

**2014**

**Vermont Hospitals Report**

**REVISED**

**May 2017**

**Vermont Green Mountain Care Board**

**Vermont Department of Health**



This report was produced in cooperation with the Vermont Department of Health, Division of Health Surveillance

Barbara Carroll, Public Health Analyst  
Peggy Brozicevic, Research and Statistics Chief

Under the direction of the Vermont Green Mountain Care Board

The Vermont Department of Health  
Division of Health Surveillance  
108 Cherry Street, PO Box 70  
Burlington, Vermont 05402-0070  
(802) 863-7300 or (800) 869-2871

The Vermont Green Mountain Care Board  
89 Main Street  
Montpelier, Vermont 05620-3601  
(802) 828-2906

## Acknowledgments

The production of this document would not be possible without the assistance of many individuals and the cooperation of the hospitals. The Vermont Green Mountain Care Board (GMCB) thanks the Vermont Association of Hospitals and Health Systems - Network Services Organization (VAHHS-NSO) for providing assistance under a contract with GMCB and for working with the Vermont hospitals to ensure timely and accurate reporting of the data. GMCB also thanks the participating hospitals for their efforts in submitting the data and responding to requests for clarification and corrections.

## Disclaimer

Vermont hospital discharge data for use in this publication were supplied by the VAHHS-NSO reporting system, Vermont EXPLOR, under a contract with GMCB. These data were supplied upon the authorization of the hospitals through agreements between VAHHS-NSO and each participating hospital.

After receipt of the data files from VAHHS-NSO, the data undergo additional editing and processing by the Vermont Department of Health, under an agreement with GMCB, before inclusion in the Vermont Uniform Hospital Discharge Data Set (VUHDDS). The VUHDDS is used to construct this report and is the official state data file available to the public. The Health Department does not assume responsibility for errors in the data due to coding or processing by hospitals, VAHHS-NSO Vermont EXPLOR, or other data providers.

## Vermonters Using Out-of-State Hospitals

GMCB has data sharing agreements with state agencies in New Hampshire, Massachusetts, and New York to receive hospital discharge records for Vermont residents using hospital services outside of Vermont. Unfortunately, the timeliness of the annual data exchange between Vermont and New Hampshire has been seriously impacted by major changes in New Hampshire's data collection and processing technologies. At the time of this report, New Hampshire has not released data to Vermont beyond 2011. The most recent *Vermont Hospital Utilization Reports* (VHUR) was published in 2011 based on data from 2009. In 2009, approximately 9,000 of 52,000 Vermont resident inpatient discharges occurred at New Hampshire hospitals and another 2,000 at Massachusetts and New York hospitals.

## Requesting Hospital Data Files

Public Use data files are available on the Health Department website: <http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-discharge-data>

Information on requesting research hospital discharge data sets (that include non-public data elements not found in Public Use data files) can also be found on the above Health Department website, under the 'Contact Us' section.

For any additional information concerning the data sets, contact the Vermont Green Mountain Care Board at (802) 828-2900 or (800) 631-7788.

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Note: Reporting is limited to Vermont hospitals until the 2014 data are available for Vermont residents served in New Hampshire, Massachusetts and New York hospitals. The timeliness of the annual data exchange between Vermont and New Hampshire has been seriously impacted by major changes in New Hampshire's data collection and processing technologies.



# 2014 Vermont Hospitals Report

## User's Guide

### Introduction

*The Vermont Hospitals Report* presents information about patient health issues and hospital services provided in fourteen Vermont acute care hospitals within inpatient, outpatient and emergency department settings.

Hospital-based analyses are useful for understanding overall hospital utilization, and have applications for health system planning, cost containment, and resource development. Vermont hospitals near Vermont's borders may provide care to people in neighboring, non-Vermont towns. Hospital-based analyses include all people served by each hospital, regardless of their state of residency. This report focuses only on data from Vermont hospitals, and includes all patients who received services regardless of whether they were Vermont residents or residents of other states.

Analyses by hospital service area (HSA) can be used to compare data for residents of geographic regions of Vermont who were provided services in any Vermont, New Hampshire, New York, or Massachusetts hospital. With some caveats, such population-based HSA analyses can help compare morbidity and practice variations across different regions of Vermont. Because data for Vermont residents using hospitals in all bordering states are not available at the time of production of this report, it is not possible to calculate accurate population-based rates for Vermont residents for this report. ***This report is based only on data from Vermont hospitals: analyses by hospital service area are not available.***

Individuals may have multiple records in any or all of the datasets if they had multiple inpatient discharges, outpatient procedures, expanded

outpatient services and/or emergency department visits during the reporting year. Therefore, the number of discharge/visit records likely exceeds the number of individuals who received hospital-based services during the reporting year.

### Sources of Data

All fourteen of Vermont's civilian acute care hospitals, under an agreement with the Vermont Association of Hospitals and Health Systems - Network Services Organization (VAHHS-NSO), supply discharge abstracts directly to VAHHS-NSO in electronic format for processing and consolidation. Under a contract with the Vermont Green Mountain Care Board (GMCB, formerly the Department of Financial Regulation, and prior to that, the Department of Banking, Insurance, Securities and Health Care Administration), VAHHS-NSO provides hospital discharge data to the Vermont Department of Health.

Upon receipt of Vermont hospital discharge data from VAHHS-NSO, the Health Department edits the data and checks for completeness and internal consistency. Results of these analyses are shared with VAHHS-NSO and participating Vermont hospitals as part of an ongoing quality improvement process.

The Veterans Administration hospital in White River Junction submitted data until June 30, 2006. The Brattleboro Retreat in Brattleboro and the Vermont State Hospital are strictly psychiatric hospitals and do not participate in this data collection effort.

### Exclusions

As in any data set of this size, there are a small number of records with incomplete or missing elements. These records must be excluded from particular analyses. The number of missing records is indicated in each table so that all totals can be reconciled.

Throughout the report, to avoid counting hospitalizations for delivery twice, maternal records are included but newborns (MDC 15) are excluded from reports (although newborn charges are included in reports of total charges). This is a standard practice in hospital utilization analysis. However, discharge records for newborns are retained in the Vermont Uniform Hospital Discharge Data Set to support research and analyses that include this population.

## Data Collection in Vermont

Inpatient discharge data have been the core of the Vermont hospital utilization reports since 1975. These data have been helpful in hospital planning and have provided a longitudinal view of hospital utilization and the health of Vermonters.

All fourteen of Vermont's civilian acute care hospitals participate in the Emergency Department reporting system. ED usage is of particular interest in a rural state that may have limited sites and hours available for provision of primary and urgent care in some areas. ED data also provide essential information for injury control studies, since this is often the setting in which accidental and intentional injuries are evaluated and treated. Reporting of ED data to the hospital discharge reporting system began in 2002.

All fourteen of Vermont's civilian acute care hospitals submit outpatient data to the hospital discharge reporting system. Reporting of outpatient procedures that occurred in an operating room began in 1989.

In 2006 additional types of hospital-based outpatient services were collected in the hospital discharge dataset, such as diagnostic tests and

therapeutic services. This report continues to explore these expanded outpatient data and includes information on revenue codes and primary cost centers.

## Hospital Settings

**Inpatient Discharges.** The inpatient dataset includes all discharges that are billed as an inpatient stay, regardless of admission source. Maternal records are included, but newborns (MDC 15) are excluded from reports to avoid duplicate counts (although newborn charges are included in reports of total charges). Several tables provide comparisons of inpatient discharges that originated in the ED with those that did not.

**Emergency Department (ED) Visits.** ED data are defined as records that originated in the ED, as indicated by an associated revenue code of 450-459, Emergency Room. ED visits are reported in terms of admission or non-admission to the inpatient setting.

**Outpatient Procedures.** The outpatient procedure data include records that did not originate in the ED and that have a procedure code in the ICD-9-CM code range 00.00-86.99 during the first half of 2014, or that have a primary CPT code in CCS high-level groups 1 through 15 during the second half of 2014. Outpatient procedures may have been performed in an operating room or other hospital outpatient setting.

It is important to note that during 2014 state requirements changed for hospitals' reporting of outpatient procedures. Prior to July 1, 2014, Vermont hospitals had been required to report outpatient procedures using ICD-9-CM procedure codes. As of July 1, 2014, hospitals were required to report outpatient procedures using HCPCS/CPT codes. This change in required reporting has resulted in some differences between the first and second halves of 2014 in a number of specific single- and high-level CCS procedure groupings. See the Appendices for more details.

**Observation Beds.** The hospital discharge data also include observation bed records, as indicated by an associated revenue code of 760 or 762, Treatment/Observation Room. These are records recognized by third-party payers for beds occupied by a person in an observation status. The majority of observation bed records can be found in the outpatient setting with an associated ED revenue code and/or a procedure in the ICD-9-CM code range 00.00-86.99 or a primary CPT code in CCS high-level groups 1 through 15. There are a few inpatient discharges from Vermont hospitals with an associated observation bed revenue code, and some observation bed records can be found in the outpatient data with no associated ED revenue code, ICD-9-CM procedure in range, or primary CPT code.

**Expanded Outpatient Services.** The expanded outpatient data include records that do not have an associated ED or observation bed revenue code, and do not have a procedure code in the ICD-9-CM code range 00.00-86.99 or a primary CPT code in CCS high-level groups 1 through 15. These data include additional types of hospital-based outpatient services, such as diagnostic tests and therapeutic services that are not classified elsewhere. Collection of the expanded outpatient data began with the 2006 reporting year.

**Comparison across Hospital Settings.** Since reporting year 2003, data have been available across three hospital settings: inpatient discharges, outpatient procedures, and emergency department (ED) visits. Comparison of utilization across these three settings offers a comprehensive view of patterns in the health care delivery system. The distribution of discharges among the three settings by hospital offers an interesting snapshot of local patterns of use. In most of these tables, the discharge records are sorted by diagnostic or procedure groups for comparison across the settings (see explanation of Clinical Classifications Software below).

## Classification of Inpatient Discharges and Outpatient Procedures and Services

Inpatient discharges are often grouped by diagnoses using Medicare Severity Diagnosis Related Groups (MS-DRGs) and Major Diagnostic Categories (MDCs). MS-DRG groupings describe conditions and procedures related to similar body systems or etiologies, and are further grouped into 25 MDCs. However, for this report, in order to facilitate comparisons across hospital settings, primary diagnoses of all inpatient discharges, outpatient procedures and services, and emergency department visits are grouped into clinically meaningful categories using the same Clinical Classifications Software (CCS).

Hospitals currently report procedures and services in multiple ways for inpatients, ED visits and outpatients, by using the International Classification of Disease codes (9th Revision, Clinical Modification: ICD-9-CM), Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) codes, and revenue codes. For the 2014 data year, all inpatient procedures were reported using ICD-9-CM procedure codes. However, due to changes in reporting requirements, all outpatient procedures and services were expected to be reported with ICD-9-CM procedure codes for the first half of 2014, and with HCPCS/CPT codes for the second half of 2014.

CCS groupings of outpatient procedures for the first half of 2014 were based first on the presence of an ICD-9-CM procedure code in range 00.00-86.99, and if none, then on the presence of a primary CPT code in CCS high-level groups 1 through 15. For the second half of 2014, this order was reversed: CCS groupings of outpatient procedures were first based on the presence of a primary CPT code in CCS high-level groups 1 through 15, and if none, then on the presence of an ICD-9-CM procedure code in range. If no such codes in range were found, and the discharge did not have an associated ED revenue code or observation bed code, the discharge was determined to belong in the expanded outpatient file.

Tables are presented at the visit level, one record per visit, except for Table O-11, where expanded outpatient visits with multiple revenue groups are reported more than once. Some tables include records originating in the emergency department, and some do not.

**Clinical Classifications Software (CCS).** Clinical Classifications Software (CCS) is a tool that can collapse ICD-9-CM principal diagnosis codes (over 12,000) and procedure codes (over 3,500) into meaningful categories. CCS also collapses HCPCS/CPT codes into the same meaningful categories. The single-level diagnosis CCS aggregates illnesses and conditions into more than 260 mutually exclusive categories. Similarly, the single-level procedure CCS aggregates procedures into 244 mutually exclusive categories, most representing single types of procedures. High-level CCS groups further collapse single-level CCS groups into broad categories based on body systems or condition.

CCS diagnosis and procedure groups are used in these tables to compare patient records within and across health care settings. CCS was developed at the Agency for Healthcare Research and Quality (AHRQ) and is available to the public at the website:

<http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>

**ICD-9-CM and CPT Procedure Groups.** As of July 1, 2014, significant changes were made in the requirements for Vermont hospitals' reporting of all outpatient procedures and services. Prior to that date, outpatient procedures were reported using the ICD-9-CM coding system; these codes were included as appropriate on each individual discharge record with a primary procedure code determined by the reporting hospital. As of July 1, 2014, outpatient procedures are reported using the HCPCS/CPT coding system; these codes are included

on each of one-to-many revenue records per discharge, and there is no determination by the reporting hospital of which CPT code is considered to be primary. Therefore, a primary CPT code has been calculated for each outpatient discharge using an algorithm that includes relative value units, charges, and whether the CPT code is for an ambulatory surgical procedure. CPT codes reported prior to July 1, 2014 may be incomplete, as may be ICD-9-CM procedure codes reported on or after that date.

Clinical Classifications Software (CCS) groups both ICD-9-CM procedure codes and HCPCS/CPT codes into the same single- and high-level categories based on body systems. For the first half of 2014, groupings for outpatient procedures are based first on ICD-9-CM codes, and for the second half of 2014 groupings are based first on primary CPT codes. This change in required reporting has resulted in some discontinuities between the first and second halves of 2014 in a number of specific single- and high-level CCS procedure groupings: these discontinuities may be due in part to differences between the two coding systems. See Appendix E for further information about this change in reporting, and Appendix F for more details about CCS procedure groupings for outpatients in 2014 by discharge quarter.

No changes were made to the reporting of inpatient procedures. ICD-9-CM procedure codes were used for inpatients throughout 2014.

**Revenue Code Primary Cost Center Groups.** Primary Cost Centers (PCCR) are used to group revenue codes into broader categories of services. About 25 of the most frequent PCCR categories are reported individually in this report, of over sixty possible categories. If a visit includes multiple revenue codes that map to the same PCCR category, or to multiple PCCR categories, each distinct category is counted once for that visit.

# Highlights



## Highlights of Charges and In-migration to Vermont Hospitals

### Total Charges and Number of Discharges

- **Total charges for Vermont resident inpatient discharges from Vermont hospitals** increased by 7.3% from 2013 to 2014, a higher rate of increase than that from 2012 to 2013 (5.6%). Charges for non-resident inpatient discharges also increased by 10.2% from 2013 to 2014, compared to an increase of only 6.1% from 2012 to 2013. The *number* of inpatient discharges for Vermont residents decreased somewhat from 2013 to 2014 (-3.0%), and the number of non-resident inpatient discharges decreased by -2.0%.
- **Total charges for Vermont residents with ED visits to Vermont hospitals** increased substantially by 10.8% from 2013 to 2014, about the same rate of increase as that for non-residents (10.9%). These increases are higher than those from 2012 to 2013 (5.2% and 8.8% respectively), but comparable to those from 2011 to 2012 (11.1% and 11.4% respectively). The *number* of ED visits for both Vermont residents and non-residents decreased slightly from 2013 to 2014 (-1.2% and -0.2% respectively).
- **Total charges for Vermont residents with outpatient procedures in CCS high-level procedure groups 1 through 15 at Vermont hospitals** increased by 12.2% from 2013 to 2014, compared to the increase of 5.6% for non-residents. At the same time, the *number* of outpatient procedures in range for Vermont residents and non-residents increased from 2013 to 2014 (25.5% and 21.8% respectively). The increase in number of outpatient procedures is due in large part to changes in requirements for Vermont hospitals' coding of outpatient procedures from ICD-9-CM codes to CPT codes as of July 1, 2014. See the User's Guide for detailed information about this change.

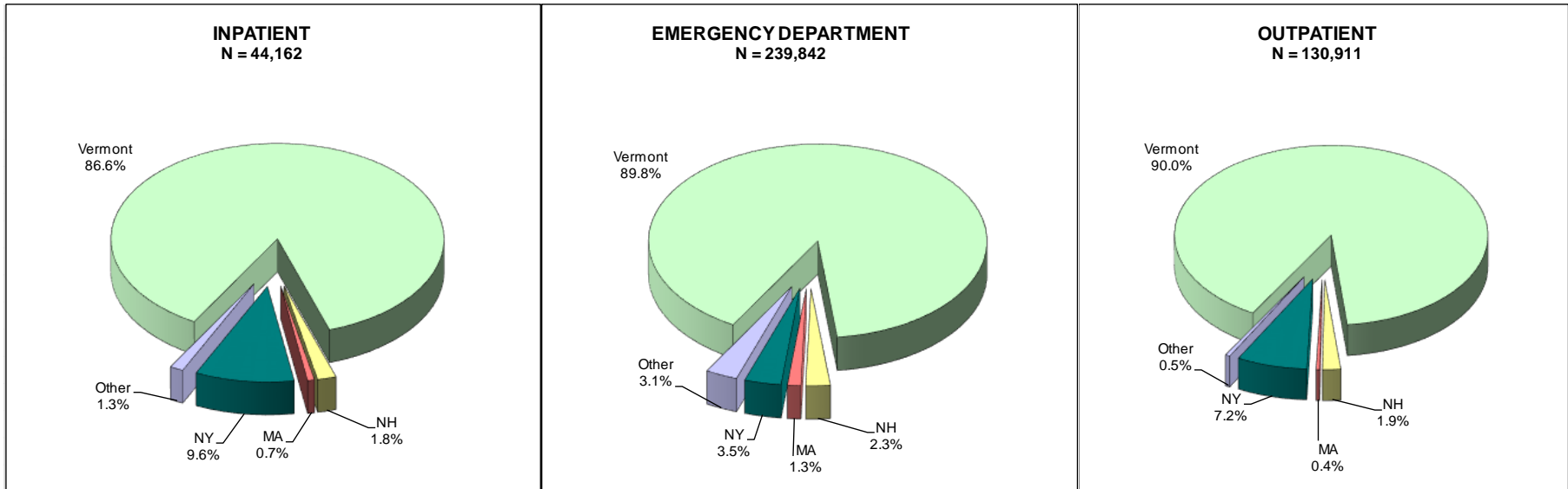
### In-migration

- Most in-migration to Vermont hospitals in 2014 continued to be by New York residents for inpatient care, ED visits, and outpatient procedures in range. As in 2013, New York residents comprised a much smaller percent of all ED visits than of either inpatient discharges or outpatient procedures (3.5% of ED visits, compared to 9.6% of inpatient discharges and 7.2% of outpatient procedures in range).
- New York residents accounted for a higher percent of total charges than of total discharges in all three settings (4.3% of ED charges, 15.0% of inpatient charges and 9.8% of outpatient charges).

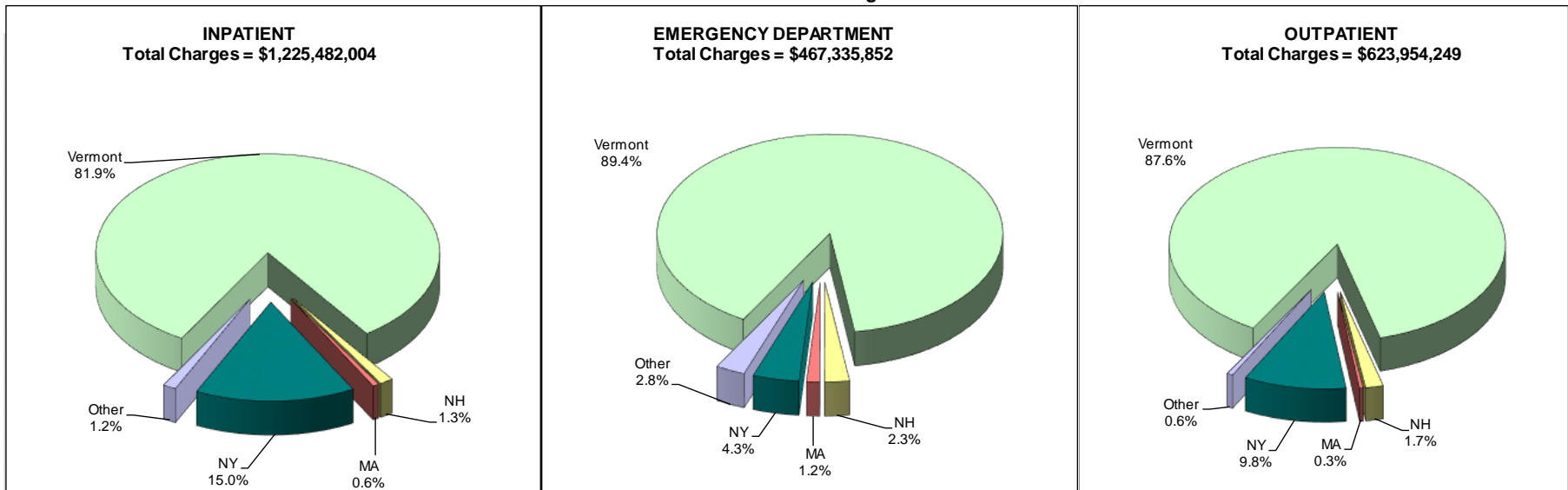
Note: Reporting is limited to Vermont hospitals until the 2014 data are available for Vermont residents served in New Hampshire, Massachusetts and New York hospitals. The timeliness of the annual data exchange between Vermont and New Hampshire has been seriously impacted by major changes in New Hampshire's data collection and processing technologies.

**2014 Vermont Hospitals  
Summary of Patients' State of Residence by Hospital Setting**

**Percent of Total Discharges**



**Percent of Total Charges**



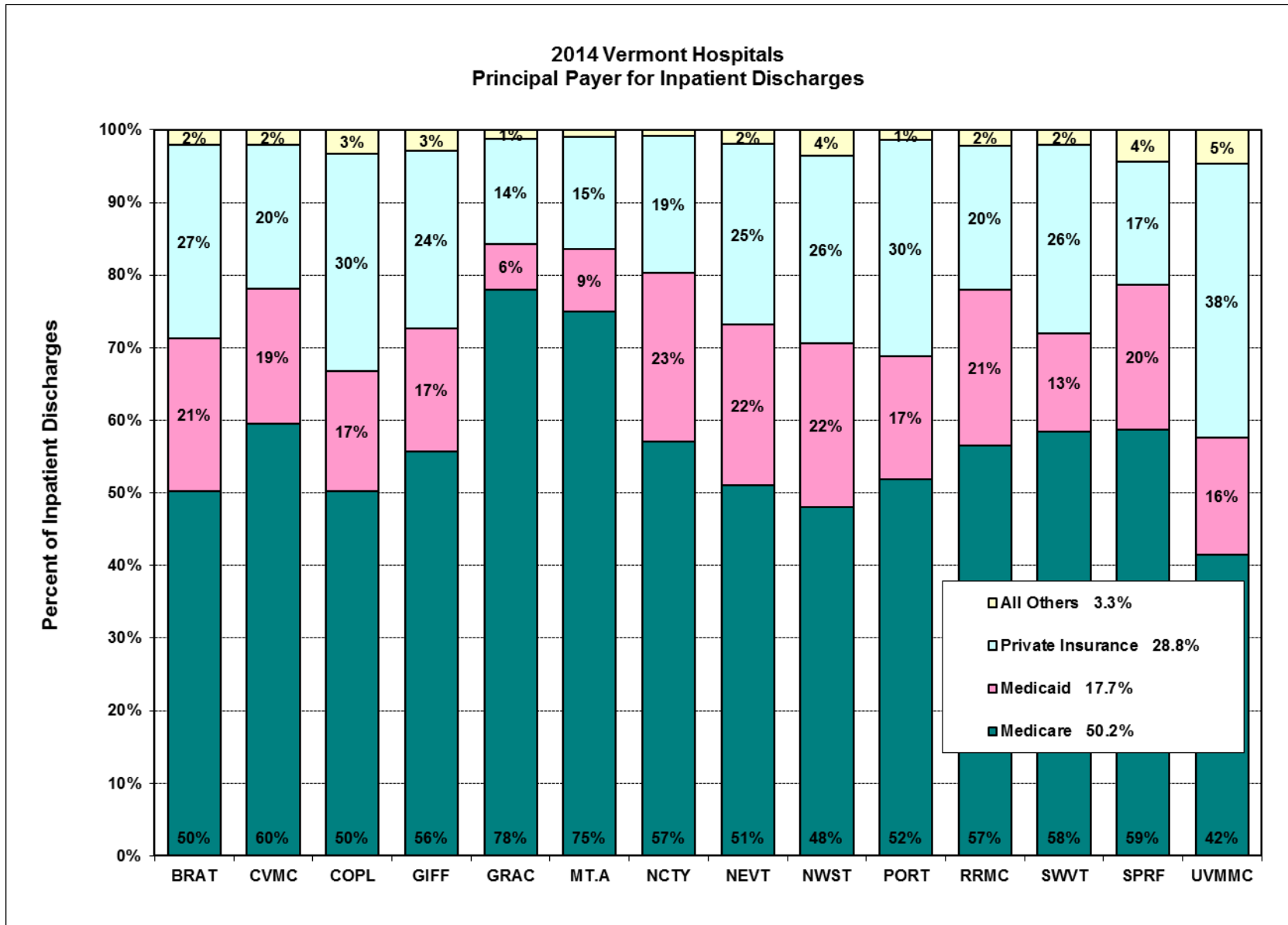
Numbers of discharges exclude newborns. Total charges include charges for newborns.



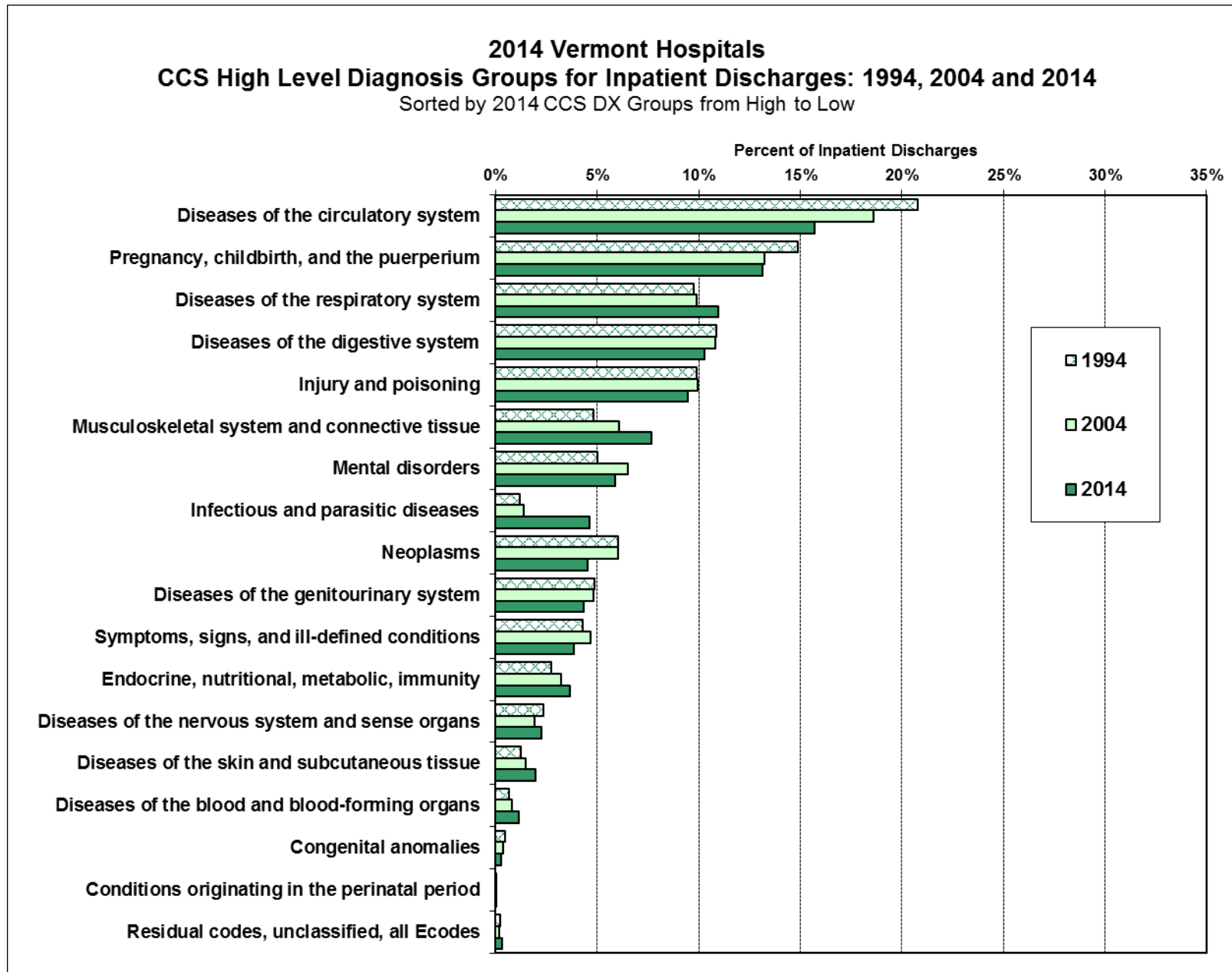
## Highlights of Inpatient Discharges from Vermont Hospitals

- **In 2014 there were 44,162 inpatient discharges from Vermont hospitals**, including maternal records but excluding newborns. Of these, 86.6% were Vermont residents, and 13.4% were residents of New Hampshire, Massachusetts, New York or elsewhere.
- **The number of inpatient discharges from Vermont hospitals has declined** 15.3% from 1994, and 9.8% from 2004, including both Vermont residents and non-residents. The average length of stay for these discharges declined from 5.6 days per discharge in 1994 to 4.5 in 2004, and has risen somewhat to 4.9 in 2014.
- **Similar to findings in recent years**, more than half of the total inpatient discharges from Vermont hospitals in 2014 originated in the Emergency Department (52.6%).
- **The University of Vermont Medical Center** continued to have the highest number of inpatient discharges at 17,717 in 2014 (40.1% of all inpatient discharges, compared to 36.2% in 1994 and 42.7% in 2004). Rutland followed with 5,694 discharges (12.9%). Grace Cottage Hospital and Mt. Ascutney Hospital and Health Center had the lowest total numbers of inpatient discharges (159 and 993 respectively).
- **The University of Vermont Medical Center** continued to have the highest total number of patient days at 104,008 in 2014 (48.3% of all patient days), followed by Rutland Regional Medical Center with 27,939 (13.0%). Grace Cottage Hospital had the lowest total number of patient days (493).
- **In 2014, average length of stay in Vermont hospitals varied** from 2.6 days per discharge at Copley Hospital to 5.9 days per discharge at The University of Vermont Medical Center.
- **The exception** was Mt. Ascutney Hospital and Health Center, where the average length of stay in 2014 was 9.5 days per discharge, a large increase from 3.9 days per discharge in 2013. This anomaly was apparently caused by Mt. Ascutney's closing out and reporting a substantial number of old accounts. The number of inpatient discharges increased from 360 in 2013 to 933 in 2014, and the number of patient days increased from 1,391 to 8,873. Of particular note were 540 discharges with diagnoses of symptoms, signs and ill-defined conditions and an average length of stay of 12.8 days (up from 6 discharges and an average of 4.8 days in 2013).

- **In 2014, Medicare continued to be the leading principal payer** for inpatient discharges from Vermont hospitals at 50.2% of total discharges, followed by private insurance at 28.8% and Medicaid at 17.7%. These figures are comparable to those in recent years. As in previous years, there was wide variation among hospitals in payer mix.



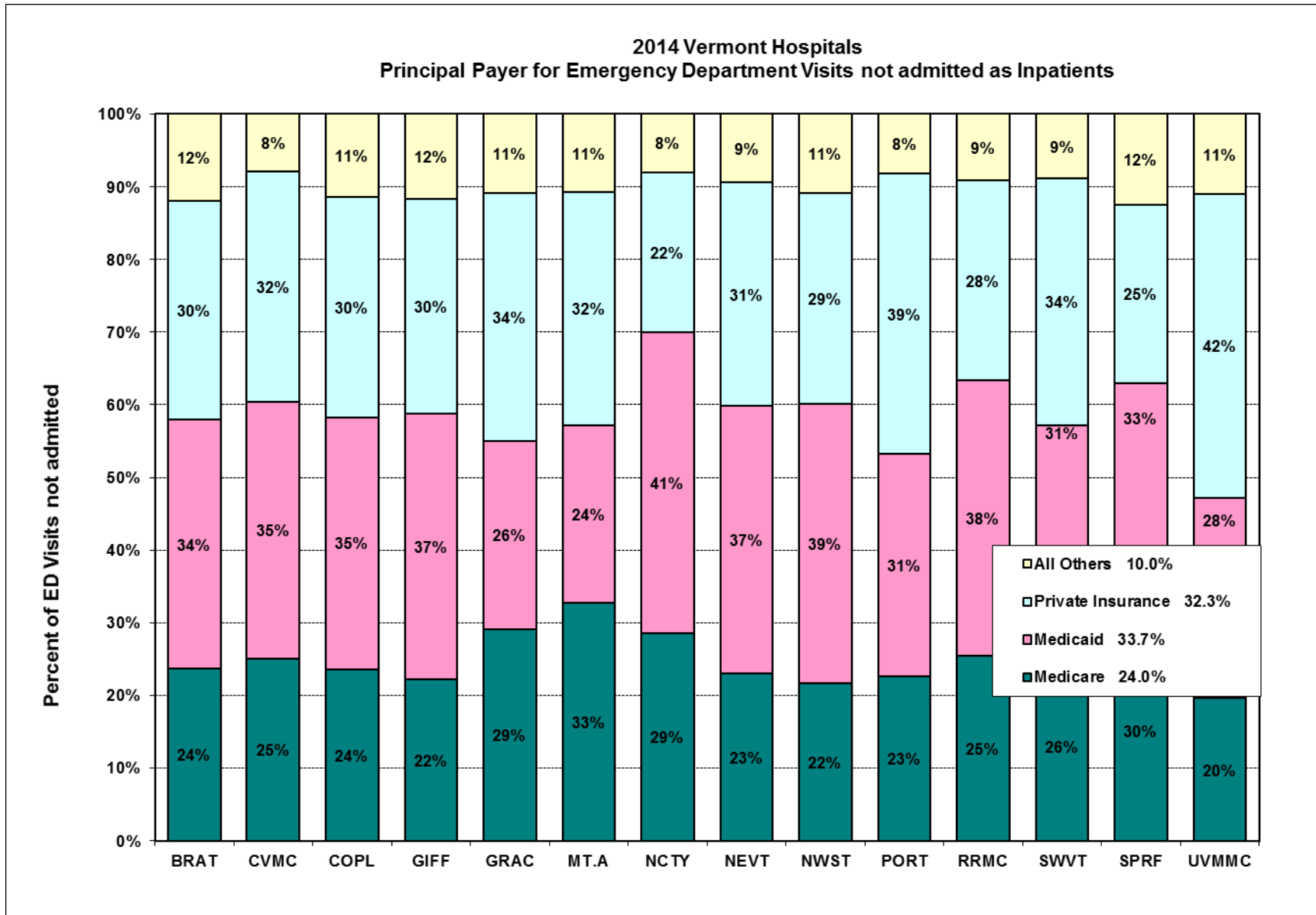
- **The most frequent reasons for hospitalization in 2014** were Diseases of the circulatory system; Pregnancy, childbirth and the puerperium; Diseases of the respiratory system; Diseases of the digestive system; and Injury and poisoning, consistent with recent years.



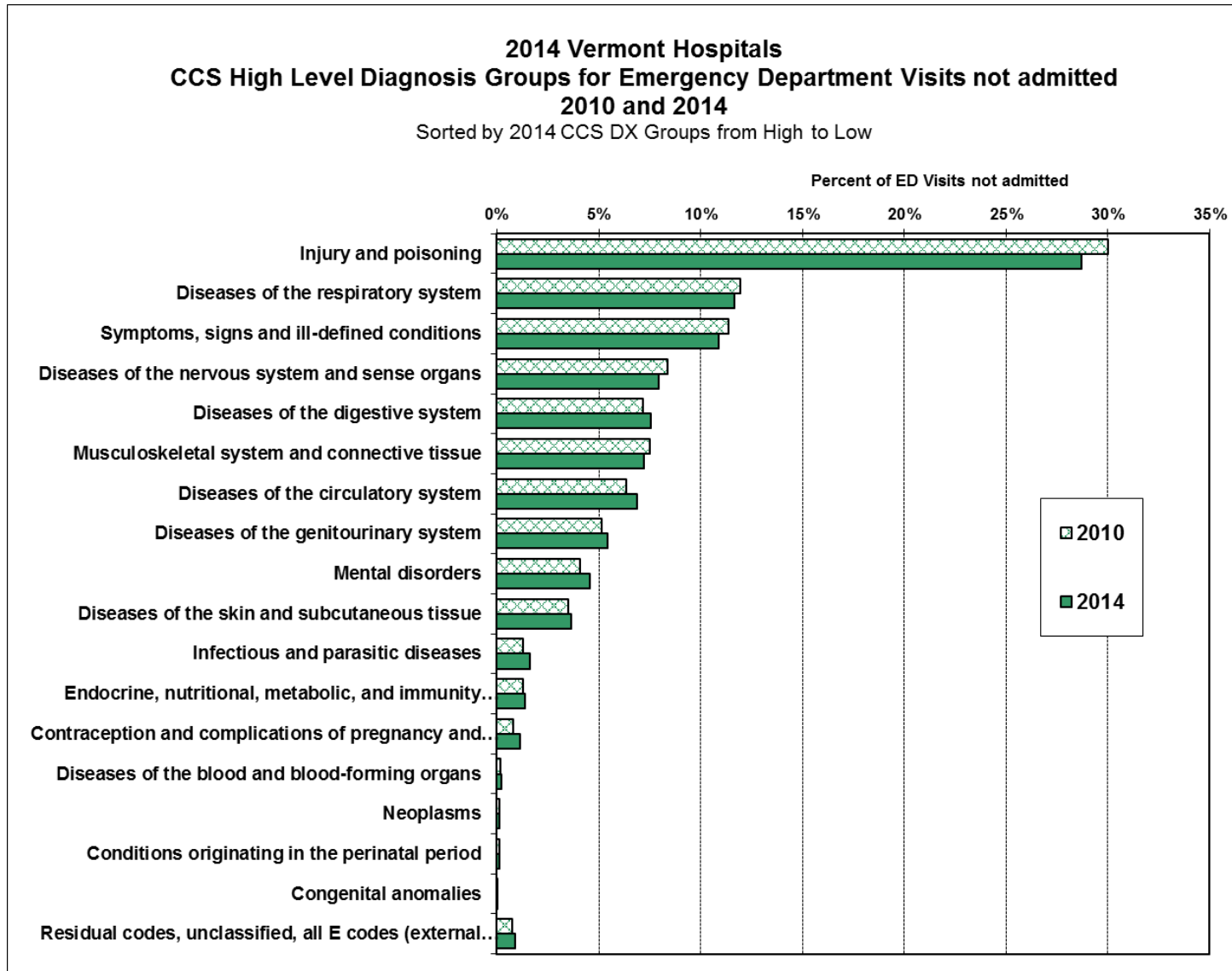
## Highlights of Visits to Vermont Hospital Emergency Departments

- **In 2014, there were a total of 263,084 visits to Vermont hospital Emergency Departments**, including both Vermont residents and non-residents, a 1.6% decrease from 2013. Similar to 2013, 91.2% (239,842) of these ED visits were not admitted, while the remaining 8.8% (23,242) of ED visits were admitted and categorized as inpatient discharges.
- **The number of all ED visits decreased slightly** from 2010 to 2014 by 0.5% overall (-0.2% for ED visits not admitted and -3.1% for those admitted as inpatients).
- **In 2014, the percent of ED visits that were admitted as inpatients increased with increasing age.** About 2% of ED visits by children under age 15 were admitted, as were 3.2% of visits by individuals aged 15-44, 10.6% of those aged 45-64, 17.8% of those aged 65-74, and 25.6% of those aged 75 and older.
- **The University of Vermont Medical Center** continued to have the highest percent of visits to the ED in 2014, leading all Vermont hospitals with 21.2% of all ED visits. Of all ED visits to The University of Vermont Medical Center, 14.6% were admitted as inpatients, a slightly lower percent than in 2013 (16.7%).
- **The percent of ED visits that were admitted in 2014** ranged from highs of 14.6% at The University of Vermont Medical Center and 12.5% at Rutland Regional Medical Center, to a low of 0.4% at Grace Cottage Hospital.
- **Of all ED visits, those with a primary diagnosis of neoplasms were the most likely to be admitted (63.9%),** followed by those with diseases of the blood and blood-forming organs (41.5%) and those with congenital anomalies (33.8%). Least likely to be admitted were ED visits for conditions originating in the perinatal period (0.8%).

In 2014, Medicaid was the leading principal payer for ED visits not admitted at 33.7% of these visits, followed closely by private insurance at 32.3%. These figures are comparable to those in recent years. As in previous years, there was wide variation among hospitals in payer mix.



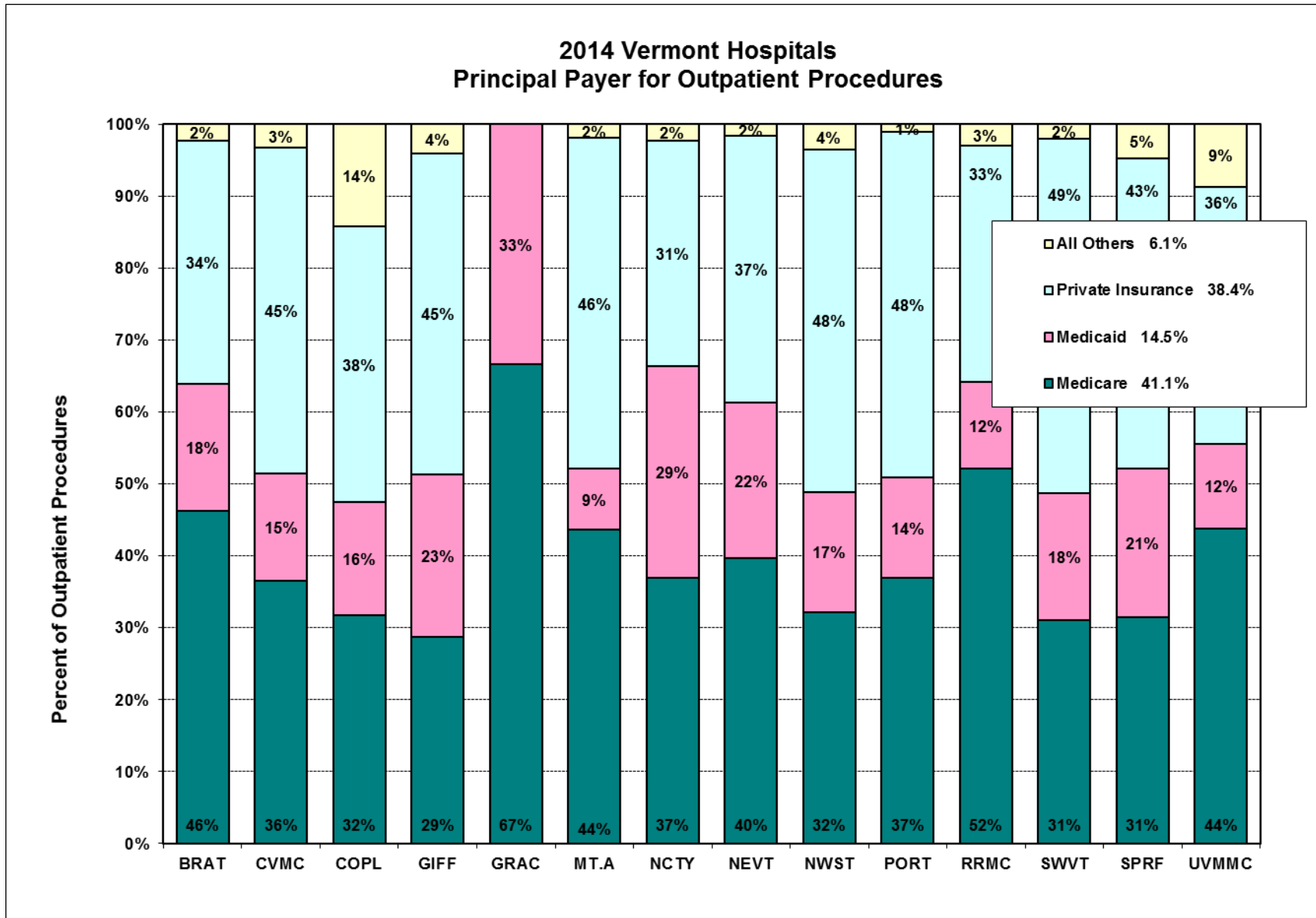
- **The most frequent reasons for ED visits not admitted in 2014** were Injury and poisoning; Diseases of the respiratory system; Symptoms, signs and ill-defined conditions; Diseases of the nervous system and sense organs; Diseases of the digestive system; and Musculoskeletal system & connective tissue, consistent with recent years.



## Highlights of Outpatient Visits to Vermont Hospitals

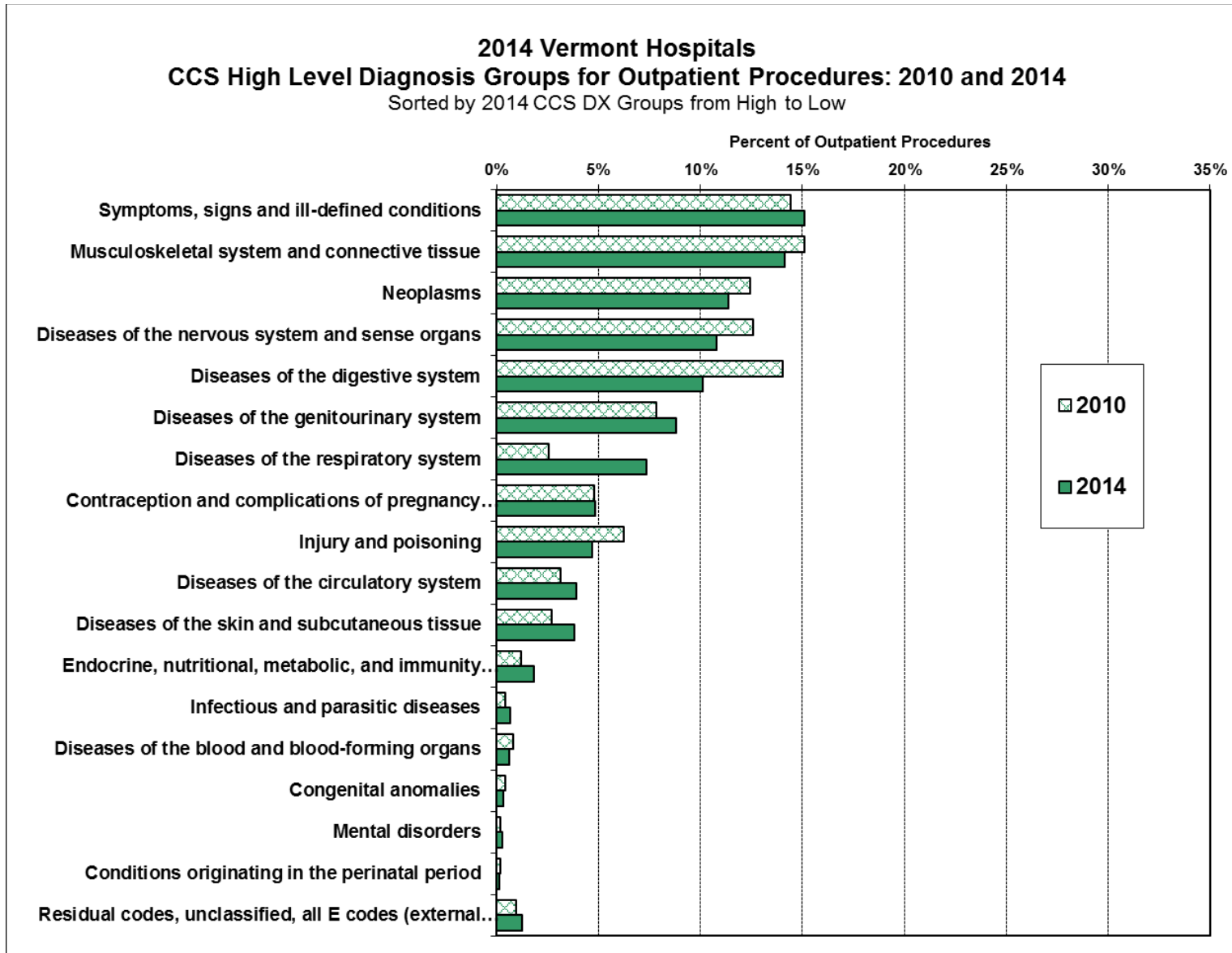
- **In 2014, there were 130,911 visits to Vermont hospitals for outpatient procedures** with a high-level procedure code in CCS procedure groups 1 through 15, representing both Vermont residents and non-residents. These outpatient visits did not originate in the Emergency Department. Grace Cottage Hospital had 3 visits for outpatient procedures in this range of CCS procedure groups.
- **The number of outpatient procedures in Vermont hospitals** increased 25.1% from 2013 to 2014. This increase in number is due in large part to the change in Vermont hospitals' coding of outpatient procedures from the ICD-9-CM system to the CPT system as of July 1, 2014. See the User's Guide for detailed information about this change.
- **Overall, non-residents accounted for 10.0% of the 130,911 visits to Vermont hospitals for outpatient procedures** in 2014. However, there was wide variation in the percent of non-residents at Vermont hospitals, with non-residents comprising 40.4% of Mt. Ascutney Hospital and Health Center's outpatient visits and 24.8% of Southwestern Vermont Medical Center's outpatient visits, compared to about 1% of outpatient visits to Central Vermont Medical Center, Copley Hospital, North Country Hospital and Northwestern Medical Center.
- **Medicare was the primary payer** for 41.1% of all visits to Vermont hospitals for outpatient procedures in 2014. Brattleboro Memorial Hospital, Mt. Ascutney Hospital and Health Center, Rutland Regional Medical Center, and the University of Vermont Medical Center reported over 40% of their outpatient visits with Medicare as the primary payer. Consistent with recent years, there was substantial variation by CCS diagnosis group, with Diseases of the skin and subcutaneous tissue and Diseases of the nervous system and sense organs having the highest percent of visits with Medicare as the primary payer (66.4% and 61.9%, respectively).
- **North Country Hospital reported the highest percent of outpatient procedures with Medicaid as primary payer (29.9%)**, while Mt. Ascutney Hospital and Health Center reported the lowest percent with Medicaid as primary payer (8.5%), followed by the University of Vermont Medical Center with 11.7%.
- **The services most frequently provided in expanded outpatient visits** in 2014 were charged under the primary cost center for Laboratory-Clinical services, in all 14 Vermont hospitals. The frequency of these services far exceeded the next most frequent services, which were charged under the primary cost centers for Radiology-Diagnostic, Drugs Charged to Patients, Mammography, Chemistry, Ultrasound, Physical Therapy, Hematology, Laboratory-Pathological, Magnetic Resonance Imaging (MRI), and Cytology. These findings are consistent with recent years.
- **In 2014, the total number of observation beds in Vermont hospitals increased by 20.4%, and the average charge per observation bed increased by 16.1%.** The University of Vermont Medical Center had 30.8% of all observation beds in 2014 compared to 18.3% in 2013. Rutland Regional Medical Center had 13.0% of these records, followed by Southwestern Vermont Medical Center with 9.0% and Central Vermont Medical Center with 8.9%. The University of Vermont Medical Center's number of observation beds doubled from 2013 to 2014 (from 2,161 to 4,378), accounting for 91.9% of the total increase. The same hospitals consistently have the highest percents of observation beds, but the rank order may change from one year to another.

- **In 2014, Medicare was the leading principal payer** for 41.1% of outpatient procedures in range, followed by private insurance at 38.4% and Medicaid at 14.5%. These figures are comparable to those in recent years. As in previous years, there was wide variation among hospitals in payer mix.

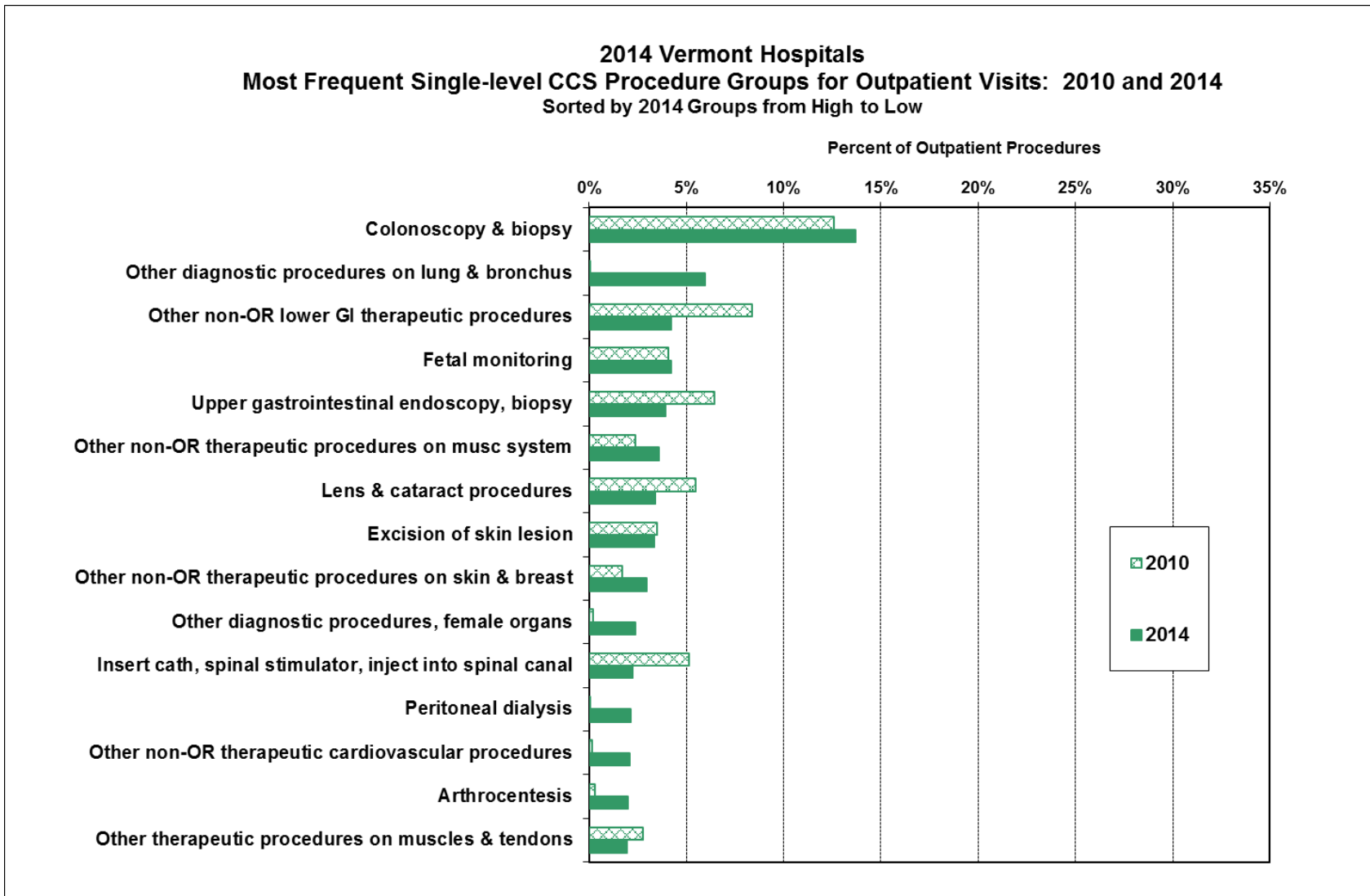




- **The most frequent high-level diagnoses for outpatient procedures** in 2014 were Symptoms, signs and ill-defined conditions; Musculoskeletal system and connective tissue; Neoplasms; Diseases of the nervous system and sense organs; and Diseases of the digestive system. The most frequent diagnoses in 2014 are consistent with those in recent years, although their rank order may differ a little.

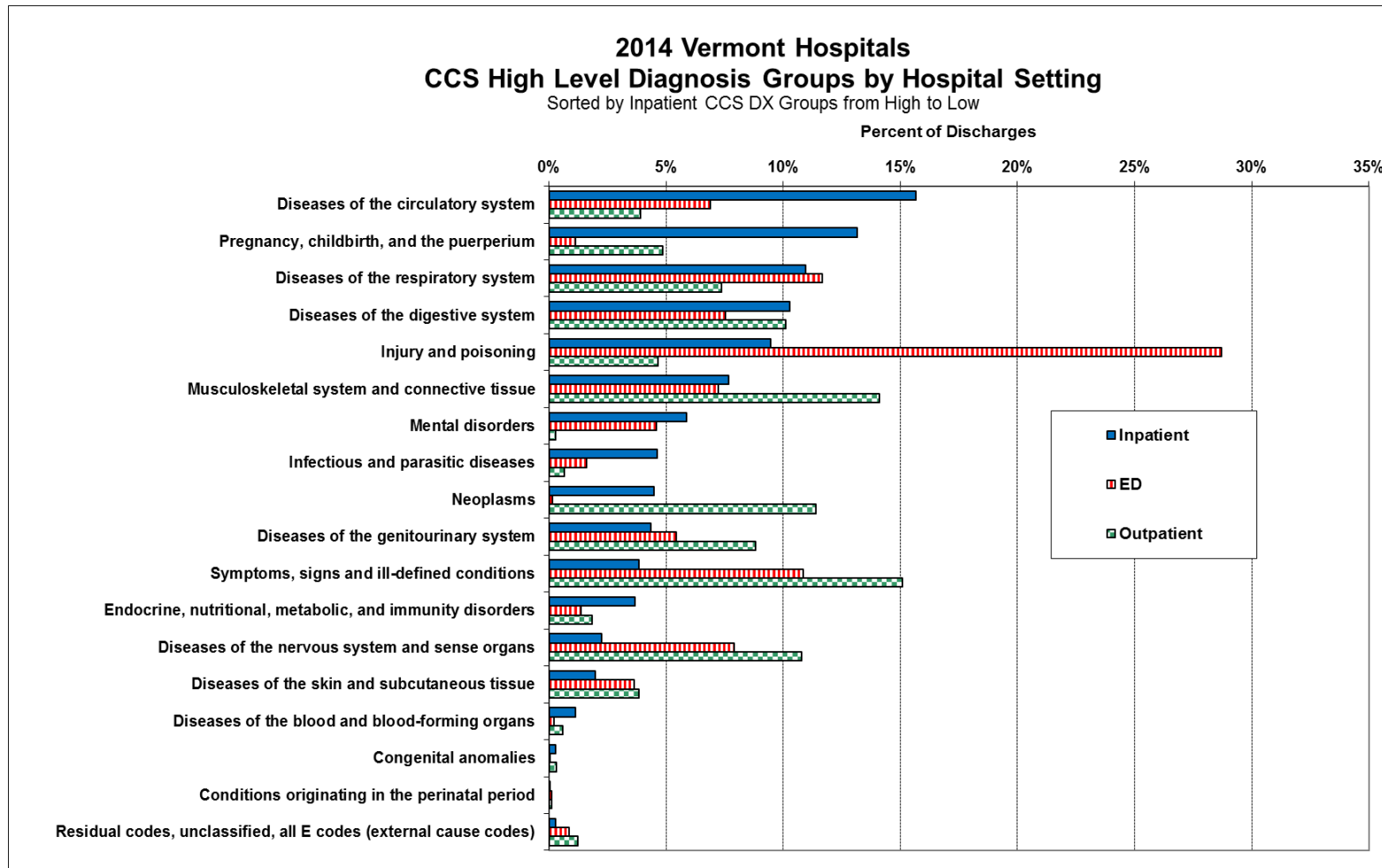


- The leading single-level group of outpatient procedures in high-level CCS procedure groups 1 through 15 in both 2010 and 2014 was Colonoscopy & biopsy. Following this procedure group were Other diagnostic procedures on lung & bronchus; Other non-OR lower GI therapeutic procedures; Fetal monitoring; and Upper gastrointestinal endoscopy, biopsy. These most frequent procedure groups in 2014 are somewhat consistent with those in recent years, although their rank order may differ a little. Differences across years may be partially explained by the change in outpatient procedure coding systems during 2014.

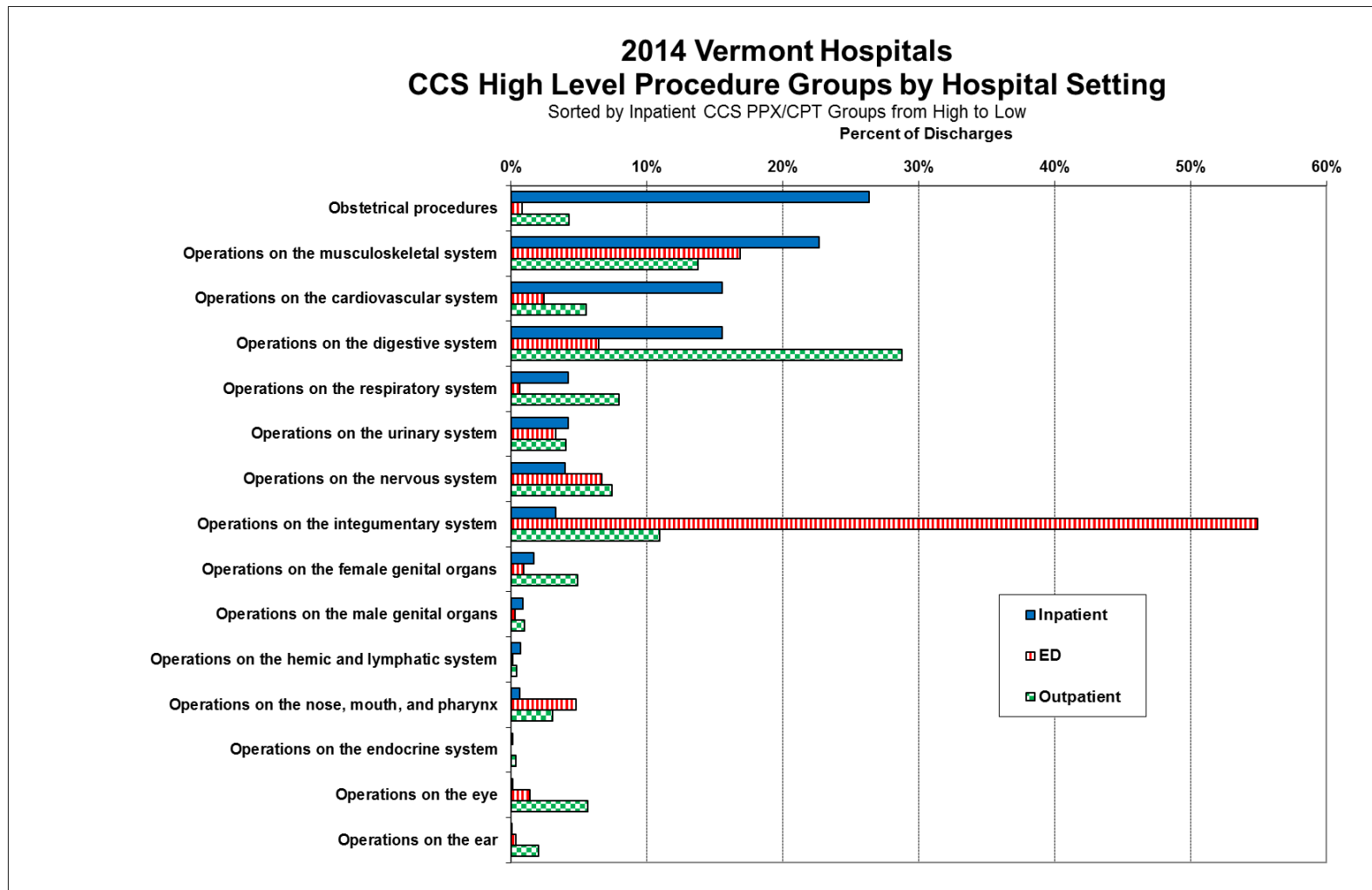


## Highlights of Comparisons across Vermont Hospital Settings

- The most frequent CCS high level diagnosis groups differed across Vermont hospital settings in 2014.** The most frequent diagnosis group (based on primary diagnosis) for inpatients was Diseases of the circulatory system. The most frequent diagnosis group for ED visits was Injury and poisoning, and for outpatients, most frequent diagnosis group was Symptoms, signs, and ill-defined conditions (followed closely by Musculoskeletal system and connective tissue). The frequencies of these CCS high level diagnosis groups have been consistent in recent years.



- The most frequent CCS high level procedure groups in range 1 through 15 differed across hospital settings in 2014.** The most frequent procedure group for inpatients was Obstetrical procedures, followed by Operations on the musculoskeletal system. The most frequent procedure group for ED visits was Operations on the integumentary system followed by Operations on the musculoskeletal system, and for outpatients, the most frequent procedure group was Operations on the digestive system followed by Operations on the musculoskeletal system. The frequencies of these CCS high level procedure groups have been consistent in recent years.



# **Inpatient Discharges**



**Table I-1**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Vermont Hospitals by Setting**

<b>Vermont Hospital</b>	<b>Inpatient Discharges NOT Originating in ED</b>		<b>Inpatient Discharges Originating in ED</b>		<b>All Inpatient Discharges</b>	
	<b>N</b>	<b>Row %</b>	<b>N</b>	<b>Row %</b>	<b>N</b>	<b>Col %</b>
Brattleboro Memorial Hospital	734	47.1%	823	52.9%	1,557	3.5%
Central Vermont Medical Center	714	20.2%	2,813	79.8%	3,527	8.0%
Copley Hospital	1,276	79.8%	322	20.2%	1,598	3.6%
Gifford Medical Center	467	38.2%	755	61.8%	1,222	2.8%
Grace Cottage Hospital	149	93.7%	10	6.3%	159	0.4%
Mt. Ascutney Hospital and Health Center	824	88.3%	109	11.7%	933	2.1%
North Country Hospital	1,021	77.8%	291	22.2%	1,312	3.0%
Northeastern Vermont Regional Hospital	870	74.9%	291	25.1%	1,161	2.6%
Northwestern Medical Center	886	37.0%	1,511	63.0%	2,397	5.4%
Porter Medical Center	607	39.1%	944	60.9%	1,551	3.5%
Rutland Regional Medical Center	1,545	27.1%	4,149	72.9%	5,694	12.9%
Southwestern Vermont Medical Center	766	22.3%	2,674	77.7%	3,440	7.8%
Springfield Hospital	1,515	80.0%	379	20.0%	1,894	4.3%
University of Vermont Medical Center	9,546	53.9%	8,171	46.1%	17,717	40.1%
Total	20,920	47.4%	23,242	52.6%	44,162	100.0%

Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.

Table I-2

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**

<u>Vermont Hospital</u>	Discharges			Patient Days			Average Length of Stay		
	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>
Brattleboro Memorial Hospital	2,582	2,025	1,557	13,235	8,210	5,575	5.1	4.1	3.6
Central Vermont Medical Center	4,315	3,191	3,527	24,728	13,947	17,346	5.7	4.4	4.9
Copley Hospital	1,614	1,169	1,598	6,853	4,532	4,193	4.2	3.9	2.6
Gifford Medical Center	1,198	1,109	1,222	4,789	3,336	5,186	4.0	3.0	4.2
Grace Cottage Hospital	193	167	159	633	457	493	3.3	2.7	3.1
Mt. Ascutney Hospital and Health Center	508	444	933	2,044	1,741	8,873	4.0	3.9	9.5
North Country Hospital	2,022	1,516	1,312	7,752	4,309	4,496	3.8	2.8	3.4
Northeastern Vermont Regional Hospital	2,102	1,429	1,161	10,170	4,281	3,601	4.8	3.0	3.1
Northwestern Medical Center	2,512	2,305	2,397	13,186	7,949	7,956	5.2	3.4	3.3
Porter Medical Center	1,604	1,391	1,551	7,438	5,209	5,062	4.6	3.7	3.3
Rutland Regional Medical Center	7,169	6,580	5,694	44,464	31,724	27,939	6.2	4.8	4.9
Southwestern Vermont Medical Center	5,143	4,339	3,440	26,211	16,398	12,265	5.1	3.8	3.6
Springfield Hospital	2,289	2,361	1,894	10,212	11,876	8,299	4.5	5.0	4.4
University of Vermont Medical Center	18,868	20,915	17,717	121,390	107,657	104,008	6.4	5.1	5.9
Total	52,119	48,941	44,162	293,105	221,626	215,292	5.6	4.5	4.9

Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.



**Table I-3**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>All Vermont Hospitals</b>									
Infectious & parasitic diseases	630	686	2,045	4,298	4,501	12,834	6.8	6.6	6.3
Neoplasms	3,144	2,959	1,989	22,153	15,665	11,741	7.0	5.3	5.9
Endocrine, nutritional, metabolic, immunity	1,414	1,587	1,623	10,286	7,946	8,373	7.3	5.0	5.2
Diseases of the blood & blood-forming organs	339	399	494	1,671	1,700	1,983	4.9	4.3	4.0
Mental disorders	2,604	3,392	2,594	25,372	22,062	26,082	9.7	6.5	10.1
Diseases of the nervous system and sense organs	1,212	922	990	6,251	3,897	4,895	5.2	4.2	4.9
Diseases of the circulatory system	10,822	9,110	6,925	64,358	37,320	28,982	5.9	4.1	4.2
Diseases of the respiratory system	5,093	4,840	4,842	32,244	24,794	21,428	6.3	5.1	4.4
Diseases of the digestive system	5,663	5,206	4,533	30,909	22,659	18,769	5.5	4.4	4.1
Diseases of the genitourinary system	2,541	2,368	1,921	9,990	8,077	7,751	3.9	3.4	4.0
Pregnancy, childbirth, and the puerperium	7,745	6,419	5,807	16,768	15,882	15,139	2.2	2.5	2.6
Diseases of the skin and subcutaneous tissue	657	725	874	4,483	3,774	5,108	6.8	5.2	5.8
Musculoskeletal system and connective tissue	2,520	2,966	3,383	13,928	12,182	11,100	5.5	4.1	3.3
Congenital anomalies	238	172	126	1,232	675	633	5.2	3.9	5.0
Conditions originating in the perinatal period	1	2	4	1	2	29	1.0	1.0	7.3
Injury & poisoning	5,157	4,809	4,180	29,776	23,571	22,234	5.8	4.9	5.3
Symptoms, signs & ill-defined conditions	2,228	2,287	1,702	18,900	16,601	17,666	8.5	7.3	10.4
Residual codes, unclassified, all Ecodes	111	92	130	485	318	545	4.4	3.5	4.2
Total	52,119	48,941	44,162	293,105	221,626	215,292	5.6	4.5	4.9

Table I-3

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014  
Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>
<b>Brattleboro Memorial Hospital</b>									
Infectious & parasitic diseases	30	27	85	287	128	419	9.6	4.7	4.9
Neoplasms	176	112	62	1,080	618	251	6.1	5.5	4.0
Endocrine, nutritional, metabolic, immunity	72	84	65	641	412	226	8.9	4.9	3.5
Diseases of the blood & blood-forming organs	12	19	16	54	82	60	4.5	4.3	3.8
Mental disorders	41	40	27	227	168	135	5.5	4.2	5.0
Diseases of the nervous system and sense organs	53	40	18	455	172	57	8.6	4.3	3.2
Diseases of the circulatory system	407	323	179	2,215	1,170	648	5.4	3.6	3.6
Diseases of the respiratory system	211	205	187	1,462	1,122	778	6.9	5.5	4.2
Diseases of the digestive system	346	253	178	1,867	1,139	756	5.4	4.5	4.2
Diseases of the genitourinary system	132	107	74	480	388	240	3.6	3.6	3.2
Pregnancy, childbirth, and the puerperium	451	357	321	1,148	826	775	2.5	2.3	2.4
Diseases of the skin and subcutaneous tissue	26	32	36	141	208	215	5.4	6.5	6.0
Musculoskeletal system and connective tissue	204	144	180	1,159	646	540	5.7	4.5	3.0
Congenital anomalies	2	6	1	10	26	3	5.0	4.3	3.0
Conditions originating in the perinatal period	-	-	1	-	-	2	-	-	2.0
Injury & poisoning	375	237	114	1,807	987	408	4.8	4.2	3.6
Symptoms, signs & ill-defined conditions	44	37	12	202	109	56	4.6	2.9	4.7
Residual codes, unclassified, all Ecodes	-	2	1	-	9	6	-	4.5	6.0
Total	2,582	2,025	1,557	13,235	8,210	5,575	5.1	4.1	3.6

**Table I-3**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b>CCS Diagnosis Groups</b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b>1994</b>	<b>2004</b>	<b>2014</b>	<b>1994</b>	<b>2004</b>	<b>2014</b>	<b>1994</b>	<b>2004</b>	<b>2014</b>
<b>Central Vermont Medical Center</b>									
Infectious & parasitic diseases	50	50	225	522	227	1,256	10.4	4.5	5.6
Neoplasms	247	169	63	2,239	853	375	9.1	5.0	6.0
Endocrine, nutritional, metabolic, immunity	110	106	107	648	393	460	5.9	3.7	4.3
Diseases of the blood & blood-forming organs	28	16	44	129	71	145	4.6	4.4	3.3
Mental disorders	385	550	454	3,261	3,973	4,648	8.5	7.2	10.2
Diseases of the nervous system and sense organs	73	46	74	408	236	348	5.6	5.1	4.7
Diseases of the circulatory system	752	408	527	4,035	1,450	1,899	5.4	3.6	3.6
Diseases of the respiratory system	434	369	542	2,487	1,742	2,568	5.7	4.7	4.7
Diseases of the digestive system	585	381	406	3,307	1,586	1,793	5.7	4.2	4.4
Diseases of the genitourinary system	285	150	153	1,329	460	674	4.7	3.1	4.4
Pregnancy, childbirth, and the puerperium	642	404	384	1,400	867	937	2.2	2.1	2.4
Diseases of the skin and subcutaneous tissue	60	63	71	425	292	348	7.1	4.6	4.9
Musculoskeletal system and connective tissue	180	153	195	1,468	621	763	8.2	4.1	3.9
Congenital anomalies	7	2	5	32	4	25	4.6	2.0	5.0
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	361	261	238	2,479	1,012	960	6.9	3.9	4.0
Symptoms, signs & ill-defined conditions	107	60	32	541	149	98	5.1	2.5	3.1
Residual codes, unclassified, all Ecodes	9	3	7	18	11	49	2.0	3.7	7.0
Total	4,315	3,191	3,527	24,728	13,947	17,346	5.7	4.4	4.9

Table I-3

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014  
Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>Copley Hospital</b>									
Infectious & parasitic diseases	21	19	26	146	109	104	7.0	5.7	4.0
Neoplasms	60	39	20	267	166	50	4.5	4.3	2.5
Endocrine, nutritional, metabolic, immunity	41	30	49	242	133	126	5.9	4.4	2.6
Diseases of the blood & blood-forming organs	6	1	8	19	2	20	3.2	2.0	2.5
Mental disorders	11	18	27	64	58	93	5.8	3.2	3.4
Diseases of the nervous system and sense organs	34	25	31	121	107	87	3.6	4.3	2.8
Diseases of the circulatory system	302	145	184	1,225	555	476	4.1	3.8	2.6
Diseases of the respiratory system	215	144	172	1,232	642	569	5.7	4.5	3.3
Diseases of the digestive system	222	136	218	1,065	572	662	4.8	4.2	3.0
Diseases of the genitourinary system	52	62	76	171	204	197	3.3	3.3	2.6
Pregnancy, childbirth, and the puerperium	296	246	223	517	559	410	1.7	2.3	1.8
Diseases of the skin and subcutaneous tissue	32	25	37	288	123	116	9.0	4.9	3.1
Musculoskeletal system and connective tissue	62	77	320	384	340	641	6.2	4.4	2.0
Congenital anomalies	1	-	1	3	-	4	3.0	-	4.0
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	218	179	174	978	866	564	4.5	4.8	3.2
Symptoms, signs & ill-defined conditions	41	21	29	131	83	70	3.2	4.0	2.4
Residual codes, unclassified, all Ecodes	-	2	3	-	13	4	-	6.5	1.3
<b>Total</b>	<b>1,614</b>	<b>1,169</b>	<b>1,598</b>	<b>6,853</b>	<b>4,532</b>	<b>4,193</b>	<b>4.2</b>	<b>3.9</b>	<b>2.6</b>

**Table I-3**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>Gifford Medical Center</b>									
Infectious & parasitic diseases	28	14	19	191	46	132	6.8	3.3	6.9
Neoplasms	50	34	21	252	142	104	5.0	4.2	5.0
Endocrine, nutritional, metabolic, immunity	25	50	57	161	170	342	6.4	3.4	6.0
Diseases of the blood & blood-forming organs	4	7	22	21	18	70	5.3	2.6	3.2
Mental disorders	18	13	62	66	36	290	3.7	2.8	4.7
Diseases of the nervous system and sense organs	17	13	34	44	40	144	2.6	3.1	4.2
Diseases of the circulatory system	214	164	175	936	501	624	4.4	3.1	3.6
Diseases of the respiratory system	161	114	147	836	415	559	5.2	3.6	3.8
Diseases of the digestive system	160	108	122	686	342	414	4.3	3.2	3.4
Diseases of the genitourinary system	69	66	66	258	179	287	3.7	2.7	4.3
Pregnancy, childbirth, and the puerperium	301	343	208	565	762	548	1.9	2.2	2.6
Diseases of the skin and subcutaneous tissue	27	33	42	141	149	213	5.2	4.5	5.1
Musculoskeletal system and connective tissue	35	46	71	215	188	293	6.1	4.1	4.1
Congenital anomalies	2	1	-	14	2	-	7.0	2.0	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	74	75	87	378	280	420	5.1	3.7	4.8
Symptoms, signs & ill-defined conditions	11	23	82	23	47	730	2.1	2.0	8.9
Residual codes, unclassified, all Ecodes	2	5	7	2	19	16	1.0	3.8	2.3
Total	1,198	1,109	1,222	4,789	3,336	5,186	4.0	3.0	4.2

Table I-3

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014  
Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>
<b>Grace Cottage Hospital</b>									
Infectious & parasitic diseases	2	2	2	7	7	9	3.5	3.5	4.5
Neoplasms	5	7	3	26	18	11	5.2	2.6	3.7
Endocrine, nutritional, metabolic, immunity	6	17	7	19	41	23	3.2	2.4	3.3
Diseases of the blood & blood-forming organs	4	-	-	11	-	-	2.8	-	-
Mental disorders	16	3	2	44	9	4	2.8	3.0	2.0
Diseases of the nervous system and sense organs	3	8	3	12	18	9	4.0	2.3	3.0
Diseases of the circulatory system	51	30	40	161	79	124	3.2	2.6	3.1
Diseases of the respiratory system	50	31	41	178	81	126	3.6	2.6	3.1
Diseases of the digestive system	17	21	12	49	53	38	2.9	2.5	3.2
Diseases of the genitourinary system	4	6	9	14	14	28	3.5	2.3	3.1
Pregnancy, childbirth, and the puerperium	9	-	-	13	-	-	1.4	-	-
Diseases of the skin and subcutaneous tissue	2	8	8	4	27	36	2.0	3.4	4.5
Musculoskeletal system and connective tissue	11	9	8	45	31	21	4.1	3.4	2.6
Congenital anomalies	-	-	-	-	-	-	-	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	10	17	16	44	57	47	4.4	3.4	2.9
Symptoms, signs & ill-defined conditions	3	7	6	6	18	13	2.0	2.6	2.2
Residual codes, unclassified, all Ecodes	-	1	2	-	4	4	-	4.0	2.0
Total	193	167	159	633	457	493	3.3	2.7	3.1

**Table I-3**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>Mt. Ascutney Hospital and Health Center</b>									
Infectious & parasitic diseases	9	3	10	73	16	67	8.1	5.3	6.7
Neoplasms	27	19	20	145	118	193	5.4	6.2	9.7
Endocrine, nutritional, metabolic, immunity	15	21	38	36	57	165	2.4	2.7	4.3
Diseases of the blood & blood-forming organs	3	6	5	23	15	17	7.7	2.5	3.4
Mental disorders	10	5	3	34	10	11	3.4	2.0	3.7
Diseases of the nervous system and sense organs	3	10	10	11	29	31	3.7	2.9	3.1
Diseases of the circulatory system	110	106	59	371	336	264	3.4	3.2	4.5
Diseases of the respiratory system	79	69	85	361	269	348	4.6	3.9	4.1
Diseases of the digestive system	79	69	74	335	358	239	4.2	5.2	3.2
Diseases of the genitourinary system	32	24	32	101	87	113	3.2	3.6	3.5
Pregnancy, childbirth, and the puerperium	1	-	-	2	-	-	2.0	-	-
Diseases of the skin and subcutaneous tissue	6	14	20	39	71	80	6.5	5.1	4.0
Musculoskeletal system and connective tissue	36	51	14	136	194	318	3.8	3.8	22.7
Congenital anomalies	-	-	-	-	-	-	-	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	64	34	18	273	136	100	4.3	4.0	5.6
Symptoms, signs & ill-defined conditions	30	12	540	93	32	6,906	3.1	2.7	12.8
Residual codes, unclassified, all Ecodes	4	1	5	11	13	21	2.8	13.0	4.2
Total	508	444	933	2,044	1,741	8,873	4.0	3.9	9.5

**Table I-3**

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014  
Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>North Country Hospital</b>									
Infectious & parasitic diseases	35	55	50	157	194	197	4.5	3.5	3.9
Neoplasms	90	105	42	493	353	146	5.5	3.4	3.5
Endocrine, nutritional, metabolic, immunity	86	47	58	382	142	160	4.4	3.0	2.8
Diseases of the blood & blood-forming organs	15	14	26	55	37	88	3.7	2.6	3.4
Mental disorders	88	26	22	267	62	95	3.0	2.4	4.3
Diseases of the nervous system and sense organs	38	36	24	133	88	66	3.5	2.4	2.8
Diseases of the circulatory system	471	290	213	1,780	704	670	3.8	2.4	3.1
Diseases of the respiratory system	268	237	219	1,255	823	820	4.7	3.5	3.7
Diseases of the digestive system	263	202	149	1,132	650	629	4.3	3.2	4.2
Diseases of the genitourinary system	115	86	82	353	193	282	3.1	2.2	3.4
Pregnancy, childbirth, and the puerperium	246	237	220	551	550	550	2.2	2.3	2.5
Diseases of the skin and subcutaneous tissue	27	30	41	110	100	188	4.1	3.3	4.6
Musculoskeletal system and connective tissue	74	21	64	346	67	221	4.7	3.2	3.5
Congenital anomalies	2	-	-	8	-	-	4.0	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	155	86	85	586	251	341	3.8	2.9	4.0
Symptoms, signs & ill-defined conditions	41	39	11	113	87	31	2.8	2.2	2.8
Residual codes, unclassified, all Ecodes	8	5	6	31	8	12	3.9	1.6	2.0
<b>Total</b>	<b>2,022</b>	<b>1,516</b>	<b>1,312</b>	<b>7,752</b>	<b>4,309</b>	<b>4,496</b>	<b>3.8</b>	<b>2.8</b>	<b>3.4</b>



**Table I-3**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>Northeastern Vermont Regional Hospital</b>									
Infectious & parasitic diseases	41	28	26	202	99	139	4.9	3.5	5.3
Neoplasms	75	38	32	384	122	151	5.1	3.2	4.7
Endocrine, nutritional, metabolic, immunity	41	48	37	205	207	127	5.0	4.3	3.4
Diseases of the blood & blood-forming organs	10	15	10	55	48	39	5.5	3.2	3.9
Mental disorders	171	25	48	2,898	65	104	16.9	2.6	2.2
Diseases of the nervous system and sense organs	28	22	26	103	64	80	3.7	2.9	3.1
Diseases of the circulatory system	393	217	171	1,503	586	508	3.8	2.7	3.0
Diseases of the respiratory system	333	196	135	1,126	624	445	3.4	3.2	3.3
Diseases of the digestive system	243	218	149	1,006	693	440	4.1	3.2	3.0
Diseases of the genitourinary system	126	87	48	413	223	141	3.3	2.6	2.9
Pregnancy, childbirth, and the puerperium	284	253	217	652	569	470	2.3	2.2	2.2
Diseases of the skin and subcutaneous tissue	26	32	17	118	123	75	4.5	3.8	4.4
Musculoskeletal system and connective tissue	84	90	62	488	358	237	5.8	4.0	3.8
Congenital anomalies	2	2	-	5	6	-	2.5	3.0	-
Conditions originating in the perinatal period	1	-	-	1	-	-	1.0	-	-
Injury & poisoning	205	104	143	908	345	559	4.4	3.3	3.9
Symptoms, signs & ill-defined conditions	36	49	29	93	140	64	2.6	2.9	2.2
Residual codes, unclassified, all Ecodes	3	5	11	10	9	22	3.3	1.8	2.0
Total	2,102	1,429	1,161	10,170	4,281	3,601	4.8	3.0	3.1

Table I-3

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014  
Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>
<b>Northwestern Medical Center</b>									
Infectious & parasitic diseases	29	31	75	133	167	394	4.6	5.4	5.3
Neoplasms	86	102	45	628	461	240	7.3	4.5	5.3
Endocrine, nutritional, metabolic, immunity	79	64	67	527	212	165	6.7	3.3	2.5
Diseases of the blood & blood-forming organs	8	15	34	21	32	111	2.6	2.1	3.3
Mental disorders	33	33	57	207	151	250	6.3	4.6	4.4
Diseases of the nervous system and sense organs	28	33	31	111	96	121	4.0	2.9	3.9
Diseases of the circulatory system	541	340	257	3,366	1,197	714	6.2	3.5	2.8
Diseases of the respiratory system	325	344	342	2,353	1,545	1,407	7.2	4.5	4.1
Diseases of the digestive system	362	316	298	1,590	1,231	1,157	4.4	3.9	3.9
Diseases of the genitourinary system	125	104	141	576	357	476	4.6	3.4	3.4
Pregnancy, childbirth, and the puerperium	444	507	467	838	1,065	1,015	1.9	2.1	2.2
Diseases of the skin and subcutaneous tissue	52	29	75	467	148	288	9.0	5.1	3.8
Musculoskeletal system and connective tissue	101	156	323	644	581	886	6.4	3.7	2.7
Congenital anomalies	5	1	13	17	2	49	3.4	2.0	3.8
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	241	193	148	1,442	629	618	6.0	3.3	4.2
Symptoms, signs & ill-defined conditions	52	36	21	265	72	57	5.1	2.0	2.7
Residual codes, unclassified, all Ecodes	1	1	3	1	3	8	1.0	3.0	2.7
Total	2,512	2,305	2,397	13,186	7,949	7,956	5.2	3.4	3.3

**Table I-3**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>Porter Medical Center</b>									
Infectious & parasitic diseases	8	14	30	56	49	129	7.0	3.5	4.3
Neoplasms	68	72	32	306	259	132	4.5	3.6	4.1
Endocrine, nutritional, metabolic, immunity	33	40	36	241	158	76	7.3	4.0	2.1
Diseases of the blood & blood-forming organs	7	17	11	43	61	33	6.1	3.6	3.0
Mental disorders	11	25	23	54	71	74	4.9	2.8	3.2
Diseases of the nervous system and sense organs	10	7	40	42	22	147	4.2	3.1	3.7
Diseases of the circulatory system	313	208	170	1,448	726	508	4.6	3.5	3.0
Diseases of the respiratory system	212	178	259	1,462	865	1,057	6.9	4.9	4.1
Diseases of the digestive system	258	168	177	1,524	777	694	5.9	4.6	3.9
Diseases of the genitourinary system	86	86	65	327	295	205	3.8	3.4	3.2
Pregnancy, childbirth, and the puerperium	395	298	379	737	611	901	1.9	2.1	2.4
Diseases of the skin and subcutaneous tissue	26	23	60	263	94	234	10.1	4.1	3.9
Musculoskeletal system and connective tissue	46	99	147	272	398	426	5.9	4.0	2.9
Congenital anomalies	1	-	-	2	-	-	2.0	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	90	126	109	532	720	410	5.9	5.7	3.8
Symptoms, signs & ill-defined conditions	39	27	12	127	97	31	3.3	3.6	2.6
Residual codes, unclassified, all Ecodes	1	3	1	2	6	5	2.0	2.0	5.0
Total	1,604	1,391	1,551	7,438	5,209	5,062	4.6	3.7	3.3

Table I-3

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014  
Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>
<b>Rutland Regional Medical Center</b>									
Infectious & parasitic diseases	89	90	297	551	729	1,869	6.2	8.1	6.3
Neoplasms	407	319	209	3,362	1,687	1,200	8.3	5.3	5.7
Endocrine, nutritional, metabolic, immunity	230	202	172	1,968	1,043	712	8.6	5.2	4.1
Diseases of the blood & blood-forming organs	60	55	70	349	227	233	5.8	4.1	3.3
Mental disorders	316	837	716	2,864	3,787	7,607	9.1	4.5	10.6
Diseases of the nervous system and sense organs	186	86	92	863	344	528	4.6	4.0	5.7
Diseases of the circulatory system	1,576	984	661	9,722	4,275	2,375	6.2	4.3	3.6
Diseases of the respiratory system	749	809	735	5,455	4,844	3,541	7.3	6.0	4.8
Diseases of the digestive system	705	641	581	4,019	3,055	2,344	5.7	4.8	4.0
Diseases of the genitourinary system	406	383	365	1,468	1,268	1,419	3.6	3.3	3.9
Pregnancy, childbirth, and the puerperium	840	544	419	1,682	1,255	1,030	2.0	2.3	2.5
Diseases of the skin and subcutaneous tissue	77	124	161	481	750	717	6.2	6.0	4.5
Musculoskeletal system and connective tissue	422	467	537	2,390	1,622	1,411	5.7	3.5	2.6
Congenital anomalies	13	3	2	74	9	10	5.7	3.0	5.0
Conditions originating in the perinatal period	-	-	1	-	-	1	-	-	1.0
Injury & poisoning	672	563	585	4,494	2,722	2,691	6.7	4.8	4.6
Symptoms, signs & ill-defined conditions	404	457	84	4,598	4,043	234	11.4	8.8	2.8
Residual codes, unclassified, all Ecodes	17	16	7	124	64	17	7.3	4.0	2.4
Total	7,169	6,580	5,694	44,464	31,724	27,939	6.2	4.8	4.9

**Table I-3**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>Southwestern Vermont Medical Center</b>									
Infectious & parasitic diseases	61	65	317	404	358	1,372	6.6	5.5	4.3
Neoplasms	281	177	85	1,632	797	371	5.8	4.5	4.4
Endocrine, nutritional, metabolic, immunity	192	138	113	1,191	566	376	6.2	4.1	3.3
Diseases of the blood & blood-forming organs	47	46	44	230	173	154	4.9	3.8	3.5
Mental disorders	263	77	78	2,328	301	323	8.9	3.9	4.1
Diseases of the nervous system and sense organs	160	89	47	680	298	154	4.3	3.3	3.3
Diseases of the circulatory system	1,063	812	452	5,214	2,667	1,543	4.9	3.3	3.4
Diseases of the respiratory system	645	716	532	3,842	3,231	2,278	6.0	4.5	4.3
Diseases of the digestive system	635	597	457	3,407	2,662	1,652	5.4	4.5	3.6
Diseases of the genitourinary system	276	229	152	1,057	755	478	3.8	3.3	3.1
Pregnancy, childbirth, and the puerperium	476	576	465	1,104	1,391	1,119	2.3	2.4	2.4
Diseases of the skin and subcutaneous tissue	70	72	88	399	340	316	5.7	4.7	3.6
Musculoskeletal system and connective tissue	270	243	181	1,209	919	516	4.5	3.8	2.9
Congenital anomalies	5	1	-	16	11	-	3.2	11.0	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	575	392	370	2,987	1,608	1,471	5.2	4.1	4.0
Symptoms, signs & ill-defined conditions	122	105	47	498	306	111	4.1	2.9	2.4
Residual codes, unclassified, all Ecodes	2	4	12	13	15	31	6.5	3.8	2.6
Total	5,143	4,339	3,440	26,211	16,398	12,265	5.1	3.8	3.6

Table I-3

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014  
Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>	<u>1994</u>	<u>2004</u>	<u>2014</u>
<b>Springfield Hospital</b>									
Infectious & parasitic diseases	38	38	25	224	184	107	5.9	4.8	4.3
Neoplasms	109	69	27	503	294	171	4.6	4.3	6.3
Endocrine, nutritional, metabolic, immunity	60	49	56	356	239	187	5.9	4.9	3.3
Diseases of the blood & blood-forming organs	16	15	20	63	46	70	3.9	3.1	3.5
Mental disorders	280	559	440	1,995	4,767	2,794	7.1	8.5	6.4
Diseases of the nervous system and sense organs	29	34	22	96	87	83	3.3	2.6	3.8
Diseases of the circulatory system	515	379	205	2,046	1,392	757	4.0	3.7	3.7
Diseases of the respiratory system	216	298	335	1,202	1,547	1,403	5.6	5.2	4.2
Diseases of the digestive system	252	241	206	1,203	1,076	813	4.8	4.5	3.9
Diseases of the genitourinary system	159	101	97	418	287	387	2.6	2.8	4.0
Pregnancy, childbirth, and the puerperium	248	215	163	463	497	379	1.9	2.3	2.3
Diseases of the skin and subcutaneous tissue	35	28	50	202	154	244	5.8	5.5	4.9
Musculoskeletal system and connective tissue	73	119	101	343	481	342	4.7	4.0	3.4
Congenital anomalies	-	-	-	-	-	-	-	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	205	148	123	961	618	503	4.7	4.2	4.1
Symptoms, signs & ill-defined conditions	51	64	23	129	184	58	2.5	2.9	2.5
Residual codes, unclassified, all Ecodes	3	4	1	8	23	1	2.7	5.8	1.0
Total	2,289	2,361	1,894	10,212	11,876	8,299	4.5	5.0	4.4

**Table I-3**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals: Comparison of 1994, 2004 and 2014**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**

<b><u>CCS Diagnosis Groups</u></b>	<b>Discharges</b>			<b>Patient Days</b>			<b>Average Length of Stay</b>		
	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>	<b><u>1994</u></b>	<b><u>2004</u></b>	<b><u>2014</u></b>
<b>University of Vermont Medical Center</b>									
Infectious & parasitic diseases	189	250	858	1,345	2,188	6,640	7.1	8.8	7.7
Neoplasms	1,463	1,697	1,328	10,836	9,777	8,346	7.4	5.8	6.3
Endocrine, nutritional, metabolic, immunity	424	691	761	3,669	4,173	5,228	8.7	6.0	6.9
Diseases of the blood & blood-forming organs	119	173	184	598	888	943	5.0	5.1	5.1
Mental disorders	961	1,181	635	11,063	8,604	9,654	11.5	7.3	15.2
Diseases of the nervous system and sense organs	550	473	538	3,172	2,296	3,040	5.8	4.9	5.7
Diseases of the circulatory system	4,114	4,704	3,632	30,336	21,682	17,872	7.4	4.6	4.9
Diseases of the respiratory system	1,195	1,130	1,111	8,993	7,044	5,529	7.5	6.2	5.0
Diseases of the digestive system	1,536	1,855	1,506	9,719	8,465	7,138	6.3	4.6	4.7
Diseases of the genitourinary system	674	877	561	3,025	3,367	2,824	4.5	3.8	5.0
Pregnancy, childbirth, and the puerperium	3,112	2,439	2,341	7,096	6,930	7,005	2.3	2.8	3.0
Diseases of the skin and subcutaneous tissue	191	212	168	1,405	1,195	2,038	7.4	5.6	12.1
Musculoskeletal system and connective tissue	922	1,291	1,180	4,829	5,736	4,485	5.2	4.4	3.8
Congenital anomalies	198	156	104	1,051	615	542	5.3	3.9	5.2
Conditions originating in the perinatal period	-	2	2	-	2	26	-	1.0	13.0
Injury & poisoning	1,912	2,394	1,970	11,907	13,340	13,142	6.2	5.6	6.7
Symptoms, signs & ill-defined conditions	1,247	1,350	774	12,081	11,234	9,207	9.7	8.3	11.9
Residual codes, unclassified, all Ecodes	61	40	64	265	121	349	4.3	3.0	5.5
Total	18,868	20,915	17,717	121,390	107,657	104,008	6.4	5.1	5.9

Table I-4

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals  
Discharges, Patient Days and Average Length of Stay by Age Group**

<u>Vermont Hospitals</u>	<u>Discharges by Age Group</u>									
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	<u>Total</u>
Brattleboro Memorial Hospital	14	436	421	135	103	132	316	871	686	1,557
Central Vermont Medical Center	21	871	905	272	277	333	848	1,797	1,730	3,527
Copley Hospital	8	388	418	161	148	137	338	814	784	1,598
Gifford Medical Center	4	300	281	123	97	105	312	585	637	1,222
Grace Cottage Hospital	-	9	16	12	18	30	74	25	134	159
Mt. Ascutney Hospital and Health Center	-	47	217	102	112	103	352	264	669	933
North Country Hospital	9	354	281	102	113	105	348	644	668	1,312
Northeastern Vermont Regional Hospital	23	334	237	109	99	105	254	594	567	1,161
Northwestern Medical Center	13	728	608	171	204	152	521	1,349	1,048	2,397
Porter Medical Center	3	498	329	134	114	129	344	830	721	1,551
Rutland Regional Medical Center	96	1,316	1,566	535	562	466	1,153	2,978	2,716	5,694
Southwestern Vermont Medical Center	28	735	747	280	351	294	1,005	1,510	1,930	3,440
Springfield Hospital	3	526	505	146	152	142	420	1,034	860	1,894
University of Vermont Medical Center	767	4,773	5,012	1,816	1,505	1,308	2,536	10,552	7,165	17,717
Total	989	11,315	11,543	4,098	3,855	3,541	8,821	23,847	20,315	44,162



**Table I-4**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**Summary Statistics for Vermont Hospitals**  
**Discharges, Patient Days and Average Length of Stay by Age Group**

<u>Vermont Hospitals</u>	<b>Patient Days by Age Group</b>									<u>Total</u>
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	
Brattleboro Memorial Hospital	23	1,104	1,656	564	434	523	1,271	2,783	2,792	5,575
Central Vermont Medical Center	38	3,883	5,067	1,262	1,467	1,688	3,941	8,988	8,358	17,346
Copley Hospital	13	773	1,074	393	377	403	1,160	1,860	2,333	4,193
Gifford Medical Center	6	815	1,215	713	376	524	1,537	2,036	3,150	5,186
Grace Cottage Hospital	-	36	45	42	62	87	221	81	412	493
Mt. Ascutney Hospital and Health Center	-	661	2,286	949	1,157	920	2,900	2,947	5,926	8,873
North Country Hospital	25	950	1,001	320	479	387	1,334	1,976	2,520	4,496
Northeastern Vermont Regional Hospital	53	724	853	307	391	350	923	1,630	1,971	3,601
Northwestern Medical Center	30	1,712	2,052	549	859	577	2,177	3,794	4,162	7,956
Porter Medical Center	3	1,229	1,164	447	402	450	1,367	2,396	2,666	5,062
Rutland Regional Medical Center	193	6,399	8,192	2,443	2,717	2,294	5,701	14,784	13,155	27,939
Southwestern Vermont Medical Center	51	1,885	2,619	1,156	1,388	1,195	3,971	4,555	7,710	12,265
Springfield Hospital	5	2,184	2,355	629	673	606	1,847	4,544	3,755	8,299
University of Vermont Medical Center	3,672	23,585	33,622	11,351	9,453	8,127	14,198	60,879	43,129	104,008
Total	4,112	45,940	63,201	21,125	20,235	18,131	42,548	113,253	102,039	215,292

Table I-4

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Summary Statistics for Vermont Hospitals  
Discharges, Patient Days and Average Length of Stay by Age Group**

**Average Length of Stay by Age Group**

<u>Vermont Hospitals</u>	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	<u>Total</u>
Brattleboro Memorial Hospital	1.6	2.5	3.9	4.2	4.2	4.0	4.0	3.2	4.1	3.6
Central Vermont Medical Center	1.8	4.5	5.6	4.6	5.3	5.1	4.6	5.0	4.8	4.9
Copley Hospital	1.6	2.0	2.6	2.4	2.5	2.9	3.4	2.3	3.0	2.6
Gifford Medical Center	1.5	2.7	4.3	5.8	3.9	5.0	4.9	3.5	4.9	4.2
Grace Cottage Hospital	0.0	4.0	2.8	3.5	3.4	2.9	3.0	3.2	3.1	3.1
Mt. Ascutney Hospital and Health Center	0.0	14.1	10.5	9.3	10.3	8.9	8.2	11.2	8.9	9.5
North Country Hospital	2.8	2.7	3.6	3.1	4.2	3.7	3.8	3.1	3.8	3.4
Northeastern Vermont Regional Hospital	2.3	2.2	3.6	2.8	3.9	3.3	3.6	2.7	3.5	3.1
Northwestern Medical Center	2.3	2.4	3.4	3.2	4.2	3.8	4.2	2.8	4.0	3.3
Porter Medical Center	1.0	2.5	3.5	3.3	3.5	3.5	4.0	2.9	3.7	3.3
Rutland Regional Medical Center	2.0	4.9	5.2	4.6	4.8	4.9	4.9	5.0	4.8	4.9
Southwestern Vermont Medical Center	1.8	2.6	3.5	4.1	4.0	4.1	4.0	3.0	4.0	3.6
Springfield Hospital	1.7	4.2	4.7	4.3	4.4	4.3	4.4	4.4	4.4	4.4
University of Vermont Medical Center	4.8	4.9	6.7	6.3	6.3	6.2	5.6	5.8	6.0	5.9
Total	4.2	4.1	5.5	5.2	5.2	5.1	4.8	4.7	5.0	4.9

**Table I-5  
2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Vermont Hospitals by Principal Payer**

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown			
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	783	50.3%	327	21.0%	5	0.3%	8	0.5%	414	26.6%	18	1.2%	2	0.1%	1,557	3.5%
Central Vermont Medical Center	2,100	59.5%	654	18.5%	29	0.8%	11	0.3%	700	19.8%	33	0.9%	-	0.0%	3,527	8.0%
Copley Hospital	802	50.2%	265	16.6%	12	0.8%	13	0.8%	479	30.0%	27	1.7%	-	0.0%	1,598	3.6%
Gifford Medical Center	681	55.7%	207	16.9%	6	0.5%	4	0.3%	299	24.5%	25	2.0%	-	0.0%	1,222	2.8%
Grace Cottage Hospital	124	78.0%	10	6.3%	-	0.0%	-	0.0%	23	14.5%	2	1.3%	-	0.0%	159	0.4%
Mt. Ascutney Hospital and Health Center	699	74.9%	81	8.7%	-	0.0%	2	0.2%	144	15.4%	5	0.5%	2	0.2%	933	2.1%
North Country Hospital	748	57.0%	305	23.2%	2	0.2%	-	0.0%	249	19.0%	8	0.6%	-	0.0%	1,312	3.0%
Northeastern Vermont Regional Hospital	592	51.0%	258	22.2%	2	0.2%	2	0.2%	288	24.8%	19	1.6%	-	0.0%	1,161	2.6%
Northwestern Medical Center	1,153	48.1%	539	22.5%	14	0.6%	23	1.0%	620	25.9%	46	1.9%	2	0.1%	2,397	5.4%
Porter Medical Center	805	51.9%	262	16.9%	10	0.6%	1	0.1%	462	29.8%	11	0.7%	-	0.0%	1,551	3.5%
Rutland Regional Medical Center	3,222	56.6%	1,217	21.4%	24	0.4%	23	0.4%	1,132	19.9%	76	1.3%	-	0.0%	5,694	12.9%
Southwestern Vermont Medical Center	2,011	58.5%	464	13.5%	18	0.5%	10	0.3%	895	26.0%	42	1.2%	-	0.0%	3,440	7.8%
Springfield Hospital	1,113	58.8%	377	19.9%	6	0.3%	3	0.2%	322	17.0%	73	3.9%	-	0.0%	1,894	4.3%
University of Vermont Medical Center	7,358	41.5%	2,839	16.0%	246	1.4%	95	0.5%	6,690	37.8%	200	1.1%	289	1.6%	17,717	40.1%
Total	22,191	50.2%	7,805	17.7%	374	0.8%	195	0.4%	12,717	28.8%	585	1.3%	295	0.7%	44,162	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.

Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.

Table I-6

**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents  
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer**

CCS Diagnosis Groups	Principal Payer															
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		Total	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Infectious & parasitic diseases	1,370	67.0%	252	12.3%	9	0.4%	7	0.3%	357	17.5%	21	1.0%	29	1.4%	2,045	4.6%
Neoplasms	952	47.9%	219	11.0%	22	1.1%	2	0.1%	780	39.2%	11	0.6%	3	0.2%	1,989	4.5%
Endocrine, nutritional, metabolic, immunity	757	46.6%	419	25.8%	7	0.4%	1	0.1%	381	23.5%	29	1.8%	29	1.8%	1,623	3.7%
Diseases of the blood & blood-forming organs	287	58.1%	76	15.4%	6	1.2%	1	0.2%	118	23.9%	-	0.0%	6	1.2%	494	1.1%
Mental disorders	982	37.9%	984	37.9%	10	0.4%	1	0.0%	507	19.5%	107	4.1%	3	0.1%	2,594	5.9%
Diseases of the nervous system and sense organs	492	49.7%	184	18.6%	9	0.9%	6	0.6%	270	27.3%	18	1.8%	11	1.1%	990	2.2%
Diseases of the circulatory system	4,718	68.1%	480	6.9%	54	0.8%	9	0.1%	1,541	22.3%	64	0.9%	59	0.9%	6,925	15.7%
Diseases of the respiratory system	3,413	70.5%	585	12.1%	25	0.5%	2	0.0%	733	15.1%	53	1.1%	31	0.6%	4,842	11.0%
Diseases of the digestive system	2,371	52.3%	680	15.0%	45	1.0%	2	0.0%	1,320	29.1%	94	2.1%	21	0.5%	4,533	10.3%
Diseases of the genitourinary system	1,270	66.1%	229	11.9%	18	0.9%	2	0.1%	360	18.7%	16	0.8%	26	1.4%	1,921	4.3%
Pregnancy, childbirth, and the puerperium	59	1.0%	2,418	41.6%	85	1.5%	-	0.0%	3,192	55.0%	51	0.9%	2	0.0%	5,807	13.1%
Diseases of the skin and subcutaneous tissue	459	52.5%	196	22.4%	5	0.6%	7	0.8%	180	20.6%	24	2.7%	3	0.3%	874	2.0%
Musculoskeletal system and connective tissue	1,721	50.9%	308	9.1%	28	0.8%	70	2.1%	1,239	36.6%	12	0.4%	5	0.1%	3,383	7.7%
Congenital anomalies	24	19.0%	46	36.5%	3	2.4%	2	1.6%	49	38.9%	2	1.6%	-	0.0%	126	0.3%
Conditions originating in the perinatal period	-	0.0%	1	25.0%	-	0.0%	-	0.0%	1	25.0%	2	50.0%	-	0.0%	4	0.0%
Injury & poisoning	2,223	53.2%	519	12.4%	28	0.7%	68	1.6%	1,224	29.3%	65	1.6%	53	1.3%	4,180	9.5%
Symptoms, signs & ill-defined conditions	1,013	59.5%	196	11.5%	11	0.6%	15	0.9%	445	26.1%	10	0.6%	12	0.7%	1,702	3.9%
Residual codes, unclassified, all Ecodes	80	61.5%	13	10.0%	9	6.9%	-	0.0%	20	15.4%	6	4.6%	2	1.5%	130	0.3%
<b>Total</b>	<b>22,191</b>	<b>50.2%</b>	<b>7,805</b>	<b>17.7%</b>	<b>374</b>	<b>0.8%</b>	<b>195</b>	<b>0.4%</b>	<b>12,717</b>	<b>28.8%</b>	<b>585</b>	<b>1.3%</b>	<b>295</b>	<b>0.7%</b>	<b>44,162</b>	<b>100.0%</b>

"Other" payer includes self-pay, no charge, and other sources of payment.

Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.

**Table I-7**  
**2014 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents**  
**In-migration by Vermont Hospital**

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-Vermonters</u>		<u>Total for Vermont Hospitals</u>	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	1,246	\$22,381,816	311	\$5,579,264	1,557	\$27,961,080
Central Vermont Medical Center	3,461	\$66,870,502	66	\$1,159,975	3,527	\$68,030,477
Copley Hospital	1,528	\$26,413,849	70	\$1,384,747	1,598	\$27,798,596
Gifford Medical Center	1,208	\$24,360,030	14	\$296,199	1,222	\$24,656,229
Grace Cottage Hospital	152	\$1,092,305	7	\$50,003	159	\$1,142,308
Mt. Ascutney Hospital and Health Center	673	\$12,731,261	260	\$5,848,983	933	\$18,580,244
North Country Hospital	1,281	\$22,715,117	31	\$463,217	1,312	\$23,178,333
Northeastern Vermont Regional Hospital	1,113	\$24,488,270	48	\$1,070,396	1,161	\$25,558,665
Northwestern Medical Center	2,363	\$40,859,293	34	\$549,359	2,397	\$41,408,652
Porter Medical Center	1,456	\$28,982,263	95	\$1,920,502	1,551	\$30,902,765
Rutland Regional Medical Center	5,281	\$137,411,911	413	\$10,801,302	5,694	\$148,213,213
Southwestern Vermont Medical Center	2,473	\$43,647,179	967	\$16,727,424	3,440	\$60,374,603
Springfield Hospital	1,618	\$22,550,329	276	\$4,119,133	1,894	\$26,669,463
University of Vermont Medical Center	14,397	\$529,287,554	3,320	\$171,719,820	17,717	\$701,007,374
<b>Total for 2014</b>	<b>38,250</b>	<b>\$1,003,791,680</b>	<b>5,912</b>	<b>\$221,690,325</b>	<b>44,162</b>	<b>\$1,225,482,004</b>
Total for 2013	39,453	\$935,887,527	6,033	\$201,157,783	45,486	\$1,137,045,311
Total for 2012	40,188	\$886,530,118	6,418	\$189,510,572	46,606	\$1,076,040,690
Total for 2011	40,124	\$824,089,888	6,341	\$187,597,337	46,465	\$1,011,687,225
Total for 2010	40,728	\$807,712,818	6,366	\$179,218,150	47,094	\$986,930,968

Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.  
Total inpatient charges include newborns. Inpatient charges of \$100 or less are considered missing.  
Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospitals Report for details.



# **Emergency Department Visits**





**Table E-1**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Vermont Hospitals by Setting**

<b>Vermont Hospital</b>	<b>Inpatient Discharges Originating in ED</b>		<b>ED Visits Not Admitted</b>		<b>All ED Visits</b>	
	<b>N</b>	<b>Row%</b>	<b>N</b>	<b>Row%</b>	<b>N</b>	<b>Col%</b>
Brattleboro Memorial Hospital	823	6.0%	12,796	94.0%	13,619	5.2%
Central Vermont Medical Center	2,813	11.1%	22,574	88.9%	25,387	9.6%
Copley Hospital	322	2.4%	12,966	97.6%	13,288	5.1%
Gifford Medical Center	755	10.5%	6,464	89.5%	7,219	2.7%
Grace Cottage Hospital	10	0.4%	2,612	99.6%	2,622	1.0%
Mt. Ascutney Hospital and Health Center	109	2.2%	4,832	97.8%	4,941	1.9%
North Country Hospital	291	1.9%	14,903	98.1%	15,194	5.8%
Northeastern Vermont Regional Hospital	291	2.3%	12,534	97.7%	12,825	4.9%
Northwestern Medical Center	1,511	6.1%	23,202	93.9%	24,713	9.4%
Porter Medical Center	944	6.3%	14,039	93.7%	14,983	5.7%
Rutland Regional Medical Center	4,149	12.5%	28,975	87.5%	33,124	12.6%
Southwestern Vermont Medical Center	2,674	11.4%	20,698	88.6%	23,372	8.9%
Springfield Hospital	379	2.4%	15,564	97.6%	15,943	6.1%
University of Vermont Medical Center	8,171	14.6%	47,683	85.4%	55,854	21.2%
Total	23,242	8.8%	239,842	91.2%	263,084	100.0%

ED visits include all hospital records (outpatient and inpatient) that originated in the ED.  
 Inpatient discharges originating in the ED are reported in this table and in the Vermont Hospital Inpatient tables.  
 Inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.  
 ED visits exclude any records with missing or invalid diagnosis codes.

Table E-2

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Vermont Hospitals by Setting: Comparison of 2010 through 2014**

<b>Inpatient Discharges Originating in ED</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Brattleboro Memorial Hospital	1,001	949	920	855	823
Central Vermont Medical Center	2,503	2,370	2,332	2,536	2,813
Copley Hospital	292	272	256	316	322
Gifford Medical Center	531	590	608	624	755
Grace Cottage Hospital	17	20	27	27	10
Mt. Ascutney Hospital and Health Center	65	66	94	175	109
North Country Hospital	293	337	253	288	291
Northeastern Vermont Regional Hospital	367	318	369	298	291
Northwestern Medical Center	940	1,233	1,293	1,434	1,511
Porter Medical Center	293	285	643	948	944
Rutland Regional Medical Center	4,378	4,535	4,488	4,471	4,149
Southwestern Vermont Medical Center	2,997	2,906	3,044	3,016	2,674
Springfield Hospital	1,475	1,546	1,086	463	379
University of Vermont Medical Center	8,842	8,858	9,566	9,397	8,171
Total	23,994	24,285	24,979	24,848	23,242
<b>ED Visits Not Admitted</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Brattleboro Memorial Hospital	11,546	11,836	12,077	11,822	12,796
Central Vermont Medical Center	26,852	26,017	26,766	25,362	22,574
Copley Hospital	12,275	12,807	13,091	13,040	12,966
Gifford Medical Center	6,499	6,372	6,604	6,311	6,464
Grace Cottage Hospital	2,797	2,797	3,091	2,792	2,612
Mt. Ascutney Hospital and Health Center	5,022	4,159	5,338	5,261	4,832
North Country Hospital	14,501	15,377	15,274	14,601	14,903
Northeastern Vermont Regional Hospital	9,232	14,307	13,848	13,572	12,534
Northwestern Medical Center	26,602	26,460	26,340	24,605	23,202
Porter Medical Center	13,427	14,675	14,638	13,783	14,039
Rutland Regional Medical Center	28,055	25,190	27,865	28,729	28,975
Southwestern Vermont Medical Center	19,402	20,897	20,977	19,771	20,698
Springfield Hospital	14,761	14,480	15,777	16,141	15,564
University of Vermont Medical Center	49,358	49,273	48,138	46,776	47,683
Total	240,329	244,647	249,824	242,566	239,842

**Table E-2**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Vermont Hospitals by Setting: Comparison of 2010 through 2014**

<b>All ED Visits, Including Those Admitted</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Brattleboro Memorial Hospital	12,547	12,785	12,997	12,677	13,619
Central Vermont Medical Center	29,355	28,387	29,098	27,898	25,387
Copley Hospital	12,567	13,079	13,347	13,356	13,288
Gifford Medical Center	7,030	6,962	7,212	6,935	7,219
Grace Cottage Hospital	2,814	2,817	3,118	2,819	2,622
Mt. Ascutney Hospital and Health Center	5,087	4,225	5,432	5,436	4,941
North Country Hospital	14,794	15,714	15,527	14,889	15,194
Northeastern Vermont Regional Hospital	9,599	14,625	14,217	13,870	12,825
Northwestern Medical Center	27,542	27,693	27,633	26,039	24,713
Porter Medical Center	13,720	14,960	15,281	14,731	14,983
Rutland Regional Medical Center	32,433	29,725	32,353	33,200	33,124
Southwestern Vermont Medical Center	22,399	23,803	24,021	22,787	23,372
Springfield Hospital	16,236	16,026	16,863	16,604	15,943
University of Vermont Medical Center	58,200	58,131	57,704	56,173	55,854
Total	264,323	268,932	274,803	267,414	263,084

ED visits include all hospital records (outpatient and inpatient) that originated in the ED.

Inpatient discharges originating in the ED are reported in this table and in the Vermont Hospital Inpatient tables.

Inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.

ED visits exclude any records with missing or invalid diagnosis codes.

Table E-3

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents  
Clinical Classifications Software (CCS) High Level Diagnosis Groups  
Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>All Vermont Hospitals</b>						
Infectious & parasitic diseases	1,713	30.9%	3,833	69.1%	5,546	2.1%
Neoplasms	618	63.9%	349	36.1%	967	0.4%
Endocrine, nutritional, metabolic, immunity	977	22.7%	3,318	77.3%	4,295	1.6%
Diseases of the blood & blood-forming organs	362	41.5%	511	58.5%	873	0.3%
Mental disorders	1,495	12.0%	10,988	88.0%	12,483	4.7%
Diseases of the nervous system and sense organs	652	3.3%	19,000	96.7%	19,652	7.5%
Diseases of the circulatory system	4,246	20.4%	16,545	79.6%	20,791	7.9%
Diseases of the respiratory system	3,727	11.8%	27,962	88.2%	31,689	12.0%
Diseases of the digestive system	3,424	15.9%	18,115	84.1%	21,539	8.2%
Diseases of the genitourinary system	1,297	9.0%	13,057	91.0%	14,354	5.5%
Pregnancy, childbirth, and the puerperium	128	4.5%	2,730	95.5%	2,858	1.1%
Diseases of the skin and subcutaneous tissue	670	7.1%	8,748	92.9%	9,418	3.6%
Musculoskeletal system and connective tissue	417	2.3%	17,340	97.7%	17,757	6.7%
Congenital anomalies	27	33.8%	53	66.3%	80	0.0%
Conditions originating in the perinatal period	2	0.8%	253	99.2%	255	0.1%
Injury & poisoning	3,037	4.2%	68,856	95.8%	71,893	27.3%
Symptoms, signs & ill-defined conditions	373	1.4%	26,077	98.6%	26,450	10.1%
Residual codes, unclassified, all Ecodes	77	3.5%	2,107	96.5%	2,184	0.8%
Total	23,242	8.8%	239,842	91.2%	263,084	100.0%

**Table E-3**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Brattleboro Memorial Hospital</b>						
Infectious & parasitic diseases	75	47.8%	82	52.2%	157	1.2%
Neoplasms	15	48.4%	16	51.6%	31	0.2%
Endocrine, nutritional, metabolic, immunity	43	17.2%	207	82.8%	250	1.8%
Diseases of the blood & blood-forming organs	14	32.6%	29	67.4%	43	0.3%
Mental disorders	24	2.6%	887	97.4%	911	6.7%
Diseases of the nervous system and sense organs	15	1.4%	1,069	98.6%	1,084	8.0%
Diseases of the circulatory system	165	17.4%	782	82.6%	947	7.0%
Diseases of the respiratory system	165	11.1%	1,321	88.9%	1,486	10.9%
Diseases of the digestive system	130	11.8%	972	88.2%	1,102	8.1%
Diseases of the genitourinary system	42	6.4%	614	93.6%	656	4.8%
Pregnancy, childbirth, and the puerperium	2	1.6%	124	98.4%	126	0.9%
Diseases of the skin and subcutaneous tissue	30	5.9%	477	94.1%	507	3.7%
Musculoskeletal system and connective tissue	9	1.2%	731	98.8%	740	5.4%
Congenital anomalies	0	0.0%	1	100.0%	1	0.0%
Conditions originating in the perinatal period	0	0.0%	13	100.0%	13	0.1%
Injury & poisoning	81	2.0%	3,910	98.0%	3,991	29.3%
Symptoms, signs & ill-defined conditions	12	0.8%	1,432	99.2%	1,444	10.6%
Residual codes, unclassified, all Ecodes	1	0.8%	129	99.2%	130	1.0%
Total	823	6.0%	12,796	94.0%	13,619	100.0%

Table E-3

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Central Vermont Medical Center</b>						
Infectious & parasitic diseases	223	32.5%	464	67.5%	687	2.7%
Neoplasms	51	64.6%	28	35.4%	79	0.3%
Endocrine, nutritional, metabolic, immunity	103	24.3%	320	75.7%	423	1.7%
Diseases of the blood & blood-forming organs	43	55.8%	34	44.2%	77	0.3%
Mental disorders	352	25.5%	1,026	74.5%	1,378	5.4%
Diseases of the nervous system and sense organs	74	4.3%	1,647	95.7%	1,721	6.8%
Diseases of the circulatory system	504	23.7%	1,623	76.3%	2,127	8.4%
Diseases of the respiratory system	538	17.0%	2,634	83.0%	3,172	12.5%
Diseases of the digestive system	389	18.1%	1,763	81.9%	2,152	8.5%
Diseases of the genitourinary system	148	10.8%	1,218	89.2%	1,366	5.4%
Pregnancy, childbirth, and the puerperium	8	4.5%	168	95.5%	176	0.7%
Diseases of the skin and subcutaneous tissue	70	9.0%	712	91.0%	782	3.1%
Musculoskeletal system and connective tissue	54	2.8%	1,857	97.2%	1,911	7.5%
Congenital anomalies	2	28.6%	5	71.4%	7	0.0%
Conditions originating in the perinatal period	0	0.0%	14	100.0%	14	0.1%
Injury & poisoning	217	3.4%	6,180	96.6%	6,397	25.2%
Symptoms, signs & ill-defined conditions	30	1.1%	2,685	98.9%	2,715	10.7%
Residual codes, unclassified, all Ecodes	7	3.4%	196	96.6%	203	0.8%
Total	2,813	11.1%	22,574	88.9%	25,387	100.0%

**Table E-3**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Copley Hospital</b>						
Infectious & parasitic diseases	6	2.0%	295	98.0%	301	2.3%
Neoplasms	3	18.8%	13	81.3%	16	0.1%
Endocrine, nutritional, metabolic, immunity	10	5.5%	172	94.5%	182	1.4%
Diseases of the blood & blood-forming organs	2	10.5%	17	89.5%	19	0.1%
Mental disorders	13	3.1%	410	96.9%	423	3.2%
Diseases of the nervous system and sense organs	10	1.1%	892	98.9%	902	6.8%
Diseases of the circulatory system	28	3.5%	766	96.5%	794	6.0%
Diseases of the respiratory system	41	2.6%	1,552	97.4%	1,593	12.0%
Diseases of the digestive system	109	10.7%	908	89.3%	1,017	7.7%
Diseases of the genitourinary system	17	2.4%	687	97.6%	704	5.3%
Pregnancy, childbirth, and the puerperium	3	1.7%	175	98.3%	178	1.3%
Diseases of the skin and subcutaneous tissue	17	3.8%	433	96.2%	450	3.4%
Musculoskeletal system and connective tissue	6	0.6%	981	99.4%	987	7.4%
Congenital anomalies	1	50.0%	1	50.0%	2	0.0%
Conditions originating in the perinatal period	0	0.0%	6	100.0%	6	0.0%
Injury & poisoning	47	1.1%	4,401	98.9%	4,448	33.5%
Symptoms, signs & ill-defined conditions	9	0.8%	1,174	99.2%	1,183	8.9%
Residual codes, unclassified, all Ecodes	0	0.0%	83	100.0%	83	0.6%
Total	322	2.4%	12,966	97.6%	13,288	100.0%

Table E-3

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Gifford Medical Center</b>						
Infectious & parasitic diseases	15	9.5%	143	90.5%	158	2.2%
Neoplasms	9	45.0%	11	55.0%	20	0.3%
Endocrine, nutritional, metabolic, immunity	45	34.4%	86	65.6%	131	1.8%
Diseases of the blood & blood-forming organs	18	64.3%	10	35.7%	28	0.4%
Mental disorders	45	16.7%	225	83.3%	270	3.7%
Diseases of the nervous system and sense organs	28	5.0%	534	95.0%	562	7.8%
Diseases of the circulatory system	146	26.6%	403	73.4%	549	7.6%
Diseases of the respiratory system	132	14.9%	755	85.1%	887	12.3%
Diseases of the digestive system	111	17.2%	533	82.8%	644	8.9%
Diseases of the genitourinary system	49	12.0%	359	88.0%	408	5.7%
Pregnancy, childbirth, and the puerperium	4	6.0%	63	94.0%	67	0.9%
Diseases of the skin and subcutaneous tissue	31	14.0%	190	86.0%	221	3.1%
Musculoskeletal system and connective tissue	27	4.7%	550	95.3%	577	8.0%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Conditions originating in the perinatal period	0	0.0%	15	100.0%	15	0.2%
Injury & poisoning	66	3.2%	1,999	96.8%	2,065	28.6%
Symptoms, signs & ill-defined conditions	24	4.3%	535	95.7%	559	7.7%
Residual codes, unclassified, all Ecodes	5	8.9%	51	91.1%	56	0.8%
Total	755	10.5%	6,464	89.5%	7,219	100.0%



**Table E-3**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Grace Cottage Hospital</b>						
Infectious & parasitic diseases	0	0.0%	55	100.0%	55	2.1%
Neoplasms	0	0.0%	7	100.0%	7	0.3%
Endocrine, nutritional, metabolic, immunity	1	1.9%	52	98.1%	53	2.0%
Diseases of the blood & blood-forming organs	0	0.0%	9	100.0%	9	0.3%
Mental disorders	0	0.0%	80	100.0%	80	3.1%
Diseases of the nervous system and sense organs	1	0.6%	167	99.4%	168	6.4%
Diseases of the circulatory system	0	0.0%	207	100.0%	207	7.9%
Diseases of the respiratory system	2	0.6%	329	99.4%	331	12.6%
Diseases of the digestive system	1	0.5%	198	99.5%	199	7.6%
Diseases of the genitourinary system	3	2.7%	109	97.3%	112	4.3%
Pregnancy, childbirth, and the puerperium	0	0.0%	4	100.0%	4	0.2%
Diseases of the skin and subcutaneous tissue	1	0.9%	108	99.1%	109	4.2%
Musculoskeletal system and connective tissue	0	0.0%	164	100.0%	164	6.3%
Congenital anomalies	0	0.0%	1	100.0%	1	0.0%
Conditions originating in the perinatal period	0	0.0%	2	100.0%	2	0.1%
Injury & poisoning	0	0.0%	909	100.0%	909	34.7%
Symptoms, signs & ill-defined conditions	1	0.5%	197	99.5%	198	7.6%
Residual codes, unclassified, all Ecodes	0	0.0%	14	100.0%	14	0.5%
Total	10	0.4%	2,612	99.6%	2,622	100.0%

Table E-3

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Mt. Ascutney Hospital and Health Center</b>						
Infectious & parasitic diseases	0	0.0%	119	100.0%	119	2.4%
Neoplasms	3	30.0%	7	70.0%	10	0.2%
Endocrine, nutritional, metabolic, immunity	11	13.9%	68	86.1%	79	1.6%
Diseases of the blood & blood-forming organs	2	13.3%	13	86.7%	15	0.3%
Mental disorders	0	0.0%	217	100.0%	217	4.4%
Diseases of the nervous system and sense organs	1	0.3%	306	99.7%	307	6.2%
Diseases of the circulatory system	15	4.4%	329	95.6%	344	7.0%
Diseases of the respiratory system	29	4.7%	591	95.3%	620	12.5%
Diseases of the digestive system	28	6.2%	423	93.8%	451	9.1%
Diseases of the genitourinary system	6	2.3%	252	97.7%	258	5.2%
Pregnancy, childbirth, and the puerperium	0	0.0%	15	100.0%	15	0.3%
Diseases of the skin and subcutaneous tissue	4	1.6%	243	98.4%	247	5.0%
Musculoskeletal system and connective tissue	1	0.4%	247	99.6%	248	5.0%
Congenital anomalies	0	0.0%	3	100.0%	3	0.1%
Conditions originating in the perinatal period	0	0.0%	3	100.0%	3	0.1%
Injury & poisoning	4	0.3%	1,565	99.7%	1,569	31.8%
Symptoms, signs & ill-defined conditions	1	0.3%	388	99.7%	389	7.9%
Residual codes, unclassified, all Ecodes	4	8.5%	43	91.5%	47	1.0%
Total	109	2.2%	4,832	97.8%	4,941	100.0%

**Table E-3**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>North Country Hospital</b>						
Infectious & parasitic diseases	13	4.2%	295	95.8%	308	2.0%
Neoplasms	4	11.8%	30	88.2%	34	0.2%
Endocrine, nutritional, metabolic, immunity	28	12.8%	191	87.2%	219	1.4%
Diseases of the blood & blood-forming organs	8	10.7%	67	89.3%	75	0.5%
Mental disorders	11	2.4%	445	97.6%	456	3.0%
Diseases of the nervous system and sense organs	13	1.2%	1,107	98.8%	1,120	7.4%
Diseases of the circulatory system	34	3.2%	1,041	96.8%	1,075	7.1%
Diseases of the respiratory system	53	2.4%	2,171	97.6%	2,224	14.6%
Diseases of the digestive system	61	5.1%	1,139	94.9%	1,200	7.9%
Diseases of the genitourinary system	13	1.5%	834	98.5%	847	5.6%
Pregnancy, childbirth, and the puerperium	13	6.1%	199	93.9%	212	1.4%
Diseases of the skin and subcutaneous tissue	8	1.3%	590	98.7%	598	3.9%
Musculoskeletal system and connective tissue	3	0.3%	1,126	99.7%	1,129	7.4%
Congenital anomalies	0	0.0%	6	100.0%	6	0.0%
Conditions originating in the perinatal period	0	0.0%	8	100.0%	8	0.1%
Injury & poisoning	28	0.7%	4,146	99.3%	4,174	27.5%
Symptoms, signs & ill-defined conditions	1	0.1%	1,392	99.9%	1,393	9.2%
Residual codes, unclassified, all Ecodes	0	0.0%	116	100.0%	116	0.8%
Total	291	1.9%	14,903	98.1%	15,194	100.0%

Table E-3

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Northeastern Vermont Regional Hospital</b>						
Infectious & parasitic diseases	9	4.8%	180	95.2%	189	1.5%
Neoplasms	2	9.5%	19	90.5%	21	0.2%
Endocrine, nutritional, metabolic, immunity	12	6.3%	178	93.7%	190	1.5%
Diseases of the blood & blood-forming organs	2	13.3%	13	86.7%	15	0.1%
Mental disorders	25	4.5%	529	95.5%	554	4.3%
Diseases of the nervous system and sense organs	9	0.8%	1,082	99.2%	1,091	8.5%
Diseases of the circulatory system	32	4.8%	630	95.2%	662	5.2%
Diseases of the respiratory system	44	2.2%	1,953	97.8%	1,997	15.6%
Diseases of the digestive system	60	5.8%	973	94.2%	1,033	8.1%
Diseases of the genitourinary system	13	1.7%	736	98.3%	749	5.8%
Pregnancy, childbirth, and the puerperium	10	12.8%	68	87.2%	78	0.6%
Diseases of the skin and subcutaneous tissue	7	1.4%	490	98.6%	497	3.9%
Musculoskeletal system and connective tissue	1	0.1%	931	99.9%	932	7.3%
Congenital anomalies	0	0.0%	1	100.0%	1	0.0%
Conditions originating in the perinatal period	0	0.0%	9	100.0%	9	0.1%
Injury & poisoning	53	1.4%	3,693	98.6%	3,746	29.2%
Symptoms, signs & ill-defined conditions	11	1.1%	961	98.9%	972	7.6%
Residual codes, unclassified, all Ecodes	1	1.1%	88	98.9%	89	0.7%
Total	291	2.3%	12,534	97.7%	12,825	100.0%

**Table E-3**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Northwestern Medical Center</b>						
Infectious & parasitic diseases	73	20.8%	278	79.2%	351	1.4%
Neoplasms	25	53.2%	22	46.8%	47	0.2%
Endocrine, nutritional, metabolic, immunity	65	18.5%	286	81.5%	351	1.4%
Diseases of the blood & blood-forming organs	33	46.5%	38	53.5%	71	0.3%
Mental disorders	32	4.7%	653	95.3%	685	2.8%
Diseases of the nervous system and sense organs	30	1.5%	1,922	98.5%	1,952	7.9%
Diseases of the circulatory system	256	16.2%	1,325	83.8%	1,581	6.4%
Diseases of the respiratory system	335	10.1%	2,998	89.9%	3,333	13.5%
Diseases of the digestive system	280	13.1%	1,862	86.9%	2,142	8.7%
Diseases of the genitourinary system	130	9.2%	1,276	90.8%	1,406	5.7%
Pregnancy, childbirth, and the puerperium	3	0.8%	375	99.2%	378	1.5%
Diseases of the skin and subcutaneous tissue	75	7.2%	960	92.8%	1,035	4.2%
Musculoskeletal system and connective tissue	25	1.4%	1,703	98.6%	1,728	7.0%
Congenital anomalies	1	100.0%	0	0.0%	1	0.0%
Conditions originating in the perinatal period	0	0.0%	26	100.0%	26	0.1%
Injury & poisoning	125	1.9%	6,592	98.1%	6,717	27.2%
Symptoms, signs & ill-defined conditions	20	0.7%	2,708	99.3%	2,728	11.0%
Residual codes, unclassified, all Ecodes	3	1.7%	178	98.3%	181	0.7%
Total	1,511	6.1%	23,202	93.9%	24,713	100.0%

Table E-3

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Porter Medical Center</b>						
Infectious & parasitic diseases	28	9.4%	271	90.6%	299	2.0%
Neoplasms	10	62.5%	6	37.5%	16	0.1%
Endocrine, nutritional, metabolic, immunity	36	17.3%	172	82.7%	208	1.4%
Diseases of the blood & blood-forming organs	11	33.3%	22	66.7%	33	0.2%
Mental disorders	21	4.8%	419	95.2%	440	2.9%
Diseases of the nervous system and sense organs	37	3.3%	1,096	96.7%	1,133	7.6%
Diseases of the circulatory system	163	15.9%	863	84.1%	1,026	6.8%
Diseases of the respiratory system	249	12.2%	1,797	87.8%	2,046	13.7%
Diseases of the digestive system	160	13.2%	1,056	86.8%	1,216	8.1%
Diseases of the genitourinary system	53	6.5%	758	93.5%	811	5.4%
Pregnancy, childbirth, and the puerperium	7	7.3%	89	92.7%	96	0.6%
Diseases of the skin and subcutaneous tissue	51	8.8%	529	91.2%	580	3.9%
Musculoskeletal system and connective tissue	20	2.0%	1,003	98.0%	1,023	6.8%
Congenital anomalies	0	0.0%	4	100.0%	4	0.0%
Conditions originating in the perinatal period	0	0.0%	12	100.0%	12	0.1%
Injury & poisoning	85	1.9%	4,325	98.1%	4,410	29.4%
Symptoms, signs & ill-defined conditions	12	0.8%	1,498	99.2%	1,510	10.1%
Residual codes, unclassified, all Ecodes	1	0.8%	119	99.2%	120	0.8%
Total	944	6.3%	14,039	93.7%	14,983	100.0%

**Table E-3**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Rutland Regional Medical Center</b>						
Infectious & parasitic diseases	284	39.2%	441	60.8%	725	2.2%
Neoplasms	116	76.3%	36	23.7%	152	0.5%
Endocrine, nutritional, metabolic, immunity	149	29.7%	353	70.3%	502	1.5%
Diseases of the blood & blood-forming organs	58	45.3%	70	54.7%	128	0.4%
Mental disorders	509	26.9%	1,385	73.1%	1,894	5.7%
Diseases of the nervous system and sense organs	78	3.1%	2,429	96.9%	2,507	7.6%
Diseases of the circulatory system	625	23.6%	2,019	76.4%	2,644	8.0%
Diseases of the respiratory system	702	18.3%	3,137	81.7%	3,839	11.6%
Diseases of the digestive system	516	18.8%	2,231	81.2%	2,747	8.3%
Diseases of the genitourinary system	319	17.5%	1,504	82.5%	1,823	5.5%
Pregnancy, childbirth, and the puerperium	17	3.9%	415	96.1%	432	1.3%
Diseases of the skin and subcutaneous tissue	144	11.3%	1,128	88.7%	1,272	3.8%
Musculoskeletal system and connective tissue	63	2.4%	2,519	97.6%	2,582	7.8%
Congenital anomalies	2	28.6%	5	71.4%	7	0.0%
Conditions originating in the perinatal period	0	0.0%	33	100.0%	33	0.1%
Injury & poisoning	492	5.8%	8,023	94.2%	8,515	25.7%
Symptoms, signs & ill-defined conditions	69	2.3%	2,982	97.7%	3,051	9.2%
Residual codes, unclassified, all Ecodes	6	2.2%	265	97.8%	271	0.8%
Total	4,149	12.5%	28,975	87.5%	33,124	100.0%

Table E-3

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Southwestern Vermont Medical Center</b>						
Infectious & parasitic diseases	313	47.9%	340	52.1%	653	2.8%
Neoplasms	51	54.8%	42	45.2%	93	0.4%
Endocrine, nutritional, metabolic, immunity	103	30.7%	233	69.3%	336	1.4%
Diseases of the blood & blood-forming organs	41	41.8%	57	58.2%	98	0.4%
Mental disorders	69	7.2%	885	92.8%	954	4.1%
Diseases of the nervous system and sense organs	47	2.8%	1,623	97.2%	1,670	7.1%
Diseases of the circulatory system	435	20.0%	1,742	80.0%	2,177	9.3%
Diseases of the respiratory system	521	18.2%	2,348	81.8%	2,869	12.3%
Diseases of the digestive system	420	23.5%	1,366	76.5%	1,786	7.6%
Diseases of the genitourinary system	140	11.7%	1,057	88.3%	1,197	5.1%
Pregnancy, childbirth, and the puerperium	6	1.8%	330	98.2%	336	1.4%
Diseases of the skin and subcutaneous tissue	80	11.4%	622	88.6%	702	3.0%
Musculoskeletal system and connective tissue	53	3.9%	1,296	96.1%	1,349	5.8%
Congenital anomalies	0	0.0%	6	100.0%	6	0.0%
Conditions originating in the perinatal period	0	0.0%	21	100.0%	21	0.1%
Injury & poisoning	341	5.4%	5,974	94.6%	6,315	27.0%
Symptoms, signs & ill-defined conditions	43	1.7%	2,549	98.3%	2,592	11.1%
Residual codes, unclassified, all Ecodes	11	5.0%	207	95.0%	218	0.9%
Total	2,674	11.4%	20,698	88.6%	23,372	100.0%



**Table E-3**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>Springfield Hospital</b>						
Infectious & parasitic diseases	6	2.2%	269	97.8%	275	1.7%
Neoplasms	4	11.8%	30	88.2%	34	0.2%
Endocrine, nutritional, metabolic, immunity	14	6.7%	195	93.3%	209	1.3%
Diseases of the blood & blood-forming organs	3	7.5%	37	92.5%	40	0.3%
Mental disorders	47	5.8%	766	94.2%	813	5.1%
Diseases of the nervous system and sense organs	8	0.8%	1,044	99.2%	1,052	6.6%
Diseases of the circulatory system	44	3.5%	1,223	96.5%	1,267	7.9%
Diseases of the respiratory system	76	3.6%	2,056	96.4%	2,132	13.4%
Diseases of the digestive system	77	5.1%	1,420	94.9%	1,497	9.4%
Diseases of the genitourinary system	19	2.0%	929	98.0%	948	5.9%
Pregnancy, childbirth, and the puerperium	5	3.8%	128	96.2%	133	0.8%
Diseases of the skin and subcutaneous tissue	20	2.6%	750	97.4%	770	4.8%
Musculoskeletal system and connective tissue	9	1.2%	756	98.8%	765	4.8%
Congenital anomalies	0	0.0%	1	100.0%	1	0.0%
Conditions originating in the perinatal period	0	0.0%	4	100.0%	4	0.0%
Injury & poisoning	38	0.9%	4,288	99.1%	4,326	27.1%
Symptoms, signs & ill-defined conditions	8	0.5%	1,517	99.5%	1,525	9.6%
Residual codes, unclassified, all Ecodes	1	0.7%	151	99.3%	152	1.0%
Total	379	2.4%	15,564	97.6%	15,943	100.0%

Table E-3

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups**  
**Vermont Hospitals by Setting**

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
<b>University of Vermont Medical Center</b>						
Infectious & parasitic diseases	668	52.6%	601	47.4%	1,269	2.3%
Neoplasms	325	79.9%	82	20.1%	407	0.7%
Endocrine, nutritional, metabolic, immunity	357	30.7%	805	69.3%	1,162	2.1%
Diseases of the blood & blood-forming organs	127	57.2%	95	42.8%	222	0.4%
Mental disorders	347	10.2%	3,061	89.8%	3,408	6.1%
Diseases of the nervous system and sense organs	301	6.9%	4,082	93.1%	4,383	7.8%
Diseases of the circulatory system	1,799	33.4%	3,592	66.6%	5,391	9.7%
Diseases of the respiratory system	840	16.3%	4,320	83.7%	5,160	9.2%
Diseases of the digestive system	1,082	24.9%	3,271	75.1%	4,353	7.8%
Diseases of the genitourinary system	345	11.2%	2,724	88.8%	3,069	5.5%
Pregnancy, childbirth, and the puerperium	50	8.0%	577	92.0%	627	1.1%
Diseases of the skin and subcutaneous tissue	132	8.0%	1,516	92.0%	1,648	3.0%
Musculoskeletal system and connective tissue	146	4.0%	3,476	96.0%	3,622	6.5%
Congenital anomalies	21	55.3%	17	44.7%	38	0.1%
Conditions originating in the perinatal period	2	2.2%	87	97.8%	89	0.2%
Injury & poisoning	1,460	10.2%	12,851	89.8%	14,311	25.6%
Symptoms, signs & ill-defined conditions	132	2.1%	6,059	97.9%	6,191	11.1%
Residual codes, unclassified, all Ecodes	37	7.3%	467	92.7%	504	0.9%
Total	8,171	14.6%	47,683	85.4%	55,854	100.0%

**Table E-4**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Vermont Hospitals by Age Group**

<u>Vermont Hospitals</u>	<u>Age Group</u>									<u>Total</u>
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	
Brattleboro Memorial Hospital	1,495	5,937	3,221	532	424	370	817	10,653	2,143	12,796
Central Vermont Medical Center	3,140	10,097	5,305	1,075	731	684	1,542	18,542	4,032	22,574
Copley Hospital	2,128	5,748	2,742	540	488	446	874	10,618	2,348	12,966
Gifford Medical Center	965	2,939	1,465	327	238	175	355	5,369	1,095	6,464
Grace Cottage Hospital	361	805	707	186	149	146	258	1,873	739	2,612
Mt. Ascutney Hospital and Health Center	584	1,730	1,219	306	248	217	528	3,533	1,299	4,832
North Country Hospital	2,179	6,273	3,190	638	739	560	1,324	11,642	3,261	14,903
Northeastern Vermont Regional Hospital	1,814	5,531	2,867	640	466	395	821	10,212	2,322	12,534
Northwestern Medical Center	3,461	10,682	5,410	936	810	576	1,327	19,553	3,649	23,202
Porter Medical Center	1,891	6,444	3,292	650	480	473	809	11,627	2,412	14,039
Rutland Regional Medical Center	3,895	13,080	7,203	1,210	993	846	1,748	24,178	4,797	28,975
Southwestern Vermont Medical Center	2,931	8,930	4,735	888	904	594	1,716	16,596	4,102	20,698
Springfield Hospital	2,132	6,411	3,729	759	656	555	1,322	12,272	3,292	15,564
University of Vermont Medical Center	5,974	22,919	11,094	2,017	1,548	1,346	2,785	39,987	7,696	47,683
Total	32,950	107,526	56,179	10,704	8,874	7,383	16,226	196,655	43,187	239,842

ED visits include all hospital records that originated in the ED and did not result in hospital admission.

Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

ED visits exclude 1 record from Copley Hospital with missing age.

Table E-5

## 2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

## Vermont Hospitals by Principal Payer

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%		
Brattleboro Memorial Hospital	3,036	23.7%	4,375	34.2%	94	0.7%	383	3.0%	3,860	30.2%	1,038	8.1%	10	0.1%	12,796	5.3%
Central Vermont Medical Center	5,659	25.1%	7,974	35.3%	333	1.5%	507	2.2%	7,158	31.7%	943	4.2%	-	0.0%	22,574	9.4%
Copley Hospital	3,063	23.6%	4,496	34.7%	179	1.4%	279	2.2%	3,930	30.3%	1,018	7.9%	1	0.0%	12,966	5.4%
Gifford Medical Center	1,432	22.2%	2,368	36.6%	81	1.3%	137	2.1%	1,911	29.6%	535	8.3%	-	0.0%	6,464	2.7%
Grace Cottage Hospital	759	29.1%	679	26.0%	24	0.9%	53	2.0%	889	34.0%	206	7.9%	2	0.1%	2,612	1.1%
Mt. Ascutney Hospital and Health Center	1,585	32.8%	1,178	24.4%	-	0.0%	124	2.6%	1,553	32.1%	346	7.2%	46	1.0%	4,832	2.0%
North Country Hospital	4,249	28.5%	6,182	41.5%	119	0.8%	371	2.5%	3,284	22.0%	697	4.7%	1	0.0%	14,903	6.2%
Northeastern Vermont Regional Hospital	2,878	23.0%	4,624	36.9%	31	0.2%	231	1.8%	3,849	30.7%	921	7.3%	-	0.0%	12,534	5.2%
Northwestern Medical Center	5,023	21.6%	8,940	38.5%	266	1.1%	502	2.2%	6,720	29.0%	1,735	7.5%	16	0.1%	23,202	9.7%
Porter Medical Center	3,183	22.7%	4,283	30.5%	78	0.6%	78	0.6%	5,420	38.6%	810	5.8%	187	1.3%	14,039	5.9%
Rutland Regional Medical Center	7,357	25.4%	10,987	37.9%	149	0.5%	886	3.1%	7,986	27.6%	1,609	5.6%	1	0.0%	28,975	12.1%
Southwestern Vermont Medical Center	5,385	26.0%	6,458	31.2%	136	0.7%	522	2.5%	7,031	34.0%	1,166	5.6%	-	0.0%	20,698	8.6%
Springfield Hospital	4,708	30.2%	5,092	32.7%	92	0.6%	196	1.3%	3,828	24.6%	1,644	10.6%	4	0.0%	15,564	6.5%
University of Vermont Medical Center	9,339	19.6%	13,169	27.6%	714	1.5%	922	1.9%	19,946	41.8%	3,369	7.1%	224	0.5%	47,683	19.9%
Total	57,656	24.0%	80,805	33.7%	2,296	1.0%	5,191	2.2%	77,365	32.3%	16,037	6.7%	492	0.2%	239,842	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.

ED visits include all hospital records that originated in the ED and did not result in hospital admission.

Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

**Table E-6**  
**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer**

CCS Diagnosis Groups	Principal Payer															
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		Total	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Infectious & parasitic diseases	557	14.5%	1,754	45.8%	41	1.1%	26	0.7%	1,162	30.3%	290	7.6%	3	0.1%	3,833	1.6%
Neoplasms	162	46.4%	68	19.5%	3	0.9%	-	0.0%	102	29.2%	14	4.0%	-	0.0%	349	0.1%
Endocrine, nutritional, metabolic, immunity	1,545	46.6%	730	22.0%	32	1.0%	3	0.1%	866	26.1%	120	3.6%	22	0.7%	3,318	1.4%
Diseases of the blood & blood-forming organs	264	51.7%	111	21.7%	2	0.4%	1	0.2%	121	23.7%	12	2.3%	-	0.0%	511	0.2%
Mental disorders	2,679	24.4%	4,622	42.1%	72	0.7%	18	0.2%	2,592	23.6%	996	9.1%	9	0.1%	10,988	4.6%
Diseases of the nervous system and sense organs	4,201	22.1%	7,239	38.1%	161	0.8%	152	0.8%	6,166	32.5%	1,054	5.5%	27	0.1%	19,000	7.9%
Diseases of the circulatory system	7,439	45.0%	2,737	16.5%	169	1.0%	31	0.2%	5,479	33.1%	649	3.9%	41	0.2%	16,545	6.9%
Diseases of the respiratory system	6,837	24.5%	10,880	38.9%	264	0.9%	37	0.1%	8,043	28.8%	1,857	6.6%	44	0.2%	27,962	11.7%
Diseases of the digestive system	4,252	23.5%	6,943	38.3%	127	0.7%	28	0.2%	5,018	27.7%	1,724	9.5%	23	0.1%	18,115	7.6%
Diseases of the genitourinary system	3,551	27.2%	4,130	31.6%	117	0.9%	7	0.1%	4,429	33.9%	804	6.2%	19	0.1%	13,057	5.4%
Pregnancy, childbirth, and the puerperium	52	1.9%	1,625	59.5%	23	0.8%	12	0.4%	827	30.3%	189	6.9%	2	0.1%	2,730	1.1%
Diseases of the skin and subcutaneous tissue	2,070	23.7%	3,295	37.7%	83	0.9%	60	0.7%	2,491	28.5%	733	8.4%	16	0.2%	8,748	3.6%
Musculoskeletal system and connective tissue	4,864	28.1%	5,551	32.0%	130	0.7%	582	3.4%	5,045	29.1%	1,136	6.6%	32	0.2%	17,340	7.2%
Congenital anomalies	13	24.5%	23	43.4%	-	0.0%	-	0.0%	14	26.4%	3	5.7%	-	0.0%	53	0.0%
Conditions originating in the perinatal period	-	0.0%	147	58.1%	1	0.4%	-	0.0%	68	26.9%	37	14.6%	-	0.0%	253	0.1%
Injury & poisoning	12,371	18.0%	20,893	30.3%	753	1.1%	4,033	5.9%	25,848	37.5%	4,750	6.9%	208	0.3%	68,856	28.7%
Symptoms, signs & ill-defined conditions	5,840	22.4%	9,562	36.7%	296	1.1%	119	0.5%	8,648	33.2%	1,575	6.0%	37	0.1%	26,077	10.9%
Residual codes, unclassified, all Ecodes	959	45.5%	495	23.5%	22	1.0%	82	3.9%	446	21.2%	94	4.5%	9	0.4%	2,107	0.9%
<b>Total</b>	<b>57,656</b>	<b>24.0%</b>	<b>80,805</b>	<b>33.7%</b>	<b>2,296</b>	<b>1.0%</b>	<b>5,191</b>	<b>2.2%</b>	<b>77,365</b>	<b>32.3%</b>	<b>16,037</b>	<b>6.7%</b>	<b>492</b>	<b>0.2%</b>	<b>239,842</b>	<b>100.0%</b>

"Other" payer includes self-pay, no charge, and other sources of payment.

ED visits include all hospital records that originated in the ED and did not result in hospital admission.

Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-7

**2014 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents  
In-migration by Vermont Hospital**

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-Vermonters</u>		<u>Total for Vermont Hospitals</u>	
	<u>Visits</u>	<u>Total Charges</u>	<u>Visits</u>	<u>Total Charges</u>	<u>Visits</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	9,802	\$20,586,513	2,994	\$6,088,382	12,796	\$26,674,895
Central Vermont Medical Center	21,674	\$43,110,693	900	\$1,805,853	22,574	\$44,916,547
Copley Hospital	11,682	\$10,506,942	1,284	\$1,285,978	12,966	\$11,792,920
Gifford Medical Center	6,241	\$11,143,210	223	\$355,105	6,464	\$11,498,315
Grace Cottage Hospital	2,224	\$3,595,616	388	\$533,948	2,612	\$4,129,565
Mt. Ascutney Hospital and Health Center	3,734	\$6,262,180	1,098	\$1,791,194	4,832	\$8,053,373
North Country Hospital	14,011	\$25,984,706	892	\$1,568,973	14,903	\$27,553,679
Northeastern Vermont Regional Hospital	11,783	\$15,841,701	751	\$895,622	12,534	\$16,737,323
Northwestern Medical Center	22,682	\$30,177,036	520	\$694,428	23,202	\$30,871,463
Porter Medical Center	12,538	\$18,167,506	1,501	\$1,812,481	14,039	\$19,979,987
Rutland Regional Medical Center	26,294	\$43,995,956	2,681	\$4,747,826	28,975	\$48,743,781
Southwestern Vermont Medical Center	15,393	\$32,834,579	5,305	\$12,315,070	20,698	\$45,149,650
Springfield Hospital	12,921	\$25,573,668	2,643	\$5,415,111	15,564	\$30,988,779
University of Vermont Medical Center	44,469	\$129,898,453	3,214	\$10,347,122	47,683	\$140,245,575
<b>Total for 2014</b>	<b>215,448</b>	<b>\$417,678,759</b>	<b>24,394</b>	<b>\$49,657,093</b>	<b>239,842</b>	<b>\$467,335,852</b>
Total for 2013	218,117	\$376,817,175	24,449	\$44,768,696	242,566	\$421,585,871
Total for 2012	225,304	\$358,197,475	24,520	\$41,161,604	249,824	\$399,359,078
Total for 2011	220,622	\$322,541,685	24,025	\$36,962,098	244,647	\$359,503,783
Total for 2010	216,914	\$312,661,204	23,415	\$35,173,398	240,329	\$347,834,603

ED visits include all hospital records that originated in the ED and did not result in hospital admission.

Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Numbers of ED visits exclude any records with missing or invalid diagnosis codes.

Inpatient charges of \$100 or less and outpatient charges of \$0 are considered missing.

Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospitals Report for details.

# **Outpatient Procedures and Services**





**Table O-1**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents**  
**Vermont Hospitals by State of Residence**

<b>Vermont Hospital</b>	<b>Vermont Residents</b>		<b>Non-residents</b>		<b>All Outpatient Procedures</b>	
	<b>N</b>	<b>Row%</b>	<b>N</b>	<b>Row%</b>	<b>N</b>	<b>Col%</b>
Brattleboro Memorial Hospital	4,953	85.4%	848	14.6%	5,801	4.4%
Central Vermont Medical Center	8,929	99.4%	55	0.6%	8,984	6.9%
Copley Hospital	7,734	99.0%	80	1.0%	7,814	6.0%
Gifford Medical Center	2,312	97.3%	65	2.7%	2,377	1.8%
Grace Cottage Hospital	3	100.0%	-	0.0%	3	0.0%
Mt. Ascutney Hospital and Health Center	1,111	59.6%	752	40.4%	1,863	1.4%
North Country Hospital	4,617	99.0%	45	1.0%	4,662	3.6%
Northeastern Vermont Regional Hospital	3,644	89.8%	413	10.2%	4,057	3.1%
Northwestern Medical Center	6,153	99.1%	59	0.9%	6,212	4.7%
Porter Medical Center	3,187	91.2%	306	8.8%	3,493	2.7%
Rutland Regional Medical Center	13,770	94.5%	806	5.5%	14,576	11.1%
Southwestern Vermont Medical Center	6,872	75.2%	2,264	24.8%	9,136	7.0%
Springfield Hospital	2,247	85.3%	388	14.7%	2,635	2.0%
University of Vermont Medical Center	52,327	88.2%	6,971	11.8%	59,298	45.3%
Total	117,859	90.0%	13,052	10.0%	130,911	100.0%

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

Table O-2

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents**  
**Vermont Hospitals by Data Year: Comparison of 2010 through 2014**

<b>Vermont Hospital</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Brattleboro Memorial Hospital	3,567	3,322	3,376	3,990	5,801
Central Vermont Medical Center	8,031	7,738	7,759	7,653	8,984
Copley Hospital	3,770	3,840	4,078	5,579	7,814
Gifford Medical Center	3,071	2,505	2,455	2,513	2,377
Grace Cottage Hospital	-	2	-	-	3
Mt. Ascutney Hospital and Health Center	1,337	1,034	1,226	1,768	1,863
North Country Hospital	3,770	3,851	3,617	3,976	4,662
Northeastern Vermont Regional Hospital	3,274	3,327	2,863	2,585	4,057
Northwestern Medical Center	6,231	6,097	6,423	5,681	6,212
Porter Medical Center	3,490	3,350	3,301	3,340	3,493
Rutland Regional Medical Center	9,084	8,953	8,525	10,356	14,576
Southwestern Vermont Medical Center	6,990	7,050	6,820	6,053	9,136
Springfield Hospital	2,299	2,302	2,385	2,254	2,635
University of Vermont Medical Center	43,691	46,752	48,006	46,514	59,298
Total	98,605	100,123	100,834	102,262	130,911

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

**Table O-3**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups by Vermont Hospitals**

<b>CCS Diagnosis Groups</b>	<b>BRAT</b>	<b>CVMC</b>	<b>COPL</b>	<b>GIFF</b>	<b>GRAC</b>	<b>MT.A.</b>	<b>NCTY</b>	<b>NEVT</b>	<b>NWST</b>	<b>PORT</b>	<b>RRMC</b>	<b>SWVT</b>	<b>SPRF</b>	<b>UVMC</b>	<b>Total</b>
Infectious & parasitic diseases	13	10	17	54	-	2	16	6	29	2	59	34	4	602	848
Neoplasms	486	791	363	176	-	91	648	545	533	259	898	1,502	148	8,470	14,910
Endocrine, nutritional, metabolic, immunity	408	64	182	16	-	6	35	15	29	11	86	157	5	1,409	2,423
Diseases of the blood & blood-forming organs	18	80	34	2	-	21	17	17	45	19	147	79	2	315	796
Mental disorders	5	7	1	8	-	3	4	18	9	4	35	161	-	113	368
Diseases of the nervous system and sense organs	604	863	309	280	-	324	518	669	529	705	2,330	49	272	6,684	14,136
Diseases of the circulatory system	239	233	630	66	-	17	105	52	132	24	353	232	19	3,013	5,115
Diseases of the respiratory system	289	629	95	124	1	112	469	273	415	228	1,948	567	205	4,284	9,639
Diseases of the digestive system	554	991	443	120	2	285	668	322	1,198	505	1,457	989	438	5,245	13,217
Diseases of the genitourinary system	270	482	371	191	-	30	187	125	307	152	595	846	198	7,788	11,542
Pregnancy, childbirth, and the puerperium	410	791	551	441	-	-	838	370	191	126	455	382	264	1,528	6,347
Diseases of the skin and subcutaneous tissue	775	87	118	129	-	19	37	455	287	17	204	90	30	2,772	5,020
Musculoskeletal system and connective tissue	441	886	3,344	381	-	141	412	353	864	160	3,189	741	101	7,471	18,484
Congenital anomalies	11	5	13	14	-	1	10	2	17	10	6	16	7	326	438
Conditions originating in the perinatal period	1	55	3	2	-	-	3	7	30	10	2	8	15	21	157
Injury & poisoning	439	369	526	160	-	58	171	164	295	216	742	358	159	2,452	6,109
Symptoms, signs & ill-defined conditions	823	2,617	797	196	-	740	460	660	1,280	1,028	2,010	2,580	755	5,797	19,743
Residual codes, unclassified, all Ecodes	15	24	17	17	-	13	64	4	22	17	60	345	13	1,008	1,619
<b>Total</b>	<b>5,801</b>	<b>8,984</b>	<b>7,814</b>	<b>2,377</b>	<b>3</b>	<b>1,863</b>	<b>4,662</b>	<b>4,057</b>	<b>6,212</b>	<b>3,493</b>	<b>14,576</b>	<b>9,136</b>	<b>2,635</b>	<b>59,298</b>	<b>130,911</b>

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

CCS Diagnosis Groups are based on the first listed ICD-9-CM diagnosis code.

Column headers denote hospitals: key to the hospital abbreviations can be found in Appendix H.

Table O-4

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents  
Clinical Classifications Software (CCS) High Level Procedure Groups by Vermont Hospitals**

**CCS Procedure Groups**

	BRAT	CVMC	COPL	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMC	Total
Operations on the nervous system	220	598	382	128	-	80	295	201	453	98	1,497	280	90	5,406	9,728
Operations on the endocrine system	6	45	3	-	-	2	9	3	5	4	44	111	-	255	487
Operations on the eye	471	641	120	199	-	287	395	580	351	486	398	4	181	3,309	7,422
Operations on the ear	10	49	5	6	-	10	19	19	25	113	1,125	32	15	1,222	2,650
Operations on the nose, mouth, and pharynx	62	124	167	13	2	41	137	72	25	186	1,008	240	76	1,822	3,975
Operations on the respiratory system	285	649	108	162	1	93	478	271	443	107	1,826	703	181	5,102	10,409
Operations on the cardiovascular system	316	525	150	42	-	12	352	400	214	53	725	464	11	4,009	7,273
Operations on the hemic and lymphatic system	14	15	8	6	-	6	7	8	4	7	49	51	-	331	506
Operations on the digestive system	1,605	3,403	1,121	381	-	1,069	1,305	989	2,788	1,669	3,407	3,083	1,243	15,587	37,650
Operations on the urinary system	105	279	290	139	-	15	20	54	82	88	334	191	56	3,649	5,302
Operations on the male genital organs	25	115	42	25	-	-	24	39	71	49	77	39	24	721	1,251
Operations on the female genital organs	214	630	267	74	-	12	207	87	307	72	282	2,278	167	1,818	6,415
Obstetrical procedures	377	693	436	471	-	-	926	361	114	103	368	263	242	1,235	5,589
Operations on the musculoskeletal system	639	814	3,290	454	-	147	364	362	855	369	2,821	829	240	6,782	17,966
Operations on the integumentary system	1,452	404	1,425	277	-	89	124	611	475	89	615	568	109	8,050	14,288
Total	5,801	8,984	7,814	2,377	3	1,863	4,662	4,057	6,212	3,493	14,576	9,136	2,635	59,298	130,911

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

Column headers denote hospitals: key to the hospital abbreviations can be found in Appendix H.

**Table O-5**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2010 - 2014**

CCS High Level Procedure Group CCS Single Level Procedure Group	2010	2011	2012	2013	2014
<b>1 Operations on the nervous system</b>					
1 Incision & excision of CNS	1	2	-	1	1
2 Insertion, replacem, rem of extracranial ventricular shunt	2	1	5	3	17
3 Laminectomy, excision intervertebral disc	459	394	453	452	401
4 Diagnostic spinal tap	114	136	138	200	124
5 Insert cath, spinal stimulator, inject into spinal canal	5,051	5,247	4,253	3,360	2,932
6 Decompression peripheral nerve	1,764	1,692	1,772	1,705	1,617
7 Other diagnostic nervous system procedures	13	12	15	15	1,813
8 Other non-OR or closed therapeutic nerv syst procs	1,549	1,189	653	473	1,435
9 Other OR therapeutic nervous system procedures	1,065	1,095	1,078	1,111	1,388
Total	10,018	9,768	8,367	7,320	9,728
<b>2 Operations on the endocrine system</b>					
10 Thyroidectomy, partial or complete	137	160	195	192	163
11 Diagnostic endocrine procedures	360	381	320	365	227
12 Other therapeutic endocrine procedures	60	69	61	66	97
Total	557	610	576	623	487
<b>3 Operations on the eye</b>					
13 Corneal transplant	30	28	20	20	11
14 Glaucoma procedures	251	210	194	195	180
15 Lens & cataract procedures	5,381	5,186	4,607	4,670	4,422
16 Repair of retinal tear, detachment	248	281	331	263	299
17 Destruction of lesion of retina & choroid	241	244	186	179	122
18 Diagnostic procedures on eye	74	22	21	21	32
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	698	549	375	397	295
20 Other intraocular therapeutic procedures	1,673	2,054	2,053	2,032	1,947
21 Other extraocular muscle & orbit therapeutic procedures	163	163	150	125	114
Total	8,759	8,737	7,937	7,902	7,422
<b>4 Operations on the ear</b>					
22 Tympanoplasty	109	105	93	125	98
23 Myringotomy	1,090	1,086	1,024	951	817
24 Mastoidectomy	20	27	24	27	29
25 Diagnostic procedures on ear	13	9	16	34	24
26 Other therapeutic ear procedures	260	250	316	475	1,682
Total	1,492	1,477	1,473	1,612	2,650

Table O-5

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents  
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2010 - 2014**

<b>CCS High Level Procedure Group</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>CCS Single Level Procedure Group</b>					
<b>5 Operations on the nose, mouth, and pharynx</b>					
27 Control of epistaxis	80	59	85	111	147
28 Plastic procedures on nose	324	265	272	237	238
29 Dental procedures	689	712	628	710	568
30 Tonsillectomy and/or adenoidectomy	881	762	830	759	691
31 Diagnostic procedures on nose, mouth & pharynx	329	351	588	1,065	1,664
32 Other non-OR therapeutic procedures on nose, mouth & pharynx	357	324	380	461	210
33 Other OR therapeutic procedures on nose, mouth & pharynx	448	400	478	516	457
Total	3,108	2,873	3,261	3,859	3,975
<b>6 Operations on the respiratory system</b>					
34 Tracheostomy, temporary & permanent	-	-	1	-	-
35 Tracheoscopy & laryngoscopy with biopsy	542	601	922	1,728	1,773
36 Lobectomy or pneumonectomy	4	8	10	10	-
37 Diagnostic bronchoscopy & biopsy of bronchus	534	502	538	507	416
38 Other diagnostic procedures on lung & bronchus	12	17	1	2	7,800
39 Incision of pleura, thoracentesis, chest drainage	146	167	191	216	229
40 Other diagnostic proc of respiratory tract & mediastinum	25	29	18	31	31
41 Other non-OR therapeutic procedures on respiratory system	38	12	19	24	31
42 Other OR therapeutic procedures on respiratory system	104	83	126	101	129
Total	1,405	1,419	1,826	2,619	10,409
<b>7 Operations on the cardiovascular system</b>					
43 Heart valve procedures	2	1	-	2	2
45 Percutaneous transluminal coronary angioplasty (PTCA)	230	274	336	202	43
47 Diagnostic cardiac catheterization, coronary arteriography	823	823	795	622	1,144
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib	340	327	332	420	433
49 Other OR heart procedures	42	30	30	98	116
51 Endarterectomy, vessel of head & neck	-	2	-	-	1
52 Aortic resection, replacement or anastomosis	-	-	-	1	-
53 Varicose vein stripping, lower limb	136	149	110	92	165
54 Other vascular catheterization, not heart	261	209	823	680	975
55 Peripheral vascular bypass	-	-	-	3	-
56 Other vascular bypass & shunt, not heart	-	1	-	2	5
57 Creat, revis, rem of arteriof fistula or cannula for dialys	136	94	126	112	128
58 Hemodialysis	-	2	2	3	5
59 Other OR procedures on vessels of head & neck	4	8	12	15	54
60 Embolectomy & endarterectomy of lower limbs	-	-	1	-	1

**Table O-5**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2010 - 2014**

CCS High Level Procedure Group					
CCS Single Level Procedure Group	2010	2011	2012	2013	2014
61 Other OR procedures on vessels other than head & neck	701	661	721	702	624
62 Other diagnostic cardiovascular procedures	232	227	228	206	848
63 Other non-OR therapeutic cardiovascular procedures	141	82	64	81	2,729
Total	3,048	2,890	3,580	3,241	7,273
<b>8 Operations on the hemic and lymphatic system</b>					
64 Bone marrow transplant	20	12	9	7	23
65 Bone marrow biopsy	271	221	203	250	182
66 Procedures on spleen	1	-	1	2	5
67 Other therap procedures, hemic & lymphatic system	293	354	305	301	296
Total	585	587	518	560	506
<b>9 Operations on the digestive system</b>					
68 Injection or ligation of esophageal varices	-	-	-	-	26
69 Esophageal dilatation	385	419	431	430	466
70 Upper gastrointestinal endoscopy, biopsy	6,362	6,006	5,589	5,243	5,128
71 Gastrostomy, temporary & permanent	77	62	65	58	153
73 Ileostomy & other enterostomy	1	-	3	9	19
74 Gastrectomy, partial & total	1	-	-	-	-
75 Small bowel resection	-	-	-	-	3
76 Colonoscopy & biopsy	12,394	11,825	12,290	12,698	17,936
77 Proctoscopy & anorectal biopsy	520	537	523	387	548
78 Colorectal resection	5	2	4	3	8
79 Local excision of large intestine lesion (not endoscopic)	-	1	-	2	1
80 Appendectomy	39	48	53	57	44
81 Hemorrhoid procedures	223	235	238	187	204
82 Endoscopic retrograde cannulation of pancreas (ERCP)	44	38	33	33	95
83 Biopsy of liver	241	236	278	242	97
84 Cholecystectomy & common duct exploration	1,138	1,250	1,302	1,193	1,090
85 Inguinal & femoral hernia repair	1,311	1,318	1,216	1,294	1,174
86 Other hernia repair	786	882	787	875	886
87 Laparoscopy	118	105	74	88	78
88 Abdominal paracentesis	210	265	222	254	281
89 Exploratory laparotomy	3	-	1	2	-
90 Excision, lysis peritoneal adhesions	65	41	27	36	22
91 Peritoneal dialysis	2	-	-	-	2,806
92 Other bowel diagnostic procedures	34	42	31	31	12
93 Other non-OR upper GI therapeutic procedures	210	193	275	342	277

Table O-5

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents  
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2010 - 2014**

<b>CCS High Level Procedure Group</b>					
<b>CCS Single Level Procedure Group</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
94 Other OR upper GI therapeutic procedures	143	130	91	57	46
95 Other non-OR lower GI therapeutic procedures	8,279	9,433	9,971	10,308	5,539
96 Other OR lower GI therapeutic procedures	229	263	263	256	248
97 Other gastrointestinal diagnostic procedures	86	94	100	93	258
98 Other non-OR gastrointestinal therapeutic procedures	204	157	179	162	88
99 Other OR gastrointestinal therapeutic procedures	84	79	90	98	117
Total	33,194	33,661	34,136	34,438	37,650
<b>10 Operations on the urinary system</b>					
100 Endoscopy & endoscopic biopsy of the urinary tract	1,517	1,461	1,787	2,087	2,100
101 Transurethral excision, drainage, rem urinary obstruction	749	833	833	851	776
102 Ureteral catheterization	242	279	255	270	300
103 Nephrotomy & nephrostomy	15	15	38	23	19
104 Nephrectomy, partial or complete	-	1	-	1	3
106 Genitourinary incontinence procedures	351	374	238	185	150
107 Extracorporeal lithotripsy, urinary	10	7	8	7	587
108 Indwelling catheter	204	300	211	145	352
109 Procedures on the urethra	200	193	183	163	160
110 Other diagnostic procedures of urinary tract	93	133	124	142	76
111 Other non-OR therapeutic procedures of urinary tract	253	236	186	177	605
112 Other OR therapeutic procedures of urinary tract	58	66	49	75	174
Total	3,692	3,898	3,912	4,126	5,302
<b>11 Operations on the male genital organs</b>					
113 Transurethral resection of prostate (TURP)	130	185	204	140	155
114 Open prostatectomy	4	14	1	6	11
115 Circumcision	297	256	256	228	250
116 Diagnostic procedures, male genital	237	260	267	262	274
117 Other non-OR therapeutic procedures, male genital	260	211	121	124	156
118 Other OR therapeutic procedures, male genital	400	371	328	337	405
Total	1,328	1,297	1,177	1,097	1,251



**Table O-5**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2010 - 2014**

CCS High Level Procedure Group					
CCS Single Level Procedure Group	2010	2011	2012	2013	2014
<b>12 Operations on the female genital organs</b>					
119 Oophorectomy, unilateral & bilateral	203	204	217	194	206
120 Other operations on ovary	240	227	232	183	99
121 Ligation of fallopian tubes	346	304	293	324	280
123 Other operations on fallopian tubes	32	27	36	39	35
124 Hysterectomy, abdominal & vaginal	392	452	573	553	569
125 Other excision of cervix & uterus	756	683	616	630	516
126 Abortion (termination of pregnancy)	17	23	25	32	35
127 D&C, aspiration after delivery or abortion	274	196	230	241	250
128 Diagnostic dilatation & curettage (D&C)	604	622	619	540	338
129 Repair cystocele & rectocele, oblit of vaginal vault	132	136	101	73	87
130 Other diagnostic procedures, female organs	202	227	268	342	3,129
131 Other non-OR therapeutic procedures, female organs	61	62	65	124	552
132 Other OR therapeutic procedures, female organs	333	324	336	293	319
Total	3,592	3,487	3,611	3,568	6,415
<b>13 Obstetrical procedures</b>					
122 Removal of ectopic pregnancy	15	9	4	7	6
134 Cesarean section	2	1	1	-	1
135 Forceps, vacuum & breech delivery	-	-	-	-	3
137 Other procedures to assist delivery	44	46	39	26	50
138 Diagnostic amniocentesis	4	6	6	2	-
139 Fetal monitoring	3,988	4,451	4,552	3,048	5,509
140 Repair of current obstetric laceration	1	1	1	2	4
141 Other therapeutic obstetrical procedures	6	19	18	14	16
Total	4,060	4,533	4,621	3,099	5,589
<b>14 Operations on the musculoskeletal system</b>					
142 Partial excision bone	400	362	404	346	423
143 Bunionectomy or repair of toe deformities	648	622	631	706	542
144 Treatment, facial fracture or dislocation	65	61	65	64	58
145 Treatment, fracture or disloc of radius & ulna	441	435	429	445	452
146 Treatment, fracture or disloc of hip & femur	56	57	59	63	33
147 Treatment, fracture or disloc of lower extremity	559	637	618	649	632
148 Other fracture & dislocation procedure	537	587	612	603	542
149 Arthroscopy	560	642	624	548	385
150 Division of joint capsule, ligament or cartilage	80	82	93	72	89
151 Excision of semilunar cartilage of knee	1,654	1,496	1,505	1,364	1,307

Table O-5

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents  
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2010 - 2014**

<b>CCS High Level Procedure Group</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>CCS Single Level Procedure Group</b>					
152 Arthroplasty knee	333	308	289	260	120
153 Hip replacement, total & partial	1	2	-	2	23
154 Arthroplasty other than hip or knee	714	728	603	499	360
155 Arthrocentesis	307	219	183	203	2,568
156 Injections & aspirations of muscles, tendons, etc.	407	464	445	490	1,253
157 Amputation of lower extremity	116	105	90	140	141
158 Spinal fusion	160	165	132	133	73
159 Other diagnostic procedures on musculoskeletal system	163	121	110	126	157
160 Other therapeutic procedures on muscles & tendons	2,719	2,646	2,794	2,693	2,567
161 Other OR therapeutic procedures on bone	270	257	267	256	487
162 Other OR therapeutic procedures on joints	902	957	1,025	1,041	1,018
163 Other non-OR therapeutic procedures on musc system	2,331	3,576	4,337	6,187	4,662
164 Other OR therapeutic procedures on musc system	70	71	69	105	74
Total	13,493	14,600	15,384	16,995	17,966
<b>15 Operations on the integumentary system</b>					
165 Breast biopsy & other diagnostic procedures on breast	1,590	1,483	1,425	1,269	1,243
166 Lumpectomy, quadrantectomy of breast	831	744	781	728	626
167 Mastectomy	74	63	81	86	81
168 Incision & drainage, skin & subcutaneous tissue	185	164	169	176	268
169 Debridement of wound, infection or burn	176	173	135	665	1,477
170 Excision of skin lesion	3,448	3,483	3,503	3,638	4,366
171 Suture of skin & subcutaneous tissue	338	152	231	334	619
172 Skin graft	98	64	67	69	277
173 Other diagnostic proc on skin & subcutaneous tissue	1,152	1,311	1,380	1,435	784
174 Other non-OR therapeutic procedures on skin & breast	1,653	1,982	2,021	2,005	3,897
175 Other OR therapeutic procedures on skin & breast	729	667	662	798	650
Total	10,274	10,286	10,455	11,203	14,288

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (prior to July 1, 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

**Table O-6**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents**  
**Vermont Hospitals by Age Group**

<u>Vermont Hospital</u>	<u>Age Group</u>								<u>Total</u>	
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>		<u>65+</u>
Brattleboro Memorial Hospital	66	1,007	2,326	613	553	410	826	3,399	2,402	5,801
Central Vermont Medical Center	152	2,108	3,667	1,008	877	586	586	5,927	3,057	8,984
Copley Hospital	194	1,573	3,095	776	751	541	884	4,862	2,952	7,814
Gifford Medical Center	58	818	830	253	165	122	131	1,706	671	2,377
Grace Cottage Hospital	-	-	1	-	-	-	2	1	2	3
Mt. Ascutney Hospital and Health Center	26	195	819	274	271	133	145	1,040	823	1,863
North Country Hospital	71	1,590	1,482	425	459	311	324	3,143	1,519	4,662
Northeastern Vermont Regional Hospital	121	853	1,555	537	327	308	356	2,529	1,528	4,057
Northwestern Medical Center	113	1,356	2,852	627	491	384	389	4,321	1,891	6,212
Porter Medical Center	207	533	1,444	445	342	293	229	2,184	1,309	3,493
Rutland Regional Medical Center	242	2,470	5,260	1,979	1,715	1,269	1,641	7,972	6,604	14,576
Southwestern Vermont Medical Center	239	2,625	3,606	913	721	472	560	6,470	2,666	9,136
Springfield Hospital	97	675	1,150	257	202	141	113	1,922	713	2,635
University of Vermont Medical Center	2,767	10,463	20,336	7,820	6,299	4,757	6,856	33,566	25,732	59,298
<b>Total</b>	<b>4,353</b>	<b>26,266</b>	<b>48,423</b>	<b>15,927</b>	<b>13,173</b>	<b>9,727</b>	<b>13,042</b>	<b>79,042</b>	<b>51,869</b>	<b>130,911</b>

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

Table O-7

2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents

Vermont Hospitals by Principal Payer

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown			
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	2,686	46.3%	1,018	17.5%	15	0.3%	57	1.0%	1,963	33.8%	58	1.0%	4	0.1%	5,801	4.4%
Central Vermont Medical Center	3,275	36.5%	1,342	14.9%	143	1.6%	85	0.9%	4,080	45.4%	59	0.7%	-	0.0%	8,984	6.9%
Copley Hospital	2,475	31.7%	1,229	15.7%	40	0.5%	208	2.7%	2,997	38.4%	865	11.1%	-	0.0%	7,814	6.0%
Gifford Medical Center	681	28.6%	540	22.7%	18	0.8%	38	1.6%	1,060	44.6%	40	1.7%	-	0.0%	2,377	1.8%
Grace Cottage Hospital	2	66.7%	1	33.3%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	0.0%
Mt. Ascutney Hospital and Health Center	812	43.6%	159	8.5%	-	0.0%	11	0.6%	857	46.0%	15	0.8%	9	0.5%	1,863	1.4%
North Country Hospital	1,723	37.0%	1,373	29.5%	30	0.6%	52	1.1%	1,461	31.3%	23	0.5%	-	0.0%	4,662	3.6%
Northeastern Vermont Regional Hospital	1,607	39.6%	878	21.6%	8	0.2%	30	0.7%	1,507	37.1%	27	0.7%	-	0.0%	4,057	3.1%
Northwestern Medical Center	1,998	32.2%	1,037	16.7%	60	1.0%	108	1.7%	2,959	47.6%	47	0.8%	3	0.0%	6,212	4.7%
Porter Medical Center	1,288	36.9%	488	14.0%	15	0.4%	1	0.0%	1,681	48.1%	18	0.5%	2	0.1%	3,493	2.7%
Rutland Regional Medical Center	7,589	52.1%	1,762	12.1%	130	0.9%	186	1.3%	4,795	32.9%	114	0.8%	-	0.0%	14,576	11.1%
Southwestern Vermont Medical Center	2,831	31.0%	1,619	17.7%	47	0.5%	65	0.7%	4,504	49.3%	70	0.8%	-	0.0%	9,136	7.0%
Springfield Hospital	830	31.5%	544	20.6%	11	0.4%	30	1.1%	1,136	43.1%	84	3.2%	-	0.0%	2,635	2.0%
University of Vermont Medical Center	25,971	43.8%	6,966	11.7%	957	1.6%	699	1.2%	21,223	35.8%	310	0.5%	3,172	5.3%	59,298	45.3%
Total	53,768	41.1%	18,956	14.5%	1,474	1.1%	1,570	1.2%	50,223	38.4%	1,730	1.3%	3,190	2.4%	130,911	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

**Table O-8**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer**

CCS Diagnosis Groups	Principal Payer														Total N Col%	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown			
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%		
Infectious & parasitic diseases	405	47.8%	211	24.9%	20	2.4%	-	0.0%	209	24.6%	2	0.2%	1	0.1%	848	0.6%
Neoplasms	8,024	53.8%	1,236	8.3%	166	1.1%	3	0.0%	5,424	36.4%	37	0.2%	20	0.1%	14,910	11.4%
Endocrine, nutritional, metabolic, immunity	1,253	51.7%	357	14.7%	18	0.7%	1	0.0%	643	26.5%	117	4.8%	34	1.4%	2,423	1.9%
Diseases of the blood & blood-forming organs	468	58.8%	81	10.2%	6	0.8%	2	0.3%	235	29.5%	1	0.1%	3	0.4%	796	0.6%
Mental disorders	77	20.9%	222	60.3%	6	1.6%	-	0.0%	58	15.8%	5	1.4%	-	0.0%	368	0.3%
Diseases of the nervous system and sense organs	8,750	61.9%	1,517	10.7%	126	0.9%	196	1.4%	3,466	24.5%	66	0.5%	15	0.1%	14,136	10.8%
Diseases of the circulatory system	2,618	51.2%	407	8.0%	45	0.9%	7	0.1%	1,466	28.7%	453	8.9%	119	2.3%	5,115	3.9%
Diseases of the respiratory system	4,703	48.8%	1,566	16.2%	122	1.3%	17	0.2%	3,166	32.8%	51	0.5%	14	0.1%	9,639	7.4%
Diseases of the digestive system	4,481	33.9%	2,225	16.8%	127	1.0%	89	0.7%	6,178	46.7%	99	0.7%	18	0.1%	13,217	10.1%
Diseases of the genitourinary system	3,611	31.3%	1,164	10.1%	92	0.8%	4	0.0%	3,742	32.4%	78	0.7%	2,851	24.7%	11,542	8.8%
Pregnancy, childbirth, and the puerperium	147	2.3%	3,432	54.1%	103	1.6%	-	0.0%	2,550	40.2%	115	1.8%	-	0.0%	6,347	4.8%
Diseases of the skin and subcutaneous tissue	3,334	66.4%	716	14.3%	72	1.4%	9	0.2%	812	16.2%	68	1.4%	9	0.2%	5,020	3.8%
Musculoskeletal system and connective tissue	8,461	45.8%	2,222	12.0%	209	1.1%	807	4.4%	6,456	34.9%	317	1.7%	12	0.1%	18,484	14.1%
Congenital anomalies	44	10.0%	149	34.0%	8	1.8%	1	0.2%	232	53.0%	3	0.7%	1	0.2%	438	0.3%
Conditions originating in the perinatal period	1	0.6%	48	30.6%	5	3.2%	-	0.0%	69	43.9%	34	21.7%	-	0.0%	157	0.1%
Injury & poisoning	1,419	23.2%	963	15.8%	76	1.2%	427	7.0%	3,043	49.8%	106	1.7%	75	1.2%	6,109	4.7%
Symptoms, signs & ill-defined conditions	5,524	28.0%	2,207	11.2%	251	1.3%	6	0.0%	11,639	59.0%	101	0.5%	15	0.1%	19,743	15.1%
Residual codes, unclassified, all Ecodes	448	27.7%	233	14.4%	22	1.4%	1	0.1%	835	51.6%	77	4.8%	3	0.2%	1,619	1.2%
<b>Total</b>	<b>53,768</b>	<b>41.1%</b>	<b>18,956</b>	<b>14.5%</b>	<b>1,474</b>	<b>1.1%</b>	<b>1,570</b>	<b>1.2%</b>	<b>50,223</b>	<b>38.4%</b>	<b>1,730</b>	<b>1.3%</b>	<b>3,190</b>	<b>2.4%</b>	<b>130,911</b>	<b>100.0%</b>

"Other" payer includes self-pay, no charge, and other sources of payment.

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

CCS Diagnosis Groups are based on the first listed ICD-9-CM diagnosis code.

2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents  
Clinical Classifications Software (CCS) High Level Procedure Groups by Principal Payer

CCS Procedure Groups	Principal Payer												Total			
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other				Unknown	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Operations on the nervous system	3,940	40.5%	1,568	16.1%	117	1.2%	523	5.4%	3,527	36.3%	50	0.5%	3	0.0%	9,728	7.4%
Operations on the endocrine system	152	31.2%	61	12.5%	4	0.8%	-	0.0%	268	55.0%	1	0.2%	1	0.2%	487	0.4%
Operations on the eye	5,639	76.0%	350	4.7%	47	0.6%	1	0.0%	1,331	17.9%	21	0.3%	33	0.4%	7,422	5.7%
Operations on the ear	1,383	52.2%	488	18.4%	20	0.8%	-	0.0%	743	28.0%	16	0.6%	-	0.0%	2,650	2.0%
Operations on the nose, mouth, and pharynx	1,402	35.3%	1,173	29.5%	52	1.3%	9	0.2%	1,306	32.9%	33	0.8%	-	0.0%	3,975	3.0%
Operations on the respiratory system	5,527	53.1%	1,505	14.5%	121	1.2%	19	0.2%	3,162	30.4%	60	0.6%	15	0.1%	10,409	8.0%
Operations on the cardiovascular system	3,778	51.9%	731	10.1%	74	1.0%	8	0.1%	2,342	32.2%	23	0.3%	317	4.4%	7,273	5.6%
Operations on the hemic and lymphatic system	209	41.3%	59	11.7%	6	1.2%	1	0.2%	223	44.1%	4	0.8%	4	0.8%	506	0.4%
Operations on the digestive system	11,526	30.6%	3,857	10.2%	383	1.0%	86	0.2%	18,909	50.2%	159	0.4%	2,730	7.3%	37,650	28.8%
Operations on the urinary system	3,428	64.7%	467	8.8%	43	0.8%	-	0.0%	1,311	24.7%	28	0.5%	25	0.5%	5,302	4.1%
Operations on the male genital organs	405	32.4%	196	15.7%	22	1.8%	3	0.2%	580	46.4%	45	3.6%	-	0.0%	1,251	1.0%
Operations on the female genital organs	830	12.9%	1,490	23.2%	88	1.4%	-	0.0%	3,927	61.2%	79	1.2%	1	0.0%	6,415	4.9%
Obstetrical procedures	127	2.3%	3,150	56.4%	85	1.5%	-	0.0%	2,128	38.1%	99	1.8%	-	0.0%	5,589	4.3%
Operations on the musculoskeletal system	7,231	40.2%	2,200	12.2%	211	1.2%	887	4.9%	7,274	40.5%	146	0.8%	17	0.1%	17,966	13.7%
Operations on the integumentary system	8,191	57.3%	1,661	11.6%	201	1.4%	33	0.2%	3,192	22.3%	966	6.8%	44	0.3%	14,288	10.9%
Total	53,768	41.1%	18,956	14.5%	1,474	1.1%	1,570	1.2%	50,223	38.4%	1,730	1.3%	3,190	2.4%	130,911	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

**Table O-10**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents**  
**Outpatient Visits and Average Charges by Vermont Hospitals**  
 Procedure Groups defined by Clinical Classifications Software for Services and Procedures

Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
1 Incision & excision of CNS															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	448 \$
2 Insertion, replacem, rem of extracranial ventricular shunt															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	8,049 \$
3 Laminectomy, excision intervertebral disc															
N	19	10	-	-	-	-	-	-	2	-	66	28	-	-	276
Avg\$	\$ 11,521	\$ 16,450	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,700	\$ -	\$ 14,432	\$ 12,123	\$ -	\$ -	\$ 14,323
4 Diagnostic spinal tap															
N	4	13	3	1	-	-	12	2	3	-	10	4	-	-	72
Avg\$	\$ 4,259	\$ 1,862	\$ 1,254	\$ 538	\$ -	\$ -	\$ 3,642	\$ 2,307	\$ 1,045	\$ -	\$ 3,087	\$ 4,023	\$ -	\$ -	\$ 4,810
5 Insert cath, spinal stimulator, inject into spinal canal															
N	73	368	175	23	-	43	177	26	264	-	669	225	-	-	889
Avg\$	\$ 4,069	\$ 1,796	\$ 1,342	\$ 2,416	\$ -	\$ 1,468	\$ 2,330	\$ 1,162	\$ 1,620	\$ -	\$ 2,053	\$ 2,237	\$ -	\$ -	\$ 2,281
6 Decompression peripheral nerve															
N	115	136	92	42	-	13	85	55	149	96	135	8	86	605	1,617
Avg\$	\$ 4,416	\$ 4,975	\$ 8,059	\$ 8,530	\$ -	\$ 5,604	\$ 5,484	\$ 5,723	\$ 3,701	\$ 4,702	\$ 3,901	\$ 5,227	\$ 2,942	\$ 4,462	\$ 4,738
7 Other diagnostic nervous system procedures															
N	1	2	30	55	-	2	1	-	-	-	432	1	-	-	1,289
Avg\$	\$ 758	\$ 2,438	\$ 405	\$ 436	\$ -	\$ 9,272	\$ 2,502	\$ -	\$ -	\$ -	\$ 576	\$ 4,103	\$ -	\$ -	\$ 2,132
8 Other non-OR or closed therapeutic nerv syst procs															
N	6	62	67	4	-	12	20	82	23	-	141	13	1	-	1,004
Avg\$	\$ 2,362	\$ 2,310	\$ 1,301	\$ 629	\$ -	\$ 1,084	\$ 3,020	\$ 2,609	\$ 1,800	\$ -	\$ 2,285	\$ 2,777	\$ 34	\$ -	\$ 4,706
9 Other OR therapeutic nervous system procedures															
N	2	7	15	3	-	10	-	36	12	2	44	1	3	-	1,253
Avg\$	\$ 4,812	\$ 10,591	\$ 15,541	\$ 12,183	\$ -	\$ 1,827	\$ -	\$ 3,201	\$ 4,628	\$ 6,854	\$ 6,548	\$ 4,904	\$ 24,124	\$ -	\$ 8,455
10 Thyroidectomy, partial or complete															
N	-	9	-	-	-	1	1	1	-	4	4	10	-	-	133
Avg\$	\$ -	\$ 13,606	\$ -	\$ -	\$ -	\$ 15,806	\$ 29,775	\$ 24,360	\$ -	\$ 36,322	\$ 16,549	\$ 21,963	\$ -	\$ -	\$ 13,777
11 Diagnostic endocrine procedures															
N	-	36	2	-	-	-	3	2	4	-	28	99	-	-	53
Avg\$	\$ -	\$ 2,017	\$ 1,361	\$ -	\$ -	\$ -	\$ 3,251	\$ 349	\$ 1,002	\$ -	\$ 785	\$ 854	\$ -	\$ -	\$ 3,474
12 Other therapeutic endocrine procedures															
N	6	-	1	-	-	1	5	-	1	-	12	2	-	-	69
Avg\$	\$ 7,380	\$ -	\$ 1,086	\$ -	\$ -	\$ 15,651	\$ 2,859	\$ -	\$ 763	\$ -	\$ 4,077	\$ 11,243	\$ -	\$ -	\$ 10,385

Table O-10

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents  
Outpatient Visits and Average Charges by Vermont Hospitals**  
Procedure Groups defined by Clinical Classifications Software for Services and Procedures

**Procedure Groups**

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
13 Corneal transplant															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	11	11
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	22,994	\$ 22,994
14 Glaucoma procedures															
N	3	10	-	-	-	-	9	31	-	-	20	-	-	107	180
Avg\$	\$ 6,414	\$ 795	\$ -	\$ -	\$ -	\$ -	\$ 15,522	\$ 2,309	\$ -	\$ -	\$ 1,663	\$ -	\$ -	\$ 3,175	\$ 3,397
15 Lens & cataract procedures															
N	458	613	120	154	-	273	374	548	330	465	361	-	177	549	4,422
Avg\$	\$ 5,615	\$ 4,116	\$ 5,897	\$ 7,039	\$ -	\$ 5,903	\$ 5,900	\$ 9,065	\$ 5,276	\$ 3,865	\$ 6,047	\$ -	\$ 3,892	\$ 4,791	\$ 5,588
16 Repair of retinal tear, detachment															
N	-	2	-	-	-	-	-	-	-	-	-	-	-	297	299
Avg\$	\$ -	\$ 1,081	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,082	\$ 7,042
17 Destruction of lesion of retina & choroid															
N	-	1	-	-	-	-	-	-	-	-	-	-	-	121	122
Avg\$	\$ -	\$ 614	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,394	\$ 4,363
18 Diagnostic procedures on eye															
N	-	1	-	-	-	-	-	-	-	-	-	-	-	31	32
Avg\$	\$ -	\$ 3,555	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,225	\$ 2,267
19 Other therapeutic procedures on eyelids, conjunctiva, cornea															
N	9	6	-	1	-	14	10	1	16	19	7	4	2	206	295
Avg\$	\$ 4,916	\$ 4,075	\$ -	\$ 3,652	\$ -	\$ 9,349	\$ 4,521	\$ 3,537	\$ 3,092	\$ 4,580	\$ 4,252	\$ 1,195	\$ 3,389	\$ 4,585	\$ 4,658
20 Other intraocular therapeutic procedures															
N	1	8	-	2	-	-	2	-	3	2	10	-	1	1,918	1,947
Avg\$	\$ 5,788	\$ 4,195	\$ -	\$ 9,525	\$ -	\$ -	\$ 8,512	\$ -	\$ 5,267	\$ 3,869	\$ 2,612	\$ -	\$ 972	\$ 5,890	\$ 5,865
21 Other extraocular muscle & orbit therapeutic procedures															
N	-	-	-	42	-	-	-	-	2	-	-	-	1	69	114
Avg\$	\$ -	\$ -	\$ -	\$ 15,047	\$ -	\$ -	\$ -	\$ -	\$ 5,093	\$ -	\$ -	\$ -	\$ 7,715	\$ 2,926	\$ 7,472
22 Tympanoplasty															
N	-	10	-	-	-	-	-	-	-	8	13	8	-	59	98
Avg\$	\$ -	\$ 6,332	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,486	\$ 8,140	\$ 6,534	\$ -	\$ 13,677	\$ 11,350
23 Myringotomy															
N	7	32	-	-	-	5	12	12	10	95	97	18	11	518	817
Avg\$	\$ 5,071	\$ 3,939	\$ -	\$ -	\$ -	\$ 4,069	\$ 5,293	\$ 6,504	\$ 4,065	\$ 5,079	\$ 2,267	\$ 2,989	\$ 3,109	\$ 2,808	\$ 3,194
24 Mastoidectomy															
N	-	-	-	-	-	-	-	-	-	-	4	-	-	25	29
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,212	\$ -	\$ -	\$ 20,091	\$ 20,108



**Table O-10**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents**  
**Outpatient Visits and Average Charges by Vermont Hospitals**  
 Procedure Groups defined by Clinical Classifications Software for Services and Procedures

Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
25 Diagnostic procedures on ear															
N	-	-	-	-	-	-	2	-	2	2	7	-	-	11	24
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,228	\$ -	\$ 891	\$ 4,368	\$ 1,018	\$ -	\$ -	\$ 1,053	\$ 1,487
26 Other therapeutic ear procedures															
N	3	7	5	6	-	5	5	7	13	8	1,004	6	4	609	1,682
Avg\$	\$ 10,284	\$ 5,586	\$ 2,586	\$ 200	\$ -	\$ 11,363	\$ 4,423	\$ 5,623	\$ 1,702	\$ 7,765	\$ 418	\$ 3,932	\$ 3,545	\$ 4,697	\$ 2,143
27 Control of epistaxis															
N	-	1	-	-	-	1	6	-	-	3	75	-	1	60	147
Avg\$	\$ -	\$ 5,675	\$ -	\$ -	\$ -	\$ 9,217	\$ 4,702	\$ -	\$ -	\$ 3,304	\$ 515	\$ -	\$ 948	\$ 1,496	\$ 1,240
28 Plastic procedures on nose															
N	8	4	1	-	-	4	11	8	-	12	61	23	6	100	238
Avg\$	\$ 14,257	\$ 10,191	\$ 7,793	\$ -	\$ -	\$ 19,562	\$ 10,309	\$ 12,866	\$ -	\$ 8,858	\$ 8,747	\$ 5,752	\$ 11,299	\$ 12,273	\$ 10,607
29 Dental procedures															
N	22	-	160	-	-	-	-	5	-	-	23	150	32	176	568
Avg\$	\$ 10,838	\$ -	\$ 9,377	\$ -	\$ -	\$ -	\$ -	\$ 12,801	\$ -	\$ -	\$ 16,088	\$ 4,293	\$ 8,179	\$ 9,219	\$ 8,276
30 Tonsillectomy and/or adenoidectomy															
N	9	71	-	-	-	17	44	25	10	114	84	40	22	255	691
Avg\$	\$ 10,188	\$ 6,864	\$ -	\$ -	\$ -	\$ 7,863	\$ 6,602	\$ 10,825	\$ 5,035	\$ 6,770	\$ 6,455	\$ 4,913	\$ 6,079	\$ 5,129	\$ 6,188
31 Diagnostic procedures on nose, mouth & pharynx															
N	5	18	2	13	2	4	35	22	-	11	685	12	2	853	1,664
Avg\$	\$ 1,445	\$ 1,745	\$ 286	\$ 307	\$ 494	\$ 5,932	\$ 1,700	\$ 146	\$ -	\$ 3,148	\$ 368	\$ 855	\$ 6,685	\$ 1,599	\$ 1,086
32 Other non-OR therapeutic procedures on nose, mouth & pharynx															
N	2	3	4	-	-	1	13	2	8	9	24	6	3	135	210
Avg\$	\$ 4,681	\$ 7,089	\$ 5,228	\$ -	\$ -	\$ 8,629	\$ 4,308	\$ 7,240	\$ 560	\$ 6,422	\$ 4,086	\$ 5,367	\$ 8,205	\$ 2,746	\$ 3,414
33 Other OR therapeutic procedures on nose, mouth & pharynx															
N	16	27	-	-	-	14	28	10	7	37	56	9	10	243	457
Avg\$	\$ 17,029	\$ 11,070	\$ -	\$ -	\$ -	\$ 17,977	\$ 6,194	\$ 9,073	\$ 1,759	\$ 10,187	\$ 7,635	\$ 7,322	\$ 6,324	\$ 12,543	\$ 11,118
35 Tracheoscopy & laryngoscopy with biopsy															
N	2	58	-	-	-	4	2	3	-	7	964	4	1	728	1,773
Avg\$	\$ 9,119	\$ 1,497	\$ -	\$ -	\$ -	\$ 10,879	\$ 4,680	\$ 10,513	\$ -	\$ 7,112	\$ 389	\$ 5,495	\$ 8,814	\$ 1,242	\$ 875
37 Diagnostic bronchoscopy & biopsy of bronchus															
N	5	21	-	-	-	1	12	-	3	-	34	42	1	297	416
Avg\$	\$ 4,937	\$ 7,006	\$ -	\$ -	\$ -	\$ 7,074	\$ 9,810	\$ -	\$ 2,058	\$ -	\$ 5,260	\$ 4,135	\$ 4,285	\$ 6,802	\$ 6,440
38 Other diagnostic procedures on lung & bronchus															
N	271	556	108	162	1	82	446	254	433	88	786	643	178	3,792	7,800
Avg\$	\$ 404	\$ 796	\$ 511	\$ 879	\$ 182	\$ 382	\$ 1,019	\$ 855	\$ 512	\$ 549	\$ 1,020	\$ 472	\$ 487	\$ 927	\$ 824

Table O-10

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents  
Outpatient Visits and Average Charges by Vermont Hospitals**  
Procedure Groups defined by Clinical Classifications Software for Services and Procedures

**Procedure Groups**

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
39 Incision of pleura, thoracentesis, chest drainage															
N	7	4	-	-	-	1	9	11	5	1	28	10	-	153	229
Avg\$	\$ 6,130	\$ 4,319	\$ -	\$ -	\$ -	\$ 3,449	\$ 1,569	\$ 5,894	\$ 1,829	\$ 1,940	\$ 2,527	\$ 2,597	\$ -	\$ 2,826	\$ 2,981
40 Other diagnostic proc of respiratory tract & mediastinum															
N	-	-	-	-	-	-	8	-	-	-	1	-	-	22	31
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 781	\$ -	\$ -	\$ -	\$ 1,180	\$ -	\$ -	\$ 2,645	\$ 2,116
41 Other non-OR therapeutic procedures on respiratory system															
N	-	-	-	-	-	1	-	2	-	-	2	1	-	25	31
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,067	\$ -	\$ 1,111	\$ -	\$ -	\$ 3,246	\$ 8,460	\$ -	\$ 7,686	\$ 6,980
42 Other OR therapeutic procedures on respiratory system															
N	-	10	-	-	-	4	1	1	2	11	11	3	1	85	129
Avg\$	\$ -	\$ 5,854	\$ -	\$ -	\$ -	\$ 7,882	\$ 8,580	\$ 11,184	\$ 151	\$ 6,514	\$ 7,906	\$ 5,801	\$ 5,593	\$ 9,708	\$ 8,659
43 Heart valve procedures															
N	-	-	-	-	-	-	-	-	1	-	-	-	-	1	2
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 428	\$ -	\$ -	\$ -	\$ -	\$ 33,264	\$ 16,846
45 Percutaneous transluminal coronary angioplasty (PTCA)															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	43	43
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,252	\$ 40,252
47 Diagnostic cardiac catheterization, coronary arteriography															
N	-	-	-	-	-	-	-	-	-	-	46	-	-	1,098	1,144
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,030	\$ -	\$ -	\$ 21,070	\$ 20,626
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib															
N	-	32	-	-	-	-	-	5	-	2	57	38	-	299	433
Avg\$	\$ -	\$ 16,693	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27,026	\$ -	\$ 12,414	\$ 44,283	\$ 20,034	\$ -	\$ 48,828	\$ 42,905
49 Other OR heart procedures															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	116	116
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 75,869	\$ 75,869
51 Endarterectomy, vessel of head & neck															
N	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,353	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,353
53 Varicose vein stripping, lower limb															
N	15	29	-	-	-	-	5	2	2	-	5	9	-	98	165
Avg\$	\$ 7,306	\$ 12,216	\$ -	\$ -	\$ -	\$ -	\$ 12,501	\$ 10,776	\$ 3,309	\$ -	\$ 11,570	\$ 7,928	\$ -	\$ 10,192	\$ 10,197
54 Other vascular catheterization, not heart															
N	68	42	10	6	-	5	11	15	-	2	60	65	4	687	975
Avg\$	\$ 4,245	\$ 6,245	\$ 8,941	\$ 11,712	\$ -	\$ 7,348	\$ 8,755	\$ 10,998	\$ -	\$ 8,514	\$ 7,127	\$ 5,774	\$ 7,964	\$ 8,443	\$ 7,856

**Table O-10**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents**  
**Outpatient Visits and Average Charges by Vermont Hospitals**  
 Procedure Groups defined by Clinical Classifications Software for Services and Procedures

Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
56 Other vascular bypass & shunt, not heart															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,852
57 Creat, revis, rem of arterioven fistula or cannula for dialys															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	128
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,041
58 Hemodialysis															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,431
59 Other OR procedures on vessels of head & neck															
N	1	3	1	1	-	2	5	2	3	-	3	6	-	27	54
Avg\$	\$ 2,350	\$ 3,359	\$ 2,131	\$ 15,229	\$ -	\$ 6,205	\$ 5,336	\$ 9,550	\$ 3,917	\$ -	\$ 1,579	\$ 1,931	\$ -	\$ 3,111	\$ 3,704
60 Embolectomy & endarterectomy of lower limbs															
N	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Avg\$	\$ -	\$ 3,592	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,592
61 Other OR procedures on vessels other than head & neck															
N	13	14	2	1	-	-	7	6	-	1	12	24	-	544	624
Avg\$	\$ 9,339	\$ 12,460	\$ 14,680	\$ 16,600	\$ -	\$ -	\$ 12,911	\$ 23,409	\$ -	\$ 15,607	\$ 11,195	\$ 11,683	\$ -	\$ 25,195	\$ 23,567
62 Other diagnostic cardiovascular procedures															
N	174	109	29	30	-	1	4	-	7	6	153	60	2	273	848
Avg\$	\$ 734	\$ 1,172	\$ 860	\$ 1,180	\$ -	\$ 4,739	\$ 2,744	\$ -	\$ 3,713	\$ 4,064	\$ 3,287	\$ 267	\$ 5,170	\$ 5,746	\$ 2,924
63 Other non-OR therapeutic cardiovascular procedures															
N	45	295	108	4	-	4	319	370	201	42	389	262	5	685	2,729
Avg\$	\$ 2,968	\$ 3,180	\$ 434	\$ 626	\$ -	\$ 1,186	\$ 782	\$ 1,757	\$ 414	\$ 1,223	\$ 1,437	\$ 491	\$ 699	\$ 1,988	\$ 1,544
64 Bone marrow transplant															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,681
65 Bone marrow biopsy															
N	2	5	2	1	-	-	-	-	-	-	17	1	-	154	182
Avg\$	\$ 5,464	\$ 3,346	\$ 1,836	\$ 82,627	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,834	\$ 8,413	\$ -	\$ 5,895	\$ 6,301
66 Procedures on spleen															
N	-	-	-	1	-	1	-	-	-	-	-	-	-	-	3
Avg\$	\$ -	\$ -	\$ -	\$ 29,858	\$ -	\$ 32,321	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,389
67 Other therap procedures, hemic & lymphatic system															
N	12	10	6	4	-	5	7	8	4	7	32	50	-	151	296
Avg\$	\$ 10,618	\$ 8,498	\$ 7,417	\$ 18,270	\$ -	\$ 14,477	\$ 8,129	\$ 15,828	\$ 3,029	\$ 10,751	\$ 7,645	\$ 3,392	\$ -	\$ 11,282	\$ 9,429

Table O-10

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents  
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Procedure Groups defined by Clinical Classifications Software for Services and Procedures

**Procedure Groups**

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
68 Injection or ligation of esophageal varices															
N	2	3	2	-	-	-	-	-	-	-	3	-	-	16	26
Avg\$	\$ 3,085	\$ 4,647	\$ 2,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,457	\$ -	\$ -	\$ 3,593	\$ 3,699
69 Esophageal dilatation															
N	40	28	7	2	-	4	3	2	4	9	74	25	2	266	466
Avg\$	\$ 2,842	\$ 4,092	\$ 3,576	\$ 4,507	\$ -	\$ 1,978	\$ 4,458	\$ 4,171	\$ 3,867	\$ 4,635	\$ 4,151	\$ 1,226	\$ 3,423	\$ 4,226	\$ 3,901
70 Upper gastrointestinal endoscopy, biopsy															
N	231	422	136	35	-	144	208	126	569	101	601	369	239	1,947	5,128
Avg\$	\$ 3,004	\$ 3,354	\$ 3,298	\$ 4,278	\$ -	\$ 2,299	\$ 4,178	\$ 4,061	\$ 2,314	\$ 3,494	\$ 3,778	\$ 1,564	\$ 2,138	\$ 3,359	\$ 3,117
71 Gastrostomy, temporary & permanent															
N	5	4	3	1	-	1	4	1	6	-	17	1	-	110	153
Avg\$	\$ 6,227	\$ 2,140	\$ 3,161	\$ 1,236	\$ -	\$ 1,026	\$ 4,535	\$ 13,899	\$ 711	\$ -	\$ 1,295	\$ 2,134	\$ -	\$ 2,750	\$ 2,708
73 Ileostomy & other enterostomy															
N	-	-	-	-	-	-	-	-	-	-	1	-	-	18	19
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,790	\$ -	\$ -	\$ 2,964	\$ 2,902
75 Small bowel resection															
N	-	-	-	-	-	1	-	-	-	-	1	1	-	-	3
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,059	\$ -	\$ -	\$ -	\$ -	\$ 19,884	\$ 27,446	\$ -	\$ -	\$ 23,463
76 Colonoscopy & biopsy															
N	871	1,879	614	245	-	662	738	542	1,464	900	1,688	1,343	769	6,221	17,936
Avg\$	\$ 3,138	\$ 3,609	\$ 2,660	\$ 3,841	\$ -	\$ 1,742	\$ 4,131	\$ 4,562	\$ 1,880	\$ 3,444	\$ 3,847	\$ 2,319	\$ 1,970	\$ 3,635	\$ 3,253
77 Proctoscopy & anorectal biopsy															
N	45	29	9	10	-	24	12	10	27	19	19	50	23	271	548
Avg\$	\$ 2,736	\$ 2,405	\$ 1,461	\$ 1,271	\$ -	\$ 1,696	\$ 3,082	\$ 4,457	\$ 1,525	\$ 3,026	\$ 2,760	\$ 1,937	\$ 1,700	\$ 2,204	\$ 2,236
78 Colorectal resection															
N	1	-	-	-	-	-	-	-	1	-	2	1	1	2	8
Avg\$	\$ 3,994	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,278	\$ -	\$ 8,524	\$ 6,055	\$ 7,843	\$ 5,749	\$ 6,464
79 Local excision of large intestine lesion (not endoscopic)															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,604	\$ 3,604
80 Appendectomy															
N	3	-	-	1	-	4	3	-	3	2	3	8	1	16	44
Avg\$	\$ 11,920	\$ -	\$ -	\$ 22,092	\$ -	\$ 14,178	\$ 15,684	\$ -	\$ 8,429	\$ 28,907	\$ 11,690	\$ 8,991	\$ 12,814	\$ 12,903	\$ 12,977
81 Hemorrhoid procedures															
N	5	12	3	3	-	4	10	12	36	5	23	11	3	77	204
Avg\$	\$ 8,754	\$ 6,129	\$ 6,314	\$ 9,574	\$ -	\$ 13,798	\$ 5,681	\$ 7,073	\$ 3,092	\$ 7,129	\$ 4,401	\$ 5,449	\$ 7,833	\$ 2,477	\$ 4,334

**Table O-10**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents**  
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 Procedure Groups defined by Clinical Classifications Software for Services and Procedures

Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
82 Endoscopic retrograde cannulation of pancreas (ERCP)															
N	3	2	-	-	-	-	-	-	-	-	-	-	-	90	95
Avg\$	\$ 7,694	\$ 11,078	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	13,233	\$ 13,013
83 Biopsy of liver															
N	5	-	-	-	-	-	2	-	-	-	-	3	-	87	97
Avg\$	\$ 3,618	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,625	\$ -	\$ -	\$ -	\$ -	\$ 4,732	\$ -	\$ 9,197	\$ 8,677
84 Cholecystectomy & common duct exploration															
N	63	117	39	13	-	32	63	35	175	43	104	95	36	275	1,090
Avg\$	\$ 10,343	\$ 11,608	\$ 17,065	\$ 31,427	\$ -	\$ 16,386	\$ 14,223	\$ 20,905	\$ 8,847	\$ 22,050	\$ 9,716	\$ 8,542	\$ 10,223	\$ 11,088	\$ 11,904
85 Inguinal & femoral hernia repair															
N	68	126	48	18	-	26	60	45	89	62	111	145	33	343	1,174
Avg\$	\$ 8,180	\$ 9,444	\$ 12,659	\$ 17,706	\$ -	\$ 15,221	\$ 11,790	\$ 17,347	\$ 8,383	\$ 18,021	\$ 9,397	\$ 10,588	\$ 6,968	\$ 9,275	\$ 10,570
86 Other hernia repair															
N	33	65	24	11	-	25	37	41	92	39	105	122	25	267	886
Avg\$	\$ 7,921	\$ 8,529	\$ 10,996	\$ 14,773	\$ -	\$ 17,348	\$ 10,893	\$ 17,608	\$ 7,674	\$ 15,979	\$ 10,882	\$ 9,102	\$ 9,920	\$ 10,825	\$ 10,746
87 Laparoscopy															
N	5	2	1	-	-	-	11	2	6	4	5	10	5	27	78
Avg\$	\$ 9,320	\$ 8,185	\$ 9,111	\$ -	\$ -	\$ -	\$ 8,424	\$ 20,449	\$ 6,305	\$ 13,889	\$ 11,529	\$ 9,133	\$ 8,077	\$ 10,464	\$ 9,883
88 Abdominal paracentesis															
N	6	17	-	2	-	-	33	12	8	1	24	54	5	119	281
Avg\$	\$ 5,804	\$ 2,147	\$ -	\$ 2,165	\$ -	\$ -	\$ 1,375	\$ 5,596	\$ 721	\$ 2,891	\$ 2,166	\$ 2,651	\$ 3,536	\$ 1,911	\$ 2,267
90 Excision, lysis peritoneal adhesions															
N	4	-	-	-	-	-	6	2	-	-	1	-	-	9	22
Avg\$	\$ 8,595	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,142	\$ 15,010	\$ -	\$ -	\$ 17,434	\$ -	\$ -	\$ 11,730	\$ 11,284
91 Peritoneal dialysis															
N	-	-	-	-	-	-	-	-	-	-	-	130	-	2,676	2,806
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,741	\$ -	\$ 9,008	\$ 10,107
92 Other bowel diagnostic procedures															
N	1	2	-	-	-	-	1	-	-	-	1	-	-	7	12
Avg\$	\$ 3,450	\$ 2,706	\$ -	\$ -	\$ -	\$ -	\$ 5,629	\$ -	\$ -	\$ -	\$ 3,052	\$ -	\$ -	\$ 3,353	\$ 3,418
93 Other non-OR upper GI therapeutic procedures															
N	1	4	7	-	-	6	1	-	3	74	12	8	-	161	277
Avg\$	\$ 3,497	\$ 3,113	\$ 3,664	\$ -	\$ -	\$ 3,437	\$ 4,635	\$ -	\$ 1,888	\$ 3,516	\$ 5,179	\$ 1,843	\$ -	\$ 4,444	\$ 4,061
94 Other OR upper GI therapeutic procedures															
N	-	-	-	-	-	2	-	-	2	-	-	-	-	42	46
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,170	\$ -	\$ -	\$ 16,328	\$ -	\$ -	\$ -	\$ -	\$ 16,133	\$ 16,535

Table O-10

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents  
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Procedure Groups defined by Clinical Classifications Software for Services and Procedures

**Procedure Groups**

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
95 Other non-OR lower GI therapeutic procedures															
N	194	648	226	39	-	128	87	142	279	403	582	682	94	2,035	5,539
Avg\$	\$ 3,556	\$ 4,327	\$ 3,243	\$ 4,534	\$ -	\$ 2,078	\$ 4,230	\$ 4,974	\$ 2,162	\$ 3,803	\$ 4,274	\$ 2,510	\$ 2,442	\$ 4,448	\$ 3,856
96 Other OR lower GI therapeutic procedures															
N	14	11	-	-	-	6	12	14	21	7	21	18	5	119	248
Avg\$	\$ 6,372	\$ 4,593	\$ -	\$ -	\$ -	\$ 8,547	\$ 5,500	\$ 9,638	\$ 4,410	\$ 6,659	\$ 7,657	\$ 4,622	\$ 5,214	\$ 4,569	\$ 5,423
97 Other gastrointestinal diagnostic procedures															
N	1	24	-	-	-	-	1	2	1	-	4	6	-	219	258
Avg\$	\$ 4,547	\$ 2,285	\$ -	\$ -	\$ -	\$ -	\$ 4,477	\$ 11,799	\$ 10,180	\$ -	\$ 8,830	\$ 3,036	\$ -	\$ 3,833	\$ 3,839
98 Other non-OR gastrointestinal therapeutic procedures															
N	1	6	-	1	-	-	1	-	-	-	-	-	-	79	88
Avg\$	\$ 9,490	\$ 4,129	\$ -	\$ 2,832	\$ -	\$ -	\$ 3,160	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,136	\$ 13,112
99 Other OR gastrointestinal therapeutic procedures															
N	3	2	2	-	-	-	12	1	2	-	5	1	2	87	117
Avg\$	\$ 12,859	\$ 12,757	\$ 5,985	\$ -	\$ -	\$ -	\$ 11,440	\$ 11,201	\$ 4,594	\$ -	\$ 5,230	\$ 7,710	\$ 13,731	\$ 8,917	\$ 9,153
100 Endoscopy & endoscopic biopsy of the urinary tract															
N	7	143	103	39	-	1	3	4	9	13	42	28	4	1,704	2,100
Avg\$	\$ 8,424	\$ 2,470	\$ 1,123	\$ 3,501	\$ -	\$ 899	\$ 8,986	\$ 19,274	\$ 5,225	\$ 13,602	\$ 6,170	\$ 7,357	\$ 9,494	\$ 1,750	\$ 2,133
101 Transurethral excision, drainage, rem urinary obstruction															
N	43	66	21	26	-	-	2	20	20	34	74	67	15	388	776
Avg\$	\$ 9,279	\$ 8,829	\$ 9,718	\$ 14,172	\$ -	\$ -	\$ 10,518	\$ 19,899	\$ 5,629	\$ 13,343	\$ 7,915	\$ 8,944	\$ 8,463	\$ 7,687	\$ 8,808
102 Ureteral catheterization															
N	16	12	10	4	-	-	3	14	9	7	21	13	6	185	300
Avg\$	\$ 8,830	\$ 9,642	\$ 8,378	\$ 14,017	\$ -	\$ -	\$ 10,259	\$ 20,205	\$ 6,066	\$ 15,477	\$ 7,715	\$ 10,761	\$ 9,858	\$ 7,642	\$ 8,827
103 Nephrotomy & nephrostomy															
N	1	-	-	-	-	-	-	-	-	-	-	-	-	18	19
Avg\$	\$ 26,777	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,006	\$ 20,362
104 Nephrectomy, partial or complete															
N	-	-	-	1	-	-	-	-	-	-	-	1	-	1	3
Avg\$	\$ -	\$ -	\$ -	\$ 11,714	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,368	\$ -	\$ 30,840	\$ 20,307
106 Genitourinary incontinence procedures															
N	1	1	1	5	-	-	10	1	7	4	18	4	9	89	150
Avg\$	\$ 9,460	\$ 4,558	\$ 4,728	\$ 21,735	\$ -	\$ -	\$ 12,195	\$ 20,352	\$ 5,795	\$ 15,833	\$ 9,610	\$ 9,386	\$ 9,063	\$ 12,073	\$ 11,602
107 Extracorporeal lithotripsy, urinary															
N	28	38	47	35	-	-	-	10	19	20	124	65	15	186	587
Avg\$	\$ 13,911	\$ 15,702	\$ 6,336	\$ 7,173	\$ -	\$ -	\$ -	\$ 22,981	\$ 12,366	\$ 12,706	\$ 13,827	\$ 16,323	\$ 7,240	\$ 13,714	\$ 13,098

**Table O-10**  
**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents**  
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Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
108 Indwelling catheter															
N	-	-	46	10	-	14	-	-	4	-	-	2	-	276	352
Avg\$	\$ -	\$ -	\$ 200	\$ 228	\$ -	\$ -	\$ -	\$ -	\$ 240	\$ -	\$ -	\$ 2,722	\$ -	\$ 786	\$ 695
109 Procedures on the urethra															
N	4	11	-	1	-	-	-	3	5	4	12	4	2	114	160
Avg\$	\$ 7,139	\$ 4,536	\$ -	\$ 9,667	\$ -	\$ -	\$ -	\$ 12,323	\$ 5,670	\$ 6,530	\$ 8,684	\$ 4,132	\$ 3,814	\$ 5,016	\$ 5,499
110 Other diagnostic procedures of urinary tract															
N	2	-	-	-	-	-	1	-	-	-	5	1	-	67	76
Avg\$	\$ 4,731	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,450	\$ -	\$ -	\$ -	\$ 2,614	\$ 2,928	\$ -	\$ 5,380	\$ 5,133
111 Other non-OR therapeutic procedures of urinary tract															
N	-	4	55	4	-	-	-	-	6	1	-	-	1	534	605
Avg\$	\$ -	\$ 3,570	\$ 171	\$ 4,032	\$ -	\$ -	\$ -	\$ -	\$ 256	\$ 7,397	\$ -	\$ -	\$ 6,415	\$ 1,267	\$ 1,209
112 Other OR therapeutic procedures of urinary tract															
N	3	4	7	14	-	-	1	2	3	5	38	6	4	87	174
Avg\$	\$ 6,960	\$ 10,850	\$ 5,330	\$ 8,517	\$ -	\$ -	\$ 9,047	\$ 14,930	\$ 7,380	\$ 9,756	\$ 6,720	\$ 8,940	\$ 6,897	\$ 8,145	\$ 7,907
113 Transurethral resection of prostate (TURP)															
N	3	7	7	9	-	-	-	8	-	3	33	11	-	74	155
Avg\$	\$ 12,806	\$ 13,543	\$ 13,390	\$ 23,991	\$ -	\$ -	\$ -	\$ 18,930	\$ -	\$ 13,206	\$ 9,627	\$ 9,032	\$ -	\$ 9,878	\$ 11,496
114 Open prostatectomy															
N	-	-	-	1	-	-	-	-	-	4	1	2	-	3	11
Avg\$	\$ -	\$ -	\$ -	\$ 1,722	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27,952	\$ 11,272	\$ 27,476	\$ -	\$ 22,569	\$ 22,496
115 Circumcision															
N	5	64	6	1	-	-	8	11	35	11	7	12	17	73	250
Avg\$	\$ 5,733	\$ 1,868	\$ 2,840	\$ 2,273	\$ -	\$ -	\$ 4,796	\$ 5,058	\$ 860	\$ 652	\$ 5,477	\$ 1,987	\$ 1,166	\$ 6,463	\$ 3,398
116 Diagnostic procedures, male genital															
N	-	2	9	4	-	-	11	6	30	-	-	2	-	210	274
Avg\$	\$ -	\$ 6,235	\$ 3,422	\$ 7,732	\$ -	\$ -	\$ 3,721	\$ 3,076	\$ 150	\$ -	\$ -	\$ 4,476	\$ -	\$ 3,214	\$ 3,000
117 Other non-OR therapeutic procedures, male genital															
N	1	24	13	5	-	-	-	5	1	13	20	1	1	72	156
Avg\$	\$ 7,832	\$ 2,811	\$ 2,220	\$ 10,149	\$ -	\$ -	\$ -	\$ 9,507	\$ 5,447	\$ 2,257	\$ 1,725	\$ 2,781	\$ 6,249	\$ 4,352	\$ 3,809
118 Other OR therapeutic procedures, male genital															
N	16	18	7	5	-	-	5	9	5	18	16	11	6	289	405
Avg\$	\$ 8,409	\$ 9,569	\$ 9,691	\$ 14,023	\$ -	\$ -	\$ 14,263	\$ 15,785	\$ 4,866	\$ 9,513	\$ 13,217	\$ 8,378	\$ 8,030	\$ 10,116	\$ 10,197
119 Oophorectomy, unilateral & bilateral															
N	10	3	10	3	-	-	20	6	13	6	13	13	10	99	206
Avg\$	\$ 12,936	\$ 12,534	\$ 16,375	\$ 22,342	\$ -	\$ -	\$ 16,727	\$ 27,509	\$ 8,067	\$ 20,256	\$ 9,576	\$ 12,603	\$ 16,066	\$ 12,675	\$ 13,726

Table O-10

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents  
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Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
120 Other operations on ovary															
N	6	1	2	-	-	-	3	1	3	-	2	5	7	69	99
Avg\$	\$ 11,817	\$ 6,329	\$ 15,214	\$ -	\$ -	\$ -	\$ 10,869	\$ 27,520	\$ 8,400	\$ -	\$ 13,640	\$ 9,679	\$ 11,056	\$ 5,697	\$ 7,466
121 Ligation of fallopian tubes															
N	24	23	30	1	-	-	23	6	41	6	32	36	15	43	280
Avg\$	\$ 7,982	\$ 7,325	\$ 9,655	\$ 17,046	\$ -	\$ -	\$ 9,333	\$ 11,664	\$ 6,295	\$ 12,009	\$ 8,880	\$ 6,529	\$ 6,618	\$ 9,007	\$ 8,169
122 Removal of ectopic pregnancy															
N	1	2	-	-	-	-	-	-	-	-	-	1	-	2	6
Avg\$	\$ 8,882	\$ 13,793	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,882	\$ -	\$ 12,008	\$ 11,727
123 Other operations on fallopian tubes															
N	3	5	1	-	-	-	3	-	5	-	-	1	-	17	35
Avg\$	\$ 13,416	\$ 8,023	\$ 8,972	\$ -	\$ -	\$ -	\$ 15,833	\$ -	\$ 7,093	\$ -	\$ -	\$ 6,936	\$ -	\$ 11,642	\$ 10,776
124 Hysterectomy, abdominal & vaginal															
N	30	7	18	16	-	-	21	14	19	13	72	33	17	309	569
Avg\$	\$ 16,603	\$ 17,771	\$ 23,560	\$ 33,012	\$ -	\$ -	\$ 28,295	\$ 36,406	\$ 11,267	\$ 38,791	\$ 17,351	\$ 17,443	\$ 20,558	\$ 18,552	\$ 19,875
125 Other excision of cervix & uterus															
N	40	35	27	6	-	-	15	17	107	10	45	76	21	117	516
Avg\$	\$ 8,831	\$ 6,711	\$ 10,841	\$ 10,508	\$ -	\$ -	\$ 11,026	\$ 15,933	\$ 4,739	\$ 10,247	\$ 6,745	\$ 7,827	\$ 7,811	\$ 8,482	\$ 7,832
126 Abortion (termination of pregnancy)															
N	1	-	-	-	-	-	-	-	-	-	-	2	-	32	35
Avg\$	\$ 9,616	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,434	\$ -	\$ 6,384	\$ 6,365
127 D&C, aspiration after delivery or abortion															
N	17	22	11	9	-	-	7	8	32	6	21	21	9	87	250
Avg\$	\$ 5,661	\$ 5,199	\$ 7,189	\$ 7,170	\$ -	\$ -	\$ 6,718	\$ 7,972	\$ 4,099	\$ 8,901	\$ 6,297	\$ 3,690	\$ 4,510	\$ 5,373	\$ 5,470
128 Diagnostic dilatation & curettage (D&C)															
N	20	41	8	2	-	1	8	8	17	6	30	62	31	104	338
Avg\$	\$ 6,846	\$ 4,797	\$ 5,383	\$ 14,811	\$ -	\$ 7,035	\$ 8,484	\$ 6,674	\$ 4,516	\$ 8,442	\$ 7,074	\$ 5,634	\$ 5,180	\$ 6,302	\$ 6,034
129 Repair cystocele & rectocele, oblit of vaginal vault															
N	-	-	1	1	-	-	2	1	7	3	2	2	2	66	87
Avg\$	\$ -	\$ -	\$ 16,440	\$ 12,763	\$ -	\$ -	\$ 13,067	\$ 20,401	\$ 9,703	\$ 16,394	\$ 11,800	\$ 7,578	\$ 14,128	\$ 13,120	\$ 12,940
130 Other diagnostic procedures, female organs															
N	44	483	83	12	-	11	73	21	40	13	32	2,005	42	270	3,129
Avg\$	\$ 7,632	\$ 712	\$ 1,861	\$ 4,289	\$ -	\$ 151	\$ 4,839	\$ 10,342	\$ 4,404	\$ 6,993	\$ 5,590	\$ 297	\$ 5,023	\$ 3,939	\$ 1,203
131 Other non-OR therapeutic procedures, female organs															
N	3	2	67	17	-	-	4	1	6	3	14	2	2	431	552
Avg\$	\$ 5,206	\$ 4,033	\$ 1,235	\$ 1,315	\$ -	\$ -	\$ 6,416	\$ 5,106	\$ 4,607	\$ 4,880	\$ 2,252	\$ 2,440	\$ 2,007	\$ 1,131	\$ 1,322



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Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
132 Other OR therapeutic procedures, female organs															
N	16	8	9	7	-	-	28	4	17	6	19	20	11	174	319
Avg\$	\$ 8,760	\$ 7,983	\$ 10,683	\$ 15,324	\$ -	\$ -	\$ 13,721	\$ 18,649	\$ 2,820	\$ 10,641	\$ 6,374	\$ 9,040	\$ 7,436	\$ 7,298	\$ 8,242
134 Cesarean section															
N	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Avg\$	\$ -	\$ -	\$ -	\$ 8,294	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,294
135 Forceps, vacuum & breech delivery															
N	-	-	-	1	-	-	-	-	-	-	-	-	-	2	3
Avg\$	\$ -	\$ -	\$ -	\$ 4,917	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,761	\$ 6,147
137 Other procedures to assist delivery															
N	-	1	5	2	-	-	2	1	1	-	1	2	1	34	50
Avg\$	\$ -	\$ 3,122	\$ 1,283	\$ 7,976	\$ -	\$ -	\$ 638	\$ 1,179	\$ 809	\$ -	\$ 525	\$ 1,910	\$ 4,045	\$ 2,724	\$ 2,595
139 Fetal monitoring															
N	375	690	430	464	-	-	923	360	113	102	367	259	240	1,186	5,509
Avg\$	\$ 616	\$ 484	\$ 586	\$ 790	\$ -	\$ -	\$ 1,176	\$ 614	\$ 228	\$ 745	\$ 934	\$ 1,298	\$ 391	\$ 985	\$ 822
140 Repair of current obstetric laceration															
N	-	-	1	1	-	-	1	-	-	-	-	1	-	-	4
Avg\$	\$ -	\$ -	\$ 183	\$ 961	\$ -	\$ -	\$ 6,744	\$ -	\$ -	\$ -	\$ -	\$ 5,420	\$ -	\$ -	\$ 3,327
141 Other therapeutic obstetrical procedures															
N	1	-	-	2	-	-	-	-	-	1	-	-	1	11	16
Avg\$	\$ 5,466	\$ -	\$ -	\$ 304	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 710	\$ -	\$ -	\$ 6,592	\$ 4,356	\$ 3,831
142 Partial excision bone															
N	25	19	29	20	-	8	7	26	14	6	41	33	5	190	423
Avg\$	\$ 8,203	\$ 10,133	\$ 14,595	\$ 14,284	\$ -	\$ 10,646	\$ 13,195	\$ 15,153	\$ 5,421	\$ 12,889	\$ 8,999	\$ 8,457	\$ 11,384	\$ 8,681	\$ 9,897
143 Bunionectomy or repair of toe deformities															
N	10	16	19	63	-	19	5	40	44	31	15	77	21	182	542
Avg\$	\$ 10,143	\$ 12,477	\$ 24,919	\$ 19,551	\$ -	\$ 12,393	\$ 13,741	\$ 12,450	\$ 6,032	\$ 13,712	\$ 14,818	\$ 8,883	\$ 7,357	\$ 7,125	\$ 10,805
144 Treatment, facial fracture or dislocation															
N	-	1	-	-	-	1	1	-	1	8	5	-	2	39	58
Avg\$	\$ -	\$ 14,563	\$ -	\$ -	\$ -	\$ 8,536	\$ 5,320	\$ -	\$ 3,954	\$ 5,242	\$ 5,137	\$ -	\$ 3,605	\$ 12,200	\$ 10,052
145 Treatment, fracture or disloc of radius & ulna															
N	26	48	37	10	-	1	21	14	29	34	62	32	15	123	452
Avg\$	\$ 9,097	\$ 11,800	\$ 22,726	\$ 25,278	\$ -	\$ 15,080	\$ 18,562	\$ 15,176	\$ 8,832	\$ 17,246	\$ 4,340	\$ 10,802	\$ 14,813	\$ 12,893	\$ 12,786
146 Treatment, fracture or disloc of hip & femur															
N	1	-	3	-	-	-	1	-	-	1	4	2	1	20	33
Avg\$	\$ 24,959	\$ -	\$ 28,412	\$ -	\$ -	\$ -	\$ 11,216	\$ -	\$ -	\$ 19,017	\$ 12,110	\$ 10,081	\$ 14,410	\$ 11,722	\$ 13,930

Table O-10

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**Procedure Groups**

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
147 Treatment, fracture or disloc of lower extremity															
N	30	48	60	14	-	5	29	18	29	34	97	51	20	197	632
Avg\$	\$ 10,957	\$ 11,908	\$ 17,789	\$ 24,418	\$ -	\$ 9,626	\$ 19,199	\$ 20,189	\$ 8,948	\$ 18,550	\$ 7,008	\$ 9,101	\$ 10,822	\$ 12,756	\$ 12,737
148 Other fracture & dislocation procedure															
N	19	47	62	10	-	4	32	12	37	18	66	21	17	197	542
Avg\$	\$ 10,985	\$ 10,965	\$ 15,144	\$ 36,059	\$ -	\$ 14,280	\$ 14,544	\$ 17,506	\$ 6,856	\$ 18,872	\$ 7,825	\$ 9,256	\$ 12,044	\$ 14,638	\$ 13,185
149 Arthroscopy															
N	10	12	64	3	-	4	6	5	20	15	74	17	13	142	385
Avg\$	\$ 14,378	\$ 18,409	\$ 27,848	\$ 35,813	\$ -	\$ 22,896	\$ 15,423	\$ 23,055	\$ 16,986	\$ 33,483	\$ 12,757	\$ 21,455	\$ 17,626	\$ 21,319	\$ 20,506
150 Division of joint capsule, ligament or cartilage															
N	3	9	14	2	-	1	2	3	4	-	1	6	-	44	89
Avg\$	\$ 7,308	\$ 8,823	\$ 15,287	\$ 22,572	\$ -	\$ 7,971	\$ 11,399	\$ 15,822	\$ 7,837	\$ -	\$ 8,272	\$ 8,431	\$ -	\$ 9,474	\$ 10,627
151 Excision of semilunar cartilage of knee															
N	136	94	90	46	-	12	19	42	76	36	163	86	38	469	1,307
Avg\$	\$ 5,332	\$ 7,746	\$ 11,632	\$ 14,142	\$ -	\$ 9,472	\$ 11,697	\$ 15,539	\$ 6,898	\$ 10,556	\$ 6,379	\$ 5,949	\$ 5,883	\$ 7,242	\$ 7,816
152 Arthroplasty knee															
N	24	5	6	3	-	1	4	2	16	4	12	7	1	35	120
Avg\$	\$ 21,523	\$ 14,818	\$ 25,085	\$ 9,561	\$ -	\$ 27,087	\$ 13,112	\$ 15,598	\$ 7,291	\$ 25,288	\$ 7,956	\$ 9,207	\$ 4,892	\$ 23,567	\$ 17,400
153 Hip replacement, total & partial															
N	-	-	-	-	-	1	-	-	1	1	20	-	-	-	23
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,317	\$ -	\$ -	\$ 13,378	\$ 52,887	\$ 15,894	\$ -	\$ -	\$ -	\$ 17,498
154 Arthroplasty other than hip or knee															
N	26	38	28	2	-	2	6	10	21	11	32	21	16	147	360
Avg\$	\$ 10,365	\$ 12,165	\$ 24,420	\$ 38,464	\$ -	\$ 18,835	\$ 25,326	\$ 18,588	\$ 10,386	\$ 22,864	\$ 11,027	\$ 9,832	\$ 6,050	\$ 14,490	\$ 14,233
155 Arthrocentesis															
N	6	8	33	140	-	-	23	3	6	22	1,474	7	-	846	2,568
Avg\$	\$ 2,196	\$ 2,112	\$ 626	\$ 791	\$ -	\$ -	\$ 2,437	\$ 2,036	\$ 1,177	\$ 216	\$ 554	\$ 1,903	\$ -	\$ 818	\$ 684
156 Injections & aspirations of muscles, tendons, etc.															
N	-	83	114	21	-	1	1	12	10	1	164	10	-	836	1,253
Avg\$	\$ -	\$ 1,630	\$ 481	\$ 399	\$ -	\$ 320	\$ 2,196	\$ 491	\$ 2,541	\$ 2,670	\$ 295	\$ 1,611	\$ -	\$ 1,626	\$ 1,327
157 Amputation of lower extremity															
N	6	4	9	7	-	4	9	6	8	5	4	8	1	70	141
Avg\$	\$ 5,835	\$ 4,323	\$ 9,744	\$ 6,769	\$ -	\$ 9,244	\$ 5,205	\$ 7,174	\$ 4,740	\$ 5,572	\$ 8,961	\$ 7,918	\$ 4,658	\$ 5,249	\$ 6,037
158 Spinal fusion															
N	-	-	-	-	-	-	-	-	6	-	2	17	-	48	73
Avg\$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,359	\$ -	\$ 29,013	\$ 36,263	\$ -	\$ 32,625	\$ 32,662

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Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMHC	Total
159 Other diagnostic procedures on musculoskeletal system															
N	6	10	3	2	-	5	1	-	5	-	6	15	-	104	157
Avg\$	\$ 6,352	\$ 4,738	\$ 18,323	\$ 7,128	\$ -	\$ 6,362	\$ 6,378	\$ -	\$ 2,771	\$ -	\$ 1,482	\$ 3,557	\$ -	\$ 6,992	\$ 6,185
160 Other therapeutic procedures on muscles & tendons															
N	160	154	226	77	-	26	79	115	223	94	293	162	49	909	2,567
Avg\$	\$ 8,180	\$ 7,730	\$ 19,908	\$ 21,442	\$ -	\$ 12,275	\$ 10,736	\$ 9,665	\$ 5,251	\$ 15,977	\$ 6,337	\$ 8,777	\$ 4,455	\$ 8,244	\$ 9,579
161 Other OR therapeutic procedures on bone															
N	27	22	24	14	-	7	25	13	19	7	43	41	2	243	487
Avg\$	\$ 6,994	\$ 9,386	\$ 17,518	\$ 15,791	\$ -	\$ 7,037	\$ 11,419	\$ 13,003	\$ 7,485	\$ 11,039	\$ 9,268	\$ 9,171	\$ 5,723	\$ 12,699	\$ 11,579
162 Other OR therapeutic procedures on joints															
N	68	39	113	19	-	4	29	31	61	36	114	86	39	379	1,018
Avg\$	\$ 8,192	\$ 11,384	\$ 21,557	\$ 27,640	\$ -	\$ 13,065	\$ 12,067	\$ 14,307	\$ 9,968	\$ 19,405	\$ 10,847	\$ 9,305	\$ 13,697	\$ 11,566	\$ 12,838
163 Other non-OR therapeutic procedures on musc system															
N	55	154	2,353	1	-	40	62	9	218	3	123	127	-	1,517	4,662
Avg\$	\$ 3,785	\$ 1,234	\$ 302	\$ 3,748	\$ -	\$ 1,112	\$ 2,233	\$ 5,402	\$ 1,240	\$ 171	\$ 2,621	\$ 1,227	\$ -	\$ 3,069	\$ 1,451
164 Other OR therapeutic procedures on musc system															
N	1	3	3	-	-	1	2	1	7	2	6	3	-	45	74
Avg\$	\$ 6,802	\$ 8,790	\$ 14,604	\$ -	\$ -	\$ 34,534	\$ 7,064	\$ 6,224	\$ 4,946	\$ 7,545	\$ 6,161	\$ 4,649	\$ -	\$ 18,104	\$ 14,260
165 Breast biopsy & other diagnostic procedures on breast															
N	74	129	28	27	-	15	16	3	14	15	67	204	50	601	1,243
Avg\$	\$ 8,566	\$ 4,179	\$ 4,572	\$ 4,403	\$ -	\$ 2,883	\$ 5,206	\$ 9,020	\$ 3,080	\$ 3,717	\$ 2,352	\$ 2,869	\$ 3,117	\$ 5,251	\$ 4,607
166 Lumpectomy, quadrantectomy of breast															
N	29	89	15	14	-	16	22	4	8	16	85	69	13	246	626
Avg\$	\$ 8,677	\$ 9,904	\$ 13,015	\$ 17,243	\$ -	\$ 12,160	\$ 8,093	\$ 13,559	\$ 4,273	\$ 13,937	\$ 7,761	\$ 7,207	\$ 9,265	\$ 8,441	\$ 8,958
167 Mastectomy															
N	8	3	3	1	-	1	8	1	-	4	5	10	1	36	81
Avg\$	\$ 14,317	\$ 15,548	\$ 14,367	\$ 40,292	\$ -	\$ 41,864	\$ 17,669	\$ 29,773	\$ -	\$ 24,413	\$ 14,694	\$ 14,862	\$ 12,791	\$ 19,749	\$ 18,532
168 Incision & drainage, skin & subcutaneous tissue															
N	6	-	19	12	-	1	1	-	15	6	22	13	1	172	268
Avg\$	\$ 6,366	\$ -	\$ 2,079	\$ 479	\$ -	\$ 6,946	\$ 4,763	\$ -	\$ 2,113	\$ 7,817	\$ 2,228	\$ 3,744	\$ 5,683	\$ 1,162	\$ 1,779
169 Debridement of wound, infection or burn															
N	1,248	1	35	6	-	2	3	8	7	6	38	6	1	116	1,477
Avg\$	\$ 571	\$ 4,995	\$ 3,058	\$ 10,740	\$ -	\$ 7,400	\$ 494	\$ 6,445	\$ 3,052	\$ 10,202	\$ 2,073	\$ 3,781	\$ 4,562	\$ 2,256	\$ 947
170 Excision of skin lesion															
N	43	107	114	132	-	15	45	74	351	22	200	111	23	3,129	4,366
Avg\$	\$ 3,058	\$ 3,550	\$ 2,605	\$ 1,396	\$ -	\$ 6,526	\$ 4,759	\$ 5,813	\$ 1,483	\$ 5,833	\$ 2,252	\$ 3,601	\$ 5,129	\$ 1,951	\$ 2,166

Table O-10

**2014 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents  
Outpatient Visits and Average Charges by Vermont Hospitals**  
Procedure Groups defined by Clinical Classifications Software for Services and Procedures

**Procedure Groups**

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMC	Total
171 Suture of skin & subcutaneous tissue															
N	2	6	6	5	-	6	-	6	4	6	54	23	-	501	619
Avg\$	\$ 7,605	\$ 4,798	\$ 2,183	\$ 8,019	\$ -	\$ 7,307	\$ -	\$ 6,931	\$ 2,366	\$ 4,940	\$ 2,242	\$ 2,551	\$ -	\$ 3,479	\$ 3,468
172 Skin graft															
N	2	9	-	3	-	4	1	1	5	3	18	19	-	212	277
Avg\$	\$ 10,027	\$ 9,568	\$ -	\$ 11,509	\$ -	\$ 10,930	\$ 6,687	\$ 10,890	\$ 6,294	\$ 9,521	\$ 11,453	\$ 6,437	\$ -	\$ 8,640	\$ 8,744
173 Other diagnostic proc on skin & subcutaneous tissue															
N	12	-	-	1	-	-	-	-	21	-	16	7	-	727	784
Avg\$	\$ 885	\$ -	\$ -	\$ 109	\$ -	\$ -	\$ -	\$ -	\$ 1,205	\$ -	\$ 459	\$ 1,732	\$ -	\$ 1,575	\$ 1,531
174 Other non-OR therapeutic procedures on skin & breast															
N	25	30	1,196	75	-	8	20	508	17	5	90	49	10	1,864	3,897
Avg\$	\$ 5,654	\$ 6,526	\$ 148	\$ 981	\$ -	\$ 9,022	\$ 5,636	\$ 804	\$ 1,723	\$ 6,694	\$ 4,464	\$ 4,702	\$ 6,777	\$ 2,709	\$ 1,797
175 Other OR therapeutic procedures on skin & breast															
N	3	30	9	1	-	21	8	6	33	6	20	57	10	446	650
Avg\$	\$ 6,630	\$ 6,051	\$ 8,553	\$ 457	\$ -	\$ 17,943	\$ 8,381	\$ 9,466	\$ 5,196	\$ 7,933	\$ 7,382	\$ 10,094	\$ 6,560	\$ 11,731	\$ 10,799

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

Column headers denote hospitals: key to the hospital abbreviations can be found in Appendix H.

Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospitals Report for details.

**Table O-11**  
**2014 Vermont Hospital Expanded Outpatient Services, including VT Residents and Non-residents**  
**Primary Cost Centers of Services Provided by Vermont Hospitals**

<b>Primary Cost Center</b>	<b>BRAT</b>	<b>CVMC</b>	<b>COPL</b>	<b>GIFF</b>	<b>GRAC</b>	<b>MTA</b>	<b>NCTY</b>	<b>NEVT</b>	<b>NWST</b>	<b>PORT</b>	<b>RRMC</b>	<b>SWVT</b>	<b>SPRF</b>	<b>UVMHC</b>	<b>Total</b>
3390 Laboratory - Clinical	37,044	83,326	21,166	27,966	8,869	15,528	30,691	28,922	58,664	39,816	79,637	49,839	36,878	233,078	751,424
4100 Radiology - Diagnostic	11,322	12,078	7,727	7,167	1,426	2,925	4,577	4,544	12,065	7,545	13,875	12,875	2,302	67,924	168,352
5600 Drugs Charged to Patients	3,864	8,442	2,149	6,140	75	545	2,579	1,317	5,811	1,285	9,000	11,463	2,154	40,094	94,918
3440 Mammography	5,259	8,762	1,972	1,992	-	1,432	3,113	2,891	5,072	4,101	8,563	6,939	2,941	27,760	80,797
Diagnostic	1,076	1,225	477	302	-	262	424	571	814	451	889	1,354	513	3,249	11,607
Screening	4,185	7,537	1,495	1,691	-	1,171	2,689	2,329	4,258	3,650	7,678	5,585	2,431	24,564	69,263
3180 Chemistry	-	-	-	82	4,997	654	14	17,778	3	-	-	44,918	-	335	68,781
3630 Ultra Sound	1,401	5,934	1,996	1,465	404	546	1,990	945	5,113	2,469	5,101	6,392	2,123	13,587	49,466
5000 Physical Therapy	1,598	4,827	1,537	4,141	611	1,338	1,234	4,557	1,392	2,130	2,378	944	1,068	12,528	40,283
3350 Hematology	-	-	-	-	3,717	-	-	483	-	-	-	33,350	-	-	37,550
3420 Laboratory - Pathological	1,040	1,442	404	1,915	-	836	533	760	3,691	3,197	919	2,391	495	18,829	36,452
3430 Magnetic Resonance Imaging (MRI)	1,698	2,348	1,100	1,015	-	435	1,187	902	2,165	897	3,223	2,715	1,029	11,679	30,393
3240 Cytology	419	1,307	-	1,190	-	28	1,107	2,297	-	-	6,478	2,043	-	14,548	29,417
3230 CAT Scan	1,196	2,311	861	548	257	479	1,253	590	1,967	925	2,872	2,478	955	9,832	26,524
3280 EKG and EEG	1,277	1,486	1,253	1,068	325	200	1,159	330	676	359	5,634	1,259	164	6,371	21,561
EKG	1,272	1,350	1,112	1,020	325	200	801	275	676	359	4,808	782	164	4,379	17,523
EEG	5	137	142	48	-	-	359	58	-	-	830	477	-	1,992	4,048
3050 Bacteriology and Microbiology	-	-	-	34	276	-	-	5,895	-	-	-	12,552	-	-	18,757
3190 Chemotherapy	332	729	265	35	-	93	594	-	-	-	811	2,349	492	10,356	16,056
4800 Intravenous Therapy	918	2,287	517	119	42	1	1,498	248	540	195	1,541	4,266	513	2,437	15,122
3260 Echocardiography	359	1,332	529	281	-	181	910	306	722	613	2,040	1,949	402	4,989	14,613
3450 Nuclear Medicine - Diagnostic	407	887	224	163	-	-	255	311	710	457	1,148	1,091	278	3,701	9,632
PET Scan	-	122	-	-	-	-	-	-	-	-	176	307	-	81	686
All other	407	887	224	163	-	-	255	311	710	457	1,148	784	278	3,694	9,318
3140 Cardiology	501	652	64	30	-	39	9	545	-	15	1,877	1,140	-	4,203	9,075
3620 Stress Test	342	747	382	358	-	-	327	318	1,019	617	1,089	870	206	2,066	8,341
3650 Vascular Lab	469	747	281	161	80	106	488	182	-	-	880	788	311	3,672	8,165
3480 Oncology	1,942	-	-	48	-	-	456	-	-	-	5,700	11	-	-	8,157
5100 Occupational Therapy	502	834	260	338	68	261	174	4	156	83	258	193	116	3,653	6,900
3370 Holter Monitor	122	478	3	60	46	-	474	556	276	18	378	-	117	2,449	4,977

Table O-11

2014 Vermont Hospital Expanded Outpatient Services, including VT Residents and Non-residents  
 Primary Cost Centers of Services Provided by Vermont Hospitals

Primary Cost Center	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMC	Total
3550 Psychiatric/Psychological Services	-	125	-	57	-	-	-	-	-	-	1,528	-	-	2,322	4,032
3040 Audiology	6	52	18	4	-	-	13	8	18	16	1,608	-	6	1,882	3,631
3540 Prosthetic Devices	-	275	182	56	-	-	-	44	68	1	-	36	28	2,798	3,488
4200 Radiology - Therapeutic	-	394	-	-	-	-	-	-	-	-	413	155	-	1,700	2,662
4000 Anesthesiology	2	4	3	361	-	4	-	23	3	3	48	-	51	2,085	2,587
5200 Speech Pathology	46	227	18	56	12	23	43	82	51	68	375	131	69	754	1,955
4900 Respiratory Therapy	403	38	35	62	-	1	39	15	18	8	103	-	25	930	1,677
3560 Pulmonary Function Testing	29	29	13	5	1	1	41	34	14	263	129	58	8	858	1,483
5700 Renal Dialysis	-	-	-	-	-	-	-	-	-	-	-	57	-	679	736
Total (not including subcategories)	71,997	141,570	42,895	56,887	21,206	25,617	54,749	74,342	100,214	65,066	155,905	202,419	52,731	503,977	1,569,575

Only Expanded Outpatient Records are included in this table.

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99 (January-June 2014) or no primary CPT code in CCS high-level groups 1 through 15 (July-December 2014), and no associated ED or ObsBed revenue record.

Outpatient procedures are excluded if they originated in the ED, if they have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014), or if they have an associated Observation Bed revenue record.

The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix G for all cost centers and associated revenue codes.

Visits with multiple revenue codes for services provided within a Primary Cost Center are counted only once in that cost center per visit. Visits may have more than one Primary Cost Center and can represent more than one unit of service. Therefore, the totals shown in this table do not add up to the total number of visits to or services provided by the hospitals.

Diagnostic Mammography = revenue code 401 and Screening Mammography = revenue code 403

EKG/ECG = revenue code 730, 732 or 739 and EEG = revenue code 740 or 749

Pet Scan = revenue code 404

Column headers denote hospitals: key to the hospital abbreviations can be found in Appendix H.

**Table O-12**  
**2014 Vermont Hospital Discharges, including VT Residents and Non-residents**  
**Observation Bed Records and Average Charges by Vermont Hospital and Setting**

Vermont Hospital	Inpatient Obs Bed Records		Outpatient Obs Bed Records								Total Obs Bed Records	
	N	Avg\$	with ED revenue code only		with ED revenue code and Proc in Range		with Proc in Range only		with no ED revenue code or Proc in Range		N	Avg\$
			N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$		
Brattleboro Memorial Hospital	108	\$ 15,797	438	\$ 11,551	66	\$ 14,977	149	\$ 9,415	268	\$ 2,562	1,029	\$ 9,586
Central Vermont Medical Center	255	\$ 17,231	896	\$ 8,058	65	\$ 14,817	23	\$ 10,155	30	\$ 3,598	1,269	\$ 10,180
Copley Hospital	79	\$ 10,356	340	\$ 3,598	41	\$ 12,985	347	\$ 6,144	69	\$ 1,582	876	\$ 5,502
Gifford Medical Center	85	\$ 20,301	290	\$ 11,096	9	\$ 18,873	60	\$ 14,098	36	\$ 17,731	480	\$ 13,745
Grace Cottage Hospital	2	\$ 13,797	86	\$ 5,483	-	\$ -	-	\$ -	31	\$ 3,693	119	\$ 5,157
Mt. Ascutney Hospital and Health Center	3	\$ 12,118	83	\$ 6,520	15	\$ 13,035	24	\$ 24,634	55	\$ 3,957	180	\$ 8,788
North Country Hospital	58	\$ 18,529	345	\$ 8,803	27	\$ 20,279	74	\$ 22,157	26	\$ 4,079	530	\$ 12,085
Northeastern Vermont Regional Hospital	78	\$ 19,671	235	\$ 6,977	41	\$ 16,712	79	\$ 25,805	48	\$ 4,047	481	\$ 12,680
Northwestern Medical Center	100	\$ 16,083	225	\$ 6,118	44	\$ 10,233	61	\$ 11,236	54	\$ 896	484	\$ 8,614
Porter Medical Center	120	\$ 15,957	320	\$ 6,640	74	\$ 21,674	53	\$ 29,813	16	\$ 6,263	583	\$ 12,562
Rutland Regional Medical Center	485	\$ 25,364	1,151	\$ 7,193	63	\$ 13,322	50	\$ 14,383	95	\$ 3,437	1,844	\$ 12,183
Southwestern Vermont Medical Center	139	\$ 15,978	878	\$ 8,426	132	\$ 14,485	65	\$ 12,762	69	\$ 3,171	1,283	\$ 9,804
Springfield Hospital	10	\$ 15,318	509	\$ 7,447	92	\$ 14,241	48	\$ 17,820	24	\$ 4,510	683	\$ 9,103
University of Vermont Medical Center	1,136	\$ 30,618	1,999	\$ 8,817	517	\$ 19,560	420	\$ 21,636	306	\$ 8,899	4,378	\$ 16,984
<b>Total for 2014</b>	<b>2,658</b>	<b>\$ 24,188</b>	<b>7,795</b>	<b>\$ 8,083</b>	<b>1,186</b>	<b>\$ 17,125</b>	<b>1,453</b>	<b>\$ 15,582</b>	<b>1,127</b>	<b>\$ 5,064</b>	<b>14,219</b>	<b>\$ 12,379</b>
<b>Total for 2013</b>	<b>1,802</b>	<b>\$ 21,059</b>	<b>6,872</b>	<b>\$ 7,368</b>	<b>899</b>	<b>\$ 15,393</b>	<b>998</b>	<b>\$ 19,478</b>	<b>1,235</b>	<b>\$ 3,251</b>	<b>11,806</b>	<b>\$ 10,665</b>
<b>Total for 2012</b>	<b>2,205</b>	<b>\$ 18,384</b>	<b>7,547</b>	<b>\$ 6,606</b>	<b>953</b>	<b>\$ 13,651</b>	<b>1,440</b>	<b>\$ 14,734</b>	<b>855</b>	<b>\$ 3,520</b>	<b>13,000</b>	<b>\$ 9,819</b>
<b>Total for 2011</b>	<b>2,061</b>	<b>\$ 17,852</b>	<b>8,037</b>	<b>\$ 6,298</b>	<b>964</b>	<b>\$ 12,779</b>	<b>1,524</b>	<b>\$ 14,084</b>	<b>1,166</b>	<b>\$ 3,199</b>	<b>13,752</b>	<b>\$ 9,084</b>

Observation Bed records are defined as having an associated revenue code of 760 or 762.

Emergency Department records are defined as having an associated revenue code between 450 and 459.

Numbers of inpatient discharges exclude newborns (MDC 15), but average charges include newborns.

Procedure in Range records include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospitals Report for details.

Records with missing charges are included in the number of procedures reported but excluded from the average charges calculation.

Table O-13

**2014 Vermont Hospital Outpatient Visits and Expanded Outpatient Services, including VT Residents and Non-residents  
In-migration by Vermont Hospital**

**Outpatient Procedures**

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-residents</u>		<u>Total</u>	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	4,953	\$19,268,278	848	\$3,432,608	5,801	\$22,700,886
Central Vermont Medical Center	8,929	\$35,413,413	55	\$303,670	8,984	\$35,717,083
Copley Hospital	7,734	\$27,269,299	80	\$575,364	7,814	\$27,844,663
Gifford Medical Center	2,312	\$13,931,330	65	\$561,836	2,377	\$14,493,166
Grace Cottage Hospital	3	\$1,169	-	\$0	3	\$1,169
Mt. Ascutney Hospital and Health Center	1,111	\$5,424,326	752	\$3,075,871	1,863	\$8,500,196
North Country Hospital	4,617	\$20,447,435	45	\$335,311	4,662	\$20,782,746
Northeastern Vermont Regional Hospital	3,644	\$21,278,479	413	\$1,945,399	4,057	\$23,223,878
Northwestern Medical Center	6,153	\$19,367,134	59	\$168,383	6,212	\$19,535,516
Porter Medical Center	3,187	\$19,810,903	306	\$2,484,130	3,493	\$22,295,033
Rutland Regional Medical Center	13,770	\$47,127,428	806	\$2,787,055	14,576	\$49,914,483
Southwestern Vermont Medical Center	6,872	\$25,193,281	2,264	\$8,503,991	9,136	\$33,697,271
Springfield Hospital	2,247	\$8,197,286	388	\$1,655,406	2,635	\$9,852,692
University of Vermont Medical Center	52,327	\$283,617,034	6,971	\$51,778,432	59,298	\$335,395,466
<b>Total for 2014</b>	<b>117,859</b>	<b>\$546,346,794</b>	<b>13,052</b>	<b>\$77,607,455</b>	<b>130,911</b>	<b>\$623,954,249</b>
<b>Total for 2013</b>	<b>93,936</b>	<b>\$486,776,842</b>	<b>10,715</b>	<b>\$73,499,273</b>	<b>104,651</b>	<b>\$560,276,115</b>
<b>Total for 2012</b>	<b>92,537</b>	<b>\$453,755,623</b>	<b>10,296</b>	<b>\$64,947,708</b>	<b>102,833</b>	<b>\$518,703,330</b>
<b>Total for 2011</b>	<b>92,068</b>	<b>\$427,448,786</b>	<b>10,334</b>	<b>\$62,155,175</b>	<b>102,402</b>	<b>\$489,603,961</b>
<b>Total for 2010</b>	<b>91,655</b>	<b>\$403,387,969</b>	<b>10,153</b>	<b>\$56,221,922</b>	<b>101,808</b>	<b>\$459,609,892</b>



**Table O-13**

**2014 Vermont Hospital Outpatient Visits and Expanded Outpatient Services, including VT Residents and Non-residents  
In-migration by Vermont Hospital**

**Expanded Outpatient Procedures**

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-residents</u>		<u>Total</u>	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	54,063	\$38,008,065	9,779	\$6,731,595	63,842	\$44,739,660
Central Vermont Medical Center	147,928	\$96,591,173	1,516	\$720,562	149,444	\$97,311,735
Copley Hospital	46,810	\$21,940,187	627	\$250,746	47,437	\$22,190,933
Gifford Medical Center	64,827	\$33,671,933	1,896	\$967,873	66,723	\$34,639,806
Grace Cottage Hospital	10,940	\$5,685,192	366	\$175,828	11,306	\$5,861,020
Mt. Ascutney Hospital and Health Center	17,029	\$20,328,242	5,655	\$5,951,372	22,684	\$26,279,614
North Country Hospital	48,080	\$41,552,580	466	\$361,933	48,546	\$41,914,513
Northeastern Vermont Regional Hospital	53,264	\$30,050,876	1,419	\$824,933	54,683	\$30,875,808
Northwestern Medical Center	114,370	\$37,909,988	881	\$331,196	115,251	\$38,241,184
Porter Medical Center	55,855	\$26,895,727	3,201	\$1,794,425	59,056	\$28,690,153
Rutland Regional Medical Center	142,073	\$109,067,824	8,193	\$5,580,029	150,266	\$114,647,852
Southwestern Vermont Medical Center	115,883	\$69,302,967	26,270	\$19,503,730	142,153	\$88,806,697
Springfield Hospital	43,533	\$23,350,164	6,103	\$3,406,342	49,636	\$26,756,506
University of Vermont Medical Center	474,703	\$466,230,128	30,598	\$51,282,465	505,301	\$517,512,593
<b>Total for 2014</b>	<b>1,389,358</b>	<b>\$1,020,585,047</b>	<b>96,970</b>	<b>\$97,883,028</b>	<b>1,486,328</b>	<b>\$1,118,468,075</b>
<b>Total for 2013</b>	<b>1,407,763</b>	<b>\$956,212,737</b>	<b>100,143</b>	<b>\$95,514,163</b>	<b>1,507,906</b>	<b>\$1,051,726,900</b>
<b>Total for 2012</b>	<b>1,390,532</b>	<b>\$883,670,902</b>	<b>94,251</b>	<b>\$85,777,378</b>	<b>1,484,783</b>	<b>\$969,448,281</b>
<b>Total for 2011</b>	<b>1,378,829</b>	<b>\$821,614,254</b>	<b>91,096</b>	<b>\$74,894,930</b>	<b>1,469,925</b>	<b>\$896,509,185</b>
<b>Total for 2010</b>	<b>1,419,401</b>	<b>\$791,965,046</b>	<b>95,475</b>	<b>\$74,765,366</b>	<b>1,514,876</b>	<b>\$866,730,412</b>

Table O-13

**2014 Vermont Hospital Outpatient Visits and Expanded Outpatient Services, including VT Residents and Non-residents  
In-migration by Vermont Hospital**

**All Outpatient Procedures**

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-residents</u>		<u>Total</u>	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	59,016	\$57,276,343	10,627	\$10,164,202	69,643	\$67,440,546
Central Vermont Medical Center	156,857	\$132,004,586	1,571	\$1,024,232	158,428	\$133,028,818
Copley Hospital	54,544	\$49,209,487	707	\$826,110	55,251	\$50,035,596
Gifford Medical Center	67,139	\$47,603,263	1,961	\$1,529,709	69,100	\$49,132,972
Grace Cottage Hospital	10,943	\$5,686,362	366	\$175,828	11,309	\$5,862,190
Mt. Ascutney Hospital and Health Center	18,140	\$25,752,567	6,407	\$9,027,242	24,547	\$34,779,810
North Country Hospital	52,697	\$62,000,015	511	\$697,245	53,208	\$62,697,259
Northeastern Vermont Regional Hospital	56,908	\$51,329,355	1,832	\$2,770,331	58,740	\$54,099,687
Northwestern Medical Center	120,523	\$57,277,122	940	\$499,578	121,463	\$57,776,700
Porter Medical Center	59,042	\$46,706,631	3,507	\$4,278,555	62,549	\$50,985,186
Rutland Regional Medical Center	155,843	\$156,195,252	8,999	\$8,367,084	164,842	\$164,562,336
Southwestern Vermont Medical Center	122,755	\$94,496,248	28,534	\$28,007,721	151,289	\$122,503,969
Springfield Hospital	45,780	\$31,547,450	6,491	\$5,061,748	52,271	\$36,609,198
University of Vermont Medical Center	527,030	\$749,847,162	37,569	\$103,060,897	564,599	\$852,908,058
<b>Total for 2014</b>	<b>1,507,217</b>	<b>\$1,566,931,842</b>	<b>110,022</b>	<b>\$175,490,482</b>	<b>1,617,239</b>	<b>\$1,742,422,324</b>
<b>Total for 2013</b>	<b>1,501,699</b>	<b>\$1,442,989,579</b>	<b>110,858</b>	<b>\$169,013,436</b>	<b>1,612,557</b>	<b>\$1,612,003,015</b>
<b>Total for 2012</b>	<b>1,483,069</b>	<b>\$1,337,426,525</b>	<b>104,547</b>	<b>\$150,725,086</b>	<b>1,587,616</b>	<b>\$1,488,151,611</b>
<b>Total for 2011</b>	<b>1,470,897</b>	<b>\$1,249,063,041</b>	<b>101,430</b>	<b>\$137,050,105</b>	<b>1,572,327</b>	<b>\$1,386,113,146</b>
<b>Total for 2010</b>	<b>1,511,056</b>	<b>\$1,195,353,015</b>	<b>105,628</b>	<b>\$130,987,288</b>	<b>1,616,684</b>	<b>\$1,326,340,304</b>

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99 (January-June 2014) or no primary CPT code in CCS high-level groups 1 through 15 (July-December 2014), and no associated ED or ObsBed revenue record.

Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospitals Report for details.

# **Comparisons across Hospital Settings**



**Table C-1**  
**2014 Vermont Hospital Data, including VT Residents and Non-residents**  
**Summary of Vermont Hospitals by Setting**

Vermont Hospital	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Col%	N	Col%	N	Col%	N	Col%	N	Col%
Brattleboro Memorial Hospital	1,557	3.5%	5,801	4.4%	12,796	5.3%	63,842	4.3%	83,996	4.4%
Central Vermont Medical Center	3,527	8.0%	8,984	6.9%	22,574	9.4%	149,444	10.1%	184,529	9.7%
Copley Hospital	1,598	3.6%	7,814	6.0%	12,966	5.4%	47,437	3.2%	69,815	3.7%
Gifford Medical Center	1,222	2.8%	2,377	1.8%	6,464	2.7%	66,723	4.5%	76,786	4.0%
Grace Cottage Hospital	159	0.4%	3	0.0%	2,612	1.1%	11,306	0.8%	14,080	0.7%
Mt. Ascutney Hospital and Health Center	933	2.1%	1,863	1.4%	4,832	2.0%	22,684	1.5%	30,312	1.6%
North Country Hospital	1,312	3.0%	4,662	3.6%	14,903	6.2%	48,546	3.3%	69,423	3.7%
Northeastern Vermont Regional Hospital	1,161	2.6%	4,057	3.1%	12,534	5.2%	54,683	3.7%	72,435	3.8%
Northwestern Medical Center	2,397	5.4%	6,212	4.7%	23,202	9.7%	115,251	7.8%	147,062	7.7%
Porter Medical Center	1,551	3.5%	3,493	2.7%	14,039	5.9%	59,056	4.0%	78,139	4.1%
Rutland Regional Medical Center	5,694	12.9%	14,576	11.1%	28,975	12.1%	150,266	10.1%	199,511	10.5%
Southwestern Vermont Medical Center	3,440	7.8%	9,136	7.0%	20,698	8.6%	142,153	9.6%	175,427	9.2%
Springfield Hospital	1,894	4.3%	2,635	2.0%	15,564	6.5%	49,636	3.3%	69,729	3.7%
University of Vermont Medical Center	17,717	40.1%	59,298	45.3%	47,683	19.9%	505,301	34.0%	629,999	33.1%
Total	44,162	100.0%	130,911	100.0%	239,842	100.0%	1,486,328	100.0%	1,901,243	100.0%

Numbers of inpatient discharges exclude newborns (MDC 15) and 1 record with missing or invalid diagnosis codes.

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2-14) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

ED visits include all outpatient visits that originated in the ED and did not result in an inpatient stay, and exclude 1 visit with missing or invalid diagnosis codes.

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99 (January-June 2014) or no primary CPT code in CCS high-level groups 1 through 15 (July-December 2014), and no associated ED or ObsBed revenue record.

Table C-2

**2014 Vermont Hospital Data, including VT Residents and Non-residents  
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Hospital Setting  
Summary of Discharges and Average Charges**

CCS Diagnosis Groups	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$
Infectious & parasitic diseases	2,045	\$31,094	848	\$1,789	3,833	\$1,223	35,080	\$347	41,806	\$2,005
Neoplasms	1,989	\$40,344	14,910	\$4,852	349	\$4,982	87,648	\$2,996	104,896	\$3,982
Endocrine, nutritional, metabolic, immunity	1,623	\$25,381	2,423	\$2,536	3,318	\$2,631	169,554	\$426	176,918	\$726
Diseases of the blood & blood-forming organs	494	\$22,083	796	\$3,861	511	\$4,569	28,971	\$765	30,772	\$1,253
Mental disorders	2,594	\$22,494	368	\$2,818	10,988	\$1,751	40,713	\$391	54,663	\$1,763
Diseases of the nervous system and sense organs	990	\$25,782	14,136	\$4,593	19,000	\$1,790	61,726	\$1,170	95,852	\$2,067
Diseases of the circulatory system	6,925	\$31,788	5,115	\$13,282	16,545	\$3,877	194,911	\$542	223,496	\$2,062
Diseases of the respiratory system	4,842	\$20,403	9,639	\$2,169	27,962	\$1,513	68,037	\$607	110,480	\$1,860
Diseases of the digestive system	4,533	\$21,791	13,217	\$5,616	18,115	\$2,476	42,209	\$1,132	78,074	\$3,431
Diseases of the genitourinary system	1,921	\$18,855	11,542	\$7,425	13,057	\$2,475	124,191	\$540	150,711	\$1,479
Pregnancy, childbirth, and the puerperium	5,807	\$10,808	6,347	\$1,500	2,730	\$2,051	43,239	\$416	58,123	\$1,709
Diseases of the skin and subcutaneous tissue	874	\$18,665	5,020	\$1,309	8,748	\$982	28,603	\$455	43,245	\$1,046
Musculoskeletal system and connective tissue	3,383	\$42,029	18,484	\$4,163	17,340	\$1,462	191,535	\$992	230,742	\$1,909
Congenital anomalies	126	\$45,679	438	\$9,022	53	\$2,304	3,990	\$1,253	4,607	\$3,266
Conditions originating in the perinatal period	4	\$10,495	157	\$1,562	253	\$976	1,441	\$213	1,855	\$8,190
Injury & poisoning	4,180	\$36,011	6,109	\$10,719	68,856	\$1,556	55,397	\$666	134,542	\$2,718
Symptoms, signs & ill-defined conditions	1,702	\$29,000	19,743	\$2,900	26,077	\$2,328	279,276	\$445	326,798	\$898
Residual codes, unclassified, all Ecodes	130	\$19,593	1,619	\$4,420	2,107	\$2,491	29,807	\$1,206	33,663	\$1,522
<b>Total Discharges and Average Charges</b>	<b>44,162</b>	<b>\$24,486</b>	<b>130,911</b>	<b>\$4,773</b>	<b>239,842</b>	<b>\$1,949</b>	<b>1,486,328</b>	<b>\$769</b>	<b>1,901,243</b>	<b>\$1,832</b>
<b>Total Charges</b>		<b>\$1,225,482,004</b>		<b>\$623,954,249</b>		<b>\$467,335,852</b>		<b>\$1,118,468,075</b>		<b>\$3,435,240,181</b>

Numbers of inpatient discharges exclude newborns (MDC 15), but average charges include newborns.

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2-14) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

Emergency department visits include all outpatient visits that originated in the ED and did not result in an inpatient stay.

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99 (January-June 2014) or no primary CPT code in CCS high-level groups 1 through 15 (July-December 2014), and no associated ED or ObsBed revenue record.

Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospitals Report for details.

Records with missing charges are included in the number of procedures reported but excluded from the average charges.

Total charges of \$0.00 or less are considered missing for outpatient records and total charges of \$100 or less are considered missing for inpatient records.

**Table C-3**  
**2013 Vermont Hospital Data, including VT Residents and Non-residents**  
**Clinical Classifications Software (CCS) High Level Procedure Groups by Hospital Setting**  
**Summary of Discharges and Average Charges**

CCS Procedure Groups	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$
Operations on the nervous system	848	\$45,863	9,728	\$4,140	1,126	\$1,681	-	\$0	11,702	\$7,044
Operations on the endocrine system	32	\$43,438	487	\$7,598	-	\$0	-	\$0	519	\$9,808
Operations on the eye	22	\$33,728	7,422	\$5,649	229	\$2,914	-	\$0	7,673	\$5,652
Operations on the ear	14	\$51,692	2,650	\$2,998	64	\$1,620	-	\$0	2,728	\$3,216
Operations on the nose, mouth, and pharynx	142	\$29,612	3,975	\$4,856	806	\$1,828	-	\$0	4,923	\$5,458
Operations on the respiratory system	899	\$52,114	10,409	\$1,223	105	\$5,620	-	\$0	11,413	\$5,320
Operations on the cardiovascular system	3,298	\$60,932	7,273	\$11,651	411	\$15,017	-	\$0	10,982	\$26,939
Operations on the hemic and lymphatic system	148	\$79,487	506	\$8,647	18	\$5,657	-	\$0	672	\$24,191
Operations on the digestive system	3,298	\$38,421	37,650	\$4,631	1,085	\$13,051	-	\$0	42,033	\$7,509
Operations on the urinary system	899	\$37,441	5,302	\$5,191	552	\$6,172	-	\$0	6,753	\$9,588
Operations on the male genital organs	185	\$9,871	1,251	\$6,734	53	\$6,806	-	\$0	1,489	\$8,646
Operations on the female genital organs	351	\$26,700	6,415	\$5,223	158	\$9,209	-	\$0	6,924	\$6,407
Obstetrical procedures	5,603	\$10,719	5,589	\$865	139	\$5,011	-	\$0	11,331	\$5,791
Operations on the musculoskeletal system	4,815	\$46,242	17,966	\$6,530	2,834	\$3,912	-	\$0	25,615	\$13,723
Operations on the integumentary system	704	\$35,922	14,288	\$3,079	9,237	\$1,200	-	\$0	24,229	\$3,323
Miscellaneous diagnostic and therapeutic procs	242	\$52,677	-	\$0	114,748	\$1,894	372,409	\$1,316	487,399	\$1,479
New Categories specific to CPT/HCPCS	-	\$0	-	\$0	19	\$3,342	300,215	\$338	300,234	\$338
<b>Total Discharges and Average Charges</b>	<b>21,500</b>	<b>\$35,099</b>	<b>130,911</b>	<b>\$4,773</b>	<b>131,584</b>	<b>\$2,057</b>	<b>672,624</b>	<b>\$880</b>	<b>956,619</b>	<b>\$2,415</b>
<b>Total charges</b>		<b>\$828,768,156</b>		<b>\$623,954,249</b>		<b>\$270,624,997</b>		<b>\$591,578,753</b>		<b>\$2,314,926,155</b>

CCS Procedure Groups are based on the first ICD-9-CM procedure in range 00.0-86.99 or on a surgical primary CPT.

Numbers of inpatient discharges exclude newborns (MDC 15), but average and total charges include newborns.

Outpatient procedures include all outpatient visits that did not originate in the ED and that have a procedure in the ICD-9-CM code range 00.0-86.99 (January-June 2-14) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014).

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99 (January-June 2014) or no primary CPT code in CCS high-level groups 1 through 15 (July-December 2014), and no associated ED or ObsBed revenue record.

Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospitals Report for details.

Records with missing charges are included in the number of procedures reported but excluded from the average charges.

Total charges of \$0.00 or less are considered missing for outpatient records and total charges of \$100 or less are considered missing for inpatient records.





# Appendices



## Appendix A

### Additional Definitions

**Average length of stay:** Average length of stay is the total patient days divided by the number of discharges in a selected category. It is a rough measure of the amount of care provided during a typical hospital stay.

**Charges:** Charges in this report are defined as hospital "facility" charges that are calculated by subtracting professional fees and patient convenience items charges from the total charge. However, facility charge data are not always reported according to the strict definition and some hospitals may have included salaried and contracted physician fees in their facility charges.

Comparative analyses of hospital charges must take into account the limitations of charge data. The payments that hospitals receive for an episode of care rarely equal what is charged. All patients, or insurance plans, do not pay the same amount for similar treatments, supplies and services, even though they may be billed the same amount. Private insurers generally negotiate separately with hospitals to set reimbursement rates. The federal and state governments set Medicare and Medicaid reimbursement rates independently. Variations in charges and reimbursement may be designed so services are cross-subsidized.

Charges for hospital admissions with the same principal procedure cannot be expected to be identical, not only because hospitals differ in their assignment of charges, but because patients differ in the severity of their conditions. In general, charges for inpatient procedures tend to be higher than comparable procedures performed in an outpatient setting. In many cases, those treated in an inpatient setting have complicating conditions or other health risks that add to the cost of their care and make them poor candidates for outpatient services.

Throughout this report, to avoid counting hospitalizations for delivery twice, the maternal record is included, but the newborn record is not. However, charges on the newborn record are included in summary calculations of charges.

**Clinical Classifications Software (CCS) Grouper:** CCS developed at the Agency for Healthcare Research and Quality (AHRQ) and available at <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>. CCS collapses ICD-9-CM principal diagnosis and procedure codes into meaningful categories. The single-level diagnosis CCS aggregates illnesses and conditions into more than 260 categories. Similarly, the single-level procedure CCS aggregates procedures into 231 categories, most representing single types of procedures. High level CCS groups further collapse single-level CCS into broad groups based on body systems or condition categories.

**Clinical Classifications Software (CCS) for CPT and HCPCS Procedures:** CCS developed at the Agency for Healthcare Research and Quality (AHRQ) and available at [http://www.hcup-us.ahrq.gov/toolssoftware/ccs\\_svcsproc/ccssvcproc.jsp](http://www.hcup-us.ahrq.gov/toolssoftware/ccs_svcsproc/ccssvcproc.jsp). The software can be used to collapse Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes into the same CCS single-level categories and high-level groups that are used to group the ICD-9-CM procedures. Additional categories are added to effectively represent codes specific to CPT/HCPCS procedures and services.

**Diagnosis:** The condition, determined after study, which occasioned the patient's admission to the hospital. The accuracy or reliability of the diagnosis depends on several factors including the physician's understanding of the problem and the recorder's ability to fit this to established coding conventions. For those cases with multiple

problems, the primary diagnosis may not be the reason for surgery or cause of death.

**Discharge:** The equivalent of a hospital admission, except that for a specified time period, only those cases discharged are counted. A count of discharges measures how often care is sought. The same individual will be counted as more than one discharge if hospitalized more than once during the time studied. Note that discharges do not necessarily reflect disease incidence or prevalence, just the fact of utilization of the hospital resource. Maternal records are included, but newborn records are excluded from the inpatient tables, to avoid duplicate counts. However, newborn records are retained in the Vermont Uniform Hospital Discharge Dataset.

**Emergency Department (ED) Dataset:** Consists of all records with an associated revenue code of 45x (Emergency Room).

**Expanded Outpatient Dataset:** Consists of all outpatient records that have no procedure in the ICD-9-CM code range of 00.00-86.00 (January-June 2014) or primary CPT code in CCS high-level groups 1 through 15 (July-December 2014), and no associated ED or Observation Bed revenue code. Dataset includes all other diagnostic and therapeutic services such as laboratory and radiological services.

**Inpatient Dataset:** Consists of discharge records that were billed as an inpatient stay, including those with an associated ED revenue code. Maternal records are included, but newborns are excluded to avoid duplicate counts. However, newborn records are retained in the Vermont Uniform Hospital Discharge Dataset and charges on the newborn record are included in summary calculations of charges.

**Observation Bed:** Outpatient records with an associated revenue code of 760 or 762. A status recognized by third-party payers - e.g. Medicare, health insurance companies and others, in which a patient is admitted to the hospital for a period of 23 hours and 59 minutes or more, depending on the 3rd party, with either a specific 'rule/out' diagnostic consideration—e.g., appendicitis, angina, MI, or pneumonia; observation may also refer to a known patient status, in which a previously diagnosed condition is managed under

observation - e.g., dehydration, anemia, etc.; a popular term for a bed occupied by a person in an outpatient observation status. (McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.)

**Outpatient Procedures Dataset:** Consists of outpatient records with a procedure in the ICD-9-CM code range of 00.00-86.00 (January-June 2014) or a primary CPT code in CCS high-level groups 1 through 15 (July-December 2014) that was performed in an operating room, ambulatory surgery area, or other outpatient setting.

**Patient day:** Defined as a stay in a hospital for all or part of a day. Patient days are one way of measuring the amount of care provided.

**Population-based Rate:** The rate of a population's use of hospital services. Because data for Vermont residents using hospitals in bordering states are not available at the time of production of this report, it is not possible to calculate accurate population-based rates for Vermont residents for this report.

**Primary Cost Center:** The Centers for Medicare and Medicaid Services (CMS) developed a mapping tool to map revenue charges on a claim to a cost center. The crosswalk is available at the website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Annual-Policy-Files-Items/CMS1253695.html?DLPage=1&DLSort=0&DLSortDir=ascending>.

**Principal Payer:** The anticipated principal source of payment of the patient's hospital bill recorded by the hospital on each discharge record.

## APPENDIX B

### Clinical Classifications Software (CCS) High Level Diagnosis and Procedure Categories

#### CCS High Level Diagnosis Groups

- 1 Infectious and parasitic diseases
- 2 Neoplasms
- 3 Endocrine, nutritional, metabolic, and immunity disorders
- 4 Diseases of the blood and blood-forming organs
- 5 Mental disorders
- 6 Diseases of the nervous system and sense organs
- 7 Diseases of the circulatory system
- 8 Diseases of the respiratory system
- 9 Diseases of the digestive system
- 10 Diseases of the genitourinary system
- 11 Contraception and complications of pregnancy and childbirth
- 12 Diseases of the skin and subcutaneous tissue
- 13 Musculoskeletal system and connective tissue
- 14 Congenital anomalies
- 15 Conditions originating in the perinatal period
- 16 Injury and poisoning
- 17 Symptoms, signs and ill-defined conditions
- 18 Residual codes, unclassified, all Ecodes (external cause codes)

#### CCS High Level Procedure Groups

- 1 Operations on the nervous system
- 2 Operations on the endocrine system
- 3 Operations on the eye
- 4 Operations on the ear
- 5 Operations on the nose, mouth, and pharynx
- 6 Operations on the respiratory system
- 7 Operations on the cardiovascular system
- 8 Operations on the hemic and lymphatic system
- 9 Operations on the digestive system
- 10 Operations on the urinary system
- 11 Operations on the male genital organs
- 12 Operations on the female genital organs
- 13 Obstetrical procedures
- 14 Operations on the musculoskeletal system
- 15 Operations on the integumentary system
- 16 Miscellaneous diagnostic and therapeutic procedures
- 17 New categories specific to CPT/HCPCS

## APPENDIX C

## Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

**CCS High Level Diagnosis Group 1: Infectious and Parasitic Diseases**

- 1 Tuberculosis
- 2 Septicemia (except in labor)
- 3 Bacterial infection, unspecified site
- 4 Mycoses
- 5 HIV infection
- 6 Hepatitis
- 7 Viral infection
- 8 Other infections, including parasitic
- 9 Sexually transmitted infections (not HIV or hepatitis)
- 10 Immunizations & screening for infectious disease

**CCS High Level Diagnosis Group 2: Neoplasms**

- 11 Cancer of head & neck
- 12 Cancer of esophagus
- 13 Cancer of stomach
- 14 Cancer of colon
- 15 Cancer of rectum & anus
- 16 Cancer of liver & intrahepatic bile duct
- 17 Cancer of pancreas
- 18 Cancer of other GI organs, peritoneum
- 19 Cancer of bronchus, lung
- 20 Cancer, other respiratory & intrathoracic
- 21 Cancer of bone & connective tissue
- 22 Melanomas of skin
- 23 Other non-epithelial cancer of skin
- 24 Cancer of breast
- 25 Cancer of uterus
- 26 Cancer of cervix
- 27 Cancer of ovary
- 28 Cancer of other female genital organs
- 29 Cancer of prostate
- 30 Cancer of testis
- 31 Cancer of other male genital organs
- 32 Cancer of bladder
- 33 Cancer of kidney & renal pelvis
- 34 Cancer of other urinary organs
- 35 Cancer of brain & nervous system
- 36 Cancer of thyroid

- 37 Hodgkin's disease
- 38 Non-Hodgkin's lymphoma
- 39 Leukemias
- 40 Multiple myeloma
- 41 Cancer, other & unspecified primary
- 42 Secondary malignancies
- 43 Malignant neoplasm without specification of site
- 44 Neoplasms of unspecified nature or uncertain behavior
- 45 Maintenance chemotherapy, radiotherapy
- 46 Benign neoplasm of uterus
- 47 Other & unspecified benign neoplasm

**CCS High Level Diagnosis Group 3: Endocrine, Nutritional, Metabolic and Immunity Disorders**

- 48 Thyroid disorders
- 49 Diabetes mellitus without complication
- 50 Diabetes mellitus with complications
- 51 Other endocrine disorders
- 52 Nutritional deficiencies
- 53 Disorders of lipid metabolism
- 54 Gout & other crystal arthropathies
- 55 Fluid & electrolyte disorders
- 56 Cystic fibrosis
- 57 Immunity disorders
- 58 Other nutritional, endocrine & metabolic disorders

**CCS High Level Diagnosis Group 4: Diseases of the Blood and Blood-Forming Organs**

- 59 Deficiency & other anemia
- 60 Acute posthemorrhagic anemia
- 61 Sickle cell anemia
- 62 Coagulation & hemorrhagic disorders
- 63 Diseases of white blood cells
- 64 Other hematologic conditions

**CCS High Level Diagnosis Group 5: Mental Disorders**

- 650 MHSA: Adjustment disorders
- 651 MHSA: Anxiety disorders
- 652 MHSA: Attention-deficit, conduct, and disruptive behavior disorders

- 653 MHSA: Delirium, dementia, and amnestic and other cognitive disorders
- 654 MHSA: Developmental disorders
- 655 MHSA: Disorders usually diagnosed in infancy, childhood, or adolescence
- 656 MHSA: Impulse control disorders, NEC
- 657 MHSA: Mood disorders
- 658 MHSA: Personality disorders
- 659 MHSA: Schizophrenia and other psychotic disorders
- 660 MHSA: Alcohol-related disorders
- 661 MHSA: Substance-related disorders
- 662 MHSA: Suicide and intentional self-inflicted injury
- 663 MHSA: Screening and history of mental health and substance abuse codes
- 670 MHSA: Miscellaneous mental disorders

**CCS High Level Diagnosis Group 6: Diseases of the Nervous System and Sense Organs**

- 76 Meningitis (except that caused by tuberculosis or STD)
- 77 Encephalitis (except that caused by tuberculosis or STD)
- 78 Other CNS infection & poliomyelitis
- 79 Parkinson's disease
- 80 Multiple sclerosis
- 81 Other hereditary & degenerative nervous system conditions
- 82 Paralysis
- 83 Epilepsy, convulsions
- 84 Headache, including migraine
- 85 Coma, stupor & brain damage
- 86 Cataract
- 87 Retinal detachments, defects, vascular occlusion & retinopathy
- 88 Glaucoma
- 89 Blindness & vision defects
- 90 Inflammation, infection of eye (except that caused by tuberculosis or STD)
- 91 Other eye disorders
- 92 Otitis media & related conditions
- 93 Conditions associated with dizziness or vertigo
- 94 Other ear & sense organ disorders
- 95 Other nervous system disorders

**CCS High Level Diagnosis Group 7: Diseases of the Circulatory System**

- 96 Heart valve disorders
- 97 Peri-, endo- & myocarditis, cardiomyopathy (except that caused by tuberculosis or STD)
- 98 Essential hypertension
- 99 Hypertension with complications & secondary hypertension
- 100 Acute myocardial infarction

- 101 Coronary atherosclerosis & other heart disease
- 102 Nonspecific chest pain
- 103 Pulmonary heart disease
- 104 Other & ill-defined heart disease
- 105 Conduction disorders
- 106 Cardiac dysrhythmias
- 107 Cardiac arrest & ventricular fibrillation
- 108 Congestive heart failure, nonhypertensive
- 109 Acute cerebrovascular disease
- 110 Occlusion or stenosis of precerebral arteries
- 111 Other & ill-defined cerebrovascular disease
- 112 Transient cerebral ischemia
- 113 Late effects of cerebrovascular disease
- 114 Peripheral & visceral atherosclerosis
- 115 Aortic, peripheral & visceral artery aneurysms
- 116 Aortic & peripheral arterial embolism or thrombosis
- 117 Other circulatory disease
- 118 Phlebitis, thrombophlebitis & thromboembolism
- 119 Varicose veins of lower extremity
- 120 Hemorrhoids
- 121 Other diseases of veins & lymphatics

**CCS High Level Diagnosis Group 8: Diseases of the Respiratory System**

- 122 Pneumonia (except that caused by tuberculosis or STD)
- 123 Influenza
- 124 Acute & chronic tonsillitis
- 125 Acute bronchitis
- 126 Other upper respiratory infections
- 127 Chronic obstructive pulmonary disease & bronchiectasis
- 128 Asthma
- 129 Aspiration pneumonitis, food/vomitus
- 130 Pleurisy, pneumothorax, pulmonary collapse
- 131 Respiratory failure, insufficiency, arrest (adult)
- 132 Lung disease due to external agents
- 133 Other lower respiratory disease
- 134 Other upper respiratory disease

**CCS High Level Diagnosis Group 9: Diseases of the Digestive System**

- 135 Intestinal infection
- 136 Disorders of teeth & jaw
- 137 Diseases of mouth, excluding dental
- 138 Esophageal disorders
- 139 Gastroduodenal ulcer (except hemorrhage)

- 140 Gastritis & duodenitis
- 141 Other disorders of stomach & duodenum
- 142 Appendicitis & other appendiceal conditions
- 143 Abdominal hernia
- 144 Regional enteritis & ulcerative colitis
- 145 Intestinal obstruction without hernia
- 146 Diverticulosis & diverticulitis
- 147 Anal & rectal conditions
- 148 Peritonitis & intestinal abscess
- 149 Biliary tract disease
- 150 Liver disease, alcohol-related
- 151 Other liver diseases
- 152 Pancreatic disorders (not diabetes)
- 153 Gastrointestinal hemorrhage
- 154 Noninfectious gastroenteritis
- 155 Other gastrointestinal disorders

**CCS High Level Diagnosis Group 10: Diseases of the Genitourinary System**

- 156 Nephritis, nephrosis, renal sclerosis
- 157 Acute & unspecified renal failure
- 158 Chronic renal failure
- 159 Urinary tract infections
- 160 Calculus of urinary tract
- 161 Other diseases of kidney & ureters
- 162 Other diseases of bladder & urethra
- 163 Genitourinary symptoms & ill-defined conditions
- 164 Hyperplasia of prostate
- 165 Inflammatory conditions of male genital organs
- 166 Other male genital disorders
- 167 Nonmalignant breast conditions
- 168 Inflammatory diseases of female pelvic organs
- 169 Endometriosis
- 170 Prolapse of female genital organs
- 171 Menstrual disorders
- 172 Ovarian cyst
- 173 Menopausal disorders
- 174 Female infertility
- 175 Other female genital disorders

**CCS High Level Diagnosis Group 11: Contraception and Complications of Pregnancy and Childbirth**

- 176 Contraceptive & procreative management
- 177 Spontaneous abortion

- 178 Induced abortion
- 179 Postabortion complications
- 180 Ectopic pregnancy
- 181 Other complications of pregnancy
- 182 Hemorrhage during pregnancy, abruptio placenta, placenta previa
- 183 Hypertension complicating pregnancy, childbirth & the puerperium
- 184 Early or threatened labor
- 185 Prolonged pregnancy
- 186 Diabetes or abnormal glucose tolerance complicating pregnancy, childbirth or the puerperium
- 187 Malposition, malpresentation
- 188 Fetopelvic disproportion, obstruction
- 189 Previous C-section
- 190 Fetal distress & abnormal forces of labor
- 191 Polyhydramnios & other problems of amniotic cavity
- 192 Umbilical cord complication
- 193 Trauma to perineum & vulva
- 194 Forceps delivery
- 195 Other complications of birth, puerperium affecting management of mother
- 196 Normal pregnancy and/or delivery

**CCS High Level Diagnosis Group 12: Diseases of the Skin and Subcutaneous Tissue**

- 197 Skin & subcutaneous tissue infections
- 198 Other inflammatory condition of skin
- 199 Chronic ulcer of skin
- 200 Other skin disorders

**CCS High Level Diagnosis Group 13: Musculoskeletal System and Connective Tissue**

- 201 Infective arthritis & osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)
- 202 Rheumatoid arthritis & related disease
- 203 Osteoarthritis
- 204 Other non-traumatic joint disorders
- 205 Spondylosis, intervertebral disc disorders, other back problems
- 206 Osteoporosis
- 207 Pathological fracture
- 208 Acquired foot deformities
- 209 Other acquired deformities
- 210 Systemic lupus erythematosus & connective tissue disorders
- 211 Other connective tissue disease
- 212 Other bone disease & musculoskeletal deformities



**CCS High Level Diagnosis Group 14: Congenital Anomalies**

- 213 Cardiac & circulatory congenital anomalies
- 214 Digestive congenital anomalies
- 215 Genitourinary congenital anomalies
- 216 Nervous system congenital anomalies
- 217 Other congenital anomalies

**CCS High Level Diagnosis Group 15: Conditions Originating in the Perinatal Period**

- 218 Liveborn
- 219 Short gestation, low birth weight & fetal growth retardation
- 220 Intrauterine hypoxia & birth asphyxia
- 221 Respiratory distress syndrome
- 222 Hemolytic jaundice & perinatal jaundice
- 223 Birth trauma
- 224 Other perinatal conditions

**CCS High Level Diagnosis Group 16: Injury and Poisoning**

- 225 Joint disorders & dislocations, trauma-related
- 226 Fracture of neck of femur (hip)
- 227 Spinal cord injury
- 228 Skull & face fractures
- 229 Fracture of upper limb
- 230 Fracture of lower limb
- 231 Other fractures
- 232 Sprains & strains
- 233 Intracranial injury
- 234 Crushing injury or internal injury
- 235 Open wounds of head, neck & trunk
- 236 Open wounds of extremities
- 237 Complication of device, implant or graft
- 238 Complications of surgical procedures or medical care
- 239 Superficial injury, contusion
- 240 Burns
- 241 Poisoning by psychotropic agents
- 242 Poisoning by other medications & drugs
- 243 Poisoning by nonmedicinal substances
- 244 Other injuries & conditions due to external causes

**CCS High Level Diagnosis Group 17: Symptoms, Signs and Ill-Defined Conditions**

- 245 Syncope
- 246 Fever of unknown origin
- 247 Lymphadenitis
- 248 Gangrene
- 249 Shock
- 250 Nausea & vomiting
- 251 Abdominal pain
- 252 Malaise & fatigue
- 253 Allergic reactions
- 254 Rehabilitation care, fitting of prostheses & adjustment of devices
- 255 Administrative/social admission
- 256 Medical examination/evaluation
- 257 Other aftercare
- 258 Other screening for suspected conditions (not mental disorders or infectious disease)

**CCS High Level Diagnosis Group 18: Residual Codes, Unclassified, All E codes (External Cause Codes)**

- 259 Residual codes; unclassified
- 2601 E codes: Cut/pierce
- 2602 E codes: Drowning/submersion
- 2603 E codes: Fall
- 2604 E codes: Fire/burn
- 2605 E codes: Firearm
- 2606 E codes: Machinery
- 2607 E codes: Motor vehicle traffic (MVT)
- 2608 E codes: Pedal cyclist; not MVT
- 2609 E codes: Pedestrian; not MVT
- 2610 E codes: Transport; not MVT
- 2611 E codes: Natural/environment
- 2612 E codes: Overexertion
- 2613 E codes: Poisoning
- 2614 E codes: Struck by; against
- 2615 E codes: Suffocation
- 2616 E codes: Adverse effects of medical care
- 2617 E codes: Adverse effects of medical drugs
- 2618 E codes: Other specified and classifiable
- 2619 E codes: Other specified; not elsewhere classified (NEC)
- 2620 E codes: Unspecified
- 2621 E codes: Place of occurrence

## APPENDIX D

## Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

**CCS High Level Procedure Group 1: Operations on the Nervous System**

- 1 Incision and excision of CNS
- 2 Insertion, replacement, or removal of extracranial ventricular shunt
- 3 Laminectomy, excision intervertebral disc
- 4 Diagnostic spinal tap
- 5 Insertion of catheter or spinal stimulator and injection into spinal canal
- 6 Decompression peripheral nerve
- 7 Other diagnostic nervous system procedures
- 8 Other non-OR or closed therapeutic nervous system procedures
- 9 Other OR therapeutic nervous system procedures

**CCS High Level Procedure Group 2: Operations on the Endocrine System**

- 10 Thyroidectomy, partial or complete
- 11 Diagnostic endocrine procedures
- 12 Other therapeutic endocrine procedures

**CCS High Level Procedure Group 3: Operations on the Eye**

- 13 Corneal transplant
- 14 Glaucoma procedures
- 15 Lens and cataract procedures
- 16 Repair of retinal tear, detachment
- 17 Destruction of lesion of retina and choroid
- 18 Diagnostic procedures on eye
- 19 Other therapeutic procedures on eyelids, conjunctiva, cornea
- 20 Other intraocular therapeutic procedures
- 21 Other extraocular muscle and orbit therapeutic procedures

**CCS High Level Procedure Group 4: Operations on the Ear**

- 22 Tympanoplasty
- 23 Myringotomy
- 24 Mastoidectomy
- 25 Diagnostic procedures on ear
- 26 Other therapeutic ear procedures

**CCS High Level Procedure Group 5: Operations on the Nose, Mouth and Pharynx**

- 27 Control of epistaxis
- 28 Plastic procedures on nose

- 29 Dental procedures
- 30 Tonsillectomy and/or adenoidectomy
- 31 Diagnostic procedures on nose, mouth and pharynx
- 32 Other non-OR therapeutic procedures on nose, mouth and pharynx
- 33 Other OR therapeutic procedures on nose, mouth and pharynx

**CCS High Level Procedure Group 6: Operations on the Respiratory System**

- 34 Tracheostomy, temporary and permanent
- 35 Tracheoscopy and laryngoscopy with biopsy
- 36 Lobectomy or pneumonectomy
- 37 Diagnostic bronchoscopy and biopsy of bronchus
- 38 Other diagnostic procedures on lung and bronchus
- 39 Incision of pleura, thoracentesis, chest drainage
- 40 Other diagnostic procedures of respiratory tract and mediastinum
- 41 Other non-OR therapeutic procedures on respiratory system
- 42 Other OR therapeutic procedures on respiratory system

**CCS High Level Procedure Group 7: Operations on the Cardiovascular System**

- 43 Heart valve procedures
- 44 Coronary artery bypass graft (CABG)
- 45 Percutaneous transluminal coronary angioplasty (PTCA)
- 46 Coronary thrombolysis
- 47 Diagnostic cardiac catheterization, coronary arteriography
- 48 Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator
- 49 Other OR heart procedures
- 50 Extracorporeal circulation auxiliary to open heart procedures
- 51 Endarterectomy, vessel of head and neck
- 52 Aortic resection, replacement or anastomosis
- 53 Varicose vein stripping, lower limb
- 54 Other vascular catheterization, not heart
- 55 Peripheral vascular bypass
- 56 Other vascular bypass and shunt, not heart
- 57 Creation, revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis
- 58 Hemodialysis
- 59 Other OR procedures on vessels of head and neck

- 60 Embolectomy and endarterectomy of lower limbs
- 61 Other OR procedures on vessels other than head and neck
- 62 Other diagnostic cardiovascular procedures
- 63 Other non-OR therapeutic cardiovascular procedures

**CCS High Level Procedure Group 8: Operations on the Hemic and Lymphatic System**

- 64 Bone marrow transplant
- 65 Bone marrow biopsy
- 66 Procedures on spleen
- 67 Other therapeutic procedures, hemic and lymphatic system

**CCS High Level Procedure Group 9: Operations on the Digestive System**

- 68 Injection or ligation of esophageal varices
- 69 Esophageal dilatation
- 70 Upper gastrointestinal endoscopy, biopsy
- 71 Gastrostomy, temporary and permanent
- 72 Colostomy, temporary and permanent
- 73 Ileostomy and other enterostomy
- 74 Gastrectomy, partial and total
- 75 Small bowel resection
- 76 Colonoscopy and biopsy
- 77 Proctoscopy and anorectal biopsy
- 78 Colorectal resection
- 79 Local excision of large intestine lesion (not endoscopic)
- 80 Appendectomy
- 81 Hemorrhoid procedures
- 82 Endoscopic retrograde cannulation of pancreas (ERCP)
- 83 Biopsy of liver
- 84 Cholecystectomy and common duct exploration
- 85 Inguinal and femoral hernia repair
- 86 Other hernia repair
- 87 Laparoscopy
- 88 Abdominal paracentesis
- 89 Exploratory laparotomy
- 90 Excision, lysis peritoneal adhesions
- 91 Peritoneal dialysis
- 92 Other bowel diagnostic procedures
- 93 Other non-OR upper GI therapeutic procedures
- 94 Other OR upper GI therapeutic procedures
- 95 Other non-OR lower GI therapeutic procedures
- 96 Other OR lower GI therapeutic procedures
- 97 Other gastrointestinal diagnostic procedures

- 98 Other non-OR gastrointestinal therapeutic procedures
- 99 Other OR gastrointestinal therapeutic procedures

**CCS High Level Procedure Group 10: Operations on the Urinary System**

- 100 Endoscopy and endoscopic biopsy of the urinary tract
- 101 Transurethral excision, drainage, or removal urinary obstruction
- 102 Ureteral catheterization
- 103 Nephrotomy and nephrostomy
- 104 Nephrectomy, partial or complete
- 105 Kidney transplant
- 106 Genitourinary incontinence procedures
- 107 Extracorporeal lithotripsy, urinary
- 108 Indwelling catheter
- 109 Procedures on the urethra
- 110 Other diagnostic procedures of urinary tract
- 111 Other non-OR therapeutic procedures of urinary tract
- 112 Other OR therapeutic procedures of urinary tract

**CCS High Level Procedure Group 11: Operations on the Male Genital Organs**

- 113 Transurethral resection of prostate (TURP)
- 114 Open prostatectomy
- 115 Circumcision
- 116 Diagnostic procedures, male genital
- 117 Other non-OR therapeutic procedures, male genital
- 118 Other OR therapeutic procedures, male genital

**CCS High Level Procedure Group 12: Operations on the Female Genital Organs**

- 119 Oophorectomy, unilateral and bilateral
- 120 Other operations on ovary
- 121 Ligation of fallopian tubes
- 123 Other operations on fallopian tubes
- 124 Hysterectomy, abdominal and vaginal
- 125 Other excision of cervix and uterus
- 126 Abortion (termination of pregnancy)
- 127 Dilatation and curettage (D&C), aspiration after delivery or abortion
- 128 Diagnostic dilatation and curettage (D&C)
- 129 Repair of cystocele and rectocele, obliteration of vaginal vault
- 130 Other diagnostic procedures, female organs
- 131 Other non-OR therapeutic procedures, female organs
- 132 Other OR therapeutic procedures, female organs

**CCS High Level Procedure Group 13: Obstetrical Procedures**

- 122 Removal of ectopic pregnancy
- 133 Episiotomy
- 134 Cesarean section
- 135 Forceps, vacuum, and breech delivery
- 136 Artificial rupture of membranes to assist delivery
- 137 Other procedures to assist delivery
- 138 Diagnostic amniocentesis
- 139 Fetal monitoring
- 140 Repair of current obstetric laceration
- 141 Other therapeutic obstetrical procedures

**CCS High Level Procedure Group 14: Operations on the Musculoskeletal System**

- 142 Partial excision bone
- 143 Bunionectomy or repair of toe deformities
- 144 Treatment, facial fracture or dislocation
- 145 Treatment, fracture or dislocation of radius and ulna
- 146 Treatment, fracture or dislocation of hip and femur
- 147 Treatment, fracture or dislocation of lower extremity (other than hip or femur)
- 148 Other fracture and dislocation procedure
- 149 Arthroscopy
- 150 Division of joint capsule, ligament or cartilage
- 151 Excision of semilunar cartilage of knee
- 152 Arthroplasty knee
- 153 Hip replacement, total and partial
- 154 Arthroplasty other than hip or knee
- 155 Arthrocentesis
- 156 Injections and aspirations of muscles, tendons, bursa, joints and soft tissue
- 157 Amputation of lower extremity
- 158 Spinal fusion
- 159 Other diagnostic procedures on musculoskeletal system
- 160 Other therapeutic procedures on muscles and tendons
- 161 Other OR therapeutic procedures on bone
- 162 Other OR therapeutic procedures on joints
- 163 Other non-OR therapeutic procedures on musculoskeletal system
- 164 Other OR therapeutic procedures on musculoskeletal system

**CCS High Level Procedure Group 15: Operations on the Integumentary System**

- 165 Breast biopsy and other diagnostic procedures on breast
- 166 Lumpectomy, quadrantectomy of breast
- 167 Mastectomy

- 168 Incision and drainage, skin and subcutaneous tissue
- 169 Debridement of wound, infection or burn
- 170 Excision of skin lesion
- 171 Suture of skin and subcutaneous tissue
- 172 Skin graft
- 173 Other diagnostic procedures on skin and subcutaneous tissue
- 174 Other non-OR therapeutic procedures on skin and breast
- 175 Other OR therapeutic procedures on skin and breast

**CCS High Level Procedure Group 16: Miscellaneous Diagnostic and Therapeutic Procedures**

- 176 Other organ transplantation
- 177 Computerized axial tomography (CT) scan head
- 178 CT scan chest
- 179 CT scan abdomen
- 180 Other CT scan
- 181 Myelogram
- 182 Mammography
- 183 Routine chest X-ray
- 184 Intraoperative cholangiogram
- 185 Upper gastrointestinal X-ray
- 186 Lower gastrointestinal X-ray
- 187 Intravenous pyelogram
- 188 Cerebral arteriogram
- 189 Contrast aortogram
- 190 Contrast arteriogram of femoral and lower extremity arteries
- 191 Arterio- or venogram (not heart and head)
- 192 Diagnostic ultrasound of head and neck
- 193 Diagnostic ultrasound of heart (echocardiogram)
- 194 Diagnostic ultrasound of gastrointestinal tract
- 195 Diagnostic ultrasound of urinary tract
- 196 Diagnostic ultrasound of abdomen or retroperitoneum
- 197 Other diagnostic ultrasound
- 198 Magnetic resonance imaging
- 199 Electroencephalogram (EEG)
- 200 Nonoperative urinary system measurements
- 201 Cardiac stress tests
- 202 Electrocardiogram
- 203 Electrographic cardiac monitoring
- 204 Swan-Ganz catheterization for monitoring
- 205 Arterial blood gases
- 206 Microscopic examination (bacterial smear, culture, toxicology)
- 207 Radioisotope bone scan

208 Radioisotope pulmonary scan  
209 Radioisotope scan and function studies  
210 Other radioisotope scan  
211 Therapeutic radiology  
212 Diagnostic physical therapy  
213 Physical therapy exercises, manipulation, and other procedures  
214 Traction, splints, and other wound care  
215 Other physical therapy and rehabilitation  
216 Respiratory intubation and mechanical ventilation  
217 Other respiratory therapy  
218 Psychological and psychiatric evaluation and therapy  
219 Alcohol and drug rehabilitation/detoxification  
220 Ophthalmologic and otologic diagnosis and treatment  
221 Nasogastric tube  
222 Blood transfusion  
223 Enteral and parenteral nutrition  
224 Cancer chemotherapy  
225 Conversion of cardiac rhythm  
226 Other diagnostic radiology and related techniques  
227 Other diagnostic procedures (interview, evaluation, consultation)

228 Prophylactic vaccinations and inoculations  
229 Nonoperative removal of foreign body  
230 Extracorporeal shock wave lithotripsy, other than urinary  
231 Other therapeutic procedures

**CCS High Level Procedure Group 17: New Categories specific to CPT/HCPCS**

232 Anesthesia  
233 Laboratory - Chemistry and Hematology  
234 Pathology  
235 Other Laboratory  
236 Home Health Services  
237 Ancillary Services  
238 Infertility Services  
239 Transportation - patient, provider, equipment  
240 Medications (Injections, infusions and other forms)  
241 Visual aids and other optical supplies  
242 Hearing devices and audiology supplies  
243 DME and supplies  
244 Gastric bypass and volume reduction

## APPENDIX E

### Change in Vermont Hospitals' Reporting of Outpatient Procedures in 2014

As of July 1, 2014, significant changes were made in the requirements for Vermont hospitals' reporting of all outpatient procedures and services. Prior to that date, outpatient procedures were reported using the ICD-9-CM coding system: these codes were included as appropriate on each individual discharge record with a primary procedure code determined by the reporting hospital. As of July 1, 2014, Vermont hospitals are required to report outpatient procedures using the HCPCS/CPT coding system: these codes are included on each of one-to-many revenue records per visit, and there is no determination by the reporting hospital of which CPT code is considered to be primary. Therefore, a primary CPT has been calculated for each outpatient visit using an algorithm that includes Relative Value Units (RVU), hospital facility charges, and whether the CPT code is for an ambulatory surgical procedure.

**Relative Value Units.** Relative value units (RVUs) are a measure of value used in the United States Medicare reimbursement formula for physician services. Medicare pays physicians for services based on submission of a claim using one or more specific CPT codes. For each service, a payment formula contains three RVUs, one for physician work (including factors such as the physician's time, mental effort or intensity, technical skill, and judgment), one for practice expense (including factors such as the direct expenses of supplies and non-physician labor), and one for malpractice expense. The three RVUs for a given service are each multiplied by a unique geographic practice cost index, referred to as the GPCI adjustment, to account for differences in wages and overhead costs across regions of the country. The sum of the three geographically weighted RVU values is then multiplied by the Medicare conversion factor to determine the amount of payment.

Based on the above, the RVUs can be used as an estimate of the value of physician services. A CPT code with a higher RVU indicates a procedure that takes more time, intensity, skill, and/or resources than a CPT with a lower RVU.

**Calculation of Primary CPT.** For each outpatient visit, the CPT code with the highest RVU is considered to be the primary CPT code. For discharges where there is more than one CPT code with the same RVU, the one with the higher charges is selected as Primary. For discharges with more than one CPT code with the same RVU and the same charges, the next comparison is whether one CPT code is considered to be ambulatory surgery (CPT range 10021-69990) and one is not: in this instance, the CPT code for ambulatory surgery is selected as primary. If the CPT codes are both for ambulatory surgery (or both not), selection as primary CPT is based on service date or on record number.

**CCS Grouping of Procedures into Categories.** Clinical Classification Software (CCS) groups both ICD-9-CM procedure codes and HCPCS/CPT codes into the same single- and high-level categories based on body systems. The single-level procedure CCS aggregates procedures into 244 mutually exclusive categories, most representing single types of procedures. High-level CCS groups further collapse single-level groups into broad categories based on body systems or condition. CCS groupings for outpatient procedures in the first half of 2014 were based on the presence of an ICD-9-CM procedure code in range 00.00-86.99, and if none, then on the presence of a primary CPT code in CCS high-level groups 1 through 15. For the second half of 2014, this order was reversed: CCS groupings for outpatient procedures were first based on the presence of a primary CPT code in range, and if none, then on the presence of an ICD-9-CM procedure code in range.

## 2014 Outpatient Procedures & Services in Vermont Hospitals: CCS Procedure Categories Compared to 2012 and 2013

2012 and 2013 categories: all based on first ICD-9-CM procedure in range 00.00-86.99

2014 categories: Q1 and Q2 based on first ICD-9-CM procedure in range 00-86.00; if none, based on primary CPT in CCS high-level groups 1 - 15

2014 categories: Q3 and Q4 based on primary CPT in CCS high-level groups 1 - 15; if none, based on first ICD9 procedure in range 00-86.99

CCS high-level group	2012				2013				2014			
	ICD9 Procedure in range				ICD9 Procedure in range				First: ICD9 in range		First: Primary CPT in range	
CCS single-level group	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>1 Operations on the nervous system</b>												
1 Incision & excision of CNS	-	-	-	-	-	-	1	-	-	-	-	1
2 Insertion, replacem, rem of extracranial ventricular shunt	2	-	2	1	1	-	-	2	3	4	4	6
3 Laminectomy, excision intervertebral disc	108	101	140	104	103	116	109	124	90	103	110	98
4 Diagnostic spinal tap	41	38	29	30	65	54	40	41	34	38	25	27
5 Insert cath, spinal stimulator, inject into spinal canal	1,181	1,129	964	979	891	928	767	774	695	845	688	704
6 Decompression peripheral nerve	459	442	397	474	472	439	331	463	418	379	374	446
7 Other diagnostic nervous system procedures	4	5	2	4	5	2	3	5	573	377	464	399
8 Other non-OR or closed therapeutic nerv syst procs	171	191	140	151	134	144	98	97	149	171	488	627
9 Other OR therapeutic nervous system procedures	285	263	272	258	263	303	275	270	280	313	387	408
Total	2,251	2,169	1,946	2,001	1,934	1,986	1,624	1,776	2,242	2,230	2,540	2,716
<b>2 Operations on the endocrine system</b>												
10 Thyroidectomy, partial or complete	53	50	42	50	54	60	42	36	39	46	38	40
11 Diagnostic endocrine procedures	74	91	69	86	82	90	109	84	68	74	49	36
12 Other therapeutic endocrine procedures	12	11	16	22	20	12	15	19	33	31	19	14
Total	139	152	127	158	156	162	166	139	140	151	106	90
<b>3 Operations on the eye</b>												
13 Corneal transplant	3	3	10	4	8	5	3	4	5	2	3	1
14 Glaucoma procedures	32	65	43	54	71	59	46	19	27	22	67	64
15 Lens & cataract procedures	1,271	1,152	1,070	1,114	1,124	1,203	1,215	1,128	981	1,103	1,213	1,125
16 Repair of retinal tear, detachment	92	74	92	73	74	74	66	49	64	83	98	54
17 Destruction of lesion of retina & choroid	50	62	35	39	60	57	27	35	45	26	31	20
18 Diagnostic procedures on eye	3	5	4	9	3	6	5	7	5	6	7	14
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	100	120	60	95	105	102	101	89	64	73	80	78
20 Other intraocular therapeutic procedures	553	519	564	417	369	566	585	512	464	518	510	455
21 Other extraocular muscle & orbit therapeutic procedures	45	37	29	39	41	28	28	28	29	18	32	35
Total	2,149	2,037	1,907	1,844	1,855	2,100	2,076	1,871	1,684	1,851	2,041	1,846
<b>4 Operations on the ear</b>												
22 Tympanoplasty	20	31	18	24	30	39	28	28	23	31	24	20
23 Myringotomy	279	266	210	269	254	271	219	207	228	213	196	180
24 Mastoidectomy	7	6	4	7	8	9	8	2	10	8	5	6
25 Diagnostic procedures on ear	6	4	1	5	2	8	12	12	6	14	1	3
26 Other therapeutic ear procedures	51	87	71	107	96	126	134	119	313	474	453	442
Total	363	394	304	412	390	453	401	368	580	740	679	651

CCS high-level group	2012				2013				2014			
	ICD9 Procedure in range				ICD9 Procedure in range				First: ICD9 in range		First: Primary CPT in range	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>5 Operations on the nose, mouth, and pharynx</b>												
27 Control of epistaxis	22	14	12	37	31	39	21	20	25	44	39	39
28 Plastic procedures on nose	60	77	77	58	72	60	51	54	61	73	52	52
29 Dental procedures	157	178	160	133	164	195	167	184	180	201	99	88
30 Tonsillectomy and/or adenoidectomy	207	230	199	194	178	211	199	171	194	200	152	145
31 Diagnostic procedures on nose, mouth & pharynx	105	119	99	265	264	314	215	272	338	399	453	474
32 Other non-OR therapeutic procedures on nose, mouth & pharynx	78	114	76	112	112	126	115	108	91	102	15	2
33 Other OR therapeutic procedures on nose, mouth & pharynx	113	125	104	136	122	151	132	111	127	142	108	80
Total	742	857	727	935	943	1,096	900	920	1,016	1,161	918	880
<b>6 Operations on the respiratory system</b>												
34 Tracheostomy, temporary & permanent	1	-	-	-	-	-	-	-	-	-	-	-
35 Tracheoscopy & laryngoscopy with biopsy	156	149	146	471	408	486	420	414	427	400	449	497
36 Lobectomy or pneumonectomy	2	4	1	3	5	3	1	1	-	-	-	-
37 Diagnostic bronchoscopy & biopsy of bronchus	127	142	130	139	128	125	111	143	122	144	84	66
38 Other diagnostic procedures on lung & bronchus	-	-	1	-	1	-	1	-	1,619	1,938	1,967	2,276
39 Incision of pleura, thoracentesis, chest drainage	33	53	56	49	52	58	53	53	59	65	48	57
40 Other diagnostic proc of respiratory tract & mediastinum	4	4	7	3	5	5	8	13	15	12	1	3
41 Other non-OR therapeutic procedures on respiratory system	4	7	5	3	6	5	5	8	9	15	5	2
42 Other OR therapeutic procedures on respiratory system	28	34	28	36	22	26	34	19	19	30	35	45
Total	355	393	374	704	627	708	633	651	2,270	2,604	2,589	2,946
<b>7 Operations on the cardiovascular system</b>												
43 Heart valve procedures	-	-	-	-	-	2	-	-	-	-	1	1
45 Percutaneous transluminal coronary angioplasty (PTCA)	91	96	75	74	70	91	35	6	14	18	4	7
47 Diagnostic cardiac catheterization, coronary arteriography	217	219	192	167	190	180	171	81	260	294	295	295
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib	76	78	105	73	73	123	114	110	100	117	102	114
49 Other OR heart procedures	5	1	5	19	9	29	13	47	57	53	3	3
51 Endarterectomy, vessel of head & neck	-	-	-	-	-	-	-	-	-	-	1	-
52 Aortic resection, replacement or anastomosis	-	-	-	-	-	-	-	1	-	-	-	-
53 Varicose vein stripping, lower limb	18	36	26	30	28	23	17	24	28	19	46	72
54 Other vascular catheterization, not heart	196	235	197	195	184	147	164	185	195	214	283	283
55 Peripheral vascular bypass	-	-	-	-	-	3	-	-	-	-	-	-
56 Other vascular bypass & shunt, not heart	-	-	-	-	1	1	-	-	1	-	1	3
57 Creat, revis, rem of arteriovenous fistula or cannula for dialysis	23	33	40	30	34	32	25	21	33	31	35	29
58 Hemodialysis	1	-	-	1	-	-	-	3	4	1	-	-
59 Other OR procedures on vessels of head & neck	1	3	5	3	1	4	5	5	9	5	24	16
60 Embolectomy & endarterectomy of lower limbs	-	1	-	-	-	-	-	-	-	-	-	1
61 Other OR procedures on vessels other than head & neck	185	160	187	189	164	153	199	186	190	214	118	102
62 Other diagnostic cardiovascular procedures	63	65	61	39	53	45	71	37	207	230	246	165
63 Other non-OR therapeutic cardiovascular procedures	16	18	15	15	26	14	19	22	570	672	765	722
Total	892	945	908	835	833	847	833	728	1,668	1,868	1,924	1,813



CCS high-level group	2012				2013				2014			
	ICD9 Procedure in range				ICD9 Procedure in range				First: ICD9 in range		First: Primary CPT in range	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>8 Operations on the hemic and lymphatic system</b>												
64 Bone marrow transplant	3	5	1	-	1	3	1	2	7	4	6	6
65 Bone marrow biopsy	57	47	45	54	62	59	70	59	52	49	49	32
66 Procedures on spleen	-	1	-	-	-	-	1	1	1	1	2	1
67 Other therap procedures, hemic & lymphatic system	69	90	80	66	83	72	78	68	72	86	88	50
Total	129	143	126	120	146	134	150	130	132	140	145	89
<b>9 Operations on the digestive system</b>												
68 Injection or ligation of esophageal varices	-	-	-	-	-	-	-	-	1	-	13	12
69 Esophageal dilatation	100	116	102	113	106	112	111	101	85	111	119	151
70 Upper gastrointestinal endoscopy, biopsy	1,492	1,416	1,393	1,288	1,328	1,365	1,338	1,212	1,262	1,320	1,278	1,268
71 Gastrostomy, temporary & permanent	14	19	13	19	10	17	14	17	35	29	51	38
73 Ileostomy & other enterostomy	1	1	1	-	1	3	4	1	4	8	2	5
75 Small bowel resection	-	-	-	-	-	-	-	-	1	-	-	2
76 Colonoscopy & biopsy	3,146	3,134	2,893	3,117	3,061	3,182	3,186	3,269	3,029	3,202	5,694	6,011
77 Proctoscopy & anorectal biopsy	128	160	128	107	98	101	100	88	115	150	154	129
78 Colorectal resection	-	-	3	1	-	1	1	1	-	-	5	3
79 Local excision of large intestine lesion (not endoscopic)	-	-	-	-	1	-	1	-	-	1	-	-
80 Appendectomy	10	13	13	17	14	13	15	15	11	16	9	8
81 Hemorrhoid procedures	73	55	46	64	52	47	45	43	51	49	46	58
82 Endoscopic retrograde cannulation of pancreas (ERCP)	10	8	3	12	5	9	6	13	2	10	37	46
83 Biopsy of liver	84	63	60	71	53	65	67	57	49	45	2	1
84 Cholecystectomy & common duct exploration	306	337	327	332	314	295	298	286	261	287	266	276
85 Inguinal & femoral hernia repair	341	306	258	311	334	328	307	325	322	305	249	298
86 Other hernia repair	199	203	180	205	203	217	216	239	214	206	224	242
87 Laparoscopy	22	18	9	25	22	22	19	25	22	13	17	26
88 Abdominal paracentesis	51	38	61	72	69	52	70	63	79	74	61	67
89 Exploratory laparotomy	-	1	-	-	-	1	1	-	-	-	-	-
90 Excision, lysis peritoneal adhesions	8	9	4	6	10	11	8	7	12	10	-	-
91 Peritoneal dialysis	-	-	-	-	-	-	-	-	696	743	678	689
92 Other bowel diagnostic procedures	9	5	7	10	11	5	6	9	6	6	-	-
93 Other non-OR upper GI therapeutic procedures	54	78	62	81	76	72	92	102	128	128	11	10
94 Other OR upper GI therapeutic procedures	31	19	23	18	18	11	14	14	18	12	6	10
95 Other non-OR lower GI therapeutic procedures	2,479	2,572	2,373	2,547	2,438	2,715	2,478	2,677	2,728	2,687	65	59
96 Other OR lower GI therapeutic procedures	73	78	65	47	75	55	55	71	73	64	61	50
97 Other gastrointestinal diagnostic procedures	24	17	32	27	27	15	27	24	41	79	67	71
98 Other non-OR gastrointestinal therapeutic procedures	36	43	56	44	55	35	28	44	38	41	4	5
99 Other OR gastrointestinal therapeutic procedures	19	29	25	17	17	30	31	20	31	35	33	18
Total	8,710	8,738	8,137	8,551	8,398	8,779	8,538	8,723	9,314	9,631	9,152	9,553

CCS high-level group	2012				2013				2014			
	ICD9 Procedure in range				ICD9 Procedure in range				First: ICD9 in range		First: Primary CPT in range	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>10 Operations on the urinary system</b>												
100 Endoscopy & endoscopic biopsy of the urinary tract	432	453	419	483	483	515	529	560	618	688	435	359
101 Transurethral excision, drainage, rem urinary obstruction	210	210	218	195	218	204	229	200	187	230	181	178
102 Ureteral catheterization	73	71	55	56	56	77	67	70	81	80	81	58
103 Nephrotomy & nephrostomy	9	8	14	7	8	5	5	5	10	7	-	2
104 Nephrectomy, partial or complete	-	-	-	-	1	-	-	-	1	1	1	-
106 Genitourinary incontinence procedures	87	63	52	36	55	45	33	52	30	42	38	40
107 Extracorporeal lithotripsy, urinary	2	3	3	-	2	1	1	3	78	102	202	205
108 Indwelling catheter	59	61	47	44	37	26	42	40	74	82	99	97
109 Procedures on the urethra	44	55	35	49	38	42	37	46	41	44	40	35
110 Other diagnostic procedures of urinary tract	26	34	26	38	35	35	39	33	26	31	6	13
111 Other non-OR therapeutic procedures of urinary tract	48	59	42	37	45	50	34	48	109	136	203	157
112 Other OR therapeutic procedures of urinary tract	12	12	12	13	15	15	31	14	33	28	49	64
Total	1,002	1,029	923	958	993	1,015	1,047	1,071	1,288	1,471	1,335	1,208
<b>11 Operations on the male genital organs</b>												
113 Transurethral resection of prostate (TURP)	65	52	35	52	33	39	25	43	43	46	25	41
114 Open prostatectomy	-	-	1	-	1	2	1	2	2	4	4	1
115 Circumcision	65	70	60	61	52	57	68	51	58	59	76	57
116 Diagnostic procedures, male genital	56	60	68	83	66	64	66	66	87	87	56	44
117 Other non-OR therapeutic procedures, male genital	26	28	22	45	26	46	18	34	41	45	36	34
118 Other OR therapeutic procedures, male genital	85	84	80	79	83	88	75	91	85	79	111	130
Total	297	294	266	320	261	296	253	287	316	320	308	307
<b>12 Operations on the female genital organs</b>												
119 Oophorectomy, unilateral & bilateral	44	57	55	61	42	49	50	53	47	51	47	61
120 Other operations on ovary	60	57	57	58	53	43	30	57	46	45	7	1
121 Ligation of fallopian tubes	59	78	72	84	81	80	76	87	77	69	66	68
123 Other operations on fallopian tubes	7	7	7	15	11	11	8	9	8	12	8	7
124 Hysterectomy, abdominal & vaginal	143	141	146	143	130	144	128	151	132	149	131	157
125 Other excision of cervix & uterus	166	176	140	134	128	154	182	166	133	165	109	109
126 Abortion (termination of pregnancy)	6	6	10	3	9	8	5	10	3	12	10	10
127 D&C, aspiration after delivery or abortion	70	56	54	50	61	51	59	70	61	57	58	74
128 Diagnostic dilatation & curettage (D&C)	168	183	140	128	137	145	122	136	150	156	21	11
129 Repair cystocele & rectocele, oblit of vaginal vault	16	33	26	26	24	23	6	20	16	14	32	25
130 Other diagnostic procedures, female organs	75	78	50	65	94	104	73	71	638	730	888	873
131 Other non-OR therapeutic procedures, female organs	13	20	16	16	20	36	44	24	119	154	140	139
132 Other OR therapeutic procedures, female organs	89	91	78	78	69	81	62	81	66	82	92	79
Total	916	983	851	861	859	929	845	935	1,496	1,696	1,609	1,614

CCS high-level group	2012				2013				2014			
	ICD9 Procedure in range				ICD9 Procedure in range				First: ICD9 in range		First: Primary CPT in range	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>13 Obstetrical procedures</b>												
122 Removal of ectopic pregnancy	1	-	2	1	3	1	2	1	2	-	2	2
134 Cesarean section	-	1	-	-	-	-	-	-	1	-	-	-
135 Forceps, vacuum & breech delivery	-	-	-	-	-	-	-	-	1	2	-	-
137 Other procedures to assist delivery	11	13	9	6	5	7	6	8	17	9	13	11
138 Diagnostic amniocentesis	-	-	5	1	2	-	-	-	-	-	-	-
139 Fetal monitoring	1,141	1,150	1,210	1,051	791	841	813	603	1,386	1,412	1,465	1,246
140 Repair of current obstetric laceration	-	-	-	1	-	1	-	1	1	1	1	1
141 Other therapeutic obstetrical procedures	2	7	4	5	10	1	-	3	2	5	4	5
Total	1,155	1,171	1,230	1,065	811	851	821	616	1,410	1,429	1,485	1,265
<b>14 Operations on the musculoskeletal system</b>												
142 Partial excision bone	102	105	81	116	96	88	93	69	104	88	106	125
143 Bunionectomy or repair of toe deformities	150	165	126	190	182	171	138	215	155	118	124	145
144 Treatment, facial fracture or dislocation	17	17	12	19	18	14	13	19	9	14	17	18
145 Treatment, fracture or disloc of radius & ulna	151	81	111	86	108	89	126	122	146	91	109	106
146 Treatment, fracture or disloc of hip & femur	12	14	13	20	18	15	17	13	9	15	5	4
147 Treatment, fracture or disloc of lower extremity	169	149	138	162	190	148	151	160	224	194	107	107
148 Other fracture & dislocation procedure	160	134	154	164	145	147	155	156	159	139	123	121
149 Arthroscopy	150	191	128	155	183	154	85	126	112	113	60	100
150 Division of joint capsule, ligament or cartilage	22	25	20	26	14	15	21	22	23	18	26	22
151 Excision of semilunar cartilage of knee	349	384	362	410	346	338	321	359	311	294	323	379
152 Arthroplasty knee	77	66	77	69	90	59	38	73	50	48	12	10
153 Hip replacement, total & partial	-	-	-	-	2	-	-	-	-	-	10	13
154 Arthroplasty other than hip or knee	163	171	126	143	144	132	103	120	132	103	51	74
155 Arthrocentesis	60	56	32	35	42	45	76	40	328	650	838	752
156 Injections & aspirations of muscles, tendons, etc.	108	125	102	110	111	91	125	163	272	332	301	348
157 Amputation of lower extremity	22	23	26	19	27	36	41	36	33	37	34	37
158 Spinal fusion	30	40	30	32	36	32	24	41	28	23	13	9
159 Other diagnostic procedures on musculoskeletal system	32	21	24	33	29	37	35	25	51	54	23	29
160 Other therapeutic procedures on muscles & tendons	718	783	604	689	627	736	640	690	656	695	596	620
161 Other OR therapeutic procedures on bone	75	67	59	66	73	57	68	58	84	66	168	169
162 Other OR therapeutic procedures on joints	273	261	214	277	272	256	232	281	247	243	233	295
163 Other non-OR therapeutic procedures on musc system	986	1,066	855	1,430	1,395	1,635	1,478	1,679	1,482	1,704	738	738
164 Other OR therapeutic procedures on musc system	17	19	17	16	27	25	34	19	21	22	22	9
Total	3,843	3,963	3,311	4,267	4,175	4,320	4,014	4,486	4,636	5,061	4,039	4,230

CCS high-level group	2012				2013				2014			
	ICD9 Procedure in range				ICD9 Procedure in range				First: ICD9 in range		First: Primary CPT in range	
CCS single-level group	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>15 Operations on the integumentary system</b>												
165 Breast biopsy & other diagnostic procedures on breast	346	381	342	356	323	356	317	273	361	320	286	276
166 Lumpectomy, quadrantectomy of breast	203	198	201	179	161	205	186	176	171	185	117	153
167 Mastectomy	12	20	27	22	25	20	17	24	29	23	16	13
168 Incision & drainage, skin & subcutaneous tissue	42	37	42	48	37	40	62	37	45	63	85	75
169 Debridement of wound, infection or burn	26	30	36	43	29	131	256	249	301	329	391	456
170 Excision of skin lesion	762	904	906	931	780	884	985	989	864	1,071	1,242	1,189
171 Suture of skin & subcutaneous tissue	50	58	66	57	66	86	95	87	69	92	231	227
172 Skin graft	18	16	12	21	12	17	15	25	14	14	131	118
173 Other diagnostic proc on skin & subcutaneous tissue	282	372	341	385	286	400	346	403	292	441	34	17
174 Other non-OR therapeutic procedures on skin & breast	530	492	500	499	417	471	569	548	1,049	1,158	847	843
175 Other OR therapeutic procedures on skin & breast	149	175	168	170	173	242	186	197	210	209	103	128
Total	2,420	2,683	2,641	2,711	2,309	2,852	3,034	3,008	3,405	3,905	3,483	3,495
<b>TOTALS FOR CCS PROCEDURE GROUPS 1 - 15</b>	<b>25,363</b>	<b>25,951</b>	<b>23,778</b>	<b>25,742</b>	<b>24,690</b>	<b>26,528</b>	<b>25,335</b>	<b>25,709</b>	<b>31,597</b>	<b>34,258</b>	<b>32,353</b>	<b>32,703</b>

## APPENDIX G

### Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0250	Pharmacy	5600	Drugs Charged to Patients
0251	Pharmacy: Generic	5600	Drugs Charged to Patients
0252	Pharmacy: Nongeneric	5600	Drugs Charged to Patients
0254	Pharmacy: Incident to other diagnostic services	5600	Drugs Charged to Patients
0255	Pharmacy: Incident to radiology	5600	Drugs Charged to Patients
0256	Pharmacy: Experimental drugs	5600	Drugs Charged to Patients
0257	Pharmacy: Non-prescription	5600	Drugs Charged to Patients
0258	Pharmacy: IV solutions	5600	Drugs Charged to Patients
0259	Pharmacy: Other	5600	Drugs Charged to Patients
0260	IV Therapy	4800	Intravenous Therapy
0261	IV Therapy: Infusion pump	4800	Intravenous Therapy
0262	IV Therapy: IV Therapy, pharm services	4800	Intravenous Therapy
0263	IV Therapy: IV Therapy/drug/supp/delivery	4800	Intravenous Therapy
0264	IV Therapy: supplies	4800	Intravenous Therapy
0269	IV Therapy: Other IV therapy	4800	Intravenous Therapy
0270	Medical/Surgical Supplies	5500	Med Supplies Charged to Patient
0271	Medical/Surgical Supplies: Nonsterile supplies	5500	Med Supplies Charged to Patient
0272	Medical/Surgical Supplies: Sterile supplies	5500	Med Supplies Charged to Patient
0273	Medical/Surgical Supplies: Take home supplies	5500	Med Supplies Charged to Patient
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	3540	Prosthetic Devices
0275	Medical/Surgical Supplies: Pacemaker	3540	Prosthetic Devices
0276	Medical/Surgical Supplies: Intraocular lens	3540	Prosthetic Devices
0278	Medical/Surgical Supplies: Other implants	5500	Med Supplies Charged to Patient
0279	Medical/Surgical Supplies: Other supplies/devices	5500	Med Supplies Charged to Patient
0280	Oncology	3480	Oncology
0289	Oncology: Other oncology	3480	Oncology
0299	Durable Medical Equipment: Other equipment	6700	Durable Medical Equip. - Sold
0300	Laboratory - Clinical Diagnostic	3390	Laboratory - Clinical
0301	Laboratory - Clinical Diagnostic: Chemistry	3180	Chemistry
0302	Laboratory - Clinical Diagnostic: Immunology	3380	Immunology
0303	Laboratory - Clinical Diagnostic: Renal patient (home)	3390	Laboratory - Clinical
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	3390	Laboratory - Clinical
0305	Laboratory - Clinical Diagnostic: Hematology	3350	Hematology
0306	Laboratory - Clinical Diagnostic: Bacteriology/microbiology	3050	Bacteriology and Microbiology

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0307	Laboratory - Clinical Diagnostic: Urology	3390	Laboratory - Clinical
0309	Laboratory - Clinical Diagnostic: Other laboratory	3390	Laboratory - Clinical
0310	Laboratory - Pathology	3420	Laboratory - Pathological
0311	Laboratory - Pathology: Cytology	3240	Laboratory - Pathological
0312	Laboratory - Pathology: Histology	3360	Histology
0314	Laboratory - Pathology: Biopsy	3060	Biopsy
0319	Laboratory - Pathology: Other	3420	Laboratory - Pathological
0320	Radiology - Diagnostic	4100	Radiology-Diagnostic
0321	Radiology - Diagnostic: Angiocardiology	3030	Angiocardiology
0322	Radiology - Diagnostic: Arthrography	4100	Radiology-Diagnostic
0323	Radiology - Diagnostic: Arteriography	3650	Vascular Lab
0324	Radiology - Diagnostic: Chest X-ray	4100	Radiology-Diagnostic
0329	Radiology - Diagnostic: Other	4100	Radiology-Diagnostic
0330	Radiology - Therapeutic	4200	Radiology-Therapeutic
0331	Radiology - Therapeutic: Chemotherapy - injected	3190	Chemotherapy
0332	Radiology - Therapeutic: Chemotherapy - oral	3190	Chemotherapy
0333	Radiology - Therapeutic: Radiation therapy	4200	Radiology-Therapeutic
0335	Radiology - Therapeutic: Chemotherapy - IV	3190	Chemotherapy
0339	Radiology - Therapeutic: Other	4200	Radiology-Therapeutic
0340	Nuclear Medicine	3450	Nuclear Medicine - Diagnostic
0341	Nuclear Medicine: Diagnostic	3450	Nuclear Medicine - Diagnostic
0342	Nuclear Medicine: Therapeutic	3470	Nuclear Medicine - Therapeutic
0343	Diagnostic Radiopharms	3450	Nuclear Medicine - Diagnostic
0344	Therapeutic Radiopharms	3470	Nuclear Medicine - Therapeutic
0349	Nuclear Medicine: Other	3450	Nuclear Medicine - Diagnostic
0350	CT Scan	3230	CAT Scan
0351	CT Scan: Head	3230	CAT Scan
0352	CT Scan: Body	3230	CAT Scan
0359	CT Scan: Other CT scans	3230	CAT Scan
0360	Operating Room Services	3700	Operating Room
0361	Operating Room Services: Minor surgery	3700	Operating Room
0362	Operating Room Services: Organ trnsplnt, not kidney	3700	Operating Room
0367	Operating Room Services: Kidney transplant	3700	Operating Room
0369	Operating Room Services: Other operating room services	3700	Operating Room
0370	Anesthesia	4000	Anesthesiology
0371	Anesthesia: Incident to radiology	4000	Anesthesiology
0372	Anesthesia: Incident to other diag services	4000	Anesthesiology
0379	Anesthesia: Other anesthesia	4000	Anesthesiology

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0380	Blood	4600	Whole Blood & Packed Red Blood Cells
0381	Blood: Packed red cells	4600	Whole Blood & Packed Red Blood Cells
0382	Blood: Whole blood	4600	Whole Blood & Packed Red Blood Cells
0383	Blood: Plasma	4600	Whole Blood & Packed Red Blood Cells
0384	Blood: Platelets	4600	Whole Blood & Packed Red Blood Cells
0385	Blood: Leukocytes	4600	Whole Blood & Packed Red Blood Cells
0386	Blood: Other components	4600	Whole Blood & Packed Red Blood Cells
0387	Blood: Other derivatives	4600	Whole Blood & Packed Red Blood Cells
0389	Blood: Other blood	4600	Whole Blood & Packed Red Blood Cells
0390	Blood Storage/Processing	4700	Blood Storing, Processing, & Trans.
0391	Blood: Administration (e.g. Transfusion)	4700	Blood Storing, Processing, & Trans.
0392	Blood: Processing and Storage	4700	Blood Storing, Processing, & Trans.
0399	Other blood handling	4700	Blood Storing, Processing, & Trans.
0400	Other Imaging Services	4100	Radiology - Diagnostic
0401	Other Imaging Services: Diagnostic mammography	3440	Mammography
0402	Other Imaging Services: Ultrasound	3630	Ultra Sound
0403	Other Imaging Services: Screening mammography	3440	Mammography
0404	Other Imaging Services: PET scan	3450	Nuclear Medicine-Diagnostic
0409	Other Imaging Services: Other imaging services	4100	Radiology - Diagnostic
0410	Respiratory Services	4900	Respiratory Therapy
0412	Respiratory Services: Inhalation services	4900	Respiratory Therapy
0413	Respiratory Services: Hyberbaric oxygen therapy	4900	Respiratory Therapy
0419	Respiratory Services: Other respiratory services	4900	Respiratory Therapy
0420	Physical Therapy	5000	Physical Therapy
0421	Physical Therapy: Visit charge	5000	Physical Therapy
0422	Physical Therapy: Hourly charge	5000	Physical Therapy
0423	Physical Therapy: Group rate	5000	Physical Therapy
0424	Physical Therapy: Evaluation/re-evaluation	5000	Physical Therapy
0429	Physical Therapy: Other physical therapy	5000	Physical Therapy
0430	Occupational Therapy	5100	Occupational Therapy
0431	Occupational Therapy: Visit charge	5100	Occupational Therapy
0432	Occupational Therapy: Hourly charge	5100	Occupational Therapy
0433	Occupational Therapy: Group rate	5100	Occupational Therapy
0434	Occupational Therapy: Evaluation/re-evaluation	5100	Occupational Therapy
0439	Occupational Therapy: Other occupational therapy	5100	Occupational Therapy
0440	Speech-Language Pathology	5200	Speech Pathology
0441	Speech-Language Pathology: Visit charge	5200	Speech Pathology
0442	Speech-Language Pathology: Hourly charge	5200	Speech Pathology

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0443	Speech-Language Pathology: Group rate	5200	Speech Pathology
0444	Speech-Language Pathology: Evaluation/ re-evaluation	5200	Speech Pathology
0449	Speech-Language Pathology: Other speech language pathology	5200	Speech Pathology
0450	Emergency Room	6100	Emergency
0451	Emergency Room: EM/EMTALA	6100	Emergency
0452	Emergency Room: ER/ Beyond EMTALA	6100	Emergency
0456	Emergency Room: Urgent care	6100	Emergency
0459	Emergency Room: Other emergency room	6100	Emergency
0460	Pulmonary Function	3560	Pulmonary Function Testing
0469	Pulmonary Function: Other	3560	Pulmonary Function Testing
0470	Audiology	3040	Audiology
0471	Audiology: Diagnostic	3040	Audiology
0472	Audiology: Treatment	3040	Audiology
0479	Audiology: Other audiology	3040	Audiology
0480	Cardiology	3140	Cardiology
0481	Cardiology: Cardiac catheter lab	3120	Cardiac Catheterization Laboratory
0482	Cardiology: Stress test	3620	Stress Test
0483	Cardiology: Echocardiology	3260	Echocardiography
0489	Cardiology: Other cardiology	3140	Cardiology
0490	Ambulatory Surgery	5800	ASC
0499	Ambulatory Surgery: Other ambulatory surgical care	5800	ASC
0510	Clinic	6000	Clinic
0511	Clinic: Chronic pain center	6000	Clinic
0512	Clinic: Dental clinic	3250	Dental Services
0513	Clinic: Psychiatric clinic	3550	Psychiatric/Psychological Services
0514	Clinic: OB/GYN clinic	6000	Clinic
0515	Clinic: Pediatric clinic	6000	Clinic
0516	Clinic: Urgent care clinic	6000	Clinic
0517	Clinic: Family clinic	4040	Family Practice
0519	Clinic: Other clinic	6000	Clinic
0530	Osteopathic Services	3530	Osteopathic Therapy
0531	Osteopathic Services: Osteopathic therapy	3530	Osteopathic Therapy
0539	Osteopathic Services: Other osteopathic services	3530	Osteopathic Therapy
0610	Magnetic Resonance Tech. (MRT)	3430	Magnetic Resonance Imaging (MRI)
0611	Magnetic Resonance Tech. (MRT): Brain (incl. Brainstem)	3430	Magnetic Resonance Imaging (MRI)
0612	Magnetic Resonance Tech. (MRT): Spinal cord (incl. spine)	3430	Magnetic Resonance Imaging (MRI)
0614	Magnetic Resonance Tech. (MRT): MRI - Other	3430	Magnetic Resonance Imaging (MRI)
0615	Magnetic Resonance Tech. (MRT): MRA - Head and Neck	3430	Magnetic Resonance Imaging (MRI)



Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0616	Magnetic Resonance Tech. (MRT): MRA - Lower Ext	3430	Magnetic Resonance Imaging (MRI)
0618	Magnetic Resonance Tech. (MRT): MRA - Other	3430	Magnetic Resonance Imaging (MRI)
0619	Magnetic Resonance Tech. (MRT): Other MRT	3430	Magnetic Resonance Imaging (MRI)
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	5500	Med Supplies Charged to Patient
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	5500	Med Supplies Charged to Patient
0623	Surgical dressings	5500	Med Supplies Charged to Patient
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	5500	Med Supplies Charged to Patient
0631	Drugs Require Specific ID: Single source drug	5600	Drugs Charged to Patients
0632	Drugs Require Specific ID: Multiple source drug	5600	Drugs Charged to Patients
0633	Drugs Require Specific ID: Restrictive prescription	5600	Drugs Charged to Patients
0634	Drugs Require Specific ID: EPO under 10,000 units	5600	Drugs Charged to Patients
0635	Drugs Require Specific ID: EPO over 10,000 units	5600	Drugs Charged to Patients
0636	Drugs Require Specific ID: Drugs requiring detail coding	5600	Drugs Charged to Patients
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes coma)	5600	Drugs Charged to Patients
0681	Trauma Response: Level I	6100	Emergency
0682	Trauma Response: Level II	6100	Emergency
0683	Trauma Response: Level III	6100	Emergency
0684	Trauma Response: Level IV	6100	Emergency
0689	Trauma Response: Other	6100	Emergency
0700	Cast Room	6000	Clinic
0710	Recovery Room	3800	Recovery Room
0720	Labor Room	3900	Delivery Room & Labor Room
0721	Labor Room: Labor	3900	Delivery Room & Labor Room
0722	Labor Room: Delivery	3900	Delivery Room & Labor Room
0723	Labor Room: Circumcision	3220	Circumcision
0724	Labor Room: Birthing center	3070	Birthing Center
0729	Labor Room: Other labor room/delivery	3900	Delivery Room & Labor Room
0730	EKG/ECG	3280	EKG and EEG
0731	EKG/ECG: Holter monitor	3370	Holter Monitor
0732	EKG/ECG: Telemetry	3280	EKG and EEG
0739	EKG/ECG: Other EKG/ECG	3280	EKG and EEG
0740	EEG	3280	EKG and EEG
0750	Gastrointestinal	3340	Gastro Intestinal Services
0760	Treatment/Observation Room	6000	Clinic
0761	Treatment/Observation Room: Treatment room	6000	Clinic
0762	Treatment/Observation Room: Observation room	6201	Observation Beds (Distinct Part)
0769	Treatment/Observation Room: Other treatment room	6000	Clinic
0770	Preventive Care Services	6000	Clinic

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0771	Preventive Care Services: Admin. of vaccine	6000	Clinic
0790	Extra-Corp Shock Wave Therapy	3640	Urology
0800	Inpatient Dialysis	5700	Renal Dialysis
0801	Inpatient Hemodialysis	5700	Renal Dialysis
0802	Inpatient peritoneal dialysis	5700	Renal Dialysis
0803	Inpatient dialysis CAPD	5700	Renal Dialysis
0804	Inpatient dialysis CCPD	5700	Renal Dialysis
0809	Other inp dialysis	5700	Renal Dialysis
0810	Organ Acquisition	8600	Other Organ Acquisition (Specify)
0811	Organ Acquisition: Living donor	8600	Other Organ Acquisition (Specify)
0812	Organ Acquisition: Cadaver donor	8600	Other Organ Acquisition (Specify)
0813	Organ Acquisition: Unknown donor	8600	Other Organ Acquisition (Specify)
0814	Organ Acquisition: Unsuccessful Organ Search Donor Bank Charges	8600	Other Organ Acquisition (Specify)
0819	Organ Acquisition: Other donor	8600	Other Organ Acquisition (Specify)
0820	Hemo OPD/Home	5700	Renal Dialysis
0821	Hemo OPD/Home: Hemodialysis comp or other rate	5700	Renal Dialysis
0822	Hemo OPD/Home supplies	5700	Renal Dialysis
0823	Hemo OPD/home equipment	5700	Renal Dialysis
0824	Hemo OPD/Home Maintenance 100%	5700	Renal Dialysis
0825	Hemo OPD/Home Support Services	5700	Renal Dialysis
0829	Hemo OPD/Home: Other HEMO outpatient	5700	Renal Dialysis
0830	Peritoneal OPD/Home	5700	Renal Dialysis
0831	Peritoneal OPD/Home: Peritoneal comp or other rate	5700	Renal Dialysis
0839	Peritoneal OPD/Home: Other peritoneal dialysis	5700	Renal Dialysis
0840	CAPD OPD/Home	5700	Renal Dialysis
0841	CAPD OPD/Home: CAPD comp or other rate	5700	Renal Dialysis
0849	CAPD OPD/Home: Other CAPD dialysis	5700	Renal Dialysis
0850	CCPD OPD/Home	5700	Renal Dialysis
0851	CCPD OPD/Home: CCPD comp or other rate	5700	Renal Dialysis
0859	CCPD OPD/Home: Other CCPD dialysis	5700	Renal Dialysis
0880	Miscellaneous Dialysis	5700	Renal Dialysis
0881	Miscellaneous Dialysis: Ultrafiltration	5700	Renal Dialysis
0889	Miscellaneous Dialysis: Other misc dialysis	5700	Renal Dialysis
0900	Psychiatric/Psychological Trt	3550	Psychiatric/Psychological Services
0901	Psychiatric/Psychological Trt: Electroshock treatment	3320	Electroshock Therapy
0902	Psychiatric/Psychological Trt: Milieu therapy	3550	Psychiatric/Psychological Services
0903	Psychiatric/Psychological Trt: Play therapy	3550	Psychiatric/Psychological Services
0904	Psychiatric/Psychological Trt: Activity therapy	3580	Recreational Therapy

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0905	Psychiatric/Psychological Trt: Intensive Outpatient serv-sych	3550	Psychiatric/Psychological Services
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	3550	Psychiatric/Psychological Services
0907	Psychiatric/Psychological Trt: Comm behavioral program	3550	Psychiatric/Psychological Services
0911	Psychiatric/Psychological Svcs: Rehabilitation	3550	Psychiatric/Psychological Services
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	3550	Psychiatric/Psychological Services
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	3550	Psychiatric/Psychological Services
0914	Psychiatric/Psychological Svcs: Individual therapy	3550	Psychiatric/Psychological Services
0915	Psychiatric/Psychological Svcs: Group therapy	3550	Psychiatric/Psychological Services
0916	Psychiatric/Psychological Svcs: Family therapy	3550	Psychiatric/Psychological Services
0917	Psychiatric/Psychological Svcs: Biofeedback	3550	Psychiatric/Psychological Services
0918	Psychiatric/Psychological Svcs: Testing	3550	Psychiatric/Psychological Services
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	3550	Psychiatric/Psychological Services
0921	Other Diagnostic Services: Peripheral vascular lab	3650	Vascular Lab
0922	Other Diagnostic Services: Electromyogram	3290	Electromyography
0923	Other Diagnostic Services: Pap smear	3240	Cytology
0924	Other Diagnostic Services: Allergy test	3380	Immunology
0925	Other Diagnostic Services: Pregnancy test	3390	Laboratory - Clinical
0941	Other Therapeutic Serv: Recreation Rx	6000	Clinic
0942	Other Therapeutic Serv: Educ/training	6000	Clinic
0943	Other Therapeutic Serv: Cardiac rehab	3140	cardiology
0944	Other Therapeutic Serv: Drug rehab	3550	Psychiatric/Psychological Services
0945	Other Therapeutic Serv: Alcohol rehab	3550	Psychiatric/Psychological Services
0948	Pulmonary Rehabilitation	4900	respiratory
0001	Total Charge	N/A	
0022	HIPPS	N/A	
0023	HIPPS	N/A	
0024	HIPPS	N/A	
0100	All Inclusive Rate	N/A	
0101	All Inclusive Rate	N/A	
0110	Room & Board (Private)	N/A	
0111	Medical/Surgical/Gyn	N/A	
0112	OB	N/A	
0113	Pediatric	N/A	
0114	Psychiatric	N/A	
0115	Hospice	N/A	
0116	Detoxification	N/A	
0117	Oncology	N/A	

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0118	Rehab	N/A	
0119	Other	N/A	
0120	Room & Board (Semi-Private 2 beds)	N/A	
0121	Medical/Surgical/Gyn	N/A	
0122	OB	N/A	
0123	Pediatric	N/A	
0124	Psychiatric	N/A	
0125	Hospice	N/A	
0126	Detoxification	N/A	
0127	Oncology	N/A	
0128	Rehab	N/A	
0129	Other	N/A	
0130	Room&Board (Semi private 3-4 beds)	N/A	
0131	Medical/Surgical/Gyn	N/A	
0132	OB	N/A	
0133	Pediatric	N/A	
0134	Psychiatric	N/A	
0135	Hospice	N/A	
0136	Detoxification	N/A	
0137	Oncology	N/A	
0138	Rehab	N/A	
0139	Other	N/A	
0140	Room & Board (Private Deluxe)	N/A	
0141	Medical/Surgical/Gyn	N/A	
0142	OB	N/A	
0143	Pediatric	N/A	
0144	Psychiatric	N/A	
0145	Hospice	N/A	
0146	Detoxification	N/A	
0147	Oncology	N/A	
0148	Rehab	N/A	
0149	Other	N/A	
0150	Room & Board (Ward)	N/A	
0151	Medical/Surgical/Gyn	N/A	
0152	OB	N/A	
0153	Pediatric	N/A	
0154	Psychiatric	N/A	
0155	Hospice	N/A	

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0156	Detoxification	N/A	
0157	Oncology	N/A	
0158	Rehab	N/A	
0159	Other	N/A	
0160	Room & Board (other)	N/A	
0164	Sterile Environment	N/A	
0167	Self care	N/A	
0169	Other	N/A	
0170	Nursery	N/A	
0171	Newborn-Level I	N/A	
0172	Newborn-Level II	N/A	
0173	Newborn-Level III	N/A	
0174	Newborn-Level IV	N/A	
0179	Other Nursery	N/A	
0180	Leave of Absence	N/A	
0182	Patient Convenience	N/A	
0183	Therapeutic Leave	N/A	
0185	Hospitalization	N/A	
0189	Other leave of absence	N/A	
0190	Subacute care	N/A	
0191	Subacute care-Level I	N/A	
0192	Subacute care-Level II	N/A	
0193	Subacute care-Level III	N/A	
0194	Subacute care-Level IV	N/A	
0199	Other subacute care	N/A	
0200	Intensive care	N/A	
0201	Surgical	N/A	
0202	Medical	N/A	
0203	Pediatric	N/A	
0204	Psychiatric	N/A	
0206	Intermediate ICU	N/A	
0207	Burn care	N/A	
0208	Trauma	N/A	
0209	Other intensive care	N/A	
0210	Coronary care	N/A	
0211	Myocardial Infarction	N/A	
0212	Pulmonary Care	N/A	
0213	Heart Transplant	N/A	

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0214	Intermediate CCU	N/A	
0219	Other Coronary Care	N/A	
0220	Special charges	N/A	
0221	Admission charge	N/A	
0222	Technical support charge	N/A	
0223	U.R. service charge	N/A	
0224	Late discharge, medically necessary	N/A	
0229	Other special charges	N/A	
0230	Incremental nursing charge rate	N/A	
0231	Nursery	N/A	
0232	OB	N/A	
0233	ICU	N/A	
0234	CCU	N/A	
0235	Hospice	N/A	
0239	Other	N/A	
0240	All inclusive Ancillary	N/A	
0241	Basic	N/A	
0242	Comprehensive	N/A	
0243	Specialty	N/A	
0249	Other all inclusive ancillary	N/A	
0253	Take home drugs	N/A	
0277	Oxygen-Take home	N/A	
0290	Durable Medical Equipment	N/A	
0291	DME Rental	N/A	
0292	Durable Medical Equipment: Purchase - new equipment	N/A	
0293	Purchase of used DME	N/A	
0294	Supplies/Drugs for DME effectiveness (HHA only)	N/A	
0374	Acupuncture	N/A	
0500	Outpatient services	N/A	
0509	Other Outpatient	N/A	
0520	Free-Standing Clinic	N/A	
0521	Rural health-clinic	N/A	
0522	Rural health-home	N/A	
0523	Family Practice Clinic	N/A	
0524	RHC/FQHC visit in Part A covered SNF	N/A	
0525	RHC/FQHC visit in noncovered SNF, NF, ICFMR or other	N/A	
0526	Urgent Care Clinic	N/A	
0527	Nurse visit to home in a HH shortage area	N/A	

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0528	RHC/FQHC visit to other non RHC/FQHC site	N/A	
0529	Free-Standing Clinic: Other	N/A	
0540	Ambulance	N/A	
0541	Supplies	N/A	
0542	Medical Transport	N/A	
0543	Heart Mobile	N/A	
0544	Oxygen	N/A	
0545	Air ambulance	N/A	
0546	Neonatal ambulance services	N/A	
0547	Pharmacy	N/A	
0548	Telephone Transmission EKG	N/A	
0549	Other ambulance	N/A	
0550	Skilled nursing	N/A	
0551	Visit charge	N/A	
0552	Hourly charge	N/A	
0559	Other skilled nursing	N/A	
0560	Home Health (HH) -- Medical Social Services	N/A	
0561	Home Health (HH) Medical Social Services: Visit charge	N/A	
0562	Home Health (HH) Medical Social Services: Hourly charge	N/A	
0569	Home Health (HH) Medical Social Services: Other Medical Social Services	N/A	
0570	Home health-Home health aide	N/A	
0571	Visit charge	N/A	
0572	Hourly charge	N/A	
0579	Other home health aide	N/A	
0580	Home health-other visits	N/A	
0581	Visit charge	N/A	
0582	Hourly charge	N/A	
0583	Assessment	N/A	
0589	Other home health visit	N/A	
0590	Home health-units of service	N/A	
0600	Home health-oxygen	N/A	
0601	Oxygen-state/equip/suppl/ or cont	N/A	
0602	Oxygen-state/equip/suppl/ or under 1 LPM	N/A	
0603	Oxygen-state/equip/over 4 LPM	N/A	
0604	Oxygen-Portable Add-on	N/A	
0609	Other oxygen	N/A	
0640	Home IV Therapy Services	N/A	
0641	Nonroutine nursing, central line	N/A	

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0642	IV site care, Central line	N/A	
0643	IV start/change, peripheral line	N/A	
0644	Nonroutine nursing, peripheral line	N/A	
0645	Training, patient/caregiver, central line	N/A	
0646	Training, disabled patient, central line	N/A	
0647	Training, patient/caregiver, peripheral line	N/A	
0648	Training, disabled patient, peripheral line	N/A	
0649	Other IV therapy services	N/A	
0650	Hospice service	N/A	
0651	Routine home care	N/A	
0652	Continuous home care	N/A	
0655	Inpatient respite care	N/A	
0656	General inpatient care (non-respite)	N/A	
0657	Physician services	N/A	
0658	Hospice Room & Board-Nursing facility	N/A	
0659	Other hospice service	N/A	
0660	Respite Care	N/A	
0661	Hourly Repite Care Charge Nursing	N/A	
0662	Hourly Respite Care Charge Aide/Homemaker/Companion	N/A	
0663	Daily Respite Charge	N/A	
0669	Other respite care	N/A	
0670	Outpatient Special Residence Charges	N/A	
0671	Hospital based	N/A	
0672	Contracted	N/A	
0679	Other special residence charge	N/A	
0680	Not Used	N/A	
0780	Telemedicine	N/A	
0832	Home supplies	N/A	
0833	Home equipment	N/A	
0834	Maintenance/100%	N/A	
0835	Support services	N/A	
0842	Home supplies	N/A	
0843	Home equipment	N/A	
0844	Maintenance/100%	N/A	
0845	Support services	N/A	
0852	Home supplies	N/A	
0853	Home equipment	N/A	
0854	Maintenance/100%	N/A	



Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0855	Support services	N/A	
0882	Home dialysis aid visit	N/A	
0920	Other Diagnostic Services	N/A	
0929	Other Diagnostic Services: Other diagnostic services	N/A	
0931	Medical rehab; half day	N/A	
0932	Medical rehab; full day	N/A	
0940	Other Therapeutic Serv	N/A	
0946	Complex medical equipment-Routine	N/A	
0947	Complex medical equipment-Ancillary	N/A	
0949	Other Therapeutic Serv: Additional RX SVS	N/A	
0951	Other therapeutic services-(940x) Athletic training	N/A	
0952	Other therapeutic services-(940x) Kinesiotherapy	N/A	
0960	Professional fees	N/A	
0961	Psychiatric	N/A	
0962	Ophthalmology	N/A	
0963	Anesthesiologist (MD)	N/A	
0964	Anesthetist (CRNA)	N/A	
0969	Other professional fee	N/A	
0971	Professional fees (096x) Laboratory	N/A	
0972	Professional fees (096x) Radiology-Diagnostic	N/A	
0973	Professional fees (096x) Radiology-Therapeutic	N/A	
0974	Professional fees (096x) Radiology-nuclear medicine	N/A	
0975	Professional fees (096x) Operating room	N/A	
0976	Professional fees (096x) Respiratory Therapy	N/A	
0977	Professional fees (096x) Physical therapy	N/A	
0978	Professional fees (096x) Occupational therapy	N/A	
0979	Professional fees (096x) Speech pathology	N/A	
0981	Professional fees (096x) Emergency room	N/A	
0982	Professional fees (096x) Outpatient services	N/A	
0983	Professional fees (096x) clinic	N/A	
0984	Professional fees (096x) medical social services	N/A	
0985	Professional fees (096x) EKG	N/A	
0986	Professional fees (096x) EEK	N/A	
0987	Professional fees (096x) Hospital visit	N/A	
0988	Professional fees (096x) Consultation	N/A	
0989	Private duty nurse	N/A	
0990	Patient convenience items	N/A	
0991	Cafeteria/guest tray	N/A	

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0992	Private linen service	N/A	
0993	Telephone/telegraph	N/A	
0994	TV/radio	N/A	
0995	Nonpatient room rentals	N/A	
0996	Late discharge charge	N/A	
0997	Admission kits	N/A	
0998	Beauty shop/barber	N/A	
0999	Other patient convenience item	N/A	
1000	Behavioral health accomodations	N/A	
1001	Residential treatment-psychiatric	N/A	
1002	Residential treatment-chemical dependency	N/A	
1003	Supervised living	N/A	
1004	Halfway house	N/A	
1005	Group home	N/A	
2100	Alternative therapy services	N/A	
2101	Acupuncture	N/A	
2102	Acupressure	N/A	
2103	Massage	N/A	
2104	Reflexology	N/A	
2105	Biofeedback	N/A	
2106	Hypnosis	N/A	
2109	Other alternative therapy services	N/A	
3101	Adult day care, Medical and social, hourly	N/A	
3102	Adult day care, social, hourly	N/A	
3103	Adult day care, medical and social, daily	N/A	
3104	Adult day care, social, daily	N/A	
3105	Adult foster care, daily	N/A	
3109	Other adult care	N/A	

## APPENDIX H

### Hospitals in this Report

#### Vermont Acute Care Hospitals

Brattleboro Memorial Hospital  
(BRAT)  
17 Belmont Avenue  
Brattleboro, Vermont 05301

Central Vermont Medical Center  
(CVMC)  
P.O. Box 547  
Barre, Vermont 05641

Copley Hospital  
(COPL)  
528 Washington Highway  
Morrisville, Vermont 05661

Gifford Medical Center  
(GIFF)  
44 Main Street, P.O. Box 2000  
Randolph, Vermont 05060

Grace Cottage Hospital  
(GRAC)  
Route 35, P.O. Box 216  
Townshend, Vermont 05353

Mt. Ascutney Hospital and Health Center  
(MT.A)  
289 County Road  
Windsor, Vermont 05089

North Country Hospital  
(NCTY)  
189 Prouty Drive  
Newport, Vermont 05855

Northeastern Vermont Regional Hospital  
(NEVT)  
1315 Hospital Drive, P.O. Box 905  
St. Johnsbury, Vermont 05819

Northwestern Medical Center  
(NWST)  
133 Fairfield Street, P.O. Box 1370  
St. Albans, Vermont 05478

Porter Medical Center  
(PORT)  
115 Porter Drive  
Middlebury, Vermont 05753

Rutland Regional Medical Center  
(RRMC)  
160 Allen Street  
Rutland, Vermont 05701

Southwestern Vermont Medical Center  
(SWVT)  
100 Hospital Drive East  
Bennington, Vermont 05201

Springfield Hospital  
(SPRF)  
25 Ridgewood Road, P.O. Box 2003  
Springfield, Vermont 05156

University of Vermont Medical Center  
(UVMMC)  
111 Colchester Avenue  
Burlington, Vermont 05401

The Veterans Administration Medical  
and Regional Office Center (V.A.)  
215 North Main Street  
White River Junction, Vermont 05009

## New Hampshire Hospitals Most Frequently Used by Vermont Residents

Alice Peck Day Memorial Hospital  
(NH-Alice Day)  
Lebanon, New Hampshire

Androscoggin Valley Hospital  
(NH-Androscoggin)  
Berlin, New Hampshire

Catholic Medical Center  
(NH-Catholic)  
Manchester, New Hampshire

Cheshire Medical Center  
(NH-Cheshire)  
Keene, New Hampshire

Concord Hospital  
(NH-Concord)  
Concord, New Hampshire

Cottage Hospital  
(NH-Cottage)  
Woodsville, New Hampshire

Dartmouth Hitchcock Medical Center  
(NH-Hitchcock)  
Lebanon, New Hampshire

Dartmouth Hitchcock Psychiatric Unit\*  
(NH-Hitch. Psych)  
Lebanon, New Hampshire

Elliot Hospital  
(NH-Elliot)  
Manchester, New Hampshire

Exeter Hospital  
(NH-Exeter)  
Exeter, New Hampshire

Franklin Regional Hospital  
(NH-Franklin)  
Franklin, New Hampshire

Frisbie Memorial Hospital  
(NH-Frisbie)  
Rochester, New Hampshire

Huggins Hospital  
(NH-Huggins)  
Wolfeboro, New Hampshire

Lakes Region General Hospital  
(NH-Lakes Region)  
Laconia, New Hampshire

Littleton Hospital  
(NH-Littleton)  
Littleton, New Hampshire

Memorial Hospital  
(NH-Memorial)  
North Conway, New Hampshire

Monadnock Community Hospital  
(NH-Monadnock)  
Peterborough, New Hampshire

New London Hospital  
(NH-New London)  
New London, New Hampshire

Parkland Medical Center  
(NH-Parkland)  
Derry, New Hampshire

Portsmouth Regional Hospital  
(NH-Portsmouth)  
Portsmouth, New Hampshire

Southern New Hampshire Medical Center  
(NH-Southern NH)  
Nashua, New Hampshire

St. Joseph's Hospital  
(NH-St. Joseph's)  
Nashua, New Hampshire

Speare Memorial Hospital  
(NH-Speare)  
Plymouth, New Hampshire

Upper Connecticut Valley Hospital  
(NH-Upper CT Val)  
Colebrook, New Hampshire

Valley Regional Hospital  
(NH-Valley Reg.)  
Claremont, New Hampshire

Weeks Medical Center Hospital  
(NH-Weeks)  
Lancaster, New Hampshire

Wentworth-Douglass Hospital  
(NH-Wntwth-Doug)  
Dover, New Hampshire

\* Records from the Dartmouth Hitchcock Psychiatric Unit are combined with the Dartmouth Hitchcock Medical Center beginning 2008.

## Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center  
(MA-Baystate)  
Springfield, Massachusetts

Berkshire Medical Center  
(MA-Berkshire)  
Pittsfield, Massachusetts

Beth Israel Deaconess Medical Center  
(MA-Beth Israel)  
Boston, Massachusetts

Brigham and Women's Hospital  
(MA-Brigham)  
Boston, Massachusetts

Children's Hospital Boston  
(MA-Children's)  
Boston, Massachusetts

Cooley Dickinson Hospital  
(MA-Cooley Dicki)  
Northampton, Massachusetts

Dana-Farber Cancer Institute  
(MA-Dana Farber)  
Boston, Massachusetts

Franklin Medical Center  
(MA-Franklin Med)  
Greenfield, Massachusetts

Hillcrest Hospital  
(MA-Hillcrest)  
Pittsfield, Massachusetts

Lahey Clinic Hospital  
(MA-Lahey)  
Burlington, Massachusetts

Massachusetts Eye and Ear Infirmary  
(MA-MA Eye & Ear)  
Boston, Massachusetts

Massachusetts General Hospital  
(MA-MA General)  
Boston, Massachusetts

New England Baptist Hospital  
(MA-N.E. Baptist)  
Boston, Massachusetts

Newton-Wellesley Hospital  
(MA-Newton Wells)  
Newton, Massachusetts

North Adams Regional Hospital  
(MA-North Adams)  
North Adams, Massachusetts

Northampton VA Medical Center  
(MA-Northampton)  
Northampton, Massachusetts

Tufts-New England Medical Center  
(MA-N.E. Med Ctr)  
Boston, Massachusetts

UMass Memorial Medical Center  
(MA-U Mass)  
Worcester, Massachusetts

VA Boston Healthcare—Boston Division  
(MA-Boston VA)  
Boston, Massachusetts

VA Boston Healthcare—Brockton Division  
(MA-Brockton VA)  
Brockton, Massachusetts

**New York Hospitals Most Frequently Used by Vermont Residents**

Albany Medical Center Hospital  
(NY-Albany)  
Albany, New York

Champlain Valley Physicians Hospital  
Medical Center (NY-Champ Val)  
Plattsburgh, New York

Columbia Presbyterian Medical Center  
(NY-Presbyterian)  
New York, New York

Glens Falls Hospital  
(NY-Glens Falls)  
Glens Falls, New York

Leonard Hospital  
(NY-Leonard)  
Troy, New York

Mary McClellan Hospital  
(NY-McClellan)  
Cambridge, New York

Memorial Hospital for Cancer and Allied  
Disorders (NY-Hosp for CA)  
New York, New York

Moses-Ludington Hospital  
(NY-Moses-Luding)  
Ticonderoga, New York

New York United Hospital Medical Center  
(NY-United Med C.)  
Port Chester, New York

New York Weill Cornell Medical Center  
(NY-New York)  
New York, New York

Phelps Memorial Hospital Center  
(NY-Phelps)  
Sleepy Hollow, New York

Samaritan Hospital  
(NY-Samaritan)  
Troy, New York

St. Peters Hospital  
(NY-St Peters)  
Albany, New York

**APPENDIX I**  
**Vermont Hospital Discharge Data Elements**  
**Public / Non Public Data Elements and Availability of Data Elements in Datasets**

<b>Attribute</b>	<b>Description</b>	<b>Public Use Data Element</b>	<b>Inpatient Dataset</b>	<b>Outpatient Dataset</b>	<b>Emergency Department Dataset</b>
Admission Date	--	N	Y	Y	Y
Admission Hour	--	N	Y	Y	Y
Admission Quarter	--	Y	Y	Y	Y
Admission Source	Transfer, referral, newborn and court/law enforcement categories.	Y	Y	Y	Y
Admission Type	Emergency, urgent, elective, newborns.	Y	Y	Y	Y
Age	Single-year age at discharge.	N	Y	Y	Y
Age Groups	Under 1, 1-17, 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 and over.	Y	Y	Y	Y
Ambulatory Flag	Record having any procedure in the 00.00 - 86.99 range: This flag not used for inpatient records.	Y	N	Y	Y
Attending physician	Hospital-specific code for attending physician at time of discharge.	N	Y	Y	Y
Bill Type	Bill type as designated by the hospital.	Y	Y	Y	Y
Birth Weight	Birth weight of newborns in grams.	N	Y	N	N
Charges	Total facility charges.	Y	Y	Y	Y
CCS Single Level Diagnosis Groups	Principal diagnosis collapsed into more than 260 categories.	Y	Y	Y	Y
CCS High Level Diagnosis Groups	CCS single level diagnosis groups collapsed into 18 high level categories.	Y	Y	Y	Y
CCS Single Level Procedure Groups	Principal procedure collapsed into 231 categories.	Y	Y	Y	Y
CCS High Level Procedure Groups	CCS single level procedure groups collapsed into 16 high level categories.	Y	Y	Y	Y
County-Town Code	Patient county and town of residence with first two digits representing the county and the second two digits the town.	N	Y	Y	Y
Critical Access Hospital	Coded for VT hospitals only	Y	Y	Y	Y
Date of Birth	--	N	Y	Y	Y

Attribute	Description	Public Use Data Element	Inpatient Dataset	Outpatient Dataset	Emergency Department Dataset
Diagnosis Related Group (DRG)	Medicare classification system that groups inpatient discharges into more than 900 categories based on diagnosis, type of treatment, age and other relevant criteria.	Y	Y	N	N
Discharge Date	--	N	Y	Y	Y
Discharge Quarter	--	Y	Y	Y	Y
Discharge Status	Categories indicating destination and type of services required at time of discharge, left against medical advice, or death.	Y	Y	Y	Y
Ecode1 – Ecode3	Code for external causes of injury and poisoning; primary Ecode and two secondary Ecodes appear in these fields, and additional secondary Ecodes may be entered as secondary diagnoses.	Y	Y	Y	Y
ERFLAG	Set to 1 if record has an associated revenue code 45x, Emergency Room.	Y	Y	Y	Y
Grouper	Grouper version used to assign DRG and MDC.	Y	Y	Y	Y
Hospital	--	Y	Y	Y	Y
Hospital Service Area	Defined by the geographically distinct population of Vermont residents who are highly dependent on a hospital or group of hospitals.	Y	Y	Y	Y
Major Diagnostic Category (MDC)	An aggregation of inpatient DRGs (see definition of DRGs above) into 25 groups that define major body systems.	Y	Y	N	N
OBSFLAG	Set to 1 if record has an associated revenue code of 760 or 762, Observation Bed	Y	Y	Y	Y
Other Physician 1 & 2	Hospital-specific code for other physicians performing procedures.	N	Y	Y	Y
Patient Days	Length of stay; maximum 255 days.	Y	Y	Y	Y
Primary Payer	The anticipated principal source of payment for the patient's hospital bill as coded by the hospital.	Y	Y	Y	Y
Principal and Secondary Procedure Dates	Date of procedure.	N	Y	Y	Y



Attribute	Description	Public Use Data Element	Inpatient Dataset	Outpatient Dataset	Emergency Department Dataset
Principal Diagnosis and Up to 19 Secondary Diagnoses	ICD-9-CM diagnosis code.	Y	Y	Y	Y
Principal Procedure and Up to 19 Secondary Procedures	ICD-9-CM procedure code.	Y	Y	Y	Y
Race	--	N	Y	Y	Y
Readmission indicator	Any patient readmitted to the same hospital within 30 days.	N	Y	Y	Y
Same Day Flag	Admission and discharge were on the same day: not an overnight stay.	Y	Y	Y	N
Sex	--	Y	Y	Y	Y
Special Care Unit Days	Number of days spent in a special care unit: Inpatient only.	Y	Y	N	N
Unique ID for the discharge	Unique ID for the discharge , used to link discharge records to the revenue file				
Year of Discharge	--	Y	Y	Y	Y
ZIP Code	5-digit ZIP code.	N	Y	Y	Y
ZIP Code Groups	3-digit ZIP for most of Vermont ; combined 058 and 059 area; 5-digit ZIP for areas with a population over 10,000 in Vermont and combined zips in other states.	Y	Y	Y	Y
ZipTown Code	Groups of towns that share ZIP code(s).	N	Y	Y	Y

Public use data for resident and non-resident discharges from Vermont hospitals are available online by calendar year. <http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-discharge-data>

For additional information, contact:  
Vermont Department of Health  
Public Health Statistics  
108 Cherry Street, PO Box 70  
Burlington, VT 05402-0070  
(802) 863-7300 or (800) 869-2871

Non-public data elements are available for research purposes only.  
To request non-public data elements, contact:  
Green Mountain Care Board  
89 Main Street, Drawer 20  
Montpelier, VT 05620-3601  
(802) 828-2906