



# 2009 Comparison Across Hospital Settings Hospital Utilization Report

Prepared by

**Vermont Department of Health**

**Vermont Department of Banking, Insurance,  
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**2009**

**Vermont Hospital Utilization Report  
Comparison across Hospital Settings**

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**Department of Banking, Insurance, Securities  
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## **Disclaimer**

Vermont hospital discharge data for use in this publication were supplied by the VAHHS-NSO reporting system, Vermont EXPLOR, under a contract with BISHCA. 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 (VDH), under an agreement with BISHCA, before inclusion in the Vermont Uniform Hospital Discharge

Data Set. The Vermont Uniform Hospital Discharge Data Set is used to construct this Hospital Utilization 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.

## **Report Available in Electronic Format**

This report is available on the BISHCA website:

<http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur>

and on the VDH website:

<http://healthvermont.gov/research/hospital-utilization.aspx>. To

obtain a hard copy of this report, or tables in Excel, Word or PDF formats, contact the Vermont Department of Health at (802) 863-7300 or (800) 869-2871.

## **Requesting Hospital Data Files**

Public Use data files are available on the VDH website:

<http://healthvermont.gov/research/hospital-utilization.aspx>.

Information on requesting research hospital discharge data sets (with non-public data elements not included in Public Use data files) can be found on the BISHCA website:

<http://www.bishca.state.vt.us/health-care/research-data-reports/vuhdds-frequently-asked-questions>.

For any additional information concerning the data sets, contact the Vermont Division of Health Care Administration at (802) 828-2900 or (800) 631-7788.

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# User's Guide to Hospital Setting Comparison Tables

## Comparison Across Hospital Settings

Since reporting year 2001, data have been available across three hospital settings: inpatient, outpatient procedures, and emergency department (ED) visits. Comparison of utilization across these three settings offers a more 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 the tables that follow, the discharge records are sorted by diagnostic or procedure groups for comparison across the settings (see explanation of Clinical Classifications Software below).

Beginning in 2006, other types of hospital-based outpatient services were collected. These data did not meet the criteria of a procedure in the 0-86.99 range, and did not have associated revenue codes that would indicate an emergency department visit or observation bed record. These additional data, called expanded outpatient services data, include laboratory tests and other diagnostic and therapeutic services not classified elsewhere. Hospital setting comparisons, including the expanded outpatient services data, are shown in Tables C1-C4, C9 and C11 of this report. The 2006 expanded outpatient services data were inconsistently reported across hospitals for the first data year but with the mandatory requirement in 2007, recent data are more consistently reported and will continue to improve in future editions.

The tables comparing utilization by setting focus primarily on resident and non-resident discharges from the fourteen Vermont (VT) civilian acute care hospitals. The Veterans Administration (VA) hospital in White River Junction has not submitted data since June 30, 2006.

Table C10 compares data for Vermonters using hospitals in Vermont, Massachusetts (MA), New Hampshire (NH), and New York (NY). Since reporting year 2001, the NH Department of Health and Human Services has provided data from all three settings for Vermont residents using NH hospitals. Since reporting year 2006, the New York Department of Health also provides data across these three settings. The MA Division of Health Care Finance and Policy provides only inpatient records, ED records and observation bed data at this time. In 2009, New York did not provide ICD-9-CM procedure codes in their outpatient setting and could not be included in the outpatient procedure data.

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.

## Definitions

### *Charges*

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. Comparative analyses of hospital charges must take the limitations of charge data into account. Charges in this report are defined as "facility" charges. Hospitals subtract professional fees and charges for patient convenience items from the total charge in order to calculate the facility charge. However, facility charge data are not always reported according to this standard definition. Some hospitals include salaried and contracted physician fees in their facility charges.

### ***Recent Changes in Definitions for the Hospital Settings***

**Emergency Department (ED) Visits.** For purposes of the hospital setting comparison tables, ED data are defined as records from all outpatient settings that originated in the ED (had an associated revenue code beginning 45, Emergency Room). Inpatient records that originated in the ED remain in the inpatient data column for these tables.

In the 2001 and 2002 Monograph tables comparing hospital settings, ED records included only those coded by hospitals as emergency room visits (patient type "E"). Beginning with the 2003 Monograph, two changes were made to the way in which records were selected for inclusion in the ED analyses in these tables. ED data selection was expanded to include all outpatient records that had an associated revenue code beginning 45 (Emergency Room). At the same time, ED data records decreased because some patient type "E" records were determined not to be true ED visits (had no associated ER revenue record). Many of these records turned out to be for clinics held after hours in hospital EDs.

**Inpatient Discharges.** Selection of inpatient records included in the hospital setting comparison tables has not changed. The inpatient dataset includes all discharges that were billed as an inpatient stay, regardless of admission source. Maternal records are included, but newborns (MDC 15) are excluded to avoid duplicate counts. Tables C5

and C6 provide comparisons of inpatient records that originated in the ED with those that did not.

**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 00.0-86.99. Outpatient procedures may have been performed in an operating room or other hospital outpatient setting.

In the 2001 and 2002 Monographs, the hospital setting comparison tables included outpatient procedure analyses for records coded by hospitals as ambulatory surgery (patient type "A") that had a procedure in the ICD-9-CM code range 00.0 – 86.99.

Beginning with reporting year 2003, the set of outpatient procedure records included in these tables was expanded. Records with certain outpatient types in addition to those designated as ambulatory surgery (patient type "A") were included if they had a procedure in the defined range.

**Expanded Outpatient Services.** The expanded outpatient data include laboratory tests, diagnostic and therapeutic services. These data do not include records that had an associated ED or Observation revenue code or had a procedure code in the ICD-9-CM code range 00.0-86.99. Collection of the expanded outpatient data began with the 2006 reporting year.

### ***Comparison to Previous Monographs***

As described above, in data year 2003 multiple changes were made in the definitions for selecting outpatient procedure and ED records, resulting in differences in both the number of records included and the nature of the records. Because of these changes, the hospital setting comparison tables presented in this Report are comparable to those published in the 2003-2008 Reports but cannot meaningfully be compared to the tables published in the 2001 or 2002 Monographs.

## **Clinical Classifications Software (CCS) Groupings**

Clinical Classifications Software (CCS) is a tool that can collapse principal diagnosis (over 12,000) and procedure (over 3,500) codes into 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 231 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.

The CCS diagnosis and procedure groups are used in these comparison tables to compare patient records 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/toolsoftware/ccs/ccs.jsp>

## **Hospital vs. Hospital Service Area Data**

In the tables that follow, data are reported by hospital, but not by

hospital service area (HSA). Each Vermont HSA is defined by the geographically distinct population of Vermonters who are highly dependent on a hospital or group of hospitals. Statistics for HSA analyses include population-based rates that are adjusted for differences in population characteristics from one HSA to another, such as age distribution. Using population-based rates, especially age-adjusted rates, differences in hospitalization patterns for residents of different regions of the state can be identified.

Data for Vermont residents discharged from hospitals in the neighboring states of New Hampshire, New York and Massachusetts can allow for population-based comparisons of hospital utilization patterns for residents of the various HSAs regardless of where they are hospitalized. However, bordering states do not supply data on Vermont resident discharges consistently across all hospital settings, and only Vermont hospitals provide the expanded outpatient services data. Therefore, this report does not include HSA-based analyses.

The Vermont Inpatient and Emergency Department Hospital Utilization Reports provide a number of HSA-based tables.



**Table C1**  
**Vermont Hospitals by Setting**  
**2009 Vermont Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Row Percents**

Vermont Hospital	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Brattleboro Memorial Hospital	1,770	2.0	4,055	4.5	11,436	12.6	73,171	80.9	90,432	100.0
Central Vermont Medical Center	3,135	1.9	7,702	4.6	27,564	16.4	129,507	77.1	167,908	100.0
Copley Hospital	1,101	2.0	3,920	7.0	12,126	21.7	38,649	69.3	55,796	100.0
Fletcher Allen Health Care	20,561	2.9	45,034	6.4	48,948	7.0	588,487	83.7	703,030	100.0
Gifford Medical Center	1,165	1.0	2,471	2.1	6,807	5.8	106,073	91.0	116,516	100.0
Grace Cottage Hospital	216	1.5	0	0.0	2,786	19.1	11,562	79.4	14,564	100.0
Mt. Ascutney Hospital and Health Center	415	1.3	1,380	4.2	4,996	15.2	26,107	79.4	32,898	100.0
North Country Hospital	1,403	1.7	3,460	4.3	13,743	17.1	61,808	76.9	80,414	100.0
Northeastern Vermont Regional Hospital	1,514	1.9	3,551	4.4	9,713	11.9	66,816	81.9	81,594	100.0
Northwestern Medical Center	1,846	1.7	7,388	6.7	26,271	24.0	73,998	67.6	109,503	100.0
Porter Medical Center	1,532	2.0	3,804	5.0	13,344	17.7	56,914	75.3	75,594	100.0
Rutland Regional Medical Center	6,690	3.3	9,682	4.8	29,585	14.8	153,768	77.0	199,725	100.0
Southwestern Vermont Medical Center	4,079	3.1	6,834	5.1	15,404	11.6	106,692	80.2	133,009	100.0
Springfield Hospital	2,131	2.8	2,438	3.2	14,792	19.4	56,753	74.6	76,114	100.0
Total	47,558	2.5	101,719	5.3	237,515	12.3	1,550,305	80.0	1,937,097	100.0

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

**Table C2a**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Record and Row Percents**

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Symptoms, signs & ill-defined conditions	1,819	0.5	16,169	4.6	26,287	7.5	306,837	87.4	351,112	100.0
Musculoskeletal system & connective tissue	3,571	1.7	14,842	6.9	16,342	7.6	181,624	83.9	216,379	100.0
Diseases of the circulatory system	7,711	3.9	3,012	1.5	14,206	7.2	172,606	87.4	197,535	100.0
Endocrine, nutritional, metabolic & immunity disorders	1,742	0.9	1,837	0.9	2,924	1.5	189,896	96.7	196,399	100.0
Diseases of the genitourinary system	2,073	1.3	7,569	4.8	11,650	7.4	137,105	86.6	158,397	100.0
Injury & poisoning	4,620	3.4	6,580	4.9	72,416	53.6	51,470	38.1	135,086	100.0
Diseases of the respiratory system	5,494	4.3	2,411	1.9	31,447	24.7	88,214	69.2	127,566	100.0
Neoplasms	2,432	2.3	12,238	11.6	250	0.2	90,764	85.9	105,684	100.0
Diseases of the nervous system & sense organs	986	1.0	12,373	12.3	19,964	19.8	67,450	66.9	100,773	100.0
Diseases of the digestive system	5,423	6.6	14,065	17.0	17,328	21.0	45,810	55.4	82,626	100.0
Mental disorders	2,989	5.7	214	0.4	8,657	16.6	40,326	77.3	52,186	100.0
Contraception & complications of pregnancy & childbirth	6,039	11.8	4,833	9.4	1,942	3.8	38,408	75.0	51,222	100.0
Infectious & parasitic diseases	923	2.2	765	1.8	3,848	9.2	36,303	86.8	41,839	100.0
Diseases of the skin & subcutaneous tissue	936	2.3	2,611	6.5	7,852	19.5	28,871	71.7	40,270	100.0
Diseases of the blood & blood-forming organs	461	1.4	755	2.2	365	1.1	32,139	95.3	33,720	100.0
Congenital anomalies	168	3.3	410	8.0	57	1.1	4,487	87.6	5,122	100.0
Conditions originating in the perinatal period	7	0.3	270	11.9	199	8.8	1,793	79.0	2,269	100.0
Residual codes, unclassified, all Ecodes	164	0.5	762	2.5	1,754	5.7	28,331	91.4	31,011	100.0
Records with invalid or missing primary diagnosis	0	0.0	3	0.0	27	0.3	7,871	99.6	7,901	100.0
<b>Total</b>	<b>47,558</b>	<b>2.5</b>	<b>101,719</b>	<b>5.3</b>	<b>237,515</b>	<b>12.3</b>	<b>1,550,305</b>	<b>80.0</b>	<b>1,937,097</b>	<b>100.0</b>

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

**Table C2b**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Column Percents**

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Symptoms, signs & ill-defined conditions	1,819	3.8	16,169	15.9	26,287	11.1	306,837	19.8	351,112	18.1
Musculoskeletal system & connective tissue	3,571	7.5	14,842	14.6	16,342	6.9	181,624	11.7	216,379	11.2
Diseases of the circulatory system	7,711	16.2	3,012	3.0	14,206	6.0	172,606	11.1	197,535	10.2
Endocrine, nutritional, metabolic & immunity disorders	1,742	3.7	1,837	1.8	2,924	1.2	189,896	12.2	196,399	10.1
Diseases of the genitourinary system	2,073	4.4	7,569	7.4	11,650	4.9	137,105	8.8	158,397	8.2
Injury & poisoning	4,620	9.7	6,580	6.5	72,416	30.5	51,470	3.3	135,086	7.0
Diseases of the respiratory system	5,494	11.6	2,411	2.4	31,447	13.2	88,214	5.7	127,566	6.6
Neoplasms	2,432	5.1	12,238	12.0	250	0.1	90,764	5.9	105,684	5.5
Diseases of the nervous system & sense organs	986	2.1	12,373	12.2	19,964	8.4	67,450	4.4	100,773	5.2
Diseases of the digestive system	5,423	11.4	14,065	13.8	17,328	7.3	45,810	3.0	82,626	4.3
Mental disorders	2,989	6.3	214	0.2	8,657	3.6	40,326	2.6	52,186	2.7
Contraception & complications of pregnancy & childbirth	6,039	12.7	4,833	4.8	1,942	0.8	38,408	2.5	51,222	2.6
Infectious & parasitic diseases	923	1.9	765	0.8	3,848	1.6	36,303	2.3	41,839	2.2
Diseases of the skin & subcutaneous tissue	936	2.0	2,611	2.6	7,852	3.3	28,871	1.9	40,270	2.1
Diseases of the blood & blood-forming organs	461	1.0	755	0.7	365	0.2	32,139	2.1	33,720	1.7
Congenital anomalies	168	0.4	410	0.4	57	0.0	4,487	0.3	5,122	0.3
Conditions originating in the perinatal period	7	0.0	270	0.3	199	0.1	1,793	0.1	2,269	0.1
Residual codes, unclassified, all Ecodes	164	0.3	762	0.7	1,754	0.7	28,331	1.8	31,011	1.6
Records with invalid or missing primary diagnosis	0	0.0	3	0.0	27	0.0	7,871	0.5	7,901	0.4
<b>Total</b>	<b>47,558</b>	<b>100.0</b>	<b>101,719</b>	<b>100.0</b>	<b>237,515</b>	<b>100.0</b>	<b>1,550,305</b>	<b>100.0</b>	<b>1,937,097</b>	<b>100.0</b>

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

**Table C3**  
**Clinical Classifications Software (CCS) High Level and Leading Single Level Diagnosis Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Column Percents**

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
<b>Symptoms, signs &amp; ill-defined conditions</b>	<b>1,819</b>	<b>3.8</b>	<b>16,169</b>	<b>15.9</b>	<b>26,287</b>	<b>11.1</b>	<b>306,837</b>	<b>19.8</b>	<b>351,112</b>	<b>18.1</b>
258 Other screening for suspected conditions (not mental disord	3		11,730		373		105,909		118,015	
256 Medical examination/evaluation	94		888		420		76,618		78,020	
257 Other aftercare	15		1,341		1,091		47,951		50,398	
251 Abdominal pain	225		1,390		11,040		25,683		38,338	
All Other Procedures in Group	1,482		820		13,363		50,676		66,341	
<b>Musculoskeletal system &amp; connective tissue</b>	<b>3,571</b>	<b>7.5</b>	<b>14,842</b>	<b>14.6</b>	<b>16,342</b>	<b>6.9</b>	<b>181,624</b>	<b>11.7</b>	<b>216,379</b>	<b>11.2</b>
205 Spondylosis, intervertebral disc disorders, other back probl	756		7,749		7,327		53,851		69,683	
204 Other non-traumatic joint disorders	66		1,375		3,826		51,090		56,357	
211 Other connective tissue disease	227		3,149		4,461		36,266		44,103	
All Other Procedures in Group	2,522		2,569		728		40,417		46,236	
<b>Diseases of the circulatory system</b>	<b>7,711</b>	<b>16.2</b>	<b>3,012</b>	<b>3.0</b>	<b>14,206</b>	<b>6.0</b>	<b>172,606</b>	<b>11.1</b>	<b>197,535</b>	<b>10.2</b>
106 Cardiac dysrhythmias	1,296		290		2,406		47,603		51,595	
98 Essential hypertension	39		70		470		47,371		47,950	
All Other Procedures in Group	6,376		2,652		11,330		77,632		97,990	
<b>Endocrine, nutritional, metabolic &amp; immunity disorders</b>	<b>1,742</b>	<b>3.7</b>	<b>1,837</b>	<b>1.8</b>	<b>2,924</b>	<b>1.2</b>	<b>189,896</b>	<b>12.2</b>	<b>196,399</b>	<b>10.1</b>
53 Disorders of lipid metabolism	1		38		12		62,706		62,757	
49 Diabetes mellitus without complication	28		65		282		53,282		53,657	
48 Thyroid disorders	51		544		50		30,294		30,939	
All Other Procedures in Group	1,662		1,190		2,580		43,614		49,046	
<b>Diseases of the genitourinary system</b>	<b>2,073</b>	<b>4.4</b>	<b>7,569</b>	<b>7.4</b>	<b>11,650</b>	<b>4.9</b>	<b>137,105</b>	<b>8.8</b>	<b>158,397</b>	<b>8.2</b>
163 Genitourinary symptoms & ill-defined conditions	59		677		1,523		25,986		28,245	
159 Urinary tract infections	648		218		4,464		20,592		25,922	
167 Nonmalignant breast conditions	20		1,571		166		18,790		20,547	
All Other Procedures in Group	1,346		5,103		5,497		71,737		83,683	
<b>Injury &amp; poisoning</b>	<b>4,620</b>	<b>9.7</b>	<b>6,580</b>	<b>6.5</b>	<b>72,416</b>	<b>30.5</b>	<b>51,470</b>	<b>3.3</b>	<b>135,086</b>	<b>7.0</b>
232 Sprains & strains	46		917		16,033		8,876		25,872	
239 Superficial injury, contusion	59		50		15,853		4,149		20,111	
229 Fracture of upper limb	184		709		5,269		10,055		16,217	
244 Other injuries & conditions due to external causes	121		113		8,061		5,228		13,523	
All Other Procedures in Group	4,210		4,791		27,200		23,162		59,363	

**Table C3**  
**Clinical Classifications Software (CCS) High Level and Leading Single Level Diagnosis Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Column Percents**

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
<b>Diseases of the respiratory system</b>	<b>5,494</b>	<b>11.6</b>	<b>2,411</b>	<b>2.4</b>	<b>31,447</b>	<b>13.2</b>	<b>88,214</b>	<b>5.7</b>	<b>127,566</b>	<b>6.6</b>
126 Other upper respiratory infections	93		231		10,631		29,122		40,077	
133 Other lower respiratory disease	185		383		5,202		27,243		33,013	
127 Chronic obstructive pulmonary disease & bronchiectasis	1,183		31		3,356		10,390		14,960	
All Other Procedures in Group	4,033		1,766		12,258		21,459		39,516	
<b>Neoplasms</b>	<b>2,432</b>	<b>5.1</b>	<b>12,238</b>	<b>12.0</b>	<b>250</b>	<b>0.1</b>	<b>90,764</b>	<b>5.9</b>	<b>105,684</b>	<b>5.5</b>
24 Cancer of breast	112		811		12		12,419		13,354	
44 Neoplasms of unspecified nature or uncertain behavior	71		1,001		44		11,241		12,357	
47 Other & unspecified benign neoplasm	223		5,312		32		5,372		10,939	
45 Maintenance chemotherapy, radiotherapy	152		40		7		10,445		10,644	
All Other Procedures in Group	1,874		5,074		155		51,287		58,390	
<b>Diseases of the nervous system &amp; sense organs</b>	<b>986</b>	<b>2.1</b>	<b>12,373</b>	<b>12.2</b>	<b>19,964</b>	<b>8.4</b>	<b>67,450</b>	<b>4.4</b>	<b>100,773</b>	<b>5.2</b>
95 Other nervous system disorders	310		2,176		2,653		17,652		22,791	
84 Headache, including migraine	61		120		5,411		7,822		13,414	
All Other Procedures in Group	615		10,077		11,900		41,976		64,568	
<b>Diseases of the digestive system</b>	<b>5,423</b>	<b>11.4</b>	<b>14,065</b>	<b>13.8</b>	<b>17,328</b>	<b>7.3</b>	<b>45,810</b>	<b>3.0</b>	<b>82,626</b>	<b>4.3</b>
155 Other gastrointestinal disorders	352		2,173		2,469		15,566		20,560	
136 Disorders of teeth & jaw	86		592		6,695		1,468		8,841	
All Other Procedures in Group	4,985		11,300		8,164		28,776		53,225	
<b>Mental disorders</b>	<b>2,989</b>	<b>6.3</b>	<b>214</b>	<b>0.2</b>	<b>8,657</b>	<b>3.6</b>	<b>40,326</b>	<b>2.6</b>	<b>52,186</b>	<b>2.7</b>
657 MHSA: Mood disorders	1,353		9		2,036		14,125		17,523	
661 MHSA: Substance-related disorders	220		8		878		6,484		7,590	
651 MHSA: Anxiety disorders	193		127		1,982		5,201		7,503	
All Other Procedures in Group	1,223		70		3,761		14,516		19,570	
<b>Contraception &amp; complications of pregnancy &amp; childbirth</b>	<b>6,039</b>	<b>12.7</b>	<b>4,833</b>	<b>4.8</b>	<b>1,942</b>	<b>0.8</b>	<b>38,408</b>	<b>2.5</b>	<b>51,222</b>	<b>2.6</b>
196 Normal pregnancy and/or delivery	178		432		63		25,595		26,268	
181 Other complications of pregnancy	483		1,029		1,190		2,633		5,335	
All Other Procedures in Group	5,378		3,372		689		10,180		19,619	
<b>Infectious &amp; parasitic diseases</b>	<b>923</b>	<b>1.9</b>	<b>765</b>	<b>0.8</b>	<b>3,848</b>	<b>1.6</b>	<b>36,303</b>	<b>2.3</b>	<b>41,839</b>	<b>2.2</b>
10 Immunizations & screening for infectious disease	1		211		264		20,033		20,509	
7 Viral infection	92		216		2,800		4,129		7,237	
All Other Procedures in Group	830		338		784		12,141		14,093	

**Table C3**  
**Clinical Classifications Software (CCS) High Level and Leading Single Level Diagnosis Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Column Percents**

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
<b>Diseases of the skin &amp; subcutaneous tissue</b>	<b>936</b>	<b>2.0</b>	<b>2,611</b>	<b>2.6</b>	<b>7,852</b>	<b>3.3</b>	<b>28,871</b>	<b>1.9</b>	<b>40,270</b>	<b>2.1</b>
200 Other skin disorders	9		2,028		1,839		14,359		18,235	
197 Skin & subcutaneous tissue infections	853		382		5,626		7,498		14,359	
198 Other inflammatory condition of skin	12		98		266		4,389		4,765	
All Other Procedures in Group	62		103		121		2,625		2,911	
<b>Diseases of the blood &amp; blood-forming organs</b>	<b>461</b>	<b>1.0</b>	<b>755</b>	<b>0.7</b>	<b>365</b>	<b>0.2</b>	<b>32,139</b>	<b>2.1</b>	<b>33,720</b>	<b>1.7</b>
59 Deficiency & other anemia	193		677		217		24,244		25,331	
62 Coagulation & hemorrhagic disorders	54		37		83		4,916		5,090	
All Other Procedures in Group	214		41		65		2,979		3,299	
<b>Congenital anomalies</b>	<b>168</b>	<b>0.4</b>	<b>410</b>	<b>0.4</b>	<b>57</b>	<b>0.0</b>	<b>4,487</b>	<b>0.3</b>	<b>5,122</b>	<b>0.3</b>
217 Other congenital anomalies	61		202		25		1,895		2,183	
213 Cardiac & circulatory congenital anomalies	27		24		10		1,471		1,532	
215 Genitourinary congenital anomalies	33		139		8		826		1,006	
All Other Procedures in Group	47		45		14		295		401	
<b>Conditions originating in the perinatal period</b>	<b>7</b>	<b>0.0</b>	<b>270</b>	<b>0.3</b>	<b>199</b>	<b>0.1</b>	<b>1,793</b>	<b>0.1</b>	<b>2,269</b>	<b>0.1</b>
222 Hemolytic jaundice & perinatal jaundice	0		2		10		1,009		1,021	
224 Other perinatal conditions	7		268		185		446		906	
All Other Procedures in Group	0		0		4		338		342	
<b>Residual codes, unclassified, all Ecodes</b>	<b>164</b>	<b>0.3</b>	<b>762</b>	<b>0.7</b>	<b>1,754</b>	<b>0.7</b>	<b>28,331</b>	<b>1.8</b>	<b>31,011</b>	<b>1.6</b>
259 Residual codes; unclassified	164		762		1,752		28,331		31,009	
All Other Procedures in Group	0		0		2		0		2	
<b>Records with invalid or missing primary diagnosis</b>	<b>0</b>	<b>0.0</b>	<b>3</b>	<b>0.0</b>	<b>27</b>	<b>0.0</b>	<b>7,871</b>	<b>0.5</b>	<b>7,901</b>	<b>0.4</b>
<b>Total</b>	<b>47,558</b>	<b>100.0</b>	<b>101,719</b>	<b>100.0</b>	<b>237,515</b>	<b>100.0</b>	<b>1,550,305</b>	<b>100.0</b>	<b>1,937,097</b>	<b>100.0</b>

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

**Table C4  
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Setting  
2009 VT Hospital Data, including VT Residents and Non-Residents  
Number of Records and Average Charges**

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges	Number	Average Charges	Number	Average Charges
Symptoms, signs & ill-defined conditions	1,819	\$19,436	16,169	\$2,254	26,287	\$1,586	306,837	\$310	351,112	\$594
Musculoskeletal system & connective tissue	3,571	\$32,759	14,842	\$4,026	16,342	\$912	181,624	\$653	216,379	\$1,431
Diseases of the circulatory system	7,711	\$22,664	3,012	\$11,818	14,206	\$2,724	172,606	\$387	197,535	\$1,598
Endocrine, nutritional, metabolic & immunity disorders	1,742	\$17,593	1,837	\$2,509	2,924	\$1,858	189,896	\$297	196,399	\$494
Diseases of the genitourinary system	2,073	\$14,474	7,569	\$5,370	11,650	\$1,656	137,105	\$612	158,397	\$1,097
Injury & poisoning	4,620	\$24,757	6,580	\$7,765	72,416	\$1,027	51,470	\$456	135,086	\$1,948
Diseases of the respiratory system	5,494	\$16,369	2,411	\$4,684	31,447	\$947	88,214	\$353	127,566	\$1,271
Neoplasms	2,432	\$27,692	12,238	\$3,889	250	\$3,403	90,764	\$1,963	105,684	\$2,781
Diseases of the nervous system & sense organs	986	\$16,365	12,373	\$4,236	19,964	\$1,053	67,450	\$598	100,773	\$1,287
Diseases of the digestive system	5,423	\$17,497	14,065	\$4,228	17,328	\$1,431	45,810	\$547	82,626	\$2,471
Mental disorders	2,989	\$11,439	214	\$2,609	8,657	\$1,089	40,326	\$310	52,186	\$1,086
Contraception & complications of pregnancy & childbirth	6,039	\$7,870	4,833	\$1,387	1,942	\$1,502	38,408	\$311	51,222	\$1,349
Infectious & parasitic diseases	923	\$30,888	765	\$1,807	3,848	\$694	36,303	\$243	41,839	\$989
Diseases of the skin & subcutaneous tissue	936	\$12,174	2,611	\$1,643	7,852	\$681	28,871	\$241	40,270	\$695
Diseases of the blood & blood-forming organs	461	\$19,029	755	\$2,647	365	\$2,781	32,139	\$620	33,720	\$941
Congenital anomalies	168	\$22,366	410	\$6,216	57	\$2,455	4,487	\$932	5,122	\$2,072
Conditions originating in the perinatal period	7	\$7,784	270	\$942	199	\$548	1,793	\$100	2,269	\$263
Residual codes, unclassified, all Ecodes	164	\$12,152	762	\$4,403	1,754	\$1,629	28,331	\$713	31,011	\$916
Records with invalid or missing primary diagnosis	0	\$0	3	\$2,729	27	\$1,099	7,871	\$79	7,901	\$83
<b>Total</b>	<b>47,558</b>	<b>\$19,063</b>	<b>101,719</b>	<b>\$4,131</b>	<b>237,515</b>	<b>\$1,244</b>	<b>1,550,305</b>	<b>\$519</b>	<b>1,937,097</b>	<b>\$1,252</b>
<b>Total charges</b>	<b>\$906,431,707</b>		<b>\$417,914,761</b>		<b>\$295,246,038</b>		<b>\$804,451,669</b>		<b>\$2,424,044,175</b>	

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

Charge data should be used with caution. See discussion in the User's Guide to Hospital Setting Comparison Tables 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 C5**  
**Clinical Classifications Software (CCS) High Level Diagnosis Groups by Inpatient Admission Source**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Row Percents**

Diagnosis Group	Inpatient Discharges NOT Originating in ED		Inpatient Discharges Originating in ED		Total Inpatient Discharges	
	Number	Row %	Number	Row %	Number	Row %
Diseases of the circulatory system	3,057	39.6	4,654	60.4	7,711	100.0
Contraception & complications of pregnancy & childbirth	5,902	97.7	137	2.3	6,039	100.0
Diseases of the respiratory system	1,362	24.8	4,132	75.2	5,494	100.0
Diseases of the digestive system	1,640	30.2	3,783	69.8	5,423	100.0
Injury & poisoning	1,469	31.8	3,151	68.2	4,620	100.0
Musculoskeletal system & connective tissue	3,054	85.5	517	14.5	3,571	100.0
Mental disorders	1,317	44.1	1,672	55.9	2,989	100.0
Neoplasms	1,853	76.2	579	23.8	2,432	100.0
Diseases of the genitourinary system	983	47.4	1,090	52.6	2,073	100.0
Symptoms, signs & ill-defined conditions	1,213	66.7	606	33.3	1,819	100.0
Endocrine, nutritional, metabolic & immunity disorders	716	41.1	1,026	58.9	1,742	100.0
Diseases of the nervous system & sense organs	403	40.9	583	59.1	986	100.0
Diseases of the skin & subcutaneous tissue	273	29.2	663	70.8	936	100.0
Infectious & parasitic diseases	248	26.9	675	73.1	923	100.0
Diseases of the blood & blood-forming organs	180	39.0	281	61.0	461	100.0
Congenital anomalies	127	75.6	41	24.4	168	100.0
Conditions originating in the perinatal period	6	85.7	1	14.3	7	100.0
Residual codes, unclassified, all Ecodes	86	52.4	78	47.6	164	100.0
Records with invalid or missing primary diagnosis	0	0.0	0	0.0	0	100.0
<b>Total</b>	<b>23,889</b>	<b>50.2</b>	<b>23,669</b>	<b>49.8</b>	<b>47,558</b>	<b>100.0</b>

Inpatient discharges exclude newborns (MDC 15).



**Table C6**  
**Vermont Hospitals by Inpatient Admission Source**  
**2009 Vermont Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Row Percents**

Vermont Hospital	Inpatient Discharges NOT Originating in ED		Inpatient Discharges Originating in ED		Total Inpatient Discharges	
	Number	Row %	Number	Row %	Number	Row %
Brattleboro Memorial Hospital	793	44.8	977	55.2	1,770	100.0
Central Vermont Medical Center	855	27.3	2,280	72.7	3,135	100.0
Copley Hospital	907	82.4	194	17.6	1,101	100.0
Fletcher Allen Health Care	11,909	57.9	8,652	42.1	20,561	100.0
Gifford Medical Center	479	41.1	686	58.9	1,165	100.0
Grace Cottage Hospital	201	93.1	15	6.9	216	100.0
Mt. Ascutney Hospital and Health Center	356	85.8	59	14.2	415	100.0
North Country Hospital	1,147	81.8	256	18.2	1,403	100.0
Northeastern Vermont Regional Hospital	1,139	75.2	375	24.8	1,514	100.0
Northwestern Medical Center	837	45.3	1,009	54.7	1,846	100.0
Porter Medical Center	1,228	80.2	304	19.8	1,532	100.0
Rutland Regional Medical Center	2,233	33.4	4,457	66.6	6,690	100.0
Southwestern Vermont Medical Center	1,121	27.5	2,958	72.5	4,079	100.0
Springfield Hospital	684	32.1	1,447	67.9	2,131	100.0
Total	23,889	50.2	23,669	49.8	47,558	100.0

Inpatient discharges exclude newborns (MDC 15).

**Table C7a**  
**Clinical Classifications Software (CCS) High Level Procedure Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Row Percents**

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Operations on the digestive system	4,227	10.7	34,349	87.1	864	2.2	39,440	100.0
Operations on the musculoskeletal system	5,146	25.8	12,790	64.2	1,973	9.9	19,909	100.0
Operations on the integumentary system	801	4.1	9,934	50.8	8,809	45.1	19,544	100.0
Operations on the nervous system	862	7.0	10,424	84.3	1,076	8.7	12,362	100.0
Obstetrical procedures	5,664	57.4	4,135	41.9	77	0.8	9,876	100.0
Operations on the eye	30	0.3	8,525	94.6	458	5.1	9,013	100.0
Operations on the cardiovascular system	4,342	56.1	2,806	36.3	585	7.6	7,733	100.0
Operations on the urinary system	713	14.4	3,431	69.2	813	16.4	4,957	100.0
Operations on the female genital organs	872	17.9	3,816	78.5	174	3.6	4,862	100.0
Operations on the nose, mouth & pharynx	190	4.4	3,021	69.9	1,109	25.7	4,320	100.0
Operations on the respiratory system	865	36.4	1,399	58.9	112	4.7	2,376	100.0
Operations on the ear	11	0.6	1,687	94.1	95	5.3	1,793	100.0
Operations on the male genital organs	316	19.6	1,265	78.5	30	1.9	1,611	100.0
Operations on the hemic & lymphatic system	222	29.1	533	69.8	9	1.2	764	100.0
Operations on the endocrine system	116	15.5	630	84.2	2	0.3	748	100.0
Miscellaneous diagnostic & therapeutic procedures	206	4.6	2,974	66.4	1,302	29.0	4,482	100.0
<b>Total</b>	<b>24,583</b>	<b>17.1</b>	<b>101,719</b>	<b>70.7</b>	<b>17,488</b>	<b>12.2</b>	<b>143,790</b>	<b>100.0</b>

Records without a procedure in range (ICD-9-CM between 00 - 86.99) are excluded from this table.

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

**Table C7b**  
**Clinical Classifications Software (CCS) High Level Procedure Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Column Percents**

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Operations on the digestive system	4,227	17.2	34,349	33.8	864	4.9	39,440	27.4
Operations on the musculoskeletal system	5,146	20.9	12,790	12.6	1,973	11.3	19,909	13.8
Operations on the integumentary system	801	3.3	9,934	9.8	8,809	50.4	19,544	13.6
Operations on the nervous system	862	3.5	10,424	10.2	1,076	6.2	12,362	8.6
Obstetrical procedures	5,664	23.0	4,135	4.1	77	0.4	9,876	6.9
Operations on the eye	30	0.1	8,525	8.4	458	2.6	9,013	6.3
Operations on the cardiovascular system	4,342	17.7	2,806	2.8	585	3.3	7,733	5.4
Operations on the urinary system	713	2.9	3,431	3.4	813	4.6	4,957	3.4
Operations on the female genital organs	872	3.5	3,816	3.8	174	1.0	4,862	3.4
Operations on the nose, mouth & pharynx	190	0.8	3,021	3.0	1,109	6.3	4,320	3.0
Operations on the respiratory system	865	3.5	1,399	1.4	112	0.6	2,376	1.7
Operations on the ear	11	0.0	1,687	1.7	95	0.5	1,793	1.2
Operations on the male genital organs	316	1.3	1,265	1.2	30	0.2	1,611	1.1
Operations on the hemic & lymphatic system	222	0.9	533	0.5	9	0.1	764	0.5
Operations on the endocrine system	116	0.5	630	0.6	2	0.0	748	0.5
Miscellaneous diagnostic & therapeutic procedures	206	0.8	2,974	2.9	1,302	7.4	4,482	3.1
<b>Total</b>	<b>24,583</b>	<b>100.0</b>	<b>101,719</b>	<b>100.0</b>	<b>17,488</b>	<b>100.0</b>	<b>143,790</b>	<b>100.0</b>

Records without a procedure in range (ICD-9-CM between 00 - 86.99) are excluded from this table.

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

**Table C8**  
**Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Column Percents**

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col%	Number	Col %	Number	Col %	Number	Col %
<b>Operations on the Digestive System</b>	<b>4,227</b>	<b>17.2</b>	<b>34,349</b>	<b>33.8</b>	<b>864</b>	<b>4.9</b>	<b>39,440</b>	<b>27.4</b>
76 Colonoscopy and biopsy	261		13,903		26		14,190	
95 Other non-OR lower GI therapeutic procedures	76		7,832		16		7,924	
70 Upper gastrointestinal endoscopy, biopsy	638		6,154		208		7,000	
All Other Procedures in Group	3,252		6,460		614		10,326	
<b>Operations on the Musculoskeletal System</b>	<b>5,146</b>	<b>20.9</b>	<b>12,790</b>	<b>12.6</b>	<b>1,973</b>	<b>11.3</b>	<b>19,909</b>	<b>13.8</b>
160 Other therapeutic procedures on muscles and tendons	190		2,515		93		2,798	
163 Other non-OR therapeutic procedures on musculoskeletal system	28		1,928		39		1,995	
All Other Procedures in Group	4,928		8,347		1,841		15,116	
<b>Operations on the Integumentary System</b>	<b>801</b>	<b>3.3</b>	<b>9,934</b>	<b>9.8</b>	<b>8,809</b>	<b>50.4</b>	<b>19,544</b>	<b>13.6</b>
171 Suture of skin and subcutaneous tissue	87		568		6,598		7,253	
170 Excision of skin lesion	14		3,299		30		3,343	
174 Other non-OR therapeutic procedures on skin and breast	140		1,535		660		2,335	
All Other Procedures in Group	560		4,532		1,521		6,613	
<b>Operations on the Nervous System</b>	<b>862</b>	<b>3.5</b>	<b>10,424</b>	<b>10.2</b>	<b>1,076</b>	<b>6.2</b>	<b>12,362</b>	<b>8.6</b>
5 Insertion of catheter or spinal stimulator and injection into spinal canal	64		5,284		13		5,361	
8 Other non-OR or closed therapeutic nervous system procedures	21		1,702		717		2,440	
6 Decompression peripheral nerve	2		1,605		3		1,610	
9 Other OR therapeutic nervous system procedures	101		1,251		9		1,361	
All Other Procedures in Group	674		582		334		1,590	
<b>Obstetrical Procedures</b>	<b>5,664</b>	<b>23.0</b>	<b>4,135</b>	<b>4.1</b>	<b>77</b>	<b>0.4</b>	<b>9,876</b>	<b>6.9</b>
139 Fetal monitoring	665		4,061		64		4,790	
134 Cesarean section	1,567		2		0		1,569	
137 Other procedures to assist delivery	1,389		41		0		1,430	
140 Repair of current obstetric laceration	1,225		4		1		1,230	
All Other Procedures in Group	818		27		12		857	
<b>Operations on the Eye</b>	<b>30</b>	<b>0.1</b>	<b>8,525</b>	<b>8.4</b>	<b>458</b>	<b>2.6</b>	<b>9,013</b>	<b>6.3</b>
15 Lens and cataract procedures	2		5,652		3		5,657	
20 Other intraocular therapeutic procedures	3		1,687		10		1,700	
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	19		531		439		989	
All Other Procedures in Group	6		655		6		667	

**Table C8**  
**Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Column Percents**

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col%	Number	Col %	Number	Col %	Number	Col %
<b>Operations on the Cardiovascular System</b>	<b>4,342</b>	<b>17.7</b>	<b>2,806</b>	<b>2.8</b>	<b>585</b>	<b>3.3</b>	<b>7,733</b>	<b>5.4</b>
54 Other vascular catheterization, not heart	1,080		241		471		1,792	
47 Diagnostic cardiac catheterization, coronary arteriography	530		877		75		1,482	
45 Percutaneous transluminal coronary angioplasty (PTCA)	859		120		4		983	
61 Other OR procedures on vessels other than head and neck	249		574		17		840	
All Other Procedures in Group	1,624		994		18		2,636	
<b>Operations on the Urinary System</b>	<b>713</b>	<b>2.9</b>	<b>3,431</b>	<b>3.4</b>	<b>813</b>	<b>4.6</b>	<b>4,957</b>	<b>3.4</b>
100 Endoscopy and endoscopic biopsy of the urinary tract	35		1,237		9		1,281	
101 Transurethral excision, drainage, or removal urinary obstruction	156		808		40		1,004	
108 Indwelling catheter	92		182		630		904	
All Other Procedures in Group	430		1,204		134		1,768	
<b>Operations on the Female Genital Organs</b>	<b>872</b>	<b>3.5</b>	<b>3,816</b>	<b>3.8</b>	<b>174</b>	<b>1.0</b>	<b>4,862</b>	<b>3.4</b>
124 Hysterectomy, abdominal and vaginal	552		372		1		925	
125 Other excision of cervix and uterus	19		805		2		826	
128 Diagnostic dilatation and curettage (D&C)	7		684		11		702	
All Other Procedures in Group	294		1,955		160		2,409	
<b>Operations on the Nose, Mouth and Pharynx</b>	<b>190</b>	<b>0.8</b>	<b>3,021</b>	<b>3.0</b>	<b>1,109</b>	<b>6.3</b>	<b>4,320</b>	<b>3.0</b>
32 Other non-OR therapeutic procedures on nose, mouth and pharynx	16		344		465		825	
30 Tonsillectomy and/or adenoidectomy	22		772		16		810	
29 Dental procedures	8		670		25		703	
33 Other OR therapeutic procedures on nose, mouth and pharynx	84		475		82		641	
27 Control of epistaxis	29		75		386		490	
28 Plastic procedures on nose	7		333		112		452	
All Other Procedures in Group	24		352		23		399	
<b>Operations on the Respiratory System</b>	<b>865</b>	<b>3.5</b>	<b>1,399</b>	<b>1.4</b>	<b>112</b>	<b>0.6</b>	<b>2,376</b>	<b>1.7</b>
37 Diagnostic bronchoscopy and biopsy of bronchus	191		532		7		730	
35 Tracheoscopy and laryngoscopy with biopsy	25		562		45		632	
39 Incision of pleura, thoracentesis, chest drainage	370		132		53		555	
All Other Procedures in Group	279		173		7		459	

**Table C8**  
**Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting**  
**2009 VT Hospital Data, including VT Residents and Non-Residents**  
**Number of Records and Column Percents**

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col%	Number	Col %	Number	Col %	Number	Col %
<b>Operations on the Ear</b>	<b>11</b>	<b>0.0</b>	<b>1,687</b>	<b>1.7</b>	<b>95</b>	<b>0.5</b>	<b>1,793</b>	<b>1.2</b>
23 Myringotomy	5		1,195		0		1,200	
26 Other therapeutic ear procedures	4		339		94		437	
All Other Procedures in Group	2		153		1		156	
<b>Operations on the Male Genital Organs</b>	<b>316</b>	<b>1.3</b>	<b>1,265</b>	<b>1.2</b>	<b>30</b>	<b>0.2</b>	<b>1,611</b>	<b>1.1</b>
118 Other OR therapeutic procedures, male genital	18		362		15		395	
115 Circumcision	1		377		0		378	
113 Transurethral resection of prostate (TURP)	159		152		2		313	
117 Other non-OR therapeutic procedures, male genital	2		182		13		197	
116 Diagnostic procedures, male genital	1		188		0		189	
All Other Procedures in Group	135		4		0		139	
<b>Operations on the Hemic and Lymphatic system</b>	<b>222</b>	<b>0.9</b>	<b>533</b>	<b>0.5</b>	<b>9</b>	<b>0.1</b>	<b>764</b>	<b>0.5</b>
67 Other therapeutic procedures, hemic and lymphatic system	134		258		8		400	
65 Bone marrow biopsy	52		261		1		314	
All Other Procedures in Group	36		14		0		50	
<b>Operations on the Endocrine System</b>	<b>116</b>	<b>0.5</b>	<b>630</b>	<b>0.6</b>	<b>2</b>	<b>0.0</b>	<b>748</b>	<b>0.5</b>
11 Diagnostic endocrine procedures	4		409		0		413	
10 Thyroidectomy, partial or complete	63		145		1		209	
12 Other therapeutic endocrine procedures	49		76		1		126	
<b>Miscellaneous Diagnostic and Therapeutic Procedures</b>	<b>206</b>	<b>0.8</b>	<b>2,974</b>	<b>2.9</b>	<b>1,302</b>	<b>7.4</b>	<b>4,482</b>	<b>3.1</b>
231 Other therapeutic procedures	199		2,945		1,302		4,446	
All Other Procedures in Group	7		29		0		36	
<b>Total for All Procedures in Range 0.00 - 86.99</b>	<b>24,583</b>	<b>100.0</b>	<b>101,719</b>	<b>100.0</b>	<b>17,488</b>	<b>100.0</b>	<b>143,790</b>	<b>100.0</b>

Records without a procedure in range (ICD-9-CM between 00 - 86.99) are excluded from this table.

Inpatient records exclude newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those which did not originate in the ED.

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

**Table C9**  
**Primary Cost Centers by Hospital Setting**  
**2009 Vermont Hospital Data, including VT Residents and Non-Residents**

Primary Cost Center	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %
3390 Laboratory - Clinical	45,329	4.9	19,545	2.1	95,370	10.3	769,934	82.8	930,178	100.0
4100 Radiology - Diagnostic	27,869	10.5	15,253	5.7	82,447	31.0	140,788	52.9	266,357	100.0
3440 Mammography	31	0.0	410	0.5	15	0.0	85,871	99.5	86,327	100.0
Diagnostic	21	0.1	406	2.8	4	0.0	14,284	97.1	14,715	100.0
Screening	11	0.0	4	0.0	11	0.0	71,812	100.0	71,838	100.0
3420 Laboratory - Pathological	7,593	9.1	31,774	38.3	1,072	1.3	42,582	51.3	83,021	100.0
3280 EKG and EEG	22,197	29.0	3,198	4.2	32,421	42.3	18,807	24.5	76,623	100.0
EKG	21,866	30.5	3,186	4.4	32,385	45.2	14,275	19.9	71,712	100.0
EEG	827	15.1	13	0.2	79	1.4	4,544	83.2	5,463	100.0
3230 CAT Scan	12,539	18.1	1,138	1.6	24,460	35.4	30,976	44.8	69,113	100.0
4800 Intravenous Therapy	12,585	21.8	4,637	8.0	31,222	54.0	9,360	16.2	57,804	100.0
3630 Ultra Sound	5,078	9.1	3,085	5.6	4,770	8.6	42,628	76.7	55,561	100.0
5000 Physical Therapy	15,150	28.6	447	0.8	989	1.9	36,338	68.7	52,924	100.0
3240 Cytology	36	0.1	216	0.4	32	0.1	47,894	99.4	48,178	100.0
3430 Magnetic Resonance Imaging (MRI)	2,544	7.2	109	0.3	1,142	3.2	31,510	89.3	35,305	100.0
3560 Pulmonary Function Testing	8,837	32.3	414	1.5	7,808	28.5	10,340	37.7	27,399	100.0
3140 Cardiology	6,033	27.7	633	2.9	863	4.0	14,246	65.4	21,775	100.0
3650 Vascular Lab	3,255	20.1	407	2.5	2,927	18.1	9,576	59.2	16,165	100.0
5100 Occupational Therapy	6,273	44.7	51	0.4	279	2.0	7,423	52.9	14,026	100.0
3450 Nuclear Medicine - Diagnostic	1,524	12.0	298	2.4	758	6.0	10,100	79.7	12,680	100.0
Pet Scan	81	6.0	6	0.4	23	1.7	1,236	91.8	1,346	100.0
All other	1,509	12.3	298	2.4	758	6.2	9,718	79.1	12,283	100.0
3190 Chemotherapy	69	0.6	200	1.9	9	0.1	10,349	97.4	10,627	100.0
3480 Oncology	61	0.7	43	0.5	40	0.5	8,203	98.3	8,347	100.0
3620 Stress Test	804	10.0	6	0.1	1,010	12.5	6,238	77.4	8,058	100.0
5700 Renal Dialysis	546	13.4	1	0.0	0	0.0	3,514	86.5	4,061	100.0

**Table C9**  
**Primary Cost Centers by Hospital Setting**  
**2009 Vermont Hospital Data, including VT Residents and Non-Residents**

Primary Cost Center	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %
3370 Holter Monitor	51	1.3	7	0.2	339	8.9	3,406	89.6	3,803	100.0
3260 Echocardiography	1,637	52.9	18	0.6	456	14.7	983	31.8	3,094	100.0
4200 Radiology-Therapeutic	200	7.2	23	0.8	6	0.2	2,566	91.8	2,795	100.0

Inpatient discharges exclude newborns (MDC 15).

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix C5 for all cost centers.

Records may have more than 1 Primary Cost Center and could represent more than one unit of service.

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



**Table C10**  
**Vermont, Massachusetts, New Hampshire and New York Hospitals by Setting**  
**2009 Hospital Data, including Vermont Residents Only**  
**Number of Records and Row Percents**

Vermont or New Hampshire Hospital	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Brattleboro Memorial Hospital	1,457	10.7	3,460	25.5	8,663	63.8	13,580	100.0
Central Vermont Medical Center	3,081	8.3	7,679	20.7	26,331	71.0	37,091	100.0
Copley Hospital	1,087	6.4	3,898	23.0	11,965	70.6	16,950	100.0
Dartmouth Hitchcock Medical Center	7,986	29.3	9,315	34.2	9,959	36.5	27,260	100.0
Fletcher Allen Health Care	16,694	16.4	39,395	38.7	45,723	44.9	101,812	100.0
Gifford Medical Center	1,147	11.4	2,392	23.8	6,498	64.7	10,037	100.0
Grace Cottage Hospital	208	8.0	0	0.0	2,385	92.0	2,593	100.0
Mt. Ascutney Hospital and Health Center	344	6.8	943	18.6	3,780	74.6	5,067	100.0
North Country Hospital	1,357	7.6	3,424	19.3	12,976	73.1	17,757	100.0
Northeastern Vermont Regional Hospital	1,468	10.7	3,119	22.7	9,165	66.6	13,752	100.0
Northwestern Medical Center	1,826	5.3	7,330	21.1	25,583	73.6	34,739	100.0
Porter Medical Center	1,394	8.2	3,495	20.6	12,049	71.1	16,938	100.0
Rutland Regional Medical Center	6,238	14.8	9,081	21.6	26,733	63.6	42,052	100.0
Southwestern Vermont Medical Center	2,913	15.0	5,248	27.0	11,262	58.0	19,423	100.0
Springfield Hospital	1,850	11.4	2,094	12.9	12,233	75.6	16,177	100.0
Other New Hampshire Hospitals	1,367	8.6	3,111	19.5	11,502	72.0	15,980	100.0
<b>Total</b>	<b>50,417</b>	<b>12.9</b>	<b>103,984</b>	<b>26.6</b>	<b>236,807</b>	<b>60.5</b>	<b>391,208</b>	<b>100.0</b>
Massachusetts Hospitals	1,050		N/A		2,193		N/A	
New York Hospitals	776		N/A		1,225		N/A	

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay and have a valid primary diagnosis.

Massachusetts and New York hospital data are included below the Total line because data were not available for outpatient procedures.

**Table C11**  
**Vermont Hospitals by Setting**  
**2009 Vermont Hospital Data, including VT Residents and Non-Residents**  
**Primary Payer**

Primary Payer	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Count	Col %
Private Insurance	14,490	30.5	46,121	45.3	80,475	33.9	695,379	44.9	836,465	43.2
Medicare	21,742	45.7	36,139	35.5	48,832	20.6	550,038	35.5	656,751	33.9
Medicaid	8,703	18.3	14,315	14.1	72,750	30.6	213,624	13.8	309,392	16.0
Other (includes Self Pay, Other Source, No Charge)	1,938	4.1	2,321	2.3	27,528	11.6	58,387	3.8	90,174	4.7
Workers Compensation	258	0.5	1,901	1.9	5,470	2.3	14,201	0.9	21,830	1.1
Other Government	426	0.9	918	0.9	2,413	1.0	14,672	0.9	18,429	1.0
Unknown	1	0.0	4	0.0	47	0.0	4,004	0.3	4,056	0.2
<b>Total</b>	<b>47,558</b>	<b>100.0</b>	<b>101,719</b>	<b>100.0</b>	<b>237,515</b>	<b>100.0</b>	<b>1,550,305</b>	<b>100.0</b>	<b>1,937,097</b>	<b>100.0</b>

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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

## APPENDIX C1 Definitions and Formulae

**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.

**Clinical Classifications Software (CCS) Grouper:** CCS was developed at the Agency for Healthcare Research and Quality (AHRQ) and is available at the website: <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>. CCS collapses 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.

**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. 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 that had an associated revenue code beginning 45 (Emergency Room).

**Expanded Outpatient Dataset:** Consists of all outpatient records that do not have a procedure in the ICD-9-CM code range of 00.0-86.00, nor an ED associated 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. Maternal records are included, but newborns are excluded, to avoid duplicate counts. However, newborn records are retained in the Vermont Uniform Hospital Discharge Dataset.

**Outpatient Procedures Dataset:** Consists of outpatient records with a procedure in the ICD-9-CM code range of 00.0-86.00 that were performed in an operating room, ambulatory surgery area, or other outpatient setting.

**Primary Cost Center:** Centers for Medicare and Medicaid Services (CMS) developed mapping tool to map revenue charges on a claim to a cost center. The crosswalk is available at the website: <http://www.cms.hhs.gov/HospitalOutpatientPPS> .

**APPENDIX C2**  
**2009 Clinical Classifications Software (CCS) High Level Diagnostic 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 E codes (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 procs

## APPENDIX C3

### 2008 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

## APPENDIX C3

### 2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

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

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

#### CCS High Level Diagnosis Grp 6: Dis. 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

## APPENDIX C3

### 2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

#### CCS High Level Diagnosis Group 8: Diseases of the Respiratory System (Continued)

- 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

## APPENDIX C3

### 2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

#### 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



### APPENDIX C3

#### 2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

##### CCS High Level Diagnosis Group 17: Symptoms, Signs and Ill-Defined Conditions (Continued)

- 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 C4

### 2009 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

## APPENDIX C4

### 2009 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

- 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

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

- 119 Oophorectomy, unilateral and bilateral

- 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

- 148 Other fracture and dislocation procedure
- 149 Arthroscopy
- 150 Division of joint capsule, ligament or cartilage

## APPENDIX C4

### 2009 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

- 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)

- 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

**APPENDIX C4**  
**2009 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories**

178	CT scan chest	205	Arterial blood gases
179	CT scan abdomen	206	Microscopic examination (bacterial smear, culture, toxicology)
180	Other CT scan	207	Radioisotope bone scan
181	Myelogram	208	Radioisotope pulmonary scan
182	Mammography	209	Radioisotope scan and function studies
183	Routine chest X-ray	210	Other radioisotope scan
184	Intraoperative cholangiogram	211	Therapeutic radiology
185	Upper gastrointestinal X-ray	212	Diagnostic physical therapy
186	Lower gastrointestinal X-ray	213	Physical therapy exercises, manipulation, and other procedures
187	Intravenous pyelogram	214	Traction, splints, and other wound care
188	Cerebral arteriogram	215	Other physical therapy and rehabilitation
189	Contrast aortogram	216	Respiratory intubation and mechanical ventilation
190	Contrast arteriogram of femoral and lower extremity arteries	217	Other respiratory therapy
191	Arterio- or venogram (not heart and head)	218	Psychological and psychiatric evaluation and therapy
192	Diagnostic ultrasound of head and neck	219	Alcohol and drug rehabilitation/detoxification
193	Diagnostic ultrasound of heart (echocardiogram)	220	Ophthalmologic and otologic diagnosis and treatment
194	Diagnostic ultrasound of gastrointestinal tract	221	Nasogastric tube
195	Diagnostic ultrasound of urinary tract	222	Blood transfusion
196	Diagnostic ultrasound of abdomen or retroperitoneum	223	Enteral and parenteral nutrition
197	Other diagnostic ultrasound	224	Cancer chemotherapy
198	Magnetic resonance imaging	225	Conversion of cardiac rhythm
199	Electroencephalogram (EEG)	226	Other diagnostic radiology and related techniques
200	Nonoperative urinary system measurements	227	Other diagnostic procedures (interview, evaluation, consultation)
201	Cardiac stress tests	228	Prophylactic vaccinations and inoculations
202	Electrocardiogram	229	Nonoperative removal of foreign body
203	Electrographic cardiac monitoring	230	Extracorporeal shock wave lithotripsy, other than urinary
204	Swan-Ganz catheterization for monitoring	231	Other therapeutic procedures

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0321	Radiology - Diagnostic: Angiocardiology	3030	Angiocardiology
0470	Audiology	3040	Audiology
0471	Audiology: Diagnostic	3040	Audiology
0479	Audiology: Other audiology	3040	Audiology
0472	Audiology: Treatment	3040	Audiology
0306	Laboratory - Clinical Diagnostic: Bacteriology/microbiology	3050	Bacteriology and Microbiology
0314	Laboratory - Pathology: Biopsy	3060	Biopsy
0724	Labor Room: Birthing center	3070	Birthing Center
0481	Cardiology: Cardiac catheter lab	3120	Cardiac Catheterization Laboratory
0480	Cardiology	3140	Cardiology
0489	Cardiology: Other cardiology	3140	Cardiology
0943	Other Therapeutic Serv: Cardiac rehab	3140	cardiology
0301	Laboratory - Clinical Diagnostic: Chemistry	3180	Chemistry
0331	Radiology - Therapeutic: Chemotherapy - injected	3190	Chemotherapy
0335	Radiology - Therapeutic: Chemotherapy - IV	3190	Chemotherapy
0332	Radiology - Therapeutic: Chemotherapy - oral	3190	Chemotherapy
0723	Labor Room: Circumcision	3220	Circumcision
0350	CT Scan	3230	CAT Scan
0352	CT Scan: Body	3230	CAT Scan
0351	CT Scan: Head	3230	CAT Scan
0359	CT Scan: Other CT scans	3230	CAT Scan
0311	Laboratory - Pathology: Cytology	3240	Laboratory - Pathological
0923	Other Diagnostic Services: Pap smear	3240	Cytology
0512	Clinic: Dental clinic	3250	Dental Services
0483	Cardiology: Echocardiology	3260	Echocardiography
0740	EEG	3280	EKG and EEG
0730	EKG/ECG	3280	EKG and EEG
0739	EKG/ECG: Other EKG/ECG	3280	EKG and EEG
0732	EKG/ECG: Telemetry	3280	EKG and EEG
0922	Other Diagnostic Services: Electromyogram	3290	Electromyography
0901	Psychiatric/Psychological Trt: Electroshock treatment	3320	Electroshock Therapy
0750	Gastrointestinal	3340	Gastro Intestinal Services
0305	Laboratory - Clinical Diagnostic: Hematology	3350	Hematology
0312	Laboratory - Pathology: Histology	3360	Histology
0731	EKG/ECG: Holter monitor	3370	Holter Monitor
0302	Laboratory - Clinical Diagnostic: Immunology	3380	Immunology

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0924	Other Diagnostic Services: Allergy test	3380	Immunology
0300	Laboratory - Clinical Diagnostic	3390	Laboratory - Clinical
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	3390	Laboratory - Clinical
0309	Laboratory - Clinical Diagnostic: Other laboratory	3390	Laboratory - Clinical
0303	Laboratory - Clinical Diagnostic: Renal patient (home)	3390	Laboratory - Clinical
0307	Laboratory - Clinical Diagnostic: Urology	3390	Laboratory - Clinical
0925	Other Diagnostic Services: Pregnancy test	3390	Laboratory - Clinical
0310	Laboratory - Pathology	3420	Laboratory - Pathological
0319	Laboratory - Pathology: Other	3420	Laboratory - Pathological
0610	Magnetic Resonance Tech. (MRT)	3430	Magnetic Resonance Imaging (MRI)
0611	Magnetic Resonance Tech. (MRT): Brain (incl. Brainstem)	3430	Magnetic Resonance Imaging (MRI)
0615	Magnetic Resonance Tech. (MRT): MRA - Head and Neck	3430	Magnetic Resonance Imaging (MRI)
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)
0614	Magnetic Resonance Tech. (MRT): MRI - Other	3430	Magnetic Resonance Imaging (MRI)
0619	Magnetic Resonance Tech. (MRT): Other MRT	3430	Magnetic Resonance Imaging (MRI)
0612	Magnetic Resonance Tech. (MRT): Spinal cord (incl. spine)	3430	Magnetic Resonance Imaging (MRI)
0401	Other Imaging Services: Diagnostic mammography	3440	Mammography
0403	Other Imaging Services: Screening mammography	3440	Mammography
0343	Diagnostic Radiopharms	3450	Nuclear Medicine - Diagnostic
0340	Nuclear Medicine	3450	Nuclear Medicine - Diagnostic
0341	Nuclear Medicine: Diagnostic	3450	Nuclear Medicine - Diagnostic
0349	Nuclear Medicine: Other	3450	Nuclear Medicine - Diagnostic
0404	Other Imaging Services: PET scan	3450	Nuclear Medicine-Diagnostic
0342	Nuclear Medicine: Therapeutic	3470	Nuclear Medicine - Therapeutic
0344	Therapeutic Radiopharms	3470	Nuclear Medicine - Therapeutic
0280	Oncology	3480	Oncology
0289	Oncology: Other oncology	3480	Oncology
0530	Osteopathic Services	3530	Osteopathic Therapy
0531	Osteopathic Services: Osteopathic therapy	3530	Osteopathic Therapy
0539	Osteopathic Services: Other osteopathic services	3530	Osteopathic Therapy
0276	Medical/Surgical Supplies: Intraocular lens	3540	Prosthetic Devices
0275	Medical/Surgical Supplies: Pacemaker	3540	Prosthetic Devices
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	3540	Prosthetic Devices
0513	Clinic: Psychiatric clinic	3550	Psychiatric/Psychological Services
0945	Other Therapeutic Serv: Alcohol rehab	3550	Psychiatric/Psychological Services

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0944	Other Therapeutic Serv: Drug rehab	3550	Psychiatric/Psychological Services
0917	Psychiatric/Psychological Svcs: Biofeedback	3550	Psychiatric/Psychological Services
0916	Psychiatric/Psychological Svcs: Family therapy	3550	Psychiatric/Psychological Services
0915	Psychiatric/Psychological Svcs: Group therapy	3550	Psychiatric/Psychological Services
0914	Psychiatric/Psychological Svcs: Individual therapy	3550	Psychiatric/Psychological Services
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	3550	Psychiatric/Psychological Services
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	3550	Psychiatric/Psychological Services
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	3550	Psychiatric/Psychological Services
0911	Psychiatric/Psychological Svcs: Rehabilitation	3550	Psychiatric/Psychological Services
0918	Psychiatric/Psychological Svcs: Testing	3550	Psychiatric/Psychological Services
0900	Psychiatric/Psychological Trt	3550	Psychiatric/Psychological Services
0907	Psychiatric/Psychological Trt: Comm behavioral program	3550	Psychiatric/Psychological Services
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	3550	Psychiatric/Psychological Services
0905	Psychiatric/Psychological Trt: Intensive Outpatient serv-sych	3550	Psychiatric/Psychological Services
0902	Psychiatric/Psychological Trt: Milieu therapy	3550	Psychiatric/Psychological Services
0903	Psychiatric/Psychological Trt: Play therapy	3550	Psychiatric/Psychological Services
0460	Pulmonary Function	3560	Pulmonary Function Testing
0469	Pulmonary Function: Other	3560	Pulmonary Function Testing
0904	Psychiatric/Psychological Trt: Activity therapy	3580	Recreational Therapy
0482	Cardiology: Stress test	3620	Stress Test
0402	Other Imaging Services: Ultrasound	3630	Ultra Sound
0790	Extra-Corp Shock Wave Therapy	3640	Urology
0921	Other Diagnostic Services: Peripheral vascular lab	3650	Vascular Lab
0323	Radiology - Diagnostic: Arteriography	3650	Vascular Lab
0360	Operating Room Services	3700	Operating Room
0367	Operating Room Services: Kidney transplant	3700	Operating Room
0361	Operating Room Services: Minor surgery	3700	Operating Room
0362	Operating Room Services: Organ trnsplnt, not kidney	3700	Operating Room
0369	Operating Room Services: Other operating room services	3700	Operating Room
0710	Recovery Room	3800	Recovery Room
0720	Labor Room	3900	Delivery Room & Labor Room
0722	Labor Room: Delivery	3900	Delivery Room & Labor Room
0721	Labor Room: Labor	3900	Delivery Room & Labor Room
0729	Labor Room: Other labor room/delivery	3900	Delivery Room & Labor Room
0370	Anesthesia	4000	Anesthesiology
0372	Anesthesia: Incident to other diag services	4000	Anesthesiology



**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0371	Anesthesia: Incident to radiology	4000	Anesthesiology
0379	Anesthesia: Other anesthesia	4000	Anesthesiology
0517	Clinic: Family clinic	4040	Family Practice
0400	Other Imaging Services	4100	Radiology - Diagnostic
0409	Other Imaging Services: Other imaging services	4100	Radiology - Diagnostic
0320	Radiology - Diagnostic	4100	Radiology-Diagnostic
0322	Radiology - Diagnostic: Arthrography	4100	Radiology-Diagnostic
0324	Radiology - Diagnostic: Chest X-ray	4100	Radiology-Diagnostic
0329	Radiology - Diagnostic: Other	4100	Radiology-Diagnostic
0330	Radiology - Therapeutic	4200	Radiology-Therapeutic
0339	Radiology - Therapeutic: Other	4200	Radiology-Therapeutic
0333	Radiology - Therapeutic: Radiation therapy	4200	Radiology-Therapeutic
0380	Blood	4600	Whole Blood & Packed Red Blood Cells
0385	Blood: Leukocytes	4600	Whole Blood & Packed Red Blood Cells
0389	Blood: Other blood	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
0381	Blood: Packed red cells	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
0382	Blood: Whole 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.
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
0269	IV Therapy: Other IV therapy	4800	Intravenous Therapy
0264	IV Therapy: supplies	4800	Intravenous Therapy
0948	Pulmonary Rehabilitation	4900	respiratory
0410	Respiratory Services	4900	Respiratory Therapy
0413	Respiratory Services: Hyberbaric oxygen therapy	4900	Respiratory Therapy
0412	Respiratory Services: Inhalation services	4900	Respiratory Therapy
0419	Respiratory Services: Other respiratory services	4900	Respiratory Therapy

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0420	Physical Therapy	5000	Physical Therapy
0424	Physical Therapy: Evaluation/re-evaluation	5000	Physical Therapy
0423	Physical Therapy: Group rate	5000	Physical Therapy
0422	Physical Therapy: Hourly charge	5000	Physical Therapy
0429	Physical Therapy: Other physical therapy	5000	Physical Therapy
0421	Physical Therapy: Visit charge	5000	Physical Therapy
0430	Occupational Therapy	5100	Occupational Therapy
0434	Occupational Therapy: Evaluation/re-evaluation	5100	Occupational Therapy
0433	Occupational Therapy: Group rate	5100	Occupational Therapy
0432	Occupational Therapy: Hourly charge	5100	Occupational Therapy
0439	Occupational Therapy: Other occupational therapy	5100	Occupational Therapy
0431	Occupational Therapy: Visit charge	5100	Occupational Therapy
0440	Speech-Language Pathology	5200	Speech Pathology
0444	Speech-Language Pathology: Evaluation/ re-evaluation	5200	Speech Pathology
0443	Speech-Language Pathology: Group rate	5200	Speech Pathology
0442	Speech-Language Pathology: Hourly charge	5200	Speech Pathology
0449	Speech-Language Pathology: Other speech language pathology	5200	Speech Pathology
0441	Speech-Language Pathology: Visit charge	5200	Speech Pathology
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	5500	Med Supplies Charged to Patient
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	5500	Med Supplies Charged to Patient
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	5500	Med Supplies Charged to Patient
0270	Medical/Surgical Supplies	5500	Med Supplies Charged to Patient
0271	Medical/Surgical Supplies: Nonsterile supplies	5500	Med Supplies Charged to Patient
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
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
0623	Surgical dressings	5500	Med Supplies Charged to Patient
0636	Drugs Require Specific ID: Drugs requiring detail coding	5600	Drugs Charged to Patients
0635	Drugs Require Specific ID: EPO over 10,000 units	5600	Drugs Charged to Patients
0634	Drugs Require Specific ID: EPO under 10,000 units	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
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-c	5600	Drugs Charged to Patients
0631	Drugs Require Specific ID: Single source drug	5600	Drugs Charged to Patients
0250	Pharmacy	5600	Drugs Charged to Patients

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0256	Pharmacy: Experimental drugs	5600	Drugs Charged to Patients
0251	Pharmacy: Generic	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
0258	Pharmacy: IV solutions	5600	Drugs Charged to Patients
0252	Pharmacy: Nongeneric	5600	Drugs Charged to Patients
0257	Pharmacy: Non-prescription	5600	Drugs Charged to Patients
0259	Pharmacy: Other	5600	Drugs Charged to Patients
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
0820	Hemo OPD/Home	5700	Renal Dialysis
0823	Hemo OPD/home equipment	5700	Renal Dialysis
0824	Hemo OPD/Home Maintenance 100%	5700	Renal Dialysis
0822	Hemo OPD/Home supplies	5700	Renal Dialysis
0825	Hemo OPD/Home Support Services	5700	Renal Dialysis
0821	Hemo OPD/Home: Hemodialysis comp or other rate	5700	Renal Dialysis
0829	Hemo OPD/Home: Other HEMO outpatient	5700	Renal Dialysis
0800	Inpatient Dialysis	5700	Renal Dialysis
0803	inpatient dialysis CAPD	5700	Renal Dialysis
0804	Inpatient dialysis CCPD	5700	Renal Dialysis
0801	Inpatient Hemodialysis	5700	Renal Dialysis
0802	Inpatient peritoneal dialysis	5700	Renal Dialysis
0880	Miscellaneous Dialysis	5700	Renal Dialysis
0889	Miscellaneous Dialysis: Other misc dialysis	5700	Renal Dialysis
0881	Miscellaneous Dialysis: Ultrafiltration	5700	Renal Dialysis
0809	Other inp dialysis	5700	Renal Dialysis
0830	Peritoneal OPD/Home	5700	Renal Dialysis
0839	Peritoneal OPD/Home: Other peritoneal dialysis	5700	Renal Dialysis
0831	Peritoneal OPD/Home: Peritoneal comp or other rate	5700	Renal Dialysis
0490	Ambulatory Surgery	5800	ASC
0499	Ambulatory Surgery: Other ambulatory surgical care	5800	ASC
0700	Cast Room	6000	Clinic

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0510	Clinic	6000	Clinic
0511	Clinic: Chronic pain center	6000	Clinic
0514	Clinic: OB/GYN clinic	6000	Clinic
0519	Clinic: Other clinic	6000	Clinic
0515	Clinic: Pediatric clinic	6000	Clinic
0516	Clinic: Urgent care clinic	6000	Clinic
0942	Other Therapeutic Serv: Educ/training	6000	Clinic
0941	Other Therapeutic Serv: Recreation Rx	6000	Clinic
0770	Preventive Care Services	6000	Clinic
0771	Preventive Care Services: Admin. of vaccine	6000	Clinic
0760	Treatment/Observation Room	6000	Clinic
0769	Treatment/Observation Room: Other treatment room	6000	Clinic
0761	Treatment/Observation Room: Treatment room	6000	Clinic
0450	Emergency Room	6100	Emergency
0451	Emergency Room: EM/EMTALA	6100	Emergency
0452	Emergency Room: ER/ Beyond EMTALA	6100	Emergency
0459	Emergency Room: Other emergency room	6100	Emergency
0456	Emergency Room: Urgent care	6100	Emergency
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
0762	Treatment/Observation Room: Observation room	6201	Observation Beds (Distinct Part)
0299	Durable Medical Equipment: Other equipment	6700	Durable Medical Equip. - Sold
0810	Organ Acquisition	8600	Other Organ Acquisition (Specify)
0812	Organ Acquisition: Cadaver donor	8600	Other Organ Acquisition (Specify)
0811	Organ Acquisition: Living donor	8600	Other Organ Acquisition (Specify)
0819	Organ Acquisition: Other 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)
0989	Private duty nurse	N/A	
0528	RHC/FQHC visit to other non RHC/FQHC site	N/A	
2102	Acupressure	N/A	
0374	Acupuncture	N/A	
2101	Acupuncture	N/A	

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0221	Admission charge	N/A	
0997	Admission kits	N/A	
3103	Adult day care, medical and social, daily	N/A	
3101	Adult day care, Medical and social, hourly	N/A	
3104	Adult day care, social, daily	N/A	
3102	Adult day care, social, hourly	N/A	
3105	Adult foster care, daily	N/A	
0545	Air ambulance	N/A	
0240	All inclusive Ancillary	N/A	
0100	All Inclusive Rate	N/A	
0101	All Inclusive Rate	N/A	
2100	Alternative therapy services	N/A	
0540	Ambulance	N/A	
0963	Anesthesiologist (MD)	N/A	
0964	Anesthetist (CRNA)	N/A	
0583	Assessment	N/A	
0241	Basic	N/A	
0998	Beauty shop/barber	N/A	
1000	Behavioral health accomodations	N/A	
2105	Biofeedback	N/A	
0207	Burn care	N/A	
0991	Cafeteria/guest tray	N/A	
0234	CCU	N/A	
0947	Complex medical equipment-Ancillary	N/A	
0946	Complex medical equipment-Routine	N/A	
0242	Comprehensive	N/A	
0652	Continuous home care	N/A	
0672	Contracted	N/A	
0210	Coronary care	N/A	
0663	Daily Respite Charge	N/A	
0116	Detoxification	N/A	
0126	Detoxification	N/A	
0136	Detoxification	N/A	
0146	Detoxification	N/A	
0156	Detoxification	N/A	
0291	DME Rental	N/A	

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0290	Durable Medical Equipment	N/A	
0292	Durable Medical Equipment: Purchase - new equipment	N/A	
0523	Family Practice Clinic	N/A	
0520	Free-Standing Clinic	N/A	
0529	Free-Standing Clinic: Other	N/A	
0656	General inpatient care (non-respite)	N/A	
1005	Group home	N/A	
1004	Halfway house	N/A	
0543	Heart Mobile	N/A	
0213	Heart Transplant	N/A	
0022	HIPPS	N/A	
0023	HIPPS	N/A	
0024	HIPPS	N/A	
0882	Home dialysis aid visit	N/A	
0833	Home equipment	N/A	
0843	Home equipment	N/A	
0853	Home equipment	N/A	
0560	Home Health (HH) -- Medical Social Services	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	
0580	Home health-other visits	N/A	
0600	Home health-oxygen	N/A	
0590	Home health-units of service	N/A	
0561	Home Health (HH) Medical Social Services: Visit charge	N/A	
0640	Home IV Therapy Services	N/A	
0832	Home supplies	N/A	
0842	Home supplies	N/A	
0852	Home supplies	N/A	
0115	Hospice	N/A	
0125	Hospice	N/A	
0135	Hospice	N/A	
0145	Hospice	N/A	
0155	Hospice	N/A	
0235	Hospice	N/A	
0658	Hospice Room & Board-Nursing facility	N/A	

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0650	Hospice service	N/A	
0671	Hospital based	N/A	
0185	Hospitalization	N/A	
0552	Hourly charge	N/A	
0572	Hourly charge	N/A	
0582	Hourly charge	N/A	
0661	Hourly Repite Care Charge Nursing	N/A	
0662	Hourly Respite Care Charge Aide/Homemaker/Companion	N/A	
2106	Hypnosis	N/A	
0233	ICU	N/A	
0230	Incremental nursing charge rate	N/A	
0655	Inpatient respite care	N/A	
0200	Intensive care	N/A	
0214	Intermediate CCU	N/A	
0206	Intermediate ICU	N/A	
0642	IV site care, Central line	N/A	
0643	IV start/change, peripheral line	N/A	
0996	Late discharge charge	N/A	
0224	Late discharge, medically necessary	N/A	
0180	Leave of Absence	N/A	
0834	Maintenance/100%	N/A	
0844	Maintenance/100%	N/A	
0854	Maintenance/100%	N/A	
2103	Massage	N/A	
0202	Medical	N/A	
0932	Medical rehab; full day	N/A	
0931	Medical rehab; half day	N/A	
0542	Medical Transport	N/A	
0111	Medical/Surgical/Gyn	N/A	
0121	Medical/Surgical/Gyn	N/A	
0131	Medical/Surgical/Gyn	N/A	
0141	Medical/Surgical/Gyn	N/A	
0151	Medical/Surgical/Gyn	N/A	
0211	Myocardial Infarction	N/A	
0546	Neonatal ambulance services	N/A	
0171	Newborn-Level I	N/A	

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0172	Newborn-Level II	N/A	
0173	Newborn-Level III	N/A	
0174	Newborn-Level IV	N/A	
0995	Nonpatient room rentals	N/A	
0641	Nonroutine nursing, central line	N/A	
0644	Nonroutine nursing, peripheral line	N/A	
0680	Not Used	N/A	
0527	Nurse visit to home in a HH shortage area	N/A	
0170	Nursery	N/A	
0231	Nursery	N/A	
0112	OB	N/A	
0122	OB	N/A	
0132	OB	N/A	
0142	OB	N/A	
0152	OB	N/A	
0232	OB	N/A	
0117	Oncology	N/A	
0127	Oncology	N/A	
0137	Oncology	N/A	
0147	Oncology	N/A	
0157	Oncology	N/A	
0962	Ophthalmology	N/A	
0119	Other	N/A	
0129	Other	N/A	
0139	Other	N/A	
0149	Other	N/A	
0159	Other	N/A	
0169	Other	N/A	
0239	Other	N/A	
3109	Other adult care	N/A	
0249	Other all inclusive ancillary	N/A	
2109	Other alternative therapy services	N/A	
0549	Other ambulance	N/A	
0219	Other Coronary Care	N/A	
0920	Other Diagnostic Services	N/A	
0929	Other Diagnostic Services: Other diagnostic services	N/A	



**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0579	Other home health aide	N/A	
0589	Other home health visit	N/A	
0659	Other hospice service	N/A	
0209	Other intensive care	N/A	
0649	Other IV therapy services	N/A	
0189	Other leave of absence	N/A	
0179	Other Nursery	N/A	
0509	Other Outpatient	N/A	
0609	Other oxygen	N/A	
0999	Other patient convenience item	N/A	
0969	Other professional fee	N/A	
0669	Other respite care	N/A	
0559	Other skilled nursing	N/A	
0229	Other special charges	N/A	
0679	Other special residence charge	N/A	
0199	Other subacute care	N/A	
0940	Other Therapeutic Serv	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	
0500	Outpatient services	N/A	
0670	Outpatient Special Residence Charges	N/A	
0544	Oxygen	N/A	
0604	Oxygen-Portable Add-on	N/A	
0603	Oxygen-state/equip/over 4 LPM	N/A	
0601	Oxygen-state/equip/suppl/ or cont	N/A	
0602	Oxygen-state/equip/suppl/ or under 1 LPM	N/A	
0277	Oxygen-Take home	N/A	
0182	Patient Convenience	N/A	
0990	Patient convenience items	N/A	
0113	Pediatric	N/A	
0123	Pediatric	N/A	
0133	Pediatric	N/A	
0143	Pediatric	N/A	
0153	Pediatric	N/A	
0203	Pediatric	N/A	

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0547	Pharmacy	N/A	
0657	Physician services	N/A	
0992	Private linen service	N/A	
0960	Professional fees	N/A	
0983	Professional fees (096x) clinic	N/A	
0988	Professional fees (096x) Consultation	N/A	
0986	Professional fees (096x) EEK	N/A	
0985	Professional fees (096x) EKG	N/A	
0981	Professional fees (096x) Emergency room	N/A	
0987	Professional fees (096x) Hospital visit	N/A	
0971	Professional fees (096x) Laboratory	N/A	
0984	Professional fees (096x) medical social services	N/A	
0978	Professional fees (096x) Occupational therapy	N/A	
0975	Professional fees (096x) Operating room	N/A	
0982	Professional fees (096x) Outpatient services	N/A	
0977	Professional fees (096x) Physical therapy	N/A	
0972	Professional fees (096x) Radiology-Diagnostic	N/A	
0974	Professional fees (096x) Radiology-nuclear medicine	N/A	
0973	Professional fees (096x) Radiology-Therapeutic	N/A	
0976	Professional fees (096x) Respiratory Therapy	N/A	
0979	Professional fees (096x) Speech pathology	N/A	
0114	Psychiatric	N/A	
0124	Psychiatric	N/A	
0134	Psychiatric	N/A	
0144	Psychiatric	N/A	
0154	Psychiatric	N/A	
0204	Psychiatric	N/A	
0961	Psychiatric	N/A	
0212	Pulmonary Care	N/A	
0293	Purchase of used DME	N/A	
2104	Reflexology	N/A	
0118	Rehab	N/A	
0128	Rehab	N/A	
0138	Rehab	N/A	
0148	Rehab	N/A	
0158	Rehab	N/A	

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
1002	Residential treatment-chemical dependency	N/A	
1001	Residential treatment-psychiatric	N/A	
0660	Respite Care	N/A	
0525	RHC/FQHC visit in noncovered SNF, NF, ICFMR or other	N/A	
0524	RHC/FQHC visit in Part A covered SNF	N/A	
0160	Room & Board (other)	N/A	
0140	Room & Board (Private Deluxe)	N/A	
0110	Room & Board (Private)	N/A	
0120	Room & Board (Semi-Private 2 beds)	N/A	
0150	Room & Board (Ward)	N/A	
0130	Room&Board (Semi private 3-4 beds)	N/A	
0651	Routine home care	N/A	
0521	Rural health-clinic	N/A	
0522	Rural health-home	N/A	
0167	Self care	N/A	
0550	Skilled nursing	N/A	
0220	Special charges	N/A	
0243	Specialty	N/A	
0164	Sterile Environment	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	
1003	Supervised living	N/A	
0541	Supplies	N/A	
0294	Supplies/Drugs for DME effectiveness (HHA only)	N/A	
0835	Support services	N/A	
0845	Support services	N/A	
0855	Support services	N/A	
0201	Surgical	N/A	
0253	Take home drugs	N/A	
0222	Technical support charge	N/A	
0780	Telemedicine	N/A	
0548	Telephone Transmission EKG	N/A	
0993	Telephone/telegraph	N/A	

**APPENDIX C5**  
**Revenue Code to Primary Cost Center Crosswalk**

<b>Revenue Code</b>	<b>Revenue Code Description</b>	<b>Primary Cost Center</b>	<b>Primary Cost Center Name</b>
0183	Therapeutic Leave	N/A	
0001	Total Charge	N/A	
0645	Training patient/caregiver, central line	N/A	
0646	Training, Disabled patient, central line	N/A	
0648	Training, disabled patient, peripheral line	N/A	
0647	Training, patient/caregiver, peripheral line	N/A	
0208	Trauma	N/A	
0994	TV/radio	N/A	
0223	U.R. service charge	N/A	
0526	Urgent Care Clinic	N/A	
0551	Visit charge	N/A	
0571	Visit charge	N/A	
0581	Visit charge	N/A	

Source: [http://www.cms.hhs.gov/HospitalOutpatientPPS/03\\_crosswalk.asp](http://www.cms.hhs.gov/HospitalOutpatientPPS/03_crosswalk.asp)

**APPENDIX C6**  
**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

Fletcher Allen Health Care  
(FAHC)  
111 Colchester Avenue  
Burlington, Vermont 05401

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

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

**APPENDIX C6**  
**Hospitals in this Report**

New Hampshire Hospitals

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.

**APPENDIX C6**  
**Hospitals in this Report**

Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center  
(MA-Baystate)  
Springfield, Massachusetts

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

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

Berkshire Medical Center  
(MA-Berkshire)  
Pittsfield, Massachusetts

Hillcrest Hospital  
(MA-Hillcrest)  
Pittsfield, Massachusetts

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

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

Lahey Clinic Hospital  
(MA-Lahey)  
Burlington, Massachusetts

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

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

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

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

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

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

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

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

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

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

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

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

**APPENDIX C6**  
**Hospitals in this Report**

New York Hospitals Most Frequently Used by Vermont Residents

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

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

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

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

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

Samaritan Hospital  
(NY-Samaritan)  
Troy, New York

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

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

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

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

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

Leonard Hospital  
(NY-Leonard)  
Troy, New York

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