,343	\$4,384
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$15,023	\$11,515
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$14,716	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,764	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	51	\$4,077	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	7	\$1,910	\$2,933
	254 LEVEL III FACIAL AND ENT PROCEDURES	4	\$10,073	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	\$9,036	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	35	\$3,117	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

147 Park City Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,119	49.4	140,857	53.8
Male	2,166	50.5	121,057	46.2
Unknown	1	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	16	0.4	10,474	4.0
5-9	16	0.4	6,876	2.6
10-14	41	1.0	5,656	2.2
15-17	171	4.0	5,579	2.1
18-19	105	2.4	3,819	1.5
20-24	226	5.3	10,499	4.0
25-29	191	4.5	11,895	4.5
30-34	277	6.5	15,288	5.8
35-39	302	7.0	15,023	5.7
40-44	358	8.4	15,275	5.8
45-49	384	9.0	16,577	6.3
50-54	705	16.4	29,317	11.2
55-59	540	12.6	26,116	10.0
60-64	389	9.1	24,120	9.2
65-69	310	7.2	21,226	8.1
70-74	143	3.3	16,114	6.2
75-79	44	1.0	11,722	4.5
80-84	48	1.1	7,780	3.0
85-89	14	0.3	3,464	1.3
90 +	5	0.1	1,080	0.4
Not Reported	1	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	909	21.2	81,064	30.9
Clinic Referral	3,377	78.8	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

147 Park City Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,272	99.7	260,978	99.6
Another Hospital	1	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	2	0.0	15	0.0
Another Type of Institution	1	0.0	198	0.1
Under Care of Home Service	10	0.2	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	610	14.2	66,198	25.3
Medicaid	88	2.1	19,834	7.6
Other government	84	2.0	6,484	2.5
Blue Cross/Blue Shield	961	22.4	32,501	12.4
Other Commercial	361	8.4	19,396	7.4
Managed Care(HMO, PPO)	1,952	45.5	108,501	41.4
Self Pay	47	1.1	3,771	1.4
Industrial & Worker Comp	172	4.0	3,122	1.2
Charity and Unclassified	5	0.1	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	6	0.1	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	22	0.5	18,435	7.0
Central Utah	8	0.2	8,690	3.3
Davis County	98	2.3	29,850	11.4
Salt Lake County	837	19.5	90,968	34.7
Southeastern Utah	10	0.2	5,705	2.2
Southwest Utah	29	0.7	14,915	5.7
Summit County	1,945	45.4	4,208	1.6
Tooele County	18	0.4	6,494	2.5
Tri-County	127	3.0	5,152	2.0
Utah County	144	3.4	39,008	14.9
Wasatch County	542	12.6	2,303	0.9
Weber County	60	1.4	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	432	10.1	13,799	5.3
Unknown, Not Reported	14	0.3	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	3,389	100.0	340,055	100.0
Mastectomy (85.0-85.99)	16	0.5	8,708	2.6
Musculoskeletal (76.0-84.99)	1,057	31.2	69,858	20.5
Respiratory (30.0-34.99)	7	0.2	3,126	0.9
Cardiovascular (35.0-39.99)	22	0.6	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	9	0.3	3,058	0.9
Digestive System (42.0-54.99)	1,480	43.7	110,559	32.5
Urinary (55.0-59.99)	130	3.8	11,335	3.3
Male Genital (60.0-64.99)	39	1.2	4,598	1.4
Female Genital (65.0-71.99)	56	1.7	16,800	4.9
Endocrine/Nervous (01.0-07.99)	561	16.6	23,927	7.0
Eye (08.0-16.99)	1	0.0	24,162	7.1
Ear (18.0-20.99)	2	0.1	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	9	0.3	31,882	9.4
Reporting Category(CPT-4 CODES)	3,626	100.0	336,452	100.0
Mastectomy (19120-19220)	10	0.3	1,628	0.5
Musculoskeletal (20000-29909)	1,257	34.7	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	11	0.3	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	18	0.5	18,525	5.5
Lymphatic/Hemetic (38100-38999)	10	0.3	4,482	1.3
Digestive (40490-49999)	1,518	41.9	127,003	37.7
Urinary (50010-53899)	210	5.8	16,209	4.8
Male Genital (54000-55899)	29	0.8	4,833	1.4
Female Genital (56405-58999)	47	1.3	15,699	4.7
Endocrine/Nervous (60000-64999)	514	14.2	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	2	0.1	7,772	2.3

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, 2012
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		3,389	100.0	100.0
4523	COLONOSCOPY	355	10.5	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	319	9.4	5.87
4525	CLO [ENDO] BX LG INTESTINE	284	8.4	2.45
0391	INJ ANES SPINAL CANAL-ANALGESIA	175	5.2	1.45
0392	INJ OTH AGENT SPINAL CANAL	173	5.1	1.89
4542	ENDO POLYPECTOMY LG INTESTINE	110	3.2	4.65
0443	RELEASE CARPAL TUNNEL	88	2.6	1.13
5123	LAP CHOLEY	74	2.2	1.92
806	EXC SEMILUNAR CARTILAGE-KNEE	73	2.2	1.63
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	70	2.1	0.48
8201	EXPLOR TENDON SHEATH HAND	65	1.9	0.38
4513	OTH ENDO SM INTESTINE	52	1.5	1.56
8363	ROTATOR CUFF REPR	50	1.5	0.79
8388	OTH PLSTC OPER TENDON	44	1.3	0.39
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	43	1.3	0.79
046	TRANSPOSITION CRANIAL & PERIPH NERV	39	1.2	0.05
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	32	0.9	0.06
4292	DILAT ESOPH	29	0.9	1.54
8339	EXC LES OTH SOFT TISS	27	0.8	0.36
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	25	0.7	0.69

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,626	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	332	9.2	5.93
43239	UGI ENDO; W/BX 1/MX	320	8.8	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	289	8.0	6.39
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	166	4.6	0.67
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	113	3.1	0.47
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	109	3.0	2.20
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	88	2.4	0.61
47562	LAPAROSCOPY SURGICAL; CHOLECT	71	2.0	0.90
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	60	1.7	0.26
29881	SCOPE KNEE SURG;W/MENISCECT MED/	59	1.6	1.48
29826	SCOPE SHOULDER; DECOMP SUBACROM	54	1.5	1.15
26055	TENDON SHEATH INCISION	53	1.5	0.44
20680	REMOVAL OF IMPLANT; DEEP	52	1.4	1.02
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	44	1.2	0.05
29822	SCOPE SHOULDER SURGICAL; DEBRID	35	1.0	0.27
25000	INCISION EXT TENDON SHEATH WRIST	34	0.9	0.09
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	33	0.9	0.21
23430	TENODESIS OF LONG TENDON OF BICE	32	0.9	0.09
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	30	0.8	0.71
49650	LAPAROSCPY SURG; REPR INIT ING HE	30	0.8	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, 2012
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		1,599	\$6,112	\$5,136
4523	COLONOSCOPY	300	\$2,687	\$1,274
4525	CLO [ENDO] BX LG INTESTINE	179	\$3,296	\$1,908
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	176	\$3,416	\$1,906
5123	LAP CHOLEY	68	\$9,056	\$8,631
4542	ENDO POLYPECTOMY LG INTESTINE	52	\$3,078	\$1,820
4513	OTH ENDO SM INTESTINE	35	\$3,163	\$1,475
806	EXC SEMILUNAR CARTILAGE-KNEE	35	\$7,473	\$5,241
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	34	\$1,717	\$2,219
0443	RELEASE CARPAL TUNNEL	28	\$5,215	\$3,092
8339	EXC LES OTH SOFT TISS	22	\$5,939	\$4,793
5011	CLO [PERCUT] [NEEDLE] BX LIVER	21	\$4,113	\$3,222
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	20	\$28,221	\$35,024
7933	OP REDUC W/INT FIX-CARP-METACARP	19	\$12,040	\$8,250
8201	EXPLOR TENDON SHEATH HAND	18	\$5,218	\$2,889
7864	REMOV IMPLNT DEVICE-CARP-METACARP	16	\$5,079	\$3,521
5342	5342	15	\$11,848	\$10,789
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	15	\$20,106	\$12,607
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	15	\$14,785	\$11,910
7934	OP REDUC W/INT FIX-PHALANGES HAND	14	\$11,835	\$6,289
4514	CLO [ENDO] BX SM INTESTINE	12	\$2,840	\$1,929

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,740	\$5,780	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	301	\$2,684	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	182	\$3,297	\$1,749
43239	UGI ENDO; W/BX 1/MX	177	\$3,414	\$1,845
47562	LAPAROSCOPY SURGICAL; CHOLECT	64	\$9,026	\$8,029
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	53	\$3,030	\$1,850
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	52	\$1,313	\$1,992
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	44	\$1,894	\$2,165
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	42	\$10,846	\$11,846
29881	SCOPE KNEE SURG;W/MENISCECT MED/	30	\$7,212	\$4,904
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	27	\$5,175	\$3,226
49650	LAPARSCPY SURG; REPR INIT ING HE	25	\$12,139	\$9,560
49505	REPR INIT ING HERNIA 5YR/MORE; R	23	\$7,861	\$6,089
20680	REMOVAL OF IMPLANT; DEEP	21	\$6,304	\$5,341
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	20	\$4,043	\$2,950
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	19	\$3,547	\$1,361
25246	INJECTION PROC WRIST ARTHROGRAPH	14	\$3,830	\$4,172
20670	REMOVAL OF IMPLANT; SUP SEP PROC	13	\$6,178	\$3,775
26615	OPEN TX MC FX 1 W/VO INTRL/EXT F	13	\$10,489	\$7,588
52260	CYSTOURETHROSCPY W/DILAT; GEN AN	13	\$4,022	\$4,370
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	11	\$734	\$1,867

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	139	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	113	5,026
	013 LEVEL II SKIN REPAIR	2	921
02	BREAST PROCEDURES	10	1,675
	020 LEVEL I BREAST PROCEDURES	10	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,082	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	102	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,315
	033 LEVEL I HAND PROCEDURES	124	4,044
	034 LEVEL II HAND PROCEDURES	37	1,282
	035 LEVEL I FOOT PROCEDURES	87	6,556
	036 LEVEL II FOOT PROCEDURES	21	1,905
	037 LEVEL I ARTHROSCOPY	292	22,852
	038 LEVEL II ARTHROSCOPY	61	5,849
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	144	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	511
	045 BUNION PROCEDURES	14	1,823
	046 LEVEL I ARTHROPLASTY	19	706
	047 LEVEL II ARTHROPLASTY	3	149
	048 HAND AND FOOT TENOTOMY	1	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	75	2,425
04	RESPIRATORY PROCEDURES	37	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	31	2,653
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	4	2,327
05	CARDIOVASCULAR PROCEDURES	10	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	1	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	466
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,506	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	14	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	359	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	43	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	639	41,948

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	137 THERAPEUTIC COLONOSCOPY	119	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	56	2,093
	139 LEVEL I HERNIA REPAIR	55	5,542
	140 LEVEL II HERNIA REPAIR	26	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	504
	145 LEVEL I LAPAROSCOPY	25	2,400
	146 LEVEL II LAPAROSCOPY	134	8,245
	147 LEVEL III LAPAROSCOPY	8	7,608
	148 LEVEL IV LAPAROSCOPY	1	225
08	GENITOURINARY SYSTEM PROCEDURES	192	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	60	890
	162 URINARY CATHETERIZATION AND DILATATION	2	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	60	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	61	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	5	941
09	MALE REPRODUCTIVE SYSTEM	36	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	1,567
	181 CIRCUMCISION	5	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	18	1,442
10	FEMALE REPRODUCTIVE SYSTEM	25	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	1,349
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	12	2,262
	199 DILATION AND CURETTAGE	2	439
	200 HYSTEROSCOPY	6	2,236
	201 COLPOSCOPY	3	642
11	NEUROLOGIC SYSTEM PROCEDURES	512	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	7	221
	217 LEVEL I NERVE PROCEDURES	182	4,317
	218 LEVEL II NERVE PROCEDURES	2	835
	219 SPINAL TAP	3	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	293	10,531
	223 LEVEL III NERVE PROCEDURES	20	863
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	18	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	6	13,009
	254 LEVEL III FACIAL AND ENT PROCEDURES	5	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	3,502
	256 TONSIL AND ADENOID PROCEDURES	2	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	64	\$5,541	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$2,110	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$4,169	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$6,255	\$5,874
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$4,683	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	50	\$5,883	\$4,950
02	BREAST PROCEDURES	9	\$5,676	\$5,295
	020 LEVEL I BREAST PROCEDURES	9	\$5,676	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	335	\$9,059	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$7,168	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$11,158	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$22,781	\$12,233
	033 LEVEL I HAND PROCEDURES	31	\$6,060	\$3,605
	034 LEVEL II HAND PROCEDURES	11	\$9,677	\$6,660
	035 LEVEL I FOOT PROCEDURES	20	\$7,555	\$4,528
	036 LEVEL II FOOT PROCEDURES	7	\$13,755	\$8,711
	037 LEVEL I ARTHROSCOPY	61	\$8,014	\$5,040
	038 LEVEL II ARTHROSCOPY	11	\$19,757	\$13,882
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$3,268	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	95	\$13,400	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$2,901	\$3,670
	045 BUNION PROCEDURES	5	\$10,412	\$6,795
	047 LEVEL II ARTHROPLASTY	1	\$13,214	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	55	\$1,662	\$1,936
04	RESPIRATORY PROCEDURES	30	\$3,468	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	28	\$3,457	\$2,852
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	\$3,618	\$3,588
05	CARDIOVASCULAR PROCEDURES	5	\$14,644	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$5,661	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$25,097	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	1	\$29,518	\$35,014
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$7,285	\$9,499
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$7,995	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$7,995	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	965	\$4,231	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	13	\$825	\$2,627
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$2,250	\$1,218
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	206	\$3,398	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$3,356	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	484	\$2,915	\$1,505
	137 THERAPEUTIC COLONOSCOPY	53	\$3,030	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	19	\$3,408	\$6,968
	139 LEVEL I HERNIA REPAIR	32	\$7,990	\$5,524
	140 LEVEL II HERNIA REPAIR	8	\$10,210	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$7,058	\$4,044

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$6,728	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$8,335	\$4,517
	145 LEVEL I LAPAROSCOPY	12	\$6,425	\$7,096
	146 LEVEL II LAPAROSCOPY	110	\$9,946	\$9,427
	147 LEVEL III LAPAROSCOPY	7	\$11,492	\$10,611
	148 LEVEL IV LAPAROSCOPY	1	\$38,424	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	110	\$7,224	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	42	\$10,846	\$11,846
	162 URINARY CATHETERIZATION AND DILATATION	2	\$2,635	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	25	\$4,902	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	34	\$5,122	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$9,148	\$20,165
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$4,339	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	\$4,835	\$11,734
09	MALE REPRODUCTIVE SYSTEM	30	\$6,772	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$5,358	\$3,654
	181 CIRCUMCISION	5	\$5,560	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	17	\$7,793	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	12	\$8,449	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$5,444	\$5,502
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	\$9,928	\$8,853
	199 DILATION AND CURETTAGE	1	\$4,572	\$4,086
	200 HYSTEROSCOPY	3	\$7,294	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	118	\$7,092	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$1,198	\$2,196
	217 LEVEL I NERVE PROCEDURES	47	\$8,231	\$4,288
	218 LEVEL II NERVE PROCEDURES	1	\$12,894	\$22,896
	219 SPINAL TAP	3	\$7,887	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	53	\$1,323	\$2,853
	223 LEVEL III NERVE PROCEDURES	10	\$33,857	\$38,104
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	9	\$19,425	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$4,606	\$2,933
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$19,730	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	\$25,175	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	1	\$4,884	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,431	55.8	140,857	53.8
Male	1,135	44.2	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	2	0.1	10,474	4.0
5-9	7	0.3	6,876	2.6
10-14	13	0.5	5,656	2.2
15-17	26	1.0	5,579	2.1
18-19	29	1.1	3,819	1.5
20-24	99	3.9	10,499	4.0
25-29	130	5.1	11,895	4.5
30-34	206	8.0	15,288	5.8
35-39	183	7.1	15,023	5.7
40-44	193	7.5	15,275	5.8
45-49	206	8.0	16,577	6.3
50-54	388	15.1	29,317	11.2
55-59	277	10.8	26,116	10.0
60-64	247	9.6	24,120	9.2
65-69	239	9.3	21,226	8.1
70-74	154	6.0	16,114	6.2
75-79	80	3.1	11,722	4.5
80-84	54	2.1	7,780	3.0
85-89	22	0.9	3,464	1.3
90 +	11	0.4	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,557	99.6	81,064	30.9
Clinic Referral	0	0.0	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	9	0.4	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,560	99.8	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	3	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	1	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	2	0.1	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	709	27.6	66,198	25.3
Medicaid	246	9.6	19,834	7.6
Other government	64	2.5	6,484	2.5
Blue Cross/Blue Shield	479	18.7	32,501	12.4
Other Commercial	400	15.6	19,396	7.4
Managed Care(HMO, PPO)	564	22.0	108,501	41.4
Self Pay	31	1.2	3,771	1.4
Industrial & Worker Comp	71	2.8	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	2	0.1	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	18,435	7.0
Central Utah	6	0.2	8,690	3.3
Davis County	65	2.5	29,850	11.4
Salt Lake County	2,288	89.2	90,968	34.7
Southeastern Utah	4	0.2	5,705	2.2
Southwest Utah	2	0.1	14,915	5.7
Summit County	5	0.2	4,208	1.6
Tooele County	87	3.4	6,494	2.5
Tri-County	5	0.2	5,152	2.0
Utah County	33	1.3	39,008	14.9
Wasatch County	6	0.2	2,303	0.9
Weber County	11	0.4	22,232	8.5
Unknown Utah	1	0.0	24	0.0
Outside Utah	52	2.0	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

122 Primary Childrens Medical Center

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	22,334	100.0	340,055	100.0
Mastectomy (85.0-85.99)	9	0.0	8,708	2.6
Musculoskeletal (76.0-84.99)	2,471	11.1	69,858	20.5
Respiratory (30.0-34.99)	723	3.2	3,126	0.9
Cardiovascular (35.0-39.99)	1,135	5.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	186	0.8	3,058	0.9
Digestive System (42.0-54.99)	3,207	14.4	110,559	32.5
Urinary (55.0-59.99)	760	3.4	11,335	3.3
Male Genital (60.0-64.99)	1,363	6.1	4,598	1.4
Female Genital (65.0-71.99)	48	0.2	16,800	4.9
Endocrine/Nervous (01.0-07.99)	473	2.1	23,927	7.0
Eye (08.0-16.99)	1,421	6.4	24,162	7.1
Ear (18.0-20.99)	4,655	20.8	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	5,883	26.3	31,882	9.4
Reporting Category(CPT-4 CODES)	16,372	100.0	336,452	100.0
Mastectomy (19120-19220)	5	0.0	1,628	0.5
Musculoskeletal (20000-29909)	2,358	14.4	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	1,183	7.2	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	176	1.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	199	1.2	4,482	1.3
Digestive (40490-49999)	6,704	40.9	127,003	37.7
Urinary (50010-53899)	506	3.1	16,209	4.8
Male Genital (54000-55899)	1,453	8.9	4,833	1.4
Female Genital (56405-58999)	45	0.3	15,699	4.7
Endocrine/Nervous (60000-64999)	205	1.3	26,706	7.9
Eye (65091-68899)	1,071	6.5	13,805	4.1
Ear (69000-69979)	2,467	15.1	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		22,334	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	3,808	17.1	2.86
283	TONSILLECTOMY W/ADENOIDECTOMY	1,807	8.1	1.75
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,199	5.4	5.87
232	RESTORATION TOOTH-FILLING	751	3.4	0.49
2341	APPLIC CROWN	719	3.2	0.44
1511	RECESSION 1 EXTRAOCULAR MUSC	517	2.3	0.19
286	ADENOIDECTOMY WO TONSILLECTOMY	410	1.8	0.33
640	CIRCUMCISION	380	1.7	0.20
2370	ROOT CANAL-NOS	376	1.7	0.24
4525	CLO [ENDO] BX LG INTESTINE	362	1.6	2.45
625	ORCHIOPEXY	333	1.5	0.14
2309	EXTRACT OTH TOOTH	311	1.4	0.16
0392	INJ OTH AGENT SPINAL CANAL	283	1.3	1.89
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	269	1.2	0.12
194	MYRINGOPLASTY	268	1.2	0.25
3723	COMBO RT & LT HEART CARD CATH	260	1.2	0.48
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	244	1.1	0.09
2349	OTH DENTAL RESTORATION	242	1.1	0.18
7865	REMOV IMPLNT DEVICE-FEM	232	1.0	0.12
3323	OTH BRONCHOSCOPY	218	1.0	0.08

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		16,372	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,950	11.9	1.53
42820	T&A; UNDER AGE 12	1,638	10.0	1.37
43239	UGI ENDO; W/BX 1/MX	1,173	7.2	6.32
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,011	6.2	0.73
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	394	2.4	0.30
20680	REMOVAL OF IMPLANT; DEEP	383	2.3	1.02
67311	STRABISMUS SURG; 1 HORIZONTAL MU	367	2.2	0.14
54161	CIRC NO CLAMP/DORSAL SLIT; NOT NB	352	2.2	0.19
45380	COLONOSCOPY FLEX; W/BX 1/MX	288	1.8	6.39
54640	ORCHIPXY ING APPRCH W/WO HERN RE	252	1.5	0.10
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	245	1.5	0.13
42821	T&A; AGE 12 OR OVER	169	1.0	0.41
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	146	0.9	0.07
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	144	0.9	0.19
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	142	0.9	0.40
49505	REPR INIT ING HERNIA 5YR/MORE; R	142	0.9	0.69
49580	REPR UMBILIC HERNIA <5YR; REDUCI	140	0.9	0.06
49500	REPR INIT ING HERNIA 6MO-<5YR; R	133	0.8	0.06
67312	STRABISMUS SURG; 2 HORIZONTAL MU	125	0.8	0.05
69631	TYMP NO MASTOIDEC; NO OSSICUL CH	124	0.8	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, 2012
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		7,514	\$3,691	\$5,136
283	TONSILLECTOMY W/ADENOIDECTOMY	1,441	\$3,055	\$3,559
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	820	\$2,612	\$1,906
0392	INJ OTH AGENT SPINAL CANAL	255	\$995	\$1,729
640	CIRCUMCISION	238	\$2,642	\$3,334
625	ORCHIOPEXY	172	\$3,098	\$3,367
5845	REPR HYPOSPADIAS/EPISPADIAS	167	\$4,383	\$4,415
5349	OTH UMB HERNIORRHAPHY	156	\$2,387	\$4,448
7911	CLO REDUC FX W/INT FIX-HUMERUS	142	\$4,212	\$4,406
194	MYRINGOPLASTY	124	\$4,076	\$4,934
232	RESTORATION TOOTH-FILLING	117	\$2,948	\$3,353
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	105	\$3,213	\$3,541
7865	REMOV IMPLNT DEVICE-FEM	101	\$3,631	\$5,546
5300	UNILAT REPR ING HERN-NOS	100	\$2,978	\$3,970
6493	DIVIS PENILE ADHES	97	\$1,150	\$1,432
0943	PROBE NASOLACRML DUCT	92	\$2,657	\$2,381
0331	SPINAL TAP	83	\$1,582	\$2,474
286	ADENOIDECTOMY WO TONSILLECTOMY	82	\$2,478	\$2,966
282	TONSILLECTOMY WO ADENOIDECTOMY	79	\$2,918	\$3,611
4131	BX BONE MARROW	78	\$2,652	\$5,300
5302	UNILAT REPR INDIRECT ING HERN	76	\$2,433	\$3,638

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		9,671	\$3,445	\$4,756
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,319	\$1,299	\$1,876
42820	T&A; UNDER AGE 12	1,289	\$3,065	\$3,454
41899	UNLIST PROC DENTOALVEOL STRUCTUR	894	\$3,793	\$3,996
43239	UGI ENDO; W/BX 1/MX	805	\$2,613	\$1,845
67311	STRABISMUS SURG; 1 HORIZONTAL MU	240	\$3,201	\$3,325
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	236	\$2,627	\$3,299
20680	REMOVAL OF IMPLANT; DEEP	225	\$3,683	\$5,341
54640	ORCHIPXY ING APPRCH W/WO HERN RE	197	\$3,147	\$3,481
42821	T&A; AGE 12 OR OVER	150	\$3,026	\$3,919
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	126	\$4,150	\$4,402
49580	REPR UMBILIC HERNIA <5YR; REDUCI	101	\$2,407	\$2,838
67312	STRABISMUS SURG; 2 HORIZONTAL MU	100	\$3,244	\$3,491
49505	REPR INIT ING HERNIA 5YR/MORE; R	94	\$2,483	\$6,089
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	93	\$2,642	\$5,388
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	83	\$1,582	\$2,502
69631	TYMP NO MASTOIDEC; NO OSSICUL CH	78	\$5,651	\$7,324
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	77	\$2,501	\$2,998
53020	MEATOTOMY CUT MEATUS; EXCEPT INF	72	\$669	\$1,427
49500	REPR INIT ING HERNIA 6MO-<5YR; R	70	\$2,391	\$3,906
27485	ARREST HEMIEPIPHYSEAL DIST FEM	66	\$7,743	\$10,405

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	736	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	183	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	16	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	52	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	445	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	55
	012 LEVEL I SKIN REPAIR	1	31
	013 LEVEL II SKIN REPAIR	5	921
	014 LEVEL III SKIN REPAIR	22	219
	015 LEVEL IV SKIN REPAIR	1	2
02	BREAST PROCEDURES	5	1,675
	020 LEVEL I BREAST PROCEDURES	5	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,447	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	115	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	226	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	115	2,315
	033 LEVEL I HAND PROCEDURES	82	4,044
	034 LEVEL II HAND PROCEDURES	74	1,282
	035 LEVEL I FOOT PROCEDURES	78	6,556
	036 LEVEL II FOOT PROCEDURES	30	1,905
	037 LEVEL I ARTHROSCOPY	95	22,852
	038 LEVEL II ARTHROSCOPY	34	5,849
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	19	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	51	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	235	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	511
	045 BUNION PROCEDURES	8	1,823
	046 LEVEL I ARTHROPLASTY	4	706
	048 HAND AND FOOT TENOTOMY	92	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	174	2,425
04	RESPIRATORY PROCEDURES	871	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	37	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	357	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	177	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	300	2,327
05	CARDIOVASCULAR PROCEDURES	145	9,853
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	35	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	36	1,273
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	5	7
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	3	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	563

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	088 LEVEL I CARDIOTHORACIC PROCEDURES	5	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	47	2,877
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	2	131
	097 AICD IMPLANT	3	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	45	4,277
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	1	392
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	5	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	39	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,010	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	37	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	80	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,276	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	164	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	304	41,948
	137 THERAPEUTIC COLONOSCOPY	17	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	2,093
	139 LEVEL I HERNIA REPAIR	664	5,542
	140 LEVEL II HERNIA REPAIR	54	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	26	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	31	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	47	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	103
	145 LEVEL I LAPAROSCOPY	152	2,400
	146 LEVEL II LAPAROSCOPY	129	8,245
	147 LEVEL III LAPAROSCOPY	5	7,608
08	GENITOURINARY SYSTEM PROCEDURES	383	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	890
	162 URINARY CATHETERIZATION AND DILATATION	15	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	108	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	109	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	99	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	48	941
09	MALE REPRODUCTIVE SYSTEM	1,388	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	498	1,567
	181 CIRCUMCISION	490	1,132
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	3
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	399	1,442
10	FEMALE REPRODUCTIVE SYSTEM	34	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	20	1,349
	201 COLPOSCOPY	14	642
11	NEUROLOGIC SYSTEM PROCEDURES	177	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	3,650
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	178

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	38	4,317
	218 LEVEL II NERVE PROCEDURES	12	835
	219 SPINAL TAP	98	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	21	10,531
	221 LAMINOTOMY AND LAMINECTOMY	2	2,724
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,064	13,758
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	17
	232 LASER EYE PROCEDURES	10	765
	233 CATARACT PROCEDURES	51	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	12	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	13	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	13	252
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	16	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	673	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	209	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	61	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	6,686	31,246
	250 COCHLEAR DEVICE IMPLANTATION	24	104
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	14	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	3,484	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	287	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	262	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	275	3,502
	256 TONSIL AND ADENOID PROCEDURES	2,340	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	457	\$3,490	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	126	\$3,162	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	7	\$2,747	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,248	\$5,874
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$467	\$431
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,970	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	42	\$3,434	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	270	\$3,652	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$5,735	\$7,059
	012 LEVEL I SKIN REPAIR	1	\$1,580	\$1,906
	013 LEVEL II SKIN REPAIR	2	\$4,100	\$4,731
	014 LEVEL III SKIN REPAIR	2	\$4,936	\$9,742
02	BREAST PROCEDURES	4	\$2,879	\$5,295
	020 LEVEL I BREAST PROCEDURES	4	\$2,879	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	688	\$5,041	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	\$4,567	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	110	\$5,393	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$8,887	\$12,233
	033 LEVEL I HAND PROCEDURES	36	\$2,924	\$3,605
	034 LEVEL II HAND PROCEDURES	22	\$2,756	\$6,660
	035 LEVEL I FOOT PROCEDURES	27	\$4,173	\$4,528
	036 LEVEL II FOOT PROCEDURES	10	\$5,341	\$8,711
	037 LEVEL I ARTHROSCOPY	43	\$6,797	\$5,040
	038 LEVEL II ARTHROSCOPY	18	\$10,527	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	11	\$4,405	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	40	\$4,180	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	201	\$5,008	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$6,885	\$3,670
	045 BUNION PROCEDURES	4	\$5,930	\$6,795
	048 HAND AND FOOT TENOTOMY	7	\$2,445	\$3,095
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	45	\$785	\$1,936
04	RESPIRATORY PROCEDURES	143	\$3,684	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	24	\$4,729	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	65	\$2,999	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	23	\$4,597	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	31	\$3,636	\$3,588
05	CARDIOVASCULAR PROCEDURES	44	\$16,068	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	23	\$5,844	\$7,334
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$10,548	\$10,548
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$22,271	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	2	\$20,820	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$28,074	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	\$13,418	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	7	\$34,854	\$10,472
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	2	\$11,298	\$11,298

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
097 AICD IMPLANT		2	\$65,206	\$56,176
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		35	\$4,384	\$5,648
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE		4	\$4,028	\$3,762
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		31	\$4,429	\$9,155
07 GASTROINTESTINAL SYSTEM PROCEDURES		1,737	\$2,958	\$3,378
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		1	\$3,777	\$1,828
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		12	\$1,983	\$1,218
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		16	\$1,964	\$1,936
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		850	\$2,632	\$1,829
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		128	\$3,823	\$2,598
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		59	\$2,663	\$1,505
137 THERAPEUTIC COLONOSCOPY		4	\$2,683	\$1,882
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES		1	\$2,709	\$6,968
139 LEVEL I HERNIA REPAIR		441	\$2,575	\$5,524
140 LEVEL II HERNIA REPAIR		36	\$3,329	\$6,756
141 LEVEL I ANAL AND RECTAL PROCEDURES		13	\$1,894	\$4,044
142 LEVEL II ANAL AND RECTAL PROCEDURES		28	\$2,030	\$4,792
143 LEVEL I GASTROINTESTINAL PROCEDURES		38	\$4,187	\$4,517
144 LEVEL II GASTROINTESTINAL PROCEDURES		2	\$5,612	\$10,980
145 LEVEL I LAPAROSCOPY		13	\$3,697	\$7,096
146 LEVEL II LAPAROSCOPY		94	\$6,554	\$9,427
147 LEVEL III LAPAROSCOPY		1	\$10,644	\$10,611
08 GENITOURINARY SYSTEM PROCEDURES		217	\$4,254	\$6,463
162 URINARY CATHETERIZATION AND DILATATION		9	\$3,456	\$5,332
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		47	\$3,902	\$3,484
164 LEVEL II BLADDER AND KIDNEY PROCEDURES		58	\$8,936	\$6,651
166 LEVEL I URETHRA AND PROSTATE PROCEDURES		75	\$665	\$4,263
167 LEVEL II URETHRA AND PROSTATE PROCEDURES		28	\$5,017	\$11,734
09 MALE REPRODUCTIVE SYSTEM		930	\$2,970	\$5,766
180 TESTICULAR AND EPIDIDYMAL PROCEDURES		353	\$2,744	\$3,654
181 CIRCUMCISION		323	\$2,467	\$2,298
183 LEVEL I PENILE AND PROSTATE PROCEDURES		1	\$2,092	\$2,626
184 LEVEL II PENILE AND PROSTATE PROCEDURES		253	\$3,931	\$9,032
10 FEMALE REPRODUCTIVE SYSTEM		14	\$1,468	\$6,143
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES		13	\$1,448	\$5,502
201 COLPOSCOPY		1	\$1,724	\$1,106
11 NEUROLOGIC SYSTEM PROCEDURES		119	\$6,188	\$6,459
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		3	\$1,142	\$2,196
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE		1	\$4,158	\$12,020
217 LEVEL I NERVE PROCEDURES		12	\$5,054	\$4,288
218 LEVEL II NERVE PROCEDURES		12	\$40,575	\$22,896
219 SPINAL TAP		84	\$1,583	\$2,473
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		5	\$7,283	\$2,853
221 LAMINOTOMY AND LAMINECTOMY		2	\$5,903	\$12,411
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		607	\$3,258	\$4,588

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	\$1,664	\$1,351
	232 LASER EYE PROCEDURES	9	\$3,015	\$939
	233 CATARACT PROCEDURES	35	\$5,542	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	\$5,027	\$4,975
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$4,788	\$4,384
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$7,904	\$11,515
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$3,841	\$7,320
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	3	\$5,349	\$8,404
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	371	\$3,185	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	128	\$2,541	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	40	\$3,115	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4,484	\$3,136	\$4,852
	250 COCHLEAR DEVICE IMPLANTATION	24	\$43,127	\$60,721
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	9	\$3,842	\$7,574
	252 LEVEL I FACIAL AND ENT PROCEDURES	2,442	\$2,438	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	168	\$2,559	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	129	\$5,834	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	109	\$9,087	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	1,603	\$3,034	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,678	41.6	140,857	53.8
Male	7,980	58.4	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	21	0.2	1,301	0.5
29-365 days	1,507	11.0	2,722	1.0
1-4 years	5,231	38.3	10,474	4.0
5-9	3,402	24.9	6,876	2.6
10-14	2,156	15.8	5,656	2.2
15-17	1,003	7.3	5,579	2.1
18-19	206	1.5	3,819	1.5
20-24	88	0.6	10,499	4.0
25-29	19	0.1	11,895	4.5
30-34	15	0.1	15,288	5.8
35-39	5	0.0	15,023	5.7
40-44	0	0.0	15,275	5.8
45-49	0	0.0	16,577	6.3
50-54	3	0.0	29,317	11.2
55-59	1	0.0	26,116	10.0
60-64	1	0.0	24,120	9.2
65-69	0	0.0	21,226	8.1
70-74	0	0.0	16,114	6.2
75-79	0	0.0	11,722	4.5
80-84	0	0.0	7,780	3.0
85-89	0	0.0	3,464	1.3
90 +	0	0.0	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	740	5.4	81,064	30.9
Clinic Referral	12,887	94.4	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	30	0.2	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	1	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	13,650	99.9	260,978	99.6
Another Hospital	5	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	1	0.0	198	0.1
Under Care of Home Service	2	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	119	0.9	66,198	25.3
Medicaid	3,583	26.2	19,834	7.6
Other government	309	2.3	6,484	2.5
Blue Cross/Blue Shield	2,318	17.0	32,501	12.4
Other Commercial	1,019	7.5	19,396	7.4
Managed Care(HMO, PPO)	5,903	43.2	108,501	41.4
Self Pay	65	0.5	3,771	1.4
Industrial & Worker Comp	0	0.0	3,122	1.2
Charity and Unclassified	3	0.0	839	0.3
Childrens Health Insurance	6	0.0	154	0.1
Unknown	333	2.4	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	343	2.5	18,435	7.0
Central Utah	134	1.0	8,690	3.3
Davis County	1,708	12.5	29,850	11.4
Salt Lake County	6,641	48.6	90,968	34.7
Southeastern Utah	149	1.1	5,705	2.2
Southwest Utah	180	1.3	14,915	5.7
Summit County	183	1.3	4,208	1.6
Tooele County	405	3.0	6,494	2.5
Tri-County	185	1.4	5,152	2.0
Utah County	1,788	13.1	39,008	14.9
Wasatch County	110	0.8	2,303	0.9
Weber County	694	5.1	22,232	8.5
Unknown Utah	1	0.0	24	0.0
Outside Utah	1,136	8.3	13,799	5.3
Unknown, Not Reported	1	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	9,252	100.0	340,055	100.0
Mastectomy (85.0-85.99)	30	0.3	8,708	2.6
Musculoskeletal (76.0-84.99)	1,429	15.4	69,858	20.5
Respiratory (30.0-34.99)	4	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	18	0.2	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	22	0.2	3,058	0.9
Digestive System (42.0-54.99)	4,860	52.5	110,559	32.5
Urinary (55.0-59.99)	223	2.4	11,335	3.3
Male Genital (60.0-64.99)	87	0.9	4,598	1.4
Female Genital (65.0-71.99)	851	9.2	16,800	4.9
Endocrine/Nervous (01.0-07.99)	117	1.3	23,927	7.0
Eye (08.0-16.99)	119	1.3	24,162	7.1
Ear (18.0-20.99)	452	4.9	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	1,040	11.2	31,882	9.4
Reporting Category(CPT-4 CODES)	8,161	100.0	336,452	100.0
Mastectomy (19120-19220)	15	0.2	1,628	0.5
Musculoskeletal (20000-29909)	1,360	16.7	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	510	6.2	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	16	0.2	18,525	5.5
Lymphatic/Hemetic (38100-38999)	15	0.2	4,482	1.3
Digestive (40490-49999)	4,930	60.4	127,003	37.7
Urinary (50010-53899)	204	2.5	16,209	4.8
Male Genital (54000-55899)	60	0.7	4,833	1.4
Female Genital (56405-58999)	588	7.2	15,699	4.7
Endocrine/Nervous (60000-64999)	153	1.9	26,706	7.9
Eye (65091-68899)	57	0.7	13,805	4.1
Ear (69000-69979)	253	3.1	7,772	2.3

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, 2012
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		9,252	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,072	11.6	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	903	9.8	4.65
4523	COLONOSCOPY	837	9.0	6.64
4836	[ENDO] POLYPECTOMY RECTUM	481	5.2	1.36
4525	CLO [ENDO] BX LG INTESTINE	440	4.8	2.45
2001	MYRINGOTOMY W/INSRT TUBE	304	3.3	2.86
5123	LAP CHOLEY	231	2.5	1.92
283	TONSILLECTOMY W/ADENOIDECTOMY	210	2.3	1.75
4292	DILAT ESOPH	186	2.0	1.54
2169	OTH TURBINECTOMY	170	1.8	0.93
806	EXC SEMILUNAR CARTILAGE-KNEE	152	1.6	1.63
6952	ASPIR CURET FOLLOWING DELIV/AB	142	1.5	0.41
2263	ETHMOIDECTOMY	105	1.1	0.74
4513	OTH ENDO SM INTESTINE	103	1.1	1.56
4824	CLO [ENDO] BX RECTUM	97	1.0	0.49
215	SUBMUCOUS RESECT NASAL SEPTUM	75	0.8	0.27
282	TONSILLECTOMY WO ADENOIDECTOMY	72	0.8	0.48
2262	EXC LES MAXIL SINUS W/OTH APPRCH	67	0.7	0.35
598	URETERAL CATH	65	0.7	0.76
8363	ROTATOR CUFF REPR	65	0.7	0.79

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,161	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,223	15.0	6.39
43239	UGI ENDO; W/BX 1/MX	1,076	13.2	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	745	9.1	5.93
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	387	4.7	2.20
47562	LAPAROSCOPY SURGICAL; CHOLECT	221	2.7	0.90
29881	SCOPE KNEE SURG;W/MENISCECT MED/	166	2.0	1.48
69436	TYMPANOSTOMY GENERAL ANESTHESIA	154	1.9	1.53
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	150	1.8	1.04
30140	SUBMUCOS RES TURBINATE PART/CMPL	145	1.8	0.91
42820	T&A; UNDER AGE 12	138	1.7	1.37
45383	COLONOSCOPY FLEX; W/ABLAT LES	113	1.4	0.16
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	105	1.3	0.55
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	95	1.2	0.86
29826	SCOPE SHOULDER; DECOMP SUBACROM	81	1.0	1.15
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	77	0.9	0.55
42821	T&A; AGE 12 OR OVER	72	0.9	0.41
49505	REPR INIT ING HERNIA 5YR/MORE; R	72	0.9	0.69
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	63	0.8	0.71
44970	LAPAROSCOPY SURGICAL APPENDECTOM	63	0.8	0.39
52332	CYSTOURETHROSCOPY W/INSRT STENT	59	0.7	0.74

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		4,089	\$3,349	\$5,136
4523	COLONOSCOPY	702	\$952	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	525	\$1,393	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	517	\$1,386	\$1,906
5123	LAP CHOLEY	219	\$5,790	\$8,631
4836	[ENDO] POLYPECTOMY RECTUM	179	\$1,312	\$1,651
283	TONSILLECTOMY W/ADENOIDECTOMY	168	\$3,458	\$3,559
4525	CLO [ENDO] BX LG INTESTINE	162	\$1,404	\$1,908
6952	ASPIR CURET FOLLOWING DELIV/AB	140	\$2,774	\$3,669
806	EXC SEMILUNAR CARTILAGE-KNEE	62	\$4,263	\$5,241
4701	LAP APPENDECTOMY	58	\$9,621	\$11,971
4513	OTH ENDO SM INTESTINE	48	\$1,458	\$1,475
8147	OTH REPR KNEE	48	\$7,966	\$6,709
282	TONSILLECTOMY WO ADENOIDECTOMY	47	\$3,865	\$3,611
5304	UNILAT REPR INDIRECT ING HERN-GFT	40	\$4,331	\$5,886
8183	OTH REPR SHLDR	36	\$9,317	\$9,815
5341	REPR UMB HERN W/PROSTH	33	\$5,257	\$6,498
4824	CLO [ENDO] BX RECTUM	32	\$1,216	\$1,724
5421	LAPAROSCOPY	32	\$3,983	\$5,967
6823	ENDOMETRIAL ABLATION	31	\$6,523	\$7,299
6909	OTH D&C UTERUS	30	\$2,810	\$4,181

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		4,277	\$3,349	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	769	\$1,340	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	622	\$951	\$1,296
43239	UGI ENDO; W/BX 1/MX	522	\$1,396	\$1,845
47562	LAPAROSCOPY SURGICAL; CHOLECT	210	\$5,716	\$8,029
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	187	\$1,533	\$1,850
29881	SCOPE KNEE SURG;W/MENISCECT MED/	112	\$4,288	\$4,904
42820	T&A; UNDER AGE 12	106	\$3,360	\$3,454
69436	TYMPANOSTOMY GENERAL ANESTHESIA	83	\$1,482	\$1,876
45383	COLONOSCOPY FLEX; W/ABLAT LES	68	\$1,373	\$1,391
49505	REPR INIT ING HERNIA 5YR/MORE; R	62	\$4,515	\$6,089
42821	T&A; AGE 12 OR OVER	61	\$3,625	\$3,919
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	59	\$5,889	\$7,970
44970	LAPAROSCOPY SURGICAL APPENDECTOM	58	\$9,621	\$12,174
66984	EXTRACAPSULAR CATARACT REMV IOL	51	\$4,257	\$4,261
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	39	\$4,072	\$3,675
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	37	\$1,176	\$1,361
58661	LAP SURG; W/REMV ADNEXAL STRUCT	36	\$6,747	\$10,507
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	34	\$5,269	\$5,406
20680	REMOVAL OF IMPLANT; DEEP	29	\$3,414	\$5,341
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	29	\$6,908	\$7,796

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	96	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	72	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	013 LEVEL II SKIN REPAIR	1	921
	014 LEVEL III SKIN REPAIR	6	219
02	BREAST PROCEDURES	15	1,675
	020 LEVEL I BREAST PROCEDURES	15	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,176	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	2,315
	033 LEVEL I HAND PROCEDURES	42	4,044
	034 LEVEL II HAND PROCEDURES	6	1,282
	035 LEVEL I FOOT PROCEDURES	118	6,556
	036 LEVEL II FOOT PROCEDURES	31	1,905
	037 LEVEL I ARTHROSCOPY	486	22,852
	038 LEVEL II ARTHROSCOPY	170	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	139	5,938
	045 BUNION PROCEDURES	30	1,823
	046 LEVEL I ARTHROPLASTY	3	706
	047 LEVEL II ARTHROPLASTY	2	149
	048 HAND AND FOOT TENOTOMY	1	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	2,425
04	RESPIRATORY PROCEDURES	229	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	30	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	197	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	2,327
05	CARDIOVASCULAR PROCEDURES	14	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	1,385
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	7	116
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,847	117,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	24	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	540

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,138	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	218	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,974	41,948
	137 THERAPEUTIC COLONOSCOPY	517	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	26	2,093
	139 LEVEL I HERNIA REPAIR	152	5,542
	140 LEVEL II HERNIA REPAIR	31	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	9	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	27	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	11	504
	145 LEVEL I LAPAROSCOPY	86	2,400
	146 LEVEL II LAPAROSCOPY	438	8,245
	147 LEVEL III LAPAROSCOPY	184	7,608
	148 LEVEL IV LAPAROSCOPY	4	225
08	GENITOURINARY SYSTEM PROCEDURES	177	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	13	890
	162 URINARY CATHETERIZATION AND DILATATION	4	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	86	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	72	3,986
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	941
09	MALE REPRODUCTIVE SYSTEM	69	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	32	1,567
	181 CIRCUMCISION	17	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	20	1,442
10	FEMALE REPRODUCTIVE SYSTEM	280	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	49	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	55	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	65	2,262
	199 DILATION AND CURETTAGE	23	439
	200 HYSTEROSCOPY	86	2,236
	201 COLPOSCOPY	2	642
11	NEUROLOGIC SYSTEM PROCEDURES	148	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	221
	217 LEVEL I NERVE PROCEDURES	50	4,317
	218 LEVEL II NERVE PROCEDURES	24	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	31	10,531
	221 LAMINOTOMY AND LAMINECTOMY	37	2,724
	223 LEVEL III NERVE PROCEDURES	4	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	57	13,758
	233 CATARACT PROCEDURES	54	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	131
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	892
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	984	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	375	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	45	1,530

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
254 LEVEL III FACIAL AND ENT PROCEDURES	149	4,294
255 LEVEL IV FACIAL AND ENT PROCEDURES	72	3,502
256 TONSIL AND ADENOID PROCEDURES	343	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	50	\$3,400	\$4,612
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$3,251	\$2,769
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,317	\$431
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$3,393	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	41	\$3,423	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,590	\$7,059
	014 LEVEL III SKIN REPAIR	1	\$3,974	\$9,742
02	BREAST PROCEDURES	15	\$3,446	\$5,295
	020 LEVEL I BREAST PROCEDURES	15	\$3,446	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	462	\$6,559	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$5,328	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$6,096	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$11,277	\$12,233
	033 LEVEL I HAND PROCEDURES	22	\$2,579	\$3,605
	034 LEVEL II HAND PROCEDURES	3	\$4,986	\$6,660
	035 LEVEL I FOOT PROCEDURES	26	\$4,157	\$4,528
	036 LEVEL II FOOT PROCEDURES	9	\$5,783	\$8,711
	037 LEVEL I ARTHROSCOPY	178	\$4,851	\$5,040
	038 LEVEL II ARTHROSCOPY	55	\$12,183	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$3,930	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$2,291	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	89	\$8,946	\$9,982
	045 BUNION PROCEDURES	12	\$5,159	\$6,795
	047 LEVEL II ARTHROPLASTY	1	\$20,365	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	\$1,291	\$1,936
04	RESPIRATORY PROCEDURES	7	\$6,583	\$2,528
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$6,416	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	5	\$6,650	\$5,664
05	CARDIOVASCULAR PROCEDURES	4	\$5,798	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$5,427	\$7,334
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$5,921	\$9,067
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$6,220	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$6,220	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,977	\$2,473	\$3,378
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$953	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$841	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	563	\$1,385	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	56	\$2,045	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,392	\$1,167	\$1,505
	137 THERAPEUTIC COLONOSCOPY	259	\$1,495	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	\$3,722	\$6,968
	139 LEVEL I HERNIA REPAIR	108	\$4,750	\$5,524
	140 LEVEL II HERNIA REPAIR	12	\$5,875	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$3,943	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	23	\$4,553	\$4,792

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$3,504	\$4,517
	145 LEVEL I LAPAROSCOPY	54	\$5,038	\$7,096
	146 LEVEL II LAPAROSCOPY	360	\$6,578	\$9,427
	147 LEVEL III LAPAROSCOPY	116	\$8,574	\$10,611
	148 LEVEL IV LAPAROSCOPY	2	\$14,070	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	29	\$5,425	\$6,463
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	14	\$4,191	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	14	\$6,598	\$6,651
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$6,284	\$11,734
09	MALE REPRODUCTIVE SYSTEM	35	\$5,461	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$3,595	\$3,654
	181 CIRCUMCISION	12	\$3,281	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	14	\$8,530	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	159	\$5,266	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	\$3,067	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	22	\$6,080	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	40	\$6,869	\$8,853
	199 DILATION AND CURETTAGE	21	\$2,848	\$4,086
	200 HYSTEROSCOPY	55	\$5,538	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	68	\$7,452	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$415	\$2,196
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$1,721	\$13,896
	217 LEVEL I NERVE PROCEDURES	29	\$3,713	\$4,288
	218 LEVEL II NERVE PROCEDURES	6	\$18,852	\$22,896
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$2,135	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	25	\$10,840	\$12,411
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	57	\$4,227	\$4,588
	233 CATARACT PROCEDURES	54	\$4,317	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,145	\$4,975
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,341	\$3,139
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	400	\$3,982	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	115	\$1,984	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	17	\$3,117	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	12	\$8,967	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	34	\$12,231	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	222	\$3,551	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

148 Riverton Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,484	55.8	140,857	53.8
Male	2,755	44.2	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	23	0.4	2,722	1.0
1-4 years	154	2.5	10,474	4.0
5-9	128	2.1	6,876	2.6
10-14	121	1.9	5,656	2.2
15-17	139	2.2	5,579	2.1
18-19	114	1.8	3,819	1.5
20-24	333	5.3	10,499	4.0
25-29	453	7.3	11,895	4.5
30-34	555	8.9	15,288	5.8
35-39	535	8.6	15,023	5.7
40-44	514	8.2	15,275	5.8
45-49	485	7.8	16,577	6.3
50-54	977	15.7	29,317	11.2
55-59	613	9.8	26,116	10.0
60-64	459	7.4	24,120	9.2
65-69	308	4.9	21,226	8.1
70-74	168	2.7	16,114	6.2
75-79	80	1.3	11,722	4.5
80-84	49	0.8	7,780	3.0
85-89	24	0.4	3,464	1.3
90 +	7	0.1	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	648	10.4	81,064	30.9
Clinic Referral	5,590	89.6	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	1	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

148 Riverton Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,232	99.9	260,978	99.6
Another Hospital	2	0.0	100	0.0
Skilled Nursing Facility	1	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	1	0.0	198	0.1
Under Care of Home Service	2	0.0	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	643	10.3	66,198	25.3
Medicaid	288	4.6	19,834	7.6
Other government	97	1.6	6,484	2.5
Blue Cross/Blue Shield	119	1.9	32,501	12.4
Other Commercial	562	9.0	19,396	7.4
Managed Care(HMO, PPO)	4,390	70.4	108,501	41.4
Self Pay	43	0.7	3,771	1.4
Industrial & Worker Comp	44	0.7	3,122	1.2
Charity and Unclassified	18	0.3	839	0.3
Childrens Health Insurance	3	0.0	154	0.1
Unknown	32	0.5	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	14	0.2	18,435	7.0
Central Utah	15	0.2	8,690	3.3
Davis County	60	1.0	29,850	11.4
Salt Lake County	5,472	87.7	90,968	34.7
Southeastern Utah	15	0.2	5,705	2.2
Southwest Utah	13	0.2	14,915	5.7
Summit County	28	0.4	4,208	1.6
Tooele County	107	1.7	6,494	2.5
Tri-County	9	0.1	5,152	2.0
Utah County	453	7.3	39,008	14.9
Wasatch County	9	0.1	2,303	0.9
Weber County	9	0.1	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	34	0.5	13,799	5.3
Unknown, Not Reported	1	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

128 San Juan Hospital - CAH

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	739	100.0	340,055	100.0
Mastectomy (85.0-85.99)	5	0.7	8,708	2.6
Musculoskeletal (76.0-84.99)	125	16.9	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	1	0.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,058	0.9
Digestive System (42.0-54.99)	344	46.5	110,559	32.5
Urinary (55.0-59.99)	2	0.3	11,335	3.3
Male Genital (60.0-64.99)	1	0.1	4,598	1.4
Female Genital (65.0-71.99)	39	5.3	16,800	4.9
Endocrine/Nervous (01.0-07.99)	51	6.9	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	0	0.0	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	171	23.1	31,882	9.4
Reporting Category(CPT-4 CODES)	367	100.0	336,452	100.0
Mastectomy (19120-19220)	0	0.0	1,628	0.5
Musculoskeletal (20000-29909)	2	0.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	18,525	5.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,482	1.3
Digestive (40490-49999)	281	76.6	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	0	0.0	4,833	1.4
Female Genital (56405-58999)	58	15.8	15,699	4.7
Endocrine/Nervous (60000-64999)	26	7.1	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	0	0.0	7,772	2.3

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, 2012
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		739	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	73	9.9	5.87
4542	ENDO POLYPECTOMY LG INTESTINE	57	7.7	4.65
4523	COLONOSCOPY	54	7.3	6.64
4525	CLO [ENDO] BX LG INTESTINE	50	6.8	2.45
232	RESTORATION TOOTH-FILLING	45	6.1	0.49
2341	APPLIC CROWN	40	5.4	0.44
2370	ROOT CANAL-NOS	28	3.8	0.24
4824	CLO [ENDO] BX RECTUM	27	3.7	0.49
806	EXC SEMILUNAR CARTILAGE-KNEE	27	3.7	1.63
2301	EXTRACT DECIDUOUS TOOTH	24	3.2	0.04
6909	OTH D&C UTERUS	24	3.2	0.38
0391	INJ ANES SPINAL CANAL-ANALGESIA	19	2.6	1.45
0392	INJ OTH AGENT SPINAL CANAL	19	2.6	1.89
4943	CAUT HEMORRHOIDS	15	2.0	0.01
2499	OTH DENTAL OPER	13	1.8	0.00
5123	LAP CHOLEY	10	1.4	1.92
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	10	1.4	0.55
283	TONSILLECTOMY W/ADENOIDECTOMY	9	1.2	1.75
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	1.2	0.30
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	9	1.2	0.48

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		367	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	159	43.3	6.39
43239	UGI ENDO; W/BX 1/MX	72	19.6	6.32
58120	DILATION & CURET DX &/ THERAPEUT	27	7.4	0.13
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	25	6.8	0.02
49500	REPR INIT ING HERNIA 6MO-<5YR; R	24	6.5	0.06
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	19	5.2	0.81
42820	T&A; UNDER AGE 12	16	4.4	1.37
47600	CHOLECYSTECTOMY;	9	2.5	0.01
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	1.1	0.61
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	3	0.8	0.01
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	3	0.8	0.67
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	2	0.5	0.04
57240	ANT COLPORRHAPHY REPR CYSTOCELE	2	0.5	0.12
44950	APPENDECTOMY;	1	0.3	0.01
58940	OOPHORECTOMY PART/TOTAL UNI/BIL;	1	0.3	0.00

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		286	\$5,717	\$5,136
4523	COLONOSCOPY	44	\$2,310	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	27	\$2,871	\$1,820
6909	OTH D&C UTERUS	23	\$4,562	\$4,181
4516	ESOPHAGOGASTROUDENOSCPY-CLO BX	22	\$2,880	\$1,906
806	EXC SEMILUNAR CARTILAGE-KNEE	22	\$8,661	\$5,241
5123	LAP CHOLEY	10	\$12,781	\$8,631
283	TONSILLECTOMY W/ADENOIDECTOMY	9	\$4,866	\$3,559
4525	CLO [ENDO] BX LG INTESTINE	8	\$3,281	\$1,908
4943	CAUT HEMORRHOIDS	8	\$2,862	\$2,692
5304	UNILAT REPR INDIRECT ING HERN-GFT	8	\$9,057	\$5,886
282	TONSILLECTOMY WO ADENOIDECTOMY	7	\$5,128	\$3,611
232	RESTORATION TOOTH-FILLING	6	\$4,781	\$3,353
5303	UNILAT REPR DIRECT ING HERN-GFT	6	\$10,057	\$6,274
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	6	\$18,243	\$12,607
0601	ASPIR THYROID FIELD	5	\$1,112	\$1,406
0443	RELEASE CARPAL TUNNEL	4	\$6,936	\$3,092
4513	OTH ENDO SM INTESTINE	3	\$2,300	\$1,475
4543	ENDO DEST OTH LES/TISS LG INTEST	3	\$2,423	\$2,362
5341	REPR UMB HERN W/PROSTH	3	\$8,890	\$6,498
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	3	\$10,585	\$6,185

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		257	\$4,842	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	117	\$2,842	\$1,749
43239	UGI ENDO; W/BX 1/MX	30	\$3,055	\$1,845
58120	DILATION & CURET DX &/ THERAPEUT	27	\$4,927	\$4,086
49500	REPR INIT ING HERNIA 6MO-<5YR; R	22	\$8,997	\$3,906
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	17	\$14,367	\$16,000
42820	T&A; UNDER AGE 12	16	\$4,981	\$3,454
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	15	\$3,221	\$2,139
47600	CHOLECYSTECTOMY;	4	\$11,315	\$10,916
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	\$6,936	\$3,226
57240	ANT COLPORRHAPHY REPR CYSTOCELE	2	\$8,161	\$7,366
44950	APPENDECTOMY;	1	\$6,004	\$10,877
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	1	\$10,508	\$5,948
58940	OOPHORECTOMY PART/TOTAL UNI/BIL;	1	\$11,157	\$11,157

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

128 San Juan Hospital - CAH

Procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG			
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2	67,841
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,425
07	GASTROINTESTINAL SYSTEM PROCEDURES	281	117,000
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	72	26,657
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	159	41,948
	139 LEVEL I HERNIA REPAIR	24	5,542
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	103
	147 LEVEL III LAPAROSCOPY	25	7,608
10	FEMALE REPRODUCTIVE SYSTEM	32	8,837
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	1,904
	199 DILATION AND CURETTAGE	27	439
11	NEUROLOGIC SYSTEM PROCEDURES	26	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	19	3,650
	217 LEVEL I NERVE PROCEDURES	4	4,317
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	10,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	16	31,246
	256 TONSIL AND ADENOID PROCEDURES	16	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
07	GASTROINTESTINAL SYSTEM PROCEDURES	187	\$4,665	\$3,378
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	30	\$3,055	\$1,829
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	117	\$2,842	\$1,505
	139 LEVEL I HERNIA REPAIR	22	\$8,997	\$5,524
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$6,004	\$10,980
	147 LEVEL III LAPAROSCOPY	17	\$14,367	\$10,611
10	FEMALE REPRODUCTIVE SYSTEM	30	\$5,328	\$6,143
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$8,943	\$6,583
	199 DILATION AND CURETTAGE	27	\$4,927	\$4,086
11	NEUROLOGIC SYSTEM PROCEDURES	19	\$4,003	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	15	\$3,221	\$2,196
	217 LEVEL I NERVE PROCEDURES	4	\$6,936	\$4,288
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	16	\$4,981	\$4,852
	256 TONSIL AND ADENOID PROCEDURES	16	\$4,981	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	239	52.3	140,857	53.8
Male	209	45.7	121,057	46.2
Unknown	9	2.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	45	9.8	10,474	4.0
5-9	18	3.9	6,876	2.6
10-14	6	1.3	5,656	2.2
15-17	9	2.0	5,579	2.1
18-19	6	1.3	3,819	1.5
20-24	9	2.0	10,499	4.0
25-29	15	3.3	11,895	4.5
30-34	15	3.3	15,288	5.8
35-39	23	5.0	15,023	5.7
40-44	22	4.8	15,275	5.8
45-49	38	8.3	16,577	6.3
50-54	60	13.1	29,317	11.2
55-59	50	10.9	26,116	10.0
60-64	45	9.8	24,120	9.2
65-69	33	7.2	21,226	8.1
70-74	30	6.6	16,114	6.2
75-79	21	4.6	11,722	4.5
80-84	10	2.2	7,780	3.0
85-89	2	0.4	3,464	1.3
90 +	0	0.0	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	457	100.0	81,064	30.9
Clinic Referral	0	0.0	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	444	97.2	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	13	2.8	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	83	18.2	66,198	25.3
Medicaid	77	16.8	19,834	7.6
Other government	13	2.8	6,484	2.5
Blue Cross/Blue Shield	80	17.5	32,501	12.4
Other Commercial	46	10.1	19,396	7.4
Managed Care(HMO, PPO)	139	30.4	108,501	41.4
Self Pay	14	3.1	3,771	1.4
Industrial & Worker Comp	5	1.1	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	0	0.0	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	0	0.0	90,968	34.7
Southeastern Utah	377	82.5	5,705	2.2
Southwest Utah	1	0.2	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	1	0.2	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	0	0.0	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	72	15.8	13,799	5.3
Unknown, Not Reported	6	1.3	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	795	100.0	340,055	100.0
Mastectomy (85.0-85.99)	10	1.3	8,708	2.6
Musculoskeletal (76.0-84.99)	26	3.3	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	6	0.8	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,058	0.9
Digestive System (42.0-54.99)	537	67.5	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	4	0.5	4,598	1.4
Female Genital (65.0-71.99)	24	3.0	16,800	4.9
Endocrine/Nervous (01.0-07.99)	22	2.8	23,927	7.0
Eye (08.0-16.99)	141	17.7	24,162	7.1
Ear (18.0-20.99)	14	1.8	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	11	1.4	31,882	9.4
Reporting Category(CPT-4 CODES)	662	100.0	336,452	100.0
Mastectomy (19120-19220)	5	0.8	1,628	0.5
Musculoskeletal (20000-29909)	27	4.1	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	6	0.9	18,525	5.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,482	1.3
Digestive (40490-49999)	501	75.7	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	4	0.6	4,833	1.4
Female Genital (56405-58999)	15	2.3	15,699	4.7
Endocrine/Nervous (60000-64999)	19	2.9	26,706	7.9
Eye (65091-68899)	78	11.8	13,805	4.1
Ear (69000-69979)	7	1.1	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

130 Sanpete Valley Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		795	100.0	100.0
4523	COLONOSCOPY	152	19.1	6.64
4542	ENDO POLYPECTOMY LG INTESTINE	102	12.8	4.65
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	83	10.4	5.87
1341	PHACOEMULSIFICATION-ASPIR CATARACT	63	7.9	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	63	7.9	1.77
5123	LAP CHOLEY	45	5.7	1.92
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	32	4.0	0.20
4513	OTH ENDO SM INTESTINE	18	2.3	1.56
4836	[ENDO] POLYPECTOMY RECTUM	17	2.1	1.36
5304	UNILAT REPR INDIRECT ING HERN-GFT	16	2.0	0.30
0392	INJ OTH AGENT SPINAL CANAL	15	1.9	1.89
2001	MYRINGOTOMY W/INSRT TUBE	14	1.8	2.86
1364	DISCISSION SECNDRY MEMBRN	12	1.5	0.18
4292	DILAT ESOPH	10	1.3	1.54
4525	CLO [ENDO] BX LG INTESTINE	10	1.3	2.45
5341	REPR UMB HERN W/PROSTH	8	1.0	0.23
5303	UNILAT REPR DIRECT ING HERN-GFT	7	0.9	0.22
6909	OTH D&C UTERUS	7	0.9	0.38
5361	INCIS HERN REPR W/PROSTH	6	0.8	0.12
283	TONSILLECTOMY W/ADENOIDECTOMY	5	0.6	1.75

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		662	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	117	17.7	6.32
45378	COLONOSCOPY FLEX; DX-SEP PROC	104	15.7	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	78	11.8	6.39
66984	EXTRACAPSULAR CATARACT REMV IOL	62	9.4	1.77
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	44	6.6	2.20
47562	LAPAROSCOPY SURGICAL; CHOLECT	35	5.3	0.90
49505	REPR INIT ING HERNIA 5YR/MORE; R	23	3.5	0.69
66821	DISCISSION 2ND CATARACT; LASER S	15	2.3	0.20
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	14	2.1	0.81
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	11	1.7	1.15
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	11	1.7	0.36
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	10	1.5	1.04
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	10	1.5	1.10
58120	DILATION & CURET DX &/ THERAPEUT	7	1.1	0.13
69436	TYMPANOSTOMY GENERAL ANESTHESIA	7	1.1	1.53
49560	REPR INIT INCS/VENT HERNIA; RDUC	6	0.9	0.14
49568	IMPLNT MESH/OTH-INCS/VENT HERN R	6	0.9	0.16
28296	HALLUX VALGUS; W/METATARSAL OSTE	5	0.8	0.24
45383	COLONOSCOPY FLEX; W/ABLAT LES	5	0.8	0.16
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	0.6	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, 2012
 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		475	\$2,801	\$5,136
4523	COLONOSCOPY	124	\$1,444	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	80	\$1,880	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	44	\$1,651	\$1,906
5123	LAP CHOLEY	43	\$7,554	\$8,631
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	20	\$1,674	\$2,188
5304	UNILAT REPR INDIRECT ING HERN-GFT	14	\$6,224	\$5,886
0392	INJ OTH AGENT SPINAL CANAL	13	\$1,064	\$1,729
1364	DISCISSION SECNDRY MEMBRN	12	\$321	\$903
4513	OTH ENDO SM INTESTINE	10	\$1,502	\$1,475
4836	[ENDO] POLYPECTOMY RECTUM	9	\$1,548	\$1,651
5303	UNILAT REPR DIRECT ING HERN-GFT	7	\$5,504	\$6,274
5341	REPR UMB HERN W/PROSTH	7	\$6,161	\$6,498
5361	INCIS HERN REPR W/PROSTH	6	\$8,541	\$9,845
6909	OTH D&C UTERUS	6	\$3,795	\$4,181
283	TONSILLECTOMY W/ADENOIDECTOMY	5	\$3,879	\$3,559
8521	LOC EXC LES BREAST	5	\$3,279	\$4,756
6823	ENDOMETRIAL ABLATION	4	\$4,423	\$7,299
6952	ASPIR CURET FOLLOWING DELIV/AB	4	\$3,750	\$3,669
0331	SPINAL TAP	3	\$398	\$2,474
1369	OTH CATARACT EXTRACT	3	\$258	\$942

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		491	\$2,903	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	82	\$1,449	\$1,296
43239	UGI ENDO; W/BX 1/MX	66	\$1,659	\$1,845
66984	EXTRACAPSULAR CATARACT REMV IOL	62	\$3,333	\$4,261
45380	COLONOSCOPY FLEX; W/BX 1/MX	55	\$1,860	\$1,749
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	34	\$1,847	\$1,850
47562	LAPAROSCOPY SURGICAL; CHOLECT	33	\$6,884	\$8,029
49505	REPR INIT ING HERNIA 5YR/MORE; R	21	\$6,214	\$6,089
66821	DISCISSION 2ND CATARACT; LASER S	15	\$309	\$878
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	13	\$938	\$2,139
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	10	\$9,766	\$9,209
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	10	\$5,643	\$5,406
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	8	\$1,443	\$1,361
58120	DILATION & CURET DX &/ THERAPEUT	7	\$3,859	\$4,086
69436	TYMPANOSTOMY GENERAL ANESTHESIA	6	\$1,883	\$1,876
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	\$2,980	\$4,844
28296	HALLUX VALGUS; W/METATARSAL OSTE	4	\$3,176	\$6,371
42820	T&A; UNDER AGE 12	4	\$4,030	\$3,454
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	4	\$1,864	\$2,098
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	4	\$4,423	\$7,796
25605	CLOS TX DIST RADIAL FX; REQ MANI	3	\$1,760	\$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, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	10,384
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	164
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	5,026
	013 LEVEL II SKIN REPAIR	1	921
02	BREAST PROCEDURES	5	1,675
	020 LEVEL I BREAST PROCEDURES	5	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	26	67,841
	033 LEVEL I HAND PROCEDURES	2	4,044
	035 LEVEL I FOOT PROCEDURES	9	6,556
	037 LEVEL I ARTHROSCOPY	2	22,852
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	5,938
	045 BUNION PROCEDURES	7	1,823
	048 HAND AND FOOT TENOTOMY	2	394
05	CARDIOVASCULAR PROCEDURES	4	9,853
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	1,385
07	GASTROINTESTINAL SYSTEM PROCEDURES	490	117,000
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	128	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	187	41,948
	137 THERAPEUTIC COLONOSCOPY	50	9,396
	139 LEVEL I HERNIA REPAIR	41	5,542
	140 LEVEL II HERNIA REPAIR	10	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,143
	145 LEVEL I LAPAROSCOPY	2	2,400
	146 LEVEL II LAPAROSCOPY	38	8,245
	147 LEVEL III LAPAROSCOPY	11	7,608
09	MALE REPRODUCTIVE SYSTEM	3	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,567
	181 CIRCUMCISION	2	1,132
10	FEMALE REPRODUCTIVE SYSTEM	12	8,837
	199 DILATION AND CURETTAGE	7	439
	200 HYSTEROSCOPY	5	2,236
11	NEUROLOGIC SYSTEM PROCEDURES	19	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	3,650
	217 LEVEL I NERVE PROCEDURES	1	4,317
	219 SPINAL TAP	2	395
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	78	13,758
	232 LASER EYE PROCEDURES	15	765
	233 CATARACT PROCEDURES	63	6,414
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	17	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	9	13,009
	256 TONSIL AND ADENOID PROCEDURES	8	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	\$4,973	\$4,612
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,434	\$3,248
	013 LEVEL II SKIN REPAIR	1	\$8,511	\$4,731
02	BREAST PROCEDURES	5	\$3,279	\$5,295
	020 LEVEL I BREAST PROCEDURES	5	\$3,279	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	10	\$2,872	\$6,423
	035 LEVEL I FOOT PROCEDURES	2	\$3,153	\$4,528
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$1,760	\$3,983
	045 BUNION PROCEDURES	5	\$3,426	\$6,795
05	CARDIOVASCULAR PROCEDURES	3	\$5,244	\$17,886
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$5,244	\$32,217
07	GASTROINTESTINAL SYSTEM PROCEDURES	343	\$2,988	\$3,378
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,477	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	74	\$1,636	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$1,902	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	137	\$1,614	\$1,505
	137 THERAPEUTIC COLONOSCOPY	38	\$1,831	\$1,882
	139 LEVEL I HERNIA REPAIR	31	\$6,030	\$5,524
	140 LEVEL II HERNIA REPAIR	4	\$5,983	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$5,817	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$6,619	\$4,792
	146 LEVEL II LAPAROSCOPY	36	\$7,303	\$9,427
	147 LEVEL III LAPAROSCOPY	11	\$9,470	\$10,611
09	MALE REPRODUCTIVE SYSTEM	2	\$200	\$5,766
	181 CIRCUMCISION	2	\$200	\$2,298
10	FEMALE REPRODUCTIVE SYSTEM	12	\$3,820	\$6,143
	199 DILATION AND CURETTAGE	7	\$3,859	\$4,086
	200 HYSTEROSCOPY	5	\$3,767	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	17	\$934	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	14	\$973	\$2,196
	217 LEVEL I NERVE PROCEDURES	1	\$2,253	\$4,288
	219 SPINAL TAP	2	\$0	\$2,473
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	78	\$2,709	\$4,588
	232 LASER EYE PROCEDURES	15	\$309	\$939
	233 CATARACT PROCEDURES	63	\$3,281	\$4,292
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	15	\$2,706	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	8	\$1,727	\$2,933
	256 TONSIL AND ADENOID PROCEDURES	7	\$3,824	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	340	53.9	140,857	53.8
Male	291	46.1	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	3	0.5	2,722	1.0
1-4 years	4	0.6	10,474	4.0
5-9	9	1.4	6,876	2.6
10-14	6	1.0	5,656	2.2
15-17	16	2.5	5,579	2.1
18-19	12	1.9	3,819	1.5
20-24	20	3.2	10,499	4.0
25-29	19	3.0	11,895	4.5
30-34	24	3.8	15,288	5.8
35-39	25	4.0	15,023	5.7
40-44	22	3.5	15,275	5.8
45-49	28	4.4	16,577	6.3
50-54	75	11.9	29,317	11.2
55-59	65	10.3	26,116	10.0
60-64	68	10.8	24,120	9.2
65-69	72	11.4	21,226	8.1
70-74	72	11.4	16,114	6.2
75-79	51	8.1	11,722	4.5
80-84	23	3.6	7,780	3.0
85-89	14	2.2	3,464	1.3
90 +	3	0.5	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	78	12.4	81,064	30.9
Clinic Referral	553	87.6	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	630	99.8	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	1	0.2	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	261	41.4	66,198	25.3
Medicaid	68	10.8	19,834	7.6
Other government	13	2.1	6,484	2.5
Blue Cross/Blue Shield	34	5.4	32,501	12.4
Other Commercial	48	7.6	19,396	7.4
Managed Care(HMO, PPO)	184	29.2	108,501	41.4
Self Pay	12	1.9	3,771	1.4
Industrial & Worker Comp	6	1.0	3,122	1.2
Charity and Unclassified	4	0.6	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	1	0.2	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	622	98.6	8,690	3.3
Davis County	1	0.2	29,850	11.4
Salt Lake County	1	0.2	90,968	34.7
Southeastern Utah	2	0.3	5,705	2.2
Southwest Utah	2	0.3	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	3	0.5	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	0	0.0	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	0	0.0	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	3,188	100.0	340,055	100.0
Mastectomy (85.0-85.99)	12	0.4	8,708	2.6
Musculoskeletal (76.0-84.99)	363	11.4	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	2	0.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	7	0.2	3,058	0.9
Digestive System (42.0-54.99)	1,021	32.0	110,559	32.5
Urinary (55.0-59.99)	9	0.3	11,335	3.3
Male Genital (60.0-64.99)	20	0.6	4,598	1.4
Female Genital (65.0-71.99)	66	2.1	16,800	4.9
Endocrine/Nervous (01.0-07.99)	1,063	33.3	23,927	7.0
Eye (08.0-16.99)	326	10.2	24,162	7.1
Ear (18.0-20.99)	93	2.9	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	206	6.5	31,882	9.4
Reporting Category(CPT-4 CODES)	2,704	100.0	336,452	100.0
Mastectomy (19120-19220)	10	0.4	1,628	0.5
Musculoskeletal (20000-29909)	327	12.1	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	37	1.4	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	2	0.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	3	0.1	4,482	1.3
Digestive (40490-49999)	1,116	41.3	127,003	37.7
Urinary (50010-53899)	11	0.4	16,209	4.8
Male Genital (54000-55899)	13	0.5	4,833	1.4
Female Genital (56405-58999)	45	1.7	15,699	4.7
Endocrine/Nervous (60000-64999)	913	33.8	26,706	7.9
Eye (65091-68899)	179	6.6	13,805	4.1
Ear (69000-69979)	48	1.8	7,772	2.3

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, 2012
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		3,188	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	513	16.1	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	373	11.7	1.45
4523	COLONOSCOPY	308	9.7	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	156	4.9	5.87
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	146	4.6	1.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	144	4.5	1.74
4542	ENDO POLYPECTOMY LG INTESTINE	121	3.8	4.65
2001	MYRINGOTOMY W/INSRT TUBE	89	2.8	2.86
4513	OTH ENDO SM INTESTINE	83	2.6	1.56
0481	INJ ANES PERIPH NERV-ANALGESIA	70	2.2	0.24
4292	DILAT ESOPH	69	2.2	1.54
4525	CLO [ENDO] BX LG INTESTINE	68	2.1	2.45
283	TONSILLECTOMY W/ADENOIDECTOMY	62	1.9	1.75
5123	LAP CHOLEY	58	1.8	1.92
232	RESTORATION TOOTH-FILLING	49	1.5	0.49
806	EXC SEMILUNAR CARTILAGE-KNEE	47	1.5	1.63
042	DESTRUC CRANIAL & PERIPH NERV	40	1.3	0.15
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	40	1.3	0.79
0443	RELEASE CARPAL TUNNEL	39	1.2	1.13
8076	SYNOVECT-KNEE	27	0.8	0.41

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,704	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	366	13.5	0.81
45378	COLONOSCOPY FLEX; DX-SEP PROC	260	9.6	5.93
43239	UGI ENDO; W/BX 1/MX	165	6.1	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	149	5.5	6.39
66984	EXTRACAPSULAR CATARACT REMV IOL	141	5.2	1.77
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	113	4.2	0.21
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	81	3.0	2.20
64493	64493	75	2.8	0.22
64494	64494	70	2.6	0.18
64636	64636	69	2.6	0.26
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	63	2.3	1.04
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	57	2.1	1.15
41899	UNLIST PROC DENTOALVEOL STRUCTUR	56	2.1	0.73
42820	T&A; UNDER AGE 12	54	2.0	1.37
64495	64495	50	1.8	0.11
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	48	1.8	1.10
69436	TYMPANOSTOMY GENERAL ANESTHESIA	45	1.7	1.53
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	38	1.4	0.67
29881	SCOPE KNEE SURG;W/MENISCECT MED/	35	1.3	1.48
64635	64635	35	1.3	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, 2012
 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		1,244	\$2,942	\$5,136
4523	COLONOSCOPY	250	\$1,557	\$1,274
0392	INJ OTH AGENT SPINAL CANAL	143	\$1,911	\$1,729
4542	ENDO POLYPECTOMY LG INTESTINE	92	\$2,071	\$1,820
0481	INJ ANES PERIPH NERV-ANALGESIA	58	\$1,705	\$3,128
283	TONSILLECTOMY W/ADENOIDECTOMY	56	\$3,178	\$3,559
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	50	\$1,850	\$1,906
5123	LAP CHOLEY	48	\$8,812	\$8,631
042	DESTRUC CRANIAL & PERIPH NERV	37	\$2,277	\$6,452
0443	RELEASE CARPAL TUNNEL	34	\$2,786	\$3,092
4513	OTH ENDO SM INTESTINE	33	\$1,739	\$1,475
4525	CLO [ENDO] BX LG INTESTINE	33	\$1,994	\$1,908
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	33	\$1,915	\$2,219
232	RESTORATION TOOTH-FILLING	31	\$4,013	\$3,353
282	TONSILLECTOMY WO ADENOIDECTOMY	25	\$3,348	\$3,611
1364	DISCISSION SECNDRY MEMBRN	23	\$319	\$903
4836	[ENDO] POLYPECTOMY RECTUM	16	\$1,934	\$1,651
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	11	\$3,939	\$6,271
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	9	\$3,095	\$3,295
8521	LOC EXC LES BREAST	9	\$3,556	\$4,756
5341	REPR UMB HERN W/PROSTH	8	\$7,179	\$6,498

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,639	\$2,873	\$4,756
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	364	\$1,824	\$2,139
45378	COLONOSCOPY FLEX; DX-SEP PROC	207	\$1,555	\$1,296
66984	EXTRACAPSULAR CATARACT REMV IOL	137	\$3,961	\$4,261
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	109	\$1,827	\$2,523
45380	COLONOSCOPY FLEX; W/BX 1/MX	90	\$1,908	\$1,749
41899	UNLIST PROC DENTOALVEOL STRUCTUR	55	\$4,034	\$3,996
43239	UGI ENDO; W/BX 1/MX	55	\$1,914	\$1,845
42820	T&A; UNDER AGE 12	48	\$3,075	\$3,454
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	46	\$2,034	\$1,850
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	38	\$8,508	\$9,209
69436	TYMPANOSTOMY GENERAL ANESTHESIA	38	\$1,377	\$1,876
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	28	\$1,404	\$1,361
66821	DISCISSION 2ND CATARACT; LASER S	28	\$343	\$878
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	21	\$3,438	\$3,675
29848	ENDO WRST SURG REL TRNS CARP LIG	19	\$2,999	\$3,237
29881	SCOPE KNEE SURG;W/MENISCECT MED/	19	\$4,283	\$4,904
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	17	\$2,673	\$3,226
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	15	\$2,103	\$1,992
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	13	\$2,449	\$2,098
49505	REPR INIT ING HERNIA 5YR/MORE; R	13	\$5,663	\$6,089

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	23	10,384
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	5,026
	013 LEVEL II SKIN REPAIR	1	921
02	BREAST PROCEDURES	10	1,675
	020 LEVEL I BREAST PROCEDURES	10	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	305	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,315
	033 LEVEL I HAND PROCEDURES	11	4,044
	034 LEVEL II HAND PROCEDURES	1	1,282
	035 LEVEL I FOOT PROCEDURES	44	6,556
	036 LEVEL II FOOT PROCEDURES	7	1,905
	037 LEVEL I ARTHROSCOPY	126	22,852
	038 LEVEL II ARTHROSCOPY	11	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	28	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	511
	045 BUNION PROCEDURES	19	1,823
	048 HAND AND FOOT TENOTOMY	2	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	2,425
04	RESPIRATORY PROCEDURES	21	14,291
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	19	5,791
05	CARDIOVASCULAR PROCEDURES	1	9,853
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	116
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	998	117,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	222	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	80	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	411	41,948
	137 THERAPEUTIC COLONOSCOPY	88	9,396
	139 LEVEL I HERNIA REPAIR	38	5,542
	140 LEVEL II HERNIA REPAIR	7	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	9	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	103
	145 LEVEL I LAPAROSCOPY	13	2,400
	146 LEVEL II LAPAROSCOPY	46	8,245

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	147 LEVEL III LAPAROSCOPY	68	7,608
08	GENITOURINARY SYSTEM PROCEDURES	6	13,016
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	4	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	2	3,986
09	MALE REPRODUCTIVE SYSTEM	18	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,567
	181 CIRCUMCISION	1	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	5	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	9	289
10	FEMALE REPRODUCTIVE SYSTEM	14	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	2,262
	199 DILATION AND CURETTAGE	6	439
	200 HYSTEROSCOPY	3	2,236
11	NEUROLOGIC SYSTEM PROCEDURES	912	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	481	3,650
	217 LEVEL I NERVE PROCEDURES	30	4,317
	218 LEVEL II NERVE PROCEDURES	2	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	399	10,531
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	179	13,758
	232 LASER EYE PROCEDURES	29	765
	233 CATARACT PROCEDURES	147	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	255
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,979
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	213	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	106	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	12	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	3,502
	256 TONSIL AND ADENOID PROCEDURES	91	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	14	\$4,040	\$4,612
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$7,564	\$5,874
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$4,722	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$3,484	\$4,950
02	BREAST PROCEDURES	10	\$3,684	\$5,295
	020 LEVEL I BREAST PROCEDURES	10	\$3,684	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	145	\$4,363	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$2,985	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,531	\$6,996
	033 LEVEL I HAND PROCEDURES	7	\$3,306	\$3,605
	034 LEVEL II HAND PROCEDURES	1	\$2,265	\$6,660
	035 LEVEL I FOOT PROCEDURES	19	\$2,956	\$4,528
	036 LEVEL II FOOT PROCEDURES	3	\$3,522	\$8,711
	037 LEVEL I ARTHROSCOPY	56	\$3,935	\$5,040
	038 LEVEL II ARTHROSCOPY	2	\$10,797	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$3,697	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$2,388	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	21	\$8,740	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,879	\$3,670
	045 BUNION PROCEDURES	14	\$3,612	\$6,795
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$1,974	\$1,936
05	CARDIOVASCULAR PROCEDURES	1	\$2,808	\$17,886
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$2,808	\$9,067
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$5,610	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$5,610	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	567	\$3,000	\$3,378
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$3,445	\$1,218
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	83	\$1,742	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	\$2,702	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	298	\$1,661	\$1,505
	137 THERAPEUTIC COLONOSCOPY	49	\$2,044	\$1,882
	139 LEVEL I HERNIA REPAIR	27	\$5,555	\$5,524
	140 LEVEL II HERNIA REPAIR	2	\$8,647	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$3,886	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$4,723	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$1,792	\$4,517
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$14,187	\$10,980
	145 LEVEL I LAPAROSCOPY	1	\$15,128	\$7,096
	146 LEVEL II LAPAROSCOPY	26	\$8,857	\$9,427
	147 LEVEL III LAPAROSCOPY	48	\$9,066	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	6	\$3,354	\$6,463
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	4	\$3,270	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	2	\$3,522	\$6,651
09	MALE REPRODUCTIVE SYSTEM	17	\$4,567	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$3,845	\$3,654

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	181 CIRCUMCISION	1	\$4,241	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	5	\$7,571	\$9,032
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	9	\$3,095	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	8	\$5,661	\$6,143
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$7,295	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	\$9,570	\$8,853
	199 DILATION AND CURETTAGE	4	\$2,888	\$4,086
11	NEUROLOGIC SYSTEM PROCEDURES	520	\$1,904	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	475	\$1,825	\$2,196
	217 LEVEL I NERVE PROCEDURES	21	\$2,777	\$4,288
	218 LEVEL II NERVE PROCEDURES	2	\$10,432	\$22,896
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	22	\$2,011	\$2,853
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	171	\$3,391	\$4,588
	232 LASER EYE PROCEDURES	28	\$343	\$939
	233 CATARACT PROCEDURES	143	\$3,988	\$4,292
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	178	\$3,114	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	94	\$2,936	\$2,933
	254 LEVEL III FACIAL AND ENT PROCEDURES	2	\$4,957	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$6,782	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	81	\$3,231	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,187	54.9	140,857	53.8
Male	975	45.1	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	8	0.4	2,722	1.0
1-4 years	96	4.4	10,474	4.0
5-9	44	2.0	6,876	2.6
10-14	33	1.5	5,656	2.2
15-17	33	1.5	5,579	2.1
18-19	16	0.7	3,819	1.5
20-24	51	2.4	10,499	4.0
25-29	60	2.8	11,895	4.5
30-34	74	3.4	15,288	5.8
35-39	80	3.7	15,023	5.7
40-44	69	3.2	15,275	5.8
45-49	96	4.4	16,577	6.3
50-54	249	11.5	29,317	11.2
55-59	212	9.8	26,116	10.0
60-64	179	8.3	24,120	9.2
65-69	251	11.6	21,226	8.1
70-74	238	11.0	16,114	6.2
75-79	182	8.4	11,722	4.5
80-84	129	6.0	7,780	3.0
85-89	53	2.5	3,464	1.3
90 +	9	0.4	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	37	1.7	81,064	30.9
Clinic Referral	2,125	98.3	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,160	99.9	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	1	0.0	196	0.1
Intermediate Care Facility	1	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	952	44.0	66,198	25.3
Medicaid	251	11.6	19,834	7.6
Other government	41	1.9	6,484	2.5
Blue Cross/Blue Shield	123	5.7	32,501	12.4
Other Commercial	179	8.3	19,396	7.4
Managed Care(HMO, PPO)	572	26.5	108,501	41.4
Self Pay	5	0.2	3,771	1.4
Industrial & Worker Comp	23	1.1	3,122	1.2
Charity and Unclassified	4	0.2	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	12	0.6	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	2,082	96.3	8,690	3.3
Davis County	0	0.0	29,850	11.4
Salt Lake County	1	0.0	90,968	34.7
Southeastern Utah	25	1.2	5,705	2.2
Southwest Utah	35	1.6	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	3	0.1	6,494	2.5
Tri-County	0	0.0	5,152	2.0
Utah County	2	0.1	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	2	0.1	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	12	0.6	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

305 Shriners Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	340,055	100.0
Mastectomy (85.0-85.99)	.	.	8,708	2.6
Musculoskeletal (76.0-84.99)	.	.	69,858	20.5
Respiratory (30.0-34.99)	.	.	3,126	0.9
Cardiovascular (35.0-39.99)	.	.	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	.	.	3,058	0.9
Digestive System (42.0-54.99)	.	.	110,559	32.5
Urinary (55.0-59.99)	.	.	11,335	3.3
Male Genital (60.0-64.99)	.	.	4,598	1.4
Female Genital (65.0-71.99)	.	.	16,800	4.9
Endocrine/Nervous (01.0-07.99)	.	.	23,927	7.0
Eye (08.0-16.99)	.	.	24,162	7.1
Ear (18.0-20.99)	.	.	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	.	.	31,882	9.4
Reporting Category(CPT-4 CODES)	938	100.0	336,452	100.0
Mastectomy (19120-19220)	0	0.0	1,628	0.5
Musculoskeletal (20000-29909)	898	95.7	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	0	0.0	4,482	1.3
Digestive (40490-49999)	0	0.0	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	0	0.0	4,833	1.4
Female Genital (56405-58999)	0	0.0	15,699	4.7
Endocrine/Nervous (60000-64999)	37	3.9	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	2	0.2	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

305 Shriners Hospital

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
20680	REMOVAL OF IMPLANT; DEEP	243	25.9	1.02
29010	APPLIC RISSER JACKET LOC BODY; O	89	9.5	0.03
27485	ARREST HEMIEPIPHYSEAL DIST FEM	53	5.7	0.04
29425	APPLIC SHRT LEG CAST; WALK/AMB T	32	3.4	0.01
27687	GASTROCNEMIUS RECESSION	31	3.3	0.15
27475	ARREST EPIPHYSL ANY METH; DIST F	27	2.9	0.02
29405	APPLICATION OF SHORT LEG CAST;	25	2.7	0.01
20670	REMOVAL OF IMPLANT; SUP SEP PROC	18	1.9	0.07
27730	ARREST EPIPHYSEAL OPEN; DIST TIB	17	1.8	0.01
29345	APPLICATION OF LONG LEG CAST;	17	1.8	0.01
27685	LEN/SHRT TEND LEG/ANK; 1 SEP PRO	16	1.7	0.03
64614	CHEMODNERV MUSC; EXTREM&/TRUNK M	16	1.7	0.08
64640	DESTRUC NEUROLYTIC; OTH PERIPH N	15	1.6	0.08
29325	APPLIC HIP SPICA CAST; 1-1/2 SPI	13	1.4	0.00
27690	TRANSFER/TRANSPLANT 1 TENDON; SU	12	1.3	0.02
27686	LEN/SHRT TENDON LEG/ANK; MX TEND	11	1.2	0.01
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	10	1.1	0.07
29450	APPLIC CLUBFOOT CAST W/MOLD/MANI	10	1.1	0.00
27095	INJ PROC HIP ARTHROGRAPHY; W/ANE	8	0.9	0.02
27691	TRANSFER/TRANSPLANT 1 TENDON; DE	8	0.9	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, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

305 Shriners Hospital

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		518	\$12,772	\$4,756
20680	REMOVAL OF IMPLANT; DEEP	114	\$12,837	\$5,341
29010	APPLIC RISSER JACKET LOC BODY; O	89	\$13,362	\$13,362
27485	ARREST HEMIEPIPHYSEAL DIST FEM	28	\$16,723	\$10,405
29425	APPLIC SHRT LEG CAST; WALK/AMB T	28	\$8,949	\$8,949
27687	GASTROCNEMIUS RECESSION	20	\$13,690	\$6,603
29405	APPLICATION OF SHORT LEG CAST;	19	\$8,926	\$8,726
29345	APPLICATION OF LONG LEG CAST;	16	\$9,103	\$8,279
27475	ARREST EPIPHYSL ANY METH; DIST F	15	\$16,532	\$12,388
64614	CHEMODNERV MUSC; EXTREM&/TRUNK M	15	\$10,975	\$9,527
64640	DESTRUC NEUROLYTIC; OTH PERIPH N	15	\$10,618	\$3,422
20670	REMOVAL OF IMPLANT; SUP SEP PROC	12	\$11,379	\$3,775
29325	APPLIC HIP SPICA CAST; 1-1/2 SPI	12	\$10,020	\$10,020
27690	TRANSFER/TRANSPLANT 1 TENDON; SU	9	\$14,772	\$14,382
29450	APPLIC CLUBFOOT CAST W/MOLD/MANI	9	\$8,861	\$8,861
27685	LEN/SHRT TEND LEG/ANK; 1 SEP PRO	7	\$12,067	\$6,847
27730	ARREST EPIPHYSEAL OPEN; DIST TIB	7	\$15,054	\$10,645
27606	TENOT PERQ ACHLLS SEP PROC;GEN A	5	\$12,476	\$4,719
20999	UNLIST PROC MUSCULOSKEL SYSTEM G	4	\$12,696	\$7,741
27176	TX SLIPPED FEM EPIPHYSIS; 1/MX P	4	\$17,453	\$10,629
27605	TENOT PERQ ACHILS SEP PROC;LOC A	4	\$10,090	\$6,444

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

305 Shriners Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	266	10,384
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	262	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	014 LEVEL III SKIN REPAIR	1	219
03	MUSCULOSKELETAL SYSTEM PROCEDURES	562	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	62	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	107	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	2,315
	033 LEVEL I HAND PROCEDURES	11	4,044
	034 LEVEL II HAND PROCEDURES	25	1,282
	035 LEVEL I FOOT PROCEDURES	30	6,556
	036 LEVEL II FOOT PROCEDURES	4	1,905
	037 LEVEL I ARTHROSCOPY	8	22,852
	038 LEVEL II ARTHROSCOPY	2	5,849
	039 REPLACEMENT OF CAST	190	330
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	11	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	511
	045 BUNION PROCEDURES	1	1,823
	048 HAND AND FOOT TENOTOMY	16	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	2,425
11	NEUROLOGIC SYSTEM PROCEDURES	37	23,914
	217 LEVEL I NERVE PROCEDURES	5	4,317
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	32	10,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2	31,246
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	27
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	4,294

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

305 Shriners Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	129	\$12,756	\$4,612
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$13,275	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	127	\$12,701	\$4,950
	014 LEVEL III SKIN REPAIR	1	\$19,191	\$9,742
03	MUSCULOSKELETAL SYSTEM PROCEDURES	319	\$12,596	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$12,371	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	\$14,192	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$17,035	\$12,233
	033 LEVEL I HAND PROCEDURES	3	\$11,603	\$3,605
	034 LEVEL II HAND PROCEDURES	3	\$14,561	\$6,660
	035 LEVEL I FOOT PROCEDURES	8	\$11,970	\$4,528
	036 LEVEL II FOOT PROCEDURES	1	\$16,928	\$8,711
	037 LEVEL I ARTHROSCOPY	5	\$15,520	\$5,040
	038 LEVEL II ARTHROSCOPY	2	\$22,174	\$13,882
	039 REPLACEMENT OF CAST	176	\$11,272	\$10,002
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$15,519	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$12,346	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7	\$15,157	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$9,196	\$3,670
	045 BUNION PROCEDURES	1	\$16,989	\$6,795
	048 HAND AND FOOT TENOTOMY	1	\$12,085	\$3,095
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$9,842	\$1,936
11	NEUROLOGIC SYSTEM PROCEDURES	32	\$10,909	\$6,459
	217 LEVEL I NERVE PROCEDURES	2	\$12,595	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	30	\$10,796	\$2,853
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2	\$15,564	\$4,852
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$16,663	\$7,574
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$14,465	\$8,743

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

305 Shriners Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	315	45.3	140,857	53.8
Male	380	54.7	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	22	3.2	2,722	1.0
1-4 years	151	21.7	10,474	4.0
5-9	158	22.7	6,876	2.6
10-14	242	34.8	5,656	2.2
15-17	98	14.1	5,579	2.1
18-19	20	2.9	3,819	1.5
20-24	4	0.6	10,499	4.0
25-29	0	0.0	11,895	4.5
30-34	0	0.0	15,288	5.8
35-39	0	0.0	15,023	5.7
40-44	0	0.0	15,275	5.8
45-49	0	0.0	16,577	6.3
50-54	0	0.0	29,317	11.2
55-59	0	0.0	26,116	10.0
60-64	0	0.0	24,120	9.2
65-69	0	0.0	21,226	8.1
70-74	0	0.0	16,114	6.2
75-79	0	0.0	11,722	4.5
80-84	0	0.0	7,780	3.0
85-89	0	0.0	3,464	1.3
90 +	0	0.0	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	694	99.9	81,064	30.9
Clinic Referral	0	0.0	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	1	0.1	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

305 Shriners Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	691	99.4	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	1	0.1	15	0.0
Another Type of Institution	2	0.3	198	0.1
Under Care of Home Service	1	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	11	1.6	66,198	25.3
Medicaid	144	20.7	19,834	7.6
Other government	14	2.0	6,484	2.5
Blue Cross/Blue Shield	116	16.7	32,501	12.4
Other Commercial	78	11.2	19,396	7.4
Managed Care(HMO, PPO)	160	23.0	108,501	41.4
Self Pay	0	0.0	3,771	1.4
Industrial & Worker Comp	0	0.0	3,122	1.2
Charity and Unclassified	163	23.5	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	9	1.3	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	25	3.6	18,435	7.0
Central Utah	7	1.0	8,690	3.3
Davis County	44	6.3	29,850	11.4
Salt Lake County	166	23.9	90,968	34.7
Southeastern Utah	7	1.0	5,705	2.2
Southwest Utah	17	2.4	14,915	5.7
Summit County	6	0.9	4,208	1.6
Tooele County	12	1.7	6,494	2.5
Tri-County	8	1.2	5,152	2.0
Utah County	66	9.5	39,008	14.9
Wasatch County	4	0.6	2,303	0.9
Weber County	27	3.9	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	284	40.9	13,799	5.3
Unknown, Not Reported	22	3.2	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

120 Salt Lake Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,236	100.0	340,055	100.0
Mastectomy (85.0-85.99)	151	2.4	8,708	2.6
Musculoskeletal (76.0-84.99)	1,138	18.2	69,858	20.5
Respiratory (30.0-34.99)	28	0.4	3,126	0.9
Cardiovascular (35.0-39.99)	943	15.1	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	51	0.8	3,058	0.9
Digestive System (42.0-54.99)	765	12.3	110,559	32.5
Urinary (55.0-59.99)	251	4.0	11,335	3.3
Male Genital (60.0-64.99)	183	2.9	4,598	1.4
Female Genital (65.0-71.99)	598	9.6	16,800	4.9
Endocrine/Nervous (01.0-07.99)	433	6.9	23,927	7.0
Eye (08.0-16.99)	1,019	16.3	24,162	7.1
Ear (18.0-20.99)	41	0.7	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	635	10.2	31,882	9.4
Reporting Category(CPT-4 CODES)	6,387	100.0	336,452	100.0
Mastectomy (19120-19220)	24	0.4	1,628	0.5
Musculoskeletal (20000-29909)	1,288	20.2	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	559	8.8	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	847	13.3	18,525	5.5
Lymphatic/Hemetic (38100-38999)	38	0.6	4,482	1.3
Digestive (40490-49999)	1,003	15.7	127,003	37.7
Urinary (50010-53899)	315	4.9	16,209	4.8
Male Genital (54000-55899)	154	2.4	4,833	1.4
Female Genital (56405-58999)	569	8.9	15,699	4.7
Endocrine/Nervous (60000-64999)	701	11.0	26,706	7.9
Eye (65091-68899)	851	13.3	13,805	4.1
Ear (69000-69979)	38	0.6	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

120 Salt Lake Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,236	100.0	100.0
3722	LT HEART CARD CATH	234	3.8	0.80
0844	REPR ENTROPION/ECTROP-LID RECON	199	3.2	0.14
806	EXC SEMILUNAR CARTILAGE-KNEE	176	2.8	1.63
3726	CARD ELECTROPHYSIO STIMUL-RECORD	133	2.1	0.53
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	131	2.1	0.50
3727	CARD MAPPING	126	2.0	0.49
2169	OTH TURBINECTOMY	118	1.9	0.93
6099	OTH OPER PROSTATE	111	1.8	0.06
0887	UPPER EYELID RHYTIDECTOMY	100	1.6	0.25
215	SUBMUCOUS RESECT NASAL SEPTUM	94	1.5	0.27
5123	LAP CHOLEY	92	1.5	1.92
2263	ETHMOIDECTOMY	91	1.5	0.74
0834	REPR BLEPHAROPT-OTH LEVATOR MUSC	90	1.4	0.03
3728	INTRACARDIAC ECHOCARDIOGRAPHY	81	1.3	0.20
0836	REPR BLEPHAROPTOSIS-OTH TECH	80	1.3	0.12
0852	BLEPHARORRHAPHY	73	1.2	0.03
8051	EXC INTERVERTEBRAL DISC	71	1.1	0.49
598	URETERAL CATH	69	1.1	0.76
4513	OTH ENDO SM INTESTINE	64	1.0	1.56
8363	ROTATOR CUFF REPR	64	1.0	0.79

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,387	100.0	100.0
67917	REPAIR OF ECTROPION; EXTENSIVE	182	2.8	0.10
30140	SUBMUCOS RES TURBINATE PART/CMPL	138	2.2	0.91
29881	SCOPE KNEE SURG;W/MENISCECT MED/	131	2.1	1.48
93620	COMP EP EVAL;RT ATRIAL VENT HIS	131	2.1	0.31
93651	INTRACARD CATH ABLAT ARRHY; TX T	131	2.1	0.31
93621	COMP EP EVAL;LT ATRIAL COR SINUS	129	2.0	0.25
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	124	1.9	0.86
55875	55875	111	1.7	0.18
93613	INTRACARD EP 3-D MAPPING	93	1.5	0.24
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	87	1.4	0.08
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	80	1.3	0.55
67900	REPAIR OF BROW PTOSIS	79	1.2	0.07
93623	PROGRAM STIM & PACE AFTER IV DRU	77	1.2	0.21
29445	APPLIC RIGID TOTAL CNTC LEG CAST	72	1.1	0.04
29826	SCOPE SHOULDER; DECOMP SUBACROM	71	1.1	1.15
52332	CYSTOURETHROSCOPY W/INSRT STENT	69	1.1	0.74
49505	REPR INIT ING HERNIA 5YR/MORE; R	66	1.0	0.69
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	64	1.0	0.18
68760	CLO LACRIMAL PUNCTUM; THERMOCAUT	63	1.0	0.03
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	62	1.0	0.48

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		2,465	\$11,773	\$5,136
806	EXC SEMILUNAR CARTILAGE-KNEE	133	\$6,519	\$5,241
3722	LT HEART CARD CATH	131	\$12,862	\$11,611
6099	OTH OPER PROSTATE	110	\$10,166	\$8,994
5123	LAP CHOLEY	69	\$11,453	\$8,631
0393	INSRT/REPLCMT SPINAL NEUROSTIM	56	\$75,967	\$52,298
4513	OTH ENDO SM INTESTINE	54	\$2,685	\$1,475
8511	CLO [PERCUT] [NEEDLE] BX BREAST	50	\$3,387	\$3,024
283	TONSILLECTOMY W/ADENOIDECTOMY	40	\$4,099	\$3,559
6952	ASPIR CURET FOLLOWING DELIV/AB	39	\$4,054	\$3,669
0689	OTH PARATHYROIDECTOMY	31	\$12,903	\$11,018
0331	SPINAL TAP	29	\$2,119	\$2,474
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	29	\$6,302	\$4,516
064	COMPLT THYROIDECTOMY	28	\$13,900	\$12,506
8051	EXC INTERVERTEBRAL DISC	28	\$14,190	\$12,257
6823	ENDOMETRIAL ABLATION	27	\$7,999	\$7,299
5304	UNILAT REPR INDIRECT ING HERN-GFT	26	\$5,788	\$5,886
3723	COMBO RT & LT HEART CARD CATH	25	\$13,454	\$11,664
4946	EXC HEMORRHOIDS	25	\$3,652	\$4,556
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	23	\$1,837	\$2,219
0390	INSRT SPINAL CANAL INFUS CATH	22	\$27,635	\$24,673

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,669	\$10,366	\$4,756
55875	55875	110	\$10,166	\$11,183
29881	SCOPE KNEE SURG;W/MENISCECT MED/	96	\$6,458	\$4,904
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	64	\$4,953	\$3,778
49505	REPR INIT ING HERNIA 5YR/MORE; R	56	\$6,610	\$6,089
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	53	\$10,442	\$7,970
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	50	\$2,295	\$1,361
29880	SCOPE KNEE SURG;W/MENISCECT MED&	43	\$6,676	\$5,166
43239	UGI ENDO; W/BX 1/MX	42	\$3,162	\$1,845
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	41	\$12,111	\$9,209
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	41	\$14,126	\$12,146
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	40	\$9,252	\$11,846
27570	MANIP KNEE JNT UNDER GEN ANESTHE	38	\$4,314	\$3,507
58340	CATH&INTRO SALINE/CONTRAST SIS/H	37	\$1,334	\$1,075
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	35	\$3,441	\$3,711
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	33	\$6,223	\$4,563
47562	LAPAROSCOPY SURGICAL; CHOLECT	31	\$10,351	\$8,029
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	30	\$12,717	\$10,957
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	28	\$1,998	\$1,867
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	28	\$8,121	\$7,796
61885	INSRT/REPL CRAN NEUROSTIM; 1 ARR	28	\$65,108	\$51,413

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, 2012
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	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	22	2,400
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	4	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	8	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	59	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	55
	013 LEVEL II SKIN REPAIR	37	921
	014 LEVEL III SKIN REPAIR	1	219
02	BREAST PROCEDURES	26	1,675
	020 LEVEL I BREAST PROCEDURES	24	1,628
	021 LEVEL II BREAST PROCEDURES	2	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,071	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	2,315
	033 LEVEL I HAND PROCEDURES	20	4,044
	034 LEVEL II HAND PROCEDURES	8	1,282
	035 LEVEL I FOOT PROCEDURES	69	6,556
	036 LEVEL II FOOT PROCEDURES	21	1,905
	037 LEVEL I ARTHROSCOPY	399	22,852
	038 LEVEL II ARTHROSCOPY	178	5,849
	039 REPLACEMENT OF CAST	72	330
	040 SPLINT, STRAPPING AND CAST REMOVAL	25	2,030
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	47	511
	045 BUNION PROCEDURES	22	1,823
	046 LEVEL I ARTHROPLASTY	2	706
	048 HAND AND FOOT TENOTOMY	2	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	38	2,425
04	RESPIRATORY PROCEDURES	258	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	37	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	48	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	165	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	8	2,327
05	CARDIOVASCULAR PROCEDURES	657	9,853
	081 ECHOCARDIOGRAPHY	6	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	243	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	26	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	20	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	44	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	5	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	263	2,877

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	116
	097 AICD IMPLANT	38	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	43	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	35	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,056	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	62	499
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	113	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	52	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	6	41,948
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	33	2,093
	139 LEVEL I HERNIA REPAIR	134	5,542
	140 LEVEL II HERNIA REPAIR	40	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	16	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	60	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	103
	145 LEVEL I LAPAROSCOPY	39	2,400
	146 LEVEL II LAPAROSCOPY	174	8,245
	147 LEVEL III LAPAROSCOPY	299	7,608
	148 LEVEL IV LAPAROSCOPY	14	225
08	GENITOURINARY SYSTEM PROCEDURES	383	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	52	890
	162 URINARY CATHETERIZATION AND DILATATION	1	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	103	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	102	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	6	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	116	941
09	MALE REPRODUCTIVE SYSTEM	50	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	1,567
	181 CIRCUMCISION	5	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	29	1,442
10	FEMALE REPRODUCTIVE SYSTEM	298	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	38	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	67	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	77	2,262
	199 DILATION AND CURETTAGE	3	439
	200 HYSTEROSCOPY	111	2,236
	201 COLPOSCOPY	2	642
11	NEUROLOGIC SYSTEM PROCEDURES	543	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	39	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	37	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	26	178
	217 LEVEL I NERVE PROCEDURES	51	4,317

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	218 LEVEL II NERVE PROCEDURES	35	835
	219 SPINAL TAP	32	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	11	10,531
	221 LAMINOTOMY AND LAMINECTOMY	164	2,724
	223 LEVEL III NERVE PROCEDURES	148	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	845	13,758
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	17
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	47	255
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	14	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	201	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	576	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	681	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	185	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	88	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	138	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	182	3,502
	256 TONSIL AND ADENOID PROCEDURES	88	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	105	\$4,755	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	19	\$2,600	\$4,738
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$4,471	\$5,874
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,594	\$431
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	6	\$2,562	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$4,076	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	37	\$5,975	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$9,520	\$7,059
	013 LEVEL II SKIN REPAIR	29	\$4,993	\$4,731
02	BREAST PROCEDURES	17	\$4,590	\$5,295
	020 LEVEL I BREAST PROCEDURES	17	\$4,590	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	535	\$7,587	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$6,371	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$10,208	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$10,547	\$12,233
	033 LEVEL I HAND PROCEDURES	9	\$3,209	\$3,605
	034 LEVEL II HAND PROCEDURES	3	\$5,873	\$6,660
	035 LEVEL I FOOT PROCEDURES	38	\$5,965	\$4,528
	036 LEVEL II FOOT PROCEDURES	11	\$15,710	\$8,711
	037 LEVEL I ARTHROSCOPY	213	\$6,754	\$5,040
	038 LEVEL II ARTHROSCOPY	45	\$15,581	\$13,882
	039 REPLACEMENT OF CAST	12	\$3,783	\$10,002
	040 SPLINT, STRAPPING AND CAST REMOVAL	23	\$1,588	\$1,590
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$4,150	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	45	\$12,859	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	45	\$4,013	\$3,670
	045 BUNION PROCEDURES	9	\$11,175	\$6,795
	046 LEVEL I ARTHROPLASTY	1	\$33,114	\$9,886
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	\$1,970	\$1,936
04	RESPIRATORY PROCEDURES	47	\$3,986	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	33	\$2,992	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$4,607	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$7,999	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	4	\$7,242	\$3,588
05	CARDIOVASCULAR PROCEDURES	111	\$32,395	\$17,886
	081 ECHOCARDIOGRAPHY	6	\$23,841	\$25,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$2,937	\$2,948
	083 PLACEMENT OF TRANSVENOUS CATHETERS	7	\$5,826	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	23	\$42,870	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	17	\$31,616	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	22	\$20,658	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	4	\$15,611	\$9,499
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	\$10,833	\$9,067
	097 AICD IMPLANT	27	\$49,089	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	40	\$3,844	\$5,648

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure EAPG category		TOTAL #	AVE TOT CHRGR	AVE TOT CHRGR(ALL Hospitals)
Procedure EAPG				
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	35	\$3,441	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$6,660	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	719	\$8,109	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	59	\$1,713	\$2,627
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	93	\$2,670	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	43	\$3,199	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3	\$1,659	\$1,505
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	\$7,019	\$6,968
	139 LEVEL I HERNIA REPAIR	92	\$6,301	\$5,524
	140 LEVEL II HERNIA REPAIR	27	\$7,476	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	14	\$2,818	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	53	\$4,113	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$8,176	\$4,517
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$10,413	\$10,980
	145 LEVEL I LAPAROSCOPY	18	\$7,706	\$7,096
	146 LEVEL II LAPAROSCOPY	115	\$11,665	\$9,427
	147 LEVEL III LAPAROSCOPY	174	\$14,221	\$10,611
	148 LEVEL IV LAPAROSCOPY	12	\$18,202	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	207	\$9,406	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	40	\$9,252	\$11,846
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	20	\$6,608	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	30	\$6,385	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	\$36,306	\$20,165
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$7,685	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	114	\$10,289	\$11,734
09	MALE REPRODUCTIVE SYSTEM	44	\$9,078	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$6,493	\$3,654
	181 CIRCUMCISION	5	\$4,693	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	27	\$11,039	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	122	\$7,430	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	23	\$5,022	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	11	\$5,862	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	24	\$10,725	\$8,853
	199 DILATION AND CURETTAGE	1	\$5,264	\$4,086
	200 HYSTEROSCOPY	62	\$7,426	\$6,413
	201 COLPOSCOPY	1	\$3,336	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	271	\$25,588	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	39	\$2,341	\$2,196
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	12	\$12,665	\$13,896
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	12	\$12,304	\$12,020
	217 LEVEL I NERVE PROCEDURES	26	\$6,456	\$4,288
	218 LEVEL II NERVE PROCEDURES	20	\$77,179	\$22,896
	219 SPINAL TAP	30	\$2,556	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$6,289	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	65	\$14,393	\$12,411

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	223 LEVEL III NERVE PROCEDURES	63	\$60,234	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	63	\$5,185	\$4,588
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,960	\$4,975
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,800	\$4,384
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$5,452	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	49	\$5,213	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	201	\$9,186	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	18	\$4,386	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	14	\$5,344	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	9	\$9,412	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	103	\$13,346	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	57	\$4,091	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,459	56.3	140,857	53.8
Male	1,910	43.7	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	3	0.1	2,722	1.0
1-4 years	20	0.5	10,474	4.0
5-9	24	0.5	6,876	2.6
10-14	23	0.5	5,656	2.2
15-17	61	1.4	5,579	2.1
18-19	58	1.3	3,819	1.5
20-24	211	4.8	10,499	4.0
25-29	270	6.2	11,895	4.5
30-34	357	8.2	15,288	5.8
35-39	285	6.5	15,023	5.7
40-44	354	8.1	15,275	5.8
45-49	334	7.6	16,577	6.3
50-54	389	8.9	29,317	11.2
55-59	404	9.2	26,116	10.0
60-64	348	8.0	24,120	9.2
65-69	386	8.8	21,226	8.1
70-74	329	7.5	16,114	6.2
75-79	226	5.2	11,722	4.5
80-84	167	3.8	7,780	3.0
85-89	89	2.0	3,464	1.3
90 +	31	0.7	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,304	98.5	81,064	30.9
Clinic Referral	37	0.8	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	8	0.2	189	0.1
Skilled Nursing Facility	1	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	3	0.1	29	0.0
Not Reported	16	0.4	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,351	99.6	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	3	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	1	0.0	198	0.1
Under Care of Home Service	8	0.2	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	5	0.1	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	1,412	32.3	66,198	25.3
Medicaid	168	3.8	19,834	7.6
Other government	146	3.3	6,484	2.5
Blue Cross/Blue Shield	1,238	28.3	32,501	12.4
Other Commercial	388	8.9	19,396	7.4
Managed Care(HMO, PPO)	956	21.9	108,501	41.4
Self Pay	11	0.3	3,771	1.4
Industrial & Worker Comp	49	1.1	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	1	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	48	1.1	18,435	7.0
Central Utah	26	0.6	8,690	3.3
Davis County	441	10.1	29,850	11.4
Salt Lake County	2,738	62.7	90,968	34.7
Southeastern Utah	26	0.6	5,705	2.2
Southwest Utah	21	0.5	14,915	5.7
Summit County	93	2.1	4,208	1.6
Tooele County	133	3.0	6,494	2.5
Tri-County	133	3.0	5,152	2.0
Utah County	159	3.6	39,008	14.9
Wasatch County	20	0.5	2,303	0.9
Weber County	110	2.5	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	409	9.4	13,799	5.3
Unknown, Not Reported	12	0.3	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

124 St. Marks Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	14,721	100.0	340,055	100.0
Mastectomy (85.0-85.99)	1,097	7.5	8,708	2.6
Musculoskeletal (76.0-84.99)	2,061	14.0	69,858	20.5
Respiratory (30.0-34.99)	199	1.4	3,126	0.9
Cardiovascular (35.0-39.99)	1,940	13.2	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	247	1.7	3,058	0.9
Digestive System (42.0-54.99)	2,463	16.7	110,559	32.5
Urinary (55.0-59.99)	851	5.8	11,335	3.3
Male Genital (60.0-64.99)	222	1.5	4,598	1.4
Female Genital (65.0-71.99)	1,378	9.4	16,800	4.9
Endocrine/Nervous (01.0-07.99)	2,742	18.6	23,927	7.0
Eye (08.0-16.99)	1,393	9.5	24,162	7.1
Ear (18.0-20.99)	50	0.3	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	78	0.5	31,882	9.4
Reporting Category(CPT-4 CODES)	13,699	100.0	336,452	100.0
Mastectomy (19120-19220)	28	0.2	1,628	0.5
Musculoskeletal (20000-29909)	2,108	15.4	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	223	1.6	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	2,806	20.5	18,525	5.5
Lymphatic/Hemetic (38100-38999)	225	1.6	4,482	1.3
Digestive (40490-49999)	2,449	17.9	127,003	37.7
Urinary (50010-53899)	750	5.5	16,209	4.8
Male Genital (54000-55899)	201	1.5	4,833	1.4
Female Genital (56405-58999)	1,132	8.3	15,699	4.7
Endocrine/Nervous (60000-64999)	2,666	19.5	26,706	7.9
Eye (65091-68899)	957	7.0	13,805	4.1
Ear (69000-69979)	154	1.1	7,772	2.3

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, 2012
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		14,721	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	882	6.0	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	765	5.2	1.45
8511	CLO [PERCUT] [NEEDLE] BX BREAST	430	2.9	0.47
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	402	2.7	0.79
3722	LT HEART CARD CATH	361	2.5	0.80
1474	OTH MECH VITRECTOMY	340	2.3	0.46
8519	OTH DX PROC BREAST	327	2.2	0.26
5123	LAP CHOLEY	287	1.9	1.92
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	261	1.8	5.87
042	DESTRUC CRANIAL & PERIPH NERV	192	1.3	0.15
0481	INJ ANES PERIPH NERV-ANALGESIA	162	1.1	0.24
598	URETERAL CATH	160	1.1	0.76
8051	EXC INTERVERTEBRAL DISC	159	1.1	0.49
149	OTH OPER RETINA-CHOROID-POST CHAMBR	154	1.0	0.22
5732	OTH CYSTOSCOPY	151	1.0	0.29
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	146	1.0	1.77
6841	6841	142	1.0	0.19
3607	INSERTION RX-ELUTING COR ART STENT	139	0.9	0.26
3728	INTRACARDIAC ECHOCARDIOGRAPHY	137	0.9	0.20
1475	INJ VITREOUS SUBSTITUTE	136	0.9	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,699	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	575	4.2	0.56
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	536	3.9	0.81
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	367	2.7	0.60
64636	64636	366	2.7	0.26
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	362	2.6	0.42
43239	UGI ENDO; W/BX 1/MX	239	1.7	6.32
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	183	1.3	0.21
45380	COLONOSCOPY FLEX; W/BX 1/MX	171	1.2	6.39
47562	LAPAROSCOPY SURGICAL; CHOLECT	162	1.2	0.90
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	158	1.2	0.67
64635	64635	154	1.1	0.13
28285	CORRECTION HAMMERTOES	146	1.1	0.58
66984	EXTRACAPSULAR CATARACT REMV IOL	141	1.0	1.77
67025	INJ VITREOUS SUBSTITUTE-SEP PROC	135	1.0	0.05
64493	64493	134	1.0	0.22
52332	CYSTOURETHROSCOPY W/INSRT STENT	129	0.9	0.74
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	126	0.9	0.55
47563	LAPAROSCPY SURG; CHOLECT W/CHOLAN	123	0.9	1.10
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	122	0.9	0.07
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	121	0.9	0.26

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

124 St. Marks Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		5,404	\$11,215	\$5,136
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	330	\$2,004	\$2,219
3722	LT HEART CARD CATH	273	\$17,820	\$11,611
5123	LAP CHOLEY	249	\$13,714	\$8,631
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	185	\$4,288	\$1,906
042	DESTRUC CRANIAL & PERIPH NERV	184	\$9,659	\$6,452
8511	CLO [PERCUT] [NEEDLE] BX BREAST	133	\$2,018	\$3,024
0611	CLO PERCUT NEEDLE BX THYROID GLAND	129	\$957	\$1,376
5011	CLO [PERCUT] [NEEDLE] BX LIVER	118	\$3,384	\$3,222
0392	INJ OTH AGENT SPINAL CANAL	116	\$2,890	\$1,729
8051	EXC INTERVERTEBRAL DISC	110	\$16,725	\$12,257
4523	COLONOSCOPY	102	\$3,082	\$1,274
4513	OTH ENDO SM INTESTINE	85	\$4,435	\$1,475
3893	VENOUS CATH-NEC	84	\$3,485	\$5,305
3723	COMBO RT & LT HEART CARD CATH	83	\$17,685	\$11,664
6952	ASPIR CURET FOLLOWING DELIV/AB	76	\$6,786	\$3,669
8396	INJ THERAP SUBSTANCE BURSA	72	\$1,589	\$1,548
4701	LAP APPENDECTOMY	68	\$22,281	\$11,971
8166	8166	58	\$27,861	\$25,162
4422	ENDO DILAT PYLORUS	56	\$4,829	\$3,179
6029	OTH TRANSURETHRAL PROSTATECTOMY	56	\$15,335	\$10,568

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,934	\$9,804	\$4,756
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	485	\$2,868	\$2,139
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	299	\$1,991	\$1,867
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	267	\$3,980	\$3,711
36416	COLLECTON CAPILLARY BLOOD SPECIM	214	\$128	\$141
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	167	\$3,079	\$2,523
43239	UGI ENDO; W/BX 1/MX	155	\$3,785	\$1,845
47562	LAPAROSCOPY SURGICAL; CHOLECT	147	\$13,476	\$8,029
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	122	\$445	\$547
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	118	\$3,384	\$2,950
66984	EXTRACAPSULAR CATARACT REMV IOL	118	\$9,466	\$4,261
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	114	\$3,470	\$4,555
45380	COLONOSCOPY FLEX; W/BX 1/MX	107	\$3,902	\$1,749
55875	55875	105	\$8,840	\$11,183
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	105	\$17,382	\$12,146
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	99	\$13,780	\$9,209
58340	CATH&INTRO SALINE/CONTRAST SIS/H	96	\$1,131	\$1,075
93580	PERQ TRNSCATH CLO INTERATRIAL CM	96	\$53,307	\$45,108
52601	TURP INCL CONTRL POSTOP BLEED CM	75	\$14,696	\$10,967
38792	INJECTION PROC; ID SENTINEL NODE	74	\$11,183	\$8,714
58571	58571	73	\$23,397	\$19,526

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	574	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	196	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	93
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	20	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	67	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	133	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	55
	013 LEVEL II SKIN REPAIR	141	921
	014 LEVEL III SKIN REPAIR	8	219
02	BREAST PROCEDURES	29	1,675
	020 LEVEL I BREAST PROCEDURES	28	1,628
	021 LEVEL II BREAST PROCEDURES	1	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,502	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	116	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	2,315
	033 LEVEL I HAND PROCEDURES	29	4,044
	034 LEVEL II HAND PROCEDURES	16	1,282
	035 LEVEL I FOOT PROCEDURES	326	6,556
	036 LEVEL II FOOT PROCEDURES	72	1,905
	037 LEVEL I ARTHROSCOPY	61	22,852
	038 LEVEL II ARTHROSCOPY	12	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	95	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	511
	045 BUNION PROCEDURES	89	1,823
	046 LEVEL I ARTHROPLASTY	8	706
	047 LEVEL II ARTHROPLASTY	5	149
	048 HAND AND FOOT TENOTOMY	6	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	580	2,425
04	RESPIRATORY PROCEDURES	447	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	349	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	7	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	88	2,327
05	CARDIOVASCULAR PROCEDURES	1,226	9,853
	081 ECHOCARDIOGRAPHY	41	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	248	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	96	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	252	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	79	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	118	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	29	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	301	2,877

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	8	116
	092 RESUSCITATION	1	13
	097 AICD IMPLANT	49	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	396	4,277
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	4	42
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	367	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,593	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	90	499
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	38	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	42	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	380	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	150	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	256	41,948
	137 THERAPEUTIC COLONOSCOPY	34	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	73	2,093
	139 LEVEL I HERNIA REPAIR	119	5,542
	140 LEVEL II HERNIA REPAIR	60	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	92	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	71	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	26	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	16	103
	145 LEVEL I LAPAROSCOPY	163	2,400
	146 LEVEL II LAPAROSCOPY	484	8,245
	147 LEVEL III LAPAROSCOPY	480	7,608
	148 LEVEL IV LAPAROSCOPY	19	225
08	GENITOURINARY SYSTEM PROCEDURES	644	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	15	890
	162 URINARY CATHETERIZATION AND DILATATION	5	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	259	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	206	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	26	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	12	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	121	941
09	MALE REPRODUCTIVE SYSTEM	203	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	33	1,567
	181 CIRCUMCISION	11	1,132
	182 INSERTION OF PENILE PROSTHESIS	27	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	132	1,442
10	FEMALE REPRODUCTIVE SYSTEM	541	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	117	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	95	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	150	2,262
	199 DILATION AND CURETTAGE	26	439
	200 HYSTEROSCOPY	146	2,236

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	642
11	NEUROLOGIC SYSTEM PROCEDURES	2,823	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	760	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	10	221
	217 LEVEL I NERVE PROCEDURES	92	4,317
	218 LEVEL II NERVE PROCEDURES	112	835
	219 SPINAL TAP	46	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,475	10,531
	221 LAMINOTOMY AND LAMINECTOMY	225	2,724
	223 LEVEL III NERVE PROCEDURES	103	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	956	13,758
	232 LASER EYE PROCEDURES	3	765
	233 CATARACT PROCEDURES	156	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	86	252
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	156	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	476	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	52	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	9	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	178	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	26	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	40	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	106	3,502
	256 TONSIL AND ADENOID PROCEDURES	2	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	407	\$5,337	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	122	\$5,566	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$8,422	\$2,769
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	14	\$7,615	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	55	\$5,992	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	92	\$6,386	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$9,418	\$7,059
	013 LEVEL II SKIN REPAIR	118	\$3,611	\$4,731
	014 LEVEL III SKIN REPAIR	4	\$6,383	\$9,742
02	BREAST PROCEDURES	16	\$7,780	\$5,295
	020 LEVEL I BREAST PROCEDURES	16	\$7,780	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	709	\$6,202	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$13,616	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$11,671	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$20,354	\$12,233
	033 LEVEL I HAND PROCEDURES	9	\$7,077	\$3,605
	034 LEVEL II HAND PROCEDURES	7	\$8,826	\$6,660
	035 LEVEL I FOOT PROCEDURES	59	\$7,900	\$4,528
	036 LEVEL II FOOT PROCEDURES	13	\$11,064	\$8,711
	037 LEVEL I ARTHROSCOPY	21	\$10,606	\$5,040
	038 LEVEL II ARTHROSCOPY	7	\$21,893	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$19,587	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$6,014	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	68	\$18,376	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$7,613	\$3,670
	045 BUNION PROCEDURES	23	\$11,242	\$6,795
	046 LEVEL I ARTHROPLASTY	3	\$18,955	\$9,886
	047 LEVEL II ARTHROPLASTY	3	\$36,454	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	441	\$2,021	\$1,936
04	RESPIRATORY PROCEDURES	308	\$3,640	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	266	\$3,139	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	\$8,350	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	\$9,800	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	36	\$6,431	\$3,588
05	CARDIOVASCULAR PROCEDURES	454	\$34,168	\$17,886
	081 ECHOCARDIOGRAPHY	28	\$43,831	\$25,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	81	\$11,717	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	113	\$49,655	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	66	\$52,742	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	70	\$39,372	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	22	\$16,443	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	61	\$13,386	\$10,472
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	\$13,784	\$9,067
	097 AICD IMPLANT	9	\$28,257	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	275	\$4,108	\$5,648

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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				
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	267	\$3,980	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$8,398	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,663	\$10,685	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	89	\$4,996	\$2,627
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	27	\$2,650	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	33	\$4,507	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	266	\$4,069	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	101	\$5,612	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	172	\$3,677	\$1,505
	137 THERAPEUTIC COLONOSCOPY	7	\$4,537	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	14	\$13,267	\$6,968
	139 LEVEL I HERNIA REPAIR	48	\$10,119	\$5,524
	140 LEVEL II HERNIA REPAIR	9	\$15,169	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	41	\$7,136	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	40	\$8,463	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	16	\$5,896	\$4,517
	144 LEVEL II GASTROINTESTINAL PROCEDURES	14	\$14,663	\$10,980
	145 LEVEL I LAPAROSCOPY	80	\$11,425	\$7,096
	146 LEVEL II LAPAROSCOPY	354	\$16,047	\$9,427
	147 LEVEL III LAPAROSCOPY	336	\$18,164	\$10,611
	148 LEVEL IV LAPAROSCOPY	16	\$22,125	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	316	\$10,896	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	13	\$16,581	\$11,846
	162 URINARY CATHETERIZATION AND DILATATION	1	\$7,633	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	96	\$9,914	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	79	\$9,954	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	9	\$25,833	\$20,165
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	\$19,268	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	114	\$10,282	\$11,734
09	MALE REPRODUCTIVE SYSTEM	156	\$18,150	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	17	\$8,052	\$3,654
	181 CIRCUMCISION	9	\$7,032	\$2,298
	182 INSERTION OF PENILE PROSTHESIS	20	\$52,004	\$37,474
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	110	\$14,465	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	275	\$11,264	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	43	\$8,768	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	41	\$10,846	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	90	\$12,879	\$8,853
	199 DILATION AND CURETTAGE	12	\$6,764	\$4,086
	200 HYSTEROSCOPY	86	\$11,755	\$6,413
	201 COLPOSCOPY	3	\$8,221	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	1,171	\$5,898	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	680	\$2,895	\$2,196
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$9,772	\$13,896
	217 LEVEL I NERVE PROCEDURES	15	\$8,621	\$4,288

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
218	LEVEL II NERVE PROCEDURES	8	\$20,215	\$22,896
219	SPINAL TAP	45	\$2,508	\$2,473
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	233	\$3,475	\$2,853
221	LAMINOTOMY AND LAMINECTOMY	139	\$17,684	\$12,411
223	LEVEL III NERVE PROCEDURES	49	\$25,444	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	360	\$12,912	\$4,588
232	LASER EYE PROCEDURES	1	\$7,582	\$939
233	CATARACT PROCEDURES	124	\$9,691	\$4,292
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	\$11,559	\$4,975
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$6,888	\$4,384
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	36	\$12,101	\$11,515
237	LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	\$17,632	\$7,320
238	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	174	\$15,543	\$8,404
239	STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$7,242	\$3,336
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$10,311	\$3,139
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$11,470	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	95	\$15,019	\$4,852
252	LEVEL I FACIAL AND ENT PROCEDURES	9	\$8,406	\$2,933
253	LEVEL II FACIAL AND ENT PROCEDURES	3	\$12,062	\$3,989
254	LEVEL III FACIAL AND ENT PROCEDURES	17	\$17,102	\$8,743
255	LEVEL IV FACIAL AND ENT PROCEDURES	64	\$15,677	\$11,118
256	TONSIL AND ADENOID PROCEDURES	2	\$10,433	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,679	61.1	140,857	53.8
Male	4,248	38.9	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	263	2.4	1,301	0.5
29-365 days	75	0.7	2,722	1.0
1-4 years	0	0.0	10,474	4.0
5-9	0	0.0	6,876	2.6
10-14	28	0.3	5,656	2.2
15-17	96	0.9	5,579	2.1
18-19	78	0.7	3,819	1.5
20-24	281	2.6	10,499	4.0
25-29	432	4.0	11,895	4.5
30-34	600	5.5	15,288	5.8
35-39	610	5.6	15,023	5.7
40-44	687	6.3	15,275	5.8
45-49	741	6.8	16,577	6.3
50-54	971	8.9	29,317	11.2
55-59	1,064	9.7	26,116	10.0
60-64	1,083	9.9	24,120	9.2
65-69	1,091	10.0	21,226	8.1
70-74	1,007	9.2	16,114	6.2
75-79	729	6.7	11,722	4.5
80-84	604	5.5	7,780	3.0
85-89	352	3.2	3,464	1.3
90 +	134	1.2	1,080	0.4
Not Reported	1	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	9,720	89.0	81,064	30.9
Clinic Referral	1,153	10.6	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	11	0.1	189	0.1
Skilled Nursing Facility	39	0.4	144	0.1
Other Health Care Facility	4	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,898	99.7	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	6	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	3	0.0	198	0.1
Under Care of Home Service	13	0.1	303	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	3	0.0	18	0.0
Unknown	1	0.0	68	0.0
Not Reported	2	0.0	38	0.0
PRIMARY PAYER				
Medicare	4,404	40.3	66,198	25.3
Medicaid	462	4.2	19,834	7.6
Other government	204	1.9	6,484	2.5
Blue Cross/Blue Shield	2,364	21.6	32,501	12.4
Other Commercial	440	4.0	19,396	7.4
Managed Care(HMO, PPO)	2,775	25.4	108,501	41.4
Self Pay	167	1.5	3,771	1.4
Industrial & Worker Comp	92	0.8	3,122	1.2
Charity and Unclassified	14	0.1	839	0.3
Childrens Health Insurance	2	0.0	154	0.1
Unknown	3	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	87	0.8	18,435	7.0
Central Utah	59	0.5	8,690	3.3
Davis County	498	4.6	29,850	11.4
Salt Lake County	8,655	79.2	90,968	34.7
Southeastern Utah	47	0.4	5,705	2.2
Southwest Utah	56	0.5	14,915	5.7
Summit County	123	1.1	4,208	1.6
Tooele County	294	2.7	6,494	2.5
Tri-County	104	1.0	5,152	2.0
Utah County	325	3.0	39,008	14.9
Wasatch County	47	0.4	2,303	0.9
Weber County	125	1.1	22,232	8.5
Unknown Utah	1	0.0	24	0.0
Outside Utah	504	4.6	13,799	5.3
Unknown, Not Reported	2	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	5,418	100.0	340,055	100.0
Mastectomy (85.0-85.99)	331	6.1	8,708	2.6
Musculoskeletal (76.0-84.99)	506	9.3	69,858	20.5
Respiratory (30.0-34.99)	29	0.5	3,126	0.9
Cardiovascular (35.0-39.99)	1,045	19.3	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	47	0.9	3,058	0.9
Digestive System (42.0-54.99)	1,903	35.1	110,559	32.5
Urinary (55.0-59.99)	91	1.7	11,335	3.3
Male Genital (60.0-64.99)	30	0.6	4,598	1.4
Female Genital (65.0-71.99)	321	5.9	16,800	4.9
Endocrine/Nervous (01.0-07.99)	861	15.9	23,927	7.0
Eye (08.0-16.99)	30	0.6	24,162	7.1
Ear (18.0-20.99)	45	0.8	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	179	3.3	31,882	9.4
Reporting Category(CPT-4 CODES)	5,755	100.0	336,452	100.0
Mastectomy (19120-19220)	47	0.8	1,628	0.5
Musculoskeletal (20000-29909)	541	9.4	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	124	2.2	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	1,585	27.5	18,525	5.5
Lymphatic/Hemetic (38100-38999)	39	0.7	4,482	1.3
Digestive (40490-49999)	2,000	34.8	127,003	37.7
Urinary (50010-53899)	110	1.9	16,209	4.8
Male Genital (54000-55899)	220	3.8	4,833	1.4
Female Genital (56405-58999)	282	4.9	15,699	4.7
Endocrine/Nervous (60000-64999)	778	13.5	26,706	7.9
Eye (65091-68899)	10	0.2	13,805	4.1
Ear (69000-69979)	19	0.3	7,772	2.3

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, 2012
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		5,418	100.0	100.0
4523	COLONOSCOPY	459	8.5	6.64
4542	ENDO POLYPECTOMY LG INTESTINE	354	6.5	4.65
0392	INJ OTH AGENT SPINAL CANAL	295	5.4	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	271	5.0	1.45
3726	CARD ELECTROPHYSIO STIMUL-RECORD	264	4.9	0.53
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	260	4.8	5.87
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	248	4.6	0.50
3727	CARD MAPPING	246	4.5	0.49
4513	OTH ENDO SM INTESTINE	125	2.3	1.56
5123	LAP CHOLEY	107	2.0	1.92
3722	LT HEART CARD CATH	87	1.6	0.80
4525	CLO [ENDO] BX LG INTESTINE	84	1.6	2.45
0309	OTH EXPLOR & DECOMP SPINAL CANAL	83	1.5	0.23
4292	DILAT ESOPH	76	1.4	1.54
4836	[ENDO] POLYPECTOMY RECTUM	75	1.4	1.36
8519	OTH DX PROC BREAST	74	1.4	0.26
8511	CLO [PERCUT] [NEEDLE] BX BREAST	69	1.3	0.47
8521	LOC EXC LES BREAST	62	1.1	0.58
6902	D&C FOLLOWING DELIV/AB	59	1.1	0.14
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	52	1.0	0.79

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,755	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	430	7.5	5.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	356	6.2	6.39
43239	UGI ENDO; W/BX 1/MX	266	4.6	6.32
93620	COMP EP EVAL;RT ATRIAL VENT HIS	261	4.5	0.31
93623	PROGRAM STIM & PACE AFTER IV DRU	256	4.4	0.21
93621	COMP EP EVAL;LT ATRIAL COR SINUS	250	4.3	0.25
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	236	4.1	0.67
93651	INTRACARD CATH ABLAT ARRHY; TX T	233	4.0	0.31
93613	INTRACARD EP 3-D MAPPING	213	3.7	0.24
55875		200	3.5	0.18
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	165	2.9	2.20
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	108	1.9	0.47
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	97	1.7	1.15
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	91	1.6	1.10
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	71	1.2	1.04
63047	LAMINECT 1 VERT SEGMENT-UNI/BIL; L	58	1.0	0.11
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	51	0.9	0.81
19120	EXC BRST CYST TUMR/LES OPN M/F 1	44	0.8	0.32
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	42	0.7	0.55
44970	LAPAROSCOPY SURGICAL APPENDECTOM	41	0.7	0.39

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,136	\$8,702	\$5,136
4523	COLONOSCOPY	407	\$2,760	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	280	\$3,852	\$1,820
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	142	\$3,272	\$1,906
5123	LAP CHOLEY	93	\$12,327	\$8,631
4513	OTH ENDO SM INTESTINE	76	\$3,362	\$1,475
6902	D&C FOLLOWING DELIV/AB	58	\$5,295	\$4,361
3722	LT HEART CARD CATH	55	\$15,083	\$11,611
4525	CLO [ENDO] BX LG INTESTINE	53	\$3,164	\$1,908
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	43	\$3,438	\$2,219
0393	INSRT/REPLCMT SPINAL NEUROSTIM	39	\$79,016	\$52,298
4701	LAP APPENDECTOMY	33	\$16,401	\$11,971
4836	[ENDO] POLYPECTOMY RECTUM	31	\$3,728	\$1,651
283	TONSILLECTOMY W/ADENOIDECTOMY	29	\$6,498	\$3,559
3787	REPLCE PACEMAKER W/2 CHAMBR DEVICE	27	\$37,872	\$27,431
064	COMPLT THYROIDECTOMY	25	\$14,565	\$12,506
3723	COMBO RT & LT HEART CARD CATH	25	\$14,178	\$11,664
0611	CLO PERCUT NEEDLE BX THYROID GLAND	20	\$2,068	\$1,376
8511	CLO [PERCUT] [NEEDLE] BX BREAST	18	\$5,086	\$3,024
6909	OTH D&C UTERUS	17	\$6,344	\$4,181
8521	LOC EXC LES BREAST	17	\$6,285	\$4,756

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,465	\$7,162	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	378	\$2,759	\$1,296
45380	COLONOSCOPY FLEX; W/BX 1/MX	256	\$3,259	\$1,749
55875	55875	199	\$9,929	\$11,183
43239	UGI ENDO; W/BX 1/MX	145	\$3,246	\$1,845
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	93	\$2,554	\$1,992
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	89	\$3,678	\$1,850
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	78	\$12,575	\$9,209
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	69	\$3,248	\$1,361
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	45	\$1,955	\$2,139
19120	EXC BRST CYST TUMR/LES OPN M/F 1	33	\$8,706	\$4,844
44970	LAPAROSCOPY SURGICAL APPENDECTOM	33	\$16,401	\$12,174
58340	CATH&INTRO SALINE/CONTRAST SIS/H	32	\$2,241	\$1,075
51600	INJ PROC-CYSTOGRAPHY	27	\$1,894	\$1,918
33228	33228	26	\$37,432	\$30,028
49650	LAPARSCPY SURG; REPR INIT ING HE	25	\$14,860	\$9,560
60240	THYROIDECTOMY TOTAL OR COMPLETE	25	\$14,565	\$12,614
93660	EVAL CARDIOVASC FUNCT W/TILT TAB	24	\$1,114	\$1,046
42820	T&A; UNDER AGE 12	22	\$6,142	\$3,454
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	20	\$1,806	\$1,867
93571	INTRAVASC DOPPLER DUR SCA; INIT	20	\$30,039	\$25,325

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	19	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	27	5,026
	013 LEVEL II SKIN REPAIR	23	921
	014 LEVEL III SKIN REPAIR	2	219
02	BREAST PROCEDURES	48	1,675
	020 LEVEL I BREAST PROCEDURES	47	1,628
	021 LEVEL II BREAST PROCEDURES	1	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	391	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	2,315
	033 LEVEL I HAND PROCEDURES	13	4,044
	034 LEVEL II HAND PROCEDURES	5	1,282
	035 LEVEL I FOOT PROCEDURES	63	6,556
	036 LEVEL II FOOT PROCEDURES	10	1,905
	037 LEVEL I ARTHROSCOPY	108	22,852
	038 LEVEL II ARTHROSCOPY	24	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	609
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	23	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	511
	045 BUNION PROCEDURES	17	1,823
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	36	2,425
04	RESPIRATORY PROCEDURES	85	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	33	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	25	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	18	2,327
05	CARDIOVASCULAR PROCEDURES	1,273	9,853
	081 ECHOCARDIOGRAPHY	37	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	568	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	23	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	34	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	64	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	8	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	507	2,877
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	116
	097 AICD IMPLANT	29	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	47	4,277
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	17	2,040
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	1,758

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,008	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	13	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	364	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	99	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	787	41,948
	137 THERAPEUTIC COLONOSCOPY	185	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	81	2,093
	139 LEVEL I HERNIA REPAIR	42	5,542
	140 LEVEL II HERNIA REPAIR	16	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	16	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	103
	145 LEVEL I LAPAROSCOPY	50	2,400
	146 LEVEL II LAPAROSCOPY	155	8,245
	147 LEVEL III LAPAROSCOPY	163	7,608
	148 LEVEL IV LAPAROSCOPY	2	225
08	GENITOURINARY SYSTEM PROCEDURES	259	13,016
	162 URINARY CATHETERIZATION AND DILATATION	2	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	30	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	24	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	201	941
09	MALE REPRODUCTIVE SYSTEM	28	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	1,567
	181 CIRCUMCISION	1	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	14	1,442
10	FEMALE REPRODUCTIVE SYSTEM	146	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	25	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	32	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	24	2,262
	199 DILATION AND CURETTAGE	10	439
	200 HYSTEROSCOPY	54	2,236
	201 COLPOSCOPY	1	642
11	NEUROLOGIC SYSTEM PROCEDURES	739	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	71	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	10	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	178
	217 LEVEL I NERVE PROCEDURES	29	4,317
	218 LEVEL II NERVE PROCEDURES	30	835
	219 SPINAL TAP	20	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	399	10,531

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	135	2,724
	223 LEVEL III NERVE PROCEDURES	43	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	10	13,758
	233 CATARACT PROCEDURES	6	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	131
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	206	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	54	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	15	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	32	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	65	3,502
	256 TONSIL AND ADENOID PROCEDURES	40	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

Procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		54	\$7,508	\$4,612
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION		15	\$4,945	\$4,738
004 LEVEL II SKIN INCISION AND DRAINAGE		1	\$7,633	\$5,874
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		7	\$6,062	\$3,634
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		10	\$7,785	\$4,950
013 LEVEL II SKIN REPAIR		19	\$9,587	\$4,731
014 LEVEL III SKIN REPAIR		2	\$10,593	\$9,742
02 BREAST PROCEDURES		36	\$9,105	\$5,295
020 LEVEL I BREAST PROCEDURES		35	\$8,948	\$5,104
021 LEVEL II BREAST PROCEDURES		1	\$14,594	\$13,404
03 MUSCULOSKELETAL SYSTEM PROCEDURES		172	\$8,826	\$6,423
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		5	\$15,734	\$5,722
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		13	\$8,298	\$6,996
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		4	\$14,116	\$12,233
033 LEVEL I HAND PROCEDURES		8	\$5,381	\$3,605
034 LEVEL II HAND PROCEDURES		3	\$7,554	\$6,660
035 LEVEL I FOOT PROCEDURES		26	\$6,644	\$4,528
036 LEVEL II FOOT PROCEDURES		6	\$8,244	\$8,711
037 LEVEL I ARTHROSCOPY		45	\$8,885	\$5,040
038 LEVEL II ARTHROSCOPY		8	\$18,318	\$13,882
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		16	\$16,416	\$9,982
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA		7	\$4,676	\$3,670
045 BUNION PROCEDURES		9	\$11,647	\$6,795
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION		22	\$1,846	\$1,936
04 RESPIRATORY PROCEDURES		27	\$4,272	\$2,528
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION		21	\$3,961	\$2,852
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY		1	\$5,432	\$1,271
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY		1	\$7,694	\$5,664
064 ENDOSCOPY OF THE LOWER AIRWAY		4	\$4,757	\$3,588
05 CARDIOVASCULAR PROCEDURES		101	\$28,491	\$17,886
081 ECHOCARDIOGRAPHY		20	\$30,039	\$25,325
083 PLACEMENT OF TRANSVENOUS CATHETERS		20	\$12,317	\$7,334
086 PACEMAKER INSERTION AND REPLACEMENT		20	\$33,397	\$35,014
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE		27	\$37,872	\$27,051
088 LEVEL I CARDIOTHORACIC PROCEDURES		7	\$10,654	\$9,499
089 LEVEL II CARDIOTHORACIC PROCEDURES		2	\$12,733	\$10,472
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION		1	\$10,889	\$15,384
091 VASCULAR LIGATION AND RECONSTRUCTION		1	\$14,869	\$9,067
097 AICD IMPLANT		3	\$71,388	\$56,176
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		22	\$8,028	\$5,648
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE		11	\$2,213	\$3,762
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		11	\$13,843	\$9,155
07 GASTROINTESTINAL SYSTEM PROCEDURES		1,260	\$5,216	\$3,378
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT		12	\$1,727	\$2,627
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		2	\$1,072	\$1,218

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure EAPG category				
Procedure EAPG		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$5,803	\$1,936
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	215	\$3,270	\$1,829
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	32	\$4,644	\$2,598
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	634	\$2,961	\$1,505
137	THERAPEUTIC COLONOSCOPY	98	\$3,697	\$1,882
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	\$13,089	\$6,968
139	LEVEL I HERNIA REPAIR	22	\$10,686	\$5,524
140	LEVEL II HERNIA REPAIR	5	\$11,726	\$6,756
141	LEVEL I ANAL AND RECTAL PROCEDURES	3	\$8,895	\$4,044
142	LEVEL II ANAL AND RECTAL PROCEDURES	12	\$9,774	\$4,792
143	LEVEL I GASTROINTESTINAL PROCEDURES	2	\$2,484	\$4,517
144	LEVEL II GASTROINTESTINAL PROCEDURES	2	\$18,759	\$10,980
145	LEVEL I LAPAROSCOPY	11	\$9,453	\$7,096
146	LEVEL II LAPAROSCOPY	101	\$13,878	\$9,427
147	LEVEL III LAPAROSCOPY	103	\$13,613	\$10,611
148	LEVEL IV LAPAROSCOPY	1	\$18,897	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	221	\$9,943	\$6,463
162	URINARY CATHETERIZATION AND DILATATION	1	\$8,882	\$5,332
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	11	\$6,957	\$3,484
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	7	\$8,166	\$6,651
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$25,306	\$20,165
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$3,367	\$4,263
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	200	\$10,131	\$11,734
09	MALE REPRODUCTIVE SYSTEM	22	\$14,387	\$5,766
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$7,531	\$3,654
181	CIRCUMCISION	1	\$5,399	\$2,298
184	LEVEL II PENILE AND PROSTATE PROCEDURES	14	\$18,457	\$9,032
10	FEMALE REPRODUCTIVE SYSTEM	72	\$8,341	\$6,143
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	\$8,435	\$5,502
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	13	\$8,826	\$6,583
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	\$11,381	\$8,853
199	DILATION AND CURETTAGE	9	\$5,274	\$4,086
200	HYSTEROSCOPY	30	\$7,909	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	199	\$3,374	\$6,459
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	64	\$1,698	\$2,196
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$47,890	\$13,896
217	LEVEL I NERVE PROCEDURES	3	\$6,442	\$4,288
218	LEVEL II NERVE PROCEDURES	4	\$13,539	\$22,896
219	SPINAL TAP	20	\$4,025	\$2,473
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	98	\$2,540	\$2,853
221	LAMINOTOMY AND LAMINECTOMY	9	\$12,434	\$12,411
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	10	\$6,824	\$4,588
233	CATARACT PROCEDURES	6	\$6,456	\$4,292
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,251	\$4,975
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$8,751	\$4,358

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure EAPG category	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG			
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	121	\$9,797	\$4,852
252 LEVEL I FACIAL AND ENT PROCEDURES	23	\$4,917	\$2,933
253 LEVEL II FACIAL AND ENT PROCEDURES	7	\$6,567	\$3,989
254 LEVEL III FACIAL AND ENT PROCEDURES	5	\$15,534	\$8,743
255 LEVEL IV FACIAL AND ENT PROCEDURES	55	\$13,628	\$11,118
256 TONSIL AND ADENOID PROCEDURES	31	\$6,426	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,145	54.7	140,857	53.8
Male	1,776	45.3	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	12	0.3	2,722	1.0
1-4 years	32	0.8	10,474	4.0
5-9	29	0.7	6,876	2.6
10-14	37	0.9	5,656	2.2
15-17	46	1.2	5,579	2.1
18-19	52	1.3	3,819	1.5
20-24	162	4.1	10,499	4.0
25-29	189	4.8	11,895	4.5
30-34	248	6.3	15,288	5.8
35-39	240	6.1	15,023	5.7
40-44	248	6.3	15,275	5.8
45-49	275	7.0	16,577	6.3
50-54	468	11.9	29,317	11.2
55-59	346	8.8	26,116	10.0
60-64	379	9.7	24,120	9.2
65-69	375	9.6	21,226	8.1
70-74	308	7.9	16,114	6.2
75-79	240	6.1	11,722	4.5
80-84	152	3.9	7,780	3.0
85-89	71	1.8	3,464	1.3
90 +	12	0.3	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,714	94.7	81,064	30.9
Clinic Referral	194	4.9	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	2	0.1	189	0.1
Skilled Nursing Facility	11	0.3	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,902	99.5	260,978	99.6
Another Hospital	0	0.0	100	0.0
Skilled Nursing Facility	4	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	4	0.1	198	0.1
Under Care of Home Service	9	0.2	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	2	0.1	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	1,332	34.0	66,198	25.3
Medicaid	102	2.6	19,834	7.6
Other government	39	1.0	6,484	2.5
Blue Cross/Blue Shield	909	23.2	32,501	12.4
Other Commercial	214	5.5	19,396	7.4
Managed Care(HMO, PPO)	1,226	31.3	108,501	41.4
Self Pay	67	1.7	3,771	1.4
Industrial & Worker Comp	31	0.8	3,122	1.2
Charity and Unclassified	1	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	0	0.0	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	18,435	7.0
Central Utah	178	4.5	8,690	3.3
Davis County	18	0.5	29,850	11.4
Salt Lake County	89	2.3	90,968	34.7
Southeastern Utah	141	3.6	5,705	2.2
Southwest Utah	47	1.2	14,915	5.7
Summit County	1	0.0	4,208	1.6
Tooele County	7	0.2	6,494	2.5
Tri-County	59	1.5	5,152	2.0
Utah County	3,236	82.5	39,008	14.9
Wasatch County	37	0.9	2,303	0.9
Weber County	9	0.2	22,232	8.5
Unknown Utah	5	0.1	24	0.0
Outside Utah	92	2.3	13,799	5.3
Unknown, Not Reported	0	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	772	100.0	340,055	100.0
Mastectomy (85.0-85.99)	8	1.0	8,708	2.6
Musculoskeletal (76.0-84.99)	68	8.8	69,858	20.5
Respiratory (30.0-34.99)	2	0.3	3,126	0.9
Cardiovascular (35.0-39.99)	17	2.2	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	4	0.5	3,058	0.9
Digestive System (42.0-54.99)	293	38.0	110,559	32.5
Urinary (55.0-59.99)	2	0.3	11,335	3.3
Male Genital (60.0-64.99)	0	0.0	4,598	1.4
Female Genital (65.0-71.99)	57	7.4	16,800	4.9
Endocrine/Nervous (01.0-07.99)	18	2.3	23,927	7.0
Eye (08.0-16.99)	94	12.2	24,162	7.1
Ear (18.0-20.99)	93	12.0	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	116	15.0	31,882	9.4
Reporting Category(CPT-4 CODES)	1,111	100.0	336,452	100.0
Mastectomy (19120-19220)	14	1.3	1,628	0.5
Musculoskeletal (20000-29909)	148	13.3	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	66	5.9	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	31	2.8	18,525	5.5
Lymphatic/Hemetic (38100-38999)	5	0.5	4,482	1.3
Digestive (40490-49999)	576	51.8	127,003	37.7
Urinary (50010-53899)	3	0.3	16,209	4.8
Male Genital (54000-55899)	0	0.0	4,833	1.4
Female Genital (56405-58999)	77	6.9	15,699	4.7
Endocrine/Nervous (60000-64999)	28	2.5	26,706	7.9
Eye (65091-68899)	71	6.4	13,805	4.1
Ear (69000-69979)	92	8.3	7,772	2.3

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, 2012
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		772	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	84	10.9	2.86
4523	COLONOSCOPY	75	9.7	6.64
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	48	6.2	5.87
1341	PHACOEMULSIFICATION-ASPIR CATARACT	45	5.8	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	45	5.8	1.77
283	TONSILLECTOMY W/ADENOIDECTOMY	39	5.1	1.75
4513	OTH ENDO SM INTESTINE	34	4.4	1.56
4542	ENDO POLYPECTOMY LG INTESTINE	31	4.0	4.65
4525	CLO [ENDO] BX LG INTESTINE	22	2.8	2.45
2341	APPLIC CROWN	17	2.2	0.44
5123	LAP CHOLEY	17	2.2	1.92
232	RESTORATION TOOTH-FILLING	14	1.8	0.49
4543	ENDO DEST OTH LES/TISS LG INTEST	12	1.6	0.06
0443	RELEASE CARPAL TUNNEL	11	1.4	1.13
2309	EXTRACT OTH TOOTH	10	1.3	0.16
5421	LAPAROSCOPY	9	1.2	0.23
6902	D&C FOLLOWING DELIV/AB	9	1.2	0.14
6909	OTH D&C UTERUS	9	1.2	0.38
806	EXC SEMILUNAR CARTILAGE-KNEE	9	1.2	1.63
2263	ETHMOIDECTOMY	8	1.0	0.74

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,111	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	7.6	6.39
69436	TYMPANOSTOMY GENERAL ANESTHESIA	79	7.1	1.53
66984	EXTRACAPSULAR CATARACT REMV IOL	68	6.1	1.77
45378	COLONOSCOPY FLEX; DX-SEP PROC	67	6.0	5.93
43239	UGI ENDO; W/BX 1/MX	60	5.4	6.32
42820	T&A; UNDER AGE 12	48	4.3	1.37
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	39	3.5	1.15
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	39	3.5	0.07
45384	COLONOSCOPY FLEX; REMV LES-FORCE	35	3.2	0.17
42821	T&A; AGE 12 OR OVER	34	3.1	0.41
47562	LAPAROSCOPY SURGICAL; CHOLECT	33	3.0	0.90
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	22	2.0	2.20
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	21	1.9	0.48
31267	NASL/SINUS ENDO; W/TISS REMV MAX	19	1.7	0.31
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	19	1.7	0.55
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	17	1.5	0.61
29881	SCOPE KNEE SURG;W/MENISCECT MED/	16	1.4	1.48
G0105	COLOREC CANCR SCR; COLNSCPY HI R	15	1.4	0.02
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	12	1.1	0.55
35476	TRNSLUM BALLN ANGPLSTY PERQ; VEN	11	1.0	0.11

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		318	\$3,851	\$5,136
4523	COLONOSCOPY	50	\$1,755	\$1,274
283	TONSILLECTOMY W/ADENOIDECTOMY	29	\$4,161	\$3,559
4542	ENDO POLYPECTOMY LG INTESTINE	17	\$2,118	\$1,820
5123	LAP CHOLEY	17	\$7,598	\$8,631
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	15	\$2,124	\$1,906
4513	OTH ENDO SM INTESTINE	13	\$1,693	\$1,475
4525	CLO [ENDO] BX LG INTESTINE	11	\$2,531	\$1,908
5421	LAPAROSCOPY	8	\$5,543	\$5,967
6902	D&C FOLLOWING DELIV/AB	8	\$3,320	\$4,361
6909	OTH D&C UTERUS	8	\$3,845	\$4,181
0443	RELEASE CARPAL TUNNEL	7	\$2,264	\$3,092
6732	DESTRUC LES CERV-CAUT	6	\$2,953	\$4,534
806	EXC SEMILUNAR CARTILAGE-KNEE	6	\$4,461	\$5,241
8363	ROTATOR CUFF REPR	6	\$5,938	\$12,785
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	5	\$4,365	\$18,879
6823	ENDOMETRIAL ABLATION	5	\$6,775	\$7,299
2001	MYRINGOTOMY W/INSRT TUBE	4	\$2,649	\$2,823
4543	ENDO DEST OTH LES/TISS LG INTEST	4	\$1,924	\$2,362
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	\$7,415	\$5,886
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	4	\$6,671	\$6,185

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		740	\$3,690	\$4,756
66984	EXTRACAPSULAR CATARACT REMV IOL	68	\$4,387	\$4,261
45380	COLONOSCOPY FLEX; W/BX 1/MX	66	\$2,537	\$1,749
69436	TYMPANOSTOMY GENERAL ANESTHESIA	65	\$2,824	\$1,876
42820	T&A; UNDER AGE 12	42	\$3,307	\$3,454
45378	COLONOSCOPY FLEX; DX-SEP PROC	38	\$2,298	\$1,296
47562	LAPAROSCOPY SURGICAL; CHOLECT	32	\$6,781	\$8,029
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	32	\$1,767	\$2,009
42821	T&A; AGE 12 OR OVER	30	\$3,718	\$3,919
45384	COLONOSCOPY FLEX; REMV LES-FORCE	29	\$2,040	\$2,196
43239	UGI ENDO; W/BX 1/MX	17	\$2,184	\$1,845
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	15	\$1,683	\$1,361
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	15	\$5,668	\$7,970
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	14	\$1,988	\$1,850
G0105	COLOREC CANCR SCR; COLNSCPY HI R	12	\$2,035	\$2,157
49320	LAP-ABD DX-W/VO SPECMN-SEP PROC	11	\$5,212	\$6,041
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	11	\$2,060	\$3,226
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	\$3,954	\$4,904
49505	REPR INIT ING HERNIA 5YR/MORE; R	9	\$7,140	\$6,089
23420	RECWSTR CMPL SHLDR CUFF AVUL CHR	8	\$6,156	\$10,122
57522	CONIZA CERV W/VO D&C; LOOP ELEC	8	\$2,981	\$4,592

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	19	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	137
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	5,026
	013 LEVEL II SKIN REPAIR	1	921
	014 LEVEL III SKIN REPAIR	1	219
02	BREAST PROCEDURES	14	1,675
	020 LEVEL I BREAST PROCEDURES	14	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	130	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	2,315
	033 LEVEL I HAND PROCEDURES	18	4,044
	034 LEVEL II HAND PROCEDURES	1	1,282
	035 LEVEL I FOOT PROCEDURES	18	6,556
	036 LEVEL II FOOT PROCEDURES	8	1,905
	037 LEVEL I ARTHROSCOPY	22	22,852
	038 LEVEL II ARTHROSCOPY	12	5,849
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	13	5,938
	045 BUNION PROCEDURES	1	1,823
	046 LEVEL I ARTHROPLASTY	1	706
	047 LEVEL II ARTHROPLASTY	1	149
	048 HAND AND FOOT TENOTOMY	1	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,425
04	RESPIRATORY PROCEDURES	47	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	41	5,791
05	CARDIOVASCULAR PROCEDURES	17	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	4	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	13	1,385
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	512	117,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	670
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	99	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	16	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	205	41,948
	137 THERAPEUTIC COLONOSCOPY	58	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	2,093
	139 LEVEL I HERNIA REPAIR	19	5,542
	140 LEVEL II HERNIA REPAIR	2	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	831

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	1,143
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	103
	145 LEVEL I LAPAROSCOPY	25	2,400
	146 LEVEL II LAPAROSCOPY	47	8,245
	147 LEVEL III LAPAROSCOPY	25	7,608
08	GENITOURINARY SYSTEM PROCEDURES	3	13,016
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	6,067
10	FEMALE REPRODUCTIVE SYSTEM	38	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	2,262
	199 DILATION AND CURETTAGE	5	439
	200 HYSTEROSCOPY	15	2,236
11	NEUROLOGIC SYSTEM PROCEDURES	25	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	3,650
	217 LEVEL I NERVE PROCEDURES	23	4,317
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	10,531
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	71	13,758
	233 CATARACT PROCEDURES	69	6,414
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	213	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	93	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	17	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	10	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	3,502
	256 TONSIL AND ADENOID PROCEDURES	92	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	15	\$2,952	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$3,120	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,154	\$2,769
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,832	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,350	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$3,819	\$4,950
	013 LEVEL II SKIN REPAIR	1	\$1,291	\$4,731
	014 LEVEL III SKIN REPAIR	1	\$2,098	\$9,742
02	BREAST PROCEDURES	9	\$3,704	\$5,295
	020 LEVEL I BREAST PROCEDURES	9	\$3,704	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	75	\$4,509	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$2,209	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$4,872	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$6,104	\$12,233
	033 LEVEL I HAND PROCEDURES	10	\$1,650	\$3,605
	034 LEVEL II HAND PROCEDURES	1	\$1,577	\$6,660
	035 LEVEL I FOOT PROCEDURES	6	\$4,072	\$4,528
	036 LEVEL II FOOT PROCEDURES	2	\$5,820	\$8,711
	037 LEVEL I ARTHROSCOPY	14	\$4,190	\$5,040
	038 LEVEL II ARTHROSCOPY	5	\$7,941	\$13,882
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	12	\$5,113	\$9,982
	045 BUNION PROCEDURES	1	\$11,915	\$6,795
	046 LEVEL I ARTHROPLASTY	1	\$5,402	\$9,886
	047 LEVEL II ARTHROPLASTY	1	\$4,723	\$24,441
04	RESPIRATORY PROCEDURES	1	\$2,289	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$2,289	\$2,852
05	CARDIOVASCULAR PROCEDURES	7	\$4,506	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$5,101	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	\$4,059	\$32,217
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$8,331	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$8,331	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	350	\$3,582	\$3,378
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$1,658	\$1,218
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	32	\$1,949	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$1,885	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	148	\$2,268	\$1,505
	137 THERAPEUTIC COLONOSCOPY	44	\$2,023	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$2,032	\$6,968
	139 LEVEL I HERNIA REPAIR	17	\$6,340	\$5,524
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$3,992	\$4,792
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$8,643	\$10,980
	145 LEVEL I LAPAROSCOPY	23	\$5,388	\$7,096
	146 LEVEL II LAPAROSCOPY	43	\$7,525	\$9,427
	147 LEVEL III LAPAROSCOPY	21	\$6,844	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	1	\$3,619	\$6,463
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$3,619	\$3,484

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
10	FEMALE REPRODUCTIVE SYSTEM	30	\$4,191	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	\$2,888	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$7,605	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	\$6,265	\$8,853
	199 DILATION AND CURETTAGE	4	\$2,563	\$4,086
	200 HYSTEROSCOPY	9	\$4,227	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	14	\$1,827	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$183	\$2,196
	217 LEVEL I NERVE PROCEDURES	12	\$2,088	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$339	\$2,853
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	71	\$4,330	\$4,588
	233 CATARACT PROCEDURES	69	\$4,381	\$4,292
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,030	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,114	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	160	\$3,273	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	70	\$2,886	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	12	\$2,920	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	4	\$6,150	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$7,723	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	73	\$3,483	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	597	60.0	140,857	53.8
Male	398	40.0	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	2	0.2	1,301	0.5
29-365 days	18	1.8	2,722	1.0
1-4 years	91	9.1	10,474	4.0
5-9	38	3.8	6,876	2.6
10-14	22	2.2	5,656	2.2
15-17	25	2.5	5,579	2.1
18-19	18	1.8	3,819	1.5
20-24	64	6.4	10,499	4.0
25-29	68	6.8	11,895	4.5
30-34	62	6.2	15,288	5.8
35-39	46	4.6	15,023	5.7
40-44	46	4.6	15,275	5.8
45-49	52	5.2	16,577	6.3
50-54	113	11.4	29,317	11.2
55-59	72	7.2	26,116	10.0
60-64	68	6.8	24,120	9.2
65-69	63	6.3	21,226	8.1
70-74	59	5.9	16,114	6.2
75-79	34	3.4	11,722	4.5
80-84	23	2.3	7,780	3.0
85-89	10	1.0	3,464	1.3
90 +	1	0.1	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	985	99.0	81,064	30.9
Clinic Referral	5	0.5	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	1	0.1	189	0.1
Skilled Nursing Facility	2	0.2	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	2	0.2	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	990	99.5	260,978	99.6
Another Hospital	4	0.4	100	0.0
Skilled Nursing Facility	0	0.0	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	1	0.1	198	0.1
Under Care of Home Service	0	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	196	19.7	66,198	25.3
Medicaid	112	11.3	19,834	7.6
Other government	16	1.6	6,484	2.5
Blue Cross/Blue Shield	266	26.7	32,501	12.4
Other Commercial	114	11.5	19,396	7.4
Managed Care(HMO, PPO)	217	21.8	108,501	41.4
Self Pay	65	6.5	3,771	1.4
Industrial & Worker Comp	6	0.6	3,122	1.2
Charity and Unclassified	0	0.0	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	3	0.3	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	18,435	7.0
Central Utah	2	0.2	8,690	3.3
Davis County	2	0.2	29,850	11.4
Salt Lake County	3	0.3	90,968	34.7
Southeastern Utah	3	0.3	5,705	2.2
Southwest Utah	0	0.0	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	0	0.0	6,494	2.5
Tri-County	962	96.7	5,152	2.0
Utah County	2	0.2	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	1	0.1	22,232	8.5
Unknown Utah	1	0.1	24	0.0
Outside Utah	18	1.8	13,799	5.3
Unknown, Not Reported	1	0.1	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

125 UHC University Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	647	100.0	340,055	100.0
Mastectomy (85.0-85.99)	15	2.3	8,708	2.6
Musculoskeletal (76.0-84.99)	114	17.6	69,858	20.5
Respiratory (30.0-34.99)	31	4.8	3,126	0.9
Cardiovascular (35.0-39.99)	34	5.3	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	10	1.5	3,058	0.9
Digestive System (42.0-54.99)	108	16.7	110,559	32.5
Urinary (55.0-59.99)	85	13.1	11,335	3.3
Male Genital (60.0-64.99)	12	1.9	4,598	1.4
Female Genital (65.0-71.99)	85	13.1	16,800	4.9
Endocrine/Nervous (01.0-07.99)	46	7.1	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	43	6.6	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	64	9.9	31,882	9.4
Reporting Category(CPT-4 CODES)	24,203	100.0	336,452	100.0
Mastectomy (19120-19220)	27	0.1	1,628	0.5
Musculoskeletal (20000-29909)	1,334	5.5	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	2,759	11.4	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	3,657	15.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	97	0.4	4,482	1.3
Digestive (40490-49999)	6,205	25.6	127,003	37.7
Urinary (50010-53899)	4,417	18.2	16,209	4.8
Male Genital (54000-55899)	664	2.7	4,833	1.4
Female Genital (56405-58999)	1,732	7.2	15,699	4.7
Endocrine/Nervous (60000-64999)	2,758	11.4	26,706	7.9
Eye (65091-68899)	89	0.4	13,805	4.1
Ear (69000-69979)	464	1.9	7,772	2.3

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, 2012
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		647	100.0	100.0
5123	LAP CHOLEY	22	3.4	1.92
598	URETERAL CATH	18	2.8	0.76
560	TRANSURETH REMOV OBST URETER-PELV	17	2.6	0.48
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	13	2.0	0.14
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	13	2.0	0.28
5304	UNILAT REPR INDIRECT ING HERN-GFT	12	1.9	0.30
5732	OTH CYSTOSCOPY	12	1.9	0.29
4701	LAP APPENDECTOMY	11	1.7	0.33
0443	RELEASE CARPAL TUNNEL	10	1.5	1.13
0481	INJ ANES PERIPH NERV-ANALGESIA	10	1.5	0.24
1919	OTH STAPEDECTOMY	8	1.2	0.02
2049	OTH MASTOIDECTOMY	8	1.2	0.03
282	TONSILLECTOMY WO ADENOIDECTOMY	8	1.2	0.48
6909	OTH D&C UTERUS	8	1.2	0.38
194	MYRINGOPLASTY	7	1.1	0.25
1953	TYPE III TYMPANOPLASTY	7	1.1	0.05
2263	ETHMOIDECTOMY	7	1.1	0.74
8051	EXC INTERVERTEBRAL DISC	7	1.1	0.49
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	6	0.9	0.04
4011	BX LYMPHATIC STRUCT	6	0.9	0.21

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		24,203	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	951	3.9	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	948	3.9	6.39
52000	CYSTOURETHROSCOPY-SEP PROC	854	3.5	0.52
51741	COMPLEX UROFLOWMETRY	851	3.5	0.25
51798	MSR PVR U&/BLADD CAPACTY US NON-	787	3.3	0.24
62370	62370	780	3.2	0.26
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	765	3.2	0.28
31579	LARYNGSCPY FLEX/RIGID W/STROBOSC	500	2.1	0.15
45378	COLONOSCOPY FLEX; DX-SEP PROC	495	2.0	5.93
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	353	1.5	1.15
93613	INTRACARD EP 3-D MAPPING	314	1.3	0.24
93651	INTRACARD CATH ABLAT ARRHY; TX T	302	1.2	0.31
49083	49083	282	1.2	0.22
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	264	1.1	0.09
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	253	1.0	0.26
54150	CIRC USING CLAMP/OTH DEVICE; NB	251	1.0	0.09
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	250	1.0	0.09
93620	COMP EP EVAL;RT ATRIAL VENT HIS	240	1.0	0.31
64614	CHEMODNERV MUSC; EXTREM&/TRUNK M	229	0.9	0.08
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	224	0.9	2.20

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, 2012
 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		327	\$8,357	\$5,136
5123	LAP CHOLEY	21	\$7,292	\$8,631
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	13	\$6,346	\$8,199
5304	UNILAT REPR INDIRECT ING HERN-GFT	12	\$6,570	\$5,886
4701	LAP APPENDECTOMY	11	\$11,092	\$11,971
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	11	\$5,823	\$4,506
0443	RELEASE CARPAL TUNNEL	10	\$3,670	\$3,092
1919	OTH STAPEDECTOMY	8	\$7,227	\$9,096
282	TONSILLECTOMY WO ADENOIDECTOMY	6	\$3,489	\$3,611
5303	UNILAT REPR DIRECT ING HERN-GFT	6	\$5,599	\$6,274
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	5	\$34,932	\$35,024
5349	OTH UMB HERNIORRHAPHY	5	\$6,337	\$4,448
598	URETERAL CATH	5	\$5,808	\$7,263
8051	EXC INTERVERTEBRAL DISC	5	\$10,176	\$12,257
4011	BX LYMPHATIC STRUCT	4	\$3,799	\$5,564
4911	ANAL FISTULOTOMY	4	\$5,744	\$3,813
4973	CLO ANAL FIST	4	\$3,570	\$4,576
560	TRANSURETH REMOV OBST URETER-PELV	4	\$5,340	\$6,970
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	4	\$5,635	\$6,185
7869	REMOV IMPLNT DEVICE-OTH BONE	4	\$4,726	\$5,312
0481	INJ ANES PERIPH NERV-ANALGESIA	3	\$11,675	\$3,128

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		13,161	\$4,367	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	731	\$1,679	\$1,749
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	730	\$312	\$345
43239	UGI ENDO; W/BX 1/MX	691	\$1,585	\$1,845
62370	62370	673	\$2,481	\$2,481
31579	LARYNGSCPY FLEX/RIGID W/STROBOSC	499	\$1,074	\$1,074
52000	CYSTOURETHROSCOPY-SEP PROC	452	\$869	\$1,064
45378	COLONOSCOPY FLEX; DX-SEP PROC	449	\$1,196	\$1,296
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	299	\$1,680	\$1,361
49083	49083	274	\$1,309	\$1,777
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	249	\$2,015	\$2,950
54150	CIRC USING CLAMP/OTH DEVICE; NB	249	\$152	\$401
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	248	\$233	\$310
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	247	\$363	\$492
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	189	\$4,889	\$7,460
62369	62369	173	\$2,653	\$2,450
93660	EVAL CARDIOVASC FUNCT W/TILT TAB	165	\$1,013	\$1,046
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	156	\$748	\$813
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	151	\$589	\$588
52310	CYSTOURETHROSCOPY-SEP PROC; SIMP	148	\$1,235	\$1,971
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	135	\$760	\$1,206

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	1,071	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	191	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	17	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	112	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	37	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	256	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	239	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	55
	012 LEVEL I SKIN REPAIR	16	31
	013 LEVEL II SKIN REPAIR	167	921
	014 LEVEL III SKIN REPAIR	29	219
02	BREAST PROCEDURES	27	1,675
	020 LEVEL I BREAST PROCEDURES	27	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	693	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	80	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	60	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	2,315
	033 LEVEL I HAND PROCEDURES	43	4,044
	034 LEVEL II HAND PROCEDURES	25	1,282
	035 LEVEL I FOOT PROCEDURES	44	6,556
	036 LEVEL II FOOT PROCEDURES	29	1,905
	037 LEVEL I ARTHROSCOPY	65	22,852
	038 LEVEL II ARTHROSCOPY	37	5,849
	040 SPLINT, STRAPPING AND CAST REMOVAL	2	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	11	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	26	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	179	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	511
	045 BUNION PROCEDURES	10	1,823
	046 LEVEL I ARTHROPLASTY	6	706
	047 LEVEL II ARTHROPLASTY	1	149
	048 HAND AND FOOT TENOTOMY	4	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	2,425
04	RESPIRATORY PROCEDURES	2,906	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	746	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1,564	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	345	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	251	2,327
05	CARDIOVASCULAR PROCEDURES	2,272	9,853
	081 ECHOCARDIOGRAPHY	77	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	411	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	282	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	269	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	59	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	82	563

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	088 LEVEL I CARDIOTHORACIC PROCEDURES	102	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	722	2,877
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	26	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	34	116
	096 ATRIAL AND VENTRICULAR RECORDING AND PACING	126	131
	097 AICD IMPLANT	82	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	232	4,277
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	40	392
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	42
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	132	2,040
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	5	45
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	54	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,157	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	135	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	28	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	48	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	38	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,351	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	448	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,488	41,948
	137 THERAPEUTIC COLONOSCOPY	321	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	25	2,093
	139 LEVEL I HERNIA REPAIR	187	5,542
	140 LEVEL II HERNIA REPAIR	45	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	63	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	64	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	116	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	20	103
	145 LEVEL I LAPAROSCOPY	110	2,400
	146 LEVEL II LAPAROSCOPY	411	8,245
	147 LEVEL III LAPAROSCOPY	256	7,608
	148 LEVEL IV LAPAROSCOPY	3	225
08	GENITOURINARY SYSTEM PROCEDURES	2,392	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	22	890
	161 URINARY STUDIES AND PROCEDURES	417	417
	162 URINARY CATHETERIZATION AND DILATATION	106	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1,365	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	374	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	41	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	64	941
09	MALE REPRODUCTIVE SYSTEM	634	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	213	1,567
	181 CIRCUMCISION	274	1,132
	182 INSERTION OF PENILE PROSTHESIS	31	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	58	1,442

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	58	289
10	FEMALE REPRODUCTIVE SYSTEM	1,000	8,837
	190 ARTIFICIAL FERTILIZATION	1	1
	193 TREATMENT OF INCOMPLETE ABORTION	1	4
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	100	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	173	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	155	2,262
	199 DILATION AND CURETTAGE	28	439
	200 HYSTEROSCOPY	111	2,236
	201 COLPOSCOPY	431	642
11	NEUROLOGIC SYSTEM PROCEDURES	1,780	23,914
	213 NERVE AND MUSCLE TESTS	200	200
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	26	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	55	178
	217 LEVEL I NERVE PROCEDURES	140	4,317
	218 LEVEL II NERVE PROCEDURES	131	835
	219 SPINAL TAP	4	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	833	10,531
	221 LAMINOTOMY AND LAMINECTOMY	247	2,724
	223 LEVEL III NERVE PROCEDURES	141	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	89	13,758
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	17
	232 LASER EYE PROCEDURES	7	765
	233 CATARACT PROCEDURES	1	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	252
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	9	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	8	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	38	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	13	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,030	31,246
	250 COCHLEAR DEVICE IMPLANTATION	54	104
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	3	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	319	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	36	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	232	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	350	3,502
	256 TONSIL AND ADENOID PROCEDURES	36	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	856	\$2,355	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	176	\$2,749	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	17	\$1,167	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$7,494	\$5,874
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	106	\$312	\$431
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	32	\$1,911	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	234	\$1,703	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	175	\$3,775	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,863	\$7,059
	012 LEVEL I SKIN REPAIR	8	\$232	\$1,906
	013 LEVEL II SKIN REPAIR	101	\$3,073	\$4,731
	014 LEVEL III SKIN REPAIR	3	\$6,909	\$9,742
02	BREAST PROCEDURES	19	\$4,579	\$5,295
	020 LEVEL I BREAST PROCEDURES	19	\$4,579	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	216	\$9,500	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$7,479	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$11,543	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$17,298	\$12,233
	033 LEVEL I HAND PROCEDURES	14	\$4,611	\$3,605
	034 LEVEL II HAND PROCEDURES	10	\$7,308	\$6,660
	035 LEVEL I FOOT PROCEDURES	8	\$4,804	\$4,528
	036 LEVEL II FOOT PROCEDURES	5	\$10,618	\$8,711
	037 LEVEL I ARTHROSCOPY	16	\$6,235	\$5,040
	038 LEVEL II ARTHROSCOPY	7	\$16,925	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$6,224	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	20	\$2,856	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	68	\$13,347	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$8,318	\$3,670
	045 BUNION PROCEDURES	1	\$11,147	\$6,795
	046 LEVEL I ARTHROPLASTY	1	\$7,929	\$9,886
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$4,088	\$1,936
04	RESPIRATORY PROCEDURES	2,187	\$1,520	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	718	\$2,562	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1,350	\$793	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	37	\$6,496	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	82	\$2,133	\$3,588
05	CARDIOVASCULAR PROCEDURES	698	\$11,638	\$17,886
	081 ECHOCARDIOGRAPHY	53	\$21,313	\$25,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	\$2,074	\$2,948
	083 PLACEMENT OF TRANSVENOUS CATHETERS	258	\$5,356	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	103	\$19,314	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	38	\$21,623	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	18	\$11,311	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	78	\$8,903	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	119	\$8,175	\$10,472

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC University Hospital

procedure EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure EAPG				
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$54,245	\$15,384
	091 VASCULAR LIGATION AND RECONSTRUCTION	12	\$10,625	\$9,067
	097 AICD IMPLANT	14	\$49,126	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	159	\$4,365	\$5,648
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	124	\$3,855	\$3,762
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	35	\$6,169	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,686	\$3,645	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	121	\$1,827	\$2,627
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	41	\$1,079	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	19	\$1,467	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,024	\$1,671	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	189	\$2,908	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,199	\$1,490	\$1,505
	137 THERAPEUTIC COLONOSCOPY	82	\$2,297	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$11,576	\$6,968
	139 LEVEL I HERNIA REPAIR	149	\$5,763	\$5,524
	140 LEVEL II HERNIA REPAIR	27	\$7,444	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	48	\$2,939	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	55	\$5,787	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	85	\$4,442	\$4,517
	144 LEVEL II GASTROINTESTINAL PROCEDURES	14	\$11,350	\$10,980
	145 LEVEL I LAPAROSCOPY	66	\$7,452	\$7,096
	146 LEVEL II LAPAROSCOPY	355	\$11,381	\$9,427
	147 LEVEL III LAPAROSCOPY	202	\$10,908	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	910	\$3,566	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	17	\$9,757	\$11,846
	162 URINARY CATHETERIZATION AND DILATATION	42	\$4,663	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	701	\$1,524	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	93	\$6,871	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	16	\$17,658	\$20,165
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	41	\$21,781	\$11,734
09	MALE REPRODUCTIVE SYSTEM	559	\$2,901	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	182	\$2,105	\$3,654
	181 CIRCUMCISION	268	\$358	\$2,298
	182 INSERTION OF PENILE PROSTHESIS	19	\$32,771	\$37,474
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	39	\$10,986	\$9,032
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	51	\$1,796	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	645	\$2,828	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	45	\$2,995	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	41	\$5,593	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	69	\$9,374	\$8,853
	199 DILATION AND CURETTAGE	18	\$4,436	\$4,086
	200 HYSTEROSCOPY	78	\$5,528	\$6,413
	201 COLPOSCOPY	394	\$767	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	591	\$16,538	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$21,177	\$2,196

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	10	\$23,444	\$13,896
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	27	\$10,697	\$12,020
	217 LEVEL I NERVE PROCEDURES	82	\$8,904	\$4,288
	218 LEVEL II NERVE PROCEDURES	117	\$17,578	\$22,896
	219 SPINAL TAP	2	\$10,711	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	90	\$1,966	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	162	\$10,715	\$12,411
	223 LEVEL III NERVE PROCEDURES	100	\$45,084	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	54	\$3,791	\$4,588
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$204	\$1,351
	232 LASER EYE PROCEDURES	7	\$711	\$939
	233 CATARACT PROCEDURES	1	\$10,902	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$10,267	\$4,975
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	\$14,062	\$11,515
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	6	\$8,924	\$8,404
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	31	\$1,304	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$10,562	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	460	\$14,845	\$4,852
	250 COCHLEAR DEVICE IMPLANTATION	53	\$74,082	\$60,721
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	3	\$10,747	\$7,574
	252 LEVEL I FACIAL AND ENT PROCEDURES	147	\$4,465	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	20	\$4,916	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	49	\$8,666	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	160	\$9,782	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	28	\$4,481	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

125 UHC University Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	8,625	49.3	140,857	53.8
Male	8,864	50.7	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	2	0.0	2	0.0
AGE				
1-28 days	204	1.2	1,301	0.5
29-365 days	105	0.6	2,722	1.0
1-4 years	44	0.3	10,474	4.0
5-9	59	0.3	6,876	2.6
10-14	95	0.5	5,656	2.2
15-17	139	0.8	5,579	2.1
18-19	198	1.1	3,819	1.5
20-24	844	4.8	10,499	4.0
25-29	1,155	6.6	11,895	4.5
30-34	1,457	8.3	15,288	5.8
35-39	1,252	7.2	15,023	5.7
40-44	1,176	6.7	15,275	5.8
45-49	1,319	7.5	16,577	6.3
50-54	1,851	10.6	29,317	11.2
55-59	1,885	10.8	26,116	10.0
60-64	1,734	9.9	24,120	9.2
65-69	1,481	8.5	21,226	8.1
70-74	1,095	6.3	16,114	6.2
75-79	703	4.0	11,722	4.5
80-84	445	2.5	7,780	3.0
85-89	200	1.1	3,464	1.3
90 +	50	0.3	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	6,214	35.5	81,064	30.9
Clinic Referral	11,245	64.3	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	23	0.1	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	6	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	2	0.0	19	0.0
Unknown	1	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

125 UHC University Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	17,316	99.0	260,978	99.6
Another Hospital	5	0.0	100	0.0
Skilled Nursing Facility	55	0.3	196	0.1
Intermediate Care Facility	1	0.0	15	0.0
Another Type of Institution	29	0.2	198	0.1
Under Care of Home Service	53	0.3	303	0.1
Left Against Medical Advice	6	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	4	0.0	18	0.0
Unknown	3	0.0	68	0.0
Not Reported	19	0.1	38	0.0
PRIMARY PAYER				
Medicare	5,394	30.8	66,198	25.3
Medicaid	1,815	10.4	19,834	7.6
Other government	605	3.5	6,484	2.5
Blue Cross/Blue Shield	3,962	22.7	32,501	12.4
Other Commercial	1,108	6.3	19,396	7.4
Managed Care(HMO, PPO)	3,948	22.6	108,501	41.4
Self Pay	396	2.3	3,771	1.4
Industrial & Worker Comp	211	1.2	3,122	1.2
Charity and Unclassified	3	0.0	839	0.3
Childrens Health Insurance	10	0.1	154	0.1
Unknown	17	0.1	1,001	0.4
Not Reported	22	0.1	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	300	1.7	18,435	7.0
Central Utah	148	0.8	8,690	3.3
Davis County	1,626	9.3	29,850	11.4
Salt Lake County	9,679	55.3	90,968	34.7
Southeastern Utah	245	1.4	5,705	2.2
Southwest Utah	221	1.3	14,915	5.7
Summit County	405	2.3	4,208	1.6
Tooele County	517	3.0	6,494	2.5
Tri-County	285	1.6	5,152	2.0
Utah County	851	4.9	39,008	14.9
Wasatch County	86	0.5	2,303	0.9
Weber County	620	3.5	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	2,495	14.3	13,799	5.3
Unknown, Not Reported	13	0.1	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

310 UHC Huntsman Cancer Hospital

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	198	100.0	340,055	100.0
Mastectomy (85.0-85.99)	43	21.7	8,708	2.6
Musculoskeletal (76.0-84.99)	13	6.6	69,858	20.5
Respiratory (30.0-34.99)	10	5.1	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	41	20.7	3,058	0.9
Digestive System (42.0-54.99)	17	8.6	110,559	32.5
Urinary (55.0-59.99)	25	12.6	11,335	3.3
Male Genital (60.0-64.99)	3	1.5	4,598	1.4
Female Genital (65.0-71.99)	22	11.1	16,800	4.9
Endocrine/Nervous (01.0-07.99)	13	6.6	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	0	0.0	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	11	5.6	31,882	9.4
Reporting Category(CPT-4 CODES)	9,830	100.0	336,452	100.0
Mastectomy (19120-19220)	111	1.1	1,628	0.5
Musculoskeletal (20000-29909)	213	2.2	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	785	8.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	1,998	20.3	18,525	5.5
Lymphatic/Hemetic (38100-38999)	1,732	17.6	4,482	1.3
Digestive (40490-49999)	3,145	32.0	127,003	37.7
Urinary (50010-53899)	868	8.8	16,209	4.8
Male Genital (54000-55899)	182	1.9	4,833	1.4
Female Genital (56405-58999)	313	3.2	15,699	4.7
Endocrine/Nervous (60000-64999)	438	4.5	26,706	7.9
Eye (65091-68899)	14	0.1	13,805	4.1
Ear (69000-69979)	31	0.3	7,772	2.3

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, 2012
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		198	100.0	100.0
4023	EXC AX LYMPH NODE	15	7.6	0.21
5749	OTH TRANSURETH EXC/DEST LES BLADDER	13	6.6	0.26
8521	LOC EXC LES BREAST	13	6.6	0.58
4019	OTH DX PROC LYMPHATIC STRUCT	11	5.6	0.12
4011	BX LYMPHATIC STRUCT	7	3.5	0.21
0689	OTH PARATHYROIDECTOMY	6	3.0	0.10
6563	LAP REMOV BIL OVARY-TUBE-SAME SURG	6	3.0	0.21
3327	CLO ENDO BX LUNG	4	2.0	0.05
5732	OTH CYSTOSCOPY	4	2.0	0.29
8332	EXC LES MUSC	4	2.0	0.05
8522	RESECT BREAST QUADRANT	4	2.0	0.03
856	MASTOPEXY	4	2.0	0.06
8589	OTH MAMMO	4	2.0	0.10
4051	RAD EXC AX LYMPH NODES	3	1.5	0.00
543	EXC/DESTRUC LES ABD WALL/UMBILICUS	3	1.5	0.06
8512	OP BX BREAST	3	1.5	0.04
0681	COMPLT PARATHYROIDECTOMY	2	1.0	0.02
2262	EXC LES MAXIL SINUS W/OTH APPRCH	2	1.0	0.35
3143	CLO [ENDO] BX LARYNX	2	1.0	0.03
3324	CLO [ENDO] BX BRONCHUS	2	1.0	0.20

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		9,830	100.0	100.0
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	839	8.5	0.40
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	763	7.8	0.60
52000	CYSTOURETHROSCOPY-SEP PROC	452	4.6	0.52
45380	COLONOSCOPY FLEX; W/BX 1/MX	419	4.3	6.39
43239	UGI ENDO; W/BX 1/MX	379	3.9	6.32
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	262	2.7	0.19
45378	COLONOSCOPY FLEX; DX-SEP PROC	254	2.6	5.93
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	219	2.2	0.24
38792	INJECTION PROC; ID SENTINEL NODE	206	2.1	0.14
43242	UGI ENDO; W/US GUID ASPIR/BX	189	1.9	0.15
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	180	1.8	0.25
37204	TRANSCATH OCCLUD PERQ NON CNS	163	1.7	0.08
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	155	1.6	0.28
36247	SEL CATH PLCMT ART; INIT 3RD ABD	155	1.6	0.08
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	136	1.4	0.13
36591	36591	129	1.3	0.05
38900	38900	124	1.3	0.11
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	117	1.2	0.09
31620	EBUS DUR BRONCHOSCOP DX/TX INTER	115	1.2	0.06
31629	BRNCHSCPY;NABX TRACH STEM&/BRNCH	112	1.1	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, 2012
 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		86	\$6,560	\$5,136
5749	OTH TRANSURETH EXC/DEST LES BLADDER	10	\$6,334	\$6,334
0689	OTH PARATHYROIDECTOMY	5	\$10,553	\$11,018
4011	BX LYMPHATIC STRUCT	4	\$5,884	\$5,564
6563	LAP REMOV BIL OVARY-TUBE-SAME SURG	4	\$9,119	\$11,342
4051	RAD EXC AX LYMPH NODES	3	\$8,277	\$11,022
8521	LOC EXC LES BREAST	3	\$5,888	\$4,756
8522	RESECT BREAST QUADRANT	3	\$5,675	\$7,302
0681	COMPLT PARATHYROIDECTOMY	2	\$10,569	\$11,011
3327	CLO ENDO BX LUNG	2	\$10,190	\$6,654
4836	[ENDO] POLYPECTOMY RECTUM	2	\$5,726	\$1,651
5732	OTH CYSTOSCOPY	2	\$4,481	\$6,637
7161	UNILAT VULVECTOMY	2	\$3,617	\$5,319
016	EXC LES SKULL	1	\$4,302	\$8,437
0532	INJ NEUROLYTIC SYMPATHETIC NERV	1	\$4,324	\$4,324
0613	BX PARATHYROID GLAND	1	\$8,501	\$3,682
062	UNILAT THYROID LOBEC	1	\$7,489	\$10,831
064	COMPLT THYROIDECTOMY	1	\$16,271	\$12,506
2262	EXC LES MAXIL SINUS W/OTH APPRCH	1	\$7,498	\$7,301
2501	CLO [NEEDLE] BX TONGUE	1	\$5,762	\$4,123
251	EXC/DESTRUC LES/TISS TONGUE	1	\$2,241	\$3,188

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,040	\$4,041	\$4,756
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	699	\$5,559	\$5,388
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	615	\$3,936	\$3,711
52000	CYSTOURETHROSCOPY-SEP PROC	444	\$779	\$1,064
45380	COLONOSCOPY FLEX; W/BX 1/MX	338	\$1,671	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	230	\$1,209	\$1,296
43239	UGI ENDO; W/BX 1/MX	228	\$1,535	\$1,845
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	207	\$5,701	\$7,460
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	178	\$1,876	\$2,191
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	153	\$447	\$345
43242	UGI ENDO; W/US GUID ASPIR/BX	139	\$3,820	\$3,870
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	131	\$721	\$905
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	113	\$1,933	\$2,422
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	90	\$1,302	\$1,361
38792	INJECTION PROC; ID SENTINEL NODE	88	\$2,427	\$8,714
51720	BLADD INSTL ANTICARCINOGENIC AGT	85	\$1,289	\$1,328
36590	REMV TUNNLD CVAD W/SUBQ PORT/PUM	83	\$1,691	\$3,061
62370		82	\$2,522	\$2,481
36589	REMV TUNNLD CVC W/O SUBQ PORT/PU	57	\$1,633	\$3,793
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	57	\$338	\$310
43260	ERCP; DX W/VO CLCT SPEC SEP PROC	53	\$6,545	\$5,901

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	1,241	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	922	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	137
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	83	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	146	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	55
	013 LEVEL II SKIN REPAIR	64	921
	014 LEVEL III SKIN REPAIR	4	219
02	BREAST PROCEDURES	141	1,675
	020 LEVEL I BREAST PROCEDURES	111	1,628
	021 LEVEL II BREAST PROCEDURES	30	47
03	MUSCULOSKELETAL SYSTEM PROCEDURES	81	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	2,315
	033 LEVEL I HAND PROCEDURES	11	4,044
	034 LEVEL II HAND PROCEDURES	5	1,282
	035 LEVEL I FOOT PROCEDURES	7	6,556
	036 LEVEL II FOOT PROCEDURES	1	1,905
	037 LEVEL I ARTHROSCOPY	3	22,852
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	609
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	511
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	2,425
04	RESPIRATORY PROCEDURES	692	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	169	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	208	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	9	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	306	2,327
05	CARDIOVASCULAR PROCEDURES	467	9,853
	083 PLACEMENT OF TRANSVENOUS CATHETERS	284	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	171	1,385
	088 LEVEL I CARDIOTHORACIC PROCEDURES	12	466
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1,212	4,277
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	42
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	776	2,040
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	33	45
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	402	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,984	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	33	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	16	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	183	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	61	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,018	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	247	6,164

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	679	41,948
	137 THERAPEUTIC COLONOSCOPY	96	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	448	2,093
	139 LEVEL I HERNIA REPAIR	5	5,542
	140 LEVEL II HERNIA REPAIR	4	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	22	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	103
	145 LEVEL I LAPAROSCOPY	38	2,400
	146 LEVEL II LAPAROSCOPY	50	8,245
	147 LEVEL III LAPAROSCOPY	62	7,608
	148 LEVEL IV LAPAROSCOPY	2	225
08	GENITOURINARY SYSTEM PROCEDURES	876	13,016
	162 URINARY CATHETERIZATION AND DILATATION	7	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	749	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	71	3,986
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	44	941
09	MALE REPRODUCTIVE SYSTEM	136	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,567
	181 CIRCUMCISION	1	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	14	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	118	289
10	FEMALE REPRODUCTIVE SYSTEM	176	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	53	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	24	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	13	2,262
	199 DILATION AND CURETTAGE	8	439
	200 HYSTEROSCOPY	9	2,236
	201 COLPOSCOPY	69	642
11	NEUROLOGIC SYSTEM PROCEDURES	128	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	21	178
	217 LEVEL I NERVE PROCEDURES	56	4,317
	218 LEVEL II NERVE PROCEDURES	5	835
	219 SPINAL TAP	2	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	19	10,531
	221 LAMINOTOMY AND LAMINECTOMY	1	2,724
	223 LEVEL III NERVE PROCEDURES	22	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	14	13,758
	232 LASER EYE PROCEDURES	1	765
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,780

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	305	31,246
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	49	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	25	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	30	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	196	3,502
	256 TONSIL AND ADENOID PROCEDURES	4	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	973	\$4,965	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	715	\$5,475	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$7,304	\$2,769
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	\$2,556	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	71	\$2,206	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	117	\$3,343	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$8,196	\$7,059
	013 LEVEL II SKIN REPAIR	51	\$4,553	\$4,731
	014 LEVEL III SKIN REPAIR	3	\$9,952	\$9,742
02	BREAST PROCEDURES	99	\$6,040	\$5,295
	020 LEVEL I BREAST PROCEDURES	78	\$4,470	\$5,104
	021 LEVEL II BREAST PROCEDURES	21	\$11,871	\$13,404
03	MUSCULOSKELETAL SYSTEM PROCEDURES	35	\$7,852	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$8,750	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$7,810	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$9,379	\$12,233
	033 LEVEL I HAND PROCEDURES	6	\$6,142	\$3,605
	034 LEVEL II HAND PROCEDURES	3	\$6,734	\$6,660
	035 LEVEL I FOOT PROCEDURES	1	\$4,861	\$4,528
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$11,230	\$6,804
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$6,688	\$9,982
04	RESPIRATORY PROCEDURES	384	\$1,982	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	153	\$2,251	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	178	\$1,139	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	\$6,684	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	46	\$3,633	\$3,588
05	CARDIOVASCULAR PROCEDURES	280	\$6,648	\$17,886
	083 PLACEMENT OF TRANSVENOUS CATHETERS	265	\$6,085	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	\$39,193	\$32,217
	088 LEVEL I CARDIOTHORACIC PROCEDURES	10	\$5,284	\$9,499
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	730	\$4,864	\$5,648
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	\$4,454	\$8,594
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	616	\$3,953	\$3,762
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	12	\$7,643	\$7,643
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	101	\$10,093	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,884	\$2,969	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	32	\$3,490	\$2,627
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$4,357	\$1,828
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	170	\$868	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	27	\$1,444	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	671	\$2,139	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	125	\$4,534	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	572	\$1,488	\$1,505
	137 THERAPEUTIC COLONOSCOPY	43	\$5,315	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	146	\$8,189	\$6,968

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	139 LEVEL I HERNIA REPAIR	1	\$5,225	\$5,524
	140 LEVEL II HERNIA REPAIR	1	\$6,988	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$1,687	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	\$7,017	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	11	\$4,520	\$4,517
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$5,953	\$10,980
	145 LEVEL I LAPAROSCOPY	10	\$10,384	\$7,096
	146 LEVEL II LAPAROSCOPY	28	\$9,929	\$9,427
	147 LEVEL III LAPAROSCOPY	29	\$15,444	\$10,611
	148 LEVEL IV LAPAROSCOPY	2	\$16,284	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	716	\$2,817	\$6,463
	162 URINARY CATHETERIZATION AND DILATATION	2	\$5,332	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	638	\$1,468	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	32	\$7,059	\$6,651
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$14,074	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	41	\$19,550	\$11,734
09	MALE REPRODUCTIVE SYSTEM	126	\$2,266	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$3,393	\$3,654
	181 CIRCUMCISION	1	\$4,230	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	11	\$5,404	\$9,032
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	113	\$1,933	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	138	\$6,133	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	42	\$14,942	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	17	\$4,481	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	\$8,592	\$8,853
	199 DILATION AND CURETTAGE	4	\$3,357	\$4,086
	200 HYSTEROSCOPY	4	\$2,935	\$6,413
	201 COLPOSCOPY	64	\$894	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	27	\$12,868	\$6,459
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$17,890	\$13,896
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	\$30,513	\$12,020
	217 LEVEL I NERVE PROCEDURES	15	\$4,799	\$4,288
	221 LAMINOTOMY AND LAMINECTOMY	1	\$9,675	\$12,411
	223 LEVEL III NERVE PROCEDURES	6	\$20,974	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	8	\$1,111	\$4,588
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,627	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$1,037	\$3,139
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	212	\$10,627	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	23	\$5,228	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$6,758	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	17	\$11,792	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	160	\$11,619	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	3	\$4,137	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

310 UHC Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,605	46.7	140,857	53.8
Male	4,118	53.3	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	3	0.0	10,474	4.0
5-9	8	0.1	6,876	2.6
10-14	6	0.1	5,656	2.2
15-17	29	0.4	5,579	2.1
18-19	52	0.7	3,819	1.5
20-24	135	1.7	10,499	4.0
25-29	177	2.3	11,895	4.5
30-34	285	3.7	15,288	5.8
35-39	337	4.4	15,023	5.7
40-44	410	5.3	15,275	5.8
45-49	523	6.8	16,577	6.3
50-54	834	10.8	29,317	11.2
55-59	1,008	13.1	26,116	10.0
60-64	1,095	14.2	24,120	9.2
65-69	1,007	13.0	21,226	8.1
70-74	793	10.3	16,114	6.2
75-79	467	6.0	11,722	4.5
80-84	392	5.1	7,780	3.0
85-89	126	1.6	3,464	1.3
90 +	36	0.5	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,732	35.4	81,064	30.9
Clinic Referral	4,984	64.5	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	7	0.1	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

310 UHC Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,674	99.4	260,978	99.6
Another Hospital	1	0.0	100	0.0
Skilled Nursing Facility	5	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	4	0.1	198	0.1
Under Care of Home Service	28	0.4	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	3	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	8	0.1	38	0.0
PRIMARY PAYER				
Medicare	2,898	37.5	66,198	25.3
Medicaid	470	6.1	19,834	7.6
Other government	185	2.4	6,484	2.5
Blue Cross/Blue Shield	1,586	20.5	32,501	12.4
Other Commercial	662	8.6	19,396	7.4
Managed Care(HMO, PPO)	1,736	22.5	108,501	41.4
Self Pay	169	2.2	3,771	1.4
Industrial & Worker Comp	2	0.0	3,122	1.2
Charity and Unclassified	2	0.0	839	0.3
Childrens Health Insurance	2	0.0	154	0.1
Unknown	1	0.0	1,001	0.4
Not Reported	10	0.1	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	191	2.5	18,435	7.0
Central Utah	94	1.2	8,690	3.3
Davis County	721	9.3	29,850	11.4
Salt Lake County	3,172	41.1	90,968	34.7
Southeastern Utah	132	1.7	5,705	2.2
Southwest Utah	139	1.8	14,915	5.7
Summit County	231	3.0	4,208	1.6
Tooele County	206	2.7	6,494	2.5
Tri-County	116	1.5	5,152	2.0
Utah County	501	6.5	39,008	14.9
Wasatch County	88	1.1	2,303	0.9
Weber County	410	5.3	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	1,717	22.2	13,799	5.3
Unknown, Not Reported	5	0.1	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

309 UHC Orthopaedic Center

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	628	100.0	340,055	100.0
Mastectomy (85.0-85.99)	0	0.0	8,708	2.6
Musculoskeletal (76.0-84.99)	400	63.7	69,858	20.5
Respiratory (30.0-34.99)	0	0.0	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,058	0.9
Digestive System (42.0-54.99)	0	0.0	110,559	32.5
Urinary (55.0-59.99)	0	0.0	11,335	3.3
Male Genital (60.0-64.99)	0	0.0	4,598	1.4
Female Genital (65.0-71.99)	0	0.0	16,800	4.9
Endocrine/Nervous (01.0-07.99)	228	36.3	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	0	0.0	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	31,882	9.4
Reporting Category(CPT-4 CODES)	6,550	100.0	336,452	100.0
Mastectomy (19120-19220)	0	0.0	1,628	0.5
Musculoskeletal (20000-29909)	4,446	67.9	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	3	0.0	4,482	1.3
Digestive (40490-49999)	0	0.0	127,003	37.7
Urinary (50010-53899)	0	0.0	16,209	4.8
Male Genital (54000-55899)	0	0.0	4,833	1.4
Female Genital (56405-58999)	0	0.0	15,699	4.7
Endocrine/Nervous (60000-64999)	2,097	32.0	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	0	0.0	7,772	2.3

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, 2012
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		628	100.0	100.0
0481	INJ ANES PERIPH NERV-ANALGESIA	167	26.6	0.24
0443	RELEASE CARPAL TUNNEL	36	5.7	1.13
806	EXC SEMILUNAR CARTILAGE-KNEE	26	4.1	1.63
8140	REPR HIP-NEC	21	3.3	0.11
8085	OTH LOC EXC/DESTRUC JT LES-HIP	19	3.0	0.04
8388	OTH PLSTC OPER TENDON	18	2.9	0.39
8145	OTH REPR CRUCIATE LIGAMNT	17	2.7	0.49
8363	ROTATOR CUFF REPR	17	2.7	0.79
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	14	2.2	0.25
8201	EXPLOR TENDON SHEATH HAND	12	1.9	0.38
8221	EXC LES TENDON SHEATH HAND	12	1.9	0.27
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	10	1.6	0.26
8175	ARTHRLSTY CARPOCARPAL JT WO IMPLNT	8	1.3	0.13
8147	OTH REPR KNEE	7	1.1	0.72
7777	EXC BONE GFT-TIBIA & FIB	6	1.0	0.03
7934	OP REDUC W/INT FIX-PHALANGES HAND	6	1.0	0.08
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	6	1.0	0.48
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	6	1.0	0.69
046	TRANSPOSITION CRANIAL & PERIPH NERV	5	0.8	0.05
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	5	0.8	0.28

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,550	100.0	100.0
64450	INJ ANES AGT; OTH PERIPH NERVE/B	395	6.0	0.14
64446	INJ ANES AGT; SCIATC NRV CATH DA	351	5.4	0.12
64416	INJ ANES AGT; BRACH PLEX CATH DA	240	3.7	0.08
20680	REMOVAL OF IMPLANT; DEEP	219	3.3	1.02
29881	SCOPE KNEE SURG;W/MENISCECT MED/	205	3.1	1.48
64445	INJ ANESAGT; SCIATIC NERVE SINGL	187	2.9	0.06
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	166	2.5	0.61
64448	INJ ANES AGT; FEM NRV CATH DAILY	159	2.4	0.05
26055	TENDON SHEATH INCISION	146	2.2	0.44
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	141	2.2	0.71
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	139	2.1	0.05
64417	INJECTION ANESTHETIC AGT; AX NER	129	2.0	0.04
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	122	1.9	0.55
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	111	1.7	0.18
27093	INJ PROC HIP ARTHROGRAPHY; WO AN	106	1.6	0.09
64447	INJ ANES AGT; FEMORAL NERVE SING	106	1.6	0.04
29826	SCOPE SHOULDER; DECOMP SUBACROM	85	1.3	1.15
29848	ENDO WRST SURG REL TRNS CARP LIG	83	1.3	0.49
29823	SCOPE SHOULDER SURGICAL; DEBRID	62	0.9	0.27
29862	SCOPE HIP SURG; DEBRID/SHAV CART	61	0.9	0.04

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		181	\$6,069	\$5,136
0481	INJ ANES PERIPH NERV-ANALGESIA	25	\$10,473	\$3,128
0443	RELEASE CARPAL TUNNEL	17	\$2,309	\$3,092
806	EXC SEMILUNAR CARTILAGE-KNEE	14	\$3,879	\$5,241
8221	EXC LES TENDON SHEATH HAND	10	\$2,486	\$3,352
8201	EXPLOR TENDON SHEATH HAND	9	\$2,130	\$2,889
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	6	\$10,663	\$12,607
7934	OP REDUC W/INT FIX-PHALANGES HAND	5	\$4,813	\$6,289
8140	REPR HIP-NEC	5	\$17,106	\$16,351
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	4	\$2,755	\$4,940
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	4	\$4,470	\$4,516
8235	OTH FASCIECT HAND	4	\$5,797	\$5,499
7869	REMOV IMPLNT DEVICE-OTH BONE	3	\$3,051	\$5,312
8085	OTH LOC EXC/DESTRUC JT LES-HIP	3	\$16,234	\$12,476
8087	OTH LOC EXC/DESTRUC JT LES-ANK	3	\$6,655	\$5,595
8128	INTERPHALANGEAL FUSION	3	\$5,340	\$7,162
8145	OTH REPR CRUCIATE LIGAMNT	3	\$11,244	\$14,234
8147	OTH REPR KNEE	3	\$6,721	\$6,709
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	3	\$1,132	\$2,219
8331	EXC LES TENDON SHEATH	3	\$3,727	\$3,386
046	TRANSPOSITION CRANIAL & PERIPH NERV	2	\$5,015	\$5,581

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,380	\$4,132	\$4,756
29881	SCOPE KNEE SURG;W/MENISCECT MED/	156	\$4,150	\$4,904
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	111	\$2,839	\$3,778
27093	INJ PROC HIP ARTHROGRAPHY; WO AN	100	\$3,034	\$3,185
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	100	\$2,212	\$3,226
20680	REMOVAL OF IMPLANT; DEEP	72	\$3,824	\$5,341
29848	ENDO WRST SURG REL TRNS CARP LIG	59	\$2,745	\$3,237
26055	TENDON SHEATH INCISION	50	\$1,788	\$2,761
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	46	\$4,021	\$4,563
25111	EXCISION OF GANGLION WRIST; PRIM	38	\$2,455	\$3,332
26160	EXC LES TEND SHETH/JNT CAP HND/F	25	\$1,932	\$3,163
29862	SCOPE HIP SURG; DEBRID/SHAV CART	25	\$14,678	\$15,015
20950	MON FL PRESS DETECT MUSC CMPRTMT	23	\$891	\$891
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	23	\$3,642	\$4,799
27095	INJ PROC HIP ARTHROGRAPHY; W/ANE	20	\$3,071	\$4,020
29880	SCOPE KNEE SURG;W/MENISCECT MED&	20	\$4,068	\$5,166
25000	INCISION EXT TENDON SHEATH WRIST	18	\$2,142	\$2,710
29846	SCOPE WRIST SURG; EXC&/REPR CART	14	\$5,423	\$5,805
28899	UNLISTED PROCEDURE FOOT OR TOES	13	\$3,075	\$7,574
20670	REMOVAL OF IMPLANT; SUP SEP PROC	12	\$1,649	\$3,775
64447	INJ ANES AGT; FEMORAL NERVE SING	12	\$17,397	\$11,850

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	318	10,384
	003 LEVEL I SKIN INCISION AND DRAINAGE	25	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	93
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	276	5,026
	013 LEVEL II SKIN REPAIR	2	921
	014 LEVEL III SKIN REPAIR	5	219
	015 LEVEL IV SKIN REPAIR	1	2
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,861	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	224	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	410	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	320	2,315
	033 LEVEL I HAND PROCEDURES	339	4,044
	034 LEVEL II HAND PROCEDURES	110	1,282
	035 LEVEL I FOOT PROCEDURES	267	6,556
	036 LEVEL II FOOT PROCEDURES	209	1,905
	037 LEVEL I ARTHROSCOPY	991	22,852
	038 LEVEL II ARTHROSCOPY	350	5,849
	039 REPLACEMENT OF CAST	5	330
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	58	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	16	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	310	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	511
	045 BUNION PROCEDURES	84	1,823
	046 LEVEL I ARTHROPLASTY	62	706
	047 LEVEL II ARTHROPLASTY	4	149
	048 HAND AND FOOT TENOTOMY	33	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	2,425
05	CARDIOVASCULAR PROCEDURES	2	9,853
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	466
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2,877
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	354	4,277
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	351	392
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	2	45
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,758
11	NEUROLOGIC SYSTEM PROCEDURES	1,760	23,914
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	221
	217 LEVEL I NERVE PROCEDURES	305	4,317
	218 LEVEL II NERVE PROCEDURES	6	835
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,444	10,531
	221 LAMINOTOMY AND LAMINECTOMY	4	2,724

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

309 UHC Orthopaedic Center

Procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		134	\$2,990	\$4,612
003 LEVEL I SKIN INCISION AND DRAINAGE		24	\$1,018	\$2,769
004 LEVEL II SKIN INCISION AND DRAINAGE		1	\$9,856	\$5,874
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		3	\$4,539	\$3,634
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		101	\$3,372	\$4,950
013 LEVEL II SKIN REPAIR		2	\$1,872	\$4,731
014 LEVEL III SKIN REPAIR		3	\$2,832	\$9,742
03 MUSCULOSKELETAL SYSTEM PROCEDURES		843	\$4,683	\$6,423
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		52	\$3,787	\$5,722
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		47	\$5,715	\$6,996
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		16	\$8,664	\$12,233
033 LEVEL I HAND PROCEDURES		167	\$2,505	\$3,605
034 LEVEL II HAND PROCEDURES		18	\$4,431	\$6,660
035 LEVEL I FOOT PROCEDURES		19	\$4,116	\$4,528
036 LEVEL II FOOT PROCEDURES		2	\$4,336	\$8,711
037 LEVEL I ARTHROSCOPY		393	\$4,958	\$5,040
038 LEVEL II ARTHROSCOPY		17	\$12,213	\$13,882
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK		24	\$2,668	\$6,804
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		7	\$3,553	\$3,983
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		63	\$7,088	\$9,982
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA		6	\$2,485	\$3,670
045 BUNION PROCEDURES		1	\$6,876	\$6,795
046 LEVEL I ARTHROPLASTY		5	\$6,939	\$9,886
048 HAND AND FOOT TENOTOMY		2	\$3,419	\$3,095
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION		4	\$1,074	\$1,936
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		1	\$2,842	\$5,648
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		1	\$2,842	\$9,155
11 NEUROLOGIC SYSTEM PROCEDURES		160	\$3,976	\$6,459
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE		1	\$627	\$13,896
217 LEVEL I NERVE PROCEDURES		138	\$2,753	\$4,288
218 LEVEL II NERVE PROCEDURES		2	\$6,260	\$22,896
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		17	\$13,307	\$2,853
221 LAMINOTOMY AND LAMINECTOMY		2	\$8,474	\$12,411

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

309 UHC Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,450	47.4	140,857	53.8
Male	1,612	52.6	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	0	0.0	2,722	1.0
1-4 years	4	0.1	10,474	4.0
5-9	13	0.4	6,876	2.6
10-14	47	1.5	5,656	2.2
15-17	147	4.8	5,579	2.1
18-19	139	4.5	3,819	1.5
20-24	282	9.2	10,499	4.0
25-29	255	8.3	11,895	4.5
30-34	296	9.7	15,288	5.8
35-39	289	9.4	15,023	5.7
40-44	245	8.0	15,275	5.8
45-49	246	8.0	16,577	6.3
50-54	272	8.9	29,317	11.2
55-59	287	9.4	26,116	10.0
60-64	204	6.7	24,120	9.2
65-69	169	5.5	21,226	8.1
70-74	85	2.8	16,114	6.2
75-79	44	1.4	11,722	4.5
80-84	22	0.7	7,780	3.0
85-89	13	0.4	3,464	1.3
90 +	3	0.1	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,675	87.4	81,064	30.9
Clinic Referral	377	12.3	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	0	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	10	0.3	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

309 UHC Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,015	98.5	260,978	99.6
Another Hospital	1	0.0	100	0.0
Skilled Nursing Facility	12	0.4	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	17	0.6	198	0.1
Under Care of Home Service	10	0.3	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	2	0.1	68	0.0
Not Reported	5	0.2	38	0.0
PRIMARY PAYER				
Medicare	366	12.0	66,198	25.3
Medicaid	188	6.1	19,834	7.6
Other government	172	5.6	6,484	2.5
Blue Cross/Blue Shield	921	30.1	32,501	12.4
Other Commercial	304	9.9	19,396	7.4
Managed Care(HMO, PPO)	925	30.2	108,501	41.4
Self Pay	44	1.4	3,771	1.4
Industrial & Worker Comp	130	4.2	3,122	1.2
Charity and Unclassified	6	0.2	839	0.3
Childrens Health Insurance	0	0.0	154	0.1
Unknown	3	0.1	1,001	0.4
Not Reported	3	0.1	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	48	1.6	18,435	7.0
Central Utah	20	0.7	8,690	3.3
Davis County	280	9.1	29,850	11.4
Salt Lake County	1,865	60.9	90,968	34.7
Southeastern Utah	35	1.1	5,705	2.2
Southwest Utah	57	1.9	14,915	5.7
Summit County	85	2.8	4,208	1.6
Tooele County	74	2.4	6,494	2.5
Tri-County	27	0.9	5,152	2.0
Utah County	138	4.5	39,008	14.9
Wasatch County	17	0.6	2,303	0.9
Weber County	82	2.7	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	333	10.9	13,799	5.3
Unknown, Not Reported	1	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

138 Utah Valley Regional Medical Center

Reporting Category	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	27,713	100.0	340,055	100.0
Mastectomy (85.0-85.99)	158	0.6	8,708	2.6
Musculoskeletal (76.0-84.99)	5,380	19.4	69,858	20.5
Respiratory (30.0-34.99)	140	0.5	3,126	0.9
Cardiovascular (35.0-39.99)	2,928	10.6	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	249	0.9	3,058	0.9
Digestive System (42.0-54.99)	8,079	29.2	110,559	32.5
Urinary (55.0-59.99)	954	3.4	11,335	3.3
Male Genital (60.0-64.99)	270	1.0	4,598	1.4
Female Genital (65.0-71.99)	947	3.4	16,800	4.9
Endocrine/Nervous (01.0-07.99)	1,310	4.7	23,927	7.0
Eye (08.0-16.99)	2,832	10.2	24,162	7.1
Ear (18.0-20.99)	962	3.5	12,742	3.7
Nose, Mouth, Pharynx (21.0-29.99)	3,504	12.6	31,882	9.4
Reporting Category(CPT-4 CODES)	21,099	100.0	336,452	100.0
Mastectomy (19120-19220)	48	0.2	1,628	0.5
Musculoskeletal (20000-29909)	5,241	24.8	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	2,261	10.7	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	662	3.1	18,525	5.5
Lymphatic/Hemetic (38100-38999)	190	0.9	4,482	1.3
Digestive (40490-49999)	7,990	37.9	127,003	37.7
Urinary (50010-53899)	854	4.0	16,209	4.8
Male Genital (54000-55899)	209	1.0	4,833	1.4
Female Genital (56405-58999)	685	3.2	15,699	4.7
Endocrine/Nervous (60000-64999)	986	4.7	26,706	7.9
Eye (65091-68899)	1,424	6.7	13,805	4.1
Ear (69000-69979)	549	2.6	7,772	2.3

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, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		27,713	100.0	100.0
4523	COLONOSCOPY	2,578	9.3	6.64
4513	OTH ENDO SM INTESTINE	1,158	4.2	1.56
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	836	3.0	5.87
2001	MYRINGOTOMY W/INSRT TUBE	635	2.3	2.86
5123	LAP CHOLEY	617	2.2	1.92
4542	ENDO POLYPECTOMY LG INTESTINE	565	2.0	4.65
4292	DILAT ESOPH	513	1.9	1.54
806	EXC SEMILUNAR CARTILAGE-KNEE	510	1.8	1.63
2263	ETHMOIDECTOMY	478	1.7	0.74
283	TONSILLECTOMY W/ADENOIDECTOMY	475	1.7	1.75
8147	OTH REPR KNEE	432	1.6	0.72
222	INTRANASAL ANTROTOMY	412	1.5	0.41
3722	LT HEART CARD CATH	412	1.5	0.80
8183	OTH REPR SHLDR	375	1.4	0.77
1474	OTH MECH VITRECTOMY	351	1.3	0.46
3726	CARD ELECTROPHYSIO STIMUL-RECORD	341	1.2	0.53
2169	OTH TURBINECTOMY	330	1.2	0.93
3727	CARD MAPPING	320	1.2	0.49
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	317	1.1	0.50
598	URETERAL CATH	308	1.1	0.76

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		21,099	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,873	8.9	5.93
43239	UGI ENDO; W/BX 1/MX	836	4.0	6.32
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	743	3.5	1.15
45380	COLONOSCOPY FLEX; W/BX 1/MX	602	2.9	6.39
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	594	2.8	1.10
29881	SCOPE KNEE SURG;W/MENISCECT MED/	525	2.5	1.48
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	479	2.3	1.04
29826	SCOPE SHOULDER; DECOMP SUBACROM	435	2.1	1.15
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	395	1.9	2.20
69436	TYMPANOSTOMY GENERAL ANESTHESIA	331	1.6	1.53
42820	T&A; UNDER AGE 12	325	1.5	1.37
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	315	1.5	0.86
30140	SUBMUCOS RES TURBINATE PART/CMPL	298	1.4	0.91
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	282	1.3	0.33
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	275	1.3	0.48
66984	EXTRACAPSULAR CATARACT REMV IOL	260	1.2	1.77
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	259	1.2	0.27
52332	CYSTOURETHROSCOPY W/INSRT STENT	255	1.2	0.74
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	243	1.2	0.71
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	239	1.1	0.59

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		11,231	\$4,690	\$5,136
4523	COLONOSCOPY	2,344	\$704	\$1,274
4513	OTH ENDO SM INTESTINE	605	\$688	\$1,475
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	546	\$1,328	\$1,906
5123	LAP CHOLEY	502	\$7,945	\$8,631
4542	ENDO POLYPECTOMY LG INTESTINE	454	\$1,108	\$1,820
283	TONSILLECTOMY W/ADENOIDECTOMY	399	\$3,738	\$3,559
8147	OTH REPR KNEE	340	\$6,567	\$6,709
3722	LT HEART CARD CATH	257	\$9,083	\$11,611
8183	OTH REPR SHLDR	196	\$11,294	\$9,815
806	EXC SEMILUNAR CARTILAGE-KNEE	189	\$4,720	\$5,241
4525	CLO [ENDO] BX LG INTESTINE	152	\$1,129	\$1,908
4131	BX BONE MARROW	145	\$6,334	\$5,300
0443	RELEASE CARPAL TUNNEL	128	\$3,173	\$3,092
5349	OTH UMB HERNIORRHAPHY	125	\$5,124	\$4,448
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	124	\$1,067	\$2,219
6952	ASPIR CURET FOLLOWING DELIV/AB	121	\$3,730	\$3,669
4836	[ENDO] POLYPECTOMY RECTUM	104	\$1,041	\$1,651
0331	SPINAL TAP	103	\$1,907	\$2,474
3723	COMBO RT & LT HEART CARD CATH	103	\$8,996	\$11,664
598	URETERAL CATH	94	\$5,834	\$7,263

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		10,956	\$4,451	\$4,756
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,685	\$710	\$1,296
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	589	\$746	\$1,361
43239	UGI ENDO; W/BX 1/MX	545	\$1,329	\$1,845
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	496	\$7,980	\$9,209
45380	COLONOSCOPY FLEX; W/BX 1/MX	419	\$1,057	\$1,749
29881	SCOPE KNEE SURG;W/MENISCECT MED/	341	\$4,814	\$4,904
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	322	\$1,490	\$2,098
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	288	\$1,172	\$1,850
42820	T&A; UNDER AGE 12	272	\$3,620	\$3,454
66984	EXTRACAPSULAR CATARACT REMV IOL	229	\$5,151	\$4,261
69436	TYMPANOSTOMY GENERAL ANESTHESIA	224	\$1,713	\$1,876
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	163	\$3,210	\$3,226
49650	LAPARSCPY SURG; REPR INIT ING HE	127	\$9,781	\$9,560
42821	T&A; AGE 12 OR OVER	123	\$3,990	\$3,919
29880	SCOPE KNEE SURG;W/MENISCECT MED&	118	\$4,986	\$5,166
20680	REMOVAL OF IMPLANT; DEEP	114	\$4,774	\$5,341
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	113	\$6,598	\$5,388
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	109	\$4,975	\$4,563
41899	UNLIST PROC DENTOALVEOL STRUCTUR	86	\$4,440	\$3,996
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	83	\$4,172	\$3,675

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	490	10,384
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	159	2,400
	003 LEVEL I SKIN INCISION AND DRAINAGE	9	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	37	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	222	5,026
	012 LEVEL I SKIN REPAIR	2	31
	013 LEVEL II SKIN REPAIR	32	921
	014 LEVEL III SKIN REPAIR	20	219
02	BREAST PROCEDURES	48	1,675
	020 LEVEL I BREAST PROCEDURES	48	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,704	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	143	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	254	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	2,315
	033 LEVEL I HAND PROCEDURES	195	4,044
	034 LEVEL II HAND PROCEDURES	71	1,282
	035 LEVEL I FOOT PROCEDURES	261	6,556
	036 LEVEL II FOOT PROCEDURES	44	1,905
	037 LEVEL I ARTHROSCOPY	2,193	22,852
	038 LEVEL II ARTHROSCOPY	671	5,849
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	2,030
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	30	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	45	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	421	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	31	511
	045 BUNION PROCEDURES	75	1,823
	046 LEVEL I ARTHROPLASTY	40	706
	047 LEVEL II ARTHROPLASTY	6	149
	048 HAND AND FOOT TENOTOMY	3	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	133	2,425
04	RESPIRATORY PROCEDURES	1,467	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	38	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	350	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1,003	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	76	2,327
05	CARDIOVASCULAR PROCEDURES	540	9,853
	081 ECHOCARDIOGRAPHY	20	315
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	51	1,924
	083 PLACEMENT OF TRANSVENOUS CATHETERS	61	1,273
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	73	1,385
	086 PACEMAKER INSERTION AND REPLACEMENT	6	389
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	32	563
	088 LEVEL I CARDIOTHORACIC PROCEDURES	71	466

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	089 LEVEL II CARDIOTHORACIC PROCEDURES	194	2,877
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	13	89
	091 VASCULAR LIGATION AND RECONSTRUCTION	10	116
	097 AICD IMPLANT	9	305
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	68	4,277
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	42
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	67	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,265	117,000
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	499
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	11	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	49	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,594	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	597	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,502	41,948
	137 THERAPEUTIC COLONOSCOPY	454	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	80	2,093
	139 LEVEL I HERNIA REPAIR	440	5,542
	140 LEVEL II HERNIA REPAIR	69	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	45	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	28	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	21	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	103
	145 LEVEL I LAPAROSCOPY	192	2,400
	146 LEVEL II LAPAROSCOPY	441	8,245
	147 LEVEL III LAPAROSCOPY	721	7,608
	148 LEVEL IV LAPAROSCOPY	2	225
08	GENITOURINARY SYSTEM PROCEDURES	766	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	54	890
	162 URINARY CATHETERIZATION AND DILATATION	13	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	350	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	323	3,986
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	4	132
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	11	282
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	11	941
09	MALE REPRODUCTIVE SYSTEM	193	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	109	1,567
	181 CIRCUMCISION	49	1,132
	182 INSERTION OF PENILE PROSTHESIS	4	98
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	30	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	289
10	FEMALE REPRODUCTIVE SYSTEM	457	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	70	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	100	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	105	2,262
	199 DILATION AND CURETTAGE	37	439

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
	200 HYSTEROSCOPY	139	2,236
	201 COLPOSCOPY	6	642
11	NEUROLOGIC SYSTEM PROCEDURES	663	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	103	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	12	221
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	178
	217 LEVEL I NERVE PROCEDURES	320	4,317
	218 LEVEL II NERVE PROCEDURES	39	835
	219 SPINAL TAP	12	395
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	143	10,531
	221 LAMINOTOMY AND LAMINECTOMY	23	2,724
	223 LEVEL III NERVE PROCEDURES	10	863
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,417	13,758
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	17
	232 LASER EYE PROCEDURES	9	765
	233 CATARACT PROCEDURES	309	6,414
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	28	131
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	31	255
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	24	252
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	39	270
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	400	1,979
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	60	1,003
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	137	892
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	377	1,780
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,615	31,246
	250 COCHLEAR DEVICE IMPLANTATION	5	104
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	27
	252 LEVEL I FACIAL AND ENT PROCEDURES	976	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	108	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	477	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	368	3,502
	256 TONSIL AND ADENOID PROCEDURES	680	8,780

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	322	\$5,574	\$4,612
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	142	\$6,409	\$4,738
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$3,961	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$5,290	\$5,874
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,129	\$3,248
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	\$5,723	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	141	\$4,817	\$4,950
	012 LEVEL I SKIN REPAIR	1	\$8,574	\$1,906
	013 LEVEL II SKIN REPAIR	7	\$4,379	\$4,731
	014 LEVEL III SKIN REPAIR	1	\$6,186	\$9,742
02	BREAST PROCEDURES	46	\$5,057	\$5,295
	020 LEVEL I BREAST PROCEDURES	46	\$5,057	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,919	\$7,161	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	\$6,278	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	115	\$6,286	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$13,577	\$12,233
	033 LEVEL I HAND PROCEDURES	107	\$3,863	\$3,605
	034 LEVEL II HAND PROCEDURES	29	\$7,494	\$6,660
	035 LEVEL I FOOT PROCEDURES	59	\$4,012	\$4,528
	036 LEVEL II FOOT PROCEDURES	12	\$8,078	\$8,711
	037 LEVEL I ARTHROSCOPY	828	\$5,348	\$5,040
	038 LEVEL II ARTHROSCOPY	224	\$15,127	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	\$6,691	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	37	\$3,936	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	295	\$9,252	\$9,982
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	\$3,031	\$3,670
	045 BUNION PROCEDURES	36	\$5,325	\$6,795
	046 LEVEL I ARTHROPLASTY	6	\$9,434	\$9,886
	047 LEVEL II ARTHROPLASTY	4	\$26,052	\$24,441
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	56	\$3,185	\$1,936
04	RESPIRATORY PROCEDURES	64	\$4,499	\$2,528
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	\$4,103	\$2,852
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	13	\$4,834	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	15	\$5,781	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	22	\$3,679	\$3,588
05	CARDIOVASCULAR PROCEDURES	255	\$10,261	\$17,886
	081 ECHOCARDIOGRAPHY	14	\$14,140	\$25,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$6,785	\$2,948
	083 PLACEMENT OF TRANSVENOUS CATHETERS	29	\$5,708	\$7,334
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	\$17,657	\$32,217
	086 PACEMAKER INSERTION AND REPLACEMENT	6	\$24,810	\$35,014
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	26	\$18,746	\$27,051
	088 LEVEL I CARDIOTHORACIC PROCEDURES	52	\$6,806	\$9,499
	089 LEVEL II CARDIOTHORACIC PROCEDURES	114	\$7,012	\$10,472
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$8,946	\$15,384

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$8,656	\$9,067
	097 AICD IMPLANT	6	\$59,920	\$56,176
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	55	\$9,018	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	55	\$9,018	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,320	\$2,523	\$3,378
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$1,210	\$2,627
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$4,150	\$1,828
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	31	\$768	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$2,481	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,142	\$1,028	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	416	\$1,539	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,110	\$778	\$1,505
	137 THERAPEUTIC COLONOSCOPY	324	\$1,158	\$1,882
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	24	\$3,694	\$6,968
	139 LEVEL I HERNIA REPAIR	280	\$5,117	\$5,524
	140 LEVEL II HERNIA REPAIR	29	\$6,531	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	26	\$5,268	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	20	\$5,116	\$4,792
	143 LEVEL I GASTROINTESTINAL PROCEDURES	14	\$3,618	\$4,517
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$4,110	\$10,980
	145 LEVEL I LAPAROSCOPY	58	\$6,437	\$7,096
	146 LEVEL II LAPAROSCOPY	265	\$9,780	\$9,427
	147 LEVEL III LAPAROSCOPY	562	\$8,095	\$10,611
08	GENITOURINARY SYSTEM PROCEDURES	205	\$5,918	\$6,463
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	13	\$5,480	\$11,846
	162 URINARY CATHETERIZATION AND DILATATION	5	\$7,022	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	86	\$4,979	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	78	\$6,012	\$6,651
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	\$44,807	\$20,165
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	11	\$2,750	\$4,263
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	10	\$8,985	\$11,734
09	MALE REPRODUCTIVE SYSTEM	128	\$5,770	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	57	\$4,103	\$3,654
	181 CIRCUMCISION	40	\$3,569	\$2,298
	182 INSERTION OF PENILE PROSTHESIS	4	\$22,695	\$37,474
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	26	\$10,320	\$9,032
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,883	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	249	\$5,820	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	31	\$4,004	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	33	\$6,137	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	61	\$7,563	\$8,853
	199 DILATION AND CURETTAGE	29	\$3,665	\$4,086
	200 HYSTEROSCOPY	95	\$5,841	\$6,413
11	NEUROLOGIC SYSTEM PROCEDURES	388	\$3,787	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	101	\$1,340	\$2,196

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$9,919	\$12,020
	217 LEVEL I NERVE PROCEDURES	200	\$4,019	\$4,288
	218 LEVEL II NERVE PROCEDURES	23	\$9,443	\$22,896
	219 SPINAL TAP	12	\$1,490	\$2,473
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	29	\$1,467	\$2,853
	221 LAMINOTOMY AND LAMINECTOMY	17	\$8,576	\$12,411
	223 LEVEL III NERVE PROCEDURES	5	\$19,368	\$38,104
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	737	\$6,261	\$4,588
	232 LASER EYE PROCEDURES	3	\$1,887	\$939
	233 CATARACT PROCEDURES	242	\$5,137	\$4,292
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	11	\$5,213	\$4,975
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	\$4,395	\$4,384
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	12	\$11,616	\$11,515
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	9	\$7,033	\$7,320
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	253	\$8,979	\$8,404
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	38	\$3,554	\$3,336
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	39	\$2,925	\$3,139
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	114	\$4,512	\$4,358
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,226	\$5,159	\$4,852
	250 COCHLEAR DEVICE IMPLANTATION	4	\$65,348	\$60,721
	252 LEVEL I FACIAL AND ENT PROCEDURES	420	\$2,821	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	46	\$3,973	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	48	\$8,519	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	207	\$11,498	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	501	\$3,806	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	9,295	52.5	140,857	53.8
Male	8,410	47.5	121,057	46.2
Unknown	2	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	0	0.0	1,301	0.5
29-365 days	117	0.7	2,722	1.0
1-4 years	681	3.8	10,474	4.0
5-9	409	2.3	6,876	2.6
10-14	437	2.5	5,656	2.2
15-17	466	2.6	5,579	2.1
18-19	410	2.3	3,819	1.5
20-24	1,016	5.7	10,499	4.0
25-29	916	5.2	11,895	4.5
30-34	1,040	5.9	15,288	5.8
35-39	1,036	5.9	15,023	5.7
40-44	1,040	5.9	15,275	5.8
45-49	1,105	6.2	16,577	6.3
50-54	2,076	11.7	29,317	11.2
55-59	1,727	9.8	26,116	10.0
60-64	1,662	9.4	24,120	9.2
65-69	1,287	7.3	21,226	8.1
70-74	943	5.3	16,114	6.2
75-79	706	4.0	11,722	4.5
80-84	401	2.3	7,780	3.0
85-89	181	1.0	3,464	1.3
90 +	49	0.3	1,080	0.4
Not Reported	2	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	912	5.2	81,064	30.9
Clinic Referral	16,762	94.7	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	29	0.2	189	0.1
Skilled Nursing Facility	4	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	0	0.0	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	17,668	99.8	260,978	99.6
Another Hospital	3	0.0	100	0.0
Skilled Nursing Facility	9	0.1	196	0.1
Intermediate Care Facility	2	0.0	15	0.0
Another Type of Institution	8	0.0	198	0.1
Under Care of Home Service	17	0.1	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	3,558	20.1	66,198	25.3
Medicaid	1,197	6.8	19,834	7.6
Other government	227	1.3	6,484	2.5
Blue Cross/Blue Shield	370	2.1	32,501	12.4
Other Commercial	1,443	8.1	19,396	7.4
Managed Care(HMO, PPO)	10,416	58.8	108,501	41.4
Self Pay	167	0.9	3,771	1.4
Industrial & Worker Comp	152	0.9	3,122	1.2
Charity and Unclassified	38	0.2	839	0.3
Childrens Health Insurance	13	0.1	154	0.1
Unknown	126	0.7	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	17	0.1	18,435	7.0
Central Utah	1,216	6.9	8,690	3.3
Davis County	44	0.2	29,850	11.4
Salt Lake County	293	1.7	90,968	34.7
Southeastern Utah	445	2.5	5,705	2.2
Southwest Utah	62	0.4	14,915	5.7
Summit County	27	0.2	4,208	1.6
Tooele County	18	0.1	6,494	2.5
Tri-County	209	1.2	5,152	2.0
Utah County	14,884	84.1	39,008	14.9
Wasatch County	244	1.4	2,303	0.9
Weber County	16	0.1	22,232	8.5
Unknown Utah	1	0.0	24	0.0
Outside Utah	226	1.3	13,799	5.3
Unknown, Not Reported	5	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	5,433	100.0	340,055	100.0
Mastectomy (85.0-85.99)	41	0.8	8,708	2.6
Musculoskeletal (76.0-84.99)	1,009	18.6	69,858	20.5
Respiratory (30.0-34.99)	5	0.1	3,126	0.9
Cardiovascular (35.0-39.99)	0	0.0	19,300	5.7
Lymphatic/Hemetic (40.0-41.99)	29	0.5	3,058	0.9
Digestive System (42.0-54.99)	2,302	42.4	110,559	32.5
Urinary (55.0-59.99)	151	2.8	11,335	3.3
Male Genital (60.0-64.99)	88	1.6	4,598	1.4
Female Genital (65.0-71.99)	412	7.6	16,800	4.9
Endocrine/Nervous (01.0-07.99)	649	11.9	23,927	7.0
Eye (08.0-16.99)	0	0.0	24,162	7.1
Ear (18.0-20.99)	117	2.2	12,742	3.7
Nose,Mouth,Pharynx (21.0-29.99)	630	11.6	31,882	9.4
Reporting Category(CPT-4 CODES)	4,763	100.0	336,452	100.0
Mastectomy (19120-19220)	14	0.3	1,628	0.5
Musculoskeletal (20000-29909)	960	20.2	79,212	23.5
Respiratory (30000-32999 & 39501-39599)	216	4.5	20,578	6.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	18,525	5.5
Lymphatic/Hemetic (38100-38999)	27	0.6	4,482	1.3
Digestive (40490-49999)	2,247	47.2	127,003	37.7
Urinary (50010-53899)	164	3.4	16,209	4.8
Male Genital (54000-55899)	50	1.0	4,833	1.4
Female Genital (56405-58999)	325	6.8	15,699	4.7
Endocrine/Nervous (60000-64999)	696	14.6	26,706	7.9
Eye (65091-68899)	0	0.0	13,805	4.1
Ear (69000-69979)	64	1.3	7,772	2.3

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, 2012
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		5,433	100.0	100.0
4523	COLONOSCOPY	486	8.9	6.64
4542	ENDO POLYPECTOMY LG INTESTINE	438	8.1	4.65
0392	INJ OTH AGENT SPINAL CANAL	361	6.6	1.89
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	269	5.0	5.87
5123	LAP CHOLEY	183	3.4	1.92
4525	CLO [ENDO] BX LG INTESTINE	136	2.5	2.45
806	EXC SEMILUNAR CARTILAGE-KNEE	125	2.3	1.63
4513	OTH ENDO SM INTESTINE	122	2.2	1.56
4836	[ENDO] POLYPECTOMY RECTUM	120	2.2	1.36
283	TONSILLECTOMY W/ADENOIDECTOMY	110	2.0	1.75
2001	MYRINGOTOMY W/INSRT TUBE	107	2.0	2.86
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	97	1.8	0.79
4292	DILAT ESOPH	85	1.6	1.54
0443	RELEASE CARPAL TUNNEL	83	1.5	1.13
0391	INJ ANES SPINAL CANAL-ANALGESIA	82	1.5	1.45
8363	ROTATOR CUFF REPR	66	1.2	0.79
222	INTRANASAL ANTROTOMY	63	1.2	0.41
282	TONSILLECTOMY WO ADENOIDECTOMY	62	1.1	0.48
2263	ETHMOIDECTOMY	60	1.1	0.74
2188	OTH SEPTOPLASTY	58	1.1	0.58

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,763	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	389	8.2	6.39
45378	COLONOSCOPY FLEX; DX-SEP PROC	352	7.4	5.93
43239	UGI ENDO; W/BX 1/MX	295	6.2	6.32
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	243	5.1	0.81
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	220	4.6	2.20
47562	LAPAROSCOPY SURGICAL; CHOLECT	120	2.5	0.90
42820	T&A; UNDER AGE 12	97	2.0	1.37
29881	SCOPE KNEE SURG;W/MENISCECT MED/	83	1.7	1.48
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	81	1.7	0.61
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	77	1.6	0.21
64493	64493	72	1.5	0.22
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	71	1.5	1.15
41899	UNLIST PROC DENTOALVEOL STRUCTUR	70	1.5	0.73
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	62	1.3	0.86
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	62	1.3	1.10
64494	64494	59	1.2	0.18
29826	SCOPE SHOULDER; DECOMP SUBACROM	57	1.2	1.15
44970	LAPAROSCOPY SURGICAL APPENDECTOM	57	1.2	0.39
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	56	1.2	0.42
49505	REPR INIT ING HERNIA 5YR/MORE; R	55	1.2	0.69

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,904	\$3,192	\$5,136
4523	COLONOSCOPY	428	\$928	\$1,274
4542	ENDO POLYPECTOMY LG INTESTINE	320	\$1,272	\$1,820
0392	INJ OTH AGENT SPINAL CANAL	265	\$1,330	\$1,729
5123	LAP CHOLEY	157	\$7,009	\$8,631
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	145	\$1,201	\$1,906
283	TONSILLECTOMY W/ADENOIDECTOMY	107	\$2,645	\$3,559
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	82	\$1,779	\$2,219
806	EXC SEMILUNAR CARTILAGE-KNEE	77	\$4,772	\$5,241
4525	CLO [ENDO] BX LG INTESTINE	69	\$1,249	\$1,908
0443	RELEASE CARPAL TUNNEL	67	\$2,402	\$3,092
282	TONSILLECTOMY WO ADENOIDECTOMY	58	\$2,882	\$3,611
4513	OTH ENDO SM INTESTINE	55	\$904	\$1,475
4836	[ENDO] POLYPECTOMY RECTUM	46	\$1,219	\$1,651
4701	LAP APPENDECTOMY	30	\$8,226	\$11,971
8363	ROTATOR CUFF REPR	29	\$10,851	\$12,785
0489	INJ NON-NEUROLYTIC PERIPH NERV	27	\$2,123	\$2,501
6952	ASPIR CURET FOLLOWING DELIV/AB	26	\$2,890	\$3,669
5341	REPR UMB HERN W/PROSTH	25	\$5,402	\$6,498
6029	OTH TRANSURETHRAL PROSTATECTOMY	25	\$10,331	\$10,568
8201	EXPLOR TENDON SHEATH HAND	24	\$2,612	\$2,889

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,988	\$3,202	\$4,756
45380	COLONOSCOPY FLEX; W/BX 1/MX	309	\$1,252	\$1,749
45378	COLONOSCOPY FLEX; DX-SEP PROC	306	\$929	\$1,296
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	238	\$1,302	\$2,139
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	182	\$1,327	\$1,850
43239	UGI ENDO; W/BX 1/MX	163	\$1,217	\$1,845
47562	LAPAROSCOPY SURGICAL; CHOLECT	103	\$6,577	\$8,029
42820	T&A; UNDER AGE 12	94	\$2,614	\$3,454
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	72	\$1,348	\$2,523
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	68	\$2,411	\$3,226
41899	UNLIST PROC DENTOALVEOL STRUCTUR	63	\$2,618	\$3,996
29881	SCOPE KNEE SURG;W/MENISCECT MED/	61	\$4,845	\$4,904
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	55	\$2,914	\$3,675
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	55	\$7,836	\$9,209
69436	TYMPANOSTOMY GENERAL ANESTHESIA	50	\$1,075	\$1,876
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	48	\$851	\$1,361
49505	REPR INIT ING HERNIA 5YR/MORE; R	45	\$5,773	\$6,089
29880	SCOPE KNEE SURG;W/MENISCECT MED&	42	\$4,865	\$5,166
20680	REMOVAL OF IMPLANT; DEEP	30	\$3,147	\$5,341
44970	LAPAROSCOPY SURGICAL APPENDECTOM	30	\$8,226	\$12,174
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	27	\$5,102	\$5,545

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	73	10,384
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	137
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	93
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	164
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	1,208
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	52	5,026
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	55
	014 LEVEL III SKIN REPAIR	2	219
02	BREAST PROCEDURES	14	1,675
	020 LEVEL I BREAST PROCEDURES	14	1,628
03	MUSCULOSKELETAL SYSTEM PROCEDURES	880	67,841
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	2,470
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	97	5,118
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	2,315
	033 LEVEL I HAND PROCEDURES	67	4,044
	034 LEVEL II HAND PROCEDURES	10	1,282
	035 LEVEL I FOOT PROCEDURES	64	6,556
	036 LEVEL II FOOT PROCEDURES	15	1,905
	037 LEVEL I ARTHROSCOPY	264	22,852
	038 LEVEL II ARTHROSCOPY	92	5,849
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	609
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	28	535
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	89	5,938
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	511
	045 BUNION PROCEDURES	13	1,823
	046 LEVEL I ARTHROPLASTY	7	706
	048 HAND AND FOOT TENOTOMY	8	394
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	2,425
04	RESPIRATORY PROCEDURES	114	14,291
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2,653
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	27	3,520
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	85	5,791
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	2,327
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	26	4,277
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	1,758
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,132	117,000
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	23	1,482
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	670
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	540
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	369	26,657
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	91	6,164
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	747	41,948
	137 THERAPEUTIC COLONOSCOPY	245	9,396
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	2,093
	139 LEVEL I HERNIA REPAIR	125	5,542

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	140 LEVEL II HERNIA REPAIR	15	1,204
	141 LEVEL I ANAL AND RECTAL PROCEDURES	13	831
	142 LEVEL II ANAL AND RECTAL PROCEDURES	13	1,143
	143 LEVEL I GASTROINTESTINAL PROCEDURES	16	504
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	103
	145 LEVEL I LAPAROSCOPY	47	2,400
	146 LEVEL II LAPAROSCOPY	247	8,245
	147 LEVEL III LAPAROSCOPY	138	7,608
	148 LEVEL IV LAPAROSCOPY	8	225
08	GENITOURINARY SYSTEM PROCEDURES	141	13,016
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	890
	162 URINARY CATHETERIZATION AND DILATATION	1	301
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	68	6,067
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	64	3,986
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	941
09	MALE REPRODUCTIVE SYSTEM	67	4,531
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	23	1,567
	181 CIRCUMCISION	8	1,132
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	25	1,442
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	11	289
10	FEMALE REPRODUCTIVE SYSTEM	167	8,837
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	24	1,349
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	30	1,904
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	39	2,262
	199 DILATION AND CURETTAGE	9	439
	200 HYSTEROSCOPY	55	2,236
	201 COLPOSCOPY	10	642
11	NEUROLOGIC SYSTEM PROCEDURES	673	23,914
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	320	3,650
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	221
	217 LEVEL I NERVE PROCEDURES	92	4,317
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	259	10,531
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	465	31,246
	252 LEVEL I FACIAL AND ENT PROCEDURES	177	13,009
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	1,530
	254 LEVEL III FACIAL AND ENT PROCEDURES	70	4,294
	255 LEVEL IV FACIAL AND ENT PROCEDURES	30	3,502
	256 TONSIL AND ADENOID PROCEDURES	177	8,780

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	51	\$3,922	\$4,612
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$2,827	\$2,769
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$7,174	\$5,874
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	\$5,097	\$3,634
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	38	\$3,570	\$4,950
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,559	\$7,059
02	BREAST PROCEDURES	13	\$4,652	\$5,295
	020 LEVEL I BREAST PROCEDURES	13	\$4,652	\$5,104
03	MUSCULOSKELETAL SYSTEM PROCEDURES	430	\$5,343	\$6,423
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$4,834	\$5,722
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$4,389	\$6,996
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$8,688	\$12,233
	033 LEVEL I HAND PROCEDURES	36	\$2,932	\$3,605
	034 LEVEL II HAND PROCEDURES	5	\$3,379	\$6,660
	035 LEVEL I FOOT PROCEDURES	19	\$4,380	\$4,528
	036 LEVEL II FOOT PROCEDURES	8	\$4,999	\$8,711
	037 LEVEL I ARTHROSCOPY	144	\$4,899	\$5,040
	038 LEVEL II ARTHROSCOPY	24	\$13,333	\$13,882
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$2,752	\$6,804
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	22	\$2,302	\$3,983
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	73	\$7,247	\$9,982
	045 BUNION PROCEDURES	4	\$6,348	\$6,795
	046 LEVEL I ARTHROPLASTY	6	\$6,372	\$9,886
	048 HAND AND FOOT TENOTOMY	4	\$2,368	\$3,095
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	\$1,220	\$1,936
04	RESPIRATORY PROCEDURES	10	\$3,330	\$2,528
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,228	\$1,271
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$3,654	\$5,664
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	\$2,541	\$3,588
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	24	\$8,400	\$5,648
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	24	\$8,400	\$9,155
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,474	\$2,634	\$3,378
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,768	\$1,828
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$989	\$1,218
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,726	\$1,936
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	214	\$1,133	\$1,829
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	41	\$1,269	\$2,598
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	617	\$1,092	\$1,505
	137 THERAPEUTIC COLONOSCOPY	197	\$1,328	\$1,882
	139 LEVEL I HERNIA REPAIR	98	\$5,482	\$5,524
	140 LEVEL II HERNIA REPAIR	9	\$6,617	\$6,756
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$3,791	\$4,044
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	\$5,065	\$4,792
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$9,733	\$10,980
	145 LEVEL I LAPAROSCOPY	15	\$5,298	\$7,096

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure EAPG				
	146 LEVEL II LAPAROSCOPY	160	\$6,875	\$9,427
	147 LEVEL III LAPAROSCOPY	83	\$8,361	\$10,611
	148 LEVEL IV LAPAROSCOPY	6	\$13,761	\$18,070
08	GENITOURINARY SYSTEM PROCEDURES	92	\$3,942	\$6,463
	162 URINARY CATHETERIZATION AND DILATATION	1	\$1,852	\$5,332
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	50	\$3,124	\$3,484
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	39	\$5,041	\$6,651
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$4,032	\$11,734
09	MALE REPRODUCTIVE SYSTEM	49	\$6,322	\$5,766
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$4,018	\$3,654
	181 CIRCUMCISION	6	\$2,718	\$2,298
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	22	\$9,740	\$9,032
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	10	\$3,502	\$2,425
10	FEMALE REPRODUCTIVE SYSTEM	80	\$6,803	\$6,143
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	\$2,816	\$5,502
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	\$5,956	\$6,583
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	26	\$9,537	\$8,853
	199 DILATION AND CURETTAGE	5	\$2,839	\$4,086
	200 HYSTEROSCOPY	33	\$6,410	\$6,413
	201 COLPOSCOPY	1	\$6,351	\$1,106
11	NEUROLOGIC SYSTEM PROCEDURES	429	\$1,556	\$6,459
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	310	\$1,312	\$2,196
	217 LEVEL I NERVE PROCEDURES	73	\$2,576	\$4,288
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	46	\$1,576	\$2,853
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	332	\$2,966	\$4,852
	252 LEVEL I FACIAL AND ENT PROCEDURES	125	\$1,999	\$2,933
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$4,607	\$3,989
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	\$3,829	\$8,743
	255 LEVEL IV FACIAL AND ENT PROCEDURES	26	\$8,579	\$11,118
	256 TONSIL AND ADENOID PROCEDURES	168	\$2,727	\$3,567

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,124	53.4	140,857	53.8
Male	1,852	46.6	121,057	46.2
Unknown	0	0.0	15	0.0
Not Reported	0	0.0	2	0.0
AGE				
1-28 days	1	0.0	1,301	0.5
29-365 days	17	0.4	2,722	1.0
1-4 years	144	3.6	10,474	4.0
5-9	99	2.5	6,876	2.6
10-14	79	2.0	5,656	2.2
15-17	99	2.5	5,579	2.1
18-19	82	2.1	3,819	1.5
20-24	205	5.2	10,499	4.0
25-29	164	4.1	11,895	4.5
30-34	211	5.3	15,288	5.8
35-39	177	4.5	15,023	5.7
40-44	182	4.6	15,275	5.8
45-49	202	5.1	16,577	6.3
50-54	434	10.9	29,317	11.2
55-59	372	9.4	26,116	10.0
60-64	341	8.6	24,120	9.2
65-69	415	10.4	21,226	8.1
70-74	306	7.7	16,114	6.2
75-79	241	6.1	11,722	4.5
80-84	145	3.6	7,780	3.0
85-89	40	1.0	3,464	1.3
90 +	20	0.5	1,080	0.4
Not Reported	0	0.0	8	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	84	2.1	81,064	30.9
Clinic Referral	3,888	97.8	177,256	67.7
HMO Referral	0	0.0	3,137	1.2
Other Hospital	0	0.0	189	0.1
Skilled Nursing Facility	1	0.0	144	0.1
Other Health Care Facility	0	0.0	17	0.0
ER (Not valid since 7/2010)	0	0.0	3	0.0
Court/Law Enforcement	3	0.1	19	0.0
Unknown	0	0.0	29	0.0
Not Reported	0	0.0	73	0.0

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,972	99.9	260,978	99.6
Another Hospital	1	0.0	100	0.0
Skilled Nursing Facility	2	0.1	196	0.1
Intermediate Care Facility	0	0.0	15	0.0
Another Type of Institution	0	0.0	198	0.1
Under Care of Home Service	1	0.0	303	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	18	0.0
Unknown	0	0.0	68	0.0
Not Reported	0	0.0	38	0.0
PRIMARY PAYER				
Medicare	1,299	32.7	66,198	25.3
Medicaid	400	10.1	19,834	7.6
Other government	91	2.3	6,484	2.5
Blue Cross/Blue Shield	385	9.7	32,501	12.4
Other Commercial	372	9.4	19,396	7.4
Managed Care(HMO, PPO)	1,295	32.6	108,501	41.4
Self Pay	36	0.9	3,771	1.4
Industrial & Worker Comp	47	1.2	3,122	1.2
Charity and Unclassified	15	0.4	839	0.3
Childrens Health Insurance	3	0.1	154	0.1
Unknown	33	0.8	1,001	0.4
Not Reported	0	0.0	130	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	18,435	7.0
Central Utah	247	6.2	8,690	3.3
Davis County	7	0.2	29,850	11.4
Salt Lake County	12	0.3	90,968	34.7
Southeastern Utah	8	0.2	5,705	2.2
Southwest Utah	3,552	89.3	14,915	5.7
Summit County	0	0.0	4,208	1.6
Tooele County	1	0.0	6,494	2.5
Tri-County	4	0.1	5,152	2.0
Utah County	7	0.2	39,008	14.9
Wasatch County	0	0.0	2,303	0.9
Weber County	3	0.1	22,232	8.5
Unknown Utah	0	0.0	24	0.0
Outside Utah	133	3.3	13,799	5.3
Unknown, Not Reported	1	0.0	148	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

428 Alpine Surgery Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	112	100.0	145,194	100.0
Mastectomy (19120-19220)	4	3.6	317	0.2
Musculoskeletal (20000-29909)	100	89.3	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	4	3.6	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	4	3.6	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

428 Alpine Surgery Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
29848	ENDO WRST SURG REL TRNS CARP LIG	16	14.3	0.45
25111	EXCISION OF GANGLION WRIST; PRIM	12	10.7	0.18
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	12	10.7	0.05
20680	REMOVAL OF IMPLANT; DEEP	7	6.3	0.47
26055	TENDON SHEATH INCISION	7	6.3	0.40
20103	EXPL PENETRAT WOUND-SEP PROC;EXT	6	5.4	0.01
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	3.6	0.17
26145	SYNOVECT FLEX TEND PALM&/FINGR E	4	3.6	0.02
26591	REPAIR INTRIN MUSC HAND EA MUSCL	4	3.6	0.01
20670	REMOVAL OF IMPLANT; SUP SEP PROC	3	2.7	0.04
24102	ARTHROTOMY ELBOW; WITH SYNOVECTO	3	2.7	0.00
26350	REP FLX TEND NOT ZONE 2 DIGT;NO	3	2.7	0.02
20525	REMOVAL FB MUSC/TENDON; DEEP/COM	2	1.8	0.01
26020	DRAIN TEND SHEATH DIGIT &/ PALM	2	1.8	0.00
26030	DRAIN PALMAR BURSA; MULTIPLE BUR	2	1.8	0.00
26160	EXC LES TEND SHETH/JNT CAP HND/F	2	1.8	0.10
26433	REPR EXT TEND DIST INSRT; W/O GF	2	1.8	0.01
26445	TENOLYSIS EXT TEND HND/FNGR EA T	2	1.8	0.01
26502	RECON TEND PULLEY EA; GFT-SEP PR	2	1.8	0.00
26540	REPAIR COLLAT LIGAMENT MCP/IP JO	2	1.8	0.04

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
ICD-9 Procedures				

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
29848	ENDO WRST SURG REL TRNS CARP LIG	16	\$1,987	\$3,302
25111	EXCISION OF GANGLION WRIST; PRIM	12	\$1,455	\$2,172
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	\$1,423	\$1,581
20103	EXPL PENETRAT WOUND-SEP PROC;EXT	4	\$1,441	\$1,441
20670	REMOVAL OF IMPLANT; SUP SEP PROC	3	\$693	\$1,205
26055	TENDON SHEATH INCISION	3	\$1,975	\$2,065
20525	REMOVAL FB MUSC/TENDON; DEEP/COM	2	\$1,816	\$2,316
26160	EXC LES TEND SHETH/JNT CAP HND/F	2	\$1,616	\$2,262
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	2	\$1,864	\$2,736
26433	REPR EXT TEND DIST INSRT; W/O GF	2	\$1,791	\$1,625
26502	RECON TEND PULLEY EA; GFT-SEP PR	2	\$2,169	\$2,169
49565	REPR RECUR INCS/VENT HERNIA; RDU	2	\$1,984	\$1,368
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	2	\$1,336	\$2,574
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	2	\$2,247	\$2,274
64831	SUT DIGTL NERVE HAND/FOOT; 1 NER	2	\$2,056	\$2,058
20550	INJECTION; 1 TENDON SHEATH/LIGAM	1	\$331	\$331
20680	REMOVAL OF IMPLANT; DEEP	1	\$829	\$2,463

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	18	2,689
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	1,199
	014 LEVEL III SKIN REPAIR	6	105
02	BREAST PROCEDURES	4	298
	020 LEVEL I BREAST PROCEDURES	4	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	82	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	1,603
	033 LEVEL I HAND PROCEDURES	47	1,522
	034 LEVEL II HAND PROCEDURES	10	458
	037 LEVEL I ARTHROSCOPY	16	9,736
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	1,251
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	659
07	GASTROINTESTINAL SYSTEM PROCEDURES	4	54,549
	139 LEVEL I HERNIA REPAIR	2	1,110
	140 LEVEL II HERNIA REPAIR	2	194
11	NEUROLOGIC SYSTEM PROCEDURES	4	6,482
	217 LEVEL I NERVE PROCEDURES	4	2,040

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		10	\$1,230	\$1,556
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		2	\$1,816	\$1,192
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		4	\$727	\$2,120
014 LEVEL III SKIN REPAIR		4	\$1,441	\$2,540
02 BREAST PROCEDURES		4	\$1,423	\$1,487
020 LEVEL I BREAST PROCEDURES		4	\$1,423	\$1,493
03 MUSCULOSKELETAL SYSTEM PROCEDURES		40	\$1,760	\$3,455
033 LEVEL I HAND PROCEDURES		21	\$1,616	\$2,335
034 LEVEL II HAND PROCEDURES		2	\$2,169	\$3,143
037 LEVEL I ARTHROSCOPY		16	\$1,987	\$3,659
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION		1	\$331	\$1,575
07 GASTROINTESTINAL SYSTEM PROCEDURES		4	\$1,660	\$1,624
139 LEVEL I HERNIA REPAIR		2	\$1,336	\$2,778
140 LEVEL II HERNIA REPAIR		2	\$1,984	\$2,576
11 NEUROLOGIC SYSTEM PROCEDURES		4	\$2,151	\$1,789
217 LEVEL I NERVE PROCEDURES		4	\$2,151	\$2,047

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

428 Alpine Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	45	57.0	57,975	53.8
Male	34	43.0	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	2	2.5	1,265	1.2
15-17	0	0.0	1,438	1.3
18-19	0	0.0	1,227	1.1
20-24	11	13.9	3,521	3.3
25-29	10	12.7	3,518	3.3
30-34	10	12.7	4,267	4.0
35-39	6	7.6	4,129	3.8
40-44	4	5.1	4,550	4.2
45-49	10	12.7	5,153	4.8
50-54	19	24.1	10,400	9.6
55-59	7	8.9	9,721	9.0
60-64	0	0.0	10,136	9.4
65-69	0	0.0	12,919	12.0
70-74	0	0.0	11,130	10.3
75-79	0	0.0	8,962	8.3
80-84	0	0.0	5,602	5.2
85-89	0	0.0	2,430	2.3
90 +	0	0.0	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	79	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

428 Alpine Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	79	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	2	2.5	38,303	35.5
Medicaid	3	3.8	7,194	6.7
Other government	22	27.8	4,240	3.9
Blue Cross/Blue Shield	7	8.9	20,312	18.8
Other Commercial	16	20.3	6,440	6.0
Managed Care(HMO, PPO)	4	5.1	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	25	31.6	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	27	34.2	14,332	13.3
Salt Lake County	0	0.0	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	0	0.0	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	0	0.0	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	5	6.3	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	47	59.5	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	0	0.0	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

431 American Fork Surgery Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	3,728	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	1,206	32.3	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	151	4.1	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	16	0.4	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	2,148	57.6	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	2	0.1	874	0.6
Female Genital (56405-58999)	50	1.3	2,057	1.4
Endocrine/Nervous (60000-64999)	46	1.2	6,493	4.5
Eye (65091-68899)	1	0.0	32,627	22.5
Ear (69000-69979)	108	2.9	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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				

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,728	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	546	14.6	8.45
45378	COLONOSCOPY FLEX; DX-SEP PROC	392	10.5	7.44
45380	COLONOSCOPY FLEX; W/BX 1/MX	390	10.5	10.28
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	197	5.3	1.60
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	188	5.0	2.79
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	147	3.9	1.56
29848	ENDO WRST SURG REL TRNS CARP LIG	135	3.6	0.45
29826	SCOPE SHOULDER; DECOMP SUBACROM	122	3.3	1.26
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	107	2.9	0.19
69436	TYMPANOSTOMY GENERAL ANESTHESIA	100	2.7	2.36
29881	SCOPE KNEE SURG;W/MENISCECT MED/	83	2.2	1.62
29823	SCOPE SHOULDER SURGICAL; DEBRID	77	2.1	0.39
26055	TENDON SHEATH INCISION	61	1.6	0.40
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	61	1.6	0.68
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	59	1.6	0.92
29880	SCOPE KNEE SURG;W/MENISCECT MED&	45	1.2	0.48
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	42	1.1	0.49
29807	SCOPE SHLDR SURG; REPR SLAP LESI	32	0.9	0.20
42820	T&A; UNDER AGE 12	32	0.9	1.05
23440	RESECTION/TPLNT LONG TENDON BICE	31	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, 2012
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 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				
		2,001	\$1,866	\$2,230
45378	COLONOSCOPY FLEX; DX-SEP PROC	313	\$1,471	\$1,470
45380	COLONOSCOPY FLEX; W/BX 1/MX	294	\$1,751	\$1,400
43239	UGI ENDO; W/BX 1/MX	284	\$1,149	\$1,561
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	151	\$2,076	\$1,529
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	115	\$984	\$1,361
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	95	\$1,471	\$1,446
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	81	\$1,275	\$1,837
29848	ENDO WRST SURG REL TRNS CARP LIG	70	\$2,596	\$3,302
29881	SCOPE KNEE SURG;W/MENISCECT MED/	56	\$3,278	\$3,374
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	31	\$1,928	\$1,855
29880	SCOPE KNEE SURG;W/MENISCECT MED&	30	\$3,506	\$3,689
26055	TENDON SHEATH INCISION	29	\$1,558	\$2,065
42820	T&A; UNDER AGE 12	27	\$2,218	\$1,866
20670	REMOVAL OF IMPLANT; SUP SEP PROC	26	\$743	\$1,205
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	25	\$4,705	\$3,501
25111	EXCISION OF GANGLION WRIST; PRIM	15	\$1,607	\$2,172
20680	REMOVAL OF IMPLANT; DEEP	14	\$2,156	\$2,463
25000	INCISION EXT TENDON SHEATH WRIST	12	\$1,697	\$1,543
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	11	\$2,921	\$2,897
26727	PERQ FIX PHALANGEAL FX W/MANIP E	11	\$2,371	\$2,800

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	103	2,689
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	74	1,199
	013 LEVEL II SKIN REPAIR	11	127
	014 LEVEL III SKIN REPAIR	14	105
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,099	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	820
	033 LEVEL I HAND PROCEDURES	139	1,522
	034 LEVEL II HAND PROCEDURES	21	458
	035 LEVEL I FOOT PROCEDURES	47	2,203
	036 LEVEL II FOOT PROCEDURES	6	469
	037 LEVEL I ARTHROSCOPY	537	9,736
	038 LEVEL II ARTHROSCOPY	137	2,231
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	75	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	232
	045 BUNION PROCEDURES	9	709
	046 LEVEL I ARTHROPLASTY	7	267
	047 LEVEL II ARTHROPLASTY	2	30
	048 HAND AND FOOT TENOTOMY	14	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	659
04	RESPIRATORY PROCEDURES	48	3,684
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	18	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	30	2,824
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	182
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	5	12
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,069	54,549
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	199
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	693	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	237	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	896	26,164
	137 THERAPEUTIC COLONOSCOPY	216	5,136
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	32
	139 LEVEL I HERNIA REPAIR	3	1,110
	140 LEVEL II HERNIA REPAIR	3	194
	145 LEVEL I LAPAROSCOPY	3	152
	146 LEVEL II LAPAROSCOPY	8	706
	147 LEVEL III LAPAROSCOPY	7	792
09	MALE REPRODUCTIVE SYSTEM	2	680
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	47
10	FEMALE REPRODUCTIVE SYSTEM	35	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	147
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	96

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
199 DILATION AND CURETTAGE	9	33
200 HYSTEROSCOPY	19	313
201 COLPOSCOPY	1	386
11 NEUROLOGIC SYSTEM PROCEDURES	48	6,482
217 LEVEL I NERVE PROCEDURES	46	2,040
218 LEVEL II NERVE PROCEDURES	1	84
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	3,108
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1	32,293
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,063
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	318	15,426
252 LEVEL I FACIAL AND ENT PROCEDURES	152	8,955
253 LEVEL II FACIAL AND ENT PROCEDURES	4	621
254 LEVEL III FACIAL AND ENT PROCEDURES	63	1,710
255 LEVEL IV FACIAL AND ENT PROCEDURES	8	681
256 TONSIL AND ADENOID PROCEDURES	91	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	58	\$1,586	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,807	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	50	\$1,459	\$2,120
	013 LEVEL II SKIN REPAIR	1	\$3,089	\$2,671
	014 LEVEL III SKIN REPAIR	4	\$1,886	\$2,540
03	MUSCULOSKELETAL SYSTEM PROCEDURES	396	\$2,851	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$1,744	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$2,753	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$3,890	\$4,447
	033 LEVEL I HAND PROCEDURES	64	\$1,940	\$2,335
	034 LEVEL II HAND PROCEDURES	7	\$4,119	\$3,143
	035 LEVEL I FOOT PROCEDURES	9	\$1,622	\$2,676
	036 LEVEL II FOOT PROCEDURES	5	\$3,328	\$3,717
	037 LEVEL I ARTHROSCOPY	190	\$2,998	\$3,659
	038 LEVEL II ARTHROSCOPY	13	\$5,284	\$6,554
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$2,423	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	53	\$3,044	\$3,584
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$880	\$1,342
	045 BUNION PROCEDURES	2	\$3,146	\$3,069
	046 LEVEL I ARTHROPLASTY	5	\$3,804	\$3,570
	047 LEVEL II ARTHROPLASTY	2	\$5,391	\$8,302
	048 HAND AND FOOT TENOTOMY	1	\$1,777	\$2,033
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$248	\$1,575
04	RESPIRATORY PROCEDURES	2	\$1,270	\$1,587
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,270	\$932
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,385	\$1,509	\$1,624
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$511	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	399	\$1,101	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	100	\$1,312	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	706	\$1,585	\$1,433
	137 THERAPEUTIC COLONOSCOPY	165	\$2,079	\$1,637
	139 LEVEL I HERNIA REPAIR	1	\$3,230	\$2,778
	140 LEVEL II HERNIA REPAIR	1	\$3,208	\$2,576
	145 LEVEL I LAPAROSCOPY	2	\$2,387	\$2,559
	146 LEVEL II LAPAROSCOPY	3	\$4,532	\$3,868
	147 LEVEL III LAPAROSCOPY	6	\$5,223	\$4,985
09	MALE REPRODUCTIVE SYSTEM	2	\$5,469	\$1,734
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	\$5,469	\$3,870
10	FEMALE REPRODUCTIVE SYSTEM	27	\$2,045	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$1,215	\$2,073
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$5,490	\$3,063
	199 DILATION AND CURETTAGE	7	\$1,611	\$1,430
	200 HYSTEROSCOPY	14	\$2,312	\$3,588
11	NEUROLOGIC SYSTEM PROCEDURES	15	\$2,808	\$1,789
	217 LEVEL I NERVE PROCEDURES	15	\$2,808	\$2,047

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$809	\$2,693
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$809	\$1,210
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	115	\$2,715	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	16	\$1,161	\$2,161
	254 LEVEL III FACIAL AND ENT PROCEDURES	27	\$4,616	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3	\$8,946	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	69	\$2,061	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

431 American Fork Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,461	53.3	57,975	53.8
Male	1,281	46.7	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	16	0.6	484	0.4
1-4 years	42	1.5	4,140	3.8
5-9	37	1.3	1,984	1.8
10-14	47	1.7	1,265	1.2
15-17	53	1.9	1,438	1.3
18-19	37	1.3	1,227	1.1
20-24	119	4.3	3,521	3.3
25-29	125	4.6	3,518	3.3
30-34	134	4.9	4,267	4.0
35-39	150	5.5	4,129	3.8
40-44	146	5.3	4,550	4.2
45-49	158	5.8	5,153	4.8
50-54	268	9.8	10,400	9.6
55-59	265	9.7	9,721	9.0
60-64	208	7.6	10,136	9.4
65-69	327	11.9	12,919	12.0
70-74	274	10.0	11,130	10.3
75-79	195	7.1	8,962	8.3
80-84	88	3.2	5,602	5.2
85-89	41	1.5	2,430	2.3
90 +	12	0.4	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,742	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

431 American Fork Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,742	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1,056	38.5	38,303	35.5
Medicaid	75	2.7	7,194	6.7
Other government	93	3.4	4,240	3.9
Blue Cross/Blue Shield	567	20.7	20,312	18.8
Other Commercial	182	6.6	6,440	6.0
Managed Care(HMO, PPO)	721	26.3	26,409	24.5
Self Pay	1	0.0	1,516	1.4
Industrial & Worker Comp	40	1.5	1,492	1.4
Charity and Unclassified	1	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	6	0.2	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	4,406	4.1
Central Utah	65	2.4	1,493	1.4
Davis County	3	0.1	14,332	13.3
Salt Lake County	72	2.6	35,980	33.4
Southeastern Utah	26	0.9	916	0.8
Southwest Utah	4	0.1	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	1	0.0	1,964	1.8
Tri-County	15	0.5	544	0.5
Utah County	2,504	91.3	15,172	14.1
Wasatch County	22	0.8	458	0.4
Weber County	2	0.1	13,339	12.4
Unknown Utah	1	0.0	15	0.0
Outside Utah	24	0.9	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

401 Central Utah Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	16,237	100.0	66,883	100.0
Mastectomy (85.0-85.99)	3	0.0	712	1.1
Musculoskeletal (76.0-84.99)	5,715	35.2	17,765	26.6
Respiratory (30.0-34.99)	20	0.1	119	0.2
Cardiovascular (35.0-39.99)	11	0.1	48	0.1
Lymphatic/Hemetic (40.0-41.99)	19	0.1	170	0.3
Digestive System (42.0-54.99)	3,106	19.1	17,755	26.5
Urinary (55.0-59.99)	499	3.1	1,199	1.8
Male Genital (60.0-64.99)	105	0.6	324	0.5
Female Genital (65.0-71.99)	65	0.4	691	1.0
Endocrine/Nervous (01.0-07.99)	1,932	11.9	4,434	6.6
Eye (08.0-16.99)	2,565	15.8	10,656	15.9
Ear (18.0-20.99)	590	3.6	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	1,607	9.9	9,638	14.4
Reporting Category(CPT-4 CODES)	16,857	100.0	145,194	100.0
Mastectomy (19120-19220)	2	0.0	317	0.2
Musculoskeletal (20000-29909)	5,966	35.4	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	968	5.7	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	38	0.2	222	0.2
Lymphatic/Hemetic (38100-38999)	20	0.1	227	0.2
Digestive (40490-49999)	3,829	22.7	61,390	42.3
Urinary (50010-53899)	846	5.0	2,447	1.7
Male Genital (54000-55899)	101	0.6	874	0.6
Female Genital (56405-58999)	67	0.4	2,057	1.4
Endocrine/Nervous (60000-64999)	1,880	11.2	6,493	4.5
Eye (65091-68899)	2,546	15.1	32,627	22.5
Ear (69000-69979)	594	3.5	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		16,237	100.0	100.0
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,289	7.9	3.94
0391	INJ ANES SPINAL CANAL-ANALGESIA	844	5.2	1.27
806	EXC SEMILUNAR CARTILAGE-KNEE	698	4.3	3.24
4513	OTH ENDO SM INTESTINE	585	3.6	1.38
4525	CLO [ENDO] BX LG INTESTINE	583	3.6	7.38
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	486	3.0	4.99
2001	MYRINGOTOMY W/INSRT TUBE	482	3.0	4.10
0443	RELEASE CARPAL TUNNEL	478	2.9	2.18
4523	COLONOSCOPY	461	2.8	5.06
8183	OTH REPR SHLDR	440	2.7	2.07
4592	ANASTOM SM INTESTINE-RECTAL STUMP	406	2.5	0.61
283	TONSILLECTOMY W/ADENOIDECTOMY	344	2.1	2.59
2169	OTH TURBINECTOMY	259	1.6	1.96
8363	ROTATOR CUFF REPR	257	1.6	1.42
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	236	1.5	0.43
5123	LAP CHOLEY	218	1.3	1.06
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	214	1.3	1.11
2188	OTH SEPTOPLASTY	203	1.3	1.07
8145	OTH REPR CRUCIATE LIGAMNT	202	1.2	0.72
5631	URETEROSCOPY	180	1.1	0.31

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		16,857	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,205	7.1	10.43
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	619	3.7	1.56
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	564	3.3	0.59
29881	SCOPE KNEE SURG;W/MENISCECT MED/	523	3.1	1.62
69436	TYMPANOSTOMY GENERAL ANESTHESIA	483	2.9	2.36
43239	UGI ENDO; W/BX 1/MX	477	2.8	8.45
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	468	2.8	0.91
45378	COLONOSCOPY FLEX; DX-SEP PROC	438	2.6	7.44
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	437	2.6	1.60
29826	SCOPE SHOULDER; DECOMP SUBACROM	431	2.6	1.26
45380	COLONOSCOPY FLEX; W/BX 1/MX	376	2.2	10.28
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	325	1.9	0.65
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	280	1.7	0.24
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	249	1.5	0.68
42820	T&A; UNDER AGE 12	234	1.4	1.05
45385	COLONOSCOPY FLEX; W/REM LES-SNA	223	1.3	2.79
30140	SUBMUCOS RES TURBINATE PART/CMPL	213	1.3	1.47
20680	REMOVAL OF IMPLANT; DEEP	208	1.2	0.47
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	204	1.2	0.56
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	201	1.2	0.38

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		7,459	\$3,799	\$2,406
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,242	\$3,845	\$3,762
806	EXC SEMILUNAR CARTILAGE-KNEE	491	\$5,516	\$3,950
4513	OTH ENDO SM INTESTINE	461	\$2,219	\$1,694
4525	CLO [ENDO] BX LG INTESTINE	447	\$2,210	\$996
4592	ANASTOM SM INTESTINE-RECTAL STUMP	336	\$2,222	\$2,222
4523	COLONOSCOPY	327	\$2,219	\$1,118
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	326	\$2,222	\$1,125
283	TONSILLECTOMY W/ADENOIDECTOMY	310	\$2,080	\$1,973
0443	RELEASE CARPAL TUNNEL	217	\$2,481	\$2,438
5123	LAP CHOLEY	204	\$6,588	\$4,942
1364	DISCISSION SECNDRY MEMBRN	129	\$1,817	\$1,757
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	126	\$5,669	\$4,928
1279	OTH GLAU PROC	113	\$1,552	\$1,541
0392	INJ OTH AGENT SPINAL CANAL	110	\$1,822	\$984
2349	OTH DENTAL RESTORATION	107	\$2,711	\$2,711
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	87	\$7,040	\$6,708
282	TONSILLECTOMY WO ADENOIDECTOMY	72	\$2,144	\$2,022
8221	EXC LES TENDON SHEATH HAND	72	\$3,418	\$2,379
8145	OTH REPR CRUCIATE LIGAMNT	66	\$9,004	\$8,733
0391	INJ ANES SPINAL CANAL-ANALGESIA	64	\$1,852	\$1,803

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		7,723	\$3,840	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	1,167	\$3,798	\$2,883
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	490	\$2,222	\$1,361
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	363	\$2,222	\$1,837
29881	SCOPE KNEE SURG;W/MENISSECT MED/	360	\$5,436	\$3,374
43239	UGI ENDO; W/BX 1/MX	317	\$2,222	\$1,561
45378	COLONOSCOPY FLEX; DX-SEP PROC	313	\$2,223	\$1,470
45380	COLONOSCOPY FLEX; W/BX 1/MX	280	\$2,222	\$1,400
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	218	\$9,285	\$8,211
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	215	\$2,444	\$1,814
42820	T&A; UNDER AGE 12	209	\$2,032	\$1,866
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	188	\$6,599	\$5,151
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	184	\$2,222	\$1,529
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	129	\$5,659	\$3,987
66821	DISCISSION 2ND CATARACT; LASER S	129	\$1,822	\$846
29880	SCOPE KNEE SURG;W/MENISSECT MED&	126	\$5,692	\$3,689
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	114	\$1,822	\$1,003
41899	UNLIST PROC DENTOALVEOL STRUCTUR	108	\$2,711	\$2,234
65855	TRABECULOPLSTY-LASER-1/MORE SESS	106	\$1,210	\$724
42821	T&A; AGE 12 OR OVER	96	\$2,163	\$1,860
66982	EXTRACAP CATARACT REMV W/IOL-CMP	80	\$4,604	\$3,913

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, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	365	2,689
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	58
	004 LEVEL II SKIN INCISION AND DRAINAGE	11	30
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	35	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	290	1,199
	012 LEVEL I SKIN REPAIR	1	8
	013 LEVEL II SKIN REPAIR	8	127
	014 LEVEL III SKIN REPAIR	15	105
	015 LEVEL IV SKIN REPAIR	1	1
02	BREAST PROCEDURES	2	298
	020 LEVEL I BREAST PROCEDURES	2	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	5,558	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	124	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	408	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	124	820
	033 LEVEL I HAND PROCEDURES	391	1,522
	034 LEVEL II HAND PROCEDURES	84	458
	035 LEVEL I FOOT PROCEDURES	587	2,203
	036 LEVEL II FOOT PROCEDURES	119	469
	037 LEVEL I ARTHROSCOPY	2,147	9,736
	038 LEVEL II ARTHROSCOPY	601	2,231
	039 REPLACEMENT OF CAST	1	8
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	28	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	356	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	88	232
	045 BUNION PROCEDURES	144	709
	046 LEVEL I ARTHROPLASTY	67	267
	047 LEVEL II ARTHROPLASTY	2	30
	048 HAND AND FOOT TENOTOMY	42	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	241	659
04	RESPIRATORY PROCEDURES	438	3,684
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	34
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	70	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	359	2,824
	064 ENDOSCOPY OF THE LOWER AIRWAY	6	8
05	CARDIOVASCULAR PROCEDURES	14	74
	083 PLACEMENT OF TRANSVENOUS CATHETERS	12	39
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	1
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	4
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	23	182
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	5	12
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,191	54,549
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	93
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	199

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,096	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	454	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	817	26,164
	137 THERAPEUTIC COLONOSCOPY	234	5,136
	139 LEVEL I HERNIA REPAIR	120	1,110
	140 LEVEL II HERNIA REPAIR	15	194
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	154
	142 LEVEL II ANAL AND RECTAL PROCEDURES	50	293
	145 LEVEL I LAPAROSCOPY	4	152
	146 LEVEL II LAPAROSCOPY	172	706
	147 LEVEL III LAPAROSCOPY	207	792
08	GENITOURINARY SYSTEM PROCEDURES	837	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	325	938
	162 URINARY CATHETERIZATION AND DILATATION	1	3
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	249	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	258	553
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	12
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	170
09	MALE REPRODUCTIVE SYSTEM	106	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	65	307
	181 CIRCUMCISION	26	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	10	47
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	19
10	FEMALE REPRODUCTIVE SYSTEM	55	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	9	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	16	96
	200 HYSTEROSCOPY	21	313
11	NEUROLOGIC SYSTEM PROCEDURES	1,885	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	117	896
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	23
	217 LEVEL I NERVE PROCEDURES	669	2,040
	218 LEVEL II NERVE PROCEDURES	1	84
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,063	3,108
	221 LAMINOTOMY AND LAMINECTOMY	22	259
	223 LEVEL III NERVE PROCEDURES	7	70
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,533	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	279
	232 LASER EYE PROCEDURES	240	3,122
	233 CATARACT PROCEDURES	1,323	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	23	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	91	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	60	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	14	1,362
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	14	656

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	139	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	624	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,794	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	888	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	64	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	236	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	111	681
	256 TONSIL AND ADENOID PROCEDURES	495	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	156	\$3,509	\$1,556
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$1,953	\$726
	004 LEVEL II SKIN INCISION AND DRAINAGE	7	\$4,222	\$2,225
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	18	\$2,629	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	125	\$3,639	\$2,120
	013 LEVEL II SKIN REPAIR	1	\$1,744	\$2,671
	014 LEVEL III SKIN REPAIR	3	\$3,339	\$2,540
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,962	\$5,394	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$3,301	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	125	\$5,204	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	\$5,647	\$4,447
	033 LEVEL I HAND PROCEDURES	190	\$3,564	\$2,335
	034 LEVEL II HAND PROCEDURES	36	\$4,457	\$3,143
	035 LEVEL I FOOT PROCEDURES	115	\$4,295	\$2,676
	036 LEVEL II FOOT PROCEDURES	49	\$5,689	\$3,717
	037 LEVEL I ARTHROSCOPY	796	\$5,604	\$3,659
	038 LEVEL II ARTHROSCOPY	202	\$8,328	\$6,554
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$2,532	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	18	\$2,482	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	257	\$5,341	\$3,584
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	24	\$2,690	\$1,342
	045 BUNION PROCEDURES	54	\$5,180	\$3,069
	047 LEVEL II ARTHROPLASTY	1	\$12,116	\$8,302
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	\$1,377	\$1,575
04	RESPIRATORY PROCEDURES	25	\$3,429	\$1,587
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$3,601	\$932
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	19	\$3,518	\$2,805
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	\$2,234	\$2,234
05	CARDIOVASCULAR PROCEDURES	10	\$4,941	\$2,952
	083 PLACEMENT OF TRANSVENOUS CATHETERS	10	\$4,941	\$2,725
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	15	\$3,735	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$3,735	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,382	\$2,844	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$922	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$947	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	807	\$2,222	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	380	\$2,172	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	593	\$2,222	\$1,433
	137 THERAPEUTIC COLONOSCOPY	188	\$2,210	\$1,637
	139 LEVEL I HERNIA REPAIR	98	\$5,375	\$2,778
	140 LEVEL II HERNIA REPAIR	7	\$5,700	\$2,576
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$2,756	\$1,200
	142 LEVEL II ANAL AND RECTAL PROCEDURES	32	\$4,377	\$2,139
	145 LEVEL I LAPAROSCOPY	2	\$3,885	\$2,559
	146 LEVEL II LAPAROSCOPY	74	\$6,064	\$3,868

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
08	147 LEVEL III LAPAROSCOPY	189	\$6,595	\$4,985
	GENITOURINARY SYSTEM PROCEDURES	311	\$7,708	\$5,392
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	218	\$9,285	\$8,211
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	44	\$3,839	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	45	\$4,267	\$2,703
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$2,596	\$2,513
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	\$3,136	\$3,858
09	MALE REPRODUCTIVE SYSTEM	74	\$3,726	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	42	\$3,967	\$2,702
	181 CIRCUMCISION	22	\$2,950	\$841
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	\$5,659	\$3,870
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	4	\$2,561	\$1,336
10	FEMALE REPRODUCTIVE SYSTEM	38	\$4,209	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$1,707	\$2,073
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$3,026	\$2,354
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	\$4,227	\$3,063
11	200 HYSTEROSCOPY	18	\$5,156	\$3,588
	NEUROLOGIC SYSTEM PROCEDURES	451	\$2,615	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	114	\$1,822	\$1,028
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$2,129	\$1,697
	217 LEVEL I NERVE PROCEDURES	253	\$2,817	\$2,047
	218 LEVEL II NERVE PROCEDURES	1	\$5,725	\$3,720
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	65	\$1,805	\$947
	221 LAMINOTOMY AND LAMINECTOMY	15	\$8,630	\$4,528
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,617	\$3,540	\$2,693
	232 LASER EYE PROCEDURES	235	\$1,546	\$863
	233 CATARACT PROCEDURES	1,266	\$3,841	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	13	\$2,920	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	30	\$3,797	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	23	\$6,421	\$5,538
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$3,568	\$919
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$3,823	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$2,968	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	33	\$4,356	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	673	\$2,650	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	155	\$2,661	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	21	\$3,356	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	60	\$4,217	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	45	\$5,109	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	392	\$2,085	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,884	51.8	57,975	53.8
Male	5,475	48.2	49,803	46.2
Unknown	7	0.1	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	57	0.5	484	0.4
1-4 years	354	3.1	4,140	3.8
5-9	233	2.0	1,984	1.8
10-14	212	1.9	1,265	1.2
15-17	283	2.5	1,438	1.3
18-19	337	3.0	1,227	1.1
20-24	814	7.2	3,521	3.3
25-29	521	4.6	3,518	3.3
30-34	529	4.7	4,267	4.0
35-39	536	4.7	4,129	3.8
40-44	541	4.8	4,550	4.2
45-49	573	5.0	5,153	4.8
50-54	693	6.1	10,400	9.6
55-59	798	7.0	9,721	9.0
60-64	825	7.3	10,136	9.4
65-69	1,206	10.6	12,919	12.0
70-74	984	8.7	11,130	10.3
75-79	932	8.2	8,962	8.3
80-84	602	5.3	5,602	5.2
85-89	273	2.4	2,430	2.3
90 +	63	0.6	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	11,366	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	11,366	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	4,202	37.0	38,303	35.5
Medicaid	721	6.3	7,194	6.7
Other government	194	1.7	4,240	3.9
Blue Cross/Blue Shield	1,696	14.9	20,312	18.8
Other Commercial	838	7.4	6,440	6.0
Managed Care(HMO, PPO)	3,064	27.0	26,409	24.5
Self Pay	256	2.3	1,516	1.4
Industrial & Worker Comp	394	3.5	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	1	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	17	0.1	4,406	4.1
Central Utah	905	8.0	1,493	1.4
Davis County	28	0.2	14,332	13.3
Salt Lake County	233	2.0	35,980	33.4
Southeastern Utah	505	4.4	916	0.8
Southwest Utah	63	0.6	11,305	10.5
Summit County	19	0.2	1,595	1.5
Tooele County	23	0.2	1,964	1.8
Tri-County	126	1.1	544	0.5
Utah County	8,903	78.3	15,172	14.1
Wasatch County	144	1.3	458	0.4
Weber County	8	0.1	13,339	12.4
Unknown Utah	8	0.1	15	0.0
Outside Utah	383	3.4	6,277	5.8
Unknown, Not Reported	1	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

423 Coral Desert Surgery Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,512	100.0	66,883	100.0
Mastectomy (85.0-85.99)	32	0.6	712	1.1
Musculoskeletal (76.0-84.99)	1,431	26.0	17,765	26.6
Respiratory (30.0-34.99)	2	0.0	119	0.2
Cardiovascular (35.0-39.99)	4	0.1	48	0.1
Lymphatic/Hemetic (40.0-41.99)	8	0.1	170	0.3
Digestive System (42.0-54.99)	912	16.5	17,755	26.5
Urinary (55.0-59.99)	158	2.9	1,199	1.8
Male Genital (60.0-64.99)	77	1.4	324	0.5
Female Genital (65.0-71.99)	36	0.7	691	1.0
Endocrine/Nervous (01.0-07.99)	516	9.4	4,434	6.6
Eye (08.0-16.99)	1,458	26.5	10,656	15.9
Ear (18.0-20.99)	359	6.5	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	519	9.4	9,638	14.4
Reporting Category(CPT-4 CODES)	6,385	100.0	145,194	100.0
Mastectomy (19120-19220)	6	0.1	317	0.2
Musculoskeletal (20000-29909)	1,797	28.1	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	262	4.1	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	56	0.9	222	0.2
Lymphatic/Hemetic (38100-38999)	8	0.1	227	0.2
Digestive (40490-49999)	1,223	19.2	61,390	42.3
Urinary (50010-53899)	377	5.9	2,447	1.7
Male Genital (54000-55899)	221	3.5	874	0.6
Female Genital (56405-58999)	62	1.0	2,057	1.4
Endocrine/Nervous (60000-64999)	534	8.4	6,493	4.5
Eye (65091-68899)	1,471	23.0	32,627	22.5
Ear (69000-69979)	368	5.8	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		5,512	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,053	19.1	7.16
2001	MYRINGOTOMY W/INSRT TUBE	294	5.3	4.10
4523	COLONOSCOPY	250	4.5	5.06
806	EXC SEMILUNAR CARTILAGE-KNEE	215	3.9	3.24
283	TONSILLECTOMY W/ADENOIDECTOMY	200	3.6	2.59
0443	RELEASE CARPAL TUNNEL	173	3.1	2.18
0392	INJ OTH AGENT SPINAL CANAL	145	2.6	0.74
4525	CLO [ENDO] BX LG INTESTINE	136	2.5	7.38
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	132	2.4	0.90
0870	RECON EYELID-NOS	118	2.1	0.29
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	107	1.9	4.99
4513	OTH ENDO SM INTESTINE	88	1.6	1.38
8211	TENOT HAND	83	1.5	0.27
8183	OTH REPR SHLDR	79	1.4	2.07
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	75	1.4	0.19
8363	ROTATOR CUFF REPR	75	1.4	1.42
5123	LAP CHOLEY	69	1.3	1.06
5304	UNILAT REPR INDIRECT ING HERN-GFT	68	1.2	0.20
2169	OTH TURBINECTOMY	64	1.2	1.96
5305	UNILAT REPR ING HERN-GFT-NOS	62	1.1	0.20

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,385	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,053	16.5	10.43
69436	TYMPANOSTOMY GENERAL ANESTHESIA	294	4.6	2.36
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	180	2.8	0.65
55875	55875	159	2.5	0.11
42820	T&A; UNDER AGE 12	157	2.5	1.05
45378	COLONOSCOPY FLEX; DX-SEP PROC	146	2.3	7.44
45380	COLONOSCOPY FLEX; W/BX 1/MX	136	2.1	10.28
29881	SCOPE KNEE SURG;W/MENISCECT MED/	120	1.9	1.62
43239	UGI ENDO; W/BX 1/MX	107	1.7	8.45
29880	SCOPE KNEE SURG;W/MENISCECT MED&	95	1.5	0.48
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	92	1.4	0.91
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	88	1.4	1.56
66982	EXTRACAP CATARACT REMV W/IOL-CMP	83	1.3	0.88
26055	TENDON SHEATH INCISION	81	1.3	0.40
29848	ENDO WRST SURG REL TRNS CARP LIG	81	1.3	0.45
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	77	1.2	0.56
20680	REMOVAL OF IMPLANT; DEEP	75	1.2	0.47
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	69	1.1	0.38
49505	REPR INIT ING HERNIA 5YR/MORE; R	68	1.1	0.42
29822	SCOPE SHOULDER SURGICAL; DEBRID	63	1.0	0.31

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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		3,235	\$2,000	\$2,406
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,042	\$1,371	\$1,716
4523	COLONOSCOPY	196	\$636	\$1,118
283	TONSILLECTOMY W/ADENOIDECTOMY	154	\$1,831	\$1,973
806	EXC SEMILUNAR CARTILAGE-KNEE	148	\$3,106	\$3,950
0392	INJ OTH AGENT SPINAL CANAL	137	\$595	\$984
0443	RELEASE CARPAL TUNNEL	118	\$1,950	\$2,438
4525	CLO [ENDO] BX LG INTESTINE	101	\$755	\$996
2001	MYRINGOTOMY W/INSRT TUBE	80	\$2,324	\$1,989
5123	LAP CHOLEY	65	\$3,970	\$4,942
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	60	\$1,005	\$1,125
5304	UNILAT REPR INDIRECT ING HERN-GFT	55	\$2,629	\$3,180
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	50	\$3,286	\$3,212
4513	OTH ENDO SM INTESTINE	48	\$693	\$1,694
8211	TENOT HAND	34	\$1,712	\$1,342
5732	OTH CYSTOSCOPY	33	\$2,475	\$4,880
5305	UNILAT REPR ING HERN-GFT-NOS	32	\$2,984	\$2,421
8165	8165	30	\$3,976	\$3,976
598	URETERAL CATH	28	\$3,608	\$8,231
282	TONSILLECTOMY WO ADENOIDECTOMY	27	\$1,806	\$2,022
5749	OTH TRANSURETH EXC/DEST LES BLADDER	24	\$2,660	\$2,609

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,615	\$2,026	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	1,024	\$1,364	\$2,883
55875	55875	159	\$3,608	\$3,935
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	113	\$2,217	\$8,211
42820	T&A; UNDER AGE 12	112	\$1,806	\$1,866
45378	COLONOSCOPY FLEX; DX-SEP PROC	111	\$766	\$1,470
45380	COLONOSCOPY FLEX; W/BX 1/MX	100	\$757	\$1,400
29881	SCOPE KNEE SURG;W/MENISCECT MED/	89	\$3,298	\$3,374
69436	TYMPANOSTOMY GENERAL ANESTHESIA	80	\$2,324	\$1,769
66982	EXTRACAP CATARACT REMV W/IOL-CMP	79	\$1,537	\$3,913
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	71	\$561	\$1,003
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	66	\$1,473	\$1,814
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	65	\$3,970	\$5,151
43239	UGI ENDO; W/BX 1/MX	60	\$1,005	\$1,561
29880	SCOPE KNEE SURG;W/MENISCECT MED&	57	\$2,838	\$3,689
49505	REPR INIT ING HERNIA 5YR/MORE; R	53	\$2,556	\$2,592
29848	ENDO WRST SURG REL TRNS CARP LIG	50	\$2,577	\$3,302
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	48	\$693	\$1,361
20680	REMOVAL OF IMPLANT; DEEP	47	\$3,049	\$2,463
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	46	\$475	\$1,446
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	40	\$602	\$1,194

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, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	161	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	53
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	58
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	18
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	129	1,199
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4
	013 LEVEL II SKIN REPAIR	1	127
	014 LEVEL III SKIN REPAIR	1	105
02	BREAST PROCEDURES	6	298
	020 LEVEL I BREAST PROCEDURES	6	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,572	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	78	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	93	820
	033 LEVEL I HAND PROCEDURES	136	1,522
	034 LEVEL II HAND PROCEDURES	48	458
	035 LEVEL I FOOT PROCEDURES	173	2,203
	036 LEVEL II FOOT PROCEDURES	36	469
	037 LEVEL I ARTHROSCOPY	646	9,736
	038 LEVEL II ARTHROSCOPY	67	2,231
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	8	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	89	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	27	232
	045 BUNION PROCEDURES	40	709
	046 LEVEL I ARTHROPLASTY	16	267
	047 LEVEL II ARTHROPLASTY	6	30
	048 HAND AND FOOT TENOTOMY	19	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	42	659
04	RESPIRATORY PROCEDURES	138	3,684
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	34
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	48	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	88	2,824
05	CARDIOVASCULAR PROCEDURES	20	74
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	39
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	18	18
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	8	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	973	54,549
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,717
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	195	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	22	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	386	26,164
	137 THERAPEUTIC COLONOSCOPY	29	5,136

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	139 LEVEL I HERNIA REPAIR	137	1,110
	140 LEVEL II HERNIA REPAIR	15	194
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	154
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	293
	145 LEVEL I LAPAROSCOPY	14	152
	146 LEVEL II LAPAROSCOPY	90	706
	147 LEVEL III LAPAROSCOPY	73	792
08	GENITOURINARY SYSTEM PROCEDURES	523	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	180	938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	134	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	49	553
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	12
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	159	170
09	MALE REPRODUCTIVE SYSTEM	58	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	307
	181 CIRCUMCISION	24	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	16	47
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	19
10	FEMALE REPRODUCTIVE SYSTEM	37	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	96
	199 DILATION AND CURETTAGE	2	33
	200 HYSTEROSCOPY	17	313
11	NEUROLOGIC SYSTEM PROCEDURES	583	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	118	896
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	7	23
	217 LEVEL I NERVE PROCEDURES	139	2,040
	218 LEVEL II NERVE PROCEDURES	46	84
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	201	3,108
	221 LAMINOTOMY AND LAMINECTOMY	23	259
	223 LEVEL III NERVE PROCEDURES	49	70
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,468	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	279
	233 CATARACT PROCEDURES	1,166	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	21	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	24	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	5	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	29	1,362
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	17	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	55	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	140	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	799	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	388	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	75	621

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
254 LEVEL III FACIAL AND ENT PROCEDURES	56	1,710
255 LEVEL IV FACIAL AND ENT PROCEDURES	15	681
256 TONSIL AND ADENOID PROCEDURES	265	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		103	\$2,352	\$1,556
004 LEVEL II SKIN INCISION AND DRAINAGE		1	\$791	\$2,225
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION		1	\$2,777	\$476
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		18	\$2,271	\$1,192
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		83	\$2,384	\$2,120
02 BREAST PROCEDURES		6	\$2,070	\$1,487
020 LEVEL I BREAST PROCEDURES		6	\$2,070	\$1,493
03 MUSCULOSKELETAL SYSTEM PROCEDURES		585	\$3,077	\$3,455
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		20	\$2,934	\$1,985
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		35	\$3,267	\$3,187
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		20	\$5,490	\$4,447
033 LEVEL I HAND PROCEDURES		70	\$2,056	\$2,335
034 LEVEL II HAND PROCEDURES		11	\$3,075	\$3,143
035 LEVEL I FOOT PROCEDURES		36	\$1,828	\$2,676
036 LEVEL II FOOT PROCEDURES		10	\$2,488	\$3,717
037 LEVEL I ARTHROSCOPY		239	\$3,076	\$3,659
038 LEVEL II ARTHROSCOPY		15	\$6,428	\$6,554
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK		1	\$925	\$767
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		7	\$1,708	\$884
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		64	\$3,784	\$3,584
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA		25	\$1,483	\$1,342
045 BUNION PROCEDURES		10	\$3,019	\$3,069
046 LEVEL I ARTHROPLASTY		1	\$3,357	\$3,570
047 LEVEL II ARTHROPLASTY		6	\$12,281	\$8,302
048 HAND AND FOOT TENOTOMY		1	\$2,922	\$2,033
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION		14	\$1,068	\$1,575
04 RESPIRATORY PROCEDURES		6	\$3,446	\$1,587
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION		2	\$3,347	\$6,424
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY		2	\$998	\$932
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY		2	\$5,994	\$2,805
05 CARDIOVASCULAR PROCEDURES		7	\$3,759	\$2,952
083 PLACEMENT OF TRANSVENOUS CATHETERS		2	\$1,536	\$2,725
085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES		5	\$4,648	\$4,648
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		7	\$2,152	\$2,167
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		7	\$2,152	\$2,167
07 GASTROINTESTINAL SYSTEM PROCEDURES		666	\$1,665	\$1,624
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		108	\$867	\$1,524
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		11	\$894	\$1,708
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		296	\$677	\$1,433
137 THERAPEUTIC COLONOSCOPY		6	\$925	\$1,637
139 LEVEL I HERNIA REPAIR		100	\$3,060	\$2,778
140 LEVEL II HERNIA REPAIR		8	\$4,862	\$2,576
141 LEVEL I ANAL AND RECTAL PROCEDURES		1	\$1,112	\$1,200
142 LEVEL II ANAL AND RECTAL PROCEDURES		8	\$1,006	\$2,139
145 LEVEL I LAPAROSCOPY		7	\$3,106	\$2,559

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
	146 LEVEL II LAPAROSCOPY	53	\$2,953	\$3,868
	147 LEVEL III LAPAROSCOPY	68	\$3,933	\$4,985
08	GENITOURINARY SYSTEM PROCEDURES	371	\$2,825	\$5,392
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	113	\$2,217	\$8,211
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	66	\$2,357	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	32	\$2,116	\$2,703
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$601	\$2,513
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	159	\$3,608	\$3,858
09	MALE REPRODUCTIVE SYSTEM	48	\$2,603	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$2,203	\$2,702
	181 CIRCUMCISION	22	\$2,388	\$841
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	13	\$3,479	\$3,870
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$755	\$1,336
10	FEMALE REPRODUCTIVE SYSTEM	28	\$2,979	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$3,040	\$2,073
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$2,104	\$2,354
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$3,827	\$3,063
	199 DILATION AND CURETTAGE	2	\$780	\$1,430
	200 HYSTEROSCOPY	14	\$3,339	\$3,588
11	NEUROLOGIC SYSTEM PROCEDURES	246	\$1,970	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	112	\$578	\$1,028
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	\$1,564	\$1,697
	217 LEVEL I NERVE PROCEDURES	76	\$1,759	\$2,047
	218 LEVEL II NERVE PROCEDURES	15	\$3,111	\$3,720
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$619	\$947
	221 LAMINOTOMY AND LAMINECTOMY	14	\$4,560	\$4,528
	223 LEVEL III NERVE PROCEDURES	21	\$7,948	\$8,988
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,210	\$1,411	\$2,693
	233 CATARACT PROCEDURES	1,129	\$1,373	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	\$541	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,091	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	4	\$852	\$5,538
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	4	\$1,382	\$919
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	29	\$2,081	\$4,984
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	7	\$2,460	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	10	\$1,915	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$2,367	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	321	\$1,959	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	96	\$2,275	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	26	\$1,114	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	10	\$3,891	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	\$2,535	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	185	\$1,796	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,390	50.2	57,975	53.8
Male	2,374	49.8	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	1	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	45	0.9	484	0.4
1-4 years	216	4.5	4,140	3.8
5-9	160	3.4	1,984	1.8
10-14	91	1.9	1,265	1.2
15-17	66	1.4	1,438	1.3
18-19	38	0.8	1,227	1.1
20-24	78	1.6	3,521	3.3
25-29	99	2.1	3,518	3.3
30-34	110	2.3	4,267	4.0
35-39	100	2.1	4,129	3.8
40-44	123	2.6	4,550	4.2
45-49	114	2.4	5,153	4.8
50-54	208	4.4	10,400	9.6
55-59	268	5.6	9,721	9.0
60-64	367	7.7	10,136	9.4
65-69	827	17.4	12,919	12.0
70-74	782	16.4	11,130	10.3
75-79	605	12.7	8,962	8.3
80-84	314	6.6	5,602	5.2
85-89	127	2.7	2,430	2.3
90 +	27	0.6	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,765	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,765	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	2,365	49.6	38,303	35.5
Medicaid	551	11.6	7,194	6.7
Other government	70	1.5	4,240	3.9
Blue Cross/Blue Shield	704	14.8	20,312	18.8
Other Commercial	276	5.8	6,440	6.0
Managed Care(HMO, PPO)	467	9.8	26,409	24.5
Self Pay	1	0.0	1,516	1.4
Industrial & Worker Comp	80	1.7	1,492	1.4
Charity and Unclassified	4	0.1	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	247	5.2	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	10	0.2	4,406	4.1
Central Utah	33	0.7	1,493	1.4
Davis County	2	0.0	14,332	13.3
Salt Lake County	20	0.4	35,980	33.4
Southeastern Utah	7	0.1	916	0.8
Southwest Utah	3,716	78.0	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	0	0.0	1,964	1.8
Tri-County	5	0.1	544	0.5
Utah County	11	0.2	15,172	14.1
Wasatch County	2	0.0	458	0.4
Weber County	9	0.2	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	950	19.9	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

415 Davis Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,758	100.0	66,883	100.0
Mastectomy (85.0-85.99)	22	1.3	712	1.1
Musculoskeletal (76.0-84.99)	422	24.0	17,765	26.6
Respiratory (30.0-34.99)	2	0.1	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	6	0.3	170	0.3
Digestive System (42.0-54.99)	242	13.8	17,755	26.5
Urinary (55.0-59.99)	7	0.4	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	156	8.9	691	1.0
Endocrine/Nervous (01.0-07.99)	87	4.9	4,434	6.6
Eye (08.0-16.99)	114	6.5	10,656	15.9
Ear (18.0-20.99)	195	11.1	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	505	28.7	9,638	14.4
Reporting Category(CPT-4 CODES)	3,108	100.0	145,194	100.0
Mastectomy (19120-19220)	17	0.5	317	0.2
Musculoskeletal (20000-29909)	812	26.1	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	497	16.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	6	0.2	227	0.2
Digestive (40490-49999)	654	21.0	61,390	42.3
Urinary (50010-53899)	1	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	214	6.9	2,057	1.4
Endocrine/Nervous (60000-64999)	110	3.5	6,493	4.5
Eye (65091-68899)	567	18.2	32,627	22.5
Ear (69000-69979)	230	7.4	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		1,758	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	154	8.8	4.10
2169	OTH TURBINECTOMY	87	4.9	1.96
2263	ETHMOIDECTOMY	84	4.8	1.45
2262	EXC LES MAXIL SINUS W/OTH APPRCH	81	4.6	1.07
4523	COLONOSCOPY	72	4.1	5.06
1341	PHACOEMULSIFICATION-ASPIR CATARACT	58	3.3	3.94
283	TONSILLECTOMY W/ADENOIDECTOMY	58	3.3	2.59
806	EXC SEMILUNAR CARTILAGE-KNEE	51	2.9	3.24
0443	RELEASE CARPAL TUNNEL	46	2.6	2.18
2188	OTH SEPTOPLASTY	46	2.6	1.07
4525	CLO [ENDO] BX LG INTESTINE	43	2.4	7.38
6525	OTH LAP LOC EXC/DESTRUC OVARY	40	2.3	0.10
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	39	2.2	4.99
282	TONSILLECTOMY WO ADENOIDECTOMY	37	2.1	0.91
6909	OTH D&C UTERUS	33	1.9	0.15
8183	OTH REPR SHLDR	31	1.8	2.07
2252	SPHENOIDOTOMY	30	1.7	0.12
5123	LAP CHOLEY	24	1.4	1.06
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	22	1.3	0.26
1364	DISCISSION SECNDRY MEMBRN	22	1.3	0.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,108	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	348	11.2	10.43
69436	TYMPANOSTOMY GENERAL ANESTHESIA	172	5.5	2.36
66821	DISCISSION 2ND CATARACT; LASER S	144	4.6	1.50
45378	COLONOSCOPY FLEX; DX-SEP PROC	117	3.8	7.44
30140	SUBMUCOS RES TURBINATE PART/CMPL	113	3.6	1.47
31267	NASL/SINUS ENDO; W/TISS REMV MAX	113	3.6	0.60
45380	COLONOSCOPY FLEX; W/BX 1/MX	97	3.1	10.28
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	91	2.9	0.56
43239	UGI ENDO; W/BX 1/MX	87	2.8	8.45
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	75	2.4	0.13
29881	SCOPE KNEE SURG;W/MENISCECT MED/	72	2.3	1.62
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	68	2.2	0.92
29826	SCOPE SHOULDER; DECOMP SUBACROM	64	2.1	1.26
42820	T&A; UNDER AGE 12	59	1.9	1.05
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	57	1.8	0.91
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	47	1.5	0.49
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	45	1.4	0.10
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	45	1.4	0.26
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	40	1.3	0.56
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	39	1.3	0.11

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		689	\$2,212	\$2,406
4523	COLONOSCOPY	60	\$1,300	\$1,118
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	58	\$2,981	\$3,762
283	TONSILLECTOMY W/ADENOIDECTOMY	48	\$2,196	\$1,973
806	EXC SEMILUNAR CARTILAGE-KNEE	37	\$3,584	\$3,950
4525	CLO [ENDO] BX LG INTESTINE	32	\$1,300	\$996
282	TONSILLECTOMY WO ADENOIDECTOMY	29	\$2,060	\$2,022
0443	RELEASE CARPAL TUNNEL	24	\$2,754	\$2,438
5123	LAP CHOLEY	23	\$5,422	\$4,942
6525	OTH LAP LOC EXC/DESTRUC OVARY	22	\$2,360	\$2,997
1364	DISCISSION SECNDRY MEMBRN	18	\$1,136	\$1,757
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	16	\$1,635	\$1,125
8521	LOC EXC LES BREAST	13	\$1,760	\$1,208
6902	D&C FOLLOWING DELIV/AB	12	\$2,360	\$1,516
8221	EXC LES TENDON SHEATH HAND	12	\$1,676	\$2,379
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	10	\$1,433	\$1,960
6909	OTH D&C UTERUS	10	\$1,655	\$1,781
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	10	\$2,734	\$6,708
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	9	\$1,980	\$2,971
194	MYRINGOPLASTY	8	\$1,693	\$2,703
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	8	\$2,433	\$3,084

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,528	\$2,295	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	347	\$2,984	\$2,883
66821	DISCISSION 2ND CATARACT; LASER S	132	\$1,136	\$846
45378	COLONOSCOPY FLEX; DX-SEP PROC	99	\$1,300	\$1,470
45380	COLONOSCOPY FLEX; W/BX 1/MX	75	\$1,300	\$1,400
29881	SCOPE KNEE SURG;W/MENISSECT MED/	50	\$3,584	\$3,374
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	44	\$2,414	\$3,250
42820	T&A; UNDER AGE 12	43	\$2,072	\$1,866
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	40	\$2,072	\$1,855
43239	UGI ENDO; W/BX 1/MX	40	\$1,635	\$1,561
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	27	\$1,524	\$1,814
47562	LAPAROSCOPY SURGICAL; CHOLECT	22	\$5,422	\$3,713
66982	EXTRACAP CATARACT REMV W/IOL-CMP	19	\$2,981	\$3,913
29880	SCOPE KNEE SURG;W/MENISSECT MED&	18	\$3,584	\$3,689
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	18	\$1,300	\$1,529
29848	ENDO WRST SURG REL TRNS CARP LIG	17	\$3,887	\$3,302
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	17	\$5,422	\$5,151
42821	T&A; AGE 12 OR OVER	16	\$2,360	\$1,860
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	16	\$1,470	\$2,274
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	14	\$1,676	\$2,617
21335	OPEN TX NASAL FX; W/OPEN TX SEPT	12	\$3,415	\$2,564

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	47	2,689
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	17
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	37	1,199
02	BREAST PROCEDURES	17	298
	020 LEVEL I BREAST PROCEDURES	17	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	736	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	820
	033 LEVEL I HAND PROCEDURES	60	1,522
	034 LEVEL II HAND PROCEDURES	15	458
	035 LEVEL I FOOT PROCEDURES	71	2,203
	036 LEVEL II FOOT PROCEDURES	25	469
	037 LEVEL I ARTHROSCOPY	295	9,736
	038 LEVEL II ARTHROSCOPY	61	2,231
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	50	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	232
	045 BUNION PROCEDURES	43	709
	046 LEVEL I ARTHROPLASTY	10	267
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	659
04	RESPIRATORY PROCEDURES	304	3,684
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	296	2,824
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	594	54,549
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	93
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	199
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	97	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	26	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	214	26,164
	137 THERAPEUTIC COLONOSCOPY	33	5,136
	139 LEVEL I HERNIA REPAIR	24	1,110
	140 LEVEL II HERNIA REPAIR	8	194
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	154
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	293
	145 LEVEL I LAPAROSCOPY	17	152
	146 LEVEL II LAPAROSCOPY	66	706
	147 LEVEL III LAPAROSCOPY	93	792
08	GENITOURINARY SYSTEM PROCEDURES	1	2,553
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	12
10	FEMALE REPRODUCTIVE SYSTEM	95	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	21	147

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	96
	199 DILATION AND CURETTAGE	1	33
	200 HYSTEROSCOPY	61	313
	201 COLPOSCOPY	5	386
11	NEUROLOGIC SYSTEM PROCEDURES	118	6,482
	217 LEVEL I NERVE PROCEDURES	117	2,040
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	3,108
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	566	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	6	279
	232 LASER EYE PROCEDURES	145	3,122
	233 CATARACT PROCEDURES	372	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	813
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	14	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	617	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	308	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	34	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	102	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	19	681
	256 TONSIL AND ADENOID PROCEDURES	154	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGE	AVE TOT CHRGE(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	32	\$1,676	\$1,556
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,676	\$2,225
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$1,697	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	26	\$1,672	\$2,120
02	BREAST PROCEDURES	16	\$1,745	\$1,487
	020 LEVEL I BREAST PROCEDURES	16	\$1,745	\$1,493
03	MUSCULOSKELETAL SYSTEM PROCEDURES	290	\$2,566	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$1,525	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$1,909	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$2,856	\$4,447
	033 LEVEL I HAND PROCEDURES	37	\$1,702	\$2,335
	034 LEVEL II HAND PROCEDURES	9	\$2,072	\$3,143
	035 LEVEL I FOOT PROCEDURES	26	\$1,749	\$2,676
	036 LEVEL II FOOT PROCEDURES	15	\$1,782	\$3,717
	037 LEVEL I ARTHROSCOPY	108	\$3,573	\$3,659
	038 LEVEL II ARTHROSCOPY	9	\$3,699	\$6,554
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$1,531	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	27	\$2,069	\$3,584
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$1,738	\$1,342
	045 BUNION PROCEDURES	21	\$2,055	\$3,069
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$750	\$1,575
04	RESPIRATORY PROCEDURES	6	\$1,642	\$1,587
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$1,635	\$932
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,676	\$2,805
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$1,470	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$1,470	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	392	\$2,056	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,096	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,096	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	45	\$1,598	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$1,300	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	174	\$1,300	\$1,433
	137 THERAPEUTIC COLONOSCOPY	18	\$1,300	\$1,637
	139 LEVEL I HERNIA REPAIR	17	\$2,765	\$2,778
	140 LEVEL II HERNIA REPAIR	5	\$3,260	\$2,576
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	\$1,531	\$1,200
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$1,676	\$2,139
	145 LEVEL I LAPAROSCOPY	8	\$2,811	\$2,559
	146 LEVEL II LAPAROSCOPY	47	\$3,721	\$3,868
	147 LEVEL III LAPAROSCOPY	61	\$3,252	\$4,985
10	FEMALE REPRODUCTIVE SYSTEM	43	\$2,312	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	\$1,486	\$2,073
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$3,279	\$3,063
	199 DILATION AND CURETTAGE	1	\$1,470	\$1,430
	200 HYSTEROSCOPY	22	\$2,685	\$3,588

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
11	201 COLPOSCOPY	2	\$1,573	\$764
	NEUROLOGIC SYSTEM PROCEDURES	48	\$1,605	\$1,789
	217 LEVEL I NERVE PROCEDURES	48	\$1,605	\$2,047
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	521	\$2,474	\$2,693
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	\$1,096	\$466
	232 LASER EYE PROCEDURES	133	\$1,140	\$863
	233 CATARACT PROCEDURES	368	\$2,981	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,470	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,915	\$2,826
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$2,072	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$2,414	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$3,102	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	174	\$2,243	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	20	\$2,330	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	\$1,728	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	26	\$2,764	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	8	\$3,046	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	107	\$2,102	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,249	58.1	57,975	53.8
Male	899	41.8	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	2	0.1	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	19	0.9	484	0.4
1-4 years	107	5.0	4,140	3.8
5-9	56	2.6	1,984	1.8
10-14	44	2.0	1,265	1.2
15-17	51	2.4	1,438	1.3
18-19	47	2.2	1,227	1.1
20-24	103	4.8	3,521	3.3
25-29	103	4.8	3,518	3.3
30-34	114	5.3	4,267	4.0
35-39	100	4.7	4,129	3.8
40-44	113	5.3	4,550	4.2
45-49	115	5.3	5,153	4.8
50-54	174	8.1	10,400	9.6
55-59	175	8.1	9,721	9.0
60-64	164	7.6	10,136	9.4
65-69	181	8.4	12,919	12.0
70-74	166	7.7	11,130	10.3
75-79	167	7.8	8,962	8.3
80-84	84	3.9	5,602	5.2
85-89	48	2.2	2,430	2.3
90 +	19	0.9	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,150	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,146	99.8	101,949	94.6
Another Hospital	3	0.1	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	1	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	647	30.1	38,303	35.5
Medicaid	142	6.6	7,194	6.7
Other government	222	10.3	4,240	3.9
Blue Cross/Blue Shield	448	20.8	20,312	18.8
Other Commercial	103	4.8	6,440	6.0
Managed Care(HMO, PPO)	554	25.8	26,409	24.5
Self Pay	20	0.9	1,516	1.4
Industrial & Worker Comp	14	0.7	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	15	0.7	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	1,660	77.2	14,332	13.3
Salt Lake County	20	0.9	35,980	33.4
Southeastern Utah	3	0.1	916	0.8
Southwest Utah	2	0.1	11,305	10.5
Summit County	3	0.1	1,595	1.5
Tooele County	1	0.0	1,964	1.8
Tri-County	2	0.1	544	0.5
Utah County	5	0.2	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	406	18.9	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	31	1.4	6,277	5.8
Unknown, Not Reported	2	0.1	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

429 Granite Peaks Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	2,488	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	0	0.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	2,488	100.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	2,488	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	685	27.5	8.45
45380	COLONOSCOPY FLEX; W/BX 1/MX	547	22.0	7.44
45383	COLONOSCOPY FLEX; W/ABLAT LES	382	15.4	10.28
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	346	13.9	0.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	108	4.3	0.53
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	90	3.6	2.79
G0105	COLOREC CANCR SCR; COLNSCPY HI R	78	3.1	0.19
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	70	2.8	0.09
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	64	2.6	1.18
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	51	2.0	1.56
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	34	1.4	1.60
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	6	0.2	0.32
43255	UGI ENDO; W/CONTRL BLEED ANY MET	4	0.2	0.10
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	4	0.2	0.03
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	4	0.2	0.06
44393	COLONOSCOPY-STOMA; W/ABLAT TUMOR	3	0.1	0.11
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	0.1	0.00
45386	COLNSCP PROX SPLENC FLXR; DILAT	2	0.1	0.02
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	2	0.1	0.01
		1	0.0	0.01

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

429 Granite Peaks Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	2,488	\$1,470	\$2,230
45378	COLONOSCOPY FLEX; DX-SEP PROC	685	\$1,201	\$1,561
45380	COLONOSCOPY FLEX; W/BX 1/MX	547	\$1,700	\$1,470
45383	COLONOSCOPY FLEX; W/ABLAT LES	382	\$1,704	\$1,400
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	346	\$1,705	\$1,727
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	108	\$620	\$1,047
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	90	\$1,700	\$1,529
G0105	COLOREC CANCR SCR; COLNSCPY HI R	78	\$1,700	\$1,446
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	70	\$1,700	\$1,372
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	64	\$1,201	\$1,217
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	51	\$716	\$1,361
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	34	\$1,201	\$1,837
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	6	\$1,700	\$1,350
43255	UGI ENDO; W/CONTRL BLEED ANY MET	4	\$1,200	\$1,108
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	4	\$1,201	\$1,265
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	4	\$299	\$1,008
44393	COLONOSCOPY-STOMA; W/ABLAT TUMOR	3	\$716	\$969
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	\$716	\$716
45386	COLNSCP PROX SPLENC FLXR; DILAT	2	\$1,700	\$1,919
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	2	\$1,700	\$2,226
		1	\$959	\$1,103

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

429 Granite Peaks Endoscopy Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		108	2,689
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		108	1,069
07 GASTROINTESTINAL SYSTEM PROCEDURES		2,380	54,549
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		64	1,717
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		4	93
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		3	199
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		736	14,551
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		46	3,225
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		1,078	26,164
137 THERAPEUTIC COLONOSCOPY		449	5,136

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	108	\$620	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	108	\$620	\$1,192
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,380	\$1,509	\$1,624
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	64	\$1,201	\$1,217
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$299	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$716	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	736	\$1,167	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	46	\$1,196	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,078	\$1,701	\$1,433
	137 THERAPEUTIC COLONOSCOPY	449	\$1,699	\$1,637

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

429 Granite Peaks Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,404	56.4	57,975	53.8
Male	1,084	43.6	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	0	0.0	1,265	1.2
15-17	7	0.3	1,438	1.3
18-19	17	0.7	1,227	1.1
20-24	76	3.1	3,521	3.3
25-29	75	3.0	3,518	3.3
30-34	90	3.6	4,267	4.0
35-39	96	3.9	4,129	3.8
40-44	119	4.8	4,550	4.2
45-49	128	5.1	5,153	4.8
50-54	364	14.6	10,400	9.6
55-59	262	10.5	9,721	9.0
60-64	274	11.0	10,136	9.4
65-69	411	16.5	12,919	12.0
70-74	297	11.9	11,130	10.3
75-79	188	7.6	8,962	8.3
80-84	66	2.7	5,602	5.2
85-89	16	0.6	2,430	2.3
90 +	2	0.1	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,488	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

429 Granite Peaks Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,488	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	998	40.1	38,303	35.5
Medicaid	2	0.1	7,194	6.7
Other government	157	6.3	4,240	3.9
Blue Cross/Blue Shield	1,305	52.5	20,312	18.8
Other Commercial	9	0.4	6,440	6.0
Managed Care(HMO, PPO)	11	0.4	26,409	24.5
Self Pay	3	0.1	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	3	0.1	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	4,406	4.1
Central Utah	9	0.4	1,493	1.4
Davis County	37	1.5	14,332	13.3
Salt Lake County	2,174	87.4	35,980	33.4
Southeastern Utah	9	0.4	916	0.8
Southwest Utah	7	0.3	11,305	10.5
Summit County	36	1.4	1,595	1.5
Tooele County	29	1.2	1,964	1.8
Tri-County	11	0.4	544	0.5
Utah County	136	5.5	15,172	14.1
Wasatch County	2	0.1	458	0.4
Weber County	1	0.0	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	36	1.4	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

403 Intermountain Avenues Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,582	100.0	66,883	100.0
Mastectomy (85.0-85.99)	86	2.4	712	1.1
Musculoskeletal (76.0-84.99)	775	21.6	17,765	26.6
Respiratory (30.0-34.99)	11	0.3	119	0.2
Cardiovascular (35.0-39.99)	1	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	3	0.1	170	0.3
Digestive System (42.0-54.99)	21	0.6	17,755	26.5
Urinary (55.0-59.99)	29	0.8	1,199	1.8
Male Genital (60.0-64.99)	9	0.3	324	0.5
Female Genital (65.0-71.99)	5	0.1	691	1.0
Endocrine/Nervous (01.0-07.99)	130	3.6	4,434	6.6
Eye (08.0-16.99)	706	19.7	10,656	15.9
Ear (18.0-20.99)	203	5.7	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	1,603	44.8	9,638	14.4
Reporting Category(CPT-4 CODES)	2,921	100.0	145,194	100.0
Mastectomy (19120-19220)	4	0.1	317	0.2
Musculoskeletal (20000-29909)	812	27.8	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	1,316	45.1	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	2	0.1	222	0.2
Lymphatic/Hemetic (38100-38999)	3	0.1	227	0.2
Digestive (40490-49999)	221	7.6	61,390	42.3
Urinary (50010-53899)	28	1.0	2,447	1.7
Male Genital (54000-55899)	5	0.2	874	0.6
Female Genital (56405-58999)	5	0.2	2,057	1.4
Endocrine/Nervous (60000-64999)	77	2.6	6,493	4.5
Eye (65091-68899)	330	11.3	32,627	22.5
Ear (69000-69979)	118	4.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		3,582	100.0	100.0
2263	ETHMOIDECTOMY	420	11.7	1.45
2262	EXC LES MAXIL SINUS W/OTH APPRCH	336	9.4	1.07
2188	OTH SEPTOPLASTY	208	5.8	1.07
1341	PHACOEMULSIFICATION-ASPIR CATARACT	154	4.3	3.94
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	154	4.3	7.16
2001	MYRINGOTOMY W/INSRT TUBE	146	4.1	4.10
2131	LOC EXC/DESTRUC INTRANASAL LES	117	3.3	0.24
283	TONSILLECTOMY W/ADENOIDECTOMY	113	3.2	2.59
2242	FRONTAL SINUSECTOMY	111	3.1	0.19
0887	UPPER EYELID RHYTIDECTOMY	106	3.0	0.56
2169	OTH TURBINECTOMY	94	2.6	1.96
806	EXC SEMILUNAR CARTILAGE-KNEE	83	2.3	3.24
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	76	2.1	0.54
0443	RELEASE CARPAL TUNNEL	74	2.1	2.18
8147	OTH REPR KNEE	38	1.1	0.61
286	ADENOIDECTOMY WO TONSILLECTOMY	36	1.0	0.49
0886	LOWER EYELID RHYTIDECTOMY	35	1.0	0.13
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	31	0.9	0.41
7756	REPR HAMMER TOE	29	0.8	0.67
222	INTRANASAL ANTROTOMY	27	0.8	0.39

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		2,921	100.0	100.0
30140	SUBMUCOS RES TURBINATE PART/CMPL	292	10.0	1.47
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	212	7.3	0.92
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	198	6.8	0.56
31267	NASL/SINUS ENDO; W/TISS REMV MAX	194	6.6	0.60
66984	EXTRACAPSULAR CATARACT REMV IOL	153	5.2	10.43
30115	EXCISION NASAL POLYP EXTENSIVE	138	4.7	0.11
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	83	2.8	0.26
29881	SCOPE KNEE SURG;W/MENISCECT MED/	79	2.7	1.62
69436	TYMPANOSTOMY GENERAL ANESTHESIA	77	2.6	2.36
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	63	2.2	0.11
42820	T&A; UNDER AGE 12	63	2.2	1.05
42821	T&A; AGE 12 OR OVER	49	1.7	0.48
31240	NASL/SINUS ENDO; CONCHA BULLOSA	48	1.6	0.10
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	45	1.5	0.66
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	39	1.3	0.91
28285	CORRECTION HAMMERTOES	30	1.0	0.44
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	24	0.8	0.44
20600	ARTHROCEN ASPIR &/INJ; SM JNT/BU	22	0.8	0.15
29848	ENDO WRST SURG REL TRNS CARP LIG	22	0.8	0.45
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	22	0.8	0.49

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

403 Intermountain Avenues Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		547	\$2,314	\$2,406
283	TONSILLECTOMY W/ADENOIDECTOMY	78	\$1,006	\$1,973
806	EXC SEMILUNAR CARTILAGE-KNEE	54	\$2,423	\$3,950
8147	OTH REPR KNEE	26	\$4,873	\$4,803
0443	RELEASE CARPAL TUNNEL	23	\$1,630	\$2,438
8221	EXC LES TENDON SHEATH HAND	16	\$1,469	\$2,379
282	TONSILLECTOMY WO ADENOIDECTOMY	14	\$878	\$2,022
8554	BILAT BREAST IMPLNT	13	\$932	\$1,122
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	9	\$1,394	\$2,699
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	9	\$2,070	\$2,971
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	9	\$7,641	\$5,480
1952	TYPE II TYMPANOPLASTY	8	\$2,622	\$3,438
8076	SYNOVECT-KNEE	8	\$2,411	\$4,262
8183	OTH REPR SHLDR	8	\$4,808	\$7,006
8532	BILAT REDUC MAMMO	8	\$2,445	\$5,997
5749	OTH TRANSURETH EXC/DEST LES BLADDER	7	\$1,786	\$2,609
7914	CLO REDUC W/INT FIX-PHALANGES HAND	7	\$2,864	\$2,907
7933	OP REDUC W/INT FIX-CARP-METACARP	7	\$6,969	\$3,589
2171	CLO REDUC NASAL FX	6	\$1,587	\$2,138
7939	OP REDUC FX W/INT FIX-OTH BONE	6	\$3,013	\$5,625
8339	EXC LES OTH SOFT TISS	6	\$1,414	\$2,378

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		786	\$2,188	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	153	\$2,305	\$2,883
29881	SCOPE KNEE SURG;W/MENISCECT MED/	58	\$2,463	\$3,374
42820	T&A; UNDER AGE 12	45	\$947	\$1,866
69436	TYMPANOSTOMY GENERAL ANESTHESIA	38	\$1,320	\$1,769
42821	T&A; AGE 12 OR OVER	32	\$1,108	\$1,860
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	29	\$2,256	\$3,696
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	20	\$1,221	\$1,814
25111	EXCISION OF GANGLION WRIST; PRIM	13	\$1,489	\$2,172
29880	SCOPE KNEE SURG;W/MENISCECT MED&	13	\$2,394	\$3,689
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	12	\$2,620	\$3,940
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	12	\$2,408	\$3,987
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	12	\$883	\$1,855
20680	REMOVAL OF IMPLANT; DEEP	10	\$1,325	\$2,463
29848	ENDO WRST SURG REL TRNS CARP LIG	10	\$3,614	\$3,302
28299	CORR HALLUX VALGUS; DBL OSTEOT	9	\$2,142	\$3,017
26727	PERQ FIX PHALANGEAL FX W/MANIP E	7	\$2,864	\$2,800
28080	EXC INTERDIGTL NEUROMA SINGLE EA	7	\$1,300	\$2,537
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	7	\$1,353	\$2,274
69631	TYMP NO MASTOIDE; NO OSSICUL CH	7	\$2,199	\$3,258
25628	OPEN TX CARPAL SCAPHOID FX W/O	6	\$7,654	\$3,835

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	44	2,689
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	58
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	1,199
	013 LEVEL II SKIN REPAIR	5	127
	014 LEVEL III SKIN REPAIR	6	105
02	BREAST PROCEDURES	4	298
	020 LEVEL I BREAST PROCEDURES	4	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	750	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	820
	033 LEVEL I HAND PROCEDURES	48	1,522
	034 LEVEL II HAND PROCEDURES	24	458
	035 LEVEL I FOOT PROCEDURES	108	2,203
	036 LEVEL II FOOT PROCEDURES	15	469
	037 LEVEL I ARTHROSCOPY	222	9,736
	038 LEVEL II ARTHROSCOPY	46	2,231
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	12	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	232
	045 BUNION PROCEDURES	41	709
	046 LEVEL I ARTHROPLASTY	19	267
	048 HAND AND FOOT TENOTOMY	2	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	33	659
04	RESPIRATORY PROCEDURES	642	3,684
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	66	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	574	2,824
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	8
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	21	54,549
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	14,551
	139 LEVEL I HERNIA REPAIR	4	1,110
	140 LEVEL II HERNIA REPAIR	2	194
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	154
	142 LEVEL II ANAL AND RECTAL PROCEDURES	9	293
	145 LEVEL I LAPAROSCOPY	1	152
	146 LEVEL II LAPAROSCOPY	2	706
08	GENITOURINARY SYSTEM PROCEDURES	26	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	10	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	14	553
09	MALE REPRODUCTIVE SYSTEM	7	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	307

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Avenues Surgical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	181 CIRCUMCISION	1	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	47
10	FEMALE REPRODUCTIVE SYSTEM	5	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	96
	200 HYSTEROSCOPY	2	313
11	NEUROLOGIC SYSTEM PROCEDURES	77	6,482
	217 LEVEL I NERVE PROCEDURES	75	2,040
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	3,108
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	330	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	279
	233 CATARACT PROCEDURES	155	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	10	758
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	37	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	123	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,007	15,426
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	2
	252 LEVEL I FACIAL AND ENT PROCEDURES	529	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	32	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	242	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	24	681
	256 TONSIL AND ADENOID PROCEDURES	179	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Avenues Surgical Center

Procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		17	\$1,454	\$1,556
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		4	\$1,182	\$1,192
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		13	\$1,537	\$2,120
03 MUSCULOSKELETAL SYSTEM PROCEDURES		299	\$2,790	\$3,455
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		9	\$1,811	\$1,985
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		14	\$2,574	\$3,187
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT		7	\$3,123	\$4,447
033 LEVEL I HAND PROCEDURES		27	\$1,379	\$2,335
034 LEVEL II HAND PROCEDURES		5	\$2,033	\$3,143
035 LEVEL I FOOT PROCEDURES		34	\$1,722	\$2,676
036 LEVEL II FOOT PROCEDURES		1	\$7,608	\$3,717
037 LEVEL I ARTHROSCOPY		123	\$2,596	\$3,659
038 LEVEL II ARTHROSCOPY		13	\$6,424	\$6,554
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK		3	\$1,541	\$767
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		2	\$1,935	\$884
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		41	\$4,664	\$3,584
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA		2	\$1,197	\$1,342
045 BUNION PROCEDURES		17	\$2,294	\$3,069
046 LEVEL I ARTHROPLASTY		1	\$2,695	\$3,570
04 RESPIRATORY PROCEDURES		6	\$1,647	\$1,587
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY		2	\$1,647	\$932
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY		4	\$1,647	\$2,805
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		3	\$1,956	\$2,167
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		3	\$1,956	\$2,167
07 GASTROINTESTINAL SYSTEM PROCEDURES		16	\$2,444	\$1,624
139 LEVEL I HERNIA REPAIR		3	\$2,137	\$2,778
141 LEVEL I ANAL AND RECTAL PROCEDURES		1	\$1,385	\$1,200
142 LEVEL II ANAL AND RECTAL PROCEDURES		9	\$1,807	\$2,139
145 LEVEL I LAPAROSCOPY		1	\$2,667	\$2,559
146 LEVEL II LAPAROSCOPY		2	\$6,191	\$3,868
08 GENITOURINARY SYSTEM PROCEDURES		15	\$1,743	\$5,392
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		5	\$1,563	\$2,109
164 LEVEL II BLADDER AND KIDNEY PROCEDURES		10	\$1,833	\$2,703
09 MALE REPRODUCTIVE SYSTEM		4	\$1,777	\$1,734
180 TESTICULAR AND EPIDIDYMAL PROCEDURES		3	\$1,488	\$2,702
184 LEVEL II PENILE AND PROSTATE PROCEDURES		1	\$2,646	\$3,870
10 FEMALE REPRODUCTIVE SYSTEM		4	\$1,697	\$1,990
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES		1	\$2,025	\$2,354
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES		1	\$3,044	\$3,063
200 HYSTEROSCOPY		2	\$859	\$3,588
11 NEUROLOGIC SYSTEM PROCEDURES		28	\$1,282	\$1,789
217 LEVEL I NERVE PROCEDURES		28	\$1,282	\$2,047
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		222	\$2,282	\$2,693
233 CATARACT PROCEDURES		155	\$2,293	\$2,964
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES		2	\$1,165	\$1,838

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Avenues Surgical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,959	\$2,826
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,755	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	51	\$2,417	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	172	\$1,300	\$2,106
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$500	\$2,370
	252 LEVEL I FACIAL AND ENT PROCEDURES	52	\$1,358	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$2,414	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	11	\$1,949	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	10	\$2,640	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	93	\$996	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

403 Intermountain Avenues Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	784	53.6	57,975	53.8
Male	680	46.4	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	12	0.8	484	0.4
1-4 years	72	4.9	4,140	3.8
5-9	55	3.8	1,984	1.8
10-14	49	3.3	1,265	1.2
15-17	43	2.9	1,438	1.3
18-19	42	2.9	1,227	1.1
20-24	80	5.5	3,521	3.3
25-29	67	4.6	3,518	3.3
30-34	112	7.7	4,267	4.0
35-39	108	7.4	4,129	3.8
40-44	71	4.8	4,550	4.2
45-49	91	6.2	5,153	4.8
50-54	118	8.1	10,400	9.6
55-59	152	10.4	9,721	9.0
60-64	122	8.3	10,136	9.4
65-69	93	6.4	12,919	12.0
70-74	71	4.8	11,130	10.3
75-79	52	3.6	8,962	8.3
80-84	32	2.2	5,602	5.2
85-89	14	1.0	2,430	2.3
90 +	8	0.5	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	131	8.9	75,037	69.6
Clinic Referral	1,333	91.1	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

403 Intermountain Avenues Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,463	99.9	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.1	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	250	17.1	38,303	35.5
Medicaid	85	5.8	7,194	6.7
Other government	18	1.2	4,240	3.9
Blue Cross/Blue Shield	107	7.3	20,312	18.8
Other Commercial	144	9.8	6,440	6.0
Managed Care(HMO, PPO)	797	54.4	26,409	24.5
Self Pay	17	1.2	1,516	1.4
Industrial & Worker Comp	27	1.8	1,492	1.4
Charity and Unclassified	9	0.6	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	10	0.7	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	9	0.6	4,406	4.1
Central Utah	5	0.3	1,493	1.4
Davis County	292	19.9	14,332	13.3
Salt Lake County	945	64.5	35,980	33.4
Southeastern Utah	6	0.4	916	0.8
Southwest Utah	4	0.3	11,305	10.5
Summit County	28	1.9	1,595	1.5
Tooele County	35	2.4	1,964	1.8
Tri-County	5	0.3	544	0.5
Utah County	42	2.9	15,172	14.1
Wasatch County	7	0.5	458	0.4
Weber County	25	1.7	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	59	4.0	6,277	5.8
Unknown, Not Reported	2	0.1	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

426 Lakeview Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,987	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	0	0.0	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	170	0.3
Digestive System (42.0-54.99)	3,987	100.0	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	0	0.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	0	0.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	9,638	14.4
Reporting Category(CPT-4 CODES)	4,130	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	0	0.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	4,130	100.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

426 Lakeview Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		3,987	100.0	100.0
4525	CLO [ENDO] BX LG INTESTINE	1,412	35.4	7.38
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,025	25.7	4.99
4523	COLONOSCOPY	626	15.7	5.06
4542	ENDO POLYPECTOMY LG INTESTINE	451	11.3	1.90
4292	DILAT ESOPH	338	8.5	1.07
4513	OTH ENDO SM INTESTINE	82	2.1	1.38
4543	ENDO DEST OTH LES/TISS LG INTEST	26	0.7	0.05
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	10	0.3	0.03
4422	ENDO DILAT PYLORUS	4	0.1	0.02
4524	FLEX SIGMOIDOSCOPY	4	0.1	0.02
4699	OTH OPER INTESTINE	3	0.1	0.01
4945	LIG HEMORRHOIDS	2	0.1	0.06
4223	OTH ESOPHAGOSCOPY	1	0.0	0.02
4514	CLO [ENDO] BX SM INTESTINE	1	0.0	0.01
4522	ENDO LG INTEST THRU ARTIFICL STOMA	1	0.0	0.01
4891	INCIS RECTAL STRICTURE	1	0.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		4,130	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,405	34.0	10.28
43239	UGI ENDO; W/BX 1/MX	1,025	24.8	8.45
45378	COLONOSCOPY FLEX; DX-SEP PROC	626	15.2	7.44
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	451	10.9	2.79
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	217	5.3	1.60
43248	UGI ENDO; W/INSRT GUIDE WIRE	121	2.9	0.25
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	121	2.9	0.32
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	82	2.0	1.56
45383	COLONOSCOPY FLEX; W/ABLAT LES	16	0.4	0.28
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	10	0.2	0.06
45384	COLONOSCOPY FLEX; REMV LES-FORCE	10	0.2	0.10
43244	UGI ENDO; W/BAND LIG VARICES	8	0.2	0.07
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	7	0.2	0.11
43247	UGI ENDO; W/REMOVAL FB	6	0.1	0.04
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	4	0.1	0.10
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	4	0.1	0.06
44799	UNLISTED PROCEDURE INTESTINE	3	0.1	0.01
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	2	0.0	0.00
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	2	0.0	0.01
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	2	0.0	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, 2012
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		2,299	\$853	\$2,406
4525	CLO [ENDO] BX LG INTESTINE	933	\$808	\$996
4523	COLONOSCOPY	556	\$1,038	\$1,118
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	505	\$818	\$1,125
4542	ENDO POLYPECTOMY LG INTESTINE	173	\$823	\$1,015
4292	DILAT ESOPH	64	\$575	\$870
4513	OTH ENDO SM INTESTINE	57	\$496	\$1,694
4543	ENDO DEST OTH LES/TISS LG INTEST	6	\$541	\$778
4524	FLEX SIGMOIDOSCOPY	2	\$101	\$690
4422	ENDO DILAT PYLORUS	1	\$4,430	\$1,996
4514	CLO [ENDO] BX SM INTESTINE	1	\$1,677	\$1,199
4522	ENDO LG INTEST THRU ARTIFICL STOMA	1	\$542	\$1,063

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,253	\$846	\$2,230
45380	COLONOSCOPY FLEX; W/BX 1/MX	914	\$805	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	556	\$1,038	\$1,470
43239	UGI ENDO; W/BX 1/MX	501	\$814	\$1,561
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	138	\$745	\$1,529
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	57	\$496	\$1,361
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	38	\$593	\$1,837
43248	UGI ENDO; W/INSRT GUIDE WIRE	26	\$549	\$874
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	6	\$677	\$969
43244	UGI ENDO; W/BAND LIG VARICES	5	\$1,536	\$1,491
43247	UGI ENDO; W/REMOVAL FB	2	\$328	\$1,377
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	2	\$101	\$1,008
45383	COLONOSCOPY FLEX; W/ABLAT LES	2	\$364	\$1,727
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	1	\$491	\$491
43258	UGI ENDO; W/ABLAT LES NOT SNARE	1	\$491	\$1,922
44382	ILESCPY THRU STOMA; W/BX SINGLE/	1	\$1,677	\$1,363
44386	ENDO EVAL SM INTST POUCH; W/BX 1	1	\$364	\$616
44388	COLONOSCOPY-STOMA; DX-SEP PROC	1	\$542	\$1,501
45384	COLONOSCOPY FLEX; REMV LES-FORCE	1	\$364	\$2,897

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

426 Lakeview Endoscopy Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		2	2,689
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		2	1,069
07 GASTROINTESTINAL SYSTEM PROCEDURES		4,117	54,549
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		4	93
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		10	199
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,102	14,551
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		370	3,225
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		2,029	26,164
137 THERAPEUTIC COLONOSCOPY		598	5,136
142 LEVEL II ANAL AND RECTAL PROCEDURES		1	293
143 LEVEL I GASTROINTESTINAL PROCEDURES		3	25

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	2,242	\$844	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$101	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$677	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	552	\$772	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	73	\$632	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,468	\$894	\$1,433
	137 THERAPEUTIC COLONOSCOPY	141	\$737	\$1,637

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,641	52.8	57,975	53.8
Male	1,455	46.8	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	12	0.4	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	0	0.0	1,265	1.2
15-17	2	0.1	1,438	1.3
18-19	22	0.7	1,227	1.1
20-24	83	2.7	3,521	3.3
25-29	94	3.0	3,518	3.3
30-34	102	3.3	4,267	4.0
35-39	109	3.5	4,129	3.8
40-44	121	3.9	4,550	4.2
45-49	143	4.6	5,153	4.8
50-54	587	18.9	10,400	9.6
55-59	391	12.6	9,721	9.0
60-64	352	11.3	10,136	9.4
65-69	388	12.5	12,919	12.0
70-74	297	9.6	11,130	10.3
75-79	250	8.0	8,962	8.3
80-84	125	4.0	5,602	5.2
85-89	31	1.0	2,430	2.3
90 +	11	0.4	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,108	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,105	99.9	101,949	94.6
Another Hospital	3	0.1	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	888	28.6	38,303	35.5
Medicaid	64	2.1	7,194	6.7
Other government	137	4.4	4,240	3.9
Blue Cross/Blue Shield	669	21.5	20,312	18.8
Other Commercial	120	3.9	6,440	6.0
Managed Care(HMO, PPO)	1,189	38.3	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	41	1.3	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	18	0.6	4,406	4.1
Central Utah	2	0.1	1,493	1.4
Davis County	2,702	86.9	14,332	13.3
Salt Lake County	237	7.6	35,980	33.4
Southeastern Utah	4	0.1	916	0.8
Southwest Utah	2	0.1	11,305	10.5
Summit County	7	0.2	1,595	1.5
Tooele County	19	0.6	1,964	1.8
Tri-County	7	0.2	544	0.5
Utah County	13	0.4	15,172	14.1
Wasatch County	5	0.2	458	0.4
Weber County	63	2.0	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	28	0.9	6,277	5.8
Unknown, Not Reported	1	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

404 McKay-Dee Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	11,723	100.0	66,883	100.0
Mastectomy (85.0-85.99)	131	1.1	712	1.1
Musculoskeletal (76.0-84.99)	3,691	31.5	17,765	26.6
Respiratory (30.0-34.99)	38	0.3	119	0.2
Cardiovascular (35.0-39.99)	19	0.2	48	0.1
Lymphatic/Hemetic (40.0-41.99)	41	0.3	170	0.3
Digestive System (42.0-54.99)	741	6.3	17,755	26.5
Urinary (55.0-59.99)	181	1.5	1,199	1.8
Male Genital (60.0-64.99)	35	0.3	324	0.5
Female Genital (65.0-71.99)	237	2.0	691	1.0
Endocrine/Nervous (01.0-07.99)	381	3.3	4,434	6.6
Eye (08.0-16.99)	2,812	24.0	10,656	15.9
Ear (18.0-20.99)	1,367	11.7	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	2,049	17.5	9,638	14.4
Reporting Category(CPT-4 CODES)	9,256	100.0	145,194	100.0
Mastectomy (19120-19220)	40	0.4	317	0.2
Musculoskeletal (20000-29909)	3,341	36.1	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	1,266	13.7	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	19	0.2	222	0.2
Lymphatic/Hemetic (38100-38999)	33	0.4	227	0.2
Digestive (40490-49999)	1,509	16.3	61,390	42.3
Urinary (50010-53899)	126	1.4	2,447	1.7
Male Genital (54000-55899)	20	0.2	874	0.6
Female Genital (56405-58999)	162	1.8	2,057	1.4
Endocrine/Nervous (60000-64999)	116	1.3	6,493	4.5
Eye (65091-68899)	1,376	14.9	32,627	22.5
Ear (69000-69979)	1,248	13.5	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		11,723	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	1,119	9.5	4.10
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,111	9.5	7.16
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,105	9.4	3.94
283	TONSILLECTOMY W/ADENOIDECTOMY	576	4.9	2.59
806	EXC SEMILUNAR CARTILAGE-KNEE	332	2.8	3.24
8183	OTH REPR SHLDR	284	2.4	2.07
2169	OTH TURBINECTOMY	257	2.2	1.96
0443	RELEASE CARPAL TUNNEL	253	2.2	2.18
2188	OTH SEPTOPLASTY	246	2.1	1.07
282	TONSILLECTOMY WO ADENOIDECTOMY	221	1.9	0.91
8147	OTH REPR KNEE	218	1.9	0.61
5123	LAP CHOLEY	198	1.7	1.06
0887	UPPER EYELID RHYTIDECTOMY	197	1.7	0.56
8363	ROTATOR CUFF REPR	185	1.6	1.42
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	168	1.4	0.90
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	152	1.3	1.11
2263	ETHMOIDECTOMY	138	1.2	1.45
8388	OTH PLSTC OPER TENDON	136	1.2	0.51
7788	OTH PART OSTEC-TARSALS-METATARSALS	123	1.0	0.43
8145	OTH REPR CRUCIATE LIGAMNT	123	1.0	0.72

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		9,256	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,106	11.9	2.36
66984	EXTRACAPSULAR CATARACT REMV IOL	1,004	10.8	10.43
30140	SUBMUCOS RES TURBINATE PART/CMPL	532	5.7	1.47
42820	T&A; UNDER AGE 12	403	4.4	1.05
29881	SCOPE KNEE SURG;W/MENISCECT MED/	357	3.9	1.62
29826	SCOPE SHOULDER; DECOMP SUBACROM	275	3.0	1.26
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	237	2.6	0.92
29848	ENDO WRST SURG REL TRNS CARP LIG	197	2.1	0.45
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	180	1.9	0.49
42821	T&A; AGE 12 OR OVER	172	1.9	0.48
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	154	1.7	0.38
49505	REPR INIT ING HERNIA 5YR/MORE; R	148	1.6	0.42
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	126	1.4	0.44
28285	CORRECTION HAMMERTOES	117	1.3	0.44
29823	SCOPE SHOULDER SURGICAL; DEBRID	115	1.2	0.39
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	115	1.2	0.56
66982	EXTRACAP CATARACT REMV W/IOL-CMP	111	1.2	0.88
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	96	1.0	0.68
29880	SCOPE KNEE SURG;W/MENISCECT MED&	96	1.0	0.48
28122	PART EXC BONE; TARSAL/MT EX TALU	88	1.0	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, 2012
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		3,184	\$3,445	\$2,406
283	TONSILLECTOMY W/ADENOIDECTOMY	511	\$2,431	\$1,973
806	EXC SEMILUNAR CARTILAGE-KNEE	198	\$3,855	\$3,950
5123	LAP CHOLEY	186	\$4,411	\$4,942
282	TONSILLECTOMY WO ADENOIDECTOMY	184	\$2,399	\$2,022
8147	OTH REPR KNEE	172	\$4,513	\$4,803
8183	OTH REPR SHLDR	147	\$8,632	\$7,006
0443	RELEASE CARPAL TUNNEL	134	\$3,169	\$2,438
5303	UNILAT REPR DIRECT ING HERN-GFT	59	\$3,197	\$3,681
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	53	\$3,572	\$2,971
8145	OTH REPR CRUCIATE LIGAMNT	49	\$9,628	\$8,733
8339	EXC LES OTH SOFT TISS	44	\$1,931	\$2,378
8314	FASCIOTOMY	39	\$2,110	\$3,093
5304	UNILAT REPR INDIRECT ING HERN-GFT	38	\$3,193	\$3,180
8521	LOC EXC LES BREAST	35	\$2,290	\$1,208
4951	LT LAT ANAL SPHINCTEROTOMY	32	\$1,973	\$1,988
5349	OTH UMB HERNIORRHAPHY	32	\$2,950	\$2,518
2171	CLO REDUC NASAL FX	30	\$1,871	\$2,138
4946	EXC HEMORRHOIDS	27	\$2,068	\$1,330
5341	REPR UMB HERN W/PROSTH	27	\$2,824	\$3,933
4949	OTH PROC HEMORRHOIDS	25	\$2,893	\$2,893

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		4,244	\$3,672	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	976	\$4,412	\$2,883
42820	T&A; UNDER AGE 12	346	\$2,433	\$1,866
29881	SCOPE KNEE SURG;W/MENISCECT MED/	261	\$3,906	\$3,374
42821	T&A; AGE 12 OR OVER	161	\$2,403	\$1,860
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	157	\$2,372	\$1,855
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	143	\$4,507	\$5,151
66982	EXTRACAP CATARACT REMV W/IOL-CMP	109	\$2,560	\$3,913
29848	ENDO WRST SURG REL TRNS CARP LIG	101	\$3,532	\$3,302
49505	REPR INIT ING HERNIA 5YR/MORE; R	96	\$3,164	\$2,592
29880	SCOPE KNEE SURG;W/MENISCECT MED&	85	\$3,903	\$3,689
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	58	\$9,716	\$7,670
20680	REMOVAL OF IMPLANT; DEEP	51	\$2,779	\$2,463
28296	HALLUX VALGUS; W/METATARSAL OSTE	51	\$3,653	\$2,905
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	48	\$3,685	\$3,987
46947	HEMORRHOIDOPEXY BY STAPLING	44	\$3,126	\$2,846
29822	SCOPE SHOULDER SURGICAL; DEBRID	41	\$9,248	\$7,547
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	40	\$1,980	\$1,613
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	37	\$1,949	\$2,907
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	37	\$2,390	\$1,814
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	36	\$2,641	\$2,574

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	167	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	53
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	58
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	17
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	132	1,199
	013 LEVEL II SKIN REPAIR	5	127
	014 LEVEL III SKIN REPAIR	2	105
02	BREAST PROCEDURES	40	298
	020 LEVEL I BREAST PROCEDURES	40	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,137	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	272	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	142	820
	033 LEVEL I HAND PROCEDURES	73	1,522
	034 LEVEL II HAND PROCEDURES	16	458
	035 LEVEL I FOOT PROCEDURES	437	2,203
	036 LEVEL II FOOT PROCEDURES	119	469
	037 LEVEL I ARTHROSCOPY	1,494	9,736
	038 LEVEL II ARTHROSCOPY	311	2,231
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	79	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	232
	045 BUNION PROCEDURES	128	709
	046 LEVEL I ARTHROPLASTY	13	267
	047 LEVEL II ARTHROPLASTY	2	30
	048 HAND AND FOOT TENOTOMY	6	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	659
04	RESPIRATORY PROCEDURES	388	3,684
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	34
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	58	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	329	2,824
05	CARDIOVASCULAR PROCEDURES	8	74
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	39
	089 LEVEL II CARDIOTHORACIC PROCEDURES	6	7
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	32	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	32	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	646	54,549
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,717
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	14,551
	139 LEVEL I HERNIA REPAIR	239	1,110
	140 LEVEL II HERNIA REPAIR	24	194
	141 LEVEL I ANAL AND RECTAL PROCEDURES	48	154
	142 LEVEL II ANAL AND RECTAL PROCEDURES	78	293

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	20	152
	146 LEVEL II LAPAROSCOPY	46	706
	147 LEVEL III LAPAROSCOPY	187	792
08	GENITOURINARY SYSTEM PROCEDURES	125	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	8	938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	68	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	49	553
09	MALE REPRODUCTIVE SYSTEM	17	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	307
	181 CIRCUMCISION	1	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	47
10	FEMALE REPRODUCTIVE SYSTEM	94	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	12	147
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	96
	199 DILATION AND CURETTAGE	2	33
	200 HYSTEROSCOPY	73	313
11	NEUROLOGIC SYSTEM PROCEDURES	111	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	896
	217 LEVEL I NERVE PROCEDURES	106	2,040
	218 LEVEL II NERVE PROCEDURES	2	84
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,375	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	279
	233 CATARACT PROCEDURES	1,126	16,751
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	28	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	47	813
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	35	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	37	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	100	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	3,072	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,751	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	127	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	264	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	57	681
	256 TONSIL AND ADENOID PROCEDURES	873	3,457

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	101	\$2,762	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$3,093	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$3,087	\$726
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,197	\$2,225
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,577	\$1,119
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$2,103	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	73	\$2,862	\$2,120
	013 LEVEL II SKIN REPAIR	4	\$3,156	\$2,671
	014 LEVEL III SKIN REPAIR	1	\$4,530	\$2,540
02	BREAST PROCEDURES	32	\$2,239	\$1,487
	020 LEVEL I BREAST PROCEDURES	32	\$2,239	\$1,493
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,221	\$4,497	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$3,440	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	68	\$4,162	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$5,472	\$4,447
	033 LEVEL I HAND PROCEDURES	29	\$2,454	\$2,335
	034 LEVEL II HAND PROCEDURES	7	\$3,522	\$3,143
	035 LEVEL I FOOT PROCEDURES	129	\$3,173	\$2,676
	036 LEVEL II FOOT PROCEDURES	23	\$4,156	\$3,717
	037 LEVEL I ARTHROSCOPY	676	\$4,273	\$3,659
	038 LEVEL II ARTHROSCOPY	114	\$9,244	\$6,554
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	\$3,540	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$4,064	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	54	\$3,557	\$3,584
	045 BUNION PROCEDURES	74	\$3,643	\$3,069
	046 LEVEL I ARTHROPLASTY	9	\$3,643	\$3,570
	048 HAND AND FOOT TENOTOMY	2	\$3,711	\$2,033
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	\$6,066	\$1,575
04	RESPIRATORY PROCEDURES	33	\$2,556	\$1,587
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,453	\$6,424
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	13	\$2,095	\$932
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	19	\$2,929	\$2,805
05	CARDIOVASCULAR PROCEDURES	5	\$3,897	\$2,952
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$2,675	\$2,725
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	\$4,712	\$4,712
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	28	\$2,582	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	28	\$2,582	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	519	\$3,422	\$1,624
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$795	\$1,217
	139 LEVEL I HERNIA REPAIR	175	\$3,045	\$2,778
	140 LEVEL II HERNIA REPAIR	21	\$3,543	\$2,576
	141 LEVEL I ANAL AND RECTAL PROCEDURES	46	\$1,961	\$1,200
	142 LEVEL II ANAL AND RECTAL PROCEDURES	74	\$2,788	\$2,139
	145 LEVEL I LAPAROSCOPY	11	\$3,025	\$2,559
	146 LEVEL II LAPAROSCOPY	23	\$4,086	\$3,868

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
	147 LEVEL III LAPAROSCOPY	168	\$4,429	\$4,985
08	GENITOURINARY SYSTEM PROCEDURES	37	\$2,917	\$5,392
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	28	\$2,942	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	9	\$2,836	\$2,703
09	MALE REPRODUCTIVE SYSTEM	13	\$2,959	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$3,156	\$2,702
	181 CIRCUMCISION	1	\$1,694	\$841
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$2,056	\$3,870
10	FEMALE REPRODUCTIVE SYSTEM	76	\$3,766	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	\$2,050	\$2,073
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$3,232	\$3,063
	199 DILATION AND CURETTAGE	2	\$2,464	\$1,430
	200 HYSTEROSCOPY	60	\$4,111	\$3,588
11	NEUROLOGIC SYSTEM PROCEDURES	65	\$2,594	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	\$991	\$1,028
	217 LEVEL I NERVE PROCEDURES	60	\$2,551	\$2,047
	218 LEVEL II NERVE PROCEDURES	2	\$6,283	\$3,720
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,214	\$4,093	\$2,693
	233 CATARACT PROCEDURES	1,096	\$4,208	\$2,964
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	25	\$2,519	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	32	\$4,857	\$5,538
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$3,639	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$1,247	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	38	\$2,589	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	887	\$2,469	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	77	\$1,742	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	35	\$2,944	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	32	\$3,178	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	28	\$4,859	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	715	\$2,399	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,676	54.1	57,975	53.8
Male	3,121	45.9	49,803	46.2
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	129	1.9	484	0.4
1-4 years	583	8.6	4,140	3.8
5-9	361	5.3	1,984	1.8
10-14	235	3.5	1,265	1.2
15-17	241	3.5	1,438	1.3
18-19	147	2.2	1,227	1.1
20-24	322	4.7	3,521	3.3
25-29	335	4.9	3,518	3.3
30-34	442	6.5	4,267	4.0
35-39	343	5.0	4,129	3.8
40-44	400	5.9	4,550	4.2
45-49	421	6.2	5,153	4.8
50-54	479	7.0	10,400	9.6
55-59	473	7.0	9,721	9.0
60-64	427	6.3	10,136	9.4
65-69	460	6.8	12,919	12.0
70-74	353	5.2	11,130	10.3
75-79	324	4.8	8,962	8.3
80-84	192	2.8	5,602	5.2
85-89	105	1.5	2,430	2.3
90 +	25	0.4	685	0.6
Not Reported	1	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,045	15.4	75,037	69.6
Clinic Referral	5,744	84.5	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	1	0.0	2	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	3	0.0	7,011	6.5
Not Reported	5	0.1	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,796	100.0	101,949	94.6
Another Hospital	1	0.0	114	0.1
Skilled Nursing Facility	1	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1,482	21.8	38,303	35.5
Medicaid	566	8.3	7,194	6.7
Other government	269	4.0	4,240	3.9
Blue Cross/Blue Shield	538	7.9	20,312	18.8
Other Commercial	339	5.0	6,440	6.0
Managed Care(HMO, PPO)	3,292	48.4	26,409	24.5
Self Pay	88	1.3	1,516	1.4
Industrial & Worker Comp	161	2.4	1,492	1.4
Charity and Unclassified	1	0.0	89	0.1
Childrens Health Insurance	4	0.1	107	0.1
Unknown	58	0.9	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	343	5.0	4,406	4.1
Central Utah	3	0.0	1,493	1.4
Davis County	1,745	25.7	14,332	13.3
Salt Lake County	71	1.0	35,980	33.4
Southeastern Utah	2	0.0	916	0.8
Southwest Utah	5	0.1	11,305	10.5
Summit County	12	0.2	1,595	1.5
Tooele County	3	0.0	1,964	1.8
Tri-County	3	0.0	544	0.5
Utah County	14	0.2	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	4,493	66.1	13,339	12.4
Unknown Utah	2	0.0	15	0.0
Outside Utah	102	1.5	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

414 Mount Ogden Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,104	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	1,896	26.7	17,765	26.6
Respiratory (30.0-34.99)	12	0.2	119	0.2
Cardiovascular (35.0-39.99)	4	0.1	48	0.1
Lymphatic/Hemetic (40.0-41.99)	9	0.1	170	0.3
Digestive System (42.0-54.99)	817	11.5	17,755	26.5
Urinary (55.0-59.99)	265	3.7	1,199	1.8
Male Genital (60.0-64.99)	74	1.0	324	0.5
Female Genital (65.0-71.99)	24	0.3	691	1.0
Endocrine/Nervous (01.0-07.99)	593	8.3	4,434	6.6
Eye (08.0-16.99)	1,982	27.9	10,656	15.9
Ear (18.0-20.99)	228	3.2	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	1,200	16.9	9,638	14.4
Reporting Category(CPT-4 CODES)	7,658	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	2,033	26.5	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	307	4.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	222	0.2
Lymphatic/Hemetic (38100-38999)	9	0.1	227	0.2
Digestive (40490-49999)	1,747	22.8	61,390	42.3
Urinary (50010-53899)	546	7.1	2,447	1.7
Male Genital (54000-55899)	69	0.9	874	0.6
Female Genital (56405-58999)	24	0.3	2,057	1.4
Endocrine/Nervous (60000-64999)	639	8.3	6,493	4.5
Eye (65091-68899)	2,043	26.7	32,627	22.5
Ear (69000-69979)	237	3.1	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		7,104	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,611	22.7	7.16
2499	OTH DENTAL OPER	510	7.2	1.28
0481	INJ ANES PERIPH NERV-ANALGESIA	372	5.2	0.85
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	261	3.7	4.99
2001	MYRINGOTOMY W/INSRT TUBE	191	2.7	4.10
806	EXC SEMILUNAR CARTILAGE-KNEE	190	2.7	3.24
8183	OTH REPR SHLDR	190	2.7	2.07
4523	COLONOSCOPY	183	2.6	5.06
283	TONSILLECTOMY W/ADENOIDECTOMY	150	2.1	2.59
0443	RELEASE CARPAL TUNNEL	149	2.1	2.18
4542	ENDO POLYPECTOMY LG INTESTINE	129	1.8	1.90
2309	EXTRACT OTH TOOTH	121	1.7	0.18
8363	ROTATOR CUFF REPR	114	1.6	1.42
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	103	1.4	0.90
8388	OTH PLSTC OPER TENDON	100	1.4	0.51
2169	OTH TURBINECTOMY	91	1.3	1.96
4292	DILAT ESOPH	91	1.3	1.07
598	URETERAL CATH	91	1.3	0.56
1474	OTH MECH VITRECTOMY	85	1.2	0.15
4525	CLO [ENDO] BX LG INTESTINE	76	1.1	7.38

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,658	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,543	20.1	10.43
41899	UNLIST PROC DENTOALVEOL STRUCTUR	633	8.3	1.77
43239	UGI ENDO; W/BX 1/MX	269	3.5	8.45
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	238	3.1	0.65
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	230	3.0	0.23
45378	COLONOSCOPY FLEX; DX-SEP PROC	199	2.6	7.44
69436	TYMPANOSTOMY GENERAL ANESTHESIA	192	2.5	2.36
45380	COLONOSCOPY FLEX; W/BX 1/MX	190	2.5	10.28
29881	SCOPE KNEE SURG;W/MENISCECT MED/	164	2.1	1.62
29826	SCOPE SHOULDER; DECOMP SUBACROM	140	1.8	1.26
42820	T&A; UNDER AGE 12	104	1.4	1.05
52332	CYSTOURETHROSCOPY W/INSRT STENT	98	1.3	0.29
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	91	1.2	0.91
64417	INJECTION ANESTHETIC AGT; AX NER	80	1.0	0.06
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	74	1.0	1.18
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	73	1.0	0.68
66982	EXTRACAP CATARACT REMV W/IOL-CMP	72	0.9	0.88
29822	SCOPE SHOULDER SURGICAL; DEBRID	70	0.9	0.31
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	69	0.9	0.92
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	65	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, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		4,072	\$2,996	\$2,406
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,589	\$1,946	\$1,716
2499	OTH DENTAL OPER	505	\$3,162	\$2,309
4523	COLONOSCOPY	144	\$1,516	\$1,118
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	125	\$2,222	\$1,125
283	TONSILLECTOMY W/ADENOIDECTOMY	122	\$2,466	\$1,973
2309	EXTRACT OTH TOOTH	121	\$3,160	\$3,156
0443	RELEASE CARPAL TUNNEL	108	\$3,664	\$2,438
806	EXC SEMILUNAR CARTILAGE-KNEE	101	\$6,286	\$3,950
2001	MYRINGOTOMY W/INSRT TUBE	98	\$1,933	\$1,989
4542	ENDO POLYPECTOMY LG INTESTINE	94	\$1,708	\$1,015
1474	OTH MECH VITRECTOMY	83	\$5,374	\$5,013
4525	CLO [ENDO] BX LG INTESTINE	50	\$1,632	\$996
282	TONSILLECTOMY WO ADENOIDECTOMY	46	\$2,740	\$2,022
8372	RECESSION TENDON	35	\$3,684	\$3,384
5749	OTH TRANSURETH EXC/DEST LES BLADDER	28	\$2,400	\$2,609
598	URETERAL CATH	25	\$12,321	\$8,231
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	25	\$8,292	\$4,928
4836	[ENDO] POLYPECTOMY RECTUM	18	\$1,688	\$1,612
6382	RECON SURG DIVIDED VAS DEFERENS	18	\$3,384	\$2,814
802	ARTHSCPY	17	\$6,812	\$6,714

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		4,359	\$3,238	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	1,520	\$1,934	\$2,883
41899	UNLIST PROC DENTOALVEOL STRUCTUR	628	\$3,162	\$2,234
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	199	\$12,650	\$8,211
45378	COLONOSCOPY FLEX; DX-SEP PROC	158	\$1,516	\$1,470
45380	COLONOSCOPY FLEX; W/BX 1/MX	139	\$1,632	\$1,400
43239	UGI ENDO; W/BX 1/MX	128	\$2,237	\$1,561
69436	TYMPANOSTOMY GENERAL ANESTHESIA	98	\$1,911	\$1,769
29881	SCOPE KNEE SURG;W/MENISCECT MED/	89	\$5,629	\$3,374
42820	T&A; UNDER AGE 12	82	\$2,437	\$1,866
66982	EXTRACAP CATARACT REMV W/IOL-CMP	67	\$1,827	\$3,913
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	65	\$2,237	\$1,814
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	60	\$1,669	\$1,003
66821	DISCISSION 2ND CATARACT; LASER S	56	\$266	\$846
29848	ENDO WRST SURG REL TRNS CARP LIG	42	\$5,735	\$3,302
67042	67042	41	\$5,377	\$5,497
67041	67041	38	\$5,377	\$3,902
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	37	\$2,436	\$1,855
42821	T&A; AGE 12 OR OVER	36	\$2,438	\$1,860
20680	REMOVAL OF IMPLANT; DEEP	35	\$2,424	\$2,463
27687	GASTROCNEMIUS RECESSION	35	\$3,575	\$3,312

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	87	2,689
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	58
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	69	1,199
	012 LEVEL I SKIN REPAIR	2	8
	014 LEVEL III SKIN REPAIR	2	105
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,922	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	220	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	141	820
	033 LEVEL I HAND PROCEDURES	116	1,522
	034 LEVEL II HAND PROCEDURES	27	458
	035 LEVEL I FOOT PROCEDURES	105	2,203
	036 LEVEL II FOOT PROCEDURES	37	469
	037 LEVEL I ARTHROSCOPY	825	9,736
	038 LEVEL II ARTHROSCOPY	214	2,231
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	113	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	232
	045 BUNION PROCEDURES	44	709
	046 LEVEL I ARTHROPLASTY	30	267
	047 LEVEL II ARTHROPLASTY	1	30
	048 HAND AND FOOT TENOTOMY	7	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	659
04	RESPIRATORY PROCEDURES	104	3,684
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	19	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	85	2,824
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	866	54,549
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	74	1,717
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	293	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	22	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	390	26,164
	137 THERAPEUTIC COLONOSCOPY	57	5,136
	139 LEVEL I HERNIA REPAIR	16	1,110
	140 LEVEL II HERNIA REPAIR	2	194
	145 LEVEL I LAPAROSCOPY	10	152
	147 LEVEL III LAPAROSCOPY	2	792
08	GENITOURINARY SYSTEM PROCEDURES	542	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	238	938
	162 URINARY CATHETERIZATION AND DILATATION	1	3
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	182	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	111	553
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	7	12

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	170
09	MALE REPRODUCTIVE SYSTEM	61	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	33	307
	181 CIRCUMCISION	21	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	47
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	19
10	FEMALE REPRODUCTIVE SYSTEM	13	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	147
	200 HYSTEROSCOPY	5	313
11	NEUROLOGIC SYSTEM PROCEDURES	639	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	63	896
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	23
	217 LEVEL I NERVE PROCEDURES	145	2,040
	218 LEVEL II NERVE PROCEDURES	4	84
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	421	3,108
	223 LEVEL III NERVE PROCEDURES	5	70
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,039	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	279
	232 LASER EYE PROCEDURES	56	3,122
	233 CATARACT PROCEDURES	1,642	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	13	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	25	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	38	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	125	1,362
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	8	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	45	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	82	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,340	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	971	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	36	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	80	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	15	681
	256 TONSIL AND ADENOID PROCEDURES	238	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	62	\$2,729	\$1,556
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$2,467	\$726
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$2,895	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	\$2,704	\$2,120
	012 LEVEL I SKIN REPAIR	1	\$2,814	\$1,559
03	MUSCULOSKELETAL SYSTEM PROCEDURES	452	\$5,845	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$3,754	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	\$3,692	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,953	\$4,447
	033 LEVEL I HAND PROCEDURES	47	\$4,770	\$2,335
	034 LEVEL II HAND PROCEDURES	8	\$5,861	\$3,143
	035 LEVEL I FOOT PROCEDURES	41	\$4,034	\$2,676
	036 LEVEL II FOOT PROCEDURES	7	\$3,903	\$3,717
	037 LEVEL I ARTHROSCOPY	216	\$6,546	\$3,659
	038 LEVEL II ARTHROSCOPY	12	\$14,744	\$6,554
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$3,575	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	43	\$6,284	\$3,584
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,230	\$1,342
	045 BUNION PROCEDURES	14	\$5,010	\$3,069
	046 LEVEL I ARTHROPLASTY	1	\$10,451	\$3,570
04	RESPIRATORY PROCEDURES	15	\$3,803	\$1,587
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$2,888	\$932
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	11	\$4,136	\$2,805
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$3,287	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$3,287	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	485	\$1,851	\$1,624
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	142	\$2,143	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,705	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	298	\$1,570	\$1,433
	137 THERAPEUTIC COLONOSCOPY	25	\$1,970	\$1,637
	139 LEVEL I HERNIA REPAIR	8	\$3,877	\$2,778
	140 LEVEL II HERNIA REPAIR	2	\$4,018	\$2,576
	145 LEVEL I LAPAROSCOPY	8	\$3,860	\$2,559
	147 LEVEL III LAPAROSCOPY	1	\$4,663	\$4,985
08	GENITOURINARY SYSTEM PROCEDURES	298	\$9,385	\$5,392
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	199	\$12,650	\$8,211
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	65	\$2,651	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	27	\$3,169	\$2,703
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	\$2,970	\$2,513
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	\$3,220	\$3,858
09	MALE REPRODUCTIVE SYSTEM	43	\$3,399	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	\$3,686	\$2,702
	181 CIRCUMCISION	13	\$2,306	\$841
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	4	\$5,085	\$3,870
10	FEMALE REPRODUCTIVE SYSTEM	10	\$3,630	\$1,990

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$3,243	\$2,073
	200 HYSTEROSCOPY	3	\$4,531	\$3,588
11	NEUROLOGIC SYSTEM PROCEDURES	143	\$2,123	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	63	\$1,647	\$1,028
	217 LEVEL I NERVE PROCEDURES	76	\$2,525	\$2,047
	218 LEVEL II NERVE PROCEDURES	1	\$5,913	\$3,720
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	\$669	\$947
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,873	\$2,255	\$2,693
	232 LASER EYE PROCEDURES	56	\$266	\$863
	233 CATARACT PROCEDURES	1,602	\$1,956	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	9	\$1,955	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	19	\$3,938	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	18	\$5,237	\$5,538
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	\$5,141	\$919
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	116	\$5,399	\$4,984
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	8	\$4,841	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$3,207	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	30	\$5,767	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	959	\$2,915	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	761	\$2,999	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	15	\$3,094	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	4	\$3,903	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	8	\$4,197	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	171	\$2,447	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,894	51.2	57,975	53.8
Male	2,762	48.8	49,803	46.2
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	29	0.5	484	0.4
1-4 years	641	11.3	4,140	3.8
5-9	225	4.0	1,984	1.8
10-14	83	1.5	1,265	1.2
15-17	94	1.7	1,438	1.3
18-19	60	1.1	1,227	1.1
20-24	156	2.8	3,521	3.3
25-29	176	3.1	3,518	3.3
30-34	237	4.2	4,267	4.0
35-39	202	3.6	4,129	3.8
40-44	223	3.9	4,550	4.2
45-49	224	4.0	5,153	4.8
50-54	357	6.3	10,400	9.6
55-59	381	6.7	9,721	9.0
60-64	432	7.6	10,136	9.4
65-69	667	11.8	12,919	12.0
70-74	563	10.0	11,130	10.3
75-79	463	8.2	8,962	8.3
80-84	284	5.0	5,602	5.2
85-89	125	2.2	2,430	2.3
90 +	35	0.6	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	5,657	100.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	0	0.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	5,657	100.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	2,015	35.6	38,303	35.5
Medicaid	700	12.4	7,194	6.7
Other government	84	1.5	4,240	3.9
Blue Cross/Blue Shield	1,507	26.6	20,312	18.8
Other Commercial	728	12.9	6,440	6.0
Managed Care(HMO, PPO)	412	7.3	26,409	24.5
Self Pay	125	2.2	1,516	1.4
Industrial & Worker Comp	83	1.5	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	2	0.0	138	0.1
Not Reported	1	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	367	6.5	4,406	4.1
Central Utah	6	0.1	1,493	1.4
Davis County	1,185	20.9	14,332	13.3
Salt Lake County	34	0.6	35,980	33.4
Southeastern Utah	1	0.0	916	0.8
Southwest Utah	5	0.1	11,305	10.5
Summit County	20	0.4	1,595	1.5
Tooele County	2	0.0	1,964	1.8
Tri-County	14	0.2	544	0.5
Utah County	11	0.2	15,172	14.1
Wasatch County	1	0.0	458	0.4
Weber County	3,737	66.1	13,339	12.4
Unknown Utah	1	0.0	15	0.0
Outside Utah	273	4.8	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

432 Mountain West Endoscopy Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	4,624	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	0	0.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	4,624	100.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

432 Mountain West Endoscopy Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	4,624	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,644	35.6	10.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,195	25.8	8.45
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	840	18.2	7.44
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	470	10.2	2.79
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	132	2.9	1.60
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	83	1.8	0.32
43248	UGI ENDO; W/INSRT GUIDE WIRE	80	1.7	1.56
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	51	1.1	0.25
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	43	0.9	1.18
43244	UGI ENDO; W/BAND LIG VARICES	18	0.4	0.06
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	12	0.3	0.10
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	12	0.3	0.10
43247	UGI ENDO; W/REMOVAL FB	9	0.2	0.11
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	5	0.1	0.04
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	4	0.1	0.01
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	4	0.1	0.06
44386	ENDO EVAL SM INTST POUCH; W/BX 1	3	0.1	0.01
43200	ESOPHAGOSCOPY; DX-SEP PROC	1	0.0	0.01
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	1	0.0	0.01

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

432 Mountain West Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,630	\$1,177	\$2,230
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,065	\$1,186	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	702	\$1,184	\$1,470
43239	UGI ENDO; W/BX 1/MX	601	\$1,187	\$1,561
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	143	\$1,181	\$1,529
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	53	\$892	\$1,361
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	14	\$1,186	\$1,837
43244	UGI ENDO; W/BAND LIG VARICES	9	\$1,184	\$1,491
43248	UGI ENDO; W/INSRT GUIDE WIRE	8	\$1,190	\$874
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	7	\$893	\$969
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	5	\$1,190	\$1,108
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	4	\$663	\$607
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	4	\$893	\$1,008
44386	ENDO EVAL SM INTST POUCH; W/BX 1	3	\$893	\$616
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	\$1,190	\$1,609
43200	ESOPHAGOSCOPY; DX-SEP PROC	1	\$1,190	\$723
43247	UGI ENDO; W/REMOVAL FB	1	\$1,190	\$1,377
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	1	\$1,190	\$798
44382	ILESCPY THRU STOMA; W/BX SINGLE/	1	\$893	\$1,363
44389	COLONSCPY THRU STOMA; W/BX 1/MX	1	\$1,190	\$953
44394	COLONSCPY-STMOA; REMV TUMOR/POLY	1	\$1,190	\$1,190

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

432 Mountain West Endoscopy Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
07 GASTROINTESTINAL SYSTEM PROCEDURES		4,623	54,549
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		43	1,717
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		4	93
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		11	199
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,284	14,551
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		233	3,225
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		2,490	26,164
137 THERAPEUTIC COLONOSCOPY		558	5,136

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
07 GASTROINTESTINAL SYSTEM PROCEDURES		2,630	\$1,177	\$1,624
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		4	\$893	\$1,002
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		8	\$893	\$1,149
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		660	\$1,161	\$1,524
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		39	\$1,187	\$1,708
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		1,773	\$1,184	\$1,433
137 THERAPEUTIC COLONOSCOPY		146	\$1,181	\$1,637

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

432 Mountain West Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,878	52.9	57,975	53.8
Male	1,669	47.1	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	0	0.0	1,265	1.2
15-17	5	0.1	1,438	1.3
18-19	15	0.4	1,227	1.1
20-24	75	2.1	3,521	3.3
25-29	82	2.3	3,518	3.3
30-34	107	3.0	4,267	4.0
35-39	123	3.5	4,129	3.8
40-44	150	4.2	4,550	4.2
45-49	191	5.4	5,153	4.8
50-54	608	17.1	10,400	9.6
55-59	464	13.1	9,721	9.0
60-64	425	12.0	10,136	9.4
65-69	530	14.9	12,919	12.0
70-74	408	11.5	11,130	10.3
75-79	217	6.1	8,962	8.3
80-84	107	3.0	5,602	5.2
85-89	36	1.0	2,430	2.3
90 +	4	0.1	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,547	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

432 Mountain West Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,547	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1,292	36.4	38,303	35.5
Medicaid	74	2.1	7,194	6.7
Other government	128	3.6	4,240	3.9
Blue Cross/Blue Shield	1,121	31.6	20,312	18.8
Other Commercial	140	3.9	6,440	6.0
Managed Care(HMO, PPO)	755	21.3	26,409	24.5
Self Pay	36	1.0	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	1	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	12	0.3	4,406	4.1
Central Utah	12	0.3	1,493	1.4
Davis County	150	4.2	14,332	13.3
Salt Lake County	2,944	83.0	35,980	33.4
Southeastern Utah	9	0.3	916	0.8
Southwest Utah	14	0.4	11,305	10.5
Summit County	65	1.8	1,595	1.5
Tooele County	88	2.5	1,964	1.8
Tri-County	26	0.7	544	0.5
Utah County	83	2.3	15,172	14.1
Wasatch County	16	0.5	458	0.4
Weber County	10	0.3	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	115	3.2	6,277	5.8
Unknown, Not Reported	3	0.1	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

424 Mountain West Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	432	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	432	100.0	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	170	0.3
Digestive System (42.0-54.99)	0	0.0	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	0	0.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	0	0.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	9,638	14.4
Reporting Category(CPT-4 CODES)	6,695	100.0	145,194	100.0
Mastectomy (19120-19220)	9	0.1	317	0.2
Musculoskeletal (20000-29909)	3,688	55.1	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	445	6.6	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	7	0.1	227	0.2
Digestive (40490-49999)	379	5.7	61,390	42.3
Urinary (50010-53899)	109	1.6	2,447	1.7
Male Genital (54000-55899)	37	0.6	874	0.6
Female Genital (56405-58999)	4	0.1	2,057	1.4
Endocrine/Nervous (60000-64999)	652	9.7	6,493	4.5
Eye (65091-68899)	1,247	18.6	32,627	22.5
Ear (69000-69979)	118	1.8	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		432	100.0	100.0
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	181	41.9	1.11
8363	ROTATOR CUFF REPR	178	41.2	1.42
8182	REPR RECUR DISLOC SHLDR	36	8.3	0.11
8183	OTH REPR SHLDR	26	6.0	2.07
8021	ARTHSCPY-SHLDR	11	2.5	0.61

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,695	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	952	14.2	10.43
29881	SCOPE KNEE SURG;W/MENISCECT MED/	385	5.8	1.62
29826	SCOPE SHOULDER; DECOMP SUBACROM	364	5.4	1.26
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	191	2.9	0.91
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	181	2.7	0.56
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	178	2.7	0.68
29823	SCOPE SHOULDER SURGICAL; DEBRID	133	2.0	0.39
66821	DISCISSION 2ND CATARACT; LASER S	127	1.9	1.50
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	117	1.7	0.37
20600	ARTHROCEN ASPIR &/INJ; SM JNT/BU	110	1.6	0.15
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	104	1.6	0.44
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	104	1.6	0.23
41899	UNLIST PROC DENTOALVEOL STRUCTUR	96	1.4	1.77
29880	SCOPE KNEE SURG;W/MENISCECT MED&	91	1.4	0.48
20680	REMOVAL OF IMPLANT; DEEP	83	1.2	0.47
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	83	1.2	0.92
69436	TYMPANOSTOMY GENERAL ANESTHESIA	83	1.2	2.36
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	82	1.2	0.16
30140	SUBMUCOS RES TURBINATE PART/CMPL	81	1.2	1.47
26055	TENDON SHEATH INCISION	77	1.2	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, 2012
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		245	\$4,025	\$2,406
8363	ROTATOR CUFF REPR	96	\$5,278	\$6,487
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	90	\$3,364	\$3,591
8182	REPR RECUR DISLOC SHLDR	35	\$2,244	\$3,098
8183	OTH REPR SHLDR	13	\$4,402	\$7,006
8021	ARTHSCPY-SHLDR	11	\$3,729	\$4,213

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,044	\$1,398	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	947	\$1,246	\$2,883
29881	SCOPE KNEE SURG;W/MENISCECT MED/	266	\$1,705	\$3,374
41899	UNLIST PROC DENTOALVEOL STRUCTUR	96	\$1,100	\$2,234
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	90	\$1,812	\$3,987
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	85	\$1,129	\$1,814
29880	SCOPE KNEE SURG;W/MENISCECT MED&	84	\$1,487	\$3,689
66821	DISCISSION 2ND CATARACT; LASER S	81	\$257	\$846
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	66	\$1,068	\$1,855
42820	T&A; UNDER AGE 12	56	\$885	\$1,866
20680	REMOVAL OF IMPLANT; DEEP	48	\$1,103	\$2,463
49505	REPR INIT ING HERNIA 5YR/MORE; R	40	\$1,654	\$2,592
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	39	\$1,648	\$2,218
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	34	\$2,858	\$8,211
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	32	\$3,180	\$7,670
25111	EXCISION OF GANGLION WRIST; PRIM	27	\$1,066	\$2,172
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	26	\$1,935	\$3,940
69436	TYMPANOSTOMY GENERAL ANESTHESIA	25	\$1,370	\$1,769
29806	SCOPE SHOULDER SURGICAL; CPSLORR	24	\$2,170	\$5,867
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	21	\$1,875	\$2,574
67036	VITRECTOMY MECH PARS PLANA APPRC	19	\$1,605	\$3,408

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	158	2,689
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	58
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	30
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	18
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	130	1,199
	013 LEVEL II SKIN REPAIR	4	127
	014 LEVEL III SKIN REPAIR	2	105
02	BREAST PROCEDURES	9	298
	020 LEVEL I BREAST PROCEDURES	9	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,458	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	189	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	820
	033 LEVEL I HAND PROCEDURES	191	1,522
	034 LEVEL II HAND PROCEDURES	129	458
	035 LEVEL I FOOT PROCEDURES	171	2,203
	036 LEVEL II FOOT PROCEDURES	40	469
	037 LEVEL I ARTHROSCOPY	1,673	9,736
	038 LEVEL II ARTHROSCOPY	345	2,231
	039 REPLACEMENT OF CAST	1	8
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	143	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	56	232
	045 BUNION PROCEDURES	64	709
	046 LEVEL I ARTHROPLASTY	73	267
	047 LEVEL II ARTHROPLASTY	13	30
	048 HAND AND FOOT TENOTOMY	11	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	216	659
04	RESPIRATORY PROCEDURES	183	3,684
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	21	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	162	2,824
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	110	54,549
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	93
	139 LEVEL I HERNIA REPAIR	85	1,110
	140 LEVEL II HERNIA REPAIR	8	194
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	154
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	293
	145 LEVEL I LAPAROSCOPY	1	152
	146 LEVEL II LAPAROSCOPY	2	706
	147 LEVEL III LAPAROSCOPY	11	792
08	GENITOURINARY SYSTEM PROCEDURES	108	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	42	938

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	46	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	18	553
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	170
09	MALE REPRODUCTIVE SYSTEM	36	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	307
	181 CIRCUMCISION	11	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	47
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	19
10	FEMALE REPRODUCTIVE SYSTEM	2	1,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	77
	200 HYSTEROSCOPY	1	313
11	NEUROLOGIC SYSTEM PROCEDURES	674	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	896
	217 LEVEL I NERVE PROCEDURES	287	2,040
	218 LEVEL II NERVE PROCEDURES	6	84
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	349	3,108
	221 LAMINOTOMY AND LAMINECTOMY	16	259
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,245	32,293
	232 LASER EYE PROCEDURES	129	3,122
	233 CATARACT PROCEDURES	979	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	9	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	8	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	62	1,362
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	20	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	35	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	674	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	332	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	36	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	96	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	44	681
	256 TONSIL AND ADENOID PROCEDURES	166	3,457

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	97	\$1,046	\$1,556
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$663	\$726
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$880	\$2,225
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,138	\$476
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$1,311	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	80	\$1,018	\$2,120
	013 LEVEL II SKIN REPAIR	1	\$1,241	\$2,671
02	BREAST PROCEDURES	9	\$911	\$1,487
	020 LEVEL I BREAST PROCEDURES	9	\$911	\$1,493
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,121	\$1,721	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	42	\$973	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	\$1,386	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$2,843	\$4,447
	033 LEVEL I HAND PROCEDURES	71	\$1,129	\$2,335
	034 LEVEL II HAND PROCEDURES	26	\$1,423	\$3,143
	035 LEVEL I FOOT PROCEDURES	41	\$1,220	\$2,676
	036 LEVEL II FOOT PROCEDURES	14	\$1,737	\$3,717
	037 LEVEL I ARTHROSCOPY	583	\$1,715	\$3,659
	038 LEVEL II ARTHROSCOPY	65	\$2,687	\$6,554
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$1,989	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	\$802	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	111	\$2,131	\$3,584
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	28	\$675	\$1,342
	045 BUNION PROCEDURES	16	\$1,387	\$3,069
	046 LEVEL I ARTHROPLASTY	4	\$2,110	\$3,570
	047 LEVEL II ARTHROPLASTY	10	\$5,963	\$8,302
04	RESPIRATORY PROCEDURES	6	\$923	\$1,587
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$927	\$932
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$913	\$2,805
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	\$1,068	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$1,068	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	80	\$1,936	\$1,624
	139 LEVEL I HERNIA REPAIR	64	\$1,767	\$2,778
	140 LEVEL II HERNIA REPAIR	3	\$3,090	\$2,576
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$947	\$2,139
	146 LEVEL II LAPAROSCOPY	1	\$809	\$3,868
	147 LEVEL III LAPAROSCOPY	11	\$2,795	\$4,985
08	GENITOURINARY SYSTEM PROCEDURES	68	\$1,962	\$5,392
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	34	\$2,858	\$8,211
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	23	\$1,058	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	9	\$1,044	\$2,703
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$1,253	\$3,858
09	MALE REPRODUCTIVE SYSTEM	23	\$938	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	\$956	\$2,702
	181 CIRCUMCISION	11	\$913	\$841

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$1,438	\$3,870
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$537	\$1,336
10	FEMALE REPRODUCTIVE SYSTEM	1	\$961	\$1,990
	200 HYSTEROGRAPHY	1	\$961	\$3,588
11	NEUROLOGIC SYSTEM PROCEDURES	147	\$1,112	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	\$332	\$1,028
	217 LEVEL I NERVE PROCEDURES	113	\$1,144	\$2,047
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	\$370	\$947
	221 LAMINOTOMY AND LAMINECTOMY	9	\$2,839	\$4,528
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,130	\$1,191	\$2,693
	232 LASER EYE PROCEDURES	81	\$257	\$863
	233 CATARACT PROCEDURES	969	\$1,242	\$2,964
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,169	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$696	\$5,538
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$58	\$919
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	56	\$1,708	\$4,984
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,334	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,275	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	349	\$1,095	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	158	\$1,201	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	21	\$984	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	\$1,555	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	22	\$977	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	140	\$984	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,294	51.6	57,975	53.8
Male	2,145	48.2	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	8	0.2	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	10	0.2	484	0.4
1-4 years	118	2.7	4,140	3.8
5-9	100	2.2	1,984	1.8
10-14	74	1.7	1,265	1.2
15-17	119	2.7	1,438	1.3
18-19	88	2.0	1,227	1.1
20-24	162	3.6	3,521	3.3
25-29	162	3.6	3,518	3.3
30-34	202	4.5	4,267	4.0
35-39	222	5.0	4,129	3.8
40-44	260	5.8	4,550	4.2
45-49	247	5.6	5,153	4.8
50-54	353	7.9	10,400	9.6
55-59	390	8.8	9,721	9.0
60-64	340	7.6	10,136	9.4
65-69	483	10.9	12,919	12.0
70-74	427	9.6	11,130	10.3
75-79	365	8.2	8,962	8.3
80-84	209	4.7	5,602	5.2
85-89	96	2.2	2,430	2.3
90 +	20	0.4	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,447	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,446	100.0	101,949	94.6
Another Hospital	1	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1,530	34.4	38,303	35.5
Medicaid	110	2.5	7,194	6.7
Other government	129	2.9	4,240	3.9
Blue Cross/Blue Shield	843	19.0	20,312	18.8
Other Commercial	564	12.7	6,440	6.0
Managed Care(HMO, PPO)	988	22.2	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	154	3.5	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	129	2.9	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	54	1.2	4,406	4.1
Central Utah	11	0.2	1,493	1.4
Davis County	3,110	69.9	14,332	13.3
Salt Lake County	395	8.9	35,980	33.4
Southeastern Utah	5	0.1	916	0.8
Southwest Utah	4	0.1	11,305	10.5
Summit County	9	0.2	1,595	1.5
Tooele County	335	7.5	1,964	1.8
Tri-County	7	0.2	544	0.5
Utah County	32	0.7	15,172	14.1
Wasatch County	3	0.1	458	0.4
Weber County	374	8.4	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	107	2.4	6,277	5.8
Unknown, Not Reported	1	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

419 Northern Utah Endoscopy Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	7,338	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	0	0.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	7,338	100.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

419 Northern Utah Endoscopy Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,984	27.0	10.28
43239	UGI ENDO; W/BX 1/MX	1,814	24.7	8.45
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,256	17.1	7.44
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	1,059	14.4	1.18
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	369	5.0	2.79
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	239	3.3	1.60
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	223	3.0	1.56
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	79	1.1	0.10
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	62	0.8	0.11
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	41	0.6	0.32
43247	UGI ENDO; W/REMOVAL FB	34	0.5	0.04
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	21	0.3	0.06
43255	UGI ENDO; W/CONTRL BLEED ANY MET	20	0.3	0.03
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	17	0.2	0.06
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	11	0.1	0.01
43264	ERCP; REMV CALCU BILI&/PANC DUCT	10	0.1	0.01
43244	UGI ENDO; W/BAND LIG VARICES	9	0.1	0.07
43258	UGI ENDO; W/ABLAT LES NOT SNARE	8	0.1	0.01
43262	ERCP; W/SPHINCTEROTOMY/PAPILLOTO	8	0.1	0.01
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	8	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, 2012
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 CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures				

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	354	\$751	\$2,230
45380	COLONOSCOPY FLEX; W/BX 1/MX	276	\$754	\$1,470
43239	UGI ENDO; W/BX 1/MX	124	\$809	\$1,400
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	37	\$656	\$1,561
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	28	\$534	\$1,361
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	20	\$972	\$1,529
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	10	\$699	\$1,837
43255	UGI ENDO; W/CONTRL BLEED ANY MET	9	\$337	\$969
43244	UGI ENDO; W/BAND LIG VARICES	8	\$893	\$1,265
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	4	\$892	\$1,491
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	4	\$685	\$1,108
43247	UGI ENDO; W/REMOVAL FB	4	\$866	\$2,033
43760	CHANGE OF GASTROSTOMY TUBE	4	\$660	\$1,377
43260	ERCP; DX W/WO CLCT SPEC SEP PROC	3	\$471	\$917
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	\$932	\$932
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	1	\$252	\$1,008
43215	ESOPHAGOSCOPY; W/REMV FB	1	\$385	\$607
43219	ESOPHAGOSCOPY; INSRT TUBE/STENT	1	\$515	\$515
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$725	\$725
43261	ERCP; W/BX SINGLE OR MULTIPLE	1	\$754	\$1,609
			\$948	\$948

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
07 GASTROINTESTINAL SYSTEM PROCEDURES	7,334	54,549
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1,059	1,717
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	17	93
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	75	199
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,050	14,551
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	426	3,225
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,248	26,164
137 THERAPEUTIC COLONOSCOPY	426	5,136
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	31	32
141 LEVEL I ANAL AND RECTAL PROCEDURES	2	154

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure EAPG category				
Procedure EAPG		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
07 GASTROINTESTINAL SYSTEM PROCEDURES		896	\$753	\$1,624
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		3	\$252	\$1,002
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		11	\$342	\$1,149
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		162	\$626	\$1,524
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		52	\$769	\$1,708
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		630	\$778	\$1,433
137 THERAPEUTIC COLONOSCOPY		30	\$968	\$1,637
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES		8	\$1,145	\$1,145

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,814	52.5	57,975	53.8
Male	1,641	47.5	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	0	0.0	1,265	1.2
15-17	23	0.7	1,438	1.3
18-19	26	0.8	1,227	1.1
20-24	131	3.8	3,521	3.3
25-29	105	3.0	3,518	3.3
30-34	127	3.7	4,267	4.0
35-39	134	3.9	4,129	3.8
40-44	155	4.5	4,550	4.2
45-49	211	6.1	5,153	4.8
50-54	563	16.3	10,400	9.6
55-59	467	13.5	9,721	9.0
60-64	450	13.0	10,136	9.4
65-69	359	10.4	12,919	12.0
70-74	289	8.4	11,130	10.3
75-79	218	6.3	8,962	8.3
80-84	127	3.7	5,602	5.2
85-89	49	1.4	2,430	2.3
90 +	21	0.6	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,455	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,455	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	670	19.4	38,303	35.5
Medicaid	110	3.2	7,194	6.7
Other government	76	2.2	4,240	3.9
Blue Cross/Blue Shield	774	22.4	20,312	18.8
Other Commercial	317	9.2	6,440	6.0
Managed Care(HMO, PPO)	1,442	41.7	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	1	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	65	1.9	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,971	86.0	4,406	4.1
Central Utah	4	0.1	1,493	1.4
Davis County	9	0.3	14,332	13.3
Salt Lake County	7	0.2	35,980	33.4
Southeastern Utah	2	0.1	916	0.8
Southwest Utah	3	0.1	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	1	0.0	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	12	0.3	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	16	0.5	13,339	12.4
Unknown Utah	1	0.0	15	0.0
Outside Utah	429	12.4	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

420 Ridgeline Endoscopy Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	6,771	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	0	0.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	6,771	100.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

420 Ridgeline Endoscopy Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	2,253	33.3	8.45
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,515	22.4	7.44
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,228	18.1	10.28
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	756	11.2	1.60
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	312	4.6	0.53
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	297	4.4	2.79
45384	COLONOSCOPY FLEX; REMV LES-FORCE	113	1.7	0.10
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	77	1.1	1.18
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	46	0.7	1.56
43228	ESOPHAGOSCOPY; W/ABLAT TUMOR	29	0.4	0.02
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	22	0.3	0.02
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	19	0.3	0.06
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	14	0.2	0.11
43244	UGI ENDO; W/BAND LIG VARICES	13	0.2	0.07
43247	UGI ENDO; W/REMOVAL FB	10	0.1	0.04
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	9	0.1	0.01
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	9	0.1	0.01
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	6	0.1	0.32
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	6	0.1	0.19
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	5	0.1	0.06

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

420 Ridgeline Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		4,637	\$2,914	\$2,230
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,444	\$2,975	\$1,470
43239	UGI ENDO; W/BX 1/MX	1,373	\$3,002	\$1,561
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,030	\$3,025	\$1,400
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	296	\$1,404	\$1,047
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	169	\$3,140	\$1,529
45384	COLONOSCOPY FLEX; REMV LES-FORCE	104	\$3,052	\$2,897
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	56	\$2,795	\$1,837
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	38	\$2,538	\$1,361
43228	ESOPHAGOSCOPY; W/ABLAT TUMOR	27	\$3,879	\$3,879
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	21	\$7,010	\$7,010
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	13	\$2,450	\$969
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	12	\$2,492	\$1,008
43244	UGI ENDO; W/BAND LIG VARICES	9	\$2,727	\$1,491
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	9	\$3,583	\$3,265
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	7	\$2,700	\$2,033
43247	UGI ENDO; W/REMOVAL FB	5	\$2,700	\$1,377
43220	ESOPHAGOSCOPY; W/BALLOON DILAT	4	\$2,000	\$2,000
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	3	\$2,800	\$1,609
43258	UGI ENDO; W/ABLAT LES NOT SNARE	3	\$2,800	\$1,922
45386	COLNSCP PROX SPLENC FLXR; DILAT	3	\$3,267	\$2,226

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

420 Ridgeline Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	312	2,689
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	312	1,069
04	RESPIRATORY PROCEDURES	22	3,684
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	22	34
07	GASTROINTESTINAL SYSTEM PROCEDURES	6,435	54,549
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	79	1,717
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	93
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	24	199
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,301	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	834	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,756	26,164
	137 THERAPEUTIC COLONOSCOPY	422	5,136

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	296	\$1,404	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	296	\$1,404	\$1,192
04	RESPIRATORY PROCEDURES	21	\$7,010	\$1,587
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	21	\$7,010	\$6,424
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,318	\$2,999	\$1,624
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$2,700	\$1,217
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	\$2,492	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	22	\$2,914	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,412	\$2,988	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	116	\$3,014	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,477	\$2,996	\$1,433
	137 THERAPEUTIC COLONOSCOPY	278	\$3,107	\$1,637

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,062	53.9	57,975	53.8
Male	2,617	46.1	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	6	0.1	1,265	1.2
15-17	42	0.7	1,438	1.3
18-19	31	0.5	1,227	1.1
20-24	111	2.0	3,521	3.3
25-29	157	2.8	3,518	3.3
30-34	164	2.9	4,267	4.0
35-39	182	3.2	4,129	3.8
40-44	230	4.1	4,550	4.2
45-49	297	5.2	5,153	4.8
50-54	679	12.0	10,400	9.6
55-59	539	9.5	9,721	9.0
60-64	562	9.9	10,136	9.4
65-69	775	13.6	12,919	12.0
70-74	692	12.2	11,130	10.3
75-79	586	10.3	8,962	8.3
80-84	417	7.3	5,602	5.2
85-89	166	2.9	2,430	2.3
90 +	43	0.8	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	5,679	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,679	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	2,616	46.1	38,303	35.5
Medicaid	191	3.4	7,194	6.7
Other government	958	16.9	4,240	3.9
Blue Cross/Blue Shield	866	15.2	20,312	18.8
Other Commercial	332	5.8	6,440	6.0
Managed Care(HMO, PPO)	614	10.8	26,409	24.5
Self Pay	56	1.0	1,516	1.4
Industrial & Worker Comp	1	0.0	1,492	1.4
Charity and Unclassified	45	0.8	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	220	3.9	4,406	4.1
Central Utah	4	0.1	1,493	1.4
Davis County	1,635	28.8	14,332	13.3
Salt Lake County	22	0.4	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	7	0.1	11,305	10.5
Summit County	17	0.3	1,595	1.5
Tooele County	1	0.0	1,964	1.8
Tri-County	4	0.1	544	0.5
Utah County	0	0.0	15,172	14.1
Wasatch County	4	0.1	458	0.4
Weber County	3,624	63.8	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	139	2.4	6,277	5.8
Unknown, Not Reported	2	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

427 Riverwoods Surgery Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	2,614	100.0	145,194	100.0
Mastectomy (19120-19220)	13	0.5	317	0.2
Musculoskeletal (20000-29909)	204	7.8	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	67	2.6	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	4	0.2	222	0.2
Lymphatic/Hemetic (38100-38999)	3	0.1	227	0.2
Digestive (40490-49999)	1,067	40.8	61,390	42.3
Urinary (50010-53899)	11	0.4	2,447	1.7
Male Genital (54000-55899)	13	0.5	874	0.6
Female Genital (56405-58999)	5	0.2	2,057	1.4
Endocrine/Nervous (60000-64999)	52	2.0	6,493	4.5
Eye (65091-68899)	796	30.5	32,627	22.5
Ear (69000-69979)	379	14.5	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		2,614	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	891	34.1	1.77
66984	EXTRACAPSULAR CATARACT REMV IOL	451	17.3	10.43
69436	TYMPANOSTOMY GENERAL ANESTHESIA	349	13.4	2.36
67311	STRABISMUS SURG; 1 HORIZONTAL MU	101	3.9	0.19
42820	T&A; UNDER AGE 12	83	3.2	1.05
66821	DISCISSION 2ND CATARACT; LASER S	59	2.3	1.50
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	50	1.9	0.25
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	40	1.5	0.07
28124	PARTIAL EXCISION BONE; PHALANX T	30	1.1	0.06
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	22	0.8	0.12
28285	CORRECTION HAMMERTOES	18	0.7	0.44
68811	PROBE NASOLACRIM DUCT; REQ GEN A	18	0.7	0.08
28296	HALLUX VALGUS; W/METATARSAL OSTE	16	0.6	0.23
66982	EXTRACAP CATARACT REMV W/IOL-CMP	14	0.5	0.88
42821	T&A; AGE 12 OR OVER	13	0.5	0.48
67040	VITRECTOMY MECH; W/PANRETINAL PH	12	0.5	0.08
67314	STRAB SURG R/R PROC; 1 VERTICL M	12	0.5	0.05
68815	PROBE NASOLAC DUCT; W/INSERT TUB	12	0.5	0.17
19140	MASTECTOMY FOR GYNCOMASTIA	11	0.4	0.01
28122	PART EXC BONE; TARSAL/MT EX TALU	11	0.4	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, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

427 Riverwoods Surgery Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		1,859	\$1,952	\$2,230
41899	UNLIST PROC DENTOALVEOL STRUCTUR	885	\$1,852	\$2,234
66984	EXTRACAPSULAR CATARACT REMV IOL	446	\$2,426	\$2,883
42820	T&A; UNDER AGE 12	65	\$1,999	\$1,866
66821	DISCISSION 2ND CATARACT; LASER S	59	\$867	\$846
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	31	\$849	\$1,424
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	18	\$3,675	\$4,728
68811	PROBE NASOLACRIM DUCT; REQ GEN A	17	\$1,547	\$1,817
66982	EXTRACAP CATARACT REMV W/IOL-CMP	13	\$2,657	\$3,913
28296	HALLUX VALGUS; W/METATARSAL OSTE	12	\$2,276	\$2,905
68815	PROBE NASOLAC DUCT; W/INSERT TUB	12	\$1,547	\$2,158
19140	MASTECTOMY FOR GYNECOMASTIA	11	\$914	\$914
67040	VITRECTOMY MECH; W/PANRETINAL PH	11	\$3,417	\$4,007
42821	T&A; AGE 12 OR OVER	10	\$1,999	\$1,860
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	8	\$1,864	\$1,730
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	8	\$867	\$961
67108	REPR RETINAL DETACH; W/VITRECTOM	8	\$3,417	\$6,040
28118	OSTECTOMY CALCANEUS;	7	\$1,655	\$1,780
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	7	\$1,864	\$1,855
67312	STRABISMUS SURG; 2 HORIZONTAL MU	7	\$1,925	\$2,983
21320	CLOS TX NASL BONE FRACTURE; W/ST	6	\$1,792	\$1,912

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

427 Riverwoods Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	26	2,689
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	58
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	18	1,199
	014 LEVEL III SKIN REPAIR	1	105
02	BREAST PROCEDURES	3	298
	020 LEVEL I BREAST PROCEDURES	2	297
	021 LEVEL II BREAST PROCEDURES	1	1
03	MUSCULOSKELETAL SYSTEM PROCEDURES	166	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	820
	033 LEVEL I HAND PROCEDURES	11	1,522
	034 LEVEL II HAND PROCEDURES	5	458
	035 LEVEL I FOOT PROCEDURES	89	2,203
	036 LEVEL II FOOT PROCEDURES	17	469
	037 LEVEL I ARTHROSCOPY	7	9,736
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	5	1,251
	045 BUNION PROCEDURES	18	709
	048 HAND AND FOOT TENOTOMY	3	125
04	RESPIRATORY PROCEDURES	4	3,684
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	2,824
05	CARDIOVASCULAR PROCEDURES	2	74
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	5
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	10	54,549
	139 LEVEL I HERNIA REPAIR	4	1,110
	140 LEVEL II HERNIA REPAIR	3	194
	146 LEVEL II LAPAROSCOPY	1	706
	147 LEVEL III LAPAROSCOPY	2	792
08	GENITOURINARY SYSTEM PROCEDURES	11	2,553
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	8	553
09	MALE REPRODUCTIVE SYSTEM	12	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	307
	181 CIRCUMCISION	5	307
10	FEMALE REPRODUCTIVE SYSTEM	5	1,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	77
11	NEUROLOGIC SYSTEM PROCEDURES	52	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	896
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	23
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	1
	217 LEVEL I NERVE PROCEDURES	13	2,040
	218 LEVEL II NERVE PROCEDURES	1	84

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

427 Riverwoods Surgery Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	3,108
	221 LAMINOTOMY AND LAMINECTOMY	24	259
	223 LEVEL III NERVE PROCEDURES	1	70
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	794	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	279
	232 LASER EYE PROCEDURES	74	3,122
	233 CATARACT PROCEDURES	476	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	12	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	32	1,362
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	124	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	31	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	25	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,499	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,260	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	27	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	13	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	41	681
	256 TONSIL AND ADENOID PROCEDURES	158	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	13	\$1,226	\$1,556
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,730	\$2,225
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$1,119	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$1,312	\$2,120
	014 LEVEL III SKIN REPAIR	1	\$550	\$2,540
02	BREAST PROCEDURES	2	\$0	\$1,487
	020 LEVEL I BREAST PROCEDURES	1	\$0	\$1,493
	021 LEVEL II BREAST PROCEDURES	1	\$0	\$0
03	MUSCULOSKELETAL SYSTEM PROCEDURES	74	\$2,143	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$8,279	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$2,106	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$3,069	\$4,447
	033 LEVEL I HAND PROCEDURES	3	\$1,328	\$2,335
	034 LEVEL II HAND PROCEDURES	1	\$2,129	\$3,143
	035 LEVEL I FOOT PROCEDURES	39	\$1,701	\$2,676
	036 LEVEL II FOOT PROCEDURES	6	\$1,862	\$3,717
	037 LEVEL I ARTHROSCOPY	2	\$3,530	\$3,659
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	\$3,034	\$3,584
	045 BUNION PROCEDURES	14	\$2,281	\$3,069
05	CARDIOVASCULAR PROCEDURES	2	\$150	\$2,952
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$150	\$150
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$75	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$75	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	10	\$2,025	\$1,624
	139 LEVEL I HERNIA REPAIR	4	\$1,663	\$2,778
	140 LEVEL II HERNIA REPAIR	3	\$2,013	\$2,576
	146 LEVEL II LAPAROSCOPY	1	\$2,800	\$3,868
	147 LEVEL III LAPAROSCOPY	2	\$2,381	\$4,985
08	GENITOURINARY SYSTEM PROCEDURES	9	\$2,051	\$5,392
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$1,531	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	8	\$2,116	\$2,703
09	MALE REPRODUCTIVE SYSTEM	12	\$1,910	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$2,068	\$2,702
	181 CIRCUMCISION	5	\$1,689	\$841
10	FEMALE REPRODUCTIVE SYSTEM	4	\$635	\$1,990
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$635	\$2,354
11	NEUROLOGIC SYSTEM PROCEDURES	37	\$2,468	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$499	\$1,028
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$936	\$1,697
	217 LEVEL I NERVE PROCEDURES	8	\$1,398	\$2,047
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$904	\$947
	221 LAMINOTOMY AND LAMINECTOMY	20	\$3,490	\$4,528
	223 LEVEL III NERVE PROCEDURES	1	\$3,492	\$8,988
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	641	\$2,168	\$2,693
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	\$831	\$466

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
	232 LASER EYE PROCEDURES	71	\$842	\$863
	233 CATARACT PROCEDURES	462	\$2,431	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,490	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	\$1,747	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	\$1,854	\$5,538
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	4	\$944	\$919
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	23	\$3,140	\$4,984
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	17	\$1,925	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	26	\$1,517	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	20	\$1,490	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,038	\$1,820	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	896	\$1,848	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	\$1,151	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	4	\$1,316	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	32	\$921	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	93	\$1,969	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

427 Riverwoods Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,111	50.8	57,975	53.8
Male	1,076	49.2	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	46	2.1	484	0.4
1-4 years	940	43.0	4,140	3.8
5-9	203	9.3	1,984	1.8
10-14	52	2.4	1,265	1.2
15-17	22	1.0	1,438	1.3
18-19	26	1.2	1,227	1.1
20-24	43	2.0	3,521	3.3
25-29	33	1.5	3,518	3.3
30-34	37	1.7	4,267	4.0
35-39	35	1.6	4,129	3.8
40-44	30	1.4	4,550	4.2
45-49	44	2.0	5,153	4.8
50-54	40	1.8	10,400	9.6
55-59	45	2.1	9,721	9.0
60-64	63	2.9	10,136	9.4
65-69	125	5.7	12,919	12.0
70-74	149	6.8	11,130	10.3
75-79	140	6.4	8,962	8.3
80-84	72	3.3	5,602	5.2
85-89	33	1.5	2,430	2.3
90 +	9	0.4	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,187	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

427 Riverwoods Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,182	99.8	101,949	94.6
Another Hospital	2	0.1	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	2	0.1	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	1	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	500	22.9	38,303	35.5
Medicaid	854	39.0	7,194	6.7
Other government	35	1.6	4,240	3.9
Blue Cross/Blue Shield	212	9.7	20,312	18.8
Other Commercial	88	4.0	6,440	6.0
Managed Care(HMO, PPO)	287	13.1	26,409	24.5
Self Pay	153	7.0	1,516	1.4
Industrial & Worker Comp	6	0.3	1,492	1.4
Charity and Unclassified	28	1.3	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	24	1.1	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	4,406	4.1
Central Utah	152	7.0	1,493	1.4
Davis County	11	0.5	14,332	13.3
Salt Lake County	44	2.0	35,980	33.4
Southeastern Utah	63	2.9	916	0.8
Southwest Utah	5	0.2	11,305	10.5
Summit County	1	0.0	1,595	1.5
Tooele County	1	0.0	1,964	1.8
Tri-County	25	1.1	544	0.5
Utah County	1,839	84.1	15,172	14.1
Wasatch County	17	0.8	458	0.4
Weber County	7	0.3	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	18	0.8	6,277	5.8
Unknown, Not Reported	1	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

407 Salt Lake Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	1,629	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	176	10.8	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	142	8.7	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	2	0.1	227	0.2
Digestive (40490-49999)	530	32.5	61,390	42.3
Urinary (50010-53899)	157	9.6	2,447	1.7
Male Genital (54000-55899)	76	4.7	874	0.6
Female Genital (56405-58999)	8	0.5	2,057	1.4
Endocrine/Nervous (60000-64999)	32	2.0	6,493	4.5
Eye (65091-68899)	479	29.4	32,627	22.5
Ear (69000-69979)	27	1.7	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

407 Salt Lake Surgical Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,629	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	473	29.0	1.77
67900	REPAIR OF BROW PTOSIS	98	6.0	0.31
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	79	4.8	0.65
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	75	4.6	0.66
66984	EXTRACAPSULAR CATARACT REMV IOL	55	3.4	10.43
67917	REPAIR OF ECTROPION; EXTENSIVE	50	3.1	0.37
30140	SUBMUCOS RES TURBINATE PART/CMPL	32	2.0	1.47
28296	HALLUX VALGUS; W/METATARSAL OSTE	29	1.8	0.23
52332	CYSTOURETHROSCOPY W/INSRT STENT	20	1.2	0.29
55400	VASOVASOSTOMY VASOVASORRHAPHY	20	1.2	0.06
67311	STRABISMUS SURG; 1 HORIZONTAL MU	18	1.1	0.19
68815	PROBE NASOLAC DUCT; W/INSERT TUB	18	1.1	0.17
31267	NASL/SINUS ENDO; W/TOSS REMV MAX	17	1.0	0.60
42820	T&A; UNDER AGE 12	17	1.0	1.05
68720	DACRYOCYSTORHINOSTOMY	17	1.0	0.10
67314	STRAB SURG R/R PROC; 1 VERTICL M	15	0.9	0.05
67924	REPAIR OF ENTROPION; EXTENSIVE	15	0.9	0.07
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	14	0.9	0.56
69436	TYMPANOSTOMY GENERAL ANESTHESIA	14	0.9	2.36
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	13	0.8	0.92

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

407 Salt Lake Surgical Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		897	\$2,813	\$2,230
41899	UNLIST PROC DENTOALVEOL STRUCTUR	472	\$2,689	\$2,234
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	62	\$7,449	\$8,211
66984	EXTRACAPSULAR CATARACT REMV IOL	52	\$2,373	\$2,883
28296	HALLUX VALGUS; W/METATARSAL OSTE	28	\$1,989	\$2,905
55400	VASOVASOSTOMY VASOVASORRHAPHY	20	\$2,310	\$2,560
67900	REPAIR OF BROW PTOSIS	20	\$1,721	\$2,775
42820	T&A; UNDER AGE 12	12	\$1,836	\$1,866
52260	CYSTOURETHROSCPY W/DILAT; GEN AN	9	\$2,179	\$2,086
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	9	\$1,468	\$1,981
28299	CORR HALLUX VALGUS; DBL OSTBOT	8	\$1,898	\$3,017
67924	REPAIR OF ENTROPION; EXTENSIVE	8	\$1,701	\$3,134
21120	GENIOPLASTY; AUGMENTATION	7	\$1,732	\$1,611
42821	T&A; AGE 12 OR OVER	6	\$2,439	\$1,860
52234	CYSTOURETHROSCOPY W/FULG; SM TUM	6	\$1,461	\$2,093
52235	CYSTOURETHROSCOPY W/FULG; MED TU	6	\$1,611	\$2,709
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	5	\$1,290	\$1,427
52000	CYSTOURETHROSCOPY-SEP PROC	5	\$1,461	\$1,133
54520	ORCHIECTOMY SIMPL W/NO PROSTH	5	\$2,330	\$3,058
55040	EXCISION OF HYDROCELE; UNILATERA	5	\$2,074	\$2,807
55530	EXC VARICOCL/LIG SPERM VN;SEP PR	5	\$2,610	\$3,046

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	40	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	53
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	58
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	13	1,199
	013 LEVEL II SKIN REPAIR	11	127
	014 LEVEL III SKIN REPAIR	8	105
03	MUSCULOSKELETAL SYSTEM PROCEDURES	110	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	820
	033 LEVEL I HAND PROCEDURES	5	1,522
	034 LEVEL II HAND PROCEDURES	1	458
	035 LEVEL I FOOT PROCEDURES	19	2,203
	036 LEVEL II FOOT PROCEDURES	2	469
	037 LEVEL I ARTHROSCOPY	23	9,736
	038 LEVEL II ARTHROSCOPY	4	2,231
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,251
	045 BUNION PROCEDURES	41	709
	047 LEVEL II ARTHROPLASTY	1	30
	048 HAND AND FOOT TENOTOMY	1	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	659
04	RESPIRATORY PROCEDURES	43	3,684
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	7	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	36	2,824
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	31	54,549
	139 LEVEL I HERNIA REPAIR	20	1,110
	140 LEVEL II HERNIA REPAIR	4	194
	146 LEVEL II LAPAROSCOPY	5	706
	147 LEVEL III LAPAROSCOPY	2	792
08	GENITOURINARY SYSTEM PROCEDURES	157	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	79	938
	162 URINARY CATHETERIZATION AND DILATATION	1	3
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	55	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	20	553
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	12
09	MALE REPRODUCTIVE SYSTEM	64	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	50	307
	181 CIRCUMCISION	11	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	3	47
10	FEMALE REPRODUCTIVE SYSTEM	5	1,052
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	96
	200 HYSTEROSCOPY	2	313

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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			
11	NEUROLOGIC SYSTEM PROCEDURES	33	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	896
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	23
	217 LEVEL I NERVE PROCEDURES	3	2,040
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	22	3,108
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	479	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	6	279
	233 CATARACT PROCEDURES	55	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	7	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	1,228
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	74	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	19	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	308	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	660	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	535	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	20	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	32	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	43	681
	256 TONSIL AND ADENOID PROCEDURES	30	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		13	\$2,286	\$1,556
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		3	\$1,629	\$1,192
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		8	\$2,069	\$2,120
014 LEVEL III SKIN REPAIR		2	\$4,138	\$2,540
03 MUSCULOSKELETAL SYSTEM PROCEDURES		53	\$2,086	\$3,455
033 LEVEL I HAND PROCEDURES		3	\$1,501	\$2,335
034 LEVEL II HAND PROCEDURES		1	\$2,891	\$3,143
035 LEVEL I FOOT PROCEDURES		8	\$2,017	\$2,676
036 LEVEL II FOOT PROCEDURES		1	\$3,565	\$3,717
037 LEVEL I ARTHROSCOPY		3	\$3,410	\$3,659
045 BUNION PROCEDURES		37	\$1,979	\$3,069
04 RESPIRATORY PROCEDURES		2	\$1,599	\$1,587
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY		1	\$1,701	\$932
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY		1	\$1,497	\$2,805
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		2	\$1,992	\$2,167
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		2	\$1,992	\$2,167
07 GASTROINTESTINAL SYSTEM PROCEDURES		14	\$3,055	\$1,624
139 LEVEL I HERNIA REPAIR		9	\$2,948	\$2,778
146 LEVEL II LAPAROSCOPY		3	\$3,165	\$3,868
147 LEVEL III LAPAROSCOPY		2	\$3,373	\$4,985
08 GENITOURINARY SYSTEM PROCEDURES		103	\$5,168	\$5,392
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY		62	\$7,449	\$8,211
162 URINARY CATHETERIZATION AND DILATATION		1	\$1,134	\$1,134
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		24	\$1,644	\$2,109
164 LEVEL II BLADDER AND KIDNEY PROCEDURES		16	\$1,867	\$2,703
09 MALE REPRODUCTIVE SYSTEM		48	\$2,149	\$1,734
180 TESTICULAR AND EPIDIDYMAL PROCEDURES		35	\$2,311	\$2,702
181 CIRCUMCISION		10	\$1,447	\$841
184 LEVEL II PENILE AND PROSTATE PROCEDURES		3	\$2,607	\$3,870
10 FEMALE REPRODUCTIVE SYSTEM		4	\$1,648	\$1,990
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES		1	\$1,525	\$2,354
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES		1	\$1,554	\$3,063
200 HYSTEROSCOPY		2	\$1,756	\$3,588
11 NEUROLOGIC SYSTEM PROCEDURES		5	\$1,803	\$1,789
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		3	\$796	\$1,028
217 LEVEL I NERVE PROCEDURES		2	\$3,314	\$2,047
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		117	\$2,580	\$2,693
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES		1	\$1,623	\$466
233 CATARACT PROCEDURES		52	\$2,373	\$2,964
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES		1	\$2,303	\$2,826
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES		7	\$8,520	\$5,538
239 STRABISMUS AND MUSCLE EYE PROCEDURES		6	\$2,721	\$3,278
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE		1	\$1,495	\$1,210
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE		49	\$1,981	\$3,402
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		533	\$2,582	\$2,106

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
252 LEVEL I FACIAL AND ENT PROCEDURES	477	\$2,674	\$2,161
253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$960	\$2,166
254 LEVEL III FACIAL AND ENT PROCEDURES	11	\$2,191	\$3,075
255 LEVEL IV FACIAL AND ENT PROCEDURES	16	\$1,545	\$2,797
256 TONSIL AND ADENOID PROCEDURES	23	\$2,013	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	614	52.3	57,975	53.8
Male	559	47.6	49,803	46.2
Unknown	2	0.2	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	381	32.4	4,140	3.8
5-9	104	8.9	1,984	1.8
10-14	16	1.4	1,265	1.2
15-17	15	1.3	1,438	1.3
18-19	13	1.1	1,227	1.1
20-24	33	2.8	3,521	3.3
25-29	23	2.0	3,518	3.3
30-34	40	3.4	4,267	4.0
35-39	35	3.0	4,129	3.8
40-44	34	2.9	4,550	4.2
45-49	39	3.3	5,153	4.8
50-54	59	5.0	10,400	9.6
55-59	56	4.8	9,721	9.0
60-64	35	3.0	10,136	9.4
65-69	98	8.3	12,919	12.0
70-74	73	6.2	11,130	10.3
75-79	54	4.6	8,962	8.3
80-84	43	3.7	5,602	5.2
85-89	19	1.6	2,430	2.3
90 +	5	0.4	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1,175	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,175	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	205	17.4	38,303	35.5
Medicaid	459	39.1	7,194	6.7
Other government	11	0.9	4,240	3.9
Blue Cross/Blue Shield	196	16.7	20,312	18.8
Other Commercial	54	4.6	6,440	6.0
Managed Care(HMO, PPO)	103	8.8	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	8	0.7	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	18	1.5	138	0.1
Not Reported	121	10.3	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.6	4,406	4.1
Central Utah	8	0.7	1,493	1.4
Davis County	46	3.9	14,332	13.3
Salt Lake County	913	77.7	35,980	33.4
Southeastern Utah	8	0.7	916	0.8
Southwest Utah	6	0.5	11,305	10.5
Summit County	29	2.5	1,595	1.5
Tooele County	17	1.4	1,964	1.8
Tri-County	11	0.9	544	0.5
Utah County	21	1.8	15,172	14.1
Wasatch County	5	0.4	458	0.4
Weber County	22	1.9	13,339	12.4
Unknown Utah	1	0.1	15	0.0
Outside Utah	81	6.9	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

417 South Towne Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,450	100.0	66,883	100.0
Mastectomy (85.0-85.99)	195	5.7	712	1.1
Musculoskeletal (76.0-84.99)	1,547	44.8	17,765	26.6
Respiratory (30.0-34.99)	2	0.1	119	0.2
Cardiovascular (35.0-39.99)	4	0.1	48	0.1
Lymphatic/Hemetic (40.0-41.99)	3	0.1	170	0.3
Digestive System (42.0-54.99)	379	11.0	17,755	26.5
Urinary (55.0-59.99)	60	1.7	1,199	1.8
Male Genital (60.0-64.99)	21	0.6	324	0.5
Female Genital (65.0-71.99)	44	1.3	691	1.0
Endocrine/Nervous (01.0-07.99)	273	7.9	4,434	6.6
Eye (08.0-16.99)	57	1.7	10,656	15.9
Ear (18.0-20.99)	215	6.2	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	650	18.8	9,638	14.4
Reporting Category(CPT-4 CODES)	3,722	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	1,630	43.8	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	94	2.5	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	5	0.1	222	0.2
Lymphatic/Hemetic (38100-38999)	4	0.1	227	0.2
Digestive (40490-49999)	939	25.2	61,390	42.3
Urinary (50010-53899)	79	2.1	2,447	1.7
Male Genital (54000-55899)	21	0.6	874	0.6
Female Genital (56405-58999)	55	1.5	2,057	1.4
Endocrine/Nervous (60000-64999)	660	17.7	6,493	4.5
Eye (65091-68899)	20	0.5	32,627	22.5
Ear (69000-69979)	215	5.8	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		3,450	100.0	100.0
2499	OTH DENTAL OPER	348	10.1	1.28
806	EXC SEMILUNAR CARTILAGE-KNEE	230	6.7	3.24
2001	MYRINGOTOMY W/INSRT TUBE	189	5.5	4.10
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	155	4.5	0.89
283	TONSILLECTOMY W/ADENOIDECTOMY	116	3.4	2.59
8183	OTH REPR SHLDR	108	3.1	2.07
8076	SYNOVECT-KNEE	103	3.0	0.60
8553	UNILAT BREAST IMPLNT	103	3.0	0.18
4525	CLO [ENDO] BX LG INTESTINE	100	2.9	7.38
8363	ROTATOR CUFF REPR	83	2.4	1.42
0309	OTH EXPLOR & DECOMP SPINAL CANAL	82	2.4	0.15
7756	REPR HAMMER TOE	80	2.3	0.67
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	76	2.2	0.90
4523	COLONOSCOPY	73	2.1	5.06
2169	OTH TURBINECTOMY	52	1.5	1.96
8021	ARTHSCPY-SHLDR	52	1.5	0.61
0443	RELEASE CARPAL TUNNEL	49	1.4	2.18
5123	LAP CHOLEY	49	1.4	1.06
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	47	1.4	0.41
0392	INJ OTH AGENT SPINAL CANAL	46	1.3	0.74

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,722	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	348	9.3	1.77
69436	TYMPANOSTOMY GENERAL ANESTHESIA	189	5.1	2.36
64636	64636	186	5.0	0.27
29881	SCOPE KNEE SURG;W/MENISCECT MED/	153	4.1	1.62
29879	SCOPE KNEE SURG; ABRASION ARTHPL	140	3.8	0.24
45380	COLONOSCOPY FLEX; W/BX 1/MX	100	2.7	10.28
29826	SCOPE SHOULDER; DECOMP SUBACROM	99	2.7	1.26
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	95	2.6	0.16
28285	CORRECTION HAMMERTOES	80	2.1	0.44
42820	T&A; UNDER AGE 12	78	2.1	1.05
29823	SCOPE SHOULDER SURGICAL; DEBRID	76	2.0	0.39
45378	COLONOSCOPY FLEX; DX-SEP PROC	73	2.0	7.44
29880	SCOPE KNEE SURG;W/MENISCECT MED&	68	1.8	0.48
64634	64634	62	1.7	0.08
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	61	1.6	0.12
64635	64635	55	1.5	0.14
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	46	1.2	0.91
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	45	1.2	0.18
30140	SUBMUCOS RES TURBINATE PART/CMPL	45	1.2	1.47
47562	LAPAROSCOPY SURGICAL; CHOLECT	45	1.2	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, 2012
 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 CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,443	\$1,364	\$2,406
2499	OTH DENTAL OPER	348	\$1,072	\$2,309
283	TONSILLECTOMY W/ADENOIDECTOMY	99	\$1,084	\$1,973
4525	CLO [ENDO] BX LG INTESTINE	89	\$819	\$996
806	EXC SEMILUNAR CARTILAGE-KNEE	77	\$1,718	\$3,950
4523	COLONOSCOPY	72	\$730	\$1,118
0309	OTH EXPLOR & DECOMP SPINAL CANAL	47	\$3,786	\$4,311
5123	LAP CHOLEY	46	\$2,236	\$4,942
4495	4495	33	\$4,774	\$4,774
282	TONSILLECTOMY WO ADENOIDECTOMY	27	\$1,237	\$2,022
0443	RELEASE CARPAL TUNNEL	26	\$1,129	\$2,438
8553	UNILAT BREAST IMPLNT	22	\$731	\$905
5300	UNILAT REPR ING HERN-NOS	21	\$1,651	\$1,823
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	19	\$1,412	\$2,971
8076	SYNOVECT-KNEE	19	\$1,915	\$4,262
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	18	\$1,491	\$4,928
8211	TENOT HAND	18	\$842	\$1,342
8221	EXC LES TENDON SHEATH HAND	17	\$979	\$2,379
0392	INJ OTH AGENT SPINAL CANAL	15	\$752	\$984
7860	REMOV IMPLNT DEVICE-UNS SITE	15	\$1,053	\$1,278
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	14	\$831	\$1,125

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,445	\$1,474	\$2,230
41899	UNLIST PROC DENTOALVEOL STRUCTUR	348	\$1,072	\$2,234
45380	COLONOSCOPY FLEX; W/BX 1/MX	88	\$815	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	72	\$730	\$1,470
42820	T&A; UNDER AGE 12	66	\$1,028	\$1,866
29881	SCOPE KNEE SURG;W/MENISCECT MED/	57	\$1,790	\$3,374
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	44	\$3,911	\$4,728
47562	LAPAROSCOPY SURGICAL; CHOLECT	42	\$2,265	\$3,713
42821	T&A; AGE 12 OR OVER	31	\$1,215	\$1,860
43770	43770	30	\$4,620	\$4,620
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	23	\$1,266	\$1,855
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	22	\$965	\$1,814
49505	REPR INIT ING HERNIA 5YR/MORE; R	20	\$1,648	\$2,592
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	19	\$4,273	\$8,211
26055	TENDON SHEATH INCISION	18	\$842	\$2,065
29880	SCOPE KNEE SURG;W/MENISCECT MED&	18	\$1,607	\$3,689
20680	REMOVAL OF IMPLANT; DEEP	14	\$1,024	\$2,463
43239	UGI ENDO; W/BX 1/MX	14	\$831	\$1,561
57288	SLING OPERATION STRESS INCONTINE	14	\$1,470	\$3,517
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	13	\$692	\$1,194
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	11	\$1,187	\$5,160

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	45	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	53
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	33	1,199
	014 LEVEL III SKIN REPAIR	3	105
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,574	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	143	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	820
	033 LEVEL I HAND PROCEDURES	64	1,522
	034 LEVEL II HAND PROCEDURES	5	458
	035 LEVEL I FOOT PROCEDURES	206	2,203
	036 LEVEL II FOOT PROCEDURES	29	469
	037 LEVEL I ARTHROSCOPY	744	9,736
	038 LEVEL II ARTHROSCOPY	89	2,231
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	82	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	232
	045 BUNION PROCEDURES	58	709
	046 LEVEL I ARTHROPLASTY	6	267
	048 HAND AND FOOT TENOTOMY	4	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	659
04	RESPIRATORY PROCEDURES	14	3,684
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	2,824
05	CARDIOVASCULAR PROCEDURES	4	74
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	5
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	4
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	412	54,549
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	20	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	175	26,164
	137 THERAPEUTIC COLONOSCOPY	23	5,136
	139 LEVEL I HERNIA REPAIR	61	1,110
	140 LEVEL II HERNIA REPAIR	6	194
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	293
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	25
	145 LEVEL I LAPAROSCOPY	6	152
	146 LEVEL II LAPAROSCOPY	61	706
	147 LEVEL III LAPAROSCOPY	52	792
08	GENITOURINARY SYSTEM PROCEDURES	77	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	20	938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	39	876

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	17	553
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	170
09	MALE REPRODUCTIVE SYSTEM	17	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	307
	181 CIRCUMCISION	3	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	3	47
10	FEMALE REPRODUCTIVE SYSTEM	36	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	22	96
	199 DILATION AND CURETTAGE	1	33
	200 HYSTEROSCOPY	3	313
11	NEUROLOGIC SYSTEM PROCEDURES	644	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	896
	217 LEVEL I NERVE PROCEDURES	86	2,040
	218 LEVEL II NERVE PROCEDURES	1	84
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	421	3,108
	221 LAMINOTOMY AND LAMINECTOMY	114	259
	223 LEVEL III NERVE PROCEDURES	6	70
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	20	32,293
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	18	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	854	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	605	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	25	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	19	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	10	681
	256 TONSIL AND ADENOID PROCEDURES	195	3,457

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	23	\$1,407	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$1,039	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	19	\$1,485	\$2,120
03	MUSCULOSKELETAL SYSTEM PROCEDURES	365	\$1,378	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$1,020	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$1,349	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$2,568	\$4,447
	033 LEVEL I HAND PROCEDURES	38	\$942	\$2,335
	034 LEVEL II HAND PROCEDURES	1	\$1,100	\$3,143
	035 LEVEL I FOOT PROCEDURES	35	\$1,036	\$2,676
	036 LEVEL II FOOT PROCEDURES	4	\$1,353	\$3,717
	037 LEVEL I ARTHROSCOPY	126	\$1,783	\$3,659
	038 LEVEL II ARTHROSCOPY	18	\$1,705	\$6,554
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$778	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	58	\$1,121	\$3,584
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$586	\$1,342
	045 BUNION PROCEDURES	20	\$1,197	\$3,069
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$680	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$680	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	329	\$1,481	\$1,624
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$896	\$1,524
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	162	\$773	\$1,433
	137 THERAPEUTIC COLONOSCOPY	9	\$576	\$1,637
	139 LEVEL I HERNIA REPAIR	35	\$1,496	\$2,778
	140 LEVEL II HERNIA REPAIR	1	\$1,698	\$2,576
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$920	\$2,139
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	\$1,647	\$1,320
	145 LEVEL I LAPAROSCOPY	2	\$1,148	\$2,559
	146 LEVEL II LAPAROSCOPY	53	\$2,150	\$3,868
	147 LEVEL III LAPAROSCOPY	45	\$3,621	\$4,985
08	GENITOURINARY SYSTEM PROCEDURES	59	\$1,984	\$5,392
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	19	\$4,273	\$8,211
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	29	\$897	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	10	\$909	\$2,703
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$778	\$3,858
09	MALE REPRODUCTIVE SYSTEM	10	\$974	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$1,076	\$2,702
	181 CIRCUMCISION	3	\$749	\$841
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$1,030	\$3,870
10	FEMALE REPRODUCTIVE SYSTEM	31	\$1,300	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$890	\$2,073
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$1,784	\$2,354
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	22	\$1,235	\$3,063
	199 DILATION AND CURETTAGE	1	\$778	\$1,430
	200 HYSTEROSCOPY	1	\$757	\$3,588

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
11 NEUROLOGIC SYSTEM PROCEDURES		121	\$3,158	\$1,789
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		13	\$692	\$1,028
217 LEVEL I NERVE PROCEDURES		34	\$1,999	\$2,047
218 LEVEL II NERVE PROCEDURES		1	\$3,522	\$3,720
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		9	\$562	\$947
221 LAMINOTOMY AND LAMINECTOMY		58	\$3,800	\$4,528
223 LEVEL III NERVE PROCEDURES		6	\$12,700	\$8,988
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		4	\$1,176	\$2,693
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE		4	\$1,176	\$3,402
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		500	\$1,093	\$2,106
252 LEVEL I FACIAL AND ENT PROCEDURES		356	\$1,067	\$2,161
253 LEVEL II FACIAL AND ENT PROCEDURES		7	\$755	\$2,166
254 LEVEL III FACIAL AND ENT PROCEDURES		4	\$2,002	\$3,075
255 LEVEL IV FACIAL AND ENT PROCEDURES		2	\$3,166	\$2,797
256 TONSIL AND ADENOID PROCEDURES		131	\$1,125	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,324	55.0	57,975	53.8
Male	1,079	44.8	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	5	0.2	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	21	0.9	484	0.4
1-4 years	381	15.8	4,140	3.8
5-9	119	4.9	1,984	1.8
10-14	58	2.4	1,265	1.2
15-17	60	2.5	1,438	1.3
18-19	33	1.4	1,227	1.1
20-24	105	4.4	3,521	3.3
25-29	106	4.4	3,518	3.3
30-34	152	6.3	4,267	4.0
35-39	149	6.2	4,129	3.8
40-44	180	7.5	4,550	4.2
45-49	166	6.9	5,153	4.8
50-54	241	10.0	10,400	9.6
55-59	206	8.6	9,721	9.0
60-64	194	8.1	10,136	9.4
65-69	110	4.6	12,919	12.0
70-74	65	2.7	11,130	10.3
75-79	38	1.6	8,962	8.3
80-84	17	0.7	5,602	5.2
85-89	6	0.2	2,430	2.3
90 +	1	0.0	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	2,406	99.9	75,037	69.6
Clinic Referral	2	0.1	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,408	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	230	9.6	38,303	35.5
Medicaid	373	15.5	7,194	6.7
Other government	131	5.4	4,240	3.9
Blue Cross/Blue Shield	618	25.7	20,312	18.8
Other Commercial	91	3.8	6,440	6.0
Managed Care(HMO, PPO)	597	24.8	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	52	2.2	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	97	4.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	219	9.1	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	10	0.4	4,406	4.1
Central Utah	11	0.5	1,493	1.4
Davis County	70	2.9	14,332	13.3
Salt Lake County	1,925	79.9	35,980	33.4
Southeastern Utah	16	0.7	916	0.8
Southwest Utah	9	0.4	11,305	10.5
Summit County	25	1.0	1,595	1.5
Tooele County	25	1.0	1,964	1.8
Tri-County	17	0.7	544	0.5
Utah County	219	9.1	15,172	14.1
Wasatch County	6	0.2	458	0.4
Weber County	19	0.8	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	54	2.2	6,277	5.8
Unknown, Not Reported	2	0.1	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	5,487	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	0	0.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	5,487	100.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

430 St. George Endoscopy Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	5,487	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,561	28.4	10.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1,337	24.4	7.44
43239	COLONOSCOPY FLEX; W/REMV LES-SNA	669	12.2	2.79
43239	UGI ENDO; W/BX 1/MX	645	11.8	8.45
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	377	6.9	1.56
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	342	6.2	0.53
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	336	6.1	1.18
43248	UGI ENDO; W/INSRT GUIDE WIRE	87	1.6	0.25
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	41	0.7	0.32
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	13	0.2	0.06
45383	COLONOSCOPY FLEX; W/ABLAT LES	12	0.2	0.28
43244	UGI ENDO; W/BAND LIG VARICES	11	0.2	0.07
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	11	0.2	0.11
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	10	0.2	0.10
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	8	0.1	1.60
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	8	0.1	0.06
45384	COLONOSCOPY FLEX; REMV LES-FORCE	6	0.1	0.10
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	0.1	0.03
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	0.0	0.02
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, 2012
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 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				
		3,332	\$1,145	\$2,230
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,192	\$1,186	\$1,470
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,086	\$1,188	\$1,400
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	317	\$867	\$1,047
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	308	\$1,188	\$1,529
43239	UGI ENDO; W/BX 1/MX	245	\$1,187	\$1,561
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	124	\$891	\$1,361
43248	UGI ENDO; W/INSRT GUIDE WIRE	31	\$1,184	\$874
43244	UGI ENDO; W/BAND LIG VARICES	7	\$1,190	\$1,491
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	4	\$1,190	\$1,837
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	3	\$1,190	\$1,108
45383	COLONOSCOPY FLEX; W/ABLAT LES	3	\$1,171	\$1,727
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	\$1,190	\$1,609
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$1,190	\$1,265
45386	COLNSCP PROX SPLENC FLXR; DILAT	2	\$1,190	\$2,226
43258	UGI ENDO; W/ABLAT LES NOT SNARE	1	\$1,345	\$1,922
44360	SM INTEST ENDO NOT ILEUM; DX-SP	1	\$1,190	\$1,190
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	\$893	\$1,008
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	1	\$1,190	\$837
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	1	\$1,190	\$1,919
45915	REMV FECAL IMPACTION/FB-SP UND A	1	\$557	\$557

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	342	2,689
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	342	1,069
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,145	54,549
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	336	1,717
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	93
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	199
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,023	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	135	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,898	26,164
	137 THERAPEUTIC COLONOSCOPY	732	5,136
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	154

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	317	\$867	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	317	\$867	\$1,192
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,015	\$1,175	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$893	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,190	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	370	\$1,088	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	50	\$1,190	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,278	\$1,187	\$1,433
	137 THERAPEUTIC COLONOSCOPY	314	\$1,188	\$1,637
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$557	\$1,200

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

430 St. George Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,292	53.0	57,975	53.8
Male	2,030	47.0	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	0	0.0	1,265	1.2
15-17	1	0.0	1,438	1.3
18-19	5	0.1	1,227	1.1
20-24	27	0.6	3,521	3.3
25-29	42	1.0	3,518	3.3
30-34	40	0.9	4,267	4.0
35-39	55	1.3	4,129	3.8
40-44	86	2.0	4,550	4.2
45-49	140	3.2	5,153	4.8
50-54	502	11.6	10,400	9.6
55-59	443	10.2	9,721	9.0
60-64	594	13.7	10,136	9.4
65-69	766	17.7	12,919	12.0
70-74	741	17.1	11,130	10.3
75-79	528	12.2	8,962	8.3
80-84	265	6.1	5,602	5.2
85-89	74	1.7	2,430	2.3
90 +	13	0.3	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	3,111	72.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	1,211	28.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

430 St. George Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,322	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	2,252	52.1	38,303	35.5
Medicaid	64	1.5	7,194	6.7
Other government	87	2.0	4,240	3.9
Blue Cross/Blue Shield	434	10.0	20,312	18.8
Other Commercial	261	6.0	6,440	6.0
Managed Care(HMO, PPO)	1,192	27.6	26,409	24.5
Self Pay	32	0.7	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.0	4,406	4.1
Central Utah	25	0.6	1,493	1.4
Davis County	2	0.0	14,332	13.3
Salt Lake County	4	0.1	35,980	33.4
Southeastern Utah	8	0.2	916	0.8
Southwest Utah	3,840	88.8	11,305	10.5
Summit County	2	0.0	1,595	1.5
Tooele County	0	0.0	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	4	0.1	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	3	0.1	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	432	10.0	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

408 St. George Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	0	0.0	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	170	0.3
Digestive System (42.0-54.99)	0	0.0	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	6	100.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	0	0.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	9,638	14.4
Reporting Category(CPT-4 CODES)	1,812	100.0	145,194	100.0
Mastectomy (19120-19220)	10	0.6	317	0.2
Musculoskeletal (20000-29909)	98	5.4	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	22	1.2	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	6	0.3	222	0.2
Lymphatic/Hemetic (38100-38999)	1	0.1	227	0.2
Digestive (40490-49999)	203	11.2	61,390	42.3
Urinary (50010-53899)	2	0.1	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	157	8.7	2,057	1.4
Endocrine/Nervous (60000-64999)	325	17.9	6,493	4.5
Eye (65091-68899)	986	54.4	32,627	22.5
Ear (69000-69979)	2	0.1	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		6	100.0	100.0
7	7	6	100.0	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,812	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	479	26.4	10.43
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	155	8.6	0.66
66821	DISCISSION 2ND CATARACT; LASER S	116	6.4	1.50
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	71	3.9	0.56
45380	COLONOSCOPY FLEX; W/BX 1/MX	62	3.4	10.28
64635	64635	62	3.4	0.14
64636	64636	62	3.4	0.27
66982	EXTRACAP CATARACT REMV W/IOL-CMP	50	2.8	0.88
45378	COLONOSCOPY FLEX; DX-SEP PROC	29	1.6	7.44
64634	64634	24	1.3	0.08
67961	EXC & REPR LID; TO 1/4 LID MARGI	24	1.3	0.05
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	23	1.3	0.06
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	23	1.3	0.06
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	20	1.1	0.02
68815	PROBE NASOLAC DUCT; W/INSERT TUB	18	1.0	0.17
49322	LAPARSCPY SURG; W/ASPIR CAVITY/C	17	0.9	0.02
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	16	0.9	2.79
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	16	0.9	0.13
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	16	0.9	0.18
58550	LAP SURG VAG HYST UTRUS 250 GMS/	14	0.8	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, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		6	\$13,430	\$2,406
7	7	6	\$13,430	\$13,430

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,095	\$6,332	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	476	\$8,037	\$2,883
66821	DISCISSION 2ND CATARACT; LASER S	113	\$1,872	\$846
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	64	\$3,306	\$1,003
45380	COLONOSCOPY FLEX; W/BX 1/MX	51	\$3,042	\$1,400
66982	EXTRACAP CATARACT REMV W/IOL-CMP	48	\$7,961	\$3,913
45378	COLONOSCOPY FLEX; DX-SEP PROC	27	\$2,662	\$1,470
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	19	\$3,118	\$1,194
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	15	\$12,234	\$5,068
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	12	\$7,554	\$3,038
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	11	\$3,498	\$1,446
19120	EXC BRST CYST TUMR/LES OPN M/F 1	10	\$7,938	\$1,581
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	\$8,352	\$2,592
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	9	\$1,035	\$1,424
58550	LAP SURG VAG HYST UTRUS 250 GMS/	8	\$18,414	\$16,641
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	7	\$3,042	\$1,529
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	7	\$6,776	\$2,617
67961	EXC & REPR LID; TO 1/4 LID MARGI	7	\$7,360	\$3,924
43239	UGI ENDO; W/BX 1/MX	6	\$2,956	\$1,561
45383	COLONOSCOPY FLEX; W/ABLAT LES	6	\$3,042	\$1,727
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	6	\$4,241	\$1,898

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	15	2,689
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	1,199
	014 LEVEL III SKIN REPAIR	2	105
02	BREAST PROCEDURES	10	298
	020 LEVEL I BREAST PROCEDURES	10	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	83	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	502
	033 LEVEL I HAND PROCEDURES	7	1,522
	034 LEVEL II HAND PROCEDURES	3	458
	035 LEVEL I FOOT PROCEDURES	29	2,203
	036 LEVEL II FOOT PROCEDURES	6	469
	037 LEVEL I ARTHROSCOPY	1	9,736
	038 LEVEL II ARTHROSCOPY	3	2,231
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,251
	045 BUNION PROCEDURES	13	709
	048 HAND AND FOOT TENOTOMY	2	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	659
05	CARDIOVASCULAR PROCEDURES	2	74
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	4
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	182
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	12
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	275	54,549
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	14,551
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	108	26,164
	137 THERAPEUTIC COLONOSCOPY	23	5,136
	139 LEVEL I HERNIA REPAIR	21	1,110
	140 LEVEL II HERNIA REPAIR	2	194
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	293
	145 LEVEL I LAPAROSCOPY	25	152
	146 LEVEL II LAPAROSCOPY	38	706
	147 LEVEL III LAPAROSCOPY	38	792
	148 LEVEL IV LAPAROSCOPY	4	4
08	GENITOURINARY SYSTEM PROCEDURES	1	2,553
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	876
10	FEMALE REPRODUCTIVE SYSTEM	76	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	31	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	15	96
	199 DILATION AND CURETTAGE	4	33
	200 HYSTEROSCOPY	16	313
	201 COLPOSCOPY	1	386
11	NEUROLOGIC SYSTEM PROCEDURES	327	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	96	896

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	217 LEVEL I NERVE PROCEDURES	4	2,040
	218 LEVEL II NERVE PROCEDURES	20	84
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	207	3,108
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	986	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	279
	232 LASER EYE PROCEDURES	118	3,122
	233 CATARACT PROCEDURES	541	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	7	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	20	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	8	813
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,362
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	11	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	25	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	251	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	32	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	15	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	12	681

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	10	\$3,943	\$1,556
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$825	\$2,225
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$7,495	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	\$4,635	\$2,120
	014 LEVEL III SKIN REPAIR	2	\$1,649	\$2,540
02	BREAST PROCEDURES	10	\$7,938	\$1,487
	020 LEVEL I BREAST PROCEDURES	10	\$7,938	\$1,493
03	MUSCULOSKELETAL SYSTEM PROCEDURES	21	\$5,824	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$625	\$1,985
	033 LEVEL I HAND PROCEDURES	2	\$5,608	\$2,335
	034 LEVEL II HAND PROCEDURES	3	\$6,978	\$3,143
	035 LEVEL I FOOT PROCEDURES	7	\$4,968	\$2,676
	036 LEVEL II FOOT PROCEDURES	1	\$6,226	\$3,717
	038 LEVEL II ARTHROSCOPY	1	\$2,575	\$6,554
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$8,838	\$3,584
	045 BUNION PROCEDURES	4	\$8,593	\$3,069
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,743	\$1,575
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$7,520	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$7,520	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	185	\$5,876	\$1,624
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$2,618	\$1,524
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	94	\$3,032	\$1,433
	137 THERAPEUTIC COLONOSCOPY	13	\$3,042	\$1,637
	139 LEVEL I HERNIA REPAIR	15	\$8,264	\$2,778
	140 LEVEL II HERNIA REPAIR	2	\$8,889	\$2,576
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$7,688	\$2,139
	145 LEVEL I LAPAROSCOPY	8	\$5,769	\$2,559
	146 LEVEL II LAPAROSCOPY	22	\$11,935	\$3,868
	147 LEVEL III LAPAROSCOPY	15	\$15,350	\$4,985
	148 LEVEL IV LAPAROSCOPY	3	\$7,480	\$7,480
08	GENITOURINARY SYSTEM PROCEDURES	1	\$3,800	\$5,392
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$3,800	\$2,109
10	FEMALE REPRODUCTIVE SYSTEM	30	\$7,116	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$5,567	\$2,073
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	\$6,073	\$2,354
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	\$9,801	\$3,063
	199 DILATION AND CURETTAGE	3	\$2,557	\$1,430
	200 HYSTEROSCOPY	10	\$8,274	\$3,588
11	NEUROLOGIC SYSTEM PROCEDURES	93	\$3,243	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	85	\$3,251	\$1,028
	217 LEVEL I NERVE PROCEDURES	4	\$4,221	\$2,047
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$2,105	\$947
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	722	\$6,894	\$2,693
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	\$3,084	\$466
	232 LASER EYE PROCEDURES	114	\$1,870	\$863

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
	233 CATARACT PROCEDURES	535	\$7,984	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	7	\$5,750	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	15	\$7,389	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	\$8,181	\$5,538
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$2,699	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	16	\$5,973	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	27	\$7,693	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	22	\$4,595	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	7	\$5,579	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$10,729	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$7,904	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	11	\$1,995	\$2,797

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	815	59.6	57,975	53.8
Male	552	40.4	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	4	0.3	484	0.4
1-4 years	13	1.0	4,140	3.8
5-9	6	0.4	1,984	1.8
10-14	5	0.4	1,265	1.2
15-17	8	0.6	1,438	1.3
18-19	3	0.2	1,227	1.1
20-24	17	1.2	3,521	3.3
25-29	34	2.5	3,518	3.3
30-34	50	3.7	4,267	4.0
35-39	32	2.3	4,129	3.8
40-44	41	3.0	4,550	4.2
45-49	36	2.6	5,153	4.8
50-54	69	5.0	10,400	9.6
55-59	74	5.4	9,721	9.0
60-64	106	7.8	10,136	9.4
65-69	232	17.0	12,919	12.0
70-74	236	17.3	11,130	10.3
75-79	217	15.9	8,962	8.3
80-84	120	8.8	5,602	5.2
85-89	47	3.4	2,430	2.3
90 +	17	1.2	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	298	21.8	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	1,069	78.2	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,367	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	885	64.7	38,303	35.5
Medicaid	80	5.9	7,194	6.7
Other government	19	1.4	4,240	3.9
Blue Cross/Blue Shield	134	9.8	20,312	18.8
Other Commercial	51	3.7	6,440	6.0
Managed Care(HMO, PPO)	137	10.0	26,409	24.5
Self Pay	58	4.2	1,516	1.4
Industrial & Worker Comp	3	0.2	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	15	1.1	1,493	1.4
Davis County	0	0.0	14,332	13.3
Salt Lake County	2	0.1	35,980	33.4
Southeastern Utah	1	0.1	916	0.8
Southwest Utah	1,193	87.3	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	1	0.1	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	1	0.1	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	1	0.1	13,339	12.4
Unknown Utah	1	0.1	15	0.0
Outside Utah	152	11.1	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

409 St. Marks Outpatient Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,218	100.0	66,883	100.0
Mastectomy (85.0-85.99)	214	3.4	712	1.1
Musculoskeletal (76.0-84.99)	1,838	29.6	17,765	26.6
Respiratory (30.0-34.99)	30	0.5	119	0.2
Cardiovascular (35.0-39.99)	3	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	77	1.2	170	0.3
Digestive System (42.0-54.99)	805	12.9	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	3	0.0	324	0.5
Female Genital (65.0-71.99)	95	1.5	691	1.0
Endocrine/Nervous (01.0-07.99)	518	8.3	4,434	6.6
Eye (08.0-16.99)	948	15.2	10,656	15.9
Ear (18.0-20.99)	209	3.4	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	1,478	23.8	9,638	14.4
Reporting Category(CPT-4 CODES)	7,065	100.0	145,194	100.0
Mastectomy (19120-19220)	205	2.9	317	0.2
Musculoskeletal (20000-29909)	2,444	34.6	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	1,203	17.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	41	0.6	222	0.2
Lymphatic/Hemetic (38100-38999)	124	1.8	227	0.2
Digestive (40490-49999)	1,190	16.8	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	3	0.0	874	0.6
Female Genital (56405-58999)	84	1.2	2,057	1.4
Endocrine/Nervous (60000-64999)	614	8.7	6,493	4.5
Eye (65091-68899)	940	13.3	32,627	22.5
Ear (69000-69979)	217	3.1	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		6,218	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	861	13.8	7.16
2169	OTH TURBINECTOMY	404	6.5	1.96
806	EXC SEMILUNAR CARTILAGE-KNEE	369	5.9	3.24
0443	RELEASE CARPAL TUNNEL	232	3.7	2.18
5300	UNILAT REPR ING HERN-NOS	218	3.5	0.40
8183	OTH REPR SHLDR	212	3.4	2.07
8521	LOC EXC LES BREAST	205	3.3	0.43
215	SUBMUCOUS RESECT NASAL SEPTUM	197	3.2	0.50
2262	EXC LES MAXIL SINUS W/OTH APPRCH	190	3.1	1.07
0392	INJ OTH AGENT SPINAL CANAL	184	3.0	0.74
8021	ARTHSCPY-SHLDR	167	2.7	0.61
283	TONSILLECTOMY W/ADENOIDECTOMY	165	2.7	2.59
2001	MYRINGOTOMY W/INSRT TUBE	164	2.6	4.10
5123	LAP CHOLEY	147	2.4	1.06
282	TONSILLECTOMY WO ADENOIDECTOMY	123	2.0	0.91
2263	ETHMOIDECTOMY	112	1.8	1.45
5349	OTH UMB HERNIORRHAPHY	100	1.6	0.34
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	93	1.5	0.89
4946	EXC HEMORRHOIDS	65	1.0	0.21
8211	TENOT HAND	65	1.0	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,065	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	861	12.2	10.43
30140	SUBMUCOS RES TURBINATE PART/CMPL	392	5.5	1.47
29881	SCOPE KNEE SURG;W/MENISCECT MED/	323	4.6	1.62
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	226	3.2	0.91
29826	SCOPE SHOULDER; DECOMP SUBACROM	211	3.0	1.26
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	198	2.8	0.68
31267	NASL/SINUS ENDO; W/TISS REMV MAX	190	2.7	0.60
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	189	2.7	0.92
49505	REPR INIT ING HERNIA 5YR/MORE; R	183	2.6	0.42
69436	TYMPANOSTOMY GENERAL ANESTHESIA	164	2.3	2.36
19120	EXC BRST CYST TUMR/LES OPN M/F 1	150	2.1	0.17
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	119	1.7	0.49
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	112	1.6	0.56
42820	T&A; UNDER AGE 12	112	1.6	1.05
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	107	1.5	0.56
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	101	1.4	0.56
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	93	1.3	0.38
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	77	1.1	0.59
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	75	1.1	0.21
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	75	1.1	0.18

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		3,412	\$1,672	\$2,406
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	856	\$1,705	\$1,716
806	EXC SEMILUNAR CARTILAGE-KNEE	278	\$1,819	\$3,950
5300	UNILAT REPR ING HERN-NOS	160	\$1,677	\$1,823
8521	LOC EXC LES BREAST	158	\$912	\$1,208
0392	INJ OTH AGENT SPINAL CANAL	147	\$743	\$984
283	TONSILLECTOMY W/ADENOIDECTOMY	141	\$850	\$1,973
5123	LAP CHOLEY	140	\$4,500	\$4,942
282	TONSILLECTOMY WO ADENOIDECTOMY	101	\$1,317	\$2,022
0443	RELEASE CARPAL TUNNEL	98	\$1,060	\$2,438
8183	OTH REPR SHLDR	78	\$4,934	\$7,006
5349	OTH UMB HERNIORRHAPHY	76	\$1,110	\$2,518
4946	EXC HEMORRHOIDS	59	\$943	\$1,330
7860	REMOV IMPLNT DEVICE-UNS SITE	44	\$1,245	\$1,278
4023	EXC AX LYMPH NODE	43	\$2,372	\$2,456
5305	UNILAT REPR ING HERN-GFT-NOS	42	\$1,454	\$2,421
8221	EXC LES TENDON SHEATH HAND	36	\$1,436	\$2,379
8211	TENOT HAND	31	\$1,228	\$1,342
8021	ARTHSCPY-SHLDR	29	\$3,557	\$4,213
5359	REPR OTH HERN ANT ABD WALL	28	\$881	\$2,454
4912	ANAL FISTULECTOMY	26	\$806	\$1,008

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,543	\$1,567	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	856	\$1,705	\$2,883
29881	SCOPE KNEE SURG;W/MENISCECT MED/	242	\$1,842	\$3,374
49505	REPR INIT ING HERNIA 5YR/MORE; R	133	\$1,730	\$2,592
19120	EXC BRST CYST TUMR/LES OPN M/F 1	119	\$912	\$1,581
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	99	\$702	\$1,003
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	98	\$1,330	\$1,855
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	96	\$1,041	\$1,814
42820	T&A; UNDER AGE 12	93	\$974	\$1,866
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	85	\$4,254	\$5,151
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	59	\$809	\$2,574
47562	LAPAROSCOPY SURGICAL; CHOLECT	54	\$4,900	\$3,713
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	50	\$2,303	\$5,202
42821	T&A; AGE 12 OR OVER	49	\$615	\$1,860
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	48	\$827	\$997
49650	LAPARSCPY SURG; REPR INIT ING HE	42	\$1,454	\$3,608
19125	EXC BRST LES ID RAD MARKR OPN;1	41	\$925	\$1,030
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	38	\$1,075	\$1,172
20680	REMOVAL OF IMPLANT; DEEP	36	\$1,226	\$2,463
26055	TENDON SHEATH INCISION	31	\$1,228	\$2,065
29880	SCOPE KNEE SURG;W/MENISCECT MED&	29	\$1,697	\$3,689

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	249	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	53
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	30
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	14	17
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	34	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	175	1,199
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	4
	012 LEVEL I SKIN REPAIR	2	8
	013 LEVEL II SKIN REPAIR	8	127
	014 LEVEL III SKIN REPAIR	2	105
02	BREAST PROCEDURES	197	298
	020 LEVEL I BREAST PROCEDURES	197	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,850	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	118	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	820
	033 LEVEL I HAND PROCEDURES	147	1,522
	034 LEVEL II HAND PROCEDURES	42	458
	035 LEVEL I FOOT PROCEDURES	57	2,203
	036 LEVEL II FOOT PROCEDURES	8	469
	037 LEVEL I ARTHROSCOPY	836	9,736
	038 LEVEL II ARTHROSCOPY	289	2,231
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	138	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	23	232
	045 BUNION PROCEDURES	27	709
	046 LEVEL I ARTHROPLASTY	20	267
	047 LEVEL II ARTHROPLASTY	3	30
	048 HAND AND FOOT TENOTOMY	4	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	659
04	RESPIRATORY PROCEDURES	539	3,684
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	34
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	53	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	481	2,824
05	CARDIOVASCULAR PROCEDURES	23	74
	083 PLACEMENT OF TRANSVENOUS CATHETERS	22	39
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	7
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	74	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	74	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	816	54,549
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	93
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	14,551
	139 LEVEL I HERNIA REPAIR	293	1,110
	140 LEVEL II HERNIA REPAIR	84	194
	141 LEVEL I ANAL AND RECTAL PROCEDURES	80	154
	142 LEVEL II ANAL AND RECTAL PROCEDURES	119	293

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	25
	145 LEVEL I LAPAROSCOPY	23	152
	146 LEVEL II LAPAROSCOPY	120	706
	147 LEVEL III LAPAROSCOPY	91	792
09	MALE REPRODUCTIVE SYSTEM	2	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	307
10	FEMALE REPRODUCTIVE SYSTEM	59	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	8	77
	199 DILATION AND CURETTAGE	10	33
	200 HYSTEROSCOPY	26	313
	201 COLPOSCOPY	2	386
11	NEUROLOGIC SYSTEM PROCEDURES	571	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	98	896
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	23
	217 LEVEL I NERVE PROCEDURES	285	2,040
	218 LEVEL II NERVE PROCEDURES	1	84
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	124	3,108
	221 LAMINOTOMY AND LAMINECTOMY	60	259
	223 LEVEL III NERVE PROCEDURES	1	70
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	889	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	279
	232 LASER EYE PROCEDURES	1	3,122
	233 CATARACT PROCEDURES	841	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	20	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	18	813
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,225	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	583	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	31	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	247	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	65	681
	256 TONSIL AND ADENOID PROCEDURES	299	3,457

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	127	\$706	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$770	\$861
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$870	\$2,225
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	6	\$1,043	\$1,119
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	\$637	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	92	\$699	\$2,120
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$333	\$333
02	BREAST PROCEDURES	152	\$914	\$1,487
	020 LEVEL I BREAST PROCEDURES	152	\$914	\$1,493
03	MUSCULOSKELETAL SYSTEM PROCEDURES	748	\$1,841	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$896	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	42	\$1,381	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$2,211	\$4,447
	033 LEVEL I HAND PROCEDURES	82	\$1,209	\$2,335
	034 LEVEL II HAND PROCEDURES	23	\$1,558	\$3,143
	035 LEVEL I FOOT PROCEDURES	8	\$1,185	\$2,676
	036 LEVEL II FOOT PROCEDURES	2	\$988	\$3,717
	037 LEVEL I ARTHROSCOPY	312	\$1,902	\$3,659
	038 LEVEL II ARTHROSCOPY	85	\$2,929	\$6,554
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$1,008	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	111	\$1,897	\$3,584
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	18	\$725	\$1,342
	045 BUNION PROCEDURES	16	\$1,822	\$3,069
	046 LEVEL I ARTHROPLASTY	1	\$1,781	\$3,570
	047 LEVEL II ARTHROPLASTY	2	\$9,065	\$8,302
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$972	\$1,575
04	RESPIRATORY PROCEDURES	24	\$932	\$1,587
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	\$547	\$932
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	15	\$1,163	\$2,805
05	CARDIOVASCULAR PROCEDURES	21	\$1,691	\$2,952
	083 PLACEMENT OF TRANSVENOUS CATHETERS	21	\$1,691	\$2,725
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	27	\$1,059	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	27	\$1,059	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	627	\$1,893	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$607	\$1,002
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$0	\$1,524
	139 LEVEL I HERNIA REPAIR	207	\$1,513	\$2,778
	140 LEVEL II HERNIA REPAIR	56	\$1,314	\$2,576
	141 LEVEL I ANAL AND RECTAL PROCEDURES	55	\$523	\$1,200
	142 LEVEL II ANAL AND RECTAL PROCEDURES	101	\$916	\$2,139
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$0	\$1,320
	145 LEVEL I LAPAROSCOPY	18	\$319	\$2,559
	146 LEVEL II LAPAROSCOPY	107	\$3,199	\$3,868
	147 LEVEL III LAPAROSCOPY	79	\$4,183	\$4,985
10	FEMALE REPRODUCTIVE SYSTEM	50	\$1,135	\$1,990

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	11	\$705	\$2,073
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	8	\$942	\$2,354
	199 DILATION AND CURETTAGE	9	\$969	\$1,430
	200 HYSTEROSCOPY	20	\$1,636	\$3,588
	201 COLPOSCOPY	2	\$0	\$764
11	NEUROLOGIC SYSTEM PROCEDURES	285	\$1,324	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	96	\$699	\$1,028
	217 LEVEL I NERVE PROCEDURES	116	\$1,210	\$2,047
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	49	\$808	\$947
	221 LAMINOTOMY AND LAMINECTOMY	23	\$5,234	\$4,528
	223 LEVEL III NERVE PROCEDURES	1	\$9,995	\$8,988
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	867	\$1,662	\$2,693
	233 CATARACT PROCEDURES	832	\$1,674	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$913	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	17	\$1,336	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	14	\$1,522	\$5,538
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$885	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,193	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	330	\$1,158	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	18	\$959	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	16	\$1,032	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	34	\$1,610	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	25	\$1,923	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	237	\$1,037	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,645	54.4	57,975	53.8
Male	2,211	45.5	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	3	0.1	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	8	0.2	484	0.4
1-4 years	94	1.9	4,140	3.8
5-9	80	1.6	1,984	1.8
10-14	84	1.7	1,265	1.2
15-17	100	2.1	1,438	1.3
18-19	73	1.5	1,227	1.1
20-24	243	5.0	3,521	3.3
25-29	221	4.5	3,518	3.3
30-34	281	5.8	4,267	4.0
35-39	273	5.6	4,129	3.8
40-44	306	6.3	4,550	4.2
45-49	325	6.7	5,153	4.8
50-54	429	8.8	10,400	9.6
55-59	512	10.5	9,721	9.0
60-64	486	10.0	10,136	9.4
65-69	487	10.0	12,919	12.0
70-74	350	7.2	11,130	10.3
75-79	239	4.9	8,962	8.3
80-84	187	3.8	5,602	5.2
85-89	67	1.4	2,430	2.3
90 +	14	0.3	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,859	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,841	99.6	101,949	94.6
Another Hospital	18	0.4	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1,179	24.3	38,303	35.5
Medicaid	178	3.7	7,194	6.7
Other government	64	1.3	4,240	3.9
Blue Cross/Blue Shield	1,368	28.2	20,312	18.8
Other Commercial	263	5.4	6,440	6.0
Managed Care(HMO, PPO)	1,575	32.4	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	183	3.8	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	49	1.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	13	0.3	4,406	4.1
Central Utah	18	0.4	1,493	1.4
Davis County	166	3.4	14,332	13.3
Salt Lake County	4,012	82.6	35,980	33.4
Southeastern Utah	9	0.2	916	0.8
Southwest Utah	11	0.2	11,305	10.5
Summit County	61	1.3	1,595	1.5
Tooele County	164	3.4	1,964	1.8
Tri-County	40	0.8	544	0.5
Utah County	184	3.8	15,172	14.1
Wasatch County	14	0.3	458	0.4
Weber County	37	0.8	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	130	2.7	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

410 SurgiCare Center of Utah

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	7,564	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	220	2.9	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	6	0.1	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	1	0.0	61,390	42.3
Urinary (50010-53899)	3	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	29	0.4	6,493	4.5
Eye (65091-68899)	7,303	96.5	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	2,343	31.0	10.43
66999	UNLISTED PROC ANTERIOR SEGMENT E	1,956	25.9	1.44
67028	INTRAVITREAL INJ PHARMACOLOGIC A	1,031	13.6	0.75
66821	DISCISSION 2ND CATARACT; LASER S	363	4.8	1.50
65760	KERATOMILEUSIS	359	4.7	0.50
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	188	2.5	0.13
66982	EXTRACAP CATARACT REMV W/IOL-CMP	180	2.4	0.88
2027F	2027F	160	2.1	0.11
67917	REPAIR OF ECTROPION; EXTENSIVE	76	1.0	0.37
67900	REPAIR OF BROW PTOSIS	69	0.9	0.31
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	65	0.9	0.19
67036	VITRECTOMY MECH PARS PLANA APPRC	41	0.5	0.16
2022F	2022F	35	0.5	0.02
65772	CORNEAL RELAXING INCS-ASTIGMATIS	34	0.4	0.04
66986	EXCHANGE OF INTRAOCULAR LENS	34	0.4	0.11
66825	REPSTN IO LENS REQ INCI-SEP PROC	31	0.4	0.06
65400	EXCISION LESION CORNEA NO PTERYD	30	0.4	0.05
67810	BIOPSY OF EYELID	28	0.4	0.03
67903	REPR BLEPHAROPTOSIS; RESECT-INT	28	0.4	0.03
64612	CHEMODENERV MUSC; INNERV FACIAL	27	0.4	0.02

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

410 SurgiCare Center of Utah

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		4,460	\$1,637	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	2,188	\$2,247	\$2,883
67028	INTRAVITREAL INJ PHARMACOLOGIC A	828	\$835	\$832
66999	UNLISTED PROC ANTERIOR SEGMENT E	286	\$656	\$1,067
66821	DISCISSION 2ND CATARACT; LASER S	212	\$674	\$846
66982	EXTRACAP CATARACT REMV W/IOL-CMP	164	\$2,504	\$3,913
2027F	2027F	157	\$143	\$143
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	78	\$297	\$297
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	61	\$1,411	\$1,081
65760	KERATOMILEUSIS	28	\$1,147	\$2,010
66986	EXCHANGE OF INTRAOCULAR LENS	28	\$2,129	\$3,142
65730	KERATOPLSTY; PENETRAT NOT APHAKI	26	\$2,963	\$8,629
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	25	\$1,454	\$3,038
66825	REPSTN IO LENS REQ INCI-SEP PROC	23	\$1,775	\$2,811
67036	VITRECTOMY MECH PARS PLANA APPRC	22	\$3,050	\$3,408
67041	67041	22	\$3,740	\$3,902
67820	CORRECT TRICHIASIS; EPILAT-FORCE	22	\$212	\$240
67042	67042	20	\$4,065	\$5,497
67810	BIOPSY OF EYELID	20	\$729	\$883
68200	SUBCONJUNCTIVAL INJECTION	19	\$243	\$303
65756	65756	18	\$2,943	\$6,043

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	7	2,689
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	1,069
04	RESPIRATORY PROCEDURES	3	3,684
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	2,824
11	NEUROLOGIC SYSTEM PROCEDURES	27	6,482
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	27	3,108
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	7,261	32,293
	230 MINOR OPTHALMOLOGICAL TESTS AND PROCEDURES	192	279
	232 LASER EYE PROCEDURES	448	3,122
	233 CATARACT PROCEDURES	2,611	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2,382	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	96	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	73	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1,034	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	104	1,362
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	98	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	222	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	621

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		3	\$433	\$1,556
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		3	\$433	\$1,192
11 NEUROLOGIC SYSTEM PROCEDURES		11	\$696	\$1,789
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		11	\$696	\$947
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		4,235	\$1,713	\$2,693
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES		82	\$298	\$466
232 LASER EYE PROCEDURES		285	\$854	\$863
233 CATARACT PROCEDURES		2,415	\$2,257	\$2,964
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES		352	\$667	\$1,838
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES		49	\$1,306	\$2,826
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES		60	\$2,623	\$5,538
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES		830	\$838	\$919
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES		83	\$3,633	\$4,984
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE		59	\$420	\$1,210
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE		20	\$2,952	\$3,402

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,412	57.5	57,975	53.8
Male	2,527	42.5	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	5	0.1	1,265	1.2
15-17	5	0.1	1,438	1.3
18-19	2	0.0	1,227	1.1
20-24	45	0.8	3,521	3.3
25-29	74	1.2	3,518	3.3
30-34	98	1.7	4,267	4.0
35-39	65	1.1	4,129	3.8
40-44	86	1.4	4,550	4.2
45-49	115	1.9	5,153	4.8
50-54	266	4.5	10,400	9.6
55-59	420	7.1	9,721	9.0
60-64	645	10.9	10,136	9.4
65-69	1,035	17.4	12,919	12.0
70-74	945	15.9	11,130	10.3
75-79	910	15.3	8,962	8.3
80-84	708	11.9	5,602	5.2
85-89	371	6.2	2,430	2.3
90 +	144	2.4	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	5,939	100.0	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,939	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	3,414	57.5	38,303	35.5
Medicaid	32	0.5	7,194	6.7
Other government	41	0.7	4,240	3.9
Blue Cross/Blue Shield	567	9.5	20,312	18.8
Other Commercial	296	5.0	6,440	6.0
Managed Care(HMO, PPO)	1,137	19.1	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	5	0.1	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	447	7.5	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	135	2.3	4,406	4.1
Central Utah	60	1.0	1,493	1.4
Davis County	341	5.7	14,332	13.3
Salt Lake County	3,821	64.3	35,980	33.4
Southeastern Utah	106	1.8	916	0.8
Southwest Utah	35	0.6	11,305	10.5
Summit County	144	2.4	1,595	1.5
Tooele County	251	4.2	1,964	1.8
Tri-County	66	1.1	544	0.5
Utah County	270	4.5	15,172	14.1
Wasatch County	57	1.0	458	0.4
Weber County	70	1.2	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	581	9.8	6,277	5.8
Unknown, Not Reported	2	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	39	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	0	0.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	3	7.7	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	35	89.7	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	1	2.6	4,207	2.9

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	10	25.6	0.25
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	8	20.5	0.03
56501	DESTRUCTION OF LESION VULVA; SIM	3	7.7	0.01
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	3	7.7	0.16
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	3	7.7	0.03
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	2	5.1	0.02
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	2	5.1	0.04
58340	CATH&INTRO SALINE/CONTRAST SIS/H	2	5.1	0.02
40804	REMV EMBEDDED FB MOUTH; SMPL	1	2.6	0.00
46040	I&D ISCHIORECTAL&/PERIRECTL ABSC	1	2.6	0.00
46083	INCISION THROMBOSED HEMORRHOID E	1	2.6	0.00
57505	ENDOCERVICAL CURETTAGE	1	2.6	0.00
58301	REMOVAL OF INTRAUTERINE DEVICE	1	2.6	0.02
69000	DRAIN EXTERNAL EAR ABSC/HEMAT; S	1	2.6	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, 2012
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 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				
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	10	\$407	\$368
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	7	\$737	\$848
56501	DESTRUCTION OF LESION VULVA; SIM	3	\$1,604	\$1,509
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	3	\$744	\$734
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	3	\$1,623	\$1,505
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	2	\$525	\$521
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	2	\$601	\$563
58340	CATH&INTRO SALINE/CONTRAST SIS/H	2	\$197	\$503
40804	REMV EMBEDDED FB MOUTH; SMPL	1	\$304	\$304
46040	I&D ISCHIORECTAL&/PERIRECTL ABSC	1	\$1,686	\$1,549
46083	INCISION THROMBOSED HEMORRHOID E	1	\$364	\$379
57505	ENDOCERVICAL CURETTAGE	1	\$656	\$644
69000	DRAIN EXTERNAL EAR ABSC/HEMAT; S	1	\$236	\$605

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

501 UHC Centerville Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	13	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	53
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	58
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	1,069
	012 LEVEL I SKIN REPAIR	1	8
07	GASTROINTESTINAL SYSTEM PROCEDURES	1	54,549
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	293
10	FEMALE REPRODUCTIVE SYSTEM	12	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	147
	201 COLPOSCOPY	8	386

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	12	\$593	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	\$737	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$300	\$726
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$525	\$1,192
	012 LEVEL I SKIN REPAIR	1	\$304	\$1,559
07	GASTROINTESTINAL SYSTEM PROCEDURES	1	\$1,686	\$1,624
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$1,686	\$2,139
10	FEMALE REPRODUCTIVE SYSTEM	12	\$1,147	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	\$1,367	\$2,073
	201 COLPOSCOPY	8	\$1,038	\$764

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

501 UHC Centerville Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	37	97.4	57,975	53.8
Male	1	2.6	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	0	0.0	1,265	1.2
15-17	0	0.0	1,438	1.3
18-19	3	7.9	1,227	1.1
20-24	1	2.6	3,521	3.3
25-29	2	5.3	3,518	3.3
30-34	4	10.5	4,267	4.0
35-39	3	7.9	4,129	3.8
40-44	3	7.9	4,550	4.2
45-49	1	2.6	5,153	4.8
50-54	9	23.7	10,400	9.6
55-59	6	15.8	9,721	9.0
60-64	3	7.9	10,136	9.4
65-69	1	2.6	12,919	12.0
70-74	1	2.6	11,130	10.3
75-79	1	2.6	8,962	8.3
80-84	0	0.0	5,602	5.2
85-89	0	0.0	2,430	2.3
90 +	0	0.0	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	38	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

501 UHC Centerville Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	38	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	8	21.1	38,303	35.5
Medicaid	3	7.9	7,194	6.7
Other government	1	2.6	4,240	3.9
Blue Cross/Blue Shield	14	36.8	20,312	18.8
Other Commercial	1	2.6	6,440	6.0
Managed Care(HMO, PPO)	11	28.9	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	23	60.5	14,332	13.3
Salt Lake County	12	31.6	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	0	0.0	11,305	10.5
Summit County	1	2.6	1,595	1.5
Tooele County	0	0.0	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	0	0.0	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	1	2.6	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	1	2.6	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

502 UHC Daybreak Health Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	52	100.0	66,883	100.0
Mastectomy (85.0-85.99)	2	3.8	712	1.1
Musculoskeletal (76.0-84.99)	2	3.8	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	170	0.3
Digestive System (42.0-54.99)	1	1.9	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	18	34.6	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	5	9.6	10,656	15.9
Ear (18.0-20.99)	3	5.8	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	21	40.4	9,638	14.4
Reporting Category(CPT-4 CODES)	2,376	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	91	3.8	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	495	20.8	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	2	0.1	222	0.2
Lymphatic/Hemetic (38100-38999)	2	0.1	227	0.2
Digestive (40490-49999)	1,356	57.1	61,390	42.3
Urinary (50010-53899)	68	2.9	2,447	1.7
Male Genital (54000-55899)	25	1.1	874	0.6
Female Genital (56405-58999)	261	11.0	2,057	1.4
Endocrine/Nervous (60000-64999)	6	0.3	6,493	4.5
Eye (65091-68899)	5	0.2	32,627	22.5
Ear (69000-69979)	65	2.7	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		52	100.0	100.0
283	TONSILLECTOMY W/ADENOIDECTOMY	8	15.4	2.59
2188	OTH SEPTOPLASTY	3	5.8	1.07
6525	OTH LAP LOC EXC/DESTRUC OVARY	3	5.8	0.10
0886	LOWER EYELID RHYTIDECTOMY	2	3.8	0.13
0887	UPPER EYELID RHYTIDECTOMY	2	3.8	0.56
2001	MYRINGOTOMY W/INSRT TUBE	2	3.8	4.10
2169	OTH TURBINECTOMY	2	3.8	1.96
2184	REVIS RHINOPLASTY	2	3.8	0.07
282	TONSILLECTOMY WO ADENOIDECTOMY	2	3.8	0.91
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	3.8	0.12
6679	OTH REPR FALLOPIAN TUBE	2	3.8	0.01
672	CONIZATION CERV	2	3.8	0.02
6812	HYSTEROSCOPY	2	3.8	0.01
0981	DACRYOCYSTORHINOSTOMY [DCR]	1	1.9	0.11
1953	TYPE III TYMPANOPLASTY	1	1.9	0.02
2103	CNTRL EPISTAXIS-CAUT (& PACKING)	1	1.9	0.06
215	SUBMUCOUS RESECT NASAL SEPTUM	1	1.9	0.50
2172	OP REDUC NASAL FX	1	1.9	0.12
260	INCIS SALIVARY GLAND/DUCT	1	1.9	0.01
544	EXC/DESTRUC PERITONEAL TISS	1	1.9	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		2,376	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	409	17.2	10.28
43239	UGI ENDO; W/BX 1/MX	337	14.2	8.45
45378	COLONOSCOPY FLEX; DX-SEP PROC	256	10.8	7.44
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	228	9.6	0.16
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	97	4.1	2.79
31237	NASL/SINUS ENDO SURG; W/BX SEP P	82	3.5	0.10
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	60	2.5	0.25
52000	CYSTOURETHROSCOPY-SEP PROC	56	2.4	0.08
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	52	2.2	1.56
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	46	1.9	1.60
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	38	1.6	0.16
31231	NASAL ENDO DX UNI/BIL SEP PROC	36	1.5	0.04
30140	SUBMUCOS RES TURBINATE PART/CMPL	34	1.4	1.47
42821	T&A; AGE 12 OR OVER	31	1.3	0.48
58340	CATH&INTRO SALINE/CONTRAST SIS/H	30	1.3	0.02
42820	T&A; UNDER AGE 12	26	1.1	1.05
54150	CIRC USING CLAMP/OTH DEVICE; NB	25	1.1	0.14
20912	CARTILAGE GRAFT; NASAL SEPTUM	23	1.0	0.07
31238	NASL/SINUS ENDO; W/CNTRL NASL HE	21	0.9	0.02
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	19	0.8	0.92

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
 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)
ICD-9 Procedures		25	\$5,175	\$2,406
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$2,856	\$1,973
2184	REVIS RHINOPLASTY	2	\$10,459	\$6,149
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$2,917	\$2,022
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	\$4,151	\$3,084
6679	OTH REPR FALLOPIAN TUBE	2	\$2,924	\$2,149
672	CONIZATION CERV	2	\$3,730	\$2,306
0981	DACRYOCYSTORHINOSTOMY [DCR]	1	\$15,425	\$4,416
1953	TYPE III TYMPANOPLASTY	1	\$8,157	\$3,139
260	INCIS SALIVARY GLAND/DUCT	1	\$11,270	\$4,078
6525	OTH LAP LOC EXC/DESTRUC OVARY	1	\$10,870	\$2,997
6673	SALPINGO-SALPINGOSTOMY	1	\$2,670	\$1,154
7033	EXC/DESTRUC LES VAG	1	\$5,585	\$2,478
704	OBLIT & TOT EXC VAG	1	\$2,817	\$2,817
7859	INT FIX WO FX REDUC-OTH BONE	1	\$3,237	\$4,409
8221	EXC LES TENDON SHEATH HAND	1	\$3,843	\$2,379

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,594	\$1,406	\$2,230
45380	COLONOSCOPY FLEX; W/BX 1/MX	281	\$1,575	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	232	\$1,174	\$1,470
43239	UGI ENDO; W/BX 1/MX	221	\$1,330	\$1,561
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	183	\$366	\$371
31237	NASL/SINUS ENDO SURG; W/BX SEP P	78	\$1,624	\$1,636
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	54	\$370	\$368
52000	CYSTOURETHROSCOPY-SEP PROC	52	\$883	\$1,133
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	42	\$1,180	\$1,361
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	36	\$741	\$734
42821	T&A; AGE 12 OR OVER	30	\$2,882	\$1,860
58340	CATH&INTRO SALINE/CONTRAST SIS/H	28	\$525	\$503
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	27	\$1,534	\$1,529
54150	CIRC USING CLAMP/OTH DEVICE; NB	25	\$164	\$184
31238	NASL/SINUS ENDO; W/CNTRL NASL HE	21	\$1,490	\$1,424
42820	T&A; UNDER AGE 12	19	\$2,910	\$1,866
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	14	\$4,109	\$2,617
69433	TYMPANOSTOMY LOCAL/TOP ANESTHESI	14	\$730	\$730
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	13	\$1,800	\$1,837
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	13	\$593	\$563
58750	TUBOTUBAL ANASTOMOSIS	9	\$2,735	\$1,959

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

502 UHC Daybreak Health Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	67	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	53
	003 LEVEL I SKIN INCISION AND DRAINAGE	10	58
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	6	18
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	1,199
	013 LEVEL II SKIN REPAIR	23	127
	014 LEVEL III SKIN REPAIR	3	105
03	MUSCULOSKELETAL SYSTEM PROCEDURES	36	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	1,603
	033 LEVEL I HAND PROCEDURES	9	1,522
	034 LEVEL II HAND PROCEDURES	3	458
	039 REPLACEMENT OF CAST	1	8
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,251
04	RESPIRATORY PROCEDURES	398	3,684
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	34
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	372	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	25	2,824
05	CARDIOVASCULAR PROCEDURES	1	74
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	39
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,267	54,549
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	1
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	93
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	199
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	389	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	56	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	672	26,164
	137 THERAPEUTIC COLONOSCOPY	111	5,136
	139 LEVEL I HERNIA REPAIR	1	1,110
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	293
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	25
	145 LEVEL I LAPAROSCOPY	8	152
	146 LEVEL II LAPAROSCOPY	5	706
	147 LEVEL III LAPAROSCOPY	9	792
08	GENITOURINARY SYSTEM PROCEDURES	61	2,553
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	61	876
09	MALE REPRODUCTIVE SYSTEM	25	680
	181 CIRCUMCISION	25	307
10	FEMALE REPRODUCTIVE SYSTEM	130	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	27	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	77

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	96
199 DILATION AND CURETTAGE	3	33
200 HYSTEROSCOPY	28	313
201 COLPOSCOPY	60	386
11 NEUROLOGIC SYSTEM PROCEDURES	4	6,482
217 LEVEL I NERVE PROCEDURES	4	2,040
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	5	32,293
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,063
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	3,054
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	250	15,426
252 LEVEL I FACIAL AND ENT PROCEDURES	92	8,955
253 LEVEL II FACIAL AND ENT PROCEDURES	9	621
254 LEVEL III FACIAL AND ENT PROCEDURES	42	1,710
255 LEVEL IV FACIAL AND ENT PROCEDURES	35	681
256 TONSIL AND ADENOID PROCEDURES	72	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	33	\$817	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$588	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	10	\$473	\$726
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	6	\$168	\$476
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$802	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$2,860	\$2,120
03	MUSCULOSKELETAL SYSTEM PROCEDURES	32	\$2,727	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$5,915	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$5,973	\$3,187
	033 LEVEL I HAND PROCEDURES	9	\$3,318	\$2,335
	034 LEVEL II HAND PROCEDURES	3	\$12,146	\$3,143
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	\$735	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	11	\$356	\$884
04	RESPIRATORY PROCEDURES	284	\$816	\$1,587
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$5,261	\$6,424
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	283	\$801	\$932
05	CARDIOVASCULAR PROCEDURES	1	\$4,748	\$2,952
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$4,748	\$2,725
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$3,690	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,690	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	840	\$1,464	\$1,624
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$3,194	\$3,194
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$634	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$918	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	262	\$1,306	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$1,743	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	510	\$1,394	\$1,433
	137 THERAPEUTIC COLONOSCOPY	28	\$1,540	\$1,637
	139 LEVEL I HERNIA REPAIR	1	\$7,135	\$2,778
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$4,333	\$2,139
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$3,643	\$1,320
	145 LEVEL I LAPAROSCOPY	4	\$4,458	\$2,559
	146 LEVEL II LAPAROSCOPY	3	\$8,942	\$3,868
	147 LEVEL III LAPAROSCOPY	5	\$6,638	\$4,985
08	GENITOURINARY SYSTEM PROCEDURES	57	\$911	\$5,392
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	57	\$911	\$2,109
09	MALE REPRODUCTIVE SYSTEM	25	\$164	\$1,734
	181 CIRCUMCISION	25	\$164	\$841
10	FEMALE REPRODUCTIVE SYSTEM	105	\$1,980	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	20	\$2,248	\$2,073
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$1,107	\$2,354
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	9	\$2,735	\$3,063
	200 HYSTEROSCOPY	19	\$5,105	\$3,588
	201 COLPOSCOPY	56	\$718	\$764
11	NEUROLOGIC SYSTEM PROCEDURES	2	\$3,373	\$1,789

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

502 UHC Daybreak Health Center

procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
	217 LEVEL I NERVE PROCEDURES	2	\$3,373	\$2,047
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$543	\$2,693
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$543	\$1,210
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	120	\$2,837	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	42	\$2,143	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	8	\$2,832	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	6	\$5,495	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3	\$6,433	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	61	\$2,877	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

502 UHC Daybreak Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,194	61.4	57,975	53.8
Male	752	38.6	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	21	1.1	158	0.1
29-365 days	4	0.2	484	0.4
1-4 years	13	0.7	4,140	3.8
5-9	27	1.4	1,984	1.8
10-14	24	1.2	1,265	1.2
15-17	25	1.3	1,438	1.3
18-19	24	1.2	1,227	1.1
20-24	137	7.0	3,521	3.3
25-29	130	6.7	3,518	3.3
30-34	168	8.6	4,267	4.0
35-39	175	9.0	4,129	3.8
40-44	140	7.2	4,550	4.2
45-49	144	7.4	5,153	4.8
50-54	273	14.0	10,400	9.6
55-59	210	10.8	9,721	9.0
60-64	141	7.2	10,136	9.4
65-69	124	6.4	12,919	12.0
70-74	62	3.2	11,130	10.3
75-79	53	2.7	8,962	8.3
80-84	33	1.7	5,602	5.2
85-89	14	0.7	2,430	2.3
90 +	4	0.2	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	249	12.8	75,037	69.6
Clinic Referral	1,697	87.2	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

502 UHC Daybreak Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,941	99.7	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	4	0.2	22	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	1	0.0
Unknown	1	0.1	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	345	17.7	38,303	35.5
Medicaid	223	11.5	7,194	6.7
Other government	34	1.7	4,240	3.9
Blue Cross/Blue Shield	531	27.3	20,312	18.8
Other Commercial	98	5.0	6,440	6.0
Managed Care(HMO, PPO)	666	34.2	26,409	24.5
Self Pay	36	1.8	1,516	1.4
Industrial & Worker Comp	8	0.4	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	1	0.1	107	0.1
Unknown	2	0.1	138	0.1
Not Reported	2	0.1	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	10	0.5	4,406	4.1
Central Utah	16	0.8	1,493	1.4
Davis County	43	2.2	14,332	13.3
Salt Lake County	1,514	77.8	35,980	33.4
Southeastern Utah	18	0.9	916	0.8
Southwest Utah	9	0.5	11,305	10.5
Summit County	19	1.0	1,595	1.5
Tooele County	38	2.0	1,964	1.8
Tri-County	9	0.5	544	0.5
Utah County	148	7.6	15,172	14.1
Wasatch County	6	0.3	458	0.4
Weber County	18	0.9	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	98	5.0	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

503 UHC Greenwood Health Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	8	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	1	12.5	17,765	26.6
Respiratory (30.0-34.99)	2	25.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	2	25.0	170	0.3
Digestive System (42.0-54.99)	0	0.0	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	0	0.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	0	0.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	3	37.5	9,638	14.4
Reporting Category(CPT-4 CODES)	468	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	58	12.4	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	32	6.8	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	5	1.1	61,390	42.3
Urinary (50010-53899)	1	0.2	2,447	1.7
Male Genital (54000-55899)	77	16.5	874	0.6
Female Genital (56405-58999)	276	59.0	2,057	1.4
Endocrine/Nervous (60000-64999)	18	3.8	6,493	4.5
Eye (65091-68899)	1	0.2	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

503 UHC Greenwood Health Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		8	100.0	100.0
2724	BX MOUTH-UNS STRUCT	3	37.5	0.01
311	TEMP TRACHEOSTOMY	2	25.0	0.00
4011	BX LYMPHATIC STRUCT	1	12.5	0.04
4019	OTH DX PROC LYMPHATIC STRUCT	1	12.5	0.01
7840	OTH REPR/PLSTC OPER BONE-UNS SITE	1	12.5	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		468	100.0	100.0
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	104	22.2	0.25
54150	CIRC USING CLAMP/OTH DEVICE; NB	76	16.2	0.14
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	60	12.8	0.16
31720	CATHETER ASPIR; NASOTRACH SEP PR	31	6.6	0.02
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	23	4.9	0.03
64450	INJ ANES AGT; OTH PERIPH NERVE/B	15	3.2	0.02
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	14	3.0	0.10
25600	CLOS TX DIST RADIAL FX; W/O MANI	13	2.8	0.02
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	11	2.4	0.04
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	11	2.4	0.03
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	8	1.7	0.02
26720	CLOS TX PHALANGEAL FX; W/O MANIP	7	1.5	0.02
58110	58110	7	1.5	0.01
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	6	1.3	0.02
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	6	1.3	0.02
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	5	1.1	0.01
28470	CLOS TX MT FX; W/O MANIPULATION	4	0.9	0.02
28490	CLOS TX FX GT TOE PHALANX; WO MA	4	0.9	0.01
46916	DESTRUC LESION ANUS SIMPLE; CRYO	4	0.9	0.00
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	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, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		2	\$371	\$2,406
311	TEMP TRACHEOSTOMY	1	\$626	\$626
7840	OTH REPR/PLSTC OPER BONE-UNS SITE	1	\$116	\$116

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		406	\$546	\$2,230
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	103	\$362	\$368
54150	CIRC USING CLAMP/OTH DEVICE; NB	61	\$170	\$184
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	53	\$741	\$734
31720	CATHETER ASPIR; NASOTRACH SEP PR	31	\$220	\$220
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	20	\$1,467	\$1,505
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	13	\$1,548	\$4,187
25600	CLOS TX DIST RADIAL FX; W/O MANI	12	\$375	\$440
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	11	\$530	\$563
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	11	\$750	\$848
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	8	\$382	\$391
26720	CLOS TX PHALANGEAL FX; W/O MANIP	6	\$496	\$560
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	6	\$518	\$521
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	6	\$226	\$237
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	5	\$256	\$326
28470	CLOS TX MT FX; W/O MANIPULATION	4	\$332	\$332
28490	CLOS TX FX GT TOE PHALANX; WO MA	4	\$285	\$367
46916	DESTRUC LESION ANUS SIMPLE; CRYO	4	\$335	\$335
23500	CLOS TX CLAVICULAR FX; W/O MANIP	3	\$370	\$387
27750	CLOS TX TIBL SHAFT FX; W/O MANIP	3	\$448	\$445
28010	TENOTOMY PERCUT TOE; SINGLE TEND	3	\$1,566	\$1,981

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

503 UHC Greenwood Health Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		32	2,689
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION		11	53
003 LEVEL I SKIN INCISION AND DRAINAGE		6	58
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION		5	18
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		10	1,069
03 MUSCULOSKELETAL SYSTEM PROCEDURES		53	23,145
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK		19	101
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		28	215
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES		1	1,251
048 HAND AND FOOT TENOTOMY		5	125
07 GASTROINTESTINAL SYSTEM PROCEDURES		1	54,549
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		1	26,164
09 MALE REPRODUCTIVE SYSTEM		76	680
181 CIRCUMCISION		76	307
10 FEMALE REPRODUCTIVE SYSTEM		138	1,052
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES		7	147
200 HYSTEROSCOPY		16	313
201 COLPOSCOPY		115	386
11 NEUROLOGIC SYSTEM PROCEDURES		18	6,482
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		18	3,108
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		1	32,293
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE		1	1,063

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	32	\$629	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	\$750	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	6	\$698	\$726
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	5	\$310	\$476
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$613	\$1,192
03	MUSCULOSKELETAL SYSTEM PROCEDURES	51	\$541	\$3,455
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	18	\$361	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	27	\$380	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$2,791	\$3,584
	048 HAND AND FOOT TENOTOMY	5	\$1,611	\$2,033
07	GASTROINTESTINAL SYSTEM PROCEDURES	1	\$1,754	\$1,624
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1	\$1,754	\$1,433
09	MALE REPRODUCTIVE SYSTEM	61	\$170	\$1,734
	181 CIRCUMCISION	61	\$170	\$841
10	FEMALE REPRODUCTIVE SYSTEM	118	\$980	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$1,116	\$2,073
	200 HYSTEROSCOPY	15	\$1,956	\$3,588
	201 COLPOSCOPY	97	\$821	\$764
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$236	\$2,693
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$236	\$1,210

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

503 UHC Greenwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	319	72.3	57,975	53.8
Male	122	27.7	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	62	14.1	158	0.1
29-365 days	40	9.1	484	0.4
1-4 years	14	3.2	4,140	3.8
5-9	11	2.5	1,984	1.8
10-14	13	2.9	1,265	1.2
15-17	5	1.1	1,438	1.3
18-19	4	0.9	1,227	1.1
20-24	24	5.4	3,521	3.3
25-29	50	11.3	3,518	3.3
30-34	32	7.3	4,267	4.0
35-39	30	6.8	4,129	3.8
40-44	37	8.4	4,550	4.2
45-49	47	10.7	5,153	4.8
50-54	19	4.3	10,400	9.6
55-59	22	5.0	9,721	9.0
60-64	14	3.2	10,136	9.4
65-69	4	0.9	12,919	12.0
70-74	3	0.7	11,130	10.3
75-79	4	0.9	8,962	8.3
80-84	4	0.9	5,602	5.2
85-89	2	0.5	2,430	2.3
90 +	0	0.0	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	441	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

503 UHC Greenwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	441	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	41	9.3	38,303	35.5
Medicaid	181	41.0	7,194	6.7
Other government	1	0.2	4,240	3.9
Blue Cross/Blue Shield	86	19.5	20,312	18.8
Other Commercial	17	3.9	6,440	6.0
Managed Care(HMO, PPO)	94	21.3	26,409	24.5
Self Pay	17	3.9	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	2	0.5	138	0.1
Not Reported	2	0.5	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	2	0.5	1,493	1.4
Davis County	5	1.1	14,332	13.3
Salt Lake County	406	92.1	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	0	0.0	11,305	10.5
Summit County	5	1.1	1,595	1.5
Tooele County	5	1.1	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	5	1.1	15,172	14.1
Wasatch County	2	0.5	458	0.4
Weber County	7	1.6	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	4	0.9	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

504 UHC Madsen Health Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	56	100.0	66,883	100.0
Mastectomy (85.0-85.99)	27	48.2	712	1.1
Musculoskeletal (76.0-84.99)	9	16.1	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	170	0.3
Digestive System (42.0-54.99)	1	1.8	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	5	8.9	691	1.0
Endocrine/Nervous (01.0-07.99)	4	7.1	4,434	6.6
Eye (08.0-16.99)	6	10.7	10,656	15.9
Ear (18.0-20.99)	3	5.4	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	1	1.8	9,638	14.4
Reporting Category(CPT-4 CODES)	122	100.0	145,194	100.0
Mastectomy (19120-19220)	2	1.6	317	0.2
Musculoskeletal (20000-29909)	59	48.4	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	5	4.1	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	4	3.3	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	13	10.7	2,057	1.4
Endocrine/Nervous (60000-64999)	25	20.5	6,493	4.5
Eye (65091-68899)	5	4.1	32,627	22.5
Ear (69000-69979)	9	7.4	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		56	100.0	100.0
8554	BILAT BREAST IMPLNT	13	23.2	0.08
8532	BILAT REDUC MAMMO	5	8.9	0.05
0443	RELEASE CARPAL TUNNEL	4	7.1	2.18
0870	RECON EYELID-NOS	4	7.1	0.29
6679	OTH REPR FALLOPIAN TUBE	4	7.1	0.01
7697	REMOV INT FIX DEVICE FACIAL BONE	2	3.6	0.01
8536	OTH BILAT SUBQ MAMMECTOMY	2	3.6	0.00
0811	BX EYELID	1	1.8	0.01
0820	REMOV LES EYELID-NOS	1	1.8	0.04
1812	BX EXT EAR	1	1.8	0.01
1829	EXC/DESTRUC OTH LES EXT EAR	1	1.8	0.04
1879	OTH PLSTC REPR EXT EAR	1	1.8	0.02
2131	LOC EXC/DESTRUC INTRANASAL LES	1	1.8	0.24
5421	LAPAROSCOPY	1	1.8	0.04
713	OTH LOC EXC/DEST VULVA-PERINEUM	1	1.8	0.00
7673	CLO REDUC MAXIL FX	1	1.8	0.00
7933	OP REDUC W/INT FIX-CARP-METACARP	1	1.8	0.22
8014	OTH ARTHROT-HAND & FINGR	1	1.8	0.05
8221	EXC LES TENDON SHEATH HAND	1	1.8	0.39
8291	LYSIS HAND ADHES	1	1.8	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		122	100.0	100.0
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	15	12.3	0.91
58750	TUBOTUBAL ANASTOMOSIS	8	6.6	0.02
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	5	4.1	0.26
64719	NEUROPLASTY; ULNAR NERV AT WRIST	5	4.1	0.01
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	5	4.1	0.06
26410	REPR EXT TEND HAND PRIM/SEC; WO	4	3.3	0.01
26525	CAPCTOMY/CAPSULOT; IP JNT EA JNT	4	3.3	0.01
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	4	3.3	0.09
20680	REMOVAL OF IMPLANT; DEEP	3	2.5	0.47
20926	TISSUE GRAFTS OTHER	3	2.5	0.07
49585	REPR UMBIL HERNIA 5YR/OVER; RDUK	3	2.5	0.18
67999	UNLISTED PROCEDURE EYELIDS	3	2.5	0.02
19120	EXC BRST CYST TUMR/LES OPN M/F 1	2	1.6	0.17
20670	REMOVAL OF IMPLANT; SUP SEP PROC	2	1.6	0.04
20900	BONE GRAFT ANY DONOR AREA; MINOR	2	1.6	0.03
26160	EXC LES TEND SHETH/JNT CAP HND/F	2	1.6	0.10
26756	PERCUT SKELETAL FIX DIST PHALANG	2	1.6	0.01
30420	RHINO PRIM; INCL MAJ SEPTAL REPA	2	1.6	0.09
20220	BX BONE TROCAR/NEEDLE; SUPERFICI	1	0.8	0.00
20999	UNLIST PROC MUSCULOSKEL SYSTEM G	1	0.8	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, 2012
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		38	\$1,965	\$2,406
8554	BILAT BREAST IMPLNT	13	\$1,000	\$1,122
8532	BILAT REDUC MAMMO	4	\$3,301	\$5,997
0443	RELEASE CARPAL TUNNEL	3	\$1,842	\$2,438
6679	OTH REPR FALLOPIAN TUBE	3	\$1,631	\$2,149
7697	REMOV INT FIX DEVICE FACIAL BONE	2	\$1,446	\$1,446
8536	OTH BILAT SUBQ MAMMECTOMY	2	\$864	\$864
1879	OTH PLSTC REPR EXT EAR	1	\$696	\$1,416
2131	LOC EXC/DESTRUC INTRANASAL LES	1	\$1,680	\$1,978
713	OTH LOC EXC/DEST VULVA-PERINEUM	1	\$1,716	\$2,075
7673	CLO REDUC MAXIL FX	1	\$4,080	\$4,080
7933	OP REDUC W/INT FIX-CARP-METACARP	1	\$3,271	\$3,589
8014	OTH ARTHROT-HAND & FINGR	1	\$2,419	\$2,356
8291	LYSIS HAND ADHES	1	\$2,588	\$2,016
8542	BILAT SIMPL MASTEC	1	\$1,401	\$1,401
8555	8555	1	\$11,994	\$7,054
856	MASTOPEXY	1	\$1,044	\$1,447
8583	FULL-THICK GFT BREAST	1	\$2,536	\$2,536

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		68	\$2,637	\$2,230
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	8	\$1,862	\$1,814
58750	TUBOTUBAL ANASTOMOSIS	7	\$1,637	\$1,959
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	4	\$696	\$1,605
67999	UNLISTED PROCEDURE EYELIDS	3	\$4,717	\$3,654
20670	REMOVAL OF IMPLANT; SUP SEP PROC	2	\$1,181	\$1,205
20680	REMOVAL OF IMPLANT; DEEP	2	\$1,446	\$2,463
20926	TISSUE GRAFTS OTHER	2	\$9,982	\$2,712
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	2	\$3,592	\$2,897
30420	RHINO PRIM; INCL MAJ SEPTAL REPA	2	\$854	\$4,012
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	2	\$3,638	\$2,274
19120	EXC BRST CYST TUMR/LES OPN M/F 1	1	\$2,334	\$1,581
20999	UNLIST PROC MUSCULOSKEL SYSTEM G	1	\$3,343	\$2,997
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	1	\$696	\$795
21421	CLOS TX PALATL/MAX FX W/INTRDTL	1	\$4,080	\$4,080
21552	21552	1	\$1,187	\$2,433
21556	EXC TUMR SFT TISS NCK/THOR; DEEP	1	\$4,195	\$1,926
21931	21931	1	\$3,200	\$1,926
24071	24071	1	\$1,902	\$1,233
26020	DRAIN TEND SHEATH DIGIT &/ PALM	1	\$3,464	\$1,908
26080	ARTHROT W/EXPL DRN/REMV FB; IP J	1	\$2,419	\$2,371

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	17	2,689
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	1,199
	014 LEVEL III SKIN REPAIR	3	105
02	BREAST PROCEDURES	2	298
	020 LEVEL I BREAST PROCEDURES	2	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	42	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	1,603
	033 LEVEL I HAND PROCEDURES	19	1,522
	034 LEVEL II HAND PROCEDURES	4	458
	035 LEVEL I FOOT PROCEDURES	2	2,203
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	11	1,251
07	GASTROINTESTINAL SYSTEM PROCEDURES	5	54,549
	139 LEVEL I HERNIA REPAIR	3	1,110
	145 LEVEL I LAPAROSCOPY	1	152
	146 LEVEL II LAPAROSCOPY	1	706
10	FEMALE REPRODUCTIVE SYSTEM	12	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	8	96
	200 HYSTEROSCOPY	2	313
11	NEUROLOGIC SYSTEM PROCEDURES	25	6,482
	217 LEVEL I NERVE PROCEDURES	25	2,040
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	5	32,293
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	3,207
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,063
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	14	15,426
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	2
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	681

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	13	\$3,154	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$1,498	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$2,150	\$2,120
	014 LEVEL III SKIN REPAIR	2	\$9,982	\$2,540
02	BREAST PROCEDURES	1	\$2,334	\$1,487
	020 LEVEL I BREAST PROCEDURES	1	\$2,334	\$1,493
03	MUSCULOSKELETAL SYSTEM PROCEDURES	15	\$3,022	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$2,742	\$1,985
	033 LEVEL I HAND PROCEDURES	7	\$2,785	\$2,335
	034 LEVEL II HAND PROCEDURES	2	\$3,786	\$3,143
	035 LEVEL I FOOT PROCEDURES	2	\$2,799	\$2,676
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$3,592	\$3,584
07	GASTROINTESTINAL SYSTEM PROCEDURES	1	\$10,007	\$1,624
	139 LEVEL I HERNIA REPAIR	1	\$10,007	\$2,778
10	FEMALE REPRODUCTIVE SYSTEM	9	\$1,772	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$1,839	\$2,073
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	\$1,637	\$3,063
	200 HYSTEROSCOPY	1	\$2,651	\$3,588
11	NEUROLOGIC SYSTEM PROCEDURES	11	\$2,296	\$1,789
	217 LEVEL I NERVE PROCEDURES	11	\$2,296	\$2,047
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	5	\$3,503	\$2,693
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,534	\$1,838
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$3,995	\$1,210
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	13	\$1,687	\$2,106
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$4,240	\$2,370
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$696	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$1,439	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$1,680	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	\$1,670	\$2,797

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

504 UHC Madsen Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	75	62.5	57,975	53.8
Male	45	37.5	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	1	0.8	4,140	3.8
5-9	4	3.3	1,984	1.8
10-14	4	3.3	1,265	1.2
15-17	6	5.0	1,438	1.3
18-19	4	3.3	1,227	1.1
20-24	6	5.0	3,521	3.3
25-29	13	10.8	3,518	3.3
30-34	14	11.7	4,267	4.0
35-39	12	10.0	4,129	3.8
40-44	13	10.8	4,550	4.2
45-49	11	9.2	5,153	4.8
50-54	13	10.8	10,400	9.6
55-59	6	5.0	9,721	9.0
60-64	8	6.7	10,136	9.4
65-69	5	4.2	12,919	12.0
70-74	0	0.0	11,130	10.3
75-79	0	0.0	8,962	8.3
80-84	0	0.0	5,602	5.2
85-89	0	0.0	2,430	2.3
90 +	0	0.0	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	117	97.5	75,037	69.6
Clinic Referral	2	1.7	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	0.0
ER (Not valid since 7/2010)	0	0.0	0	0.0
Court/Law Enforcement	1	0.8	1	0.0
Unknown	0	0.0	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

504 UHC Madsen Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	120	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	2	1.7	38,303	35.5
Medicaid	4	3.3	7,194	6.7
Other government	15	12.5	4,240	3.9
Blue Cross/Blue Shield	23	19.2	20,312	18.8
Other Commercial	7	5.8	6,440	6.0
Managed Care(HMO, PPO)	33	27.5	26,409	24.5
Self Pay	33	27.5	1,516	1.4
Industrial & Worker Comp	3	2.5	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	8	6.7	14,332	13.3
Salt Lake County	80	66.7	35,980	33.4
Southeastern Utah	1	0.8	916	0.8
Southwest Utah	0	0.0	11,305	10.5
Summit County	4	3.3	1,595	1.5
Tooele County	3	2.5	1,964	1.8
Tri-County	4	3.3	544	0.5
Utah County	7	5.8	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	4	3.3	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	9	7.5	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	3	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	0	0.0	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	170	0.3
Digestive System (42.0-54.99)	0	0.0	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	0	0.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	3	100.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	9,638	14.4
Reporting Category(CPT-4 CODES)	8,592	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	24	0.3	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	33	0.4	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	24	0.3	222	0.2
Lymphatic/Hemetic (38100-38999)	2	0.0	227	0.2
Digestive (40490-49999)	0	0.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	2	0.0	6,493	4.5
Eye (65091-68899)	8,507	99.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		3	100.0	100.0
1171	KERATOMILEUSIS	2	66.7	0.00
0869	OTH RECON EYELID W/FLAPS/GFT	1	33.3	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		8,592	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	2,826	32.9	10.43
66821	DISCISSION 2ND CATARACT; LASER S	553	6.4	1.50
66982	EXTRACAP CATARACT REMV W/IOL-CMP	534	6.2	0.88
65760	KERATOMILEUSIS	361	4.2	0.50
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	213	2.5	0.19
67042	67042	166	1.9	0.20
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	146	1.7	0.66
67917	REPAIR OF ECTROPION; EXTENSIVE	128	1.5	0.37
67840	EXC LES LID NO CLOS/W SMPL DIR C	122	1.4	0.13
67210	DESTRCT LES RETINA; PHOTOCOAGULA	110	1.3	0.08
67108	REPR RETINAL DETACH; W/VITRECTOM	108	1.3	0.13
67113	67113	99	1.2	0.09
65855	TRABECULOPLSTY-LASER-1/MORE SESS	93	1.1	0.23
66172	FISTULIZAT SCLERA; TRABECULECT	93	1.1	0.08
65756	65756	92	1.1	0.10
67036	VITRECTOMY MECH PARS PLANA APPRC	89	1.0	0.16
67335	PLCMT ADJUSTABLE SUTURE-STRABISM	85	1.0	0.07
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	84	1.0	0.08
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	83	1.0	0.18
65757	65757	80	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, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

416 UHC Moran Eye Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		3	\$5,952	\$2,406
1171	KERATOMILEUSIS	2	\$2,400	\$2,400
0869	OTH RECON EYELID W/FLAPS/GFT	1	\$13,057	\$6,399

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		6,348	\$3,806	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	2,645	\$4,395	\$2,883
66821	DISCISSION 2ND CATARACT; LASER S	548	\$745	\$846
66982	EXTRACAP CATARACT REMV W/IOL-CMP	465	\$5,518	\$3,913
65760	KERATOMILEUSIS	361	\$2,076	\$2,010
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	185	\$972	\$1,081
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	119	\$6,450	\$3,696
67840	EXC LES LID NO CLOS/W SMPL DIR C	116	\$1,076	\$1,176
67042	67042	111	\$7,056	\$5,497
67210	DESTRCT LES RETINA; PHOTOCOAGULA	98	\$824	\$837
65855	TRABECULOPLSTY-LASER-1/MORE SESS	93	\$583	\$724
67108	REPR RETINAL DETACH; W/VITRECTOM	93	\$8,575	\$6,040
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	78	\$3,756	\$3,038
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	71	\$1,006	\$961
67113	67113	69	\$9,720	\$8,076
66172	FISTULIZAT SCLERA; TRABECULECT	68	\$5,035	\$4,755
67800	EXCISION OF CHALAZION; SINGLE	59	\$441	\$433
67917	REPAIR OF ECTROPION; EXTENSIVE	54	\$4,441	\$3,091
66999	UNLISTED PROC ANTERIOR SEGMENT E	52	\$4,171	\$1,067
65730	KERATOPLSTY; PENETRAT NOT APHAKI	51	\$12,043	\$8,629
67145	PROPHYLAXIS RET DETACH; PHOTOCOA	47	\$698	\$681

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

416 UHC Moran Eye Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		47	2,689
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		43	1,069
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		3	1,199
014 LEVEL III SKIN REPAIR		1	105
03 MUSCULOSKELETAL SYSTEM PROCEDURES		1	23,145
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		1	215
04 RESPIRATORY PROCEDURES		6	3,684
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY		6	2,824
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES		1	182
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES		1	170
11 NEUROLOGIC SYSTEM PROCEDURES		2	6,482
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		2	3,108
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		8,319	32,293
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES		48	279
232 LASER EYE PROCEDURES		1,129	3,122
233 CATARACT PROCEDURES		3,495	16,751
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES		666	3,207
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES		295	758
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES		487	813
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES		155	1,228
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES		683	1,362
239 STRABISMUS AND MUSCLE EYE PROCEDURES		331	656
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE		427	1,063
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE		603	3,054
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		47	15,426
252 LEVEL I FACIAL AND ENT PROCEDURES		4	8,955
253 LEVEL II FACIAL AND ENT PROCEDURES		33	621
254 LEVEL III FACIAL AND ENT PROCEDURES		1	1,710
255 LEVEL IV FACIAL AND ENT PROCEDURES		9	681

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	37	\$2,323	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	37	\$2,323	\$1,192
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$4,954	\$3,455
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$4,954	\$884
04	RESPIRATORY PROCEDURES	1	\$4,942	\$1,587
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$4,942	\$2,805
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	6,250	\$3,841	\$2,693
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	26	\$604	\$466
	232 LASER EYE PROCEDURES	1,066	\$819	\$863
	233 CATARACT PROCEDURES	3,171	\$4,571	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	529	\$2,744	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	130	\$3,578	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	229	\$7,390	\$5,538
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	64	\$1,693	\$919
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	415	\$7,438	\$4,984
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	32	\$4,348	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	340	\$965	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	248	\$5,459	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2	\$6,947	\$2,106
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$6,947	\$2,797

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

416 UHC Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,464	47.5	57,975	53.8
Male	3,823	52.5	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	1	0.0	484	0.4
1-4 years	36	0.5	4,140	3.8
5-9	61	0.8	1,984	1.8
10-14	64	0.9	1,265	1.2
15-17	35	0.5	1,438	1.3
18-19	16	0.2	1,227	1.1
20-24	106	1.5	3,521	3.3
25-29	179	2.5	3,518	3.3
30-34	231	3.2	4,267	4.0
35-39	194	2.7	4,129	3.8
40-44	192	2.6	4,550	4.2
45-49	290	4.0	5,153	4.8
50-54	447	6.1	10,400	9.6
55-59	646	8.9	9,721	9.0
60-64	912	12.5	10,136	9.4
65-69	1,063	14.6	12,919	12.0
70-74	914	12.5	11,130	10.3
75-79	845	11.6	8,962	8.3
80-84	618	8.5	5,602	5.2
85-89	329	4.5	2,430	2.3
90 +	108	1.5	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	5,637	77.4	75,037	69.6
Clinic Referral	1,648	22.6	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	1	0.0	1	0.0
Skilled Nursing Facility	1	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

416 UHC Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,126	97.8	101,949	94.6
Another Hospital	74	1.0	114	0.1
Skilled Nursing Facility	7	0.1	8	0.0
Intermediate Care Facility	1	0.0	3	0.0
Another Type of Institution	37	0.5	41	0.0
Under Care of Home Service	17	0.2	22	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	1	0.0
Unknown	8	0.1	5,666	5.3
Not Reported	17	0.2	17	0.0
PRIMARY PAYER				
Medicare	3,062	42.0	38,303	35.5
Medicaid	283	3.9	7,194	6.7
Other government	1,014	13.9	4,240	3.9
Blue Cross/Blue Shield	799	11.0	20,312	18.8
Other Commercial	242	3.3	6,440	6.0
Managed Care(HMO, PPO)	1,242	17.0	26,409	24.5
Self Pay	521	7.1	1,516	1.4
Industrial & Worker Comp	49	0.7	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	1	0.0	107	0.1
Unknown	9	0.1	138	0.1
Not Reported	65	0.9	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	163	2.2	4,406	4.1
Central Utah	68	0.9	1,493	1.4
Davis County	563	7.7	14,332	13.3
Salt Lake County	4,129	56.7	35,980	33.4
Southeastern Utah	66	0.9	916	0.8
Southwest Utah	146	2.0	11,305	10.5
Summit County	211	2.9	1,595	1.5
Tooele County	142	1.9	1,964	1.8
Tri-County	84	1.2	544	0.5
Utah County	421	5.8	15,172	14.1
Wasatch County	33	0.5	458	0.4
Weber County	261	3.6	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	999	13.7	6,277	5.8
Unknown, Not Reported	1	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	30	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	17	56.7	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	3	10.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	1	3.3	874	0.6
Female Genital (56405-58999)	7	23.3	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	2	6.7	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

505 UHC Parkway 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				
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	4	13.3	0.04
25500	CLOS TX RADIAL SHAFT FX; W/O MAN	3	10.0	0.00
26720	CLOS TX PHALANGEAL FX; W/O MANIP	3	10.0	0.02
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	3	10.0	0.25
25560	CLOS TX RADIAL & ULNA FX; W/O MA	2	6.7	0.01
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	6.7	0.01
29075	APPLICATION CAST; ELBOW TO FINGE	2	6.7	0.00
46083	INCISION THROMBOSED HEMORRHOID E	2	6.7	0.00
21800	CLOS TX RIB FRACTURE UNCOMP EA	1	3.3	0.00
25600	CLOS TX DIST RADIAL FX; W/O MANI	1	3.3	0.02
26010	DRAINAGE OF FINGER ABSCESS; SIMP	1	3.3	0.00
28470	CLOS TX MT FX; W/O MANIPULATION	1	3.3	0.02
29130	APPLICATION FINGER SPLINT; STATI	1	3.3	0.00
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	1	3.3	0.01
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	3.3	0.00
65210	REMV FB EXT EYE; CONJUNC EMBEDDE	1	3.3	0.02
67820	CORRECT TRICHIASIS; EPILAT-FORCE	1	3.3	0.07

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		24	\$403	\$2,230
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	4	\$523	\$563
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	3	\$482	\$368
25500	CLOS TX RADIAL SHAFT FX; W/O MAN	2	\$420	\$376
26720	CLOS TX PHALANGEAL FX; W/O MANIP	2	\$599	\$560
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	\$367	\$326
46083	INCISION THROMBOSED HEMORRHOID E	2	\$386	\$379
21800	CLOS TX RIB FRACTURE UNCOMP EA	1	\$726	\$726
25560	CLOS TX RADIAL & ULNA FX; W/O MA	1	\$363	\$324
25600	CLOS TX DIST RADIAL FX; W/O MANI	1	\$217	\$440
26010	DRAINAGE OF FINGER ABSCESS; SIMP	1	\$229	\$365
28470	CLOS TX MT FX; W/O MANIPULATION	1	\$357	\$332
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	1	\$218	\$232
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	\$131	\$182
65210	REMV FB EXT EYE; CONJUNC EMBEDDE	1	\$170	\$205
67820	CORRECT TRICHIASIS; EPILAT-FORCE	1	\$166	\$240

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

505 UHC Parkway Health Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	4	2,689
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	58
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	18
03	MUSCULOSKELETAL SYSTEM PROCEDURES	16	23,145
	039 REPLACEMENT OF CAST	2	8
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	4
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	215
10	FEMALE REPRODUCTIVE SYSTEM	4	1,052
	201 COLPOSCOPY	4	386
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	32,293
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,063

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	\$283	\$1,556
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$334	\$726
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$131	\$476
03	MUSCULOSKELETAL SYSTEM PROCEDURES	10	\$443	\$3,455
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$531	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$356	\$884
10	FEMALE REPRODUCTIVE SYSTEM	4	\$523	\$1,990
	201 COLPOSCOPY	4	\$523	\$764
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$166	\$2,693
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$166	\$1,210

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

505 UHC Parkway Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	20	74.1	57,975	53.8
Male	7	25.9	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	2	7.4	4,140	3.8
5-9	2	7.4	1,984	1.8
10-14	4	14.8	1,265	1.2
15-17	0	0.0	1,438	1.3
18-19	0	0.0	1,227	1.1
20-24	2	7.4	3,521	3.3
25-29	2	7.4	3,518	3.3
30-34	2	7.4	4,267	4.0
35-39	0	0.0	4,129	3.8
40-44	3	11.1	4,550	4.2
45-49	1	3.7	5,153	4.8
50-54	2	7.4	10,400	9.6
55-59	1	3.7	9,721	9.0
60-64	3	11.1	10,136	9.4
65-69	1	3.7	12,919	12.0
70-74	0	0.0	11,130	10.3
75-79	1	3.7	8,962	8.3
80-84	1	3.7	5,602	5.2
85-89	0	0.0	2,430	2.3
90 +	0	0.0	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	27	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

505 UHC Parkway Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	27	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	4	14.8	38,303	35.5
Medicaid	8	29.6	7,194	6.7
Other government	1	3.7	4,240	3.9
Blue Cross/Blue Shield	3	11.1	20,312	18.8
Other Commercial	1	3.7	6,440	6.0
Managed Care(HMO, PPO)	8	29.6	26,409	24.5
Self Pay	1	3.7	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	1	3.7	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	0	0.0	14,332	13.3
Salt Lake County	0	0.0	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	0	0.0	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	0	0.0	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	26	96.3	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	0	0.0	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	0	0.0	6,277	5.8
Unknown, Not Reported	1	3.7	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	4	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	2	50.0	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	1	25.0	170	0.3
Digestive System (42.0-54.99)	1	25.0	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	0	0.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	0	0.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	9,638	14.4
Reporting Category(CPT-4 CODES)	948	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	19	2.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	5	0.5	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	863	91.0	61,390	42.3
Urinary (50010-53899)	11	1.2	2,447	1.7
Male Genital (54000-55899)	1	0.1	874	0.6
Female Genital (56405-58999)	46	4.9	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	3	0.3	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		4	100.0	100.0
4019	OTH DX PROC LYMPHATIC STRUCT	1	25.0	0.01
4269	OTH ANTESTERNAL ESOPH ANASTOM	1	25.0	0.00
7830	LIMB LENGTHEN PROC-UNS SITE	1	25.0	0.00
7904	CLO REDUC WO INT FIX-PHALANGES HAND	1	25.0	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		948	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	536	56.5	10.28
43239	UGI ENDO; W/BX 1/MX	139	14.7	8.45
45378	COLONOSCOPY FLEX; DX-SEP PROC	108	11.4	7.44
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	42	4.4	2.79
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	19	2.0	0.25
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	13	1.4	0.32
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	11	1.2	1.56
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	8	0.8	0.16
52000	CYSTOURETHROSCOPY-SEP PROC	6	0.6	0.08
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	6	0.6	0.04
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	5	0.5	0.01
30901	CNTRL NASL HEMORR ANT SMPL ANY M	4	0.4	0.04
26010	DRAINAGE OF FINGER ABSCESS; SIMP	3	0.3	0.00
26720	CLOS TX PHALANGEAL FX; W/O MANIP	3	0.3	0.02
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	0.3	0.06
46320	ENUCLEATION EXT THROMBOTIC HEMOR	3	0.3	0.01
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	3	0.3	0.02
23600	CLOS TX PROX HUMERAL FX; W/O MAN	2	0.2	0.00
27786	CLOS TX DIST FIBR FX; W/O MANIP	2	0.2	0.01
28470	CLOS TX MT FX; W/O MANIPULATION	2	0.2	0.02

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		2	\$468	\$2,406
4019	OTH DX PROC LYMPHATIC STRUCT	1	\$123	\$219
7904	CLO REDUC WO INT FIX-PHALANGES HAND	1	\$813	\$1,673

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		811	\$1,387	\$2,230
45380	COLONOSCOPY FLEX; W/BX 1/MX	479	\$1,600	\$1,400
43239	UGI ENDO; W/BX 1/MX	126	\$1,397	\$1,561
45378	COLONOSCOPY FLEX; DX-SEP PROC	108	\$1,167	\$1,470
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	17	\$302	\$368
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	10	\$979	\$1,361
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	8	\$747	\$734
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	6	\$579	\$563
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	5	\$239	\$232
30901	CNTRL NASL HEMORR ANT SMPL ANY M	4	\$223	\$917
52000	CYSTOURETHROSCOPY-SEP PROC	4	\$734	\$1,133
26010	DRAINAGE OF FINGER ABSCESS; SIMP	3	\$341	\$365
26720	CLOS TX PHALANGEAL FX; W/O MANIP	3	\$348	\$560
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	\$623	\$1,008
46320	ENUCLEATION EXT THROMBOTIC HEMOR	3	\$1,310	\$1,152
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	3	\$475	\$521
23600	CLOS TX PROX HUMERAL FX; W/O MAN	2	\$607	\$607
27786	CLOS TX DIST FIBR FX; W/O MANIP	2	\$413	\$471
28470	CLOS TX MT FX; W/O MANIPULATION	2	\$421	\$332
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	2	\$1,614	\$1,529
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	2	\$488	\$391

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

507 UHC Redstone Health Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		9	2,689
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION		2	53
003 LEVEL I SKIN INCISION AND DRAINAGE		3	58
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION		1	18
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		3	1,069
03 MUSCULOSKELETAL SYSTEM PROCEDURES		15	23,145
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK		5	101
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK		10	215
07 GASTROINTESTINAL SYSTEM PROCEDURES		857	54,549
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		3	93
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		1	199
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		150	14,551
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		644	26,164
137 THERAPEUTIC COLONOSCOPY		56	5,136
141 LEVEL I ANAL AND RECTAL PROCEDURES		3	154
08 GENITOURINARY SYSTEM PROCEDURES		7	2,553
161 URINARY STUDIES AND PROCEDURES		1	1
163 LEVEL I BLADDER AND KIDNEY PROCEDURES		6	876
10 FEMALE REPRODUCTIVE SYSTEM		18	1,052
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES		1	147
201 COLPOSCOPY		17	386
11 NEUROLOGIC SYSTEM PROCEDURES		1	6,482
213 NERVE AND MUSCLE TESTS		1	1
12 OPHTHALMOLOGIC SYSTEM PROCEDURES		2	32,293
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE		2	1,063
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES		1	15,426
252 LEVEL I FACIAL AND ENT PROCEDURES		1	8,955

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	9	\$415	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$583	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$341	\$726
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$124	\$476
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$475	\$1,192
03	MUSCULOSKELETAL SYSTEM PROCEDURES	15	\$476	\$3,455
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$533	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	\$448	\$884
07	GASTROINTESTINAL SYSTEM PROCEDURES	731	\$1,487	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$623	\$1,002
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	136	\$1,366	\$1,524
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	587	\$1,520	\$1,433
	137 THERAPEUTIC COLONOSCOPY	2	\$1,614	\$1,637
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	\$1,310	\$1,200
08	GENITOURINARY SYSTEM PROCEDURES	4	\$734	\$5,392
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	4	\$734	\$2,109
10	FEMALE REPRODUCTIVE SYSTEM	18	\$677	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$1,453	\$2,073
	201 COLPOSCOPY	17	\$631	\$764
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2	\$1,210	\$2,693
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,210	\$1,210
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	\$604	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$604	\$2,161

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

507 UHC Redstone Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	469	53.5	57,975	53.8
Male	408	46.5	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	2	0.2	1,984	1.8
10-14	3	0.3	1,265	1.2
15-17	0	0.0	1,438	1.3
18-19	2	0.2	1,227	1.1
20-24	13	1.5	3,521	3.3
25-29	14	1.6	3,518	3.3
30-34	12	1.4	4,267	4.0
35-39	16	1.8	4,129	3.8
40-44	29	3.3	4,550	4.2
45-49	49	5.6	5,153	4.8
50-54	185	21.1	10,400	9.6
55-59	146	16.6	9,721	9.0
60-64	165	18.8	10,136	9.4
65-69	127	14.5	12,919	12.0
70-74	81	9.2	11,130	10.3
75-79	25	2.9	8,962	8.3
80-84	6	0.7	5,602	5.2
85-89	1	0.1	2,430	2.3
90 +	1	0.1	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	877	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

507 UHC Redstone Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	877	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	231	26.3	38,303	35.5
Medicaid	16	1.8	7,194	6.7
Other government	14	1.6	4,240	3.9
Blue Cross/Blue Shield	288	32.8	20,312	18.8
Other Commercial	50	5.7	6,440	6.0
Managed Care(HMO, PPO)	272	31.0	26,409	24.5
Self Pay	5	0.6	1,516	1.4
Industrial & Worker Comp	1	0.1	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	3	0.3	14,332	13.3
Salt Lake County	45	5.1	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	1	0.1	11,305	10.5
Summit County	674	76.9	1,595	1.5
Tooele County	1	0.1	1,964	1.8
Tri-County	6	0.7	544	0.5
Utah County	2	0.2	15,172	14.1
Wasatch County	83	9.5	458	0.4
Weber County	3	0.3	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	58	6.6	6,277	5.8
Unknown, Not Reported	1	0.1	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

506 UHC Redwood Health Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	9	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	3	33.3	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	2	22.2	48	0.1
Lymphatic/Hemetic (40.0-41.99)	1	11.1	170	0.3
Digestive System (42.0-54.99)	1	11.1	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	0	0.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	0	0.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	2	22.2	9,638	14.4
Reporting Category(CPT-4 CODES)	4,463	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	90	2.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	18	0.4	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	3,948	88.5	61,390	42.3
Urinary (50010-53899)	1	0.0	2,447	1.7
Male Genital (54000-55899)	35	0.8	874	0.6
Female Genital (56405-58999)	314	7.0	2,057	1.4
Endocrine/Nervous (60000-64999)	6	0.1	6,493	4.5
Eye (65091-68899)	50	1.1	32,627	22.5
Ear (69000-69979)	1	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		9	100.0	100.0
7881	DX PROC-NEC-SCAPULA-CLAV-THOR	3	33.3	0.00
3829	OTH DX PROC BLD VESSELS	2	22.2	0.00
2722	BX UVULA & SOFT PALATE	1	11.1	0.01
2892	EXC LES TONSIL & ADENOID	1	11.1	0.00
4019	OTH DX PROC LYMPHATIC STRUCT	1	11.1	0.01
4660	FIX INTESTINE-NOS	1	11.1	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		4,463	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,524	34.1	10.28
43239	UGI ENDO; W/BX 1/MX	906	20.3	8.45
45378	COLONOSCOPY FLEX; DX-SEP PROC	820	18.4	7.44
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	250	5.6	1.56
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	248	5.6	2.79
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	112	2.5	0.25
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	85	1.9	0.16
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	61	1.4	0.32
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	38	0.9	1.60
54150	CIRC USING CLAMP/OTH DEVICE; NB	34	0.8	0.14
66821	DISCISSION 2ND CATARACT; LASER S	29	0.6	1.50
43244	UGI ENDO; W/BAND LIG VARICES	22	0.5	0.07
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	16	0.4	0.11
45383	COLONOSCOPY FLEX; W/ABLAT LES	15	0.3	0.28
28470	CLOS TX MT FX; W/O MANIPULATION	14	0.3	0.02
67820	CORRECT TRICHIASIS; EPILAT-FORCE	14	0.3	0.07
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	12	0.3	0.02
58300	INSERTION OF INTRAUTERINE DEVICE	12	0.3	0.02
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	11	0.2	0.03
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	11	0.2	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, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

506 UHC Redwood Health Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		9	\$186	\$2,406
7881	DX PROC-NEC-SCAPULA-CLAV-THOR	3	\$177	\$177
3829	OTH DX PROC BLD VESSELS	2	\$111	\$111
2722	BX UVULA & SOFT PALATE	1	\$433	\$674
2892	EXC LES TONSIL & ADENOID	1	\$86	\$86
4019	OTH DX PROC LYMPHATIC STRUCT	1	\$314	\$219
4660	FIX INTESTINE-NOS	1	\$86	\$86

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		3,400	\$1,273	\$2,230
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,202	\$1,575	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	752	\$1,160	\$1,470
43239	UGI ENDO; W/BX 1/MX	703	\$1,378	\$1,561
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	210	\$1,014	\$1,361
58100	ENDOMET BX W/WO ENDOCRV BX-SEP P	105	\$360	\$368
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	78	\$735	\$734
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	37	\$1,626	\$1,529
54150	CIRC USING CLAMP/OTH DEVICE; NB	29	\$156	\$184
66821	DISCISSION 2ND CATARACT; LASER S	29	\$758	\$846
43244	UGI ENDO; W/BAND LIG VARICES	18	\$1,686	\$1,491
28470	CLOS TX MT FX; W/O MANIPULATION	13	\$329	\$332
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	13	\$1,688	\$1,837
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	13	\$928	\$969
67820	CORRECT TRICHIASIS; EPILAT-FORCE	13	\$233	\$240
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	12	\$242	\$237
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	11	\$1,585	\$1,505
57500	BX SINGLE/MX/LOC EXC LES W/WO FU	11	\$737	\$848
57452	COLPOSCOPY CERV INCL UP/ADJ VAGI	10	\$355	\$391
26600	CLOS TX MC FX 1; W/O MANIP EA BN	7	\$377	\$347
30901	CNTRL NASL HEMORR ANT SMPL ANY M	7	\$208	\$917

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

506 UHC Redwood Health Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	31	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	53
	003 LEVEL I SKIN INCISION AND DRAINAGE	11	58
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	18
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	1,069
03	MUSCULOSKELETAL SYSTEM PROCEDURES	89	23,145
	035 LEVEL I FOOT PROCEDURES	6	2,203
	039 REPLACEMENT OF CAST	2	8
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	4
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	16	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	58	215
	048 HAND AND FOOT TENOTOMY	5	125
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	659
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,935	54,549
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,717
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	93
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	199
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,155	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	78	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,350	26,164
	137 THERAPEUTIC COLONOSCOPY	326	5,136
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	154
08	GENITOURINARY SYSTEM PROCEDURES	1	2,553
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	876
09	MALE REPRODUCTIVE SYSTEM	34	680
	181 CIRCUMCISION	34	307
10	FEMALE REPRODUCTIVE SYSTEM	142	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	11	147
	200 HYSTEROSCOPY	11	313
	201 COLPOSCOPY	120	386
11	NEUROLOGIC SYSTEM PROCEDURES	6	6,482
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	3,108
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	47	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	279
	232 LASER EYE PROCEDURES	29	3,122
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	16	1,063
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	8,955

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	27	\$541	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	\$737	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	11	\$394	\$726
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$108	\$476
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$510	\$1,192
03	MUSCULOSKELETAL SYSTEM PROCEDURES	75	\$510	\$3,455
	035 LEVEL I FOOT PROCEDURES	5	\$1,520	\$2,676
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	15	\$290	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	51	\$394	\$884
	048 HAND AND FOOT TENOTOMY	4	\$1,564	\$2,033
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,958	\$1,380	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$684	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	13	\$928	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	912	\$1,294	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	34	\$1,645	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,953	\$1,416	\$1,433
	137 THERAPEUTIC COLONOSCOPY	39	\$1,650	\$1,637
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$874	\$1,200
08	GENITOURINARY SYSTEM PROCEDURES	1	\$944	\$5,392
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$944	\$2,109
09	MALE REPRODUCTIVE SYSTEM	29	\$156	\$1,734
	181 CIRCUMCISION	29	\$156	\$841
10	FEMALE REPRODUCTIVE SYSTEM	122	\$884	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	\$1,300	\$2,073
	200 HYSTEROSCOPY	7	\$2,696	\$3,588
	201 COLPOSCOPY	111	\$755	\$764
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	44	\$586	\$2,693
	232 LASER EYE PROCEDURES	29	\$758	\$863
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$254	\$1,210
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	\$862	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$862	\$2,161

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

506 UHC Redwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,307	59.1	57,975	53.8
Male	1,597	40.9	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	23	0.6	158	0.1
29-365 days	11	0.3	484	0.4
1-4 years	16	0.4	4,140	3.8
5-9	13	0.3	1,984	1.8
10-14	9	0.2	1,265	1.2
15-17	14	0.4	1,438	1.3
18-19	25	0.6	1,227	1.1
20-24	120	3.1	3,521	3.3
25-29	160	4.1	3,518	3.3
30-34	197	5.0	4,267	4.0
35-39	203	5.2	4,129	3.8
40-44	222	5.7	4,550	4.2
45-49	252	6.5	5,153	4.8
50-54	750	19.2	10,400	9.6
55-59	548	14.0	9,721	9.0
60-64	491	12.6	10,136	9.4
65-69	359	9.2	12,919	12.0
70-74	244	6.3	11,130	10.3
75-79	155	4.0	8,962	8.3
80-84	65	1.7	5,602	5.2
85-89	24	0.6	2,430	2.3
90 +	3	0.1	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	1	0.0	75,037	69.6
Clinic Referral	3,903	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

506 UHC Redwood Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,904	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1,042	26.7	38,303	35.5
Medicaid	589	15.1	7,194	6.7
Other government	88	2.3	4,240	3.9
Blue Cross/Blue Shield	840	21.5	20,312	18.8
Other Commercial	172	4.4	6,440	6.0
Managed Care(HMO, PPO)	1,132	29.0	26,409	24.5
Self Pay	36	0.9	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	3	0.1	138	0.1
Not Reported	2	0.1	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	8	0.2	4,406	4.1
Central Utah	7	0.2	1,493	1.4
Davis County	188	4.8	14,332	13.3
Salt Lake County	3,055	78.3	35,980	33.4
Southeastern Utah	13	0.3	916	0.8
Southwest Utah	7	0.2	11,305	10.5
Summit County	83	2.1	1,595	1.5
Tooele County	325	8.3	1,964	1.8
Tri-County	12	0.3	544	0.5
Utah County	53	1.4	15,172	14.1
Wasatch County	12	0.3	458	0.4
Weber County	33	0.8	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	104	2.7	6,277	5.8
Unknown, Not Reported	4	0.1	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	5	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	1	20.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	0	0.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	2	40.0	874	0.6
Female Genital (56405-58999)	2	40.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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				
55875	55875	2	40.0	0.11
57156	57156	2	40.0	0.00
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	1	20.0	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, 2012
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 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				
55875	55875	2	\$29,953	\$3,935
57156	57156	2	\$9,054	\$9,054
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	1	\$435	\$326

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	1	23,145
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	101
08	GENITOURINARY SYSTEM PROCEDURES	2	2,553
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	170
10	FEMALE REPRODUCTIVE SYSTEM	2	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	147

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

508 UHC South Jordan Health Center

Procedure EAPG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure EAPG				
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$435	\$3,455
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$435	\$767
08	GENITOURINARY SYSTEM PROCEDURES	2	\$29,953	\$5,392
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$29,953	\$3,858
10	FEMALE REPRODUCTIVE SYSTEM	2	\$9,054	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$9,054	\$2,073

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, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

508 UHC South Jordan Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3	60.0	57,975	53.8
Male	2	40.0	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	0	0.0	1,984	1.8
10-14	0	0.0	1,265	1.2
15-17	0	0.0	1,438	1.3
18-19	0	0.0	1,227	1.1
20-24	0	0.0	3,521	3.3
25-29	0	0.0	3,518	3.3
30-34	0	0.0	4,267	4.0
35-39	0	0.0	4,129	3.8
40-44	0	0.0	4,550	4.2
45-49	0	0.0	5,153	4.8
50-54	1	20.0	10,400	9.6
55-59	1	20.0	9,721	9.0
60-64	2	40.0	10,136	9.4
65-69	0	0.0	12,919	12.0
70-74	0	0.0	11,130	10.3
75-79	0	0.0	8,962	8.3
80-84	1	20.0	5,602	5.2
85-89	0	0.0	2,430	2.3
90 +	0	0.0	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	5	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

508 UHC South Jordan Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1	20.0	38,303	35.5
Medicaid	1	20.0	7,194	6.7
Other government	1	20.0	4,240	3.9
Blue Cross/Blue Shield	1	20.0	20,312	18.8
Other Commercial	0	0.0	6,440	6.0
Managed Care(HMO, PPO)	1	20.0	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	1	20.0	14,332	13.3
Salt Lake County	2	40.0	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	1	20.0	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	1	20.0	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	0	0.0	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	0	0.0	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	0	0.0	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	38	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	7	18.4	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	1	2.6	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	4	10.5	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	12	31.6	874	0.6
Female Genital (56405-58999)	1	2.6	2,057	1.4
Endocrine/Nervous (60000-64999)	1	2.6	6,493	4.5
Eye (65091-68899)	12	31.6	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	11	28.9	0.14
67820	CORRECT TRICHIASIS; EPILAT-FORCE	10	26.3	0.07
25560	CLOS TX RADIAL & ULNA FX; W/O MA	5	13.2	0.01
45378	COLONOSCOPY FLEX; DX-SEP PROC	2	5.3	7.44
46320	ENUCLEATION EXT THROMBOTIC HEMOR	2	5.3	0.01
25600	CLOS TX DIST RADIAL FX; W/O MANI	1	2.6	0.02
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	1	2.6	0.01
30300	REMOVAL FB INTRANASL; OFC TYPE P	1	2.6	0.01
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	2.6	0.00
56405	I&D OF VULVA OR PERINEAL ABSCESS	1	2.6	0.01
64450	INJ ANES AGT; OTH PERIPH NERVE/B	1	2.6	0.02
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	1	2.6	0.13
68840	PROBING LAC CANALICULI W/WO IRRI	1	2.6	0.01

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 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				
54150	CIRC USING CLAMP/OTH DEVICE; NB	10	\$159	\$184
67820	CORRECT TRICHIASIS; EPILAT-FORCE	9	\$222	\$240
25560	CLOS TX RADIAL & ULNA FX; W/O MA	5	\$333	\$324
45378	COLONOSCOPY FLEX; DX-SEP PROC	2	\$1,198	\$1,470
46320	ENUCLEATION EXT THROMBOTIC HEMOR	2	\$1,353	\$1,152
25600	CLOS TX DIST RADIAL FX; W/O MANI	1	\$383	\$440
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	1	\$662	\$326
30300	REMOVAL FB INTRANASL; OFC TYPE P	1	\$107	\$143
54056	DESTRUC LESION PENIS SIMPLE; CRY	1	\$265	\$182
56405	I&D OF VULVA OR PERINEAL ABSCESS	1	\$475	\$546
68840	PROBING LAC CANALICULI W/WO IRRI	1	\$284	\$809

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	2	2,689
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	58
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	18
03	MUSCULOSKELETAL SYSTEM PROCEDURES	7	23,145
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	215
07	GASTROINTESTINAL SYSTEM PROCEDURES	4	54,549
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2	26,164
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	154
09	MALE REPRODUCTIVE SYSTEM	11	680
	181 CIRCUMCISION	11	307
11	NEUROLOGIC SYSTEM PROCEDURES	1	6,482
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	3,108
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	12	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	279
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	11	1,063

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	2	\$370	\$1,556
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$475	\$726
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$265	\$476
03	MUSCULOSKELETAL SYSTEM PROCEDURES	7	\$387	\$3,455
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$662	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$341	\$884
07	GASTROINTESTINAL SYSTEM PROCEDURES	4	\$1,276	\$1,624
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2	\$1,198	\$1,433
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$1,353	\$1,200
09	MALE REPRODUCTIVE SYSTEM	10	\$159	\$1,734
	181 CIRCUMCISION	10	\$159	\$841
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	10	\$229	\$2,693
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	10	\$229	\$1,210

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

509 UHC Stansbury Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	17	47.2	57,975	53.8
Male	19	52.8	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	9	25.0	158	0.1
29-365 days	2	5.6	484	0.4
1-4 years	1	2.8	4,140	3.8
5-9	4	11.1	1,984	1.8
10-14	1	2.8	1,265	1.2
15-17	0	0.0	1,438	1.3
18-19	1	2.8	1,227	1.1
20-24	1	2.8	3,521	3.3
25-29	1	2.8	3,518	3.3
30-34	1	2.8	4,267	4.0
35-39	1	2.8	4,129	3.8
40-44	2	5.6	4,550	4.2
45-49	0	0.0	5,153	4.8
50-54	0	0.0	10,400	9.6
55-59	0	0.0	9,721	9.0
60-64	1	2.8	10,136	9.4
65-69	0	0.0	12,919	12.0
70-74	7	19.4	11,130	10.3
75-79	2	5.6	8,962	8.3
80-84	2	5.6	5,602	5.2
85-89	0	0.0	2,430	2.3
90 +	0	0.0	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	36	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

509 UHC Stansbury Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	36	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	8	22.2	38,303	35.5
Medicaid	9	25.0	7,194	6.7
Other government	0	0.0	4,240	3.9
Blue Cross/Blue Shield	4	11.1	20,312	18.8
Other Commercial	1	2.8	6,440	6.0
Managed Care(HMO, PPO)	13	36.1	26,409	24.5
Self Pay	1	2.8	1,516	1.4
Industrial & Worker Comp	0	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	0	0.0	14,332	13.3
Salt Lake County	0	0.0	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	0	0.0	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	35	97.2	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	0	0.0	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	0	0.0	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	1	2.8	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

510 UHC Westridge Health Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	1	100.0	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	170	0.3
Digestive System (42.0-54.99)	0	0.0	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	0	0.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	0	0.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	9,638	14.4
Reporting Category(CPT-4 CODES)	250	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	31	12.4	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	3	1.2	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	7	2.8	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	60	24.0	874	0.6
Female Genital (56405-58999)	135	54.0	2,057	1.4
Endocrine/Nervous (60000-64999)	8	3.2	6,493	4.5
Eye (65091-68899)	6	2.4	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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		1	100.0	100.0
7833	LIMB LENGTHEN PROC-RADIUS & ULNA	1	100.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		250	100.0	100.0
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	60	24.0	0.25
54150	CIRC USING CLAMP/OTH DEVICE; NB	48	19.2	0.14
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	31	12.4	0.16
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	14	5.6	0.02
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	12	4.8	0.02
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	8	3.2	0.04
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	8	3.2	0.03
64450	INJ ANES AGT; OTH PERIPH NERVE/B	8	3.2	0.02
26720	CLOS TX PHALANGEAL FX; W/O MANIP	7	2.8	0.02
25600	CLOS TX DIST RADIAL FX; W/O MANI	5	2.0	0.02
67820	CORRECT TRICHIASIS; EPLIAT-FORCE	5	2.0	0.07
41010	INCISION OF LINGUAL FRENUM	4	1.6	0.01
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	4	1.6	0.01
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	4	1.6	0.03
25560	CLOS TX RADIAL & ULNA FX; W/O MA	3	1.2	0.01
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	3	1.2	0.01
30300	REMOVAL FB INTRANASL; OFC TYPE P	3	1.2	0.01
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	3	1.2	0.02
23500	CLOS TX CLAVICULAR FX; W/O MANIP	2	0.8	0.00
25622	CLOS TX CARPAL SCAPHOID FX;WO MA	2	0.8	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, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		1	\$86	\$2,406
7833	LIMB LENGTHEN PROC-RADIUS & ULNA	1	\$86	\$86

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		230	\$451	\$2,230
58100	ENDOMET BX W/VO ENDOCRV BX-SEP P	60	\$398	\$368
54150	CIRC USING CLAMP/OTH DEVICE; NB	39	\$153	\$184
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	31	\$675	\$734
57511	CAUT CERVIX; CRYOCAUT INITIAL/RE	14	\$241	\$237
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	12	\$683	\$1,114
57455	COLPOSCOPY CERV W/UP VAG; W/BX C	8	\$619	\$563
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	8	\$1,442	\$1,505
26720	CLOS TX PHALANGEAL FX; W/O MANIP	7	\$423	\$560
25600	CLOS TX DIST RADIAL FX; W/O MANI	5	\$449	\$440
67820	CORRECT TRICHIASIS; EPILAT-FORCE	5	\$194	\$240
57456	COLPSCPY CERV UP VAG;ENDOCERV CU	4	\$398	\$396
57500	BX SINGLE/MX/LOC EXC LES W/VO FU	4	\$936	\$848
25560	CLOS TX RADIAL & ULNA FX; W/O MA	3	\$309	\$324
30300	REMOVAL FB INTRANASL; OFC TYPE P	3	\$103	\$143
41010	INCISION OF LINGUAL FRENUM	3	\$895	\$1,480
56605	BIOPSY VULVA OR PERINEUM; 1 LESI	3	\$489	\$521
23500	CLOS TX CLAVICULAR FX; W/O MANIP	2	\$435	\$387
25622	CLOS TX CARPAL SCAPHOID FX;WO MA	2	\$406	\$401
26600	CLOS TX MC FX 1; W/O MANIP EA BN	2	\$357	\$347
28510	CLOS TX FX PHLNX EX GT TOE;WO MA	2	\$373	\$326

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	10	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	53
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	58
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	1,069
03	MUSCULOSKELETAL SYSTEM PROCEDURES	30	23,145
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	4
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	101
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	15	215
09	MALE REPRODUCTIVE SYSTEM	60	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	307
	181 CIRCUMCISION	48	307
10	FEMALE REPRODUCTIVE SYSTEM	54	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	147
	201 COLPOSCOPY	53	386
11	NEUROLOGIC SYSTEM PROCEDURES	8	6,482
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	8	3,108
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	6	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	279
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	1,063
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	4	8,955

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	10	\$647	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$936	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$421	\$726
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$489	\$1,192
03	MUSCULOSKELETAL SYSTEM PROCEDURES	28	\$399	\$3,455
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	\$408	\$767
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	15	\$392	\$884
09	MALE REPRODUCTIVE SYSTEM	51	\$278	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$683	\$2,702
	181 CIRCUMCISION	39	\$153	\$841
10	FEMALE REPRODUCTIVE SYSTEM	54	\$746	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$652	\$2,073
	201 COLPOSCOPY	53	\$747	\$764
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	6	\$196	\$2,693
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$204	\$466
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$194	\$1,210
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	3	\$895	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	3	\$895	\$2,161

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

510 UHC Westridge Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	159	66.0	57,975	53.8
Male	82	34.0	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	43	17.8	158	0.1
29-365 days	8	3.3	484	0.4
1-4 years	6	2.5	4,140	3.8
5-9	7	2.9	1,984	1.8
10-14	8	3.3	1,265	1.2
15-17	3	1.2	1,438	1.3
18-19	1	0.4	1,227	1.1
20-24	26	10.8	3,521	3.3
25-29	31	12.9	3,518	3.3
30-34	19	7.9	4,267	4.0
35-39	31	12.9	4,129	3.8
40-44	21	8.7	4,550	4.2
45-49	10	4.1	5,153	4.8
50-54	10	4.1	10,400	9.6
55-59	7	2.9	9,721	9.0
60-64	4	1.7	10,136	9.4
65-69	3	1.2	12,919	12.0
70-74	2	0.8	11,130	10.3
75-79	0	0.0	8,962	8.3
80-84	0	0.0	5,602	5.2
85-89	0	0.0	2,430	2.3
90 +	1	0.4	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	241	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

510 UHC Westridge Health Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	241	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	16	6.6	38,303	35.5
Medicaid	95	39.4	7,194	6.7
Other government	1	0.4	4,240	3.9
Blue Cross/Blue Shield	41	17.0	20,312	18.8
Other Commercial	16	6.6	6,440	6.0
Managed Care(HMO, PPO)	50	20.7	26,409	24.5
Self Pay	20	8.3	1,516	1.4
Industrial & Worker Comp	1	0.4	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	1	0.4	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	0	0.0	1,493	1.4
Davis County	4	1.7	14,332	13.3
Salt Lake County	229	95.0	35,980	33.4
Southeastern Utah	1	0.4	916	0.8
Southwest Utah	0	0.0	11,305	10.5
Summit County	0	0.0	1,595	1.5
Tooele County	5	2.1	1,964	1.8
Tri-County	0	0.0	544	0.5
Utah County	1	0.4	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	1	0.4	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	0	0.0	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

422 Utah Surgical Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	6,238	100.0	145,194	100.0
Mastectomy (19120-19220)	5	0.1	317	0.2
Musculoskeletal (20000-29909)	994	15.9	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	1,068	17.1	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	3	0.0	227	0.2
Digestive (40490-49999)	1,956	31.4	61,390	42.3
Urinary (50010-53899)	81	1.3	2,447	1.7
Male Genital (54000-55899)	93	1.5	874	0.6
Female Genital (56405-58999)	70	1.1	2,057	1.4
Endocrine/Nervous (60000-64999)	657	10.5	6,493	4.5
Eye (65091-68899)	1,038	16.6	32,627	22.5
Ear (69000-69979)	270	4.3	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

422 Utah Surgical Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,238	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	460	7.4	10.43
45378	COLONOSCOPY FLEX; DX-SEP PROC	429	6.9	7.44
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	364	5.8	0.56
43239	UGI ENDO; W/BX 1/MX	361	5.8	8.45
45380	COLONOSCOPY FLEX; W/BX 1/MX	336	5.4	10.28
30140	SUBMUCOS RES TURBINATE PART/CMPL	282	4.5	1.47
69436	TYMPANOSTOMY GENERAL ANESTHESIA	197	3.2	2.36
66821	DISCISSION 2ND CATARACT; LASER S	173	2.8	1.50
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	156	2.5	2.79
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	153	2.5	0.92
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	142	2.3	0.59
31267	NASL/SINUS ENDO; W/TISS REMV MAX	117	1.9	0.60
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	108	1.7	0.56
42821	T&A; AGE 12 OR OVER	103	1.7	0.48
42820	T&A; UNDER AGE 12	97	1.6	1.05
29881	SCOPE KNEE SURG;W/MENISCECT MED/	81	1.3	1.62
47562	LAPAROSCOPY SURGICAL; CHOLECT	67	1.1	0.16
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	60	1.0	0.26
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	59	0.9	1.56
28285	CORRECTION HAMMERTOES	54	0.9	0.44

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

422 Utah Surgical Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		3,043	\$934	\$2,230
66984	EXTRACAPSULAR CATARACT REMV IOL	459	\$1,090	\$2,883
45378	COLONOSCOPY FLEX; DX-SEP PROC	369	\$757	\$1,470
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	348	\$400	\$1,003
45380	COLONOSCOPY FLEX; W/BX 1/MX	208	\$660	\$1,400
43239	UGI ENDO; W/BX 1/MX	156	\$626	\$1,561
66821	DISCISSION 2ND CATARACT; LASER S	134	\$350	\$846
42821	T&A; AGE 12 OR OVER	90	\$1,111	\$1,860
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	84	\$486	\$997
42820	T&A; UNDER AGE 12	82	\$861	\$1,866
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	74	\$598	\$1,529
29881	SCOPE KNEE SURG;W/MENISCECT MED/	63	\$1,471	\$3,374
47562	LAPAROSCOPY SURGICAL; CHOLECT	61	\$2,037	\$3,713
67041	67041	50	\$1,401	\$3,902
67036	VITRECTOMY MECH PARS PLANA APPRC	35	\$1,408	\$3,408
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	34	\$620	\$1,361
67108	REPR RETINAL DETACH; W/VITRECTOM	30	\$1,570	\$6,040
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	29	\$1,388	\$1,427
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	25	\$2,767	\$8,211
20926	TISSUE GRAFTS OTHER	21	\$1,967	\$2,712
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	20	\$1,904	\$3,480

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	144	2,689
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	53
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	58
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	30
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	1,069
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	41	1,199
	012 LEVEL I SKIN REPAIR	2	8
	013 LEVEL II SKIN REPAIR	51	127
	014 LEVEL III SKIN REPAIR	34	105
02	BREAST PROCEDURES	4	298
	020 LEVEL I BREAST PROCEDURES	4	297
03	MUSCULOSKELETAL SYSTEM PROCEDURES	758	23,145
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	502
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	1,603
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	820
	033 LEVEL I HAND PROCEDURES	59	1,522
	034 LEVEL II HAND PROCEDURES	21	458
	035 LEVEL I FOOT PROCEDURES	96	2,203
	036 LEVEL II FOOT PROCEDURES	10	469
	037 LEVEL I ARTHROSCOPY	270	9,736
	038 LEVEL II ARTHROSCOPY	64	2,231
	039 REPLACEMENT OF CAST	1	8
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	4
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	215
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	40	1,251
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	232
	045 BUNION PROCEDURES	39	709
	046 LEVEL I ARTHROPLASTY	6	267
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	39	659
04	RESPIRATORY PROCEDURES	410	3,684
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	68	818
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	342	2,824
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	182
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	170
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,680	54,549
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	53	1,717
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	93
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	199
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	407	14,551
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	47	3,225
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	745	26,164
	137 THERAPEUTIC COLONOSCOPY	179	5,136
	139 LEVEL I HERNIA REPAIR	77	1,110
	140 LEVEL II HERNIA REPAIR	16	194
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	154
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	293

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	25
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	1
	145 LEVEL I LAPAROSCOPY	19	152
	146 LEVEL II LAPAROSCOPY	89	706
	147 LEVEL III LAPAROSCOPY	18	792
08	GENITOURINARY SYSTEM PROCEDURES	74	2,553
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	44	938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	21	876
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	9	553
09	MALE REPRODUCTIVE SYSTEM	92	680
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	75	307
	181 CIRCUMCISION	10	307
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	47
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	19
10	FEMALE REPRODUCTIVE SYSTEM	23	1,052
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	147
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	77
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	96
	199 DILATION AND CURETTAGE	1	33
	200 HYSTEROSCOPY	10	313
11	NEUROLOGIC SYSTEM PROCEDURES	624	6,482
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	362	896
	217 LEVEL I NERVE PROCEDURES	32	2,040
	218 LEVEL II NERVE PROCEDURES	1	84
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	228	3,108
	223 LEVEL III NERVE PROCEDURES	1	70
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,021	32,293
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	279
	232 LASER EYE PROCEDURES	173	3,122
	233 CATARACT PROCEDURES	480	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	10	758
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	189	1,362
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	22	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	133	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,205	15,426
	252 LEVEL I FACIAL AND ENT PROCEDURES	534	8,955
	253 LEVEL II FACIAL AND ENT PROCEDURES	47	621
	254 LEVEL III FACIAL AND ENT PROCEDURES	215	1,710
	255 LEVEL IV FACIAL AND ENT PROCEDURES	167	681
	256 TONSIL AND ADENOID PROCEDURES	242	3,457

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	45	\$1,451	\$1,556
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$1,282	\$861
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$907	\$726
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$601	\$2,225
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	\$1,255	\$1,192
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	\$993	\$2,120
	014 LEVEL III SKIN REPAIR	20	\$1,955	\$2,540
02	BREAST PROCEDURES	4	\$1,082	\$1,487
	020 LEVEL I BREAST PROCEDURES	4	\$1,082	\$1,493
03	MUSCULOSKELETAL SYSTEM PROCEDURES	269	\$1,369	\$3,455
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$860	\$1,985
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$1,307	\$3,187
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,778	\$4,447
	033 LEVEL I HAND PROCEDURES	17	\$920	\$2,335
	034 LEVEL II HAND PROCEDURES	7	\$875	\$3,143
	035 LEVEL I FOOT PROCEDURES	33	\$1,230	\$2,676
	036 LEVEL II FOOT PROCEDURES	6	\$850	\$3,717
	037 LEVEL I ARTHROSCOPY	113	\$1,559	\$3,659
	038 LEVEL II ARTHROSCOPY	16	\$2,403	\$6,554
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$601	\$884
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	29	\$1,362	\$3,584
	045 BUNION PROCEDURES	17	\$991	\$3,069
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	\$383	\$1,575
04	RESPIRATORY PROCEDURES	3	\$1,147	\$1,587
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,450	\$932
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$995	\$2,805
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	\$820	\$2,167
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$820	\$2,167
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,001	\$820	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$452	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$443	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	183	\$618	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$620	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	564	\$725	\$1,433
	137 THERAPEUTIC COLONOSCOPY	79	\$591	\$1,637
	139 LEVEL I HERNIA REPAIR	44	\$1,563	\$2,778
	140 LEVEL II HERNIA REPAIR	7	\$1,561	\$2,576
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$1,168	\$1,200
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$800	\$2,139
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$0	\$1,320
	145 LEVEL I LAPAROSCOPY	10	\$1,162	\$2,559
	146 LEVEL II LAPAROSCOPY	70	\$1,835	\$3,868
	147 LEVEL III LAPAROSCOPY	11	\$1,231	\$4,985
08	GENITOURINARY SYSTEM PROCEDURES	31	\$2,392	\$5,392
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	25	\$2,767	\$8,211

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRG	AVE TOT CHRG(ALL FASCs)
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	\$830	\$2,109
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	3	\$823	\$2,703
09	MALE REPRODUCTIVE SYSTEM	19	\$1,198	\$1,734
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$1,967	\$2,702
	181 CIRCUMCISION	8	\$862	\$841
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$2,253	\$3,870
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	4	\$456	\$1,336
10	FEMALE REPRODUCTIVE SYSTEM	12	\$1,161	\$1,990
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	\$789	\$2,073
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	\$484	\$3,063
	199 DILATION AND CURETTAGE	1	\$778	\$1,430
	200 HYSTEROSCOPY	6	\$1,637	\$3,588
11	NEUROLOGIC SYSTEM PROCEDURES	450	\$454	\$1,789
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	350	\$400	\$1,028
	217 LEVEL I NERVE PROCEDURES	15	\$768	\$2,047
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	84	\$472	\$947
	223 LEVEL III NERVE PROCEDURES	1	\$13,043	\$8,988
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	812	\$1,027	\$2,693
	232 LASER EYE PROCEDURES	134	\$349	\$863
	233 CATARACT PROCEDURES	471	\$1,087	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	\$609	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$877	\$2,826
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$1,346	\$919
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	166	\$1,422	\$4,984
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$548	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	26	\$1,050	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	321	\$1,103	\$2,106
	252 LEVEL I FACIAL AND ENT PROCEDURES	40	\$741	\$2,161
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$959	\$2,166
	254 LEVEL III FACIAL AND ENT PROCEDURES	24	\$1,440	\$3,075
	255 LEVEL IV FACIAL AND ENT PROCEDURES	52	\$1,647	\$2,797
	256 TONSIL AND ADENOID PROCEDURES	199	\$997	\$1,864

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,351	55.3	57,975	53.8
Male	1,902	44.7	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	1	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	22	0.5	484	0.4
1-4 years	103	2.4	4,140	3.8
5-9	90	2.1	1,984	1.8
10-14	54	1.3	1,265	1.2
15-17	85	2.0	1,438	1.3
18-19	53	1.2	1,227	1.1
20-24	169	4.0	3,521	3.3
25-29	170	4.0	3,518	3.3
30-34	235	5.5	4,267	4.0
35-39	229	5.4	4,129	3.8
40-44	227	5.3	4,550	4.2
45-49	231	5.4	5,153	4.8
50-54	448	10.5	10,400	9.6
55-59	382	9.0	9,721	9.0
60-64	358	8.4	10,136	9.4
65-69	423	9.9	12,919	12.0
70-74	403	9.5	11,130	10.3
75-79	264	6.2	8,962	8.3
80-84	208	4.9	5,602	5.2
85-89	83	2.0	2,430	2.3
90 +	17	0.4	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	4,254	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,247	99.8	101,949	94.6
Another Hospital	7	0.2	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1,097	25.8	38,303	35.5
Medicaid	212	5.0	7,194	6.7
Other government	85	2.0	4,240	3.9
Blue Cross/Blue Shield	928	21.8	20,312	18.8
Other Commercial	304	7.1	6,440	6.0
Managed Care(HMO, PPO)	1,286	30.2	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	191	4.5	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	151	3.5	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	11	0.3	4,406	4.1
Central Utah	10	0.2	1,493	1.4
Davis County	83	2.0	14,332	13.3
Salt Lake County	3,607	84.8	35,980	33.4
Southeastern Utah	8	0.2	916	0.8
Southwest Utah	15	0.4	11,305	10.5
Summit County	29	0.7	1,595	1.5
Tooele County	275	6.5	1,964	1.8
Tri-County	19	0.4	544	0.5
Utah County	93	2.2	15,172	14.1
Wasatch County	2	0.0	458	0.4
Weber County	18	0.4	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	83	2.0	6,277	5.8
Unknown, Not Reported	1	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

411 Wasatch Endoscopy Center

Reporting Category	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,741	100.0	66,883	100.0
Mastectomy (85.0-85.99)	0	0.0	712	1.1
Musculoskeletal (76.0-84.99)	0	0.0	17,765	26.6
Respiratory (30.0-34.99)	0	0.0	119	0.2
Cardiovascular (35.0-39.99)	0	0.0	48	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	170	0.3
Digestive System (42.0-54.99)	6,741	100.0	17,755	26.5
Urinary (55.0-59.99)	0	0.0	1,199	1.8
Male Genital (60.0-64.99)	0	0.0	324	0.5
Female Genital (65.0-71.99)	0	0.0	691	1.0
Endocrine/Nervous (01.0-07.99)	0	0.0	4,434	6.6
Eye (08.0-16.99)	0	0.0	10,656	15.9
Ear (18.0-20.99)	0	0.0	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	9,638	14.4
Reporting Category(CPT-4 CODES)	6,759	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	0	0.0	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	6,759	100.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	0	0.0	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		6,741	100.0	100.0
4525	CLO [ENDO] BX LG INTESTINE	2,586	38.4	7.38
4523	COLONOSCOPY	1,717	25.5	5.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,401	20.8	4.99
4542	ENDO POLYPECTOMY LG INTESTINE	620	9.2	1.90
4292	DILAT ESOPH	222	3.3	1.07
4513	OTH ENDO SM INTESTINE	145	2.2	1.38
4945	LIG HEMORRHOIDS	12	0.2	0.06
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	8	0.1	0.03
4514	CLO [ENDO] BX SM INTESTINE	6	0.1	0.01
4699	OTH OPER INTESTINE	5	0.1	0.01
4422	ENDO DILAT PYLORUS	4	0.1	0.02
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	3	0.0	0.01
4524	FLEX SIGMOIDOSCOPY	3	0.0	0.02
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	2	0.0	0.01
4522	ENDO LG INTEST THRU ARTIFICL STOMA	2	0.0	0.01
4543	ENDO DEST OTH LES/TISS LG INTEST	2	0.0	0.05
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	0.0	0.00
4685	DILAT INTESTINE	1	0.0	0.01
4836	[ENDO] POLYPECTOMY RECTUM	1	0.0	0.05

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,759	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,572	38.1	10.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,676	24.8	7.44
43239	UGI ENDO; W/BX 1/MX	1,401	20.7	8.45
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	620	9.2	2.79
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	145	2.1	1.56
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	134	2.0	1.60
43248	UGI ENDO; W/INSRT GUIDE WIRE	87	1.3	0.25
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	41	0.6	0.32
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	14	0.2	0.11
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	12	0.2	0.53
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	9	0.1	0.01
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	8	0.1	0.06
44386	ENDO EVAL SM INTST POUCH; W/BX 1	6	0.1	0.01
44382	ILESCPY THRU STOMA; W/BX SINGLE/	5	0.1	0.01
44799	UNLISTED PROCEDURE INTESTINE	5	0.1	0.01
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	4	0.1	0.10
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	0.0	0.03
44385	ENDO EVAL SM INTEST POUCH; DX-SP	3	0.0	0.00
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	0.0	0.06
43244	UGI ENDO; W/BAND LIG VARICES	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, 2012
 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		4,785	\$833	\$2,406
4525	CLO [ENDO] BX LG INTESTINE	1,963	\$808	\$996
4523	COLONOSCOPY	1,527	\$947	\$1,118
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	896	\$749	\$1,125
4542	ENDO POLYPECTOMY LG INTESTINE	217	\$796	\$1,015
4513	OTH ENDO SM INTESTINE	104	\$546	\$1,694
4292	DILAT ESOPH	61	\$667	\$870
4514	CLO [ENDO] BX SM INTESTINE	6	\$1,208	\$1,199
4945	LIG HEMORRHOIDS	3	\$277	\$510
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	\$588	\$737
4522	ENDO LG INTEST THRU ARTIFICL STOMA	2	\$459	\$1,063
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	\$680	\$1,312
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	\$542	\$542
4524	FLEX SIGMOIDOSCOPY	1	\$478	\$690
4836	[ENDO] POLYPECTOMY RECTUM	1	\$244	\$1,612

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		4,797	\$832	\$2,230
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,951	\$811	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,524	\$947	\$1,470
43239	UGI ENDO; W/BX 1/MX	895	\$749	\$1,561
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	217	\$796	\$1,529
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	104	\$546	\$1,361
43248	UGI ENDO; W/INSRT GUIDE WIRE	31	\$692	\$874
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	30	\$640	\$1,837
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	11	\$361	\$969
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	8	\$401	\$401
44382	ILESCPY THRU STOMA; W/BX SINGLE/	5	\$1,368	\$1,363
44386	ENDO EVAL SM INTST POUCH; W/BX 1	5	\$383	\$616
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	3	\$765	\$1,350
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	3	\$277	\$1,047
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$588	\$1,265
44385	ENDO EVAL SM INTEST POUCH; DX-SP	2	\$616	\$617
43244	UGI ENDO; W/BAND LIG VARICES	1	\$680	\$1,491
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	1	\$406	\$798
44380	ILEOSCPY-STOMA; DX-SEP PROC	1	\$542	\$1,321
44388	COLONOSCOPY-STOMA; DX-SEP PROC	1	\$367	\$1,501
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	\$478	\$1,008

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG			
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES		12	2,689
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE		12	1,069
07 GASTROINTESTINAL SYSTEM PROCEDURES		6,747	54,549
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		1	1,717
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		3	93
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		24	199
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,547	14,551
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		238	3,225
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY		4,265	26,164
137 THERAPEUTIC COLONOSCOPY		664	5,136
143 LEVEL I GASTROINTESTINAL PROCEDURES		5	25

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	\$277	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$277	\$1,192
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,794	\$832	\$1,624
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$478	\$1,002
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	20	\$371	\$1,149
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,000	\$728	\$1,524
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	64	\$664	\$1,708
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,489	\$870	\$1,433
	137 THERAPEUTIC COLONOSCOPY	220	\$796	\$1,637

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,294	57.4	57,975	53.8
Male	2,447	42.6	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	0	0.0	4,140	3.8
5-9	1	0.0	1,984	1.8
10-14	13	0.2	1,265	1.2
15-17	21	0.4	1,438	1.3
18-19	29	0.5	1,227	1.1
20-24	75	1.3	3,521	3.3
25-29	106	1.8	3,518	3.3
30-34	161	2.8	4,267	4.0
35-39	175	3.0	4,129	3.8
40-44	228	4.0	4,550	4.2
45-49	296	5.2	5,153	4.8
50-54	1,114	19.4	10,400	9.6
55-59	870	15.2	9,721	9.0
60-64	796	13.9	10,136	9.4
65-69	732	12.8	12,919	12.0
70-74	549	9.6	11,130	10.3
75-79	358	6.2	8,962	8.3
80-84	153	2.7	5,602	5.2
85-89	55	1.0	2,430	2.3
90 +	9	0.2	685	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	5,741	100.0	75,037	69.6
Clinic Referral	0	0.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,733	99.9	101,949	94.6
Another Hospital	5	0.1	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	3	0.1	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	1,712	29.8	38,303	35.5
Medicaid	106	1.8	7,194	6.7
Other government	30	0.5	4,240	3.9
Blue Cross/Blue Shield	1,752	30.5	20,312	18.8
Other Commercial	218	3.8	6,440	6.0
Managed Care(HMO, PPO)	1,882	32.8	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	1	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	138	0.1
Not Reported	40	0.7	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.1	4,406	4.1
Central Utah	20	0.3	1,493	1.4
Davis County	182	3.2	14,332	13.3
Salt Lake County	4,999	87.1	35,980	33.4
Southeastern Utah	19	0.3	916	0.8
Southwest Utah	11	0.2	11,305	10.5
Summit County	89	1.6	1,595	1.5
Tooele County	137	2.4	1,964	1.8
Tri-County	24	0.4	544	0.5
Utah County	100	1.7	15,172	14.1
Wasatch County	15	0.3	458	0.4
Weber County	17	0.3	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	124	2.2	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

421 Zion Eye Institute

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	66,883	100.0
Mastectomy (85.0-85.99)	.	.	712	1.1
Musculoskeletal (76.0-84.99)	.	.	17,765	26.6
Respiratory (30.0-34.99)	.	.	119	0.2
Cardiovascular (35.0-39.99)	.	.	48	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	170	0.3
Digestive System (42.0-54.99)	.	.	17,755	26.5
Urinary (55.0-59.99)	.	.	1,199	1.8
Male Genital (60.0-64.99)	.	.	324	0.5
Female Genital (65.0-71.99)	.	.	691	1.0
Endocrine/Nervous (01.0-07.99)	.	.	4,434	6.6
Eye (08.0-16.99)	.	.	10,656	15.9
Ear (18.0-20.99)	.	.	3,372	5.0
Nose,Mouth,Pharynx (21.0-29.99)	.	.	9,638	14.4
Reporting Category(CPT-4 CODES)	2,902	100.0	145,194	100.0
Mastectomy (19120-19220)	0	0.0	317	0.2
Musculoskeletal (20000-29909)	3	0.1	25,921	17.9
Respiratory (30000-32999 & 39501-39599)	6	0.2	8,412	5.8
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	222	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	227	0.2
Digestive (40490-49999)	0	0.0	61,390	42.3
Urinary (50010-53899)	0	0.0	2,447	1.7
Male Genital (54000-55899)	0	0.0	874	0.6
Female Genital (56405-58999)	0	0.0	2,057	1.4
Endocrine/Nervous (60000-64999)	0	0.0	6,493	4.5
Eye (65091-68899)	2,893	99.7	32,627	22.5
Ear (69000-69979)	0	0.0	4,207	2.9

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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	2,902	100.0	100.0
66821	DISCISSION 2ND CATARACT; LASER S	1,408	48.5	10.43
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	423	14.6	1.50
65855	TRABECULOPLSTY-LASER-1/MORE SESS	182	6.3	0.66
67917	REPAIR OF ECTROPION; EXTENSIVE	128	4.4	0.23
66711	REPAIR OF ECTROPION; EXTENSIVE	88	3.0	0.37
66711	CILIARY BDY DESTRUC; CYCLO-PC EN	73	2.5	0.05
66982	EXTRACAP CATARACT REMV W/IOL-CMP	70	2.4	0.88
66999	UNLISTED PROC ANTERIOR SEGMENT E	69	2.4	1.44
66170	FISTULIZ SCLER; TRABECULECT AB E	49	1.7	0.12
67041	67041	41	1.4	0.15
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	33	1.1	0.18
67900	REPAIR OF BROW PTOSIS	30	1.0	0.31
67042	67042	28	1.0	0.20
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	25	0.9	0.08
67036	VITRECTOMY MECH PARS PLANA APPRC	22	0.8	0.16
67311	STRABISMUS SURG; 1 HORIZONTAL MU	21	0.7	0.19
67040	VITRECTOMY MECH; W/PANRETINAL PH	12	0.4	0.08
67924	REPAIR OF ENTROPION; EXTENSIVE	11	0.4	0.07
68815	PROBE NASOLAC DUCT; W/INSERT TUB	11	0.4	0.17
68720	DACRYOCYSTORHINOSTOMY	10	0.3	0.10

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

AMB ST 1-3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

421 Zion Eye Institute

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	2,902	\$1,969	\$2,230
66821	DISCISSION 2ND CATARACT; LASER S	1,408	\$2,200	\$2,883
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	423	\$749	\$846
65855	TRABECULOPLSTY-LASER-1/MORE SESS	182	\$2,200	\$3,696
67917	REPAIR OF ECTROPION; EXTENSIVE	128	\$425	\$724
66711	CILIARY BDY DESTRUC; CYCLO-PC EN	88	\$2,200	\$3,091
66982	EXTRACAP CATARACT REMV W/IOL-CMP	73	\$1,900	\$1,927
66999	UNLISTED PROC ANTERIOR SEGMENT E	70	\$2,200	\$3,913
66170	FISTULIZ SCLER; TRABECULECT AB E	69	\$485	\$1,067
67041	67041	49	\$2,700	\$3,561
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	41	\$4,550	\$3,902
67900	REPAIR OF BROW PTOSIS	33	\$2,673	\$3,038
67042	67042	30	\$2,427	\$2,775
66761	IRIDOTOMY/IRIDECTOMY LASER SURGE	28	\$4,550	\$5,497
67036	VITRECTOMY MECH PARS PLANA APPRC	25	\$861	\$961
67311	STRABISMUS SURG; 1 HORIZONTAL MU	22	\$4,550	\$3,408
67040	VITRECTOMY MECH; W/PANRETINAL PH	21	\$2,800	\$3,238
67924	REPAIR OF ENTROPION; EXTENSIVE	12	\$4,550	\$4,007
68815	PROBE NASOLAC DUCT; W/INSERT TUB	11	\$2,200	\$3,134
68720	DACRYOCYSTORHINOSTOMY	11	\$2,200	\$2,158
		10	\$2,900	\$2,974

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	2,689
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	1,069
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,888	32,293
	232 LASER EYE PROCEDURES	580	3,122
	233 CATARACT PROCEDURES	1,489	16,751
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	73	3,207
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	110	758
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	52	813
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	7	1,228
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	123	1,362
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	33	656
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	47	1,063
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	374	3,054
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	9	15,426
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	621
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	681

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
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 CHRGR	AVE TOT CHRGR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	\$1,000	\$1,556
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$1,000	\$1,192
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,888	\$1,961	\$2,693
	232 LASER EYE PROCEDURES	580	\$682	\$863
	233 CATARACT PROCEDURES	1,489	\$2,201	\$2,964
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	73	\$567	\$1,838
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	110	\$2,167	\$2,826
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	52	\$2,657	\$5,538
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	7	\$1,557	\$919
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	123	\$4,550	\$4,984
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	33	\$2,800	\$3,278
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	47	\$1,322	\$1,210
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	374	\$2,271	\$3,402
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	9	\$4,950	\$2,106
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	\$4,950	\$2,166
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$4,950	\$2,797

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,577	54.3	57,975	53.8
Male	1,325	45.7	49,803	46.2
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	32	0.0
AGE				
1-28 days	0	0.0	158	0.1
29-365 days	0	0.0	484	0.4
1-4 years	6	0.2	4,140	3.8
5-9	23	0.8	1,984	1.8
10-14	5	0.2	1,265	1.2
15-17	4	0.1	1,438	1.3
18-19	3	0.1	1,227	1.1
20-24	7	0.2	3,521	3.3
25-29	16	0.6	3,518	3.3
30-34	13	0.4	4,267	4.0
35-39	5	0.2	4,129	3.8
40-44	14	0.5	4,550	4.2
45-49	33	1.1	5,153	4.8
50-54	53	1.8	10,400	9.6
55-59	88	3.0	9,721	9.0
60-64	167	5.8	10,136	9.4
65-69	517	17.8	12,919	12.0
70-74	702	24.2	11,130	10.3
75-79	566	19.5	8,962	8.3
80-84	452	15.6	5,602	5.2
85-89	178	6.1	2,430	2.3
90 +	49	1.7	685	0.6
Not Reported	1	0.0	2	0.0
SOURCE OF ADMISSION/POINT OF ORIGIN				
Physician Referral	0	0.0	75,037	69.6
Clinic Referral	2,902	100.0	18,896	17.5
HMO Referral	0	0.0	0	0.0
Other Hospital	0	0.0	1	0.0
Skilled Nursing Facility	0	0.0	2	0.0
Other Health Care Facility	0	0.0	0	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	7,011	6.5
Not Reported	0	0.0	6,873	6.4

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2012
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,902	100.0	101,949	94.6
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	8	0.0
Intermediate Care Facility	0	0.0	3	0.0
Another Type of Institution	0	0.0	41	0.0
Under Care of Home Service	0	0.0	22	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	1	0.0
Unknown	0	0.0	5,666	5.3
Not Reported	0	0.0	17	0.0
PRIMARY PAYER				
Medicare	2,056	70.8	38,303	35.5
Medicaid	30	1.0	7,194	6.7
Other government	10	0.3	4,240	3.9
Blue Cross/Blue Shield	321	11.1	20,312	18.8
Other Commercial	101	3.5	6,440	6.0
Managed Care(HMO, PPO)	381	13.1	26,409	24.5
Self Pay	0	0.0	1,516	1.4
Industrial & Worker Comp	1	0.0	1,492	1.4
Charity and Unclassified	0	0.0	89	0.1
Childrens Health Insurance	0	0.0	107	0.1
Unknown	2	0.1	138	0.1
Not Reported	0	0.0	1,581	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,406	4.1
Central Utah	22	0.8	1,493	1.4
Davis County	8	0.3	14,332	13.3
Salt Lake County	7	0.2	35,980	33.4
Southeastern Utah	0	0.0	916	0.8
Southwest Utah	2,180	75.1	11,305	10.5
Summit County	2	0.1	1,595	1.5
Tooele County	0	0.0	1,964	1.8
Tri-County	2	0.1	544	0.5
Utah County	7	0.2	15,172	14.1
Wasatch County	0	0.0	458	0.4
Weber County	2	0.1	13,339	12.4
Unknown Utah	0	0.0	15	0.0
Outside Utah	672	23.2	6,277	5.8
Unknown, Not Reported	0	0.0	25	0.0

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