

2011

Vermont Hospitals Report

April 2013

Vermont Department of Financial Regulation

Vermont Department of Health

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

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

Under the direction of the Vermont Department of Financial Regulation

Dian Kahn, Director of Analysis and Data Management
Thomas Crompton, Senior Health Care Analyst

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

The Department of Financial Regulation
89 Main Street, Drawer 20,
Montpelier, Vermont 05620-3601
(802) 828-2900 or (800) 631-7788

Acknowledgments

The production of this document would not be possible without the assistance of many individuals and the cooperation of the hospitals.

The Vermont Department of Financial Regulation (DFR) thanks the Vermont Association of Hospitals and Health Systems - Network Services Organization (VAHHS-NSO) for providing assistance under a contract with DFR and for working with the Vermont hospitals to ensure timely and accurate reporting of the data. DFR also thanks the participating hospitals for their efforts in submitting the data and responding to requests for clarification and corrections.

Disclaimer

Hospital discharge data for use in this publication were supplied by the VAHHS-NSO reporting system, Vermont EXPLOR, under a contract with DFR. 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 DFR, before inclusion in the Vermont Uniform Hospital Discharge Data Set (VUHDDS). The Vermont Uniform Hospital Discharge Data Set is used to construct this report and is the official state data file available to the public. VDH does not assume responsibility for errors in the data due to coding or processing by hospitals, VAHHS-NSO Vermont EXPLOR, or other data providers.

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 (that include non-public data elements not found in Public Use data files) can be found on the VDH website:

http://healthvermont.gov/research/hospital-utilization/VHUR_FAQS.aspx.

For any additional information concerning the data sets, contact the Vermont Department of Financial Regulation at (802) 828-2900 or (800) 631-7788.

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Note: Reporting is limited to Vermont hospitals until the 2011 data are available for Vermont residents served in New Hampshire, Massachusetts and New York hospitals. The timeliness of the annual data exchange between Vermont and New Hampshire has been seriously impacted by major changes in New Hampshire's data collection and processing technologies. At the time of this report, Vermont is in the process of exchanging 2011 hospital data with New York and Massachusetts.

2011 Vermont Hospitals Report

User's Guide

Introduction

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

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

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

Individuals may have multiple records in any or all of the datasets if they had multiple inpatient discharges, outpatient procedures, expanded outpatient services and/or emergency department visits during the

reporting year. Therefore, the number of discharge/visit records likely exceeds the number of individuals who received hospital-based services during the reporting year.

Sources of Data

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

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

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

Exclusions

As in any data set of this size, there are a small number of records with incomplete or missing elements. These records must be excluded from

particular analyses. The number of missing records is indicated in each table so that all totals can be reconciled.

Throughout the report, to avoid counting hospitalizations for delivery twice, the maternal record is included, but the newborn record is not. This is a standard practice in hospital utilization analysis. However, discharge records for newborns are retained in the Vermont Uniform Hospital Discharge Data Set to support research and analyses that include this population.

Data Collection in Vermont

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

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

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

In 2006 additional types of hospital-based outpatient services were collected in the hospital discharge dataset, such as diagnostic tests and therapeutic services. This report continues to explore these expanded outpatient data and includes information on revenue codes and Primary Cost Centers.

Hospital Settings

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

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

Outpatient Procedures. The outpatient procedure data include records that did not originate in the ED and that have a procedure code in the ICD-9-CM code range 00.00-86.99. Outpatient procedures may have been performed in an operating room or other hospital outpatient setting.

Observation Beds. The hospital discharge data also include Observation bed records, as indicated by an associated revenue code of 760 or 762, Treatment/Observation Room. These are records with a status recognized by third-party payers for beds occupied by a person in an observation status. The majority of observation bed records can be found in the outpatient setting with an associated ED revenue code and/or a procedure in the ICD-9-CM code range 00.00-86.99. A small number of inpatient discharges has an associated observation bed revenue code, and a few observation bed records can be found in the outpatient data but with no associated ED revenue code or ICD-9-CM procedure in range.

Expanded Outpatient Services. The expanded outpatient data include records that do not have an associated ED or Observation Bed revenue code, and do not have a procedure code in the ICD-9-CM code range

00.00-86.99. These data include additional types of hospital-based outpatient services, such as diagnostic tests and therapeutic services not classified elsewhere. Collection of the expanded outpatient data began with the 2006 reporting year.

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 comprehensive view of patterns in the health care delivery system. The distribution of discharges among the three settings by hospital offers an interesting snapshot of local patterns of use. In most of these tables, the discharge records are sorted by diagnostic or procedure groups for comparison across the settings (see explanation of Clinical Classifications Software below).

Classification of Inpatient Discharges and Outpatient Procedures and Services

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

Hospitals currently report inpatient discharges and outpatient procedures and services in multiple ways, by using the International Classification of Disease codes (9th Revision, Clinical Modification: ICD-9-CM), Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) codes, and revenue codes. Using Clinical Classifications Software (CCS), inpatient tables are based upon ICD-9-CM diagnosis groups. Outpatient tables also are based upon ICD-9-CM

diagnosis and procedure groups, and on revenue groups. Records are presented at the visit level, one record per visit, except for Table O-10, where visits with multiple revenue groups are reported more than once. Some tables include records originating in the emergency department, and some do not.

Clinical Classifications Software (CCS) Groupings. Clinical Classifications Software (CCS) is a tool that can collapse ICD-9-CM 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 tables to compare patient records within and across health care settings. CCS was developed at the Agency for Healthcare Research and Quality (AHRQ) and is available to the public at the website:

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

ICD-9-CM Procedure Groups. Although up to twenty procedures (the principal and 19 secondary procedures) can be listed on every outpatient discharge record, only the first procedure that is in the ICD-9-CM range 00.00-86.99 is analyzed in these tables. ICD-9-CM procedures have been grouped into categories based on the first two digits of their ICD-9-CM codes.

Revenue Code Primary Cost Center Groups. Primary Cost Centers (PCCR) are used to group revenue codes into broader categories of services. Just a few of all possible PCCR categories are reported individually in these tables. If a visit includes multiple revenue codes that map to the same PCCR category, or to multiple PCCR categories, each distinct category is counted once for that visit.

Highlights

Highlights of Charges and In-migration to Vermont Hospitals

Total Charges

- **Total charges for inpatient discharges from Vermont hospitals** increased by 2.5% from 2010 to 2011: charges for Vermont residents increased by 2.0%, and charges for non-residents increased by 4.7%, while the *number* of inpatient discharges for both Vermont residents and non-residents decreased slightly from 2010 to 2011 (-1.5% and -0.4% respectively).
- **Total charges for Vermont residents with ED visits to Vermont hospitals** increased by 3.2% from 2010 to 2011, less than the increase of 5.1% for non-residents. The *number* of Vermont residents' ED visits increased by 1.7% from 2010 to 2011, and the number of non-residents' ED visits increased by 2.6%.
- **Total charges for Vermont residents with outpatient procedures in ICD-9-CM range 00-86 at Vermont hospitals** increased by 6.0% from 2010 to 2011, less than the increase of 10.6% for non-residents. At the same time, the *number* of outpatient procedures in range for both Vermont residents and non-residents increased very slightly from 2010 to 2011 (0.5% and 1.8% respectively).

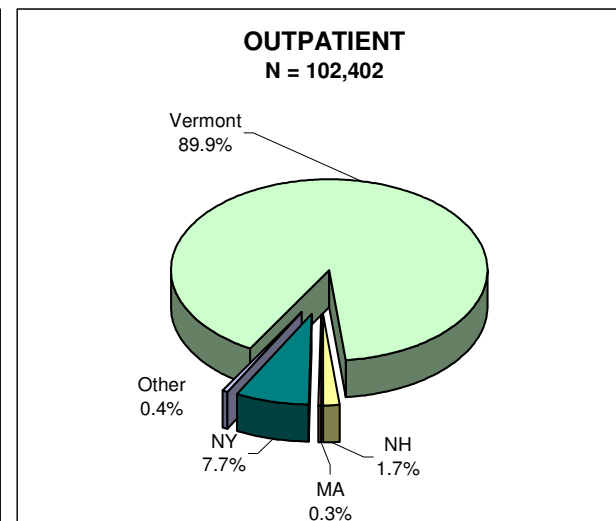
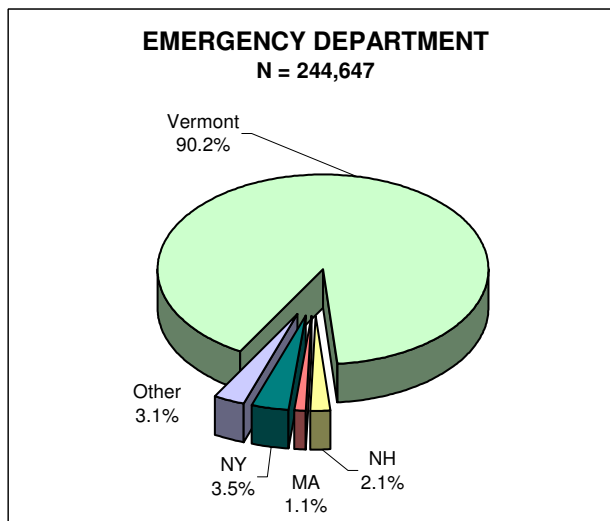
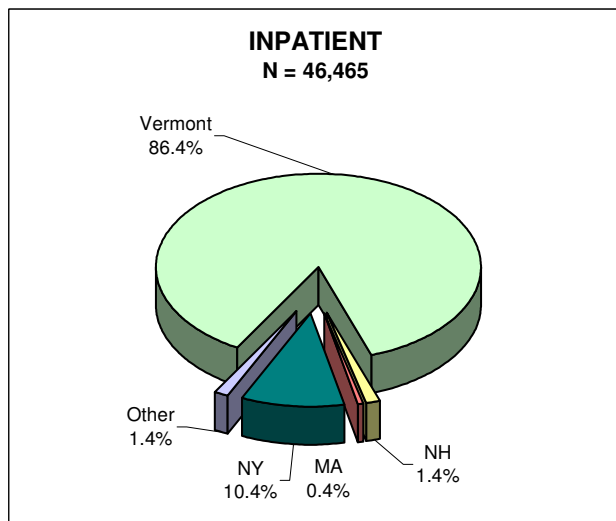
In-migration

- Most in-migration to Vermont hospitals in 2011 by non-residents for inpatient care, ED visits, and outpatient procedures in range continues to be by New York residents.
- However, similar to 2010 in-migration, New York residents comprise a much smaller percent of all ED visits than that found in either the inpatient or outpatient settings (3.5% of ED visits, compared to 10.4% of inpatient discharges and 7.7% of outpatient procedures in range).

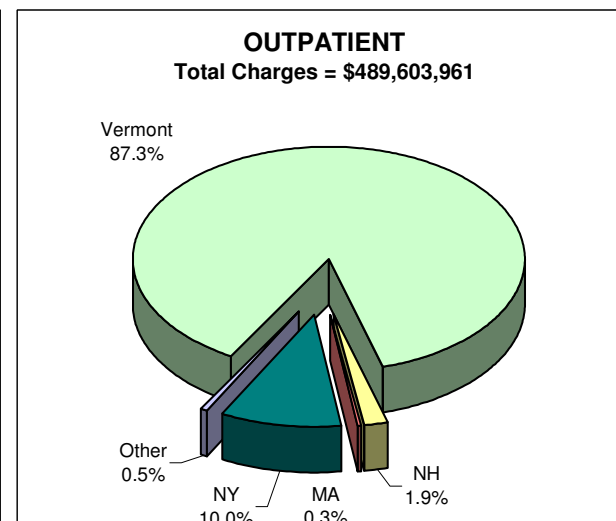
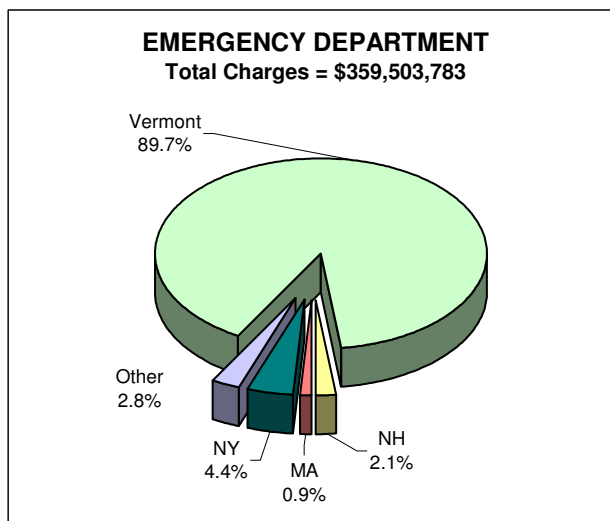
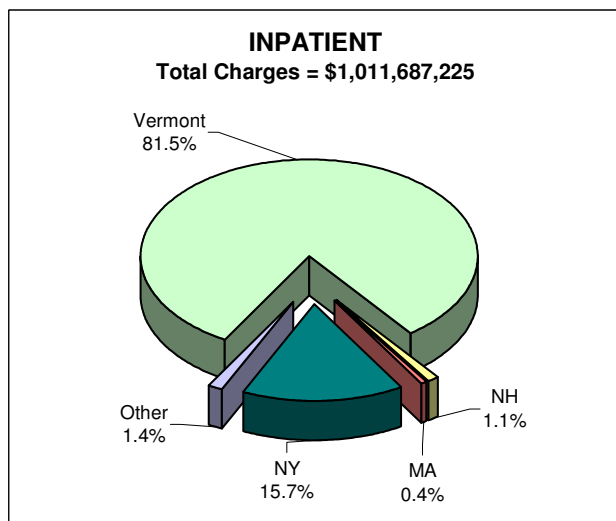
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2011 Vermont Hospitals Summary of Patients' State of Residence by Hospital Setting

Percent of Total Discharges



Percent of Total Charges

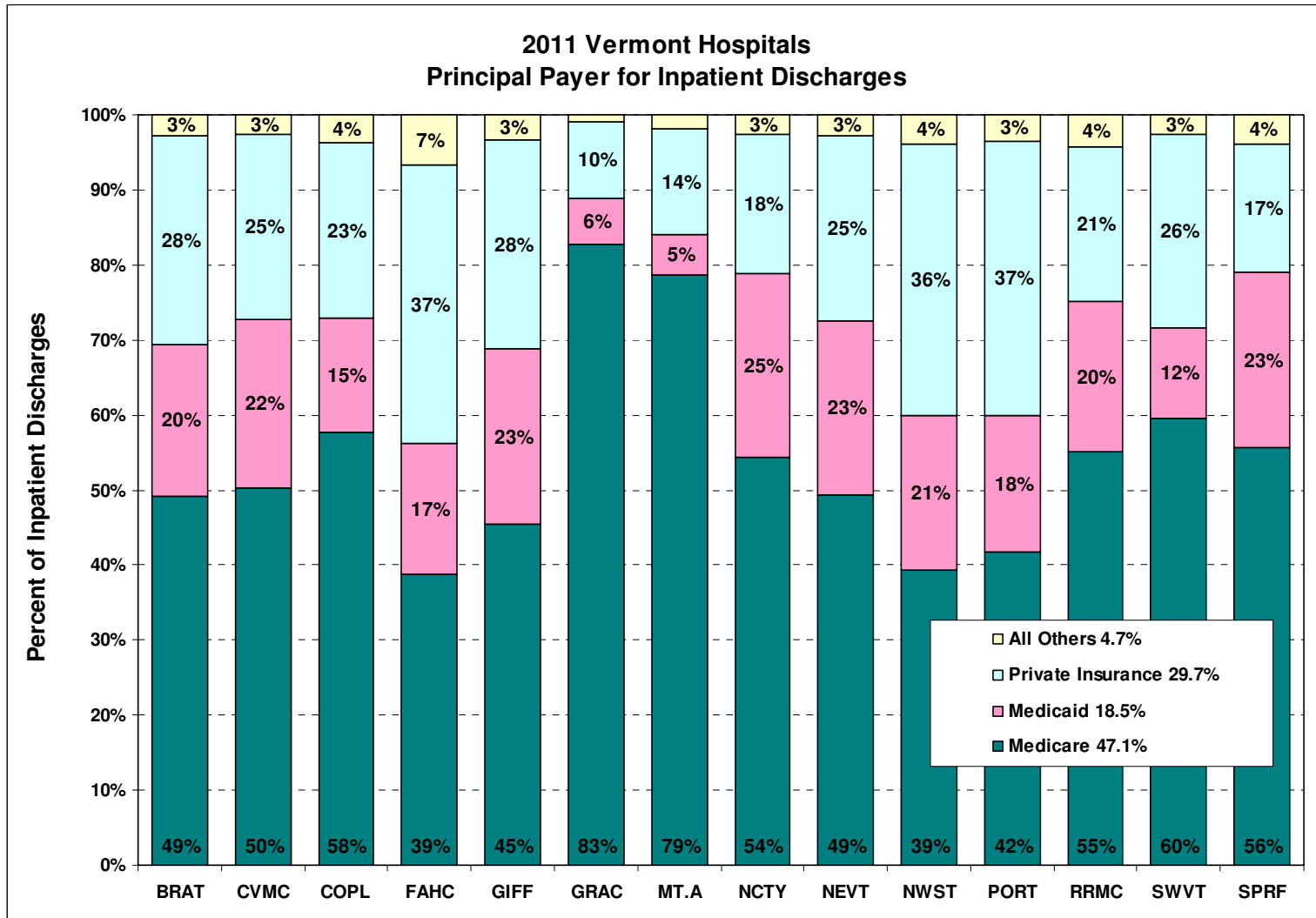


Numbers of discharges exclude newborns. Total charges include charges for newborns.

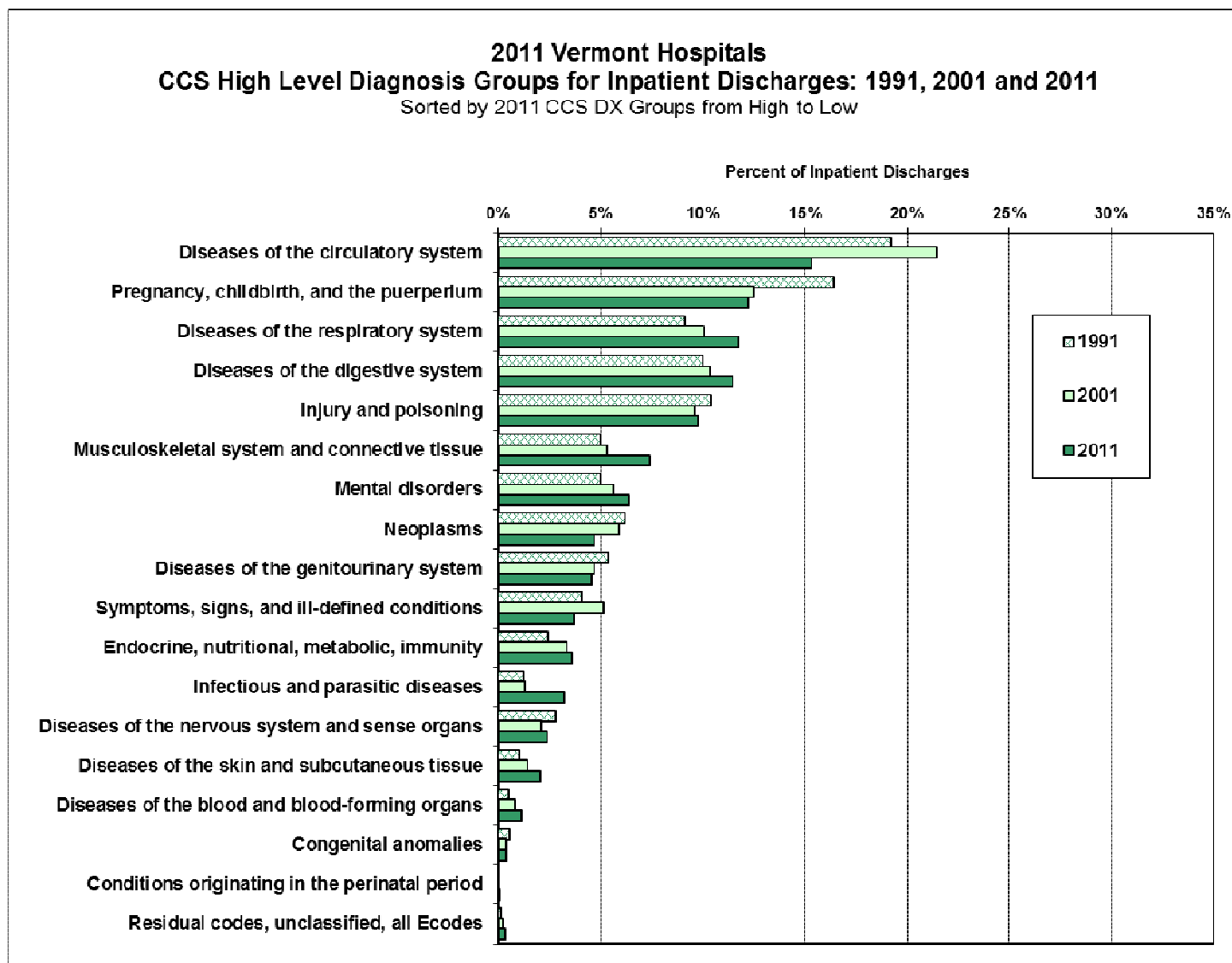
Highlights of Inpatient Discharges from Vermont Hospitals

- **In 2011 there were 46,465 inpatient discharges from Vermont hospitals**, excluding newborns but including maternal records. Of these, 86.4% were Vermont residents, and 13.6% were residents of New Hampshire, Massachusetts, New York or elsewhere. Records from the Veterans Administration hospital in White River Junction are not included in the annual data set.
- **The number of inpatient discharges from Vermont hospitals has declined** 12.1% from 1991, and 10.1% from 2001, including both Vermont residents and non-residents. The average length of stay for these discharges has declined from 6.3 days per discharge in 1991, to 4.8 in 2001, and 4.5 in 2011.
- **Similar to findings in recent years**, about half of the total inpatient discharges from Vermont hospitals in 2011 originated in the Emergency Department (52.3%).
- **Fletcher Allen Health Care** continues to have the highest number of inpatient discharges at 19,314 in 2011 (41.6% of all inpatient discharges, compared to 34.9% in 1991 and 40.5% in 2001). Grace Cottage Hospital and Mt. Ascutney Hospital and Health Center have the lowest total numbers of inpatient discharges.
- **Fletcher Allen Health Care** continues to have the highest total number of patient days at 102,845 in 2011 (48.7% of all patient days), followed by Rutland Regional Medical Center with 15.9%. Grace Cottage Hospital has the lowest total number of patient days (617).
- **In 2011, average length of stay in Vermont hospitals varied** from 2.8 days per discharge at Copley Hospital to 5.3 days per discharge at Fletcher Allen Health Care.
- **The 15-44 and 45-64 year old age groups** each accounted for 27% of all Vermont hospital inpatient discharges in 2011 as in 2010, while the 65+ age group accounted for 43%.

- **In 2011, Medicare continues to be the leading principal payer for inpatient discharges from Vermont hospitals at 47.1% of total discharges, followed by Private Insurance at 29.7% and Medicaid at 18.5%.**



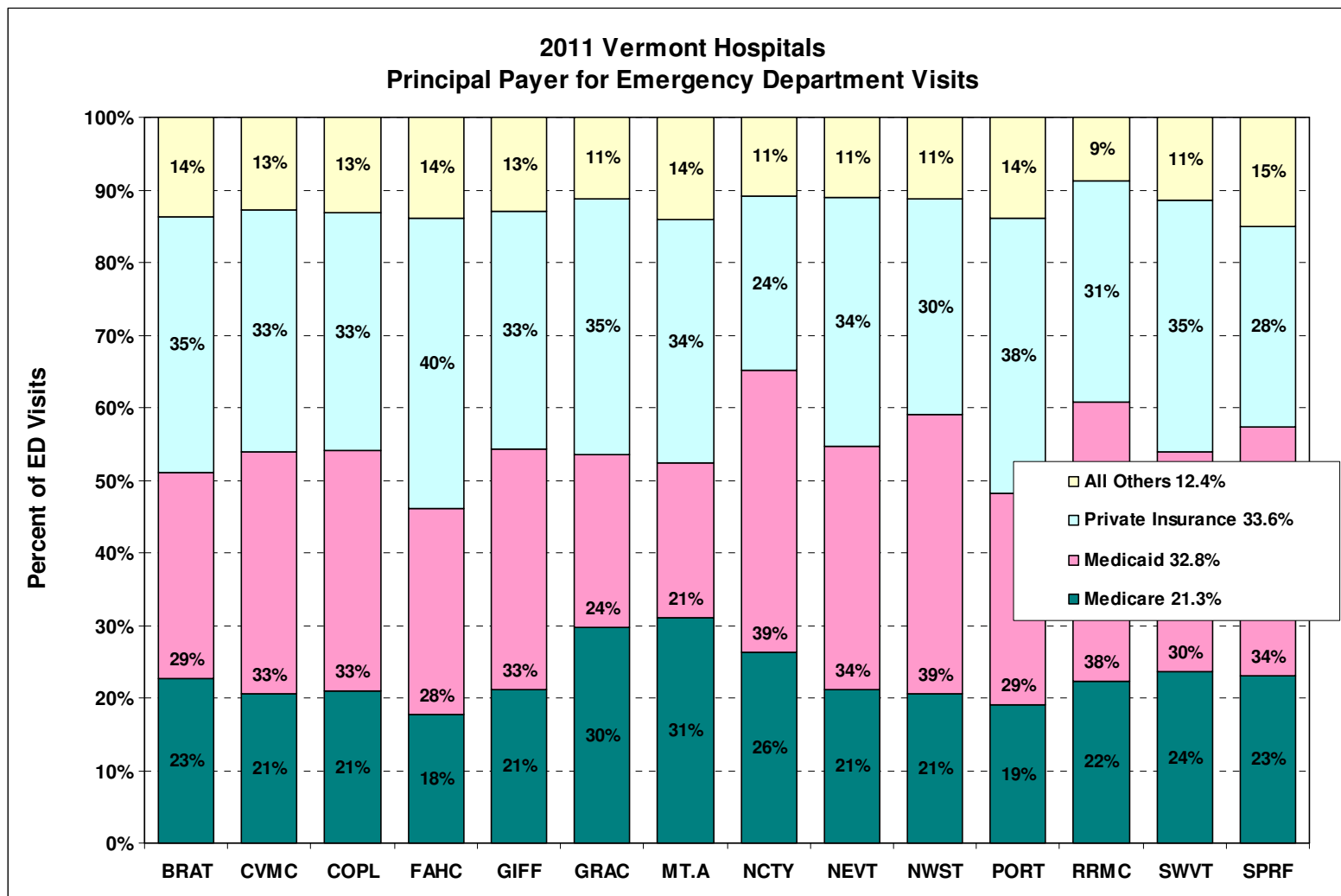
- **The most frequent reasons for hospitalization in 2011** were Diseases of the circulatory system, Pregnancy, childbirth and the puerperium, Diseases of the respiratory system, Diseases of the digestive system, and Injury and poisoning, consistent with recent years.



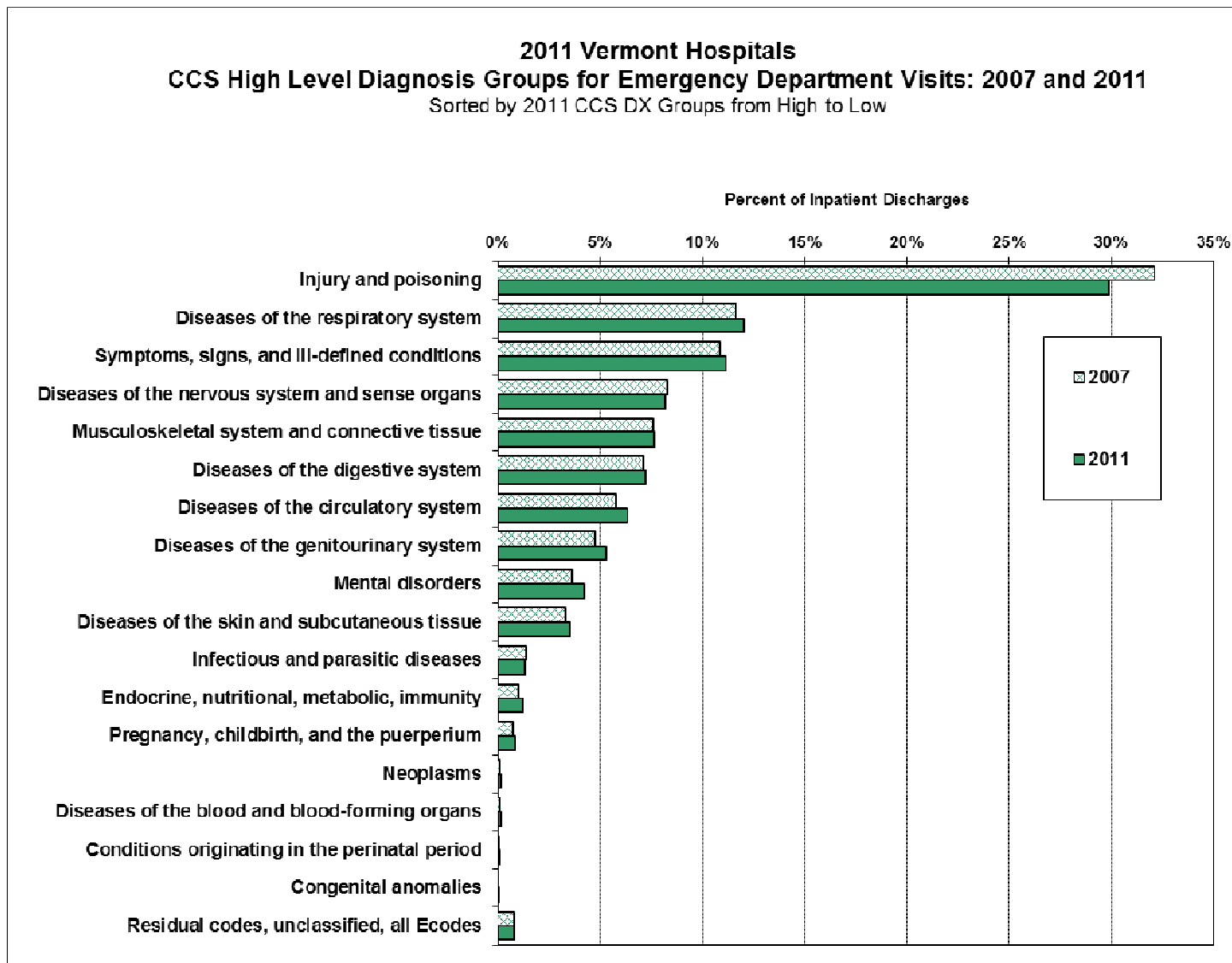
Highlights of Visits to Vermont Hospital Emergency Departments

- **In 2011 there were a total of 268,932 visits to Vermont hospital Emergency Departments**, including both Vermont residents and non-residents. As in 2010, about 91% (244,647) of these ED visits were not admitted, while the remaining 9% of ED visits were admitted and categorized as inpatient discharges.
- **The number of all ED visits has increased** from 2007 to 2011 by 5.6% overall, both for ED visits not admitted (6.0%) and for those admitted as inpatients (1.9%).
- **Most Vermont hospitals saw an increase from 2007 to 2011 in the number of visits to the ED that were not admitted.** Only Mt. Ascutney Hospital and Health Center (-21.1%) and Rutland Regional Medical Center (-14.9%) had decreases from 2007 to 2011 in the number of ED visits that did not result in hospital admission.
- **Fletcher Allen Health Care** continues to have the highest percent of visits to the ED in 2011, leading all Vermont hospitals with 21.6% of all ED visits. Of all ED visits to FAHC, 15.2% were admitted as inpatients, consistent with 2010.
- **The percent of ED visits that were not admitted in 2011** ranged from lows of about 85% at Rutland Regional Medical Center and FAHC to a high of 99% at Grace Cottage Hospital.
- **The 15-44 year old age group** accounted for 47.1% of ED visits not admitted to Vermont hospitals in 2011, followed by the 45-64 age group at 22.5%, consistent with 2010.

- In 2011, private insurance was the leading principal payer for ED visits not admitted at 33.6% of these visits, followed by Medicaid at 32.8% and Medicare at 21.3%. These figures are comparable to those for 2010 (33.0%, 31.9% and 21.5%, respectively).



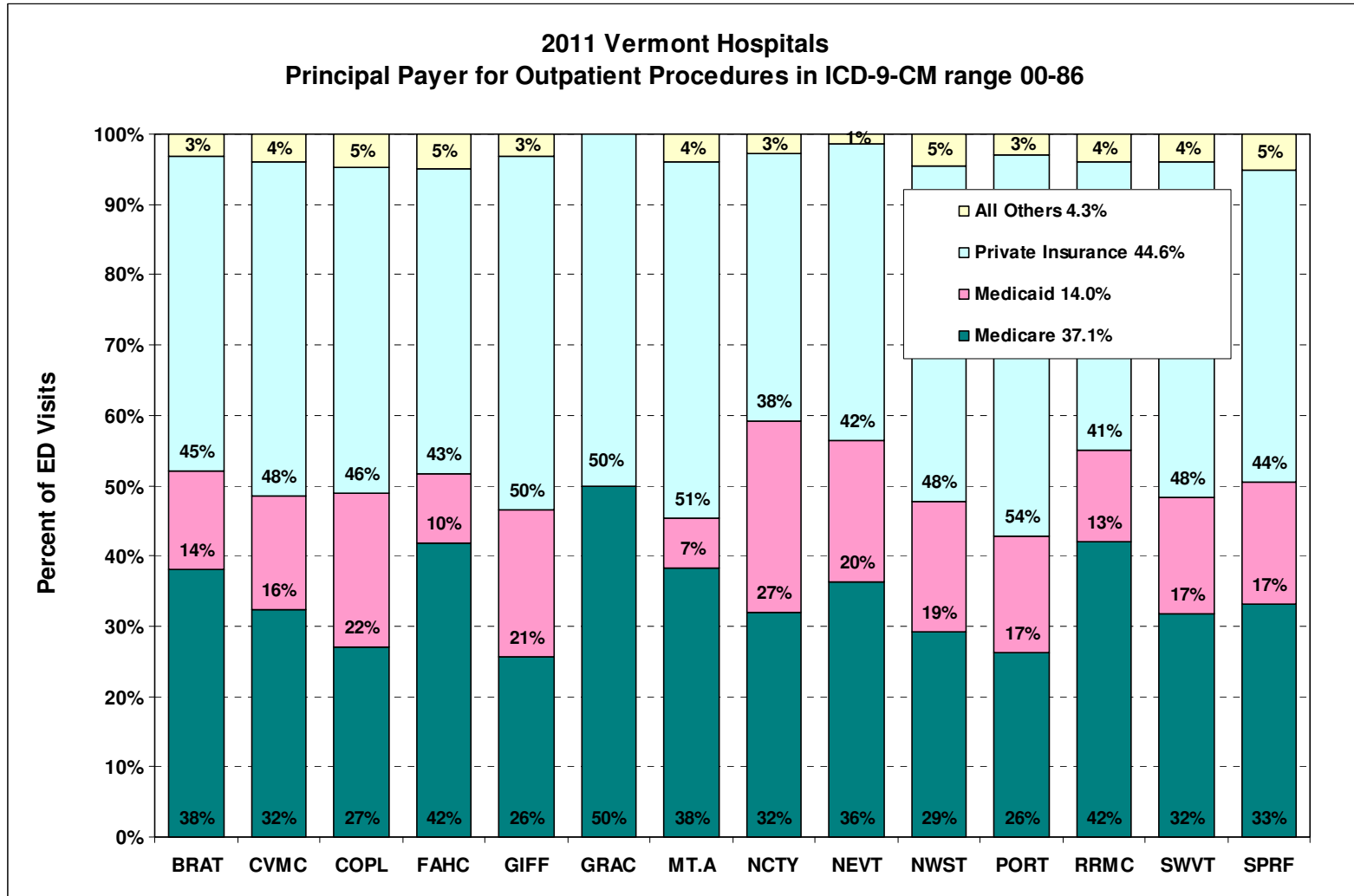
- **The most frequent reasons for ED visits not admitted in 2011** were Injury and Poisoning, Diseases of the respiratory system, Symptoms, signs and ill-defined conditions, Diseases of the nervous system and sense organs, and Musculoskeletal System & Connective Tissue, consistent with recent years.



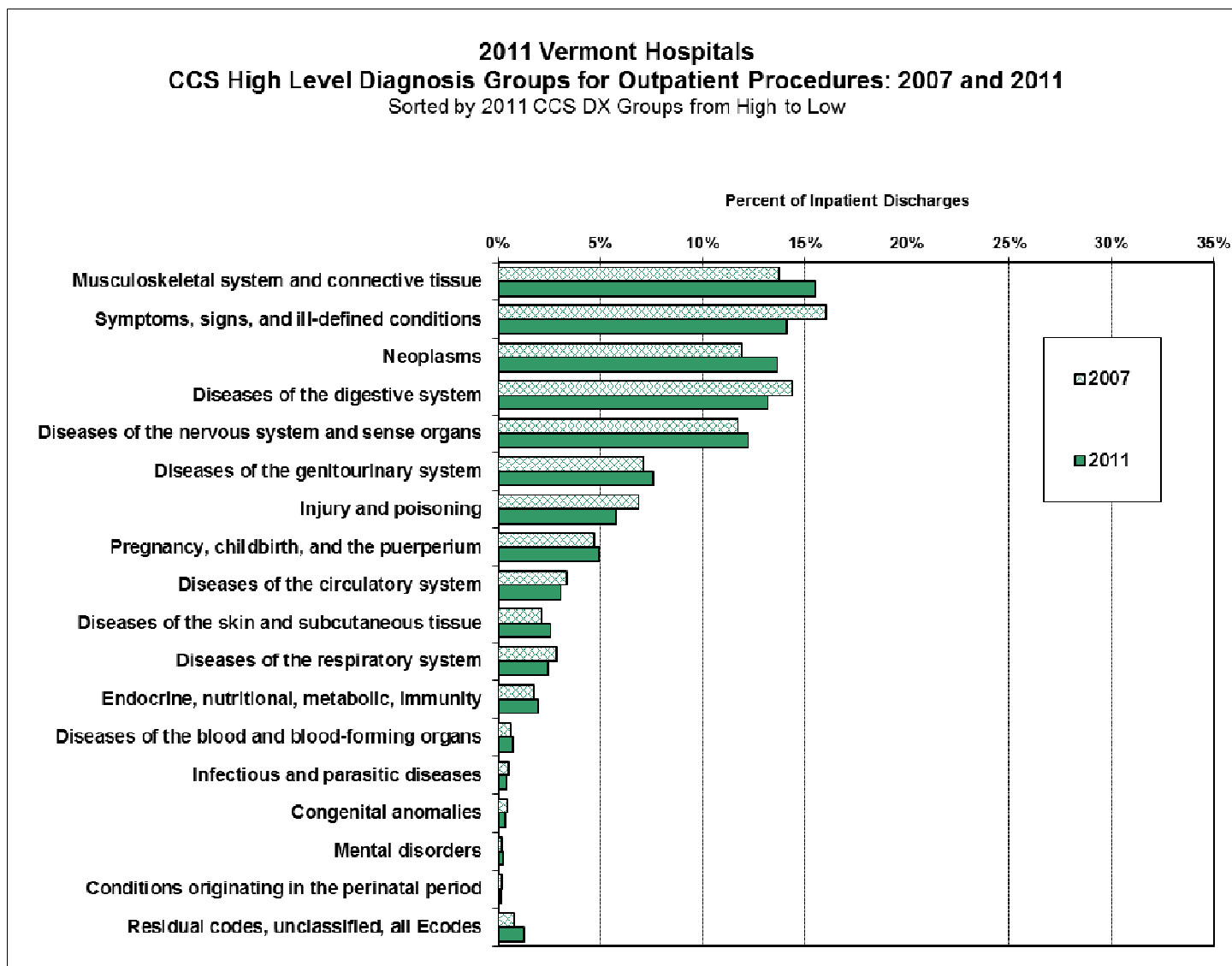
Highlights of Outpatient Visits to Vermont Hospitals

- **In 2011, there were 102,402 visits to Vermont hospitals for outpatient procedures** with an ICD-9-CM procedure code in the range 00.00-86.99, representing both Vermont residents and non-residents. These outpatient visits did not originate in the Emergency Department.
- **The number of outpatient procedures in range in Vermont hospitals** has remained relatively consistent in recent years, showing a small increase of 2.4% from 2007 to 2011.
- **The 45-64 year old age group** accounted for 40.0% of all outpatient procedures in range in Vermont hospitals in 2011, followed by the 65+ and the 15-44 age groups (34.6% and 21.5% respectively).
- **The most frequent reasons for expanded outpatient visits** in 2011 (those without a procedure in range or an associated ED revenue code or observation bed revenue code) were Symptoms, signs and ill-defined conditions; Diseases of the circulatory system; Endocrine, nutritional, metabolic, immunity; Musculoskeletal System & Connective Tissue; and Diseases of the genitourinary system. These diagnosis groups account for 65% of all expanded outpatient visits to Vermont hospitals, similar to findings in recent years.
- **The services most frequently provided in expanded outpatient visits** in 2011 were charged under the primary cost center for Laboratory-Clinical services, in all 14 Vermont hospitals. The frequency of these services far exceeded the next most frequent services, which were charged under the primary cost centers for Radiology-Diagnostic, Mammography, Ultrasound, Cytology, and Laboratory-Pathological. These findings are consistent with recent years.
- **In 2011, Fletcher Allen Health Care had the most Observation Bed records**, leading all hospitals at 21.7% of all Observation Bed records (including inpatient and outpatient settings). Southwestern Vermont Medical Center had 13.2% of these records, followed closely by Rutland Regional Medical Center (13.1%) and Central Vermont Medical Center (11.7%). These findings differ from those in 2010, when FAHC and Rutland each had about 17% of all Observation Bed records.

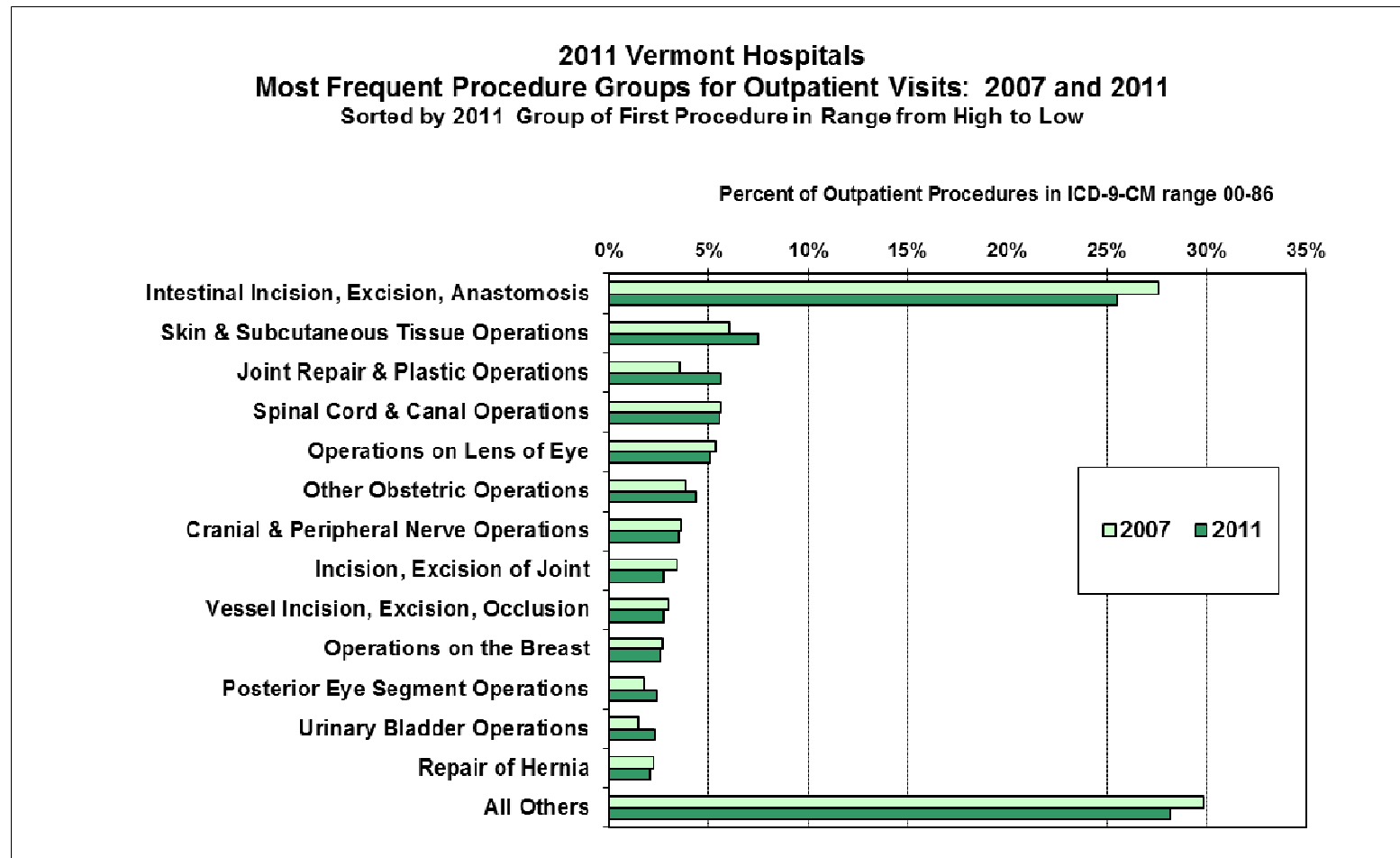
- In 2011, private insurance was the leading principal payer for outpatient procedures in range at 44.6% of these procedures, followed by Medicare at 37.1% and Medicaid at 14.0%.



- **The most frequent reasons for outpatient procedures in range in 2011** were Musculoskeletal system & connective tissue, Symptoms, signs and ill-defined conditions, Neoplasms, Diseases of the digestive system, and Diseases of the nervous system and sense organs. The most frequent reasons in 2011 are consistent with those in recent years, although their rank order differs a little.

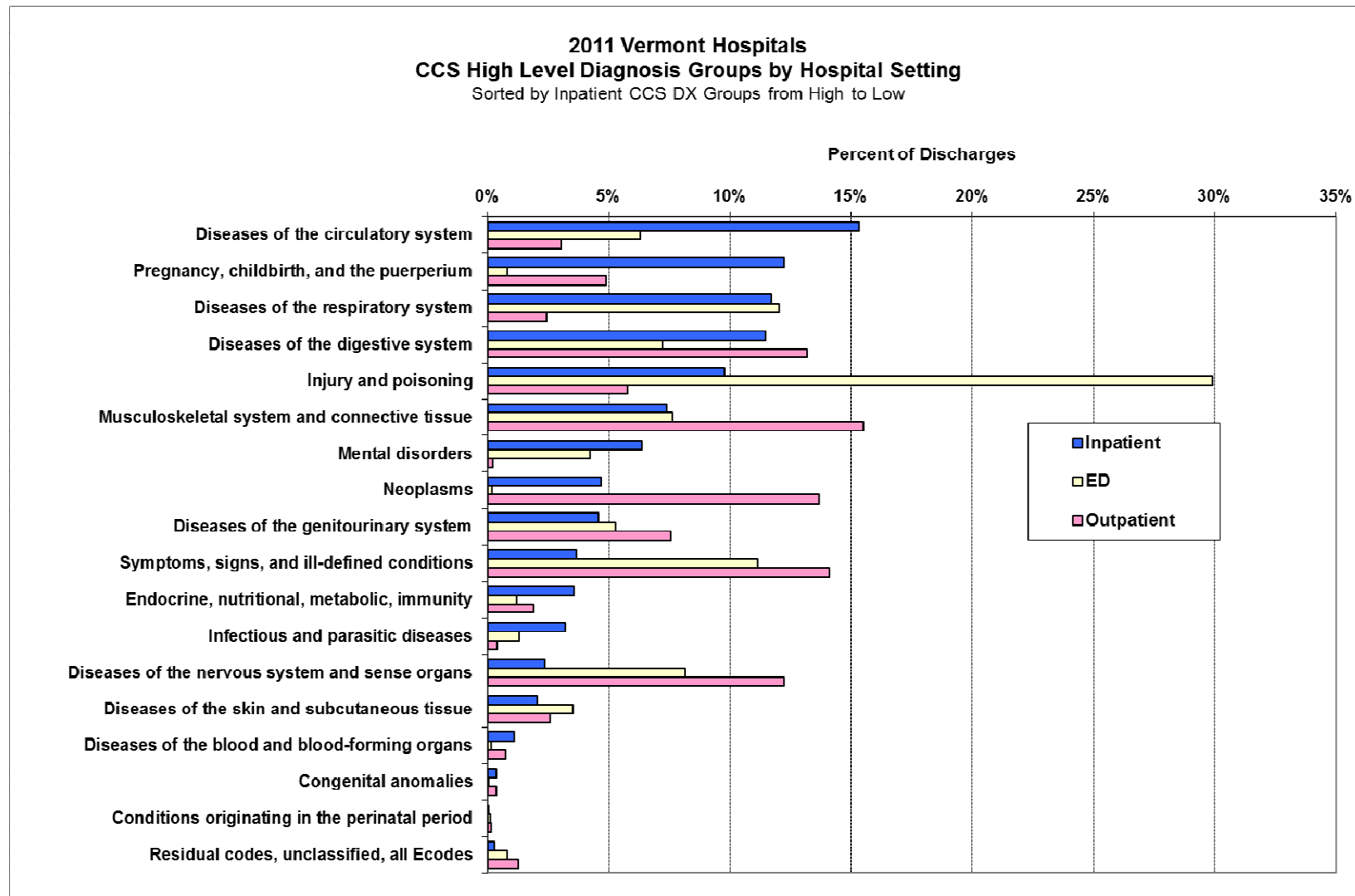


- **The leading group of the first outpatient procedure in range in both 2011 and 2007** was Intestinal Incision, Excision, and Anastomosis of Intestine. This procedure group includes diagnostic and other procedures on the small or large intestine. Following this procedure group are Skin & Subcutaneous Tissue Operations (i.e., operations on hair follicles or nails), Joint Repair & Plastic Operations (i.e., spinal fusion, joint replacement), and Spinal Cord & Canal Operations (i.e., exploration and decompression of spinal canal structures, excision or destruction of lesion of spinal cord or spinal meninges). The most frequent first-in-range procedure groups in 2011 are consistent with those in recent years, although their rank order differs a little

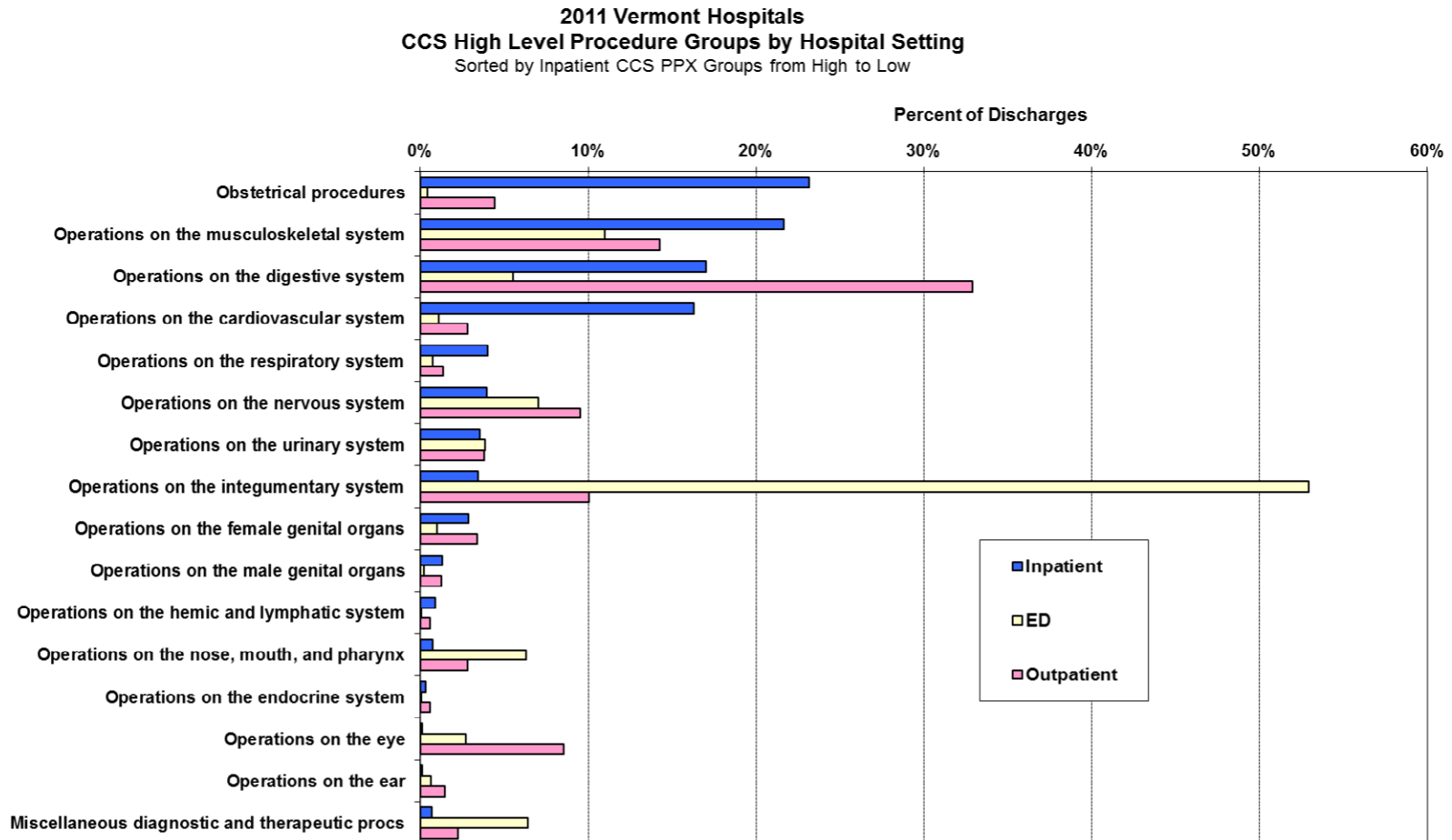


Highlights of Comparisons across Vermont Hospital Settings

- **The most frequent CCS high level diagnosis groups differ across Vermont hospital settings in 2011.** The most frequent diagnosis group for inpatients is Diseases of the circulatory system. The most frequent diagnosis group for ED visits is Injury and poisoning, and for outpatients, Musculoskeletal system and connective tissue (followed by Symptoms, signs, and ill-defined conditions). The frequencies of these CCS high level diagnosis groups have been consistent in recent years.



- **The most frequent CCS high level procedure groups in 2011 differ across hospital settings.** The most frequent procedure group (based on the first procedure in range) for inpatients is Obstetrical procedures, followed by Operations on the musculoskeletal system. The most frequent procedure group for ED visits is Operations on the integumentary system, and for outpatients, Operations on the digestive system. The frequencies of these CCS high level procedure groups have been consistent in recent years.



Inpatient Discharges

Table I-1
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Type of Visit

Vermont Hospital	Inpatient Discharges NOT Originating in ED		Inpatient Discharges Originating in ED		All Inpatient Discharges	
	N	Row %	N	Row %	N	Col %
Brattleboro Memorial Hospital	700	42.4%	949	57.6%	1,649	3.5%
Central Vermont Medical Center	845	26.3%	2,370	73.7%	3,215	6.9%
Copley Hospital	1,342	83.1%	272	16.9%	1,614	3.5%
Fletcher Allen Health Care	10,456	54.1%	8,858	45.9%	19,314	41.6%
Gifford Medical Center	499	45.8%	590	54.2%	1,089	2.3%
Grace Cottage Hospital	188	90.4%	20	9.6%	208	0.4%
Mt. Ascutney Hospital and Health Center	436	86.9%	66	13.1%	502	1.1%
North Country Hospital	1,058	75.8%	337	24.2%	1,395	3.0%
Northeastern Vermont Regional Hospital	1,073	77.1%	318	22.9%	1,391	3.0%
Northwestern Medical Center	854	40.9%	1,233	59.1%	2,087	4.5%
Porter Medical Center	1,188	80.7%	285	19.3%	1,473	3.2%
Rutland Regional Medical Center	2,050	31.1%	4,535	68.9%	6,585	14.2%
Southwestern Vermont Medical Center	978	25.2%	2,906	74.8%	3,884	8.4%
Springfield Hospital	513	24.9%	1,546	75.1%	2,059	4.4%
Total	22,180	47.7%	24,285	52.3%	46,465	100.0%

Numbers of inpatient discharges exclude newborns (MDC 15) and 2 records with missing or invalid diagnosis codes.

Table I-2
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011

<u>Vermont Hospital</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Brattleboro Memorial Hospital	2,453	2,158	1,649	12,417	9,568	6,517	5.1	4.4	4.0
Central Vermont Medical Center	4,764	3,545	3,215	27,553	15,732	14,688	5.8	4.4	4.6
Copley Hospital	1,746	1,431	1,614	7,471	5,067	4,559	4.3	3.5	2.8
Fletcher Allen Health Care	18,459	20,903	19,314	129,891	120,649	102,845	7.0	5.8	5.3
Gifford Medical Center	1,168	1,033	1,089	5,320	2,940	3,342	4.6	2.8	3.1
Grace Cottage Hospital	182	234	208	538	723	617	3.0	3.1	3.0
Mt. Ascutney Hospital and Health Center	627	471	502	3,164	2,169	1,987	5.0	4.6	4.0
North Country Hospital	2,277	2,008	1,395	9,760	5,925	4,740	4.3	3.0	3.4
Northeastern Vermont Regional Hospital	2,245	1,665	1,391	17,052	5,972	4,246	7.6	3.6	3.1
Northwestern Medical Center	2,217	2,376	2,087	12,532	8,172	6,518	5.7	3.4	3.1
Porter Medical Center	1,677	1,774	1,473	8,237	6,482	4,365	4.9	3.7	3.0
Rutland Regional Medical Center	7,638	6,680	6,585	55,293	31,641	33,530	7.2	4.7	5.1
Southwestern Vermont Medical Center	5,108	4,520	3,884	33,125	18,600	14,207	6.5	4.1	3.7
Springfield Hospital	2,322	2,872	2,059	12,313	11,930	9,175	5.3	4.2	4.5
Total	52,883	51,670	46,465	334,666	245,570	211,336	6.3	4.8	4.5

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
All Vermont Hospitals									
Infectious and parasitic diseases	654	643	1,493	4,556	3,919	10,672	7.0	6.1	7.1
Neoplasms	3,295	3,057	2,168	24,786	18,077	11,135	7.5	5.9	5.1
Endocrine, nutritional, metabolic, immunity	1,301	1,723	1,652	10,563	9,263	7,814	8.1	5.4	4.7
Diseases of the blood and blood-forming organs	285	413	507	1,716	1,955	1,900	6.0	4.7	3.7
Mental disorders	2,646	2,893	2,965	33,723	21,544	23,437	12.7	7.4	7.9
Diseases of the nervous system and sense organs	1,484	1,081	1,091	7,081	4,301	4,581	4.8	4.0	4.2
Diseases of the circulatory system	10,180	11,083	7,114	73,634	47,849	28,069	7.2	4.3	3.9
Diseases of the respiratory system	4,848	5,202	5,444	33,091	27,399	25,606	6.8	5.3	4.7
Diseases of the digestive system	5,312	5,334	5,324	30,363	25,193	22,714	5.7	4.7	4.3
Diseases of the genitourinary system	2,864	2,430	2,122	12,403	8,927	7,645	4.3	3.7	3.6
Pregnancy, childbirth, and the puerperium	8,703	6,463	5,678	22,335	15,048	14,268	2.6	2.3	2.5
Diseases of the skin and subcutaneous tissue	566	727	948	5,459	4,322	4,491	9.6	5.9	4.7
Musculoskeletal system and connective tissue	2,665	2,735	3,428	15,722	12,327	11,577	5.9	4.5	3.4
Congenital anomalies	316	170	159	1,375	942	683	4.4	5.5	4.3
Conditions originating in the perinatal period	20	-	5	20	-	31	1.0	-	6.2
Injury and poisoning	5,504	4,961	4,534	36,646	26,578	21,704	6.7	5.4	4.8
Symptoms, signs, and ill-defined conditions	2,165	2,657	1,697	20,771	17,566	14,541	9.6	6.6	8.6
Residual codes, unclassified, all Ecodes	75	98	136	422	360	468	5.6	3.7	3.4
Total	52,883	51,670	46,465	334,666	245,570	211,336	6.3	4.8	4.5

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Brattleboro Memorial Hospital									
Infectious and parasitic diseases	30	39	49	184	224	230	6.1	5.7	4.7
Neoplasms	178	139	72	1,237	902	310	6.9	6.5	4.3
Endocrine, nutritional, metabolic, immunity	79	85	50	595	618	265	7.5	7.3	5.3
Diseases of the blood and blood-forming organs	9	18	7	29	86	22	3.2	4.8	3.1
Diseases of the nervous system and sense organs	66	39	31	254	159	159	3.8	4.1	5.1
Diseases of the circulatory system	332	386	184	1,869	1,583	706	5.6	4.1	3.8
Diseases of the respiratory system	179	190	202	1,058	1,066	978	5.9	5.6	4.8
Diseases of the digestive system	286	270	251	1,555	1,281	1,188	5.4	4.7	4.7
Diseases of the genitourinary system	158	112	65	677	407	255	4.3	3.6	3.9
Pregnancy, childbirth, and the puerperium	555	342	351	1,481	845	854	2.7	2.5	2.4
Diseases of the skin and subcutaneous tissue	17	31	26	85	207	114	5.0	6.7	4.4
Musculoskeletal system and connective tissue	129	171	140	833	817	437	6.5	4.8	3.1
Congenital anomalies	9	3	1	18	4	3	2.0	1.3	3.0
Conditions originating in the perinatal period	1	-	-	1	-	-	1.0	-	-
Injury and poisoning	319	243	160	1,730	1,016	687	5.4	4.2	4.3
Symptoms, signs, and ill-defined conditions	56	63	16	320	223	91	5.7	3.5	5.7
Residual codes, unclassified, all Ecodes	1	4	1	1	11	6	1.0	2.8	6.0
Total	2,453	2,158	1,649	12,417	9,568	6,517	5.1	4.4	4.0

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Central Vermont Medical Center									
Infectious and parasitic diseases	62	35	116	305	205	596	4.9	5.9	5.1
Neoplasms	322	183	87	2,530	922	543	7.9	5.0	6.2
Endocrine, nutritional, metabolic, immunity	99	140	92	793	583	334	8.0	4.2	3.6
Diseases of the blood and blood-forming organs	16	33	26	69	143	96	4.3	4.3	3.7
Mental disorders	309	493	567	3,092	3,359	4,635	10.0	6.8	8.2
Diseases of the nervous system and sense organs	119	41	57	462	170	224	3.9	4.1	3.9
Diseases of the circulatory system	835	628	332	4,775	2,369	1,144	5.7	3.8	3.4
Diseases of the respiratory system	461	421	492	3,162	2,201	2,133	6.9	5.2	4.3
Diseases of the digestive system	606	387	386	3,550	1,827	1,682	5.9	4.7	4.4
Diseases of the genitourinary system	412	154	147	1,683	499	551	4.1	3.2	3.7
Pregnancy, childbirth, and the puerperium	718	463	391	1,911	970	931	2.7	2.1	2.4
Diseases of the skin and subcutaneous tissue	56	61	122	453	322	472	8.1	5.3	3.9
Musculoskeletal system and connective tissue	185	148	157	1,352	593	554	7.3	4.0	3.5
Congenital anomalies	9	6	1	139	16	6	15.4	2.7	6.0
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	382	295	193	2,614	1,377	662	6.8	4.7	3.4
Symptoms, signs, and ill-defined conditions	166	52	45	646	160	120	3.9	3.1	2.7
Residual codes, unclassified, all Ecodes	7	5	4	17	16	5	2.4	3.2	1.3
Total	4,764	3,545	3,215	27,553	15,732	14,688	5.8	4.4	4.6

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	Discharges			Patient Days			Average Length of Stay		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Copley Hospital									
Infectious and parasitic diseases	18	15	16	97	94	61	5.4	6.3	3.8
Neoplasms	56	35	27	272	151	107	4.9	4.3	4.0
Endocrine, nutritional, metabolic, immunity	66	49	71	348	201	184	5.3	4.1	2.6
Diseases of the blood and blood-forming organs	8	4	11	37	9	28	4.6	2.3	2.5
Mental disorders	33	16	26	129	62	72	3.9	3.9	2.8
Diseases of the nervous system and sense organs	38	22	52	118	78	168	3.1	3.5	3.2
Diseases of the circulatory system	352	271	215	1,711	818	610	4.9	3.0	2.8
Diseases of the respiratory system	243	188	197	1,366	780	724	5.6	4.1	3.7
Diseases of the digestive system	196	176	207	920	708	624	4.7	4.0	3.0
Diseases of the genitourinary system	76	61	96	268	203	269	3.5	3.3	2.8
Pregnancy, childbirth, and the puerperium	315	277	213	760	608	409	2.4	2.2	1.9
Diseases of the skin and subcutaneous tissue	32	25	47	170	114	175	5.3	4.6	3.7
Musculoskeletal system and connective tissue	52	71	250	230	420	577	4.4	5.9	2.3
Congenital anomalies	3	-	-	13	-	-	4.3	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	202	144	150	920	616	478	4.6	4.3	3.2
Symptoms, signs, and ill-defined conditions	53	74	35	108	193	72	2.0	2.6	2.1
Residual codes, unclassified, all Ecodes	3	3	1	4	12	1	1.3	4.0	1.0
Total	1,746	1,431	1,614	7,471	5,067	4,559	4.3	3.5	2.8

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	Discharges			Patient Days			Average Length of Stay		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Fletcher Allen Health Care									
Infectious and parasitic diseases	194	202	524	1,578	1,602	5,341	8.1	7.9	10.2
Neoplasms	1,448	1,646	1,396	10,510	10,756	7,442	7.3	6.5	5.3
Endocrine, nutritional, metabolic, immunity	338	675	706	3,178	4,575	4,303	9.4	6.8	6.1
Diseases of the blood and blood-forming organs	88	189	228	540	973	939	6.1	5.1	4.1
Mental disorders	857	795	885	11,934	8,137	9,184	13.9	10.2	10.4
Diseases of the nervous system and sense organs	606	509	582	3,037	2,330	2,804	5.0	4.6	4.8
Diseases of the circulatory system	3,708	5,088	3,706	34,026	27,139	16,778	9.2	5.3	4.5
Diseases of the respiratory system	1,039	1,329	1,414	7,266	9,493	7,709	7.0	7.1	5.5
Diseases of the digestive system	1,313	1,774	1,863	8,233	9,776	8,557	6.3	5.5	4.6
Diseases of the genitourinary system	749	862	712	3,661	4,082	2,868	4.9	4.7	4.0
Pregnancy, childbirth, and the puerperium	3,368	2,429	2,213	9,495	6,425	6,201	2.8	2.6	2.8
Diseases of the skin and subcutaneous tissue	169	234	242	2,085	2,018	1,638	12.3	8.6	6.8
Musculoskeletal system and connective tissue	1,155	1,079	1,363	5,640	5,296	5,269	4.9	4.9	3.9
Congenital anomalies	234	134	138	1,017	810	615	4.3	6.0	4.5
Conditions originating in the perinatal period	18	-	3	18	-	12	1.0	-	4.0
Injury and poisoning	2,104	2,370	2,353	14,723	15,248	13,210	7.0	6.4	5.6
Symptoms, signs, and ill-defined conditions	1,030	1,561	923	12,659	11,886	9,785	12.3	7.6	10.6
Residual codes, unclassified, all Ecodes	41	27	63	291	103	190	7.1	3.8	3.0
Total	18,459	20,903	19,314	129,891	120,649	102,845	7.0	5.8	5.3

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Gifford Medical Center									
Infectious and parasitic diseases	14	23	8	112	75	27	8.0	3.3	3.4
Neoplasms	46	45	20	287	194	68	6.2	4.3	3.4
Endocrine, nutritional, metabolic, immunity	37	36	39	254	120	126	6.9	3.3	3.2
Diseases of the blood and blood-forming organs	9	3	17	54	14	52	6.0	4.7	3.1
Mental disorders	18	4	55	44	10	176	2.4	2.5	3.2
Diseases of the nervous system and sense organs	26	20	20	104	49	55	4.0	2.5	2.8
Diseases of the circulatory system	174	153	127	946	438	347	5.4	2.9	2.7
Diseases of the respiratory system	144	108	154	903	392	510	6.3	3.6	3.3
Diseases of the digestive system	115	108	123	631	369	405	5.5	3.4	3.3
Diseases of the genitourinary system	59	77	70	244	180	181	4.1	2.3	2.6
Pregnancy, childbirth, and the puerperium	346	303	211	688	584	522	2.0	1.9	2.5
Diseases of the skin and subcutaneous tissue	22	26	36	145	83	124	6.6	3.2	3.4
Musculoskeletal system and connective tissue	46	45	102	278	153	365	6.0	3.4	3.6
Congenital anomalies	2	-	-	10	-	-	5.0	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	99	65	56	564	231	180	5.7	3.6	3.2
Symptoms, signs, and ill-defined conditions	9	17	47	29	48	198	3.2	2.8	4.2
Residual codes, unclassified, all Ecodes	2	-	4	27	-	6	13.5	-	1.5
Total	1,168	1,033	1,089	5,320	2,940	3,342	4.6	2.8	3.1

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Grace Cottage Hospital									
Infectious and parasitic diseases	-	1	3	-	4	5	-	4.0	1.7
Neoplasms	5	8	7	19	22	31	3.8	2.8	4.4
Endocrine, nutritional, metabolic, immunity	6	16	17	17	63	55	2.8	3.9	3.2
Diseases of the blood and blood-forming organs	-	3	1	-	7	2	-	2.3	2.0
Mental disorders	6	9	-	27	29	-	4.5	3.2	-
Diseases of the nervous system and sense organs	1	9	11	1	23	30	1.0	2.6	2.7
Diseases of the circulatory system	32	41	42	106	121	124	3.3	3.0	3.0
Diseases of the respiratory system	43	49	37	160	143	111	3.7	2.9	3.0
Diseases of the digestive system	15	21	22	49	58	56	3.3	2.8	2.5
Diseases of the genitourinary system	5	13	8	13	42	23	2.6	3.2	2.9
Pregnancy, childbirth, and the puerperium	45	22	-	69	31	-	1.5	1.4	-
Diseases of the skin and subcutaneous tissue	1	9	10	8	26	31	8.0	2.9	3.1
Musculoskeletal system and connective tissue	5	11	15	18	77	42	3.6	7.0	2.8
Congenital anomalies	-	-	-	-	-	-	-	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	16	8	13	45	32	42	2.8	4.0	3.2
Symptoms, signs, and ill-defined conditions	2	10	17	6	31	48	3.0	3.1	2.8
Residual codes, unclassified, all Ecodes	-	4	5	-	14	17	-	3.5	3.4
Total	182	234	208	538	723	617	3.0	3.1	3.0

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Mt. Ascutney Hospital and Health Center									
Infectious and parasitic diseases	9	8	12	27	52	52	3.0	6.5	4.3
Neoplasms	48	27	13	253	104	54	5.3	3.9	4.2
Endocrine, nutritional, metabolic, immunity	21	17	23	107	58	83	5.1	3.4	3.6
Diseases of the blood and blood-forming organs	3	5	5	7	30	24	2.3	6.0	4.8
Mental disorders	39	7	7	451	134	18	11.6	19.1	2.6
Diseases of the nervous system and sense organs	13	16	12	49	88	36	3.8	5.5	3.0
Diseases of the circulatory system	128	112	93	598	502	340	4.7	4.5	3.7
Diseases of the respiratory system	95	89	121	394	431	538	4.1	4.8	4.4
Diseases of the digestive system	89	72	73	422	305	301	4.7	4.2	4.1
Diseases of the genitourinary system	41	29	44	119	91	168	2.9	3.1	3.8
Pregnancy, childbirth, and the puerperium	2	-	-	3	-	-	1.5	-	-
Diseases of the skin and subcutaneous tissue	18	15	26	120	54	102	6.7	3.6	3.9
Musculoskeletal system and connective tissue	33	20	22	189	75	90	5.7	3.8	4.1
Congenital anomalies	10	-	-	13	-	-	1.3	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	59	25	35	347	118	131	5.9	4.7	3.7
Symptoms, signs, and ill-defined conditions	19	26	15	65	109	49	3.4	4.2	3.3
Residual codes, unclassified, all Ecodes	-	3	1	-	18	1	-	6.0	1.0
Total	627	471	502	3,164	2,169	1,987	5.0	4.6	4.0

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
North Country Hospital									
Infectious and parasitic diseases	51	45	15	224	171	78	4.4	3.8	5.2
Neoplasms	108	79	25	587	320	114	5.4	4.1	4.6
Endocrine, nutritional, metabolic, immunity	63	78	101	260	203	333	4.1	2.6	3.3
Diseases of the blood and blood-forming organs	10	24	15	41	78	55	4.1	3.3	3.7
Mental disorders	53	43	26	243	112	84	4.6	2.6	3.2
Diseases of the nervous system and sense organs	65	49	25	192	127	83	3.0	2.6	3.3
Diseases of the circulatory system	474	484	234	1,976	1,238	723	4.2	2.6	3.1
Diseases of the respiratory system	318	297	228	1,697	954	975	5.3	3.2	4.3
Diseases of the digestive system	281	246	225	1,359	904	855	4.8	3.7	3.8
Diseases of the genitourinary system	143	122	73	509	335	223	3.6	2.7	3.1
Pregnancy, childbirth, and the puerperium	335	222	234	898	504	560	2.7	2.3	2.4
Diseases of the skin and subcutaneous tissue	43	37	36	230	126	129	5.3	3.4	3.6
Musculoskeletal system and connective tissue	57	51	53	364	176	179	6.4	3.5	3.4
Congenital anomalies	3	3	-	11	10	-	3.7	3.3	-
Conditions originating in the perinatal period	1	-	-	1	-	-	1.0	-	-
Injury and poisoning	191	157	94	911	515	324	4.8	3.3	3.4
Symptoms, signs, and ill-defined conditions	75	65	9	236	145	17	3.1	2.2	1.9
Residual codes, unclassified, all Ecodes	6	6	2	21	7	8	3.5	1.2	4.0
Total	2,277	2,008	1,395	9,760	5,925	4,740	4.3	3.0	3.4

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Northeastern Vermont Regional Hospital									
Infectious and parasitic diseases	22	25	33	160	156	113	7.3	6.2	3.4
Neoplasms	80	76	52	431	379	181	5.4	5.0	3.5
Endocrine, nutritional, metabolic, immunity	40	56	42	215	244	136	5.4	4.4	3.2
Diseases of the blood and blood-forming organs	11	8	22	23	42	74	2.1	5.3	3.4
Mental disorders	505	25	31	9,778	96	91	19.4	3.8	2.9
Diseases of the nervous system and sense organs	41	28	35	155	92	78	3.8	3.3	2.2
Diseases of the circulatory system	322	333	170	1,422	1,088	509	4.4	3.3	3.0
Diseases of the respiratory system	223	203	187	951	781	571	4.3	3.8	3.1
Diseases of the digestive system	214	236	228	913	936	760	4.3	4.0	3.3
Diseases of the genitourinary system	121	105	78	457	305	213	3.8	2.9	2.7
Pregnancy, childbirth, and the puerperium	328	267	234	801	569	506	2.4	2.1	2.2
Diseases of the skin and subcutaneous tissue	15	29	40	89	103	172	5.9	3.6	4.3
Musculoskeletal system and connective tissue	94	87	86	611	411	330	6.5	4.7	3.8
Congenital anomalies	5	1	-	12	7	-	2.4	7.0	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	182	147	113	889	648	408	4.9	4.4	3.6
Symptoms, signs, and ill-defined conditions	42	35	38	145	102	100	3.5	2.9	2.6
Residual codes, unclassified, all Ecodes	-	4	2	-	13	4	-	3.3	2.0
Total	2,245	1,665	1,391	17,052	5,972	4,246	7.6	3.6	3.1

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	Discharges			Patient Days			Average Length of Stay		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Northwestern Medical Center									
Infectious and parasitic diseases	43	26	50	291	113	235	6.8	4.3	4.7
Neoplasms	112	116	55	883	580	225	7.9	5.0	4.1
Endocrine, nutritional, metabolic, immunity	55	67	47	487	225	152	8.9	3.4	3.2
Diseases of the blood and blood-forming organs	10	24	21	74	102	63	7.4	4.3	3.0
Mental disorders	39	31	34	264	108	91	6.8	3.5	2.7
Diseases of the nervous system and sense organs	62	31	16	254	86	39	4.1	2.8	2.4
Diseases of the circulatory system	508	504	216	3,109	1,566	622	6.1	3.1	2.9
Diseases of the respiratory system	231	288	320	1,841	1,324	1,099	8.0	4.6	3.4
Diseases of the digestive system	292	340	265	1,532	1,364	985	5.2	4.0	3.7
Diseases of the genitourinary system	150	116	119	708	353	387	4.7	3.0	3.3
Pregnancy, childbirth, and the puerperium	435	431	414	995	891	898	2.3	2.1	2.2
Diseases of the skin and subcutaneous tissue	39	27	48	615	111	195	15.8	4.1	4.1
Musculoskeletal system and connective tissue	65	125	280	457	517	769	7.0	4.1	2.7
Congenital anomalies	1	4	11	1	24	38	1.0	6.0	3.5
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	131	194	129	840	686	507	6.4	3.5	3.9
Symptoms, signs, and ill-defined conditions	44	48	56	181	113	198	4.1	2.4	3.5
Residual codes, unclassified, all Ecodes	-	4	6	-	9	15	-	2.3	2.5
Total	2,217	2,376	2,087	12,532	8,172	6,518	5.7	3.4	3.1

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Porter Medical Center									
Infectious and parasitic diseases	14	21	23	111	67	93	7.9	3.2	4.0
Neoplasms	81	75	46	583	476	154	7.2	6.3	3.3
Endocrine, nutritional, metabolic, immunity	33	60	48	247	253	158	7.5	4.2	3.3
Diseases of the blood and blood-forming organs	4	13	14	20	29	42	5.0	2.2	3.0
Mental disorders	12	16	28	51	108	84	4.3	6.8	3.0
Diseases of the nervous system and sense organs	29	23	12	103	69	34	3.6	3.0	2.8
Diseases of the circulatory system	297	368	126	1,856	1,099	329	6.2	3.0	2.6
Diseases of the respiratory system	196	231	210	1,179	1,011	740	6.0	4.4	3.5
Diseases of the digestive system	237	215	198	1,382	908	659	5.8	4.2	3.3
Diseases of the genitourinary system	114	92	86	471	317	242	4.1	3.4	2.8
Pregnancy, childbirth, and the puerperium	436	335	321	929	671	710	2.1	2.0	2.2
Diseases of the skin and subcutaneous tissue	30	40	39	205	181	139	6.8	4.5	3.6
Musculoskeletal system and connective tissue	39	76	165	262	424	496	6.7	5.6	3.0
Congenital anomalies	1	3	-	3	21	-	3.0	7.0	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	112	142	130	648	679	416	5.8	4.8	3.2
Symptoms, signs, and ill-defined conditions	42	57	22	187	144	53	4.5	2.5	2.4
Residual codes, unclassified, all Ecodes	-	7	5	-	25	16	-	3.6	3.2
Total	1,677	1,774	1,473	8,237	6,482	4,365	4.9	3.7	3.0

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Rutland Regional Medical Center									
Infectious and parasitic diseases	99	89	247	816	446	1,987	8.2	5.0	8.0
Neoplasms	398	346	220	4,181	1,773	1,262	10.5	5.1	5.7
Endocrine, nutritional, metabolic, immunity	287	223	213	2,353	1,081	1,016	8.2	4.8	4.8
Diseases of the blood and blood-forming organs	63	50	60	520	307	261	8.3	6.1	4.4
Mental disorders	352	792	869	3,654	4,598	5,746	10.4	5.8	6.6
Diseases of the nervous system and sense organs	227	115	147	1,499	437	607	6.6	3.8	4.1
Diseases of the circulatory system	1,569	1,140	805	11,468	4,455	3,158	7.3	3.9	3.9
Diseases of the respiratory system	863	810	948	7,418	4,296	5,520	8.6	5.3	5.8
Diseases of the digestive system	716	635	676	4,226	2,876	3,403	5.9	4.5	5.0
Diseases of the genitourinary system	422	350	356	1,793	1,151	1,326	4.2	3.3	3.7
Pregnancy, childbirth, and the puerperium	880	581	475	2,010	1,211	1,110	2.3	2.1	2.3
Diseases of the skin and subcutaneous tissue	56	88	119	530	421	549	9.5	4.8	4.6
Musculoskeletal system and connective tissue	416	463	495	3,012	1,702	1,515	7.2	3.7	3.1
Congenital anomalies	19	8	5	67	27	12	3.5	3.4	2.4
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury and poisoning	835	564	591	6,415	3,040	2,529	7.7	5.4	4.3
Symptoms, signs, and ill-defined conditions	428	410	342	5,284	3,763	3,446	12.3	9.2	10.1
Residual codes, unclassified, all Ecodes	8	16	17	47	57	83	5.9	3.6	4.9
Total	7,638	6,680	6,585	55,293	31,641	33,530	7.2	4.7	5.1

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Southwestern Vermont Medical Center									
Infectious and parasitic diseases	68	49	357	480	373	1,682	7.1	7.6	4.7
Neoplasms	297	204	118	2,141	1,131	478	7.2	5.5	4.1
Endocrine, nutritional, metabolic, immunity	123	156	143	1,316	811	433	10.7	5.2	3.0
Diseases of the blood and blood-forming organs	52	27	67	297	89	205	5.7	3.3	3.1
Mental disorders	225	57	42	2,042	274	152	9.1	4.8	3.6
Diseases of the nervous system and sense organs	143	125	45	727	465	125	5.1	3.7	2.8
Diseases of the circulatory system	915	946	567	7,371	3,610	1,761	8.1	3.8	3.1
Diseases of the respiratory system	560	645	589	4,088	3,147	2,593	7.3	4.9	4.4
Diseases of the digestive system	649	591	542	3,983	2,899	2,224	6.1	4.9	4.1
Diseases of the genitourinary system	263	203	168	1,252	632	542	4.8	3.1	3.2
Pregnancy, childbirth, and the puerperium	670	559	458	1,699	1,250	1,188	2.5	2.2	2.6
Diseases of the skin and subcutaneous tissue	45	63	106	469	298	426	10.4	4.7	4.0
Musculoskeletal system and connective tissue	301	278	223	1,884	1,244	691	6.3	4.5	3.1
Congenital anomalies	15	7	3	39	21	9	2.6	3.0	3.0
Conditions originating in the perinatal period	-	-	1	-	-	17	-	-	17.0
Injury and poisoning	641	445	375	4,630	1,837	1,485	7.2	4.1	4.0
Symptoms, signs, and ill-defined conditions	138	161	71	698	506	165	5.1	3.1	2.3
Residual codes, unclassified, all Ecodes	3	4	9	9	13	31	3.0	3.3	3.4
Total	5,108	4,520	3,884	33,125	18,600	14,207	6.5	4.1	3.7

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

Table I-3
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1991, 2001 and 2011
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	Discharges			Patient Days			Average Length of Stay		
	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>	<u>1991</u>	<u>2001</u>	<u>2011</u>
Springfield Hospital									
Infectious and parasitic diseases	30	65	40	171	337	172	5.7	5.2	4.3
Neoplasms	116	78	30	872	367	166	7.5	4.7	5.5
Endocrine, nutritional, metabolic, immunity	54	65	60	393	228	236	7.3	3.5	3.9
Diseases of the blood and blood-forming organs	2	12	13	5	46	37	2.5	3.8	2.8
Mental disorders	149	582	352	1,524	4,398	2,892	10.2	7.6	8.2
Diseases of the nervous system and sense organs	48	54	46	126	128	139	2.6	2.4	3.0
Diseases of the circulatory system	534	629	297	2,401	1,823	918	4.5	2.9	3.1
Diseases of the respiratory system	253	354	345	1,608	1,380	1,405	6.4	3.9	4.1
Diseases of the digestive system	303	263	265	1,608	982	1,015	5.3	3.7	3.8
Diseases of the genitourinary system	151	134	100	548	330	397	3.6	2.5	4.0
Pregnancy, childbirth, and the puerperium	270	232	163	596	489	379	2.2	2.1	2.3
Diseases of the skin and subcutaneous tissue	23	42	51	255	258	225	11.1	6.1	4.4
Musculoskeletal system and connective tissue	88	110	77	592	422	263	6.7	3.8	3.4
Congenital anomalies	5	1	-	32	2	-	6.4	2.0	-
Conditions originating in the perinatal period	-	-	1	-	-	2	-	-	2.0
Injury and poisoning	231	162	142	1,370	535	645	5.9	3.3	4.5
Symptoms, signs, and ill-defined conditions	61	78	61	207	143	199	3.4	1.8	3.3
Residual codes, unclassified, all Ecodes	4	11	16	5	62	85	1.3	5.6	5.3
Total	2,322	2,872	2,059	12,313	11,930	9,175	5.3	4.2	4.5

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

Table I-4
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 2011
Discharges, Patient Days and Average Length of Stay by Age Group

Discharges by Age Group

<u>Vermont Hospitals</u>	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	<u>Total</u>
Brattleboro Memorial Hospital	26	489	411	109	121	110	383	926	723	1,649
Central Vermont Medical Center	29	1,029	808	199	226	258	666	1,866	1,349	3,215
Copley Hospital	9	374	387	152	144	136	412	770	844	1,614
Fletcher Allen Health Care	972	5,467	5,969	1,612	1,442	1,474	2,378	12,408	6,906	19,314
Gifford Medical Center	8	319	302	70	76	84	230	629	460	1,089
Grace Cottage Hospital	1	4	41	22	17	17	106	46	162	208
Mt. Ascutney Hospital and Health Center	1	30	90	41	63	51	226	121	381	502
North Country Hospital	26	364	314	114	127	116	334	704	691	1,395
Northeastern Vermont Regional Hospital	84	366	290	114	80	124	333	740	651	1,391
Northwestern Medical Center	19	622	482	161	153	173	477	1,123	964	2,087
Porter Medical Center	7	462	306	126	118	133	321	775	698	1,473
Rutland Regional Medical Center	135	1,556	1,815	549	607	528	1,395	3,506	3,079	6,585
Southwestern Vermont Medical Center	57	825	831	316	335	411	1,109	1,713	2,171	3,884
Springfield Hospital	35	568	532	157	147	121	499	1,135	924	2,059
Total	1,409	12,475	12,578	3,742	3,656	3,736	8,869	26,462	20,003	46,465

Numbers of inpatient discharges exclude newborns (MDC=15) and 2 records with missing or invalid diagnosis codes.

Table I-4
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 2011
Discharges, Patient Days and Average Length of Stay by Age Group

Patient Days by Age Group

<u>Vermont Hospitals</u>	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	<u>Total</u>
Brattleboro Memorial Hospital	49	1,270	1,680	524	525	542	1,927	2,999	3,518	6,517
Central Vermont Medical Center	65	4,492	4,457	898	928	1,121	2,727	9,014	5,674	14,688
Copley Hospital	12	754	985	458	412	452	1,486	1,751	2,808	4,559
Fletcher Allen Health Care	3,962	25,003	35,498	8,752	8,808	8,616	12,206	64,463	38,382	102,845
Gifford Medical Center	14	837	999	254	236	263	739	1,850	1,492	3,342
Grace Cottage Hospital	2	8	122	57	49	49	330	132	485	617
Mt. Ascutney Hospital and Health Center	3	75	321	210	236	212	930	399	1,588	1,987
North Country Hospital	83	944	1,027	369	455	450	1,412	2,054	2,686	4,740
Northeastern Vermont Regional Hospital	127	819	952	369	262	436	1,281	1,898	2,348	4,246
Northwestern Medical Center	34	1,432	1,549	531	514	596	1,862	3,015	3,503	6,518
Porter Medical Center	18	1,045	956	398	345	444	1,159	2,019	2,346	4,365
Rutland Regional Medical Center	302	6,139	9,702	3,123	3,763	2,698	7,803	16,143	17,387	33,530
Southwestern Vermont Medical Center	129	2,396	3,089	1,151	1,248	1,686	4,508	5,614	8,593	14,207
Springfield Hospital	79	2,680	2,381	737	590	476	2,232	5,140	4,035	9,175
Total	4,879	47,894	63,718	17,831	18,371	18,041	40,602	116,491	94,845	211,336

Numbers of inpatient discharges exclude newborns (MDC=15) and 2 records with missing or invalid diagnosis codes.

Table I-4
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 2011
Discharges, Patient Days and Average Length of Stay by Age Group

Average Length of Stay by Age Group

<u>Vermont Hospitals</u>	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	<u>Total</u>
Brattleboro Memorial Hospital	1.9	2.6	4.1	4.8	4.3	4.9	5.0	3.2	4.9	4.0
Central Vermont Medical Center	2.2	4.4	5.5	4.5	4.1	4.3	4.1	4.8	4.2	4.6
Copley Hospital	1.3	2.0	2.5	3.0	2.9	3.3	3.6	2.3	3.3	2.8
Fletcher Allen Health Care	4.1	4.6	5.9	5.4	6.1	5.8	5.1	5.2	5.6	5.3
Gifford Medical Center	1.8	2.6	3.3	3.6	3.1	3.1	3.2	2.9	3.2	3.1
Grace Cottage Hospital	2.0	2.0	3.0	2.6	2.9	2.9	3.1	2.9	3.0	3.0
Mt. Ascutney Hospital and Health Center	3.0	2.5	3.6	5.1	3.7	4.2	4.1	3.3	4.2	4.0
North Country Hospital	3.2	2.6	3.3	3.2	3.6	3.9	4.2	2.9	3.9	3.4
Northeastern Vermont Regional Hospital	1.5	2.2	3.3	3.2	3.3	3.5	3.8	2.6	3.6	3.1
Northwestern Medical Center	1.8	2.3	3.2	3.3	3.4	3.4	3.9	2.7	3.6	3.1
Porter Medical Center	2.6	2.3	3.1	3.2	2.9	3.3	3.6	2.6	3.4	3.0
Rutland Regional Medical Center	2.2	3.9	5.3	5.7	6.2	5.1	5.6	4.6	5.6	5.1
Southwestern Vermont Medical Center	2.3	2.9	3.7	3.6	3.7	4.1	4.1	3.3	4.0	3.7
Springfield Hospital	2.3	4.7	4.5	4.7	4.0	3.9	4.5	4.5	4.4	4.5
Total	3.5	3.8	5.1	4.8	5.0	4.8	4.6	4.4	4.7	4.5

Numbers of inpatient discharges exclude newborns (MDC=15) and 2 records with missing or invalid diagnosis codes.

**Table I-5
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Principal Payer**

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%		
Brattleboro Memorial Hospital	810	49.1%	335	20.3%	6	0.4%	3	0.2%	459	27.8%	36	2.2%	-	0.0%	1,649	3.5%
Central Vermont Medical Center	1,619	50.4%	719	22.4%	30	0.9%	7	0.2%	792	24.6%	48	1.5%	-	0.0%	3,215	6.9%
Copley Hospital	931	57.7%	245	15.2%	12	0.7%	7	0.4%	379	23.5%	33	2.0%	7	0.4%	1,614	3.5%
Fletcher Allen Health Care	7,491	38.8%	3,367	17.4%	301	1.6%	178	0.9%	7,159	37.1%	447	2.3%	371	1.9%	19,314	41.6%
Gifford Medical Center	495	45.5%	254	23.3%	12	1.1%	1	0.1%	303	27.8%	24	2.2%	-	0.0%	1,089	2.3%
Grace Cottage Hospital	172	82.7%	13	6.3%	1	0.5%	-	0.0%	21	10.1%	1	0.5%	-	0.0%	208	0.4%
Mt. Ascutney Hospital and Health Center	395	78.7%	27	5.4%	2	0.4%	-	0.0%	71	14.1%	7	1.4%	-	0.0%	502	1.1%
North Country Hospital	759	54.4%	342	24.5%	7	0.5%	1	0.1%	257	18.4%	29	2.1%	-	0.0%	1,395	3.0%
Northeastern Vermont Regional Hospital	686	49.3%	324	23.3%	2	0.1%	6	0.4%	342	24.6%	31	2.2%	-	0.0%	1,391	3.0%
Northwestern Medical Center	821	39.3%	430	20.6%	27	1.3%	13	0.6%	755	36.2%	41	2.0%	-	0.0%	2,087	4.5%
Porter Medical Center	614	41.7%	270	18.3%	11	0.7%	3	0.2%	538	36.5%	37	2.5%	-	0.0%	1,473	3.2%
Rutland Regional Medical Center	3,632	55.2%	1,314	20.0%	27	0.4%	33	0.5%	1,364	20.7%	215	3.3%	-	0.0%	6,585	14.2%
Southwestern Vermont Medical Center	2,314	59.6%	467	12.0%	19	0.5%	12	0.3%	1,004	25.8%	68	1.8%	-	0.0%	3,884	8.4%
Springfield Hospital	1,147	55.7%	482	23.4%	14	0.7%	2	0.1%	350	17.0%	62	3.0%	2	0.1%	2,059	4.4%
Total	21,886	47.1%	8,589	18.5%	471	1.0%	266	0.6%	13,794	29.7%	1,079	2.3%	380	0.8%	46,465	100.0%

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

Numbers of inpatient discharges exclude newborns (MDC 15) and 2 records with missing or invalid diagnosis codes.

Table I-6
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Diagnosis Groups	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%		
Infectious and parasitic diseases	977	65.4%	153	10.2%	9	0.6%	4	0.3%	305	20.4%	27	1.8%	18	1.2%	1,493	3.2%
Neoplasms	981	45.2%	272	12.5%	25	1.2%	1	0.0%	863	39.8%	23	1.1%	3	0.1%	2,168	4.7%
Endocrine, nutritional, metabolic, immunity	806	48.8%	350	21.2%	11	0.7%	3	0.2%	395	23.9%	45	2.7%	42	2.5%	1,652	3.6%
Diseases of the blood and blood-forming organs	287	56.6%	50	9.9%	6	1.2%	-	0.0%	148	29.2%	9	1.8%	7	1.4%	507	1.1%
Mental disorders	901	30.4%	1,305	44.0%	32	1.1%	2	0.1%	599	20.2%	121	4.1%	5	0.2%	2,965	6.4%
Diseases of the nervous system and sense organs	471	43.2%	252	23.1%	9	0.8%	5	0.5%	317	29.1%	32	2.9%	5	0.5%	1,091	2.3%
Diseases of the circulatory system	4,699	66.1%	497	7.0%	71	1.0%	15	0.2%	1,591	22.4%	166	2.3%	75	1.1%	7,114	15.3%
Diseases of the respiratory system	3,689	67.8%	700	12.9%	33	0.6%	5	0.1%	878	16.1%	100	1.8%	39	0.7%	5,444	11.7%
Diseases of the digestive system	2,501	47.0%	835	15.7%	55	1.0%	8	0.2%	1,688	31.7%	186	3.5%	51	1.0%	5,324	11.5%
Diseases of the genitourinary system	1,247	58.8%	259	12.2%	27	1.3%	2	0.1%	513	24.2%	41	1.9%	33	1.6%	2,122	4.6%
Pregnancy, childbirth, and the puerperium	71	1.3%	2,483	43.7%	90	1.6%	-	0.0%	2,973	52.4%	61	1.1%	-	0.0%	5,678	12.2%
Diseases of the skin and subcutaneous tissue	469	49.5%	176	18.6%	5	0.5%	8	0.8%	244	25.7%	33	3.5%	13	1.4%	948	2.0%
Musculoskeletal system and connective tissue	1,686	49.2%	332	9.7%	30	0.9%	76	2.2%	1,273	37.1%	27	0.8%	4	0.1%	3,428	7.4%
Congenital anomalies	16	10.1%	62	39.0%	2	1.3%	-	0.0%	75	47.2%	2	1.3%	2	1.3%	159	0.3%
Conditions originating in the perinatal period	-	0.0%	2	40.0%	-	0.0%	-	0.0%	3	60.0%	-	0.0%	-	0.0%	5	0.0%
Injury and poisoning	2,095	46.2%	602	13.3%	39	0.9%	114	2.5%	1,443	31.8%	172	3.8%	69	1.5%	4,534	9.8%
Symptoms, signs, and ill-defined conditions	909	53.6%	239	14.1%	19	1.1%	22	1.3%	466	27.5%	29	1.7%	13	0.8%	1,697	3.7%
Residual codes, unclassified, all Ecodes	81	59.6%	20	14.7%	8	5.9%	1	0.7%	20	14.7%	5	3.7%	1	0.7%	136	0.3%
Total	21,886	47.1%	8,589	18.5%	471	1.0%	266	0.6%	13,794	29.7%	1,079	2.3%	380	0.8%	46,465	100.0%

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

Numbers of inpatient discharges exclude newborns (MDC 15) and 2 records with missing or invalid diagnosis codes.

Table I-7
2011 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
In-migration by Vermont Hospital

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-Vermonters</u>		<u>Total for Vermont Hospitals</u>	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	1,381	\$21,439,992	268	\$4,274,823	1,649	\$25,714,815
Central Vermont Medical Center	3,161	\$50,991,706	54	\$864,227	3,215	\$51,855,934
Copley Hospital	1,559	\$20,782,849	55	\$1,230,616	1,614	\$22,013,465
Fletcher Allen Health Care	15,572	\$414,589,050	3,742	\$141,430,982	19,314	\$556,020,032
Gifford Medical Center	1,073	\$16,815,026	16	\$261,887	1,089	\$17,076,913
Grace Cottage Hospital	200	\$1,192,507	8	\$32,976	208	\$1,225,482
Mt. Ascutney Hospital and Health Center	406	\$4,390,921	96	\$1,246,141	502	\$5,637,062
North Country Hospital	1,359	\$21,620,688	36	\$743,512	1,395	\$22,364,200
Northeastern Vermont Regional Hospital	1,320	\$22,549,019	71	\$1,265,357	1,391	\$23,814,376
Northwestern Medical Center	2,065	\$28,893,612	22	\$291,056	2,087	\$29,184,668
Porter Medical Center	1,366	\$19,684,573	107	\$1,506,876	1,473	\$21,191,449
Rutland Regional Medical Center	6,034	\$129,114,519	551	\$13,942,204	6,585	\$143,056,722
Southwestern Vermont Medical Center	2,826	\$48,981,196	1,058	\$17,051,542	3,884	\$66,032,738
Springfield Hospital	1,802	\$23,044,231	257	\$3,455,138	2,059	\$26,499,369
Total for 2011	40,124	\$824,089,888	6,341	\$187,597,337	46,465	\$1,011,687,225
Total for 2010	40,728	\$807,712,818	6,366	\$179,218,150	47,094	\$986,930,968

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

Emergency Department Visits

Table E-1
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Type of Visit

Vermont Hospital	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	949	7.4%	11,836	92.6%	12,785	4.8%
Central Vermont Medical Center	2,370	8.3%	26,017	91.7%	28,387	10.6%
Copley Hospital	272	2.1%	12,807	97.9%	13,079	4.9%
Fletcher Allen Health Care	8,858	15.2%	49,273	84.8%	58,131	21.6%
Gifford Medical Center	590	8.5%	6,372	91.5%	6,962	2.6%
Grace Cottage Hospital	20	0.7%	2,797	99.3%	2,817	1.0%
Mt. Ascutney Hospital and Health Center	66	1.6%	4,159	98.4%	4,225	1.6%
North Country Hospital	337	2.1%	15,377	97.9%	15,714	5.8%
Northeastern Vermont Regional Hospital	318	2.2%	14,307	97.8%	14,625	5.4%
Northwestern Medical Center	1,233	4.5%	26,460	95.5%	27,693	10.3%
Porter Medical Center	285	1.9%	14,675	98.1%	14,960	5.6%
Rutland Regional Medical Center	4,535	15.3%	25,190	84.7%	29,725	11.1%
Southwestern Vermont Medical Center	2,906	12.2%	20,897	87.8%	23,803	8.9%
Springfield Hospital	1,546	9.6%	14,480	90.4%	16,026	6.0%
Total	24,285	9.0%	244,647	91.0%	268,932	100.0%

ED visits include all hospital records (outpatient and inpatient) that originated in the ED.
 Inpatient discharges originating in the ED are reported in this table and in the Vermont Hospital Inpatient tables.
 Inpatient discharges exclude newborns (MDC 15) and 2 records with missing or invalid diagnosis codes.
 ED visits not admitted exclude 15 records with missing or invalid diagnosis codes.

Table E-2
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Type of Visit: 2007 through 2011

Inpatient Discharges Originating in ED	2007	2008	2009	2010	2011
Brattleboro Memorial Hospital	1,190	1,050	977	1,001	949
Central Vermont Medical Center	2,290	2,505	2,280	2,503	2,370
Copley Hospital	196	213	194	292	272
Fletcher Allen Health Care	8,219	8,536	8,652	8,842	8,858
Gifford Medical Center	629	634	686	531	590
Grace Cottage Hospital	1	4	15	17	20
Mt. Ascutney Hospital and Health Center	61	72	59	65	66
North Country Hospital	297	322	256	293	337
Northeastern Vermont Regional Hospital	318	404	375	367	318
Northwestern Medical Center	1,339	1,117	1,009	940	1,233
Porter Medical Center	239	232	304	293	285
Rutland Regional Medical Center	4,134	4,129	4,469	4,378	4,535
Southwestern Vermont Medical Center	3,451	3,426	2,958	2,997	2,906
Springfield Hospital	1,461	1,506	1,447	1,475	1,546
Total	23,825	24,150	23,681	23,994	24,285
ED Visits Not Admitted	2007	2008	2009	2010	2011
Brattleboro Memorial Hospital	11,015	11,171	11,430	11,546	11,836
Central Vermont Medical Center	25,414	27,092	27,564	26,852	26,017
Copley Hospital	11,557	12,186	12,121	12,275	12,807
Fletcher Allen Health Care	46,055	48,872	48,936	49,358	49,273
Gifford Medical Center	5,948	6,187	6,807	6,499	6,372
Grace Cottage Hospital	2,431	2,575	2,786	2,797	2,797
Mt. Ascutney Hospital and Health Center	5,273	5,050	4,996	5,022	4,159
North Country Hospital	12,307	13,083	13,740	14,501	15,377
Northeastern Vermont Regional Hospital	10,498	10,838	9,713	9,232	14,307
Northwestern Medical Center	25,664	26,316	26,270	26,602	26,460
Porter Medical Center	12,719	13,281	13,344	13,427	14,675
Rutland Regional Medical Center	29,585	28,918	29,573	28,055	25,190
Southwestern Vermont Medical Center	18,238	19,370	15,404	19,402	20,897
Springfield Hospital	14,060	14,650	14,792	14,761	14,480
Total	230,764	239,589	237,476	240,329	244,647

Table E-2
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Type of Visit: 2007 through 2011

All ED Visits, Including Those Admitted	2007	2008	2009	2010	2011
Brattleboro Memorial Hospital	12,205	12,221	12,407	12,547	12,785
Central Vermont Medical Center	27,704	29,597	29,844	29,355	28,387
Copley Hospital	11,753	12,399	12,315	12,567	13,079
Fletcher Allen Health Care	54,274	57,408	57,588	58,200	58,131
Gifford Medical Center	6,577	6,821	7,493	7,030	6,962
Grace Cottage Hospital	2,432	2,579	2,801	2,814	2,817
Mt. Ascutney Hospital and Health Center	5,334	5,122	5,055	5,087	4,225
North Country Hospital	12,604	13,405	13,996	14,794	15,714
Northeastern Vermont Regional Hospital	10,816	11,242	10,088	9,599	14,625
Northwestern Medical Center	27,003	27,433	27,279	27,542	27,693
Porter Medical Center	12,958	13,513	13,648	13,720	14,960
Rutland Regional Medical Center	33,719	33,047	34,042	32,433	29,725
Southwestern Vermont Medical Center	21,689	22,796	18,362	22,399	23,803
Springfield Hospital	15,521	16,156	16,239	16,236	16,026
Total	254,589	263,739	261,157	264,323	268,932

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

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

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

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

Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
All Vermont Hospitals						
Infectious and parasitic diseases	1,220	27.5%	3,215	72.5%	4,435	1.6%
Neoplasms	595	59.0%	414	41.0%	1,009	0.4%
Endocrine, nutritional, metabolic, immunity	977	24.7%	2,976	75.3%	3,953	1.5%
Diseases of the blood and blood-forming organs	355	47.9%	386	52.1%	741	0.3%
Mental disorders	1,721	14.3%	10,321	85.7%	12,042	4.5%
Diseases of the nervous system and sense organs	683	3.3%	19,931	96.7%	20,614	7.7%
Diseases of the circulatory system	4,386	22.1%	15,439	77.9%	19,825	7.4%
Diseases of the respiratory system	4,164	12.4%	29,430	87.6%	33,594	12.5%
Diseases of the digestive system	3,800	17.7%	17,650	82.3%	21,450	8.0%
Diseases of the genitourinary system	1,236	8.7%	12,928	91.3%	14,164	5.3%
Pregnancy, childbirth, and the puerperium	140	6.5%	2,005	93.5%	2,145	0.8%
Diseases of the skin and subcutaneous tissue	673	7.2%	8,623	92.8%	9,296	3.5%
Musculoskeletal system and connective tissue	472	2.5%	18,665	97.5%	19,137	7.1%
Congenital anomalies	22	27.2%	59	72.8%	81	0.0%
Conditions originating in the perinatal period	3	1.3%	232	98.7%	235	0.1%
Injury and poisoning	3,212	4.2%	73,146	95.8%	76,358	28.4%
Symptoms, signs, and ill-defined conditions	548	2.0%	27,276	98.0%	27,824	10.3%
Residual codes, unclassified, all Ecodes	78	3.8%	1,951	96.2%	2,029	0.8%
Total	24,285	9.0%	244,647	91.0%	268,932	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
 Inpatient discharges and ED visits not admitted exclude records with missing/invalid DX codes (2 and 15).

Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital						
Infectious and parasitic diseases	46	29.7%	109	70.3%	155	1.2%
Neoplasms	28	48.3%	30	51.7%	58	0.5%
Endocrine, nutritional, metabolic, immunity	44	15.2%	245	84.8%	289	2.3%
Diseases of the blood and blood-forming organs	6	20.0%	24	80.0%	30	0.2%
Mental disorders	40	4.5%	858	95.5%	898	7.0%
Diseases of the nervous system and sense organs	27	2.9%	894	97.1%	921	7.2%
Diseases of the circulatory system	169	21.6%	612	78.4%	781	6.1%
Diseases of the respiratory system	174	10.5%	1,478	89.5%	1,652	12.9%
Diseases of the digestive system	191	17.4%	907	82.6%	1,098	8.6%
Diseases of the genitourinary system	34	4.8%	678	95.2%	712	5.6%
Pregnancy, childbirth, and the puerperium	6	8.7%	63	91.3%	69	0.5%
Diseases of the skin and subcutaneous tissue	19	5.0%	362	95.0%	381	3.0%
Musculoskeletal system and connective tissue	15	2.2%	652	97.8%	667	5.2%
Congenital anomalies	1	20.0%	4	80.0%	5	0.0%
Conditions originating in the perinatal period	0	0.0%	15	100.0%	15	0.1%
Injury and poisoning	137	3.4%	3,934	96.6%	4,071	31.8%
Symptoms, signs, and ill-defined conditions	11	1.2%	882	98.8%	893	7.0%
Residual codes, unclassified, all Ecodes	1	1.1%	89	98.9%	90	0.7%
Total	949	7.4%	11,836	92.6%	12,785	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
Inpatient discharges and ED visits not admitted exclude records with missing/invalid DX codes (2 and 15).

Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Central Vermont Medical Center						
Infectious and parasitic diseases	113	18.4%	502	81.6%	615	2.2%
Neoplasms	56	67.5%	27	32.5%	83	0.3%
Endocrine, nutritional, metabolic, immunity	87	23.5%	284	76.5%	371	1.3%
Diseases of the blood and blood-forming organs	25	43.9%	32	56.1%	57	0.2%
Mental disorders	374	26.7%	1,026	73.3%	1,400	4.9%
Diseases of the nervous system and sense organs	54	2.5%	2,126	97.5%	2,180	7.7%
Diseases of the circulatory system	319	16.6%	1,599	83.4%	1,918	6.8%
Diseases of the respiratory system	486	13.1%	3,225	86.9%	3,711	13.1%
Diseases of the digestive system	352	15.1%	1,981	84.9%	2,333	8.2%
Diseases of the genitourinary system	116	8.0%	1,331	92.0%	1,447	5.1%
Pregnancy, childbirth, and the puerperium	2	1.6%	123	98.4%	125	0.4%
Diseases of the skin and subcutaneous tissue	115	10.8%	951	89.2%	1,066	3.8%
Musculoskeletal system and connective tissue	43	1.8%	2,411	98.2%	2,454	8.6%
Congenital anomalies	0	0.0%	5	100.0%	5	0.0%
Conditions originating in the perinatal period	0	0.0%	32	100.0%	32	0.1%
Injury and poisoning	182	2.4%	7,262	97.6%	7,444	26.2%
Symptoms, signs, and ill-defined conditions	43	1.5%	2,894	98.5%	2,937	10.3%
Residual codes, unclassified, all Ecodes	3	1.4%	206	98.6%	209	0.7%
Total	2,370	8.3%	26,017	91.7%	28,387	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
 Inpatient discharges and ED visits not admitted exclude records with missing/invalid DX codes (2 and 15).

Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Copley Hospital						
Infectious and parasitic diseases	4	2.0%	198	98.0%	202	1.5%
Neoplasms	4	28.6%	10	71.4%	14	0.1%
Endocrine, nutritional, metabolic, immunity	18	12.7%	124	87.3%	142	1.1%
Diseases of the blood and blood-forming organs	0	0.0%	12	100.0%	12	0.1%
Mental disorders	12	3.5%	327	96.5%	339	2.6%
Diseases of the nervous system and sense organs	11	1.2%	931	98.8%	942	7.2%
Diseases of the circulatory system	32	4.7%	648	95.3%	680	5.2%
Diseases of the respiratory system	30	1.8%	1,678	98.2%	1,708	13.1%
Diseases of the digestive system	73	6.9%	982	93.1%	1,055	8.1%
Diseases of the genitourinary system	17	2.5%	676	97.5%	693	5.3%
Pregnancy, childbirth, and the puerperium	3	2.9%	100	97.1%	103	0.8%
Diseases of the skin and subcutaneous tissue	4	1.1%	363	98.9%	367	2.8%
Musculoskeletal system and connective tissue	6	0.7%	916	99.3%	922	7.0%
Congenital anomalies	0	0.0%	0	0.0%	0	0.0%
Conditions originating in the perinatal period	0	0.0%	12	100.0%	12	0.1%
Injury and poisoning	45	1.0%	4,417	99.0%	4,462	34.1%
Symptoms, signs, and ill-defined conditions	13	1.0%	1,334	99.0%	1,347	10.3%
Residual codes, unclassified, all Ecodes	0	0.0%	79	100.0%	79	0.6%
Total	272	2.1%	12,807	97.9%	13,079	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
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Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Fletcher Allen Health Care						
Infectious and parasitic diseases	362	42.3%	494	57.7%	856	1.5%
Neoplasms	294	82.6%	62	17.4%	356	0.6%
Endocrine, nutritional, metabolic, immunity	307	31.5%	668	68.5%	975	1.7%
Diseases of the blood and blood-forming organs	169	68.1%	79	31.9%	248	0.4%
Mental disorders	474	13.9%	2,935	86.1%	3,409	5.9%
Diseases of the nervous system and sense organs	312	7.3%	3,957	92.7%	4,269	7.3%
Diseases of the circulatory system	1,868	36.3%	3,278	63.7%	5,146	8.9%
Diseases of the respiratory system	1,095	20.1%	4,360	79.9%	5,455	9.4%
Diseases of the digestive system	1,276	27.1%	3,428	72.9%	4,704	8.1%
Diseases of the genitourinary system	402	13.3%	2,614	86.7%	3,016	5.2%
Pregnancy, childbirth, and the puerperium	56	9.7%	519	90.3%	575	1.0%
Diseases of the skin and subcutaneous tissue	184	10.3%	1,607	89.7%	1,791	3.1%
Musculoskeletal system and connective tissue	196	5.1%	3,671	94.9%	3,867	6.7%
Congenital anomalies	18	45.0%	22	55.0%	40	0.1%
Conditions originating in the perinatal period	2	4.7%	41	95.3%	43	0.1%
Injury and poisoning	1,640	10.3%	14,296	89.7%	15,936	27.4%
Symptoms, signs, and ill-defined conditions	176	2.5%	6,782	97.5%	6,958	12.0%
Residual codes, unclassified, all Ecodes	27	5.5%	460	94.5%	487	0.8%
Total	8,858	15.2%	49,273	84.8%	58,131	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
 Inpatient discharges and ED visits not admitted exclude records with missing/invalid DX codes (2 and 15).

Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Gifford Medical Center						
Infectious and parasitic diseases	7	4.8%	140	95.2%	147	2.1%
Neoplasms	6	40.0%	9	60.0%	15	0.2%
Endocrine, nutritional, metabolic, immunity	32	28.3%	81	71.7%	113	1.6%
Diseases of the blood and blood-forming organs	12	54.5%	10	45.5%	22	0.3%
Mental disorders	47	22.3%	164	77.7%	211	3.0%
Diseases of the nervous system and sense organs	19	3.4%	543	96.6%	562	8.1%
Diseases of the circulatory system	109	20.4%	426	79.6%	535	7.7%
Diseases of the respiratory system	123	12.9%	833	87.1%	956	13.7%
Diseases of the digestive system	99	15.6%	537	84.4%	636	9.1%
Diseases of the genitourinary system	34	10.8%	280	89.2%	314	4.5%
Pregnancy, childbirth, and the puerperium	2	5.0%	38	95.0%	40	0.6%
Diseases of the skin and subcutaneous tissue	19	8.7%	200	91.3%	219	3.1%
Musculoskeletal system and connective tissue	19	3.8%	483	96.2%	502	7.2%
Congenital anomalies	0	0.0%	3	100.0%	3	0.0%
Conditions originating in the perinatal period	0	0.0%	4	100.0%	4	0.1%
Injury and poisoning	43	2.0%	2,091	98.0%	2,134	30.7%
Symptoms, signs, and ill-defined conditions	15	3.0%	483	97.0%	498	7.2%
Residual codes, unclassified, all Ecodes	4	7.8%	47	92.2%	51	0.7%
Total	590	8.5%	6,372	91.5%	6,962	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded. Inpatient discharges and ED visits not admitted exclude records with missing/invalid DX codes (2 and 15).

Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Grace Cottage Hospital						
Infectious and parasitic diseases	1	2.2%	45	97.8%	46	1.6%
Neoplasms	0	0.0%	2	100.0%	2	0.1%
Endocrine, nutritional, metabolic, immunity	2	4.5%	42	95.5%	44	1.6%
Diseases of the blood and blood-forming organs	0	0.0%	5	100.0%	5	0.2%
Mental disorders	0	0.0%	59	100.0%	59	2.1%
Diseases of the nervous system and sense organs	2	0.9%	226	99.1%	228	8.1%
Diseases of the circulatory system	1	0.5%	182	99.5%	183	6.5%
Diseases of the respiratory system	9	2.1%	416	97.9%	425	15.1%
Diseases of the digestive system	3	1.8%	160	98.2%	163	5.8%
Diseases of the genitourinary system	0	0.0%	136	100.0%	136	4.8%
Pregnancy, childbirth, and the puerperium	0	0.0%	3	100.0%	3	0.1%
Diseases of the skin and subcutaneous tissue	2	2.3%	84	97.7%	86	3.1%
Musculoskeletal system and connective tissue	0	0.0%	181	100.0%	181	6.4%
Congenital anomalies	0	0.0%	1	100.0%	1	0.0%
Conditions originating in the perinatal period	0	0.0%	2	100.0%	2	0.1%
Injury and poisoning	0	0.0%	939	100.0%	939	33.3%
Symptoms, signs, and ill-defined conditions	0	0.0%	292	100.0%	292	10.4%
Residual codes, unclassified, all Ecodes	0	0.0%	22	100.0%	22	0.8%
Total	20	0.7%	2,797	99.3%	2,817	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
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Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Mt. Ascutney Hospital and Health Center						
Infectious and parasitic diseases	2	2.4%	83	97.6%	85	2.0%
Neoplasms	0	0.0%	7	100.0%	7	0.2%
Endocrine, nutritional, metabolic, immunity	3	4.6%	62	95.4%	65	1.5%
Diseases of the blood and blood-forming organs	0	0.0%	11	100.0%	11	0.3%
Mental disorders	0	0.0%	161	100.0%	161	3.8%
Diseases of the nervous system and sense organs	2	0.7%	304	99.3%	306	7.2%
Diseases of the circulatory system	6	1.8%	319	98.2%	325	7.7%
Diseases of the respiratory system	16	3.3%	472	96.7%	488	11.6%
Diseases of the digestive system	16	5.4%	281	94.6%	297	7.0%
Diseases of the genitourinary system	3	1.3%	231	98.7%	234	5.5%
Pregnancy, childbirth, and the puerperium	0	0.0%	4	100.0%	4	0.1%
Diseases of the skin and subcutaneous tissue	10	4.5%	214	95.5%	224	5.3%
Musculoskeletal system and connective tissue	3	1.1%	281	98.9%	284	6.7%
Congenital anomalies	0	0.0%	1	100.0%	1	0.0%
Conditions originating in the perinatal period	0	0.0%	3	100.0%	3	0.1%
Injury and poisoning	1	0.1%	1,295	99.9%	1,296	30.7%
Symptoms, signs, and ill-defined conditions	4	1.0%	396	99.0%	400	9.5%
Residual codes, unclassified, all Ecodes	0	0.0%	34	100.0%	34	0.8%
Total	66	1.6%	4,159	98.4%	4,225	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
 Inpatient discharges and ED visits not admitted exclude records with missing/invalid DX codes (2 and 15).

Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
North Country Hospital						
Infectious and parasitic diseases	2	0.8%	257	99.2%	259	1.6%
Neoplasms	4	11.4%	31	88.6%	35	0.2%
Endocrine, nutritional, metabolic, immunity	47	19.7%	191	80.3%	238	1.5%
Diseases of the blood and blood-forming organs	2	6.9%	27	93.1%	29	0.2%
Mental disorders	12	2.4%	484	97.6%	496	3.2%
Diseases of the nervous system and sense organs	10	0.8%	1,297	99.2%	1,307	8.3%
Diseases of the circulatory system	48	4.8%	959	95.2%	1,007	6.4%
Diseases of the respiratory system	58	2.4%	2,377	97.6%	2,435	15.5%
Diseases of the digestive system	85	7.4%	1,067	92.6%	1,152	7.3%
Diseases of the genitourinary system	9	1.1%	839	98.9%	848	5.4%
Pregnancy, childbirth, and the puerperium	9	4.9%	175	95.1%	184	1.2%
Diseases of the skin and subcutaneous tissue	9	1.5%	578	98.5%	587	3.7%
Musculoskeletal system and connective tissue	1	0.1%	1,231	99.9%	1,232	7.8%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Conditions originating in the perinatal period	0	0.0%	10	100.0%	10	0.1%
Injury and poisoning	36	0.9%	4,186	99.1%	4,222	26.9%
Symptoms, signs, and ill-defined conditions	5	0.3%	1,530	99.7%	1,535	9.8%
Residual codes, unclassified, all Ecodes	0	0.0%	136	100.0%	136	0.9%
Total	337	2.1%	15,377	97.9%	15,714	100.0%

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Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Northeastern Vermont Regional Hospital						
Infectious and parasitic diseases	5	2.9%	168	97.1%	173	1.2%
Neoplasms	8	26.7%	22	73.3%	30	0.2%
Endocrine, nutritional, metabolic, immunity	12	7.7%	144	92.3%	156	1.1%
Diseases of the blood and blood-forming organs	7	25.9%	20	74.1%	27	0.2%
Mental disorders	15	3.1%	475	96.9%	490	3.4%
Diseases of the nervous system and sense organs	15	1.1%	1,344	98.9%	1,359	9.3%
Diseases of the circulatory system	25	3.4%	715	96.6%	740	5.1%
Diseases of the respiratory system	49	1.9%	2,562	98.1%	2,611	17.9%
Diseases of the digestive system	85	7.8%	1,001	92.2%	1,086	7.4%
Diseases of the genitourinary system	21	2.2%	913	97.8%	934	6.4%
Pregnancy, childbirth, and the puerperium	9	17.0%	44	83.0%	53	0.4%
Diseases of the skin and subcutaneous tissue	9	1.7%	528	98.3%	537	3.7%
Musculoskeletal system and connective tissue	4	0.4%	1,082	99.6%	1,086	7.4%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Conditions originating in the perinatal period	0	0.0%	4	100.0%	4	0.0%
Injury and poisoning	36	0.9%	3,995	99.1%	4,031	27.6%
Symptoms, signs, and ill-defined conditions	18	1.5%	1,187	98.5%	1,205	8.2%
Residual codes, unclassified, all Ecodes	0	0.0%	101	100.0%	101	0.7%
Total	318	2.2%	14,307	97.8%	14,625	100.0%

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Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Northwestern Medical Center						
Infectious and parasitic diseases	48	14.2%	289	85.8%	337	1.2%
Neoplasms	28	45.2%	34	54.8%	62	0.2%
Endocrine, nutritional, metabolic, immunity	46	12.4%	324	87.6%	370	1.3%
Diseases of the blood and blood-forming organs	21	33.3%	42	66.7%	63	0.2%
Mental disorders	23	2.9%	772	97.1%	795	2.9%
Diseases of the nervous system and sense organs	15	0.7%	2,225	99.3%	2,240	8.1%
Diseases of the circulatory system	206	11.9%	1,530	88.1%	1,736	6.3%
Diseases of the respiratory system	305	8.4%	3,318	91.6%	3,623	13.1%
Diseases of the digestive system	230	9.9%	2,085	90.1%	2,315	8.4%
Diseases of the genitourinary system	100	6.3%	1,476	93.7%	1,576	5.7%
Pregnancy, childbirth, and the puerperium	4	1.1%	370	98.9%	374	1.4%
Diseases of the skin and subcutaneous tissue	46	3.8%	1,160	96.2%	1,206	4.4%
Musculoskeletal system and connective tissue	20	0.9%	2,099	99.1%	2,119	7.7%
Congenital anomalies	0	0.0%	4	100.0%	4	0.0%
Conditions originating in the perinatal period	0	0.0%	27	100.0%	27	0.1%
Injury and poisoning	107	1.4%	7,615	98.6%	7,722	27.9%
Symptoms, signs, and ill-defined conditions	29	1.0%	2,893	99.0%	2,922	10.6%
Residual codes, unclassified, all Ecodes	5	2.5%	197	97.5%	202	0.7%
Total	1,233	4.5%	26,460	95.5%	27,693	100.0%

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Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Porter Medical Center						
Infectious and parasitic diseases	8	3.8%	204	96.2%	212	1.4%
Neoplasms	3	11.1%	24	88.9%	27	0.2%
Endocrine, nutritional, metabolic, immunity	18	6.7%	249	93.3%	267	1.8%
Diseases of the blood and blood-forming organs	3	10.0%	27	90.0%	30	0.2%
Mental disorders	19	4.6%	393	95.4%	412	2.8%
Diseases of the nervous system and sense organs	6	0.5%	1,147	99.5%	1,153	7.7%
Diseases of the circulatory system	23	2.4%	932	97.6%	955	6.4%
Diseases of the respiratory system	39	2.2%	1,759	97.8%	1,798	12.0%
Diseases of the digestive system	83	7.5%	1,025	92.5%	1,108	7.4%
Diseases of the genitourinary system	18	2.8%	633	97.2%	651	4.4%
Pregnancy, childbirth, and the puerperium	6	8.0%	69	92.0%	75	0.5%
Diseases of the skin and subcutaneous tissue	15	2.9%	504	97.1%	519	3.5%
Musculoskeletal system and connective tissue	4	0.4%	1,041	99.6%	1,045	7.0%
Congenital anomalies	0	0.0%	0	0.0%	0	0.0%
Conditions originating in the perinatal period	0	0.0%	15	100.0%	15	0.1%
Injury and poisoning	36	0.8%	4,674	99.2%	4,710	31.5%
Symptoms, signs, and ill-defined conditions	4	0.2%	1,867	99.8%	1,871	12.5%
Residual codes, unclassified, all Ecodes	0	0.0%	112	100.0%	112	0.7%
Total	285	1.9%	14,675	98.1%	14,960	100.0%

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Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Rutland Regional Medical Center						
Infectious and parasitic diseases	236	47.2%	264	52.8%	500	1.7%
Neoplasms	97	80.2%	24	19.8%	121	0.4%
Endocrine, nutritional, metabolic, immunity	179	40.9%	259	59.1%	438	1.5%
Diseases of the blood and blood-forming organs	43	60.6%	28	39.4%	71	0.2%
Mental disorders	574	34.7%	1,081	65.3%	1,655	5.6%
Diseases of the nervous system and sense organs	122	5.2%	2,225	94.8%	2,347	7.9%
Diseases of the circulatory system	759	31.9%	1,618	68.1%	2,377	8.0%
Diseases of the respiratory system	875	23.2%	2,901	76.8%	3,776	12.7%
Diseases of the digestive system	583	26.8%	1,593	73.2%	2,176	7.3%
Diseases of the genitourinary system	251	17.2%	1,211	82.8%	1,462	4.9%
Pregnancy, childbirth, and the puerperium	23	8.3%	254	91.7%	277	0.9%
Diseases of the skin and subcutaneous tissue	105	11.7%	792	88.3%	897	3.0%
Musculoskeletal system and connective tissue	72	3.2%	2,164	96.8%	2,236	7.5%
Congenital anomalies	3	33.3%	6	66.7%	9	0.0%
Conditions originating in the perinatal period	0	0.0%	35	100.0%	35	0.1%
Injury and poisoning	494	6.1%	7,626	93.9%	8,120	27.3%
Symptoms, signs, and ill-defined conditions	104	3.4%	2,913	96.6%	3,017	10.1%
Residual codes, unclassified, all Ecodes	15	7.1%	196	92.9%	211	0.7%
Total	4,535	15.3%	25,190	84.7%	29,725	100.0%

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Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Southwestern Vermont Medical Center						
Infectious and parasitic diseases	348	55.3%	281	44.7%	629	2.6%
Neoplasms	47	50.5%	46	49.5%	93	0.4%
Endocrine, nutritional, metabolic, immunity	124	35.7%	223	64.3%	347	1.5%
Diseases of the blood and blood-forming organs	57	53.8%	49	46.2%	106	0.4%
Mental disorders	33	3.3%	961	96.7%	994	4.2%
Diseases of the nervous system and sense organs	43	2.6%	1,592	97.4%	1,635	6.9%
Diseases of the circulatory system	528	24.0%	1,676	76.0%	2,204	9.3%
Diseases of the respiratory system	573	21.0%	2,156	79.0%	2,729	11.5%
Diseases of the digestive system	475	25.4%	1,397	74.6%	1,872	7.9%
Diseases of the genitourinary system	140	11.3%	1,097	88.7%	1,237	5.2%
Pregnancy, childbirth, and the puerperium	9	5.0%	171	95.0%	180	0.8%
Diseases of the skin and subcutaneous tissue	87	13.1%	575	86.9%	662	2.8%
Musculoskeletal system and connective tissue	45	2.8%	1,590	97.2%	1,635	6.9%
Congenital anomalies	0	0.0%	9	100.0%	9	0.0%
Conditions originating in the perinatal period	0	0.0%	18	100.0%	18	0.1%
Injury and poisoning	323	4.8%	6,472	95.2%	6,795	28.5%
Symptoms, signs, and ill-defined conditions	66	2.7%	2,402	97.3%	2,468	10.4%
Residual codes, unclassified, all Ecodes	8	4.2%	182	95.8%	190	0.8%
Total	2,906	12.2%	20,897	87.8%	23,803	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
Inpatient discharges and ED visits not admitted exclude records with missing/invalid DX codes (2 and 15).

Table E-3
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Springfield Hospital						
Infectious and parasitic diseases	38	17.4%	181	82.6%	219	1.4%
Neoplasms	20	18.9%	86	81.1%	106	0.7%
Endocrine, nutritional, metabolic, immunity	58	42.0%	80	58.0%	138	0.9%
Diseases of the blood and blood-forming organs	10	33.3%	20	66.7%	30	0.2%
Mental disorders	98	13.6%	625	86.4%	723	4.5%
Diseases of the nervous system and sense organs	45	3.9%	1,120	96.1%	1,165	7.3%
Diseases of the circulatory system	293	23.7%	945	76.3%	1,238	7.7%
Diseases of the respiratory system	332	14.9%	1,895	85.1%	2,227	13.9%
Diseases of the digestive system	249	17.1%	1,206	82.9%	1,455	9.1%
Diseases of the genitourinary system	91	10.1%	813	89.9%	904	5.6%
Pregnancy, childbirth, and the puerperium	11	13.3%	72	86.7%	83	0.5%
Diseases of the skin and subcutaneous tissue	49	6.5%	705	93.5%	754	4.7%
Musculoskeletal system and connective tissue	44	4.9%	863	95.1%	907	5.7%
Congenital anomalies	0	0.0%	0	0.0%	0	0.0%
Conditions originating in the perinatal period	1	6.7%	14	93.3%	15	0.1%
Injury and poisoning	132	2.9%	4,344	97.1%	4,476	27.9%
Symptoms, signs, and ill-defined conditions	60	4.1%	1,421	95.9%	1,481	9.2%
Residual codes, unclassified, all Ecodes	15	14.3%	90	85.7%	105	0.7%
Total	1,546	9.6%	14,480	90.4%	16,026	100.0%

Inpatient discharges originating in the ED are reported here and in the Vermont Hospital Inpatient tables: newborns (MDC 15) are excluded.
 Inpatient discharges and ED visits not admitted exclude records with missing/invalid DX codes (2 and 15).

Table E-4
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Age Group

<u>Vermont Hospitals</u>	<u>Age Group</u>									<u>Total</u>
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	
Brattleboro Memorial Hospital	1,602	5,389	2,869	415	401	341	819	9,860	1,976	11,836
Central Vermont Medical Center	4,288	12,055	5,786	918	720	679	1,571	22,129	3,888	26,017
Copley Hospital	2,178	5,891	2,503	488	430	367	950	10,572	2,235	12,807
Fletcher Allen Health Care	5,730	26,066	11,093	1,567	1,232	1,160	2,425	42,889	6,384	49,273
Gifford Medical Center	1,062	2,821	1,430	272	185	164	438	5,313	1,059	6,372
Grace Cottage Hospital	450	944	695	178	137	103	290	2,089	708	2,797
Mt. Ascutney Hospital and Health Center	481	1,508	1,011	232	221	200	506	3,000	1,159	4,159
North Country Hospital	2,385	6,660	3,215	648	667	524	1,278	12,260	3,117	15,377
Northeastern Vermont Regional Hospital	2,154	6,486	3,283	576	444	392	972	11,923	2,384	14,307
Northwestern Medical Center	3,959	12,742	5,923	843	808	725	1,460	22,624	3,836	26,460
Porter Medical Center	1,901	6,891	3,237	569	476	460	1,141	12,029	2,646	14,675
Rutland Regional Medical Center	3,831	11,824	5,926	902	710	681	1,316	21,581	3,609	25,190
Southwestern Vermont Medical Center	3,155	9,492	4,710	796	610	617	1,517	17,357	3,540	20,897
Springfield Hospital	2,335	6,499	3,417	559	438	344	888	12,251	2,229	14,480
Total	35,511	115,268	55,098	8,963	7,479	6,757	15,571	205,877	38,770	244,647

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

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

ED visits exclude 15 records with missing or invalid diagnosis codes.

Table E-5
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Principal Payer

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown			
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	2,673	22.6%	3,379	28.5%	92	0.8%	413	3.5%	4,160	35.1%	1,116	9.4%	3	0.0%	11,836	4.8%
Central Vermont Medical Center	5,368	20.6%	8,646	33.2%	462	1.8%	573	2.2%	8,699	33.4%	2,269	8.7%	-	0.0%	26,017	10.6%
Copley Hospital	2,684	21.0%	4,251	33.2%	136	1.1%	261	2.0%	4,198	32.8%	1,246	9.7%	31	0.2%	12,807	5.2%
Fletcher Allen Health Care	8,722	17.7%	13,973	28.4%	864	1.8%	969	2.0%	19,697	40.0%	4,800	9.7%	248	0.5%	49,273	20.1%
Gifford Medical Center	1,353	21.2%	2,102	33.0%	78	1.2%	149	2.3%	2,091	32.8%	599	9.4%	-	0.0%	6,372	2.6%
Grace Cottage Hospital	832	29.7%	666	23.8%	11	0.4%	67	2.4%	984	35.2%	237	8.5%	-	0.0%	2,797	1.1%
Mt. Ascutney Hospital and Health Center	1,288	31.0%	888	21.4%	36	0.9%	114	2.7%	1,399	33.6%	434	10.4%	-	0.0%	4,159	1.7%
North Country Hospital	4,035	26.2%	5,985	38.9%	172	1.1%	416	2.7%	3,702	24.1%	1,067	6.9%	-	0.0%	15,377	6.3%
Northeastern Vermont Regional Hospital	3,018	21.1%	4,815	33.7%	21	0.1%	297	2.1%	4,897	34.2%	1,259	8.8%	-	0.0%	14,307	5.8%
Northwestern Medical Center	5,441	20.6%	10,190	38.5%	417	1.6%	585	2.2%	7,840	29.6%	1,987	7.5%	-	0.0%	26,460	10.8%
Porter Medical Center	2,791	19.0%	4,273	29.1%	131	0.9%	344	2.3%	5,568	37.9%	1,505	10.3%	63	0.4%	14,675	6.0%
Rutland Regional Medical Center	5,590	22.2%	9,698	38.5%	217	0.9%	805	3.2%	7,717	30.6%	1,163	4.6%	-	0.0%	25,190	10.3%
Southwestern Vermont Medical Center	4,922	23.6%	6,336	30.3%	156	0.7%	523	2.5%	7,237	34.6%	1,723	8.2%	-	0.0%	20,897	8.5%
Springfield Hospital	3,331	23.0%	4,963	34.3%	110	0.8%	233	1.6%	3,997	27.6%	1,846	12.7%	-	0.0%	14,480	5.9%
Total	52,048	21.3%	80,165	32.8%	2,903	1.2%	5,749	2.3%	82,186	33.6%	21,251	8.7%	345	0.1%	244,647	100.0%

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

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

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

ED discharges exclude 15 records with missing or invalid diagnosis codes.

Table E-6
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Diagnosis Groups	Principal Payer															
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		Total	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Infectious and parasitic diseases	457	14.2%	1,310	40.7%	44	1.4%	45	1.4%	1,040	32.3%	318	9.9%	1	0.0%	3,215	1.3%
Neoplasms	203	49.0%	57	13.8%	4	1.0%	-	0.0%	131	31.6%	19	4.6%	-	0.0%	414	0.2%
Endocrine, nutritional, metabolic, immunity	1,316	44.2%	655	22.0%	32	1.1%	9	0.3%	826	27.8%	122	4.1%	16	0.5%	2,976	1.2%
Diseases of the blood and blood-forming organs	190	49.2%	76	19.7%	3	0.8%	1	0.3%	102	26.4%	12	3.1%	2	0.5%	386	0.2%
Mental disorders	2,322	22.5%	4,254	41.2%	103	1.0%	17	0.2%	2,481	24.0%	1,138	11.0%	6	0.1%	10,321	4.2%
Diseases of the nervous system and sense organs	3,739	18.8%	7,490	37.6%	237	1.2%	147	0.7%	6,723	33.7%	1,576	7.9%	19	0.1%	19,931	8.1%
Diseases of the circulatory system	6,433	41.7%	2,465	16.0%	199	1.3%	37	0.2%	5,462	35.4%	812	5.3%	31	0.2%	15,439	6.3%
Diseases of the respiratory system	6,499	22.1%	10,920	37.1%	388	1.3%	46	0.2%	9,086	30.9%	2,440	8.3%	51	0.2%	29,430	12.0%
Diseases of the digestive system	3,741	21.2%	6,705	38.0%	153	0.9%	25	0.1%	4,865	27.6%	2,144	12.1%	17	0.1%	17,650	7.2%
Diseases of the genitourinary system	3,185	24.6%	3,875	30.0%	179	1.4%	10	0.1%	4,477	34.6%	1,190	9.2%	12	0.1%	12,928	5.3%
Pregnancy, childbirth, and the puerperium	41	2.0%	1,177	58.7%	27	1.3%	2	0.1%	603	30.1%	155	7.7%	-	0.0%	2,005	0.8%
Diseases of the skin and subcutaneous tissue	1,691	19.6%	3,053	35.4%	92	1.1%	96	1.1%	2,774	32.2%	905	10.5%	12	0.1%	8,623	3.5%
Musculoskeletal system and connective tissue	4,743	25.4%	6,071	32.5%	210	1.1%	624	3.3%	5,408	29.0%	1,586	8.5%	23	0.1%	18,665	7.6%
Congenital anomalies	13	22.0%	16	27.1%	-	0.0%	-	0.0%	25	42.4%	4	6.8%	1	1.7%	59	0.0%
Conditions originating in the perinatal period	-	0.0%	148	63.8%	6	2.6%	-	0.0%	49	21.1%	29	12.5%	-	0.0%	232	0.1%
Injury and poisoning	11,268	15.4%	21,715	29.7%	871	1.2%	4,425	6.0%	28,255	38.6%	6,513	8.9%	99	0.1%	73,146	29.9%
Symptoms, signs, and ill-defined conditions	5,411	19.8%	9,744	35.7%	336	1.2%	177	0.6%	9,389	34.4%	2,174	8.0%	45	0.2%	27,276	11.1%
Residual codes, unclassified, all Ecodes	796	40.8%	434	22.2%	19	1.0%	88	4.5%	490	25.1%	114	5.8%	10	0.5%	1,951	0.8%
Total	52,048	21.3%	80,165	32.8%	2,903	1.2%	5,749	2.3%	82,186	33.6%	21,251	8.7%	345	0.1%	244,647	100.0%

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

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

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

ED discharges exclude 15 records with missing or invalid diagnosis codes.

Table E-7
2011 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
In-migration by Vermont Hospital

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-Vermonters</u>		<u>Total for Vermont Hospitals</u>	
	<u>Visits</u>	<u>Total Charges</u>	<u>Visits</u>	<u>Total Charges</u>	<u>Visits</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	8,877	\$13,405,253	2,959	\$4,244,359	11,836	\$17,649,612
Central Vermont Medical Center	24,824	\$37,184,402	1,193	\$1,617,393	26,017	\$38,801,795
Copley Hospital	11,585	\$8,496,552	1,222	\$917,240	12,807	\$9,413,792
Fletcher Allen Health Care	46,035	\$92,681,745	3,238	\$7,362,383	49,273	\$100,044,128
Gifford Medical Center	6,064	\$10,661,313	308	\$410,524	6,372	\$11,071,836
Grace Cottage Hospital	2,411	\$2,281,048	386	\$328,931	2,797	\$2,609,979
Mt. Ascutney Hospital and Health Center	3,215	\$5,223,704	944	\$1,477,756	4,159	\$6,701,460
North Country Hospital	14,518	\$21,390,391	859	\$1,212,793	15,377	\$22,603,184
Northeastern Vermont Regional Hospital	13,469	\$13,392,471	838	\$799,518	14,307	\$14,191,989
Northwestern Medical Center	25,820	\$32,579,092	640	\$683,453	26,460	\$33,262,545
Porter Medical Center	13,700	\$15,103,726	975	\$1,006,016	14,675	\$16,109,742
Rutland Regional Medical Center	22,700	\$27,781,551	2,490	\$3,291,626	25,190	\$31,073,178
Southwestern Vermont Medical Center	15,398	\$26,071,219	5,499	\$9,986,432	20,897	\$36,057,651
Springfield Hospital	12,006	\$16,289,219	2,474	\$3,623,673	14,480	\$19,912,893
Total for 2011	220,622	\$322,541,685	24,025	\$36,962,098	244,647	\$359,503,783
Total for 2010	216,914	\$312,661,204	23,415	\$35,173,398	240,329	\$347,834,603

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

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

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

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

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

Outpatient Procedures and Services

Table O-1
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by State of Residence

Vermont Hospital	Vermont Residents		Non-residents		All Outpatient Procedures	
	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	2,835	85.3%	487	14.7%	3,322	3.2%
Central Vermont Medical Center	7,815	99.5%	37	0.5%	7,852	7.7%
Copley Hospital	3,875	99.4%	23	0.6%	3,898	3.8%
Fletcher Allen Health Care	41,643	87.6%	5,888	12.4%	47,531	46.4%
Gifford Medical Center	2,420	96.6%	85	3.4%	2,505	2.4%
Grace Cottage Hospital	2	100.0%	-	0.0%	2	0.0%
Mt. Ascutney Hospital and Health Center	794	71.7%	314	28.3%	1,108	1.1%
North Country Hospital	3,849	99.0%	40	1.0%	3,889	3.8%
Northeastern Vermont Regional Hospital	3,311	86.9%	500	13.1%	3,811	3.7%
Northwestern Medical Center	6,649	98.9%	75	1.1%	6,724	6.6%
Porter Medical Center	3,135	93.2%	227	6.8%	3,362	3.3%
Rutland Regional Medical Center	8,447	93.5%	589	6.5%	9,036	8.8%
Southwestern Vermont Medical Center	5,349	75.8%	1,704	24.2%	7,053	6.9%
Springfield Hospital	1,944	84.2%	365	15.8%	2,309	2.3%
Total	92,068	89.9%	10,334	10.1%	102,402	100.0%

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-2
2007-2011 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Data Year

Vermont Hospital	2007	2008	2009	2010	2011
Brattleboro Memorial Hospital	3,768	3,913	4,055	3,578	3,322
Central Vermont Medical Center	7,166	7,430	7,702	8,156	7,852
Copley Hospital	4,109	3,881	3,920	3,796	3,898
Fletcher Allen Health Care	44,599	44,346	45,034	44,954	47,531
Gifford Medical Center	2,616	2,435	2,471	3,071	2,505
Grace Cottage Hospital	-	4	-	-	2
Mt. Ascutney Hospital and Health Center	986	1,198	1,380	1,402	1,108
North Country Hospital	3,460	3,556	3,460	3,801	3,889
Northeastern Vermont Regional Hospital	3,511	3,489	3,551	3,606	3,811
Northwestern Medical Center	7,136	7,082	7,388	7,397	6,724
Porter Medical Center	3,900	3,685	3,804	3,498	3,362
Rutland Regional Medical Center	9,984	10,063	9,682	9,208	9,036
Southwestern Vermont Medical Center	6,339	6,260	6,834	6,992	7,053
Springfield Hospital	2,414	2,343	2,438	2,349	2,309
Total	99,988	99,685	101,719	101,808	102,402

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-3
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Vermont Hospitals

CCS Diagnosis Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
Infectious and parasitic diseases	29	16	2	243	27	-	-	12	3	26	6	20	29	4	417
Neoplasms	459	598	286	7,782	242	-	84	421	679	587	335	738	1,571	224	14,006
Endocrine, nutritional, metabolic, immunity	8	85	46	1,362	29	-	58	44	27	45	23	86	138	10	1,961
Diseases of the blood and blood-forming organs	25	55	18	249	16	-	18	67	42	97	5	107	26	25	750
Mental disorders	1	1	2	75	-	-	-	2	5	2	-	9	141	1	239
Diseases of the nervous system and sense organs	565	838	285	6,420	384	-	257	502	734	277	695	946	283	336	12,522
Diseases of the circulatory system	52	92	42	2,367	12	1	5	60	44	62	8	192	143	15	3,095
Diseases of the respiratory system	12	205	18	1,480	-	-	11	136	67	85	167	165	89	45	2,480
Diseases of the digestive system	651	1,014	494	5,308	211	-	177	636	352	1,171	437	1,402	1,213	427	13,493
Diseases of the genitourinary system	243	684	209	4,265	130	1	23	174	202	476	145	336	626	229	7,743
Pregnancy, childbirth, and the puerperium	37	839	472	1,037	465	-	5	656	466	363	256	53	341	36	5,026
Diseases of the skin and subcutaneous tissue	25	95	63	1,703	22	-	26	44	40	294	32	147	101	35	2,627
Musculoskeletal system and connective tissue	301	904	977	6,906	406	-	231	419	249	1,449	188	2,752	955	143	15,880
Congenital anomalies	8	7	7	261	10	-	2	10	5	4	6	13	20	7	360
Conditions originating in the perinatal period	1	46	1	25	-	-	-	5	12	11	10	1	16	30	158
Injury and poisoning	351	404	329	2,517	217	-	26	163	200	322	235	560	422	164	5,910
Symptoms, signs, and ill-defined conditions	547	1,957	644	4,921	305	-	183	491	673	1,408	804	1,497	499	519	14,448
Residual codes, unclassified, all Ecodes	7	12	3	610	29	-	2	47	11	45	10	12	440	59	1,287
Total	3,322	7,852	3,898	47,531	2,505	2	1,108	3,889	3,811	6,724	3,362	9,036	7,053	2,309	102,402

Outpatient procedures include all outpatient records with any procedure in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

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

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

Table O-4
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Clinical Classifications Software (CCS) High Level Procedure Groups by Vermont Hospitals

CCS Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
Operations on the nervous system	154	634	357	4,029	209	-	142	294	64	1,048	100	2,180	462	95	9,768
Operations on the endocrine system	-	32	-	405	25	-	-	5	1	6	12	2	121	1	610
Operations on the eye	465	592	155	4,429	263	-	225	375	619	117	468	688	136	205	8,737
Operations on the ear	-	98	6	919	-	-	11	26	41	65	132	89	51	39	1,477
Operations on the nose, mouth, and pharynx	25	143	161	1,501	-	-	13	128	77	110	201	209	207	98	2,873
Operations on the respiratory system	16	72	3	1,124	2	-	-	37	10	6	14	56	67	12	1,419
Operations on the cardiovascular system	19	80	24	2,457	8	-	3	33	20	12	7	142	73	12	2,890
Operations on the hemic and lymphatic system	8	22	15	385	11	-	5	16	10	21	9	37	42	6	587
Operations on the digestive system	1,594	3,081	1,126	12,381	680	-	410	1,406	1,169	2,674	1,443	3,306	3,267	1,124	33,661
Operations on the urinary system	84	419	166	2,441	87	2	11	33	96	105	44	180	147	83	3,898
Operations on the male genital organs	22	148	42	649	77	-	6	18	62	35	47	59	72	60	1,297
Operations on the female genital organs	173	227	82	1,553	60	-	12	172	123	346	105	193	310	131	3,487
Obstetrical procedures	3	794	448	820	450	-	-	749	475	288	221	2	272	11	4,533
Operations on the musculoskeletal system	603	821	1,066	6,702	541	-	140	369	456	796	397	1,293	1,108	308	14,600
Operations on the integumentary system	156	575	189	6,957	92	-	56	190	104	468	150	517	715	117	10,286
Miscellaneous diagnostic and therapeutic procs	-	114	58	779	-	-	74	38	484	627	12	83	3	7	2,279
Total	3,322	7,852	3,898	47,531	2,505	2	1,108	3,889	3,811	6,724	3,362	9,036	7,053	2,309	102,402

Outpatient procedures include all outpatient records with any procedure in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

CCS Procedure Groups are based on the first ICD-9-CM procedure in range 00.0-86.99.

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

Table O-5
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Age Group

<u>Vermont Hospital</u>	<u>Age Group</u>									<u>Total</u>
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	
Brattleboro Memorial Hospital	49	560	1,518	373	301	218	303	2,127	1,195	3,322
Central Vermont Medical Center	213	2,006	3,291	687	581	532	542	5,510	2,342	7,852
Copley Hospital	165	1,091	1,601	310	278	242	211	2,857	1,041	3,898
Fletcher Allen Health Care	2,502	8,810	17,786	5,152	4,229	3,611	5,441	29,098	18,433	47,531
Gifford Medical Center	24	826	1,034	197	157	125	142	1,884	621	2,505
Grace Cottage Hospital	-	-	-	-	1	-	1	-	2	2
Mt. Ascutney Hospital and Health Center	18	149	480	141	110	89	121	647	461	1,108
North Country Hospital	78	1,386	1,212	358	298	262	295	2,676	1,213	3,889
Northeastern Vermont Regional Hospital	102	934	1,424	408	273	344	326	2,460	1,351	3,811
Northwestern Medical Center	134	1,850	2,960	544	415	370	451	4,944	1,780	6,724
Porter Medical Center	223	733	1,356	328	273	198	251	2,312	1,050	3,362
Rutland Regional Medical Center	165	1,542	4,132	948	797	635	817	5,839	3,197	9,036
Southwestern Vermont Medical Center	243	1,661	3,090	655	492	406	506	4,994	2,059	7,053
Springfield Hospital	148	426	1,046	237	193	125	134	1,620	689	2,309
Total	4,064	21,974	40,930	10,338	8,398	7,157	9,541	66,968	35,434	102,402

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-6
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Principal Payer

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown			
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	1,262	38.0%	466	14.0%	20	0.6%	61	1.8%	1,490	44.9%	23	0.7%	-	0.0%	3,322	3.2%
Central Vermont Medical Center	2,533	32.3%	1,276	16.3%	110	1.4%	119	1.5%	3,736	47.6%	78	1.0%	-	0.0%	7,852	7.7%
Copley Hospital	1,051	27.0%	857	22.0%	26	0.7%	119	3.1%	1,802	46.2%	41	1.1%	2	0.1%	3,898	3.8%
Fletcher Allen Health Care	19,837	41.7%	4,763	10.0%	623	1.3%	795	1.7%	20,602	43.3%	435	0.9%	476	1.0%	47,531	46.4%
Gifford Medical Center	641	25.6%	524	20.9%	21	0.8%	39	1.6%	1,261	50.3%	19	0.8%	-	0.0%	2,505	2.4%
Grace Cottage Hospital	1	50.0%	-	0.0%	-	0.0%	-	0.0%	1	50.0%	-	0.0%	-	0.0%	2	0.0%
Mt. Ascutney Hospital and Health Center	425	38.4%	78	7.0%	2	0.2%	22	2.0%	561	50.6%	20	1.8%	-	0.0%	1,108	1.1%
North Country Hospital	1,239	31.9%	1,061	27.3%	43	1.1%	34	0.9%	1,482	38.1%	30	0.8%	-	0.0%	3,889	3.8%
Northeastern Vermont Regional Hospital	1,381	36.2%	766	20.1%	3	0.1%	24	0.6%	1,610	42.2%	27	0.7%	-	0.0%	3,811	3.7%
Northwestern Medical Center	1,966	29.2%	1,248	18.6%	105	1.6%	154	2.3%	3,204	47.7%	47	0.7%	-	0.0%	6,724	6.6%
Porter Medical Center	879	26.1%	558	16.6%	21	0.6%	31	0.9%	1,828	54.4%	45	1.3%	-	0.0%	3,362	3.3%
Rutland Regional Medical Center	3,791	42.0%	1,184	13.1%	52	0.6%	210	2.3%	3,698	40.9%	101	1.1%	-	0.0%	9,036	8.8%
Southwestern Vermont Medical Center	2,238	31.7%	1,171	16.6%	46	0.7%	101	1.4%	3,363	47.7%	134	1.9%	-	0.0%	7,053	6.9%
Springfield Hospital	765	33.1%	401	17.4%	9	0.4%	29	1.3%	1,025	44.4%	80	3.5%	-	0.0%	2,309	2.3%
Total	38,009	37.1%	14,353	14.0%	1,081	1.1%	1,738	1.7%	45,663	44.6%	1,080	1.1%	478	0.5%	102,402	100.0%

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

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-7
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Diagnosis Groups	Principal Payer												Total			
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other				Unknown	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Infectious and parasitic diseases	139	33.3%	101	24.2%	4	1.0%	-	0.0%	168	40.3%	4	1.0%	1	0.2%	417	0.4%
Neoplasms	7,419	53.0%	884	6.3%	109	0.8%	3	0.0%	5,481	39.1%	78	0.6%	32	0.2%	14,006	13.7%
Endocrine, nutritional, metabolic, immunity	753	38.4%	209	10.7%	12	0.6%	1	0.1%	961	49.0%	12	0.6%	13	0.7%	1,961	1.9%
Diseases of the blood and blood-forming organs	425	56.7%	53	7.1%	6	0.8%	-	0.0%	252	33.6%	14	1.9%	-	0.0%	750	0.7%
Mental disorders	41	17.2%	151	63.2%	1	0.4%	1	0.4%	42	17.6%	3	1.3%	-	0.0%	239	0.2%
Diseases of the nervous system and sense organs	7,588	60.6%	1,260	10.1%	80	0.6%	203	1.6%	3,321	26.5%	64	0.5%	6	0.0%	12,522	12.2%
Diseases of the circulatory system	1,395	45.1%	297	9.6%	29	0.9%	3	0.1%	1,207	39.0%	26	0.8%	138	4.5%	3,095	3.0%
Diseases of the respiratory system	977	39.4%	440	17.7%	31	1.3%	1	0.0%	1,002	40.4%	22	0.9%	7	0.3%	2,480	2.4%
Diseases of the digestive system	4,154	30.8%	2,322	17.2%	132	1.0%	79	0.6%	6,644	49.2%	146	1.1%	16	0.1%	13,493	13.2%
Diseases of the genitourinary system	2,420	31.3%	985	12.7%	89	1.1%	2	0.0%	4,008	51.8%	112	1.4%	127	1.6%	7,743	7.6%
Pregnancy, childbirth, and the puerperium	66	1.3%	2,668	53.1%	75	1.5%	-	0.0%	2,142	42.6%	75	1.5%	-	0.0%	5,026	4.9%
Diseases of the skin and subcutaneous tissue	1,739	66.2%	243	9.3%	18	0.7%	6	0.2%	586	22.3%	28	1.1%	7	0.3%	2,627	2.6%
Musculoskeletal system and connective tissue	5,928	37.3%	1,985	12.5%	215	1.4%	968	6.1%	6,663	42.0%	110	0.7%	11	0.1%	15,880	15.5%
Congenital anomalies	45	12.5%	129	35.8%	11	3.1%	2	0.6%	168	46.7%	4	1.1%	1	0.3%	360	0.4%
Conditions originating in the perinatal period	1	0.6%	74	46.8%	2	1.3%	-	0.0%	60	38.0%	21	13.3%	-	0.0%	158	0.2%
Injury and poisoning	1,075	18.2%	878	14.9%	89	1.5%	439	7.4%	3,201	54.2%	126	2.1%	102	1.7%	5,910	5.8%
Symptoms, signs, and ill-defined conditions	3,532	24.4%	1,528	10.6%	164	1.1%	26	0.2%	9,098	63.0%	83	0.6%	17	0.1%	14,448	14.1%
Residual codes, unclassified, all Ecodes	312	24.2%	146	11.3%	14	1.1%	4	0.3%	659	51.2%	152	11.8%	-	0.0%	1,287	1.3%
Total	38,009	37.1%	14,353	14.0%	1,081	1.1%	1,738	1.7%	45,663	44.6%	1,080	1.1%	478	0.5%	102,402	100.0%

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

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-8
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Clinical Classifications Software (CCS) High Level Procedure Groups by Principal Payer

CCS Procedure Groups	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%		
Operations on the nervous system	3,696	37.8%	1,347	13.8%	118	1.2%	662	6.8%	3,861	39.5%	80	0.8%	4	0.0%	9,768	9.5%
Operations on the endocrine system	206	33.8%	60	9.8%	6	1.0%	-	0.0%	336	55.1%	2	0.3%	-	0.0%	610	0.6%
Operations on the eye	6,447	73.8%	321	3.7%	39	0.4%	10	0.1%	1,856	21.2%	57	0.7%	7	0.1%	8,737	8.5%
Operations on the ear	191	12.9%	614	41.6%	18	1.2%	2	0.1%	638	43.2%	14	0.9%	-	0.0%	1,477	1.4%
Operations on the nose, mouth, and pharynx	726	25.3%	1,061	36.9%	33	1.1%	4	0.1%	1,017	35.4%	29	1.0%	3	0.1%	2,873	2.8%
Operations on the respiratory system	917	64.6%	104	7.3%	11	0.8%	-	0.0%	368	25.9%	13	0.9%	6	0.4%	1,419	1.4%
Operations on the cardiovascular system	1,210	41.9%	260	9.0%	37	1.3%	4	0.1%	1,060	36.7%	22	0.8%	297	10.3%	2,890	2.8%
Operations on the hemic and lymphatic system	205	34.9%	65	11.1%	5	0.9%	-	0.0%	301	51.3%	9	1.5%	2	0.3%	587	0.6%
Operations on the digestive system	10,099	30.0%	3,771	11.2%	350	1.0%	85	0.3%	19,066	56.6%	256	0.8%	34	0.1%	33,661	32.9%
Operations on the urinary system	2,283	58.6%	300	7.7%	25	0.6%	-	0.0%	1,212	31.1%	46	1.2%	32	0.8%	3,898	3.8%
Operations on the male genital organs	337	26.0%	259	20.0%	18	1.4%	4	0.3%	642	49.5%	36	2.8%	1	0.1%	1,297	1.3%
Operations on the female genital organs	413	11.8%	778	22.3%	38	1.1%	-	0.0%	2,213	63.5%	45	1.3%	-	0.0%	3,487	3.4%
Obstetrical procedures	44	1.0%	2,522	55.6%	70	1.5%	-	0.0%	1,829	40.3%	68	1.5%	-	0.0%	4,533	4.4%
Operations on the musculoskeletal system	4,300	29.5%	1,901	13.0%	204	1.4%	916	6.3%	7,089	48.6%	165	1.1%	25	0.2%	14,600	14.3%
Operations on the integumentary system	6,003	58.4%	707	6.9%	95	0.9%	29	0.3%	3,172	30.8%	214	2.1%	66	0.6%	10,286	10.0%
Miscellaneous diagnostic and therapeutic procs	932	40.9%	283	12.4%	14	0.6%	22	1.0%	1,003	44.0%	24	1.1%	1	0.0%	2,279	2.2%
Total	38,009	37.1%	14,353	14.0%	1,081	1.1%	1,738	1.7%	45,663	44.6%	1,080	1.1%	478	0.5%	102,402	100.0%

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

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

CCS Procedure Groups are based on the first ICD-9-CM procedure in range 00.0-86.99.

Table O-9
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals
 Procedure Groups defined by first two digits of the first procedure in range

Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total	
00 Procedures and Interventions, NEC																
N	-	-	16	308	-	-	-	-	8	1	-	-	-	-	333	
Avg\$	\$0	\$0	\$438	\$33,023	\$0	\$0	\$0	\$0	\$3,256	\$2,622	\$0	\$0	\$0	\$0	\$30,651	
01 Incision, Excision of Brain, Skull																
N	-	-	-	10	-	-	-	-	-	-	-	1	-	-	11	
Avg\$	\$0	\$0	\$0	\$12,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,688	\$0	\$0	\$11,735	
02 Other Brain, Skull Operations																
N	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2	
Avg\$	\$0	\$0	\$0	\$14,482	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,482	
03 Spinal Cord & Canal Operations																
N	47	469	154	1,631	107	-	92	200	1	747	3	1,926	286	2	5,665	
Avg\$	\$3,287	\$1,360	\$975	\$2,348	\$1,909	\$0	\$2,469	\$2,056	\$777	\$962	\$1,126	\$2,206	\$2,082	\$222	\$1,974	
04 Cranial & Peripheral Nerve Operations																
N	102	150	203	2,000	102	-	50	94	62	287	97	208	142	91	3,588	
Avg\$	\$3,301	\$4,056	\$3,799	\$4,465	\$6,754	\$0	\$9,722	\$4,312	\$5,112	\$1,707	\$5,553	\$3,205	\$3,509	\$2,095	\$4,161	
05 Sympathetic Nerve Operations																
N	-	15	-	144	-	-	-	-	-	1	-	18	-	-	178	
Avg\$	\$0	\$1,282	\$0	\$4,565	\$0	\$0	\$0	\$0	\$0	\$725	\$0	\$1,213	\$0	\$0	\$3,928	
06 Thyroid, Parathyroid Operations																
N	-	32	-	398	25	-	-	5	1	6	12	2	120	1	602	
Avg\$	\$0	\$5,049	\$0	\$7,298	\$1,371	\$0	\$0	\$4,955	\$238	\$3,235	\$3,197	\$8,835	\$1,592	\$2,260	\$5,633	
07 Other Endocrine Gland Operations																
N	-	-	-	7	-	-	-	-	-	-	-	-	1	-	8	
Avg\$	\$0	\$0	\$0	\$9,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,194	\$0	\$8,455	
08 Eyelid Operations																
N	17	8	-	278	1	-	-	4	-	12	37	17	23	5	402	
Avg\$	\$3,574	\$3,857	\$0	\$3,315	\$4,187	\$0	\$0	\$2,344	\$0	\$3,567	\$3,946	\$3,206	\$8,968	\$3,751	\$3,719	
09 Lacrimal System Operations																
N	-	-	-	97	-	-	-	-	-	2	-	4	2	1	106	
Avg\$	\$0	\$0	\$0	\$4,167	\$0	\$0	\$0	\$0	\$0	\$3,874	\$0	\$1,841	\$1,919	\$3,024	\$4,019	
10 Conjunctival Operations																
N	-	1	-	15	1	-	-	1	-	1	-	-	-	-	19	
Avg\$	\$0	\$3,059	\$0	\$5,367	\$31,188	\$0	\$0	\$4,730	\$0	\$3,192	\$0	\$0	\$0	\$0	\$6,457	

Table O-9
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals
 Procedure Groups defined by first two digits of the first procedure in range

Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
11 Operations on Cornea															
N	-	-	-	55	1	-	-	-	-	4	2	1	2	-	65
Avg\$	\$0	\$0	\$0	\$12,962	\$2,521	\$0	\$0	\$0	\$0	\$4,954	\$2,942	\$7,697	\$15,122	\$0	\$11,986
12 Anterior Eye Segment Operations															
N	2	29	-	175	-	-	-	15	41	-	8	45	8	1	324
Avg\$	\$3,413	\$532	\$0	\$6,097	\$0	\$0	\$0	\$10,317	\$1,755	\$0	\$9,570	\$1,411	\$1,328	\$3,768	\$4,538
13 Operations on Lens of Eye															
N	440	552	155	1,230	221	-	225	352	578	95	418	621	101	198	5,186
Avg\$	\$3,997	\$3,353	\$5,141	\$4,973	\$5,273	\$0	\$8,224	\$5,825	\$6,389	\$5,233	\$4,896	\$5,330	\$3,189	\$3,274	\$5,034
14 Posterior Eye Segment Operations															
N	-	2	-	2,457	3	-	-	1	-	-	2	-	-	-	2,465
Avg\$	\$0	\$845	\$0	\$5,296	\$10,019	\$0	\$0	\$11,196	\$0	\$0	\$6,157	\$0	\$0	\$0	\$5,301
15 Extraocular Muscle Operations															
N	6	-	-	38	36	-	-	-	-	3	-	-	-	-	83
Avg\$	\$5,728	\$0	\$0	\$5,076	\$9,149	\$0	\$0	\$0	\$0	\$5,295	\$0	\$0	\$0	\$0	\$6,898
16 Orbit & Eyeball Operations															
N	-	-	-	84	-	-	-	2	-	-	1	-	-	-	87
Avg\$	\$0	\$0	\$0	\$2,239	\$0	\$0	\$0	\$4,070	\$0	\$0	\$2,553	\$0	\$0	\$0	\$2,285
17 Other Miscellaneous Procedures															
N	-	19	-	27	-	-	8	-	5	19	1	-	71	-	150
Avg\$	\$0	\$10,769	\$0	\$14,631	\$0	\$0	\$16,129	\$0	\$25,376	\$8,793	\$17,170	\$0	\$9,555	\$0	\$11,455
18 External Ear Operations															
N	-	5	4	112	-	-	3	3	3	12	1	23	20	2	188
Avg\$	\$0	\$2,495	\$1,304	\$1,933	\$0	\$0	\$908	\$3,271	\$5,549	\$1,000	\$829	\$4,469	\$2,297	\$4,875	\$2,312
19 Middle Ear Reconstructions															
N	-	14	-	77	-	-	1	3	3	-	9	7	4	3	121
Avg\$	\$0	\$6,115	\$0	\$12,443	\$0	\$0	\$7,768	\$9,881	\$18,375	\$0	\$4,540	\$6,970	\$3,197	\$2,589	\$10,301
20 Other Middle & Inner Ear Operations															
N	-	79	2	730	-	-	7	20	35	53	122	59	27	34	1,168
Avg\$	\$0	\$3,034	\$4,839	\$3,915	\$0	\$0	\$6,815	\$5,031	\$6,961	\$3,241	\$4,765	\$3,677	\$2,279	\$2,259	\$3,945

Table O-9
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals
 Procedure Groups defined by first two digits of the first procedure in range

Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
21 Operations on Nose															
N	1	21	9	632	-	-	5	36	16	40	43	76	35	21	935
Avg\$	\$1,704	\$7,372	\$3,682	\$3,974	\$0	\$0	\$10,186	\$6,456	\$7,572	\$4,468	\$5,219	\$5,093	\$4,530	\$6,355	\$4,472
22 Nasal Sinus Operations															
N	-	21	-	110	-	-	-	9	5	5	20	20	2	2	194
Avg\$	\$0	\$9,131	\$0	\$15,538	\$0	\$0	\$0	\$6,949	\$10,453	\$5,430	\$9,189	\$8,471	\$4,974	\$13,285	\$12,539
23 Tooth Removal & Restoration															
N	24	1	145	321	-	-	-	-	4	-	1	40	136	38	710
Avg\$	\$7,816	\$5,761	\$8,180	\$7,658	\$0	\$0	\$0	\$0	\$11,509	\$0	\$5,598	\$10,040	\$3,458	\$2,953	\$6,864
24 Other Operations on Teeth & Gums															
N	-	-	1	3	-	-	-	-	-	1	-	1	-	-	6
Avg\$	\$0	\$0	\$6,170	\$3,781	\$0	\$0	\$0	\$0	\$0	\$711	\$0	\$7,229	\$0	\$0	\$4,242
25 Operations on Tongue															
N	-	6	-	27	-	-	-	-	1	1	4	3	-	1	43
Avg\$	\$0	\$4,775	\$0	\$4,483	\$0	\$0	\$0	\$0	\$1,139	\$3,568	\$6,455	\$3,689	\$0	\$3,085	\$4,520
26 Salivary Gland Operations															
N	-	14	1	17	-	-	-	-	1	2	4	4	3	1	47
Avg\$	\$0	\$9,694	\$8,226	\$14,749	\$0	\$0	\$0	\$0	\$13,719	\$833	\$14,091	\$10,689	\$5,887	\$5,627	\$11,329
27 Other Mouth & Face Operations															
N	-	2	-	76	-	-	1	8	3	2	8	14	9	1	124
Avg\$	\$0	\$5,952	\$0	\$4,264	\$0	\$0	\$918	\$9,781	\$5,064	\$2,223	\$5,773	\$4,136	\$2,110	\$1,583	\$4,512
28 Tonsil & Adenoid Operations															
N	-	73	5	295	-	-	7	75	45	59	119	47	18	33	776
Avg\$	\$0	\$5,712	\$6,936	\$4,300	\$0	\$0	\$7,776	\$5,354	\$6,828	\$4,137	\$6,470	\$4,883	\$3,270	\$5,613	\$5,117
29 Operations on Pharynx															
N	-	5	-	20	-	-	-	-	2	-	2	4	4	1	38
Avg\$	\$0	\$8,079	\$0	\$5,073	\$0	\$0	\$0	\$0	\$6,398	\$0	\$5,628	\$7,097	\$4,061	\$6,141	\$5,702
30 Excision of Larynx															
N	-	6	-	36	-	-	-	3	3	-	4	7	6	1	66
Avg\$	\$0	\$5,275	\$0	\$7,419	\$0	\$0	\$0	\$5,779	\$6,041	\$0	\$6,182	\$5,912	\$5,309	\$4,062	\$6,609

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Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
31 Larynx Trachea Operations, NEC															
N	-	3	1	589	-	-	-	7	-	2	9	7	7	5	630
Avg\$	\$0	\$4,514	\$0	\$1,437	\$0	\$0	\$0	\$4,816	\$0	\$3,764	\$6,554	\$4,638	\$4,746	\$4,748	\$1,670
32 Lung & Bronchus Excision															
N	-	-	-	8	-	-	-	-	-	-	-	-	1	-	9
Avg\$	\$0	\$0	\$0	\$14,123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,223	\$0	\$13,023
33 Other Bronchial & Lung Operations															
N	7	54	-	344	1	-	-	23	1	-	-	38	47	6	521
Avg\$	\$3,443	\$4,147	\$0	\$5,654	\$221	\$0	\$0	\$7,955	\$5,110	\$0	\$0	\$3,603	\$3,559	\$3,845	\$5,202
34 Thorax Operations Except Lung															
N	9	9	2	147	1	-	-	4	6	4	1	4	6	-	193
Avg\$	\$2,804	\$3,551	\$1,348	\$3,882	\$12,102	\$0	\$0	\$2,882	\$2,692	\$1,330	\$1,156	\$5,627	\$3,004	\$0	\$3,717
35 Heart Valve & Septa Operations															
N	-	-	-	5	-	-	-	-	-	-	-	-	-	-	5
Avg\$	\$0	\$0	\$0	\$25,031	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,031
36 Operations on Heart Vessels															
N	-	-	-	16	-	-	-	-	-	-	-	-	-	-	16
Avg\$	\$0	\$0	\$0	\$29,893	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,893
37 Other Heart & Pericardium Operations															
N	-	16	-	1,148	-	-	-	-	8	-	-	99	16	2	1,289
Avg\$	\$0	\$15,301	\$0	\$19,560	\$0	\$0	\$0	\$0	\$20,009	\$0	\$0	\$14,221	\$16,277	\$14,769	\$19,062
38 Vessel Incision, Excision, Occlusion															
N	9	145	66	1,105	8	-	77	71	488	638	19	117	49	17	2,809
Avg\$	\$5,423	\$1,390	\$2,942	\$2,624	\$11,068	\$0	\$649	\$3,337	\$1,996	\$456	\$659	\$1,393	\$2,990	\$3,570	\$1,909
39 Other Operations on Vessels															
N	10	33	-	648	-	-	-	-	-	-	-	9	11	-	711
Avg\$	\$4,428	\$10,267	\$0	\$17,526	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,371	\$9,112	\$0	\$16,898
40 Lymphatic System Operations															
N	7	18	8	166	11	-	4	14	9	21	9	35	42	4	348
Avg\$	\$10,068	\$4,628	\$9,588	\$7,778	\$17,749	\$0	\$12,674	\$7,868	\$6,977	\$3,340	\$8,077	\$5,538	\$4,657	\$7,507	\$7,192

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Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
41 Bone Marrow & Spleen Operations															
N	1	4	7	219	-	-	1	2	1	-	-	2	-	2	239
Avg\$	\$3,946	\$2,569	\$2,098	\$5,056	\$0	\$0	\$2,219	\$1,861	\$5,406	\$0	\$0	\$3,897	\$0	\$3,874	\$4,871
42 Operations on Esophagus															
N	41	73	28	249	10	-	6	1	3	10	4	89	13	3	530
Avg\$	\$2,138	\$3,421	\$2,626	\$4,889	\$4,101	\$0	\$2,679	\$3,185	\$3,935	\$3,590	\$4,819	\$3,005	\$1,430	\$2,836	\$3,872
43 Incision, Excision of Stomach															
N	10	7	13	69	-	-	-	1	3	3	-	12	16	1	135
Avg\$	\$2,707	\$4,602	\$2,648	\$4,238	\$0	\$0	\$0	\$4,497	\$3,305	\$1,590	\$0	\$3,024	\$3,017	\$2,400	\$3,654
44 Other Operations on Stomach															
N	2	-	3	160	1	-	1	1	-	15	-	8	2	2	195
Avg\$	\$2,495	\$0	\$3,790	\$8,645	\$2,541	\$0	\$25,622	\$4,179	\$0	\$16,119	\$0	\$2,331	\$1,674	\$2,059	\$8,751
45 Intestinal Incision, Excision, Anastomosis															
N	1,170	2,357	921	9,389	557	-	313	1,119	958	2,059	1,147	2,649	2,525	918	26,082
Avg\$	\$2,370	\$3,003	\$2,145	\$3,328	\$3,629	\$0	\$2,508	\$3,283	\$3,059	\$1,664	\$2,452	\$2,811	\$2,036	\$1,984	\$2,804
46 Other Intestinal Operations															
N	-	-	-	27	-	-	-	-	-	2	-	1	2	1	33
Avg\$	\$0	\$0	\$0	\$4,027	\$0	\$0	\$0	\$0	\$0	\$1,232	\$0	\$12,413	\$4,741	\$1,713	\$4,085
47 Operations on Appendix															
N	2	6	2	18	1	-	1	4	-	2	1	4	6	1	48
Avg\$	\$10,363	\$8,682	\$10,705	\$10,271	\$18,272	\$0	\$14,968	\$12,707	\$0	\$8,345	\$19,605	\$14,214	\$10,671	\$14,175	\$10,931
48 Other Rectal & Perirectal Operations															
N	61	209	24	432	7	-	30	52	60	112	103	156	233	56	1,535
Avg\$	\$2,365	\$3,459	\$2,644	\$3,406	\$4,976	\$0	\$2,757	\$3,882	\$3,438	\$2,032	\$2,573	\$3,107	\$1,999	\$2,329	\$2,932
49 Operations on Anus															
N	33	33	6	364	12	-	3	30	20	49	11	30	32	16	639
Avg\$	\$4,531	\$4,763	\$5,650	\$2,349	\$9,481	\$0	\$8,772	\$4,936	\$5,648	\$2,512	\$6,990	\$5,179	\$3,734	\$6,780	\$3,410
50 Operations on Liver															
N	41	8	-	158	-	-	1	6	-	1	-	17	12	4	248
Avg\$	\$2,921	\$5,674	\$0	\$6,026	\$0	\$0	\$2,668	\$3,615	\$0	\$1,357	\$0	\$2,192	\$3,415	\$3,781	\$4,985

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Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
51 Biliary Tract Operations															
N	94	145	49	470	34	-	16	55	34	203	60	89	150	37	1,436
Avg\$	\$7,932	\$10,105	\$13,448	\$11,215	\$20,529	\$0	\$13,951	\$12,046	\$19,176	\$8,432	\$16,950	\$8,204	\$8,258	\$9,511	\$10,749
52 Operations on Pancreas															
N	-	-	-	11	-	-	-	-	-	-	-	-	1	-	12
Avg\$	\$0	\$0	\$0	\$7,415	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,208	\$0	\$6,981
53 Repair of Hernia															
N	100	196	69	693	57	-	29	81	76	165	110	238	162	79	2,055
Avg\$	\$6,053	\$7,080	\$10,531	\$7,929	\$11,183	\$0	\$12,905	\$9,296	\$11,028	\$7,266	\$10,484	\$7,310	\$6,195	\$7,494	\$8,030
54 Other Abdominal Region Operations															
N	40	28	11	318	1	-	2	56	10	34	6	13	42	6	567
Avg\$	\$4,067	\$5,305	\$8,702	\$5,474	\$18,643	\$0	\$11,681	\$6,081	\$7,236	\$4,428	\$7,486	\$6,335	\$3,812	\$9,406	\$5,461
55 Operations on Kidney															
N	5	2	1	169	2	-	-	1	3	-	1	10	9	-	203
Avg\$	\$16,185	\$14,732	\$16,904	\$5,556	\$33,463	\$0	\$0	\$2,211	\$27,900	\$0	\$15,797	\$4,454	\$4,251	\$0	\$6,491
56 Operations on Ureter															
N	13	64	16	178	19	-	-	-	35	22	12	21	56	15	451
Avg\$	\$10,678	\$11,024	\$13,385	\$9,068	\$11,886	\$0	\$0	\$0	\$16,710	\$8,462	\$9,736	\$6,952	\$9,961	\$11,275	\$10,334
57 Urinary Bladder Operations															
N	43	293	121	1,554	43	2	8	11	34	40	20	90	54	32	2,345
Avg\$	\$6,149	\$3,924	\$1,714	\$2,071	\$8,991	\$4,267	\$10,079	\$8,345	\$8,116	\$3,758	\$9,012	\$5,457	\$5,782	\$5,043	\$2,963
58 Operations on Urethra															
N	3	28	2	105	9	-	-	-	6	14	4	19	3	5	198
Avg\$	\$5,159	\$4,173	\$11,711	\$8,442	\$8,994	\$0	\$0	\$0	\$5,378	\$4,586	\$10,648	\$4,911	\$4,322	\$4,200	\$7,017
59 Other Urinary Tract Operations															
N	20	32	26	435	14	-	3	21	18	29	7	40	25	31	701
Avg\$	\$8,258	\$9,046	\$10,450	\$7,827	\$11,954	\$0	\$13,037	\$9,350	\$14,293	\$6,010	\$9,537	\$7,199	\$8,946	\$8,158	\$8,264
60 Prostate & Seminal Vesicle Operations															
N	6	38	20	312	59	-	-	-	30	4	8	16	33	11	537
Avg\$	\$8,017	\$10,718	\$5,479	\$4,760	\$5,982	\$0	\$0	\$0	\$4,168	\$9,051	\$13,624	\$9,389	\$10,237	\$11,966	\$6,114

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Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
61 Scrotum & Tunica Vaginalis Operations															
N	2	14	2	51	4	-	1	7	6	5	11	16	5	4	128
Avg\$	\$5,433	\$6,459	\$8,694	\$5,980	\$10,012	\$0	\$9,773	\$7,378	\$9,004	\$5,298	\$7,452	\$5,303	\$4,268	\$4,269	\$6,335
62 Operations on Testes															
N	2	8	1	71	-	-	-	-	2	1	4	4	3	1	97
Avg\$	\$5,785	\$11,300	\$10,269	\$8,259	\$0	\$0	\$0	\$0	\$11,153	\$4,598	\$9,916	\$4,726	\$6,879	\$4,491	\$8,343
63 Spermatic Cord, Epididymis, Vas Deferens Operations															
N	3	25	15	73	7	-	5	3	3	5	12	7	13	8	179
Avg\$	\$5,308	\$5,525	\$3,786	\$5,705	\$13,807	\$0	\$2,910	\$7,881	\$10,153	\$1,425	\$1,237	\$5,475	\$2,743	\$6,399	\$5,250
64 Operations on Penis															
N	9	63	4	142	7	-	-	8	21	20	12	16	18	36	356
Avg\$	\$6,445	\$2,083	\$3,562	\$6,806	\$9,491	\$0	\$0	\$2,794	\$4,123	\$1,512	\$1,090	\$8,000	\$908	\$1,293	\$4,437
65 Operations on Ovary															
N	29	16	1	274	8	-	1	28	9	27	9	9	14	12	437
Avg\$	\$9,370	\$10,582	\$7,786	\$9,197	\$21,934	\$0	\$12,729	\$11,663	\$17,763	\$8,512	\$15,953	\$6,162	\$13,102	\$10,685	\$10,041
66 Fallopian Tube Operations															
N	23	25	13	82	8	-	1	29	16	46	17	30	37	19	346
Avg\$	\$5,406	\$5,918	\$9,696	\$8,378	\$12,485	\$0	\$8,034	\$8,138	\$10,111	\$6,279	\$8,064	\$6,181	\$6,213	\$7,741	\$7,458
67 Operations on Cervix															
N	9	15	23	75	2	-	-	6	4	30	4	31	35	31	265
Avg\$	\$5,300	\$4,712	\$1,791	\$4,685	\$10,017	\$0	\$0	\$1,653	\$7,305	\$1,336	\$7,426	\$2,063	\$3,314	\$4,318	\$3,605
68 Other Uterine Incision, Excision															
N	74	37	10	396	18	-	3	67	74	176	44	28	85	41	1,053
Avg\$	\$7,540	\$12,783	\$8,362	\$14,255	\$12,448	\$0	\$9,610	\$10,852	\$16,707	\$6,537	\$10,888	\$6,709	\$11,884	\$9,400	\$11,576
69 Other Uterus & Supporting Structure Operations															
N	26	127	24	473	23	-	6	18	15	49	28	78	120	20	1,007
Avg\$	\$4,557	\$3,849	\$4,655	\$4,569	\$8,375	\$0	\$7,710	\$8,729	\$5,717	\$3,973	\$5,396	\$4,721	\$3,944	\$4,388	\$4,605
70 Vagina & Cul-de-sac Operations															
N	6	2	11	187	2	-	-	15	4	9	2	6	14	4	262
Avg\$	\$6,961	\$1,715	\$7,425	\$9,519	\$19,684	\$0	\$0	\$7,533	\$9,369	\$6,473	\$12,127	\$9,674	\$8,748	\$9,381	\$9,150

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71 Vulvar & Perineal Operations															
N	8	5	1	82	-	-	1	9	3	9	2	11	8	4	143
Avg\$	\$4,043	\$3,723	\$6,910	\$4,476	\$0	\$0	\$5,117	\$902	\$5,486	\$2,211	\$7,184	\$2,420	\$4,066	\$3,189	\$3,943
73 Assisting, Inducing Delivery, NEC															
N	1	1	4	12	1	-	-	1	6	8	4	2	1	5	46
Avg\$	\$5,037	\$3,088	\$1,559	\$3,033	\$1,252	\$0	\$0	\$1,540	\$1,407	\$2,378	\$881	\$2,885	\$4,064	\$5,559	\$2,656
74 C-Section, Removal of Fetus															
N	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Avg\$	\$0	\$0	\$372	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$372
75 Other Obstetric Operations															
N	-	793	442	794	448	-	-	748	467	280	216	-	268	6	4,462
Avg\$	\$0	\$410	\$590	\$991	\$628	\$0	\$0	\$640	\$539	\$460	\$476	\$0	\$1,057	\$1,858	\$653
76 Facial Bone & Joint Operations															
N	-	5	-	81	1	-	-	-	-	1	3	5	4	-	100
Avg\$	\$0	\$11,052	\$0	\$13,325	\$776	\$0	\$0	\$0	\$0	\$6,339	\$16,929	\$21,821	\$10,515	\$0	\$13,436
77 Incision, Excision, Division of Bone, NEC															
N	35	16	44	407	182	-	31	22	88	78	43	26	126	29	1,127
Avg\$	\$5,753	\$6,469	\$13,062	\$7,663	\$12,130	\$0	\$11,142	\$8,649	\$9,667	\$5,850	\$8,951	\$6,234	\$7,008	\$6,694	\$8,577
78 Other Bone Operations Except Face															
N	40	47	25	276	19	-	6	14	22	40	21	51	57	20	638
Avg\$	\$4,386	\$6,335	\$12,089	\$7,719	\$8,488	\$0	\$9,540	\$8,997	\$8,504	\$5,281	\$7,541	\$6,418	\$5,098	\$6,282	\$7,135
79 Reduction of Fracture, Dislocation															
N	58	89	104	374	25	-	10	51	51	67	76	83	116	40	1,144
Avg\$	\$9,944	\$10,365	\$18,316	\$12,769	\$17,155	\$0	\$21,006	\$16,814	\$10,961	\$8,040	\$14,121	\$9,501	\$9,230	\$10,531	\$12,355
80 Incision, Excision of Joint															
N	200	161	167	1,246	145	-	11	67	87	139	81	200	210	105	2,819
Avg\$	\$4,465	\$6,849	\$10,319	\$8,321	\$14,388	\$0	\$10,336	\$11,937	\$11,451	\$7,603	\$11,186	\$6,352	\$6,673	\$5,607	\$8,269

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Procedure Groups	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
81 Joint Repair & Plastic Operations															
N	103	321	517	2,976	48	-	39	176	59	358	80	686	322	72	5,757
Avg\$	\$9,762	\$5,392	\$7,594	\$4,984	\$15,581	\$0	\$6,013	\$5,402	\$12,235	\$5,404	\$12,209	\$5,193	\$7,840	\$9,646	\$5,879
82 Hand Muscle, Tendon, Fascia Operations															
N	81	77	51	674	11	-	28	17	63	33	43	132	123	19	1,352
Avg\$	\$2,773	\$3,027	\$6,927	\$3,071	\$6,548	\$0	\$7,260	\$3,412	\$3,208	\$2,362	\$4,530	\$2,826	\$2,806	\$2,059	\$3,289
83 Other Muscle, Tendon, Fascia, Bursa Operations															
N	83	99	150	818	94	-	13	21	72	80	48	131	172	23	1,804
Avg\$	\$9,555	\$9,491	\$15,119	\$6,960	\$17,200	\$0	\$8,179	\$13,525	\$11,905	\$7,334	\$16,272	\$4,354	\$8,175	\$5,713	\$8,887
84 Other Musculoskeletal Procedure															
N	8	6	8	63	16	-	2	1	14	13	2	6	12	-	151
Avg\$	\$7,004	\$5,401	\$10,169	\$6,018	\$6,847	\$0	\$7,315	\$1,106	\$5,468	\$2,503	\$2,385	\$5,663	\$5,749	\$0	\$5,901
85 Operations on the Breast															
N	87	341	46	1,312	22	-	13	54	14	84	83	124	404	68	2,652
Avg\$	\$7,969	\$4,892	\$5,889	\$6,493	\$13,291	\$0	\$11,346	\$6,582	\$11,584	\$2,709	\$5,942	\$6,368	\$5,430	\$5,631	\$6,107
86 Skin & Subcutaneous Tissue Operations															
N	69	234	143	5,674	70	-	43	136	91	384	67	393	311	51	7,666
Avg\$	\$4,876	\$3,783	\$2,737	\$3,277	\$6,942	\$0	\$4,665	\$4,492	\$7,352	\$1,342	\$4,493	\$3,374	\$4,209	\$5,616	\$3,379
Total															
N	3,322	7,852	3,898	47,531	2,505	2	1,108	3,889	3,811	6,724	3,362	9,036	7,053	2,309	102,402
Avg\$	\$4,382	\$3,846	\$5,258	\$5,388	\$6,842	\$4,267	\$5,766	\$4,662	\$5,253	\$2,766	\$5,206	\$3,868	\$4,005	\$4,070	\$4,802

Outpatient procedures include all outpatient records with any procedure in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED. Procedure groups are created from the first two digits of the first procedure in the ICD-9-CM code range 00.0-86.99 on each record. Column headers denote hospitals: key to the hospital abbreviations can be found in Appendix H. Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospitals Report for details.

Table O-10
2011 Vermont Hospital Expanded Outpatient Services, including VT Residents and Non-residents
Primary Cost Centers of Services Provided by Vermont Hospitals

Primary Cost Center	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
3390 Laboratory - Clinical	42,765	81,459	23,558	223,502	30,343	9,595	16,359	36,935	36,938	53,334	39,062	80,895	43,366	36,445	754,556
4100 Radiology - Diagnostic	9,472	9,516	6,361	46,045	7,837	1,748	2,971	5,339	4,692	12,117	4,770	8,048	7,219	6,181	132,316
3440 Mammography	5,988	9,800	2,633	28,770	2,860	-	1,367	3,267	3,304	5,399	4,160	9,198	6,875	3,467	87,088
Screening	4,767	8,390	2,026	23,645	2,165	-	1,074	2,811	2,622	4,591	3,593	8,117	5,281	2,941	72,023
Diagnostic	1,225	1,410	608	5,285	695	-	293	456	688	810	567	1,098	1,597	659	15,391
3630 Ultra Sound	2,219	4,790	1,696	11,355	1,876	278	491	1,576	944	3,845	1,453	4,402	5,544	1,942	42,411
3240 Cytology	1,734	-	-	21,921	2,125	11	87	1,879	-	1	84	8,793	5,304	-	41,939
3420 Laboratory - Pathological	1,227	1,661	522	17,897	1,345	21	1,029	689	3,942	5,195	4,606	1,207	1,590	923	41,854
5000 Physical Therapy	3,201	3,791	1,708	10,518	2,141	228	635	2,708	4,942	2,264	107	1,889	1	1,073	35,206
3430 Magnetic Resonance Imaging (MRI)	1,689	2,005	1,147	11,270	1,134	-	305	1,418	834	2,182	1,144	3,472	2,637	1,187	30,424
3230 CAT Scan	1,303	2,567	789	9,476	615	327	391	1,270	552	2,197	1,029	2,603	2,639	897	26,655
3280 EKG and EEG	1,032	1,521	972	7,927	1,020	571	325	1,388	556	400	284	3,235	2,408	182	21,821
EKG	1,017	1,393	802	5,702	951	571	325	849	484	400	284	2,441	1,788	182	17,189
EEG	15	128	170	2,229	69	-	-	540	73	-	-	799	620	-	4,643
3190 Chemotherapy	583	401	321	7,402	52	-	476	431	-	-	-	545	2,179	355	12,745
4800 Intravenous Therapy	859	1,613	341	114	127	122	-	1,965	250	428	259	975	5,086	590	12,729
3260 Echocardiography	480	1,472	438	5,036	280	-	170	683	291	572	578	60	258	383	10,701
3450 Nuclear Medicine - Diagnostic	573	1,075	309	3,932	241	-	-	189	367	695	631	1,001	1,149	330	10,492
Pet Scan	-	109	-	83	-	-	-	-	-	-	-	258	375	-	825
All other	573	1,075	309	3,932	241	-	-	189	367	695	631	995	774	330	10,111
3650 Vascular Lab	427	884	412	3,751	201	239	60	467	189	667	247	1,003	774	288	9,609
3560 Pulmonary Function Testing	302	469	87	4,208	205	11	103	766	368	344	503	740	545	158	8,809
3620 Stress Test	576	771	402	2,677	202	-	-	360	361	786	623	565	505	197	8,025
3480 Oncology	1,714	-	-	6	55	-	-	906	-	-	-	5,127	1	-	7,809

Table O-10
2011 Vermont Hospital Expanded Outpatient Services, including VT Residents and Non-residents
Primary Cost Centers of Services Provided by Vermont Hospitals

Primary Cost Center	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
3140 Cardiology	622	308	68	4,144	25	-	12	393	448	71	29	1,597	34	-	7,751
5100 Occupational Therapy	818	636	409	3,407	317	25	343	481	24	336	2	259	2	96	7,155
3370 Holter Monitor	275	543	-	2,135	68	18	46	330	223	275	13	299	-	85	4,310
5700 Renal Dialysis	-	-	-	3,366	-	-	-	-	-	-	-	-	-	-	3,366
4200 Radiology - Therapeutic	-	441	-	1,716	-	-	-	-	-	-	-	333	1	-	2,491
All Other Cost Centers	1,590	17,409	1,975	59,737	10,862	-	2	350	3,549	1,419	148	12,055	12,484	2,472	124,052
Total (not including subcategories)	79,449	143,132	44,148	490,312	63,931	13,194	25,172	63,790	62,774	92,527	59,732	148,301	100,601	57,251	1,444,314

Only Expanded Outpatient Records are included in this table.

Outpatient visits with an ICD-9-CM procedure code in range 00-86.99 or an associated ED or Observation Bed revenue record are excluded.

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

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

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

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

Pet Scan = revenue code 404

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

Table O-11
2011 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Observation Bed Records and Average Charges by Vermont Hospital and Setting

Vermont Hospital	Inpatient Obs Bed Records		Outpatient Obs Bed Records								Total Obs Bed Records	
	N	Avg\$	with ED revenue code only		with ED revenue code and Proc in Range		with Proc in Range only		with no ED revenue code or Proc in Range		N	Avg\$
			N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$		
Brattleboro Memorial Hospital	111	\$ 14,907	317	\$ 8,297	39	\$ 12,820	15	\$ 9,368	234	\$ 2,142	716	\$ 7,577
Central Vermont Medical Center	328	\$ 19,667	1,079	\$ 7,201	97	\$ 12,863	61	\$ 12,308	41	\$ 3,483	1,606	\$ 10,194
Copley Hospital	60	\$ 9,247	231	\$ 3,649	33	\$ 8,765	194	\$ 9,609	21	\$ 1,904	539	\$ 6,663
Fletcher Allen Health Care	408	\$ 24,864	1,515	\$ 7,214	303	\$ 14,148	541	\$ 16,278	220	\$ 5,299	2,987	\$ 11,829
Gifford Medical Center	66	\$ 14,975	379	\$ 8,708	34	\$ 19,149	74	\$ 17,840	65	\$ 5,598	618	\$ 10,718
Grace Cottage Hospital	1	\$ 6,794	48	\$ 3,535	-	\$ -	-	\$ -	4	\$ 5,931	53	\$ 3,777
Mt. Ascutney Hospital and Health Center	8	\$ 9,578	150	\$ 6,816	20	\$ 9,449	1	\$ 12,845	14	\$ 3,434	193	\$ 6,989
North Country Hospital	55	\$ 17,239	340	\$ 6,235	72	\$ 14,320	145	\$ 10,553	48	\$ 3,679	660	\$ 8,797
Northeastern Vermont Regional Hospital	91	\$ 11,850	145	\$ 4,638	22	\$ 17,664	104	\$ 21,185	121	\$ 1,619	483	\$ 9,397
Northwestern Medical Center	176	\$ 12,591	757	\$ 5,820	108	\$ 10,439	190	\$ 11,825	68	\$ 2,545	1,299	\$ 7,828
Porter Medical Center	80	\$ 11,597	389	\$ 5,264	60	\$ 13,552	53	\$ 14,177	108	\$ 1,804	690	\$ 6,862
Rutland Regional Medical Center	494	\$ 18,690	1,000	\$ 5,448	84	\$ 10,900	68	\$ 13,185	158	\$ 3,047	1,804	\$ 9,409
Southwestern Vermont Medical Center	162	\$ 14,272	1,514	\$ 5,493	68	\$ 9,792	16	\$ 10,128	57	\$ 3,573	1,817	\$ 6,417
Springfield Hospital	21	\$ 9,490	173	\$ 5,442	24	\$ 8,906	62	\$ 12,475	7	\$ 2,794	287	\$ 7,483
Total	2,061	\$ 17,852	8,037	\$ 6,298	964	\$ 12,779	1,524	\$ 14,084	1,166	\$ 3,199	13,752	\$ 9,084

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

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

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

Procedure in Range records include all outpatient records with any procedure in the ICD-9-CM procedure range of 00 - 86.99.

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

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

Table O-12

2011 Vermont Hospital Outpatient and Expanded Outpatient Data, including VT Residents and Non-residents

In-migration by Vermont Hospital

Outpatient Procedures Not Originating in the ED <u>Vermont Hospital</u>	Vermont Residents		Non-residents		Total	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	2,835	\$12,327,667	487	\$2,199,242	3,322	\$14,526,909
Central Vermont Medical Center	7,815	\$30,034,218	37	\$162,497	7,852	\$30,196,715
Copley Hospital	3,875	\$20,091,032	23	\$334,601	3,898	\$20,425,633
Fletcher Allen Health Care	41,643	\$214,757,871	5,888	\$41,046,489	47,531	\$255,804,360
Gifford Medical Center	2,420	\$16,276,452	85	\$747,617	2,505	\$17,024,069
Grace Cottage Hospital	2	\$8,534	-		2	\$8,534
Mt. Ascutney Hospital and Health Center	794	\$4,239,831	314	\$2,102,229	1,108	\$6,342,060
North Country Hospital	3,849	\$16,736,454	40	\$194,971	3,889	\$16,931,425
Northeastern Vermont Regional Hospital	3,311	\$17,481,511	500	\$2,535,874	3,811	\$20,017,386
Northwestern Medical Center	6,649	\$18,395,062	75	\$201,857	6,724	\$18,596,919
Porter Medical Center	3,135	\$16,056,030	227	\$1,446,990	3,362	\$17,503,020
Rutland Regional Medical Center	8,447	\$32,324,326	589	\$2,298,601	9,036	\$34,622,927
Southwestern Vermont Medical Center	5,349	\$21,020,635	1,704	\$7,227,446	7,053	\$28,248,081
Springfield Hospital	1,944	\$7,699,164	365	\$1,656,761	2,309	\$9,355,926
Total for 2011	92,068	\$427,448,786	10,334	\$62,155,175	102,402	\$489,603,961
Total for 2010	91,655	\$403,387,969	10,153	\$56,221,922	101,808	\$459,609,892

Expanded Outpatient Procedures <u>Vermont Hospital</u>	Vermont Residents		Non-residents		Total	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	62,929	\$34,561,165	11,220	\$6,539,900	74,149	\$41,101,065
Central Vermont Medical Center	135,445	\$74,830,350	1,016	\$488,469	136,461	\$75,318,819
Copley Hospital	44,114	\$17,710,044	402	\$123,093	44,516	\$17,833,137
Fletcher Allen Health Care	437,807	\$377,817,011	28,969	\$37,437,818	466,776	\$415,254,830
Gifford Medical Center	113,984	\$26,800,140	3,614	\$790,370	117,598	\$27,590,510
Grace Cottage Hospital	11,722	\$5,352,108	387	\$170,471	12,109	\$5,522,579
Mt. Ascutney Hospital and Health Center	17,893	\$12,158,778	5,526	\$4,525,446	23,419	\$16,684,225
North Country Hospital	61,188	\$39,186,640	617	\$458,733	61,805	\$39,645,373
Northeastern Vermont Regional Hospital	57,470	\$26,056,102	1,800	\$833,540	59,270	\$26,889,641
Northwestern Medical Center	89,475	\$32,271,413	812	\$318,676	90,287	\$32,590,090
Porter Medical Center	52,623	\$22,099,284	2,551	\$1,117,641	55,174	\$23,216,925
Rutland Regional Medical Center	142,868	\$82,317,976	8,472	\$4,510,648	151,340	\$86,828,624
Southwestern Vermont Medical Center	100,192	\$47,233,824	18,997	\$13,788,937	119,189	\$61,022,761
Springfield Hospital	51,119	\$23,219,418	6,713	\$3,791,189	57,832	\$27,010,607
Total for 2011	1,378,829	\$821,614,254	91,096	\$74,894,930	1,469,925	\$896,509,185
Total for 2010	1,419,401	\$791,965,046	95,475	\$74,765,366	1,514,876	\$866,730,412

Table O-12
2011 Vermont Hospital Outpatient and Expanded Outpatient Data, including VT Residents and Non-residents
In-migration by Vermont Hospital

All Outpatient Procedures	Vermont Residents		Non-residents		Total	
	Discharges	Total Charges	Discharges	Total Charges	Discharges	Total Charges
Vermont Hospital						
Brattleboro Memorial Hospital	65,764	\$46,888,832	11,707	\$8,739,141	77,471	\$55,627,974
Central Vermont Medical Center	143,260	\$104,864,568	1,053	\$650,965	144,313	\$105,515,533
Copley Hospital	47,989	\$37,801,076	425	\$457,694	48,414	\$38,258,770
Fletcher Allen Health Care	479,450	\$592,574,882	34,857	\$78,484,308	514,307	\$671,059,189
Gifford Medical Center	116,404	\$43,076,592	3,699	\$1,537,987	120,103	\$44,614,579
Grace Cottage Hospital	11,724	\$5,360,641	387	\$170,471	12,111	\$5,531,112
Mt. Ascutney Hospital and Health Center	18,687	\$16,398,609	5,840	\$6,627,675	24,527	\$23,026,285
North Country Hospital	65,037	\$55,923,094	657	\$653,704	65,694	\$56,576,799
Northeastern Vermont Regional Hospital	60,781	\$43,537,613	2,300	\$3,369,414	63,081	\$46,907,027
Northwestern Medical Center	96,124	\$50,666,475	887	\$520,533	97,011	\$51,187,008
Porter Medical Center	55,758	\$38,155,314	2,778	\$2,564,631	58,536	\$40,719,945
Rutland Regional Medical Center	151,315	\$114,642,302	9,061	\$6,809,248	160,376	\$121,451,550
Southwestern Vermont Medical Center	105,541	\$68,254,458	20,701	\$21,016,384	126,242	\$89,270,842
Springfield Hospital	53,063	\$30,918,583	7,078	\$5,447,950	60,141	\$36,366,533
Total for 2011	1,470,897	\$1,249,063,041	101,430	\$137,050,105	1,572,327	\$1,386,113,146
Total for 2010	1,511,056	\$1,195,353,015	105,628	\$130,987,288	1,616,684	\$1,326,340,304

Outpatient procedures include all outpatient records with a procedure in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Expanded Outpatient procedure records include outpatient records that have no procedure in the ICD-9-CM code range 00.0-86.99, and no associated ED or ObsBed revenue record.

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

Comparisons across Hospital Settings

Table C-1
2011 Vermont Hospital Data, including VT Residents and Non-residents
Summary of Vermont Hospitals by Setting

Vermont Hospital	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Col%	N	Col%	N	Col%	N	Col%	N	Col%
Brattleboro Memorial Hospital	1,649	3.5%	3,322	3.2%	11,836	4.8%	74,149	5.0%	90,956	4.9%
Central Vermont Medical Center	3,215	6.9%	7,852	7.7%	26,017	10.6%	136,461	9.3%	173,545	9.3%
Copley Hospital	1,614	3.5%	3,898	3.8%	12,807	5.2%	44,516	3.0%	62,835	3.4%
Fletcher Allen Health Care	19,314	41.6%	47,531	46.4%	49,273	20.1%	466,776	31.8%	582,894	31.3%
Gifford Medical Center	1,089	2.3%	2,505	2.4%	6,372	2.6%	117,598	8.0%	127,564	6.8%
Grace Cottage Hospital	208	0.4%	2	0.0%	2,797	1.1%	12,109	0.8%	15,116	0.8%
Mt. Ascutney Hospital and Health Center	502	1.1%	1,108	1.1%	4,159	1.7%	23,419	1.6%	29,188	1.6%
North Country Hospital	1,395	3.0%	3,889	3.8%	15,377	6.3%	61,805	4.2%	82,466	4.4%
Northeastern Vermont Regional Hospital	1,391	3.0%	3,811	3.7%	14,307	5.8%	59,270	4.0%	78,779	4.2%
Northwestern Medical Center	2,087	4.5%	6,724	6.6%	26,460	10.8%	90,287	6.1%	125,558	6.7%
Porter Medical Center	1,473	3.2%	3,362	3.3%	14,675	6.0%	55,174	3.8%	74,684	4.0%
Rutland Regional Medical Center	6,585	14.2%	9,036	8.8%	25,190	10.3%	151,340	10.3%	192,151	10.3%
Southwestern Vermont Medical Center	3,884	8.4%	7,053	6.9%	20,897	8.5%	119,189	8.1%	151,023	8.1%
Springfield Hospital	2,059	4.4%	2,309	2.3%	14,480	5.9%	57,832	3.9%	76,680	4.1%
Total	46,465	100.0%	102,402	100.0%	244,647	100.0%	1,469,925	100.0%	1,863,439	100.0%

Numbers of inpatient discharges exclude newborns (MDC 15) and 2 records with missing or invalid diagnosis codes.

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

ED visits include all outpatient visits that originated in the ED and did not result in an inpatient stay, and exclude 15 visits with missing or invalid diagnosis codes.

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99, and no associated ED or ObsBed revenue record.

Table C-2
2011 Vermont Hospital Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Hospital Setting
Summary of Discharges and Average Charges

CCS Diagnosis Groups	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$
Infectious and parasitic diseases	1,493	\$30,866	417	\$3,363	3,215	\$858	31,270	\$327	36,395	\$1,837
Neoplasms	2,168	\$29,330	14,006	\$4,389	414	\$4,027	85,724	\$2,411	102,312	\$3,280
Endocrine, nutritional, metabolic, immunity	1,652	\$18,957	1,961	\$2,906	2,976	\$2,073	178,622	\$359	185,211	\$582
Diseases of the blood and blood-forming organs	507	\$20,841	750	\$3,208	386	\$3,174	30,270	\$626	31,913	\$1,046
Mental disorders	2,965	\$12,867	239	\$3,174	10,321	\$1,384	35,844	\$411	49,369	\$1,450
Diseases of the nervous system and sense organs	1,091	\$19,321	12,522	\$4,782	19,931	\$1,283	54,151	\$964	87,695	\$1,862
Diseases of the circulatory system	7,114	\$24,607	3,095	\$14,573	15,439	\$3,187	184,737	\$457	210,385	\$1,708
Diseases of the respiratory system	5,444	\$17,831	2,480	\$5,094	29,430	\$1,129	78,536	\$467	115,890	\$1,618
Diseases of the digestive system	5,324	\$18,665	13,493	\$4,906	17,650	\$1,778	41,619	\$777	78,086	\$3,005
Diseases of the genitourinary system	2,122	\$15,289	7,743	\$6,297	12,928	\$1,870	135,389	\$652	158,182	\$1,239
Pregnancy, childbirth, and the puerperium	5,678	\$8,589	5,026	\$1,376	2,005	\$1,708	38,187	\$385	50,896	\$1,575
Diseases of the skin and subcutaneous tissue	948	\$12,802	2,627	\$1,750	8,623	\$799	24,747	\$344	36,945	\$910
Musculoskeletal system and connective tissue	3,428	\$36,616	15,880	\$4,398	18,665	\$1,104	170,567	\$857	208,540	\$1,799
Congenital anomalies	159	\$34,951	360	\$7,375	59	\$2,417	3,780	\$1,293	4,358	\$3,101
Conditions originating in the perinatal period	5	\$6,538	158	\$1,275	232	\$630	1,562	\$169	1,957	\$5,118
Injury and poisoning	4,534	\$28,095	5,910	\$9,553	73,146	\$1,186	46,651	\$624	130,241	\$2,363
Symptoms, signs, and ill-defined conditions	1,697	\$21,944	14,448	\$2,824	27,276	\$1,769	298,011	\$358	341,432	\$697
Residual codes, unclassified, all Ecodes	136	\$16,368	1,287	\$4,187	1,951	\$1,843	30,258	\$998	33,632	\$1,264
Total Discharges and Average Charges	46,465	\$19,376	102,402	\$4,802	244,647	\$1,469	1,469,925	\$646	1,863,439	\$1,544
Total Charges		\$1,011,687,225		\$489,603,961		\$359,503,783		\$896,507,869		\$2,757,302,838

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

Outpatient procedures include all outpatient records with a procedure in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

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

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99, and no associated ED or Observation Bed revenue record.

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

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

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

Table C-3
2011 Vermont Hospital Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups by Hospital Setting
Summary of Discharges and Average Charges

CCS Procedure Groups	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$
Operations on the nervous system	913	\$34,558	9,768	\$3,244	1,244	\$2,092	-	\$0	11,925	\$5,639
Operations on the endocrine system	73	\$22,456	610	\$5,670	2	\$5,245	-	\$0	685	\$7,482
Operations on the eye	28	\$24,083	8,737	\$5,064	480	\$1,766	-	\$0	9,245	\$4,952
Operations on the ear	21	\$21,383	1,477	\$4,258	107	\$1,423	-	\$0	1,605	\$4,304
Operations on the nose, mouth, and pharynx	166	\$28,678	2,873	\$5,915	1,113	\$1,603	-	\$0	4,152	\$5,883
Operations on the respiratory system	924	\$41,911	1,419	\$3,551	132	\$5,296	-	\$0	2,475	\$18,100
Operations on the cardiovascular system	3,776	\$44,834	2,890	\$17,608	198	\$14,527	-	\$0	6,864	\$32,669
Operations on the hemic and lymphatic system	203	\$43,008	587	\$6,249	11	\$6,437	-	\$0	801	\$15,613
Operations on the digestive system	3,944	\$31,021	33,661	\$3,642	973	\$9,902	-	\$0	38,578	\$6,617
Operations on the urinary system	824	\$28,064	3,898	\$5,163	678	\$4,696	-	\$0	5,400	\$8,612
Operations on the male genital organs	299	\$6,441	1,297	\$5,722	40	\$4,328	-	\$0	1,636	\$6,148
Operations on the female genital organs	659	\$19,765	3,487	\$7,868	179	\$5,357	-	\$0	4,325	\$9,579
Obstetrical procedures	5,364	\$8,577	4,533	\$721	78	\$4,195	-	\$0	9,975	\$5,086
Operations on the musculoskeletal system	5,015	\$39,658	14,600	\$7,178	1,944	\$3,768	-	\$0	21,559	\$14,441
Operations on the integumentary system	795	\$26,934	10,286	\$3,968	9,344	\$1,160	-	\$0	20,425	\$3,580
Miscellaneous diagnostic and therapeutic procs	155	\$37,148	2,279	\$906	1,134	\$2,227	-	\$0	3,568	\$3,038
Total	23,159	\$28,099	102,402	\$4,802	17,657	\$2,493	-	\$0	143,218	\$8,579
Total charges	\$708,877,975		\$489,603,961		\$44,010,694		.		\$1,242,492,630	

CCS Procedure Groups are based on the first ICD-9-CM procedure in range 00.0-86.99.

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

Outpatient procedures include all outpatient records with a procedure in the ICD-9-CM code range 00.0-86.99 that 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.

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99, and no associated ED or Observation Bed revenue record.

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

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

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

Appendices

Appendix A

Additional Definitions

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

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

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

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

Throughout this report, to avoid counting hospitalizations for delivery twice, the maternal record is included, but the newborn record is not.

However, charges on the newborn record are included in summary calculations of charges.

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

Clinical Classifications Software (CCS) for CPT and HCPCS Procedures: CCS developed at the Agency for Healthcare Research and Quality (AHRQ) and available at the website: http://www.hcup-us.ahrq.gov/toolssoftware/ccs_svcsproc/ccssvcproc.jsp. This software can be used to collapse Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes into the same categories as the CCS categories for ICD-9-CM procedures. Additional categories are added to effectively represent codes specific to CPT/HCPCS procedures and services.

Diagnosis: The condition, determined after study, which occasioned the patient's admission to the hospital. The accuracy or reliability of the diagnosis depends on several factors including the physician's understanding of the problem and the recorder's ability to fit this to established coding conventions. For those cases with multiple problems, the primary diagnosis may not be the reason for surgery or cause of death.

Discharge: The equivalent of a hospital admission, except that for a specified time period, only those cases discharged are counted. A count of discharges measures how often care is sought. The same individual

will be counted as more than one discharge if hospitalized more than once during the time studied. Note that discharges do not necessarily reflect disease incidence or prevalence, just the fact of utilization of the hospital resource. Maternal records are included, but newborn records are excluded from the inpatient tables, to avoid duplicate counts. However, newborn records are retained in the Vermont Uniform Hospital Discharge Dataset.

Emergency Department (ED) Dataset: Consists of all records that have 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 or an associated ED or Observation Bed revenue code. Dataset includes all other diagnostic and therapeutic services such as laboratory and radiological services.

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

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

may also refer to a known patient status, in which a previously diagnosed condition is managed under observation - e.g., dehydration, anemia, etc; a popular term for a bed occupied by a person in an outpatient observation status. (McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.)

Outpatient Procedures Dataset: Consists of outpatient records with a procedure in the ICD-9-CM code range of 00.0-86.99 that were performed in an operating room, ambulatory surgery area, or other outpatient setting.

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

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

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

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

APPENDIX B
Major Diagnostic Categories (MDCs)

- 1 Diseases and disorders of the nervous system
- 2 Diseases and disorders of the eye
- 3 Diseases and disorders of the ear, nose, mouth and throat
- 4 Diseases and disorders of the respiratory system
- 5 Diseases and disorders of the circulatory system
- 6 Diseases and disorders of the digestive system
- 7 Diseases and disorders of the hepatobiliary system (liver) and pancreas
- 8 Diseases and disorders of the musculoskeletal system and connective tissue
- 9 Diseases and disorders of the skin, subcutaneous tissue and breast
- 10 Endocrine, nutritional and metabolic diseases and disorders
- 11 Diseases and disorders of the kidney and urinary tract
- 12 Diseases and disorders of the male reproductive system
- 13 Diseases and disorders of the female reproductive system
- 14 Pregnancy, childbirth, and the puerperium
- 15 Newborns and other neonates with conditions originating in the perinatal period
- 16 Diseases and disorders of the blood and blood-forming organs and immunological disorders
- 17 Myeloproliferative diseases and disorders and poorly differentiated neoplasms
- 18 Infectious and parasitic diseases
- 19 Mental diseases and disorders
- 20 Alcohol/drug use and alcohol/drug-induced organic mental disorders
- 21 Injuries, poisonings, and toxic effects of drugs
- 22 Burns
- 23 Factors influencing health status and other contacts with health services
- 24 Multiple significant trauma
- 25 Human immunodeficiency virus infections

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 1: Diseases and Disorders of the Nervous System

20	S	Intracranial vascular procedures w PDX hemorrhage w MCC	64	M	Intracranial hemorrhage or cerebral infarction w MCC
21	S	Intracranial vascular procedures w PDX hemorrhage w CC	65	M	Intracranial hemorrhage or cerebral infarction w CC
22	S	Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	66	M	Intracranial hemorrhage or cerebral infarction w/o CC/MCC
23	S	Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant	67	M	Nonspecific cva & precerebral occlusion w/o infarct w MCC
24	S	Cranio w major dev impl/acute complex CNS PDX w/o MCC	68	M	Nonspecific cva & precerebral occlusion w/o infarct w/o MCC
25	S	Craniotomy & endovascular intracranial procedures w MCC	69	M	Transient ischemia
26	S	Craniotomy & endovascular intracranial procedures w CC	70	M	Nonspecific cerebrovascular disorders w MCC
27	S	Craniotomy & endovascular intracranial procedures w/o CC/ MCC	71	M	Nonspecific cerebrovascular disorders w CC
28	S	Spinal procedures w MCC	72	M	Nonspecific cerebrovascular disorders w/o CC/MCC
29	S	Spinal procedures w CC or spinal neurostimulators	73	M	Cranial & peripheral nerve disorders w MCC
30	S	Spinal procedures w/o CC/MCC	74	M	Cranial & peripheral nerve disorders w/o MCC
31	S	Ventricular shunt procedures w MCC	75	M	Viral meningitis w CC/MCC
32	S	Ventricular shunt procedures w CC	76	M	Viral meningitis w/o CC/MCC
33	S	Ventricular shunt procedures w/o CC/ MCC	77	M	Hypertensive encephalopathy w MCC
34	S	Carotid artery stent procedure w MCC	78	M	Hypertensive encephalopathy w CC
35	S	Carotid artery stent procedure w CC ..	79	M	Hypertensive encephalopathy w/o CC/ MCC
36	S	Carotid artery stent procedure w/o CC/MCC	80	M	Nontraumatic stupor & coma w MCC
37	S	Extracranial procedures w MCC	81	M	Nontraumatic stupor & coma w/o MCC
38	S	Extracranial procedures w CC	82	M	Traumatic stupor & coma, coma >= 1 hr w MCC
39	S	Extracranial procedures w/o CC/MCC	83	M	Traumatic stupor & coma, coma >= 1 hr w CC
40	S	Periph/cranial nerve & other nerv syst proc w MCC	84	M	Traumatic stupor & coma, coma >= 1 hr w/o CC/MCC
41	S	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	85	M	Traumatic stupor & coma, coma <1 hr w MCC
42	S	Periph/cranial nerve & other nerv syst proc w/o CC/MCC	86	M	Traumatic stupor & coma, coma <1 hr w CC
52	M	Spinal disorders & injuries w CC/MCC	87	M	Traumatic stupor & coma, coma <1 hr w/o CC/MCC
53	M	Spinal disorders & injuries w/o CC/ MCC	88	M	Concussion w MCC
54	M	Nervous system neoplasms w MCC	89	M	Concussion w CC
55	M	Nervous system neoplasms w/o MCC	90	M	Concussion w/o CC/MCC
56	M	Degenerative nervous system disorders w MCC	91	M	Other disorders of nervous system w MCC
57	M	Degenerative nervous system disorders w/o MCC	92	M	Other disorders of nervous system w CC
58	M	Multiple sclerosis & cerebellar ataxia w MCC	93	M	Other disorders of nervous system w/o CC/MCC
59	M	Multiple sclerosis & cerebellar ataxia w CC	94	M	Bacterial & tuberculous infections of nervous system w MCC
60	M	Multiple sclerosis & cerebellar ataxia w/o CC/MCC	95	M	Bacterial & tuberculous infections of nervous system w CC
61	M	Acute ischemic stroke w use of thrombolytic agent w MCC	96	M	Bacterial & tuberculous infections of nervous system w/o CC/MCC
62	M	Acute ischemic stroke w use of thrombolytic agent w CC	97	M	Non-bacterial infect of nervous sys exc viral meningitis w MCC
63	M	Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	98	M	Non-bacterial infect of nervous sys exc viral meningitis w CC
			99	M	Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 1: Diseases and Disorders of the Nervous System (cont.)

100	M	Seizures w MCC
101	M	Seizures w/o MCC
102	M	Headaches w MCC
103	M	Headaches w/o MCC

MDC 2: Diseases and Disorders of the Eye

113	S	Orbital procedures w CC/MCC
114	S	Orbital procedures w/o CC/MCC
115	S	Extraocular procedures except orbit
116	S	Intraocular procedures w CC/MCC
117	S	Intraocular procedures w/o CC/MCC
121	M	Acute major eye infections w CC/MCC
122	M	Acute major eye infections w/o CC/ MCC
123	M	Neurological eye disorders
124	M	Other disorders of the eye w MCC
125	M	Other disorders of the eye w/o MCC

MDC 3: Diseases and Disorders of the Ear, Nose, Mouth, and Throat

129	S	Major head & neck procedures w CC/ MCC or major device
130	S	Major head & neck procedures w/o CC/MCC
131	S	Cranial/facial procedures w CC/MCC
132	S	Cranial/facial procedures w/o CC/ MCC
133	S	Other ear, nose, mouth & throat O.R. procedures w CC/MCC
134	S	Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC
135	S	Sinus & mastoid procedures w CC/ MCC
136	S	Sinus & mastoid procedures w/o CC/ MCC
137	S	Mouth procedures w CC/MCC
138	S	Mouth procedures w/o CC/MCC
139	S	Salivary gland procedures
146	M	Ear, nose, mouth & throat malignancy w MCC
147	M	Ear, nose, mouth & throat malignancy w CC
148	M	Ear, nose, mouth & throat malignancy w/o CC/MCC
149	M	Dysequilibrium
150	M	Epistaxis w MCC
151	M	Epistaxis w/o MCC

MDC 3: Diseases and Disorders of the Ear, Nose, Mouth, and Throat (cont.)

152	M	Otitis media & URI w MCC
153	M	Otitis media & URI w/o MCC
154	M	Nasal trauma & deformity w MCC
155	M	Nasal trauma & deformity w CC
156	M	Nasal trauma & deformity w/o CC/ MCC
157	M	Dental & Oral Diseases w MCC
158	M	Dental & Oral Diseases w CC
159	M	Dental & Oral Diseases w/o CC/MCC

MDC 4: Diseases and Disorders of the Respiratory System

163	S	Major chest procedures w MCC
164	S	Major chest procedures w CC
165	S	Major chest procedures w/o CC/MCC
166	S	Other resp system O.R. procedures w MCC
167	S	Other resp system O.R. procedures w CC
168	S	Other resp system O.R. procedures w/o CC/MCC
175	M	Pulmonary embolism w MCC
176	M	Pulmonary embolism w/o MCC
177	M	Respiratory infections & inflammations w MCC
178	M	Respiratory infections & inflammations w CC
179	M	Respiratory infections & inflammations w/o CC/MCC
180	M	Respiratory neoplasms w MCC
181	M	Respiratory neoplasms w CC
182	M	Respiratory neoplasms w/o CC/MCC
183	M	Major chest trauma w MCC
184	M	Major chest trauma w CC
185	M	Major chest trauma w/o CC/MCC
186	M	Pleural effusion w MCC
187	M	Pleural effusion w CC
188	M	Pleural effusion w/o CC/MCC
189	M	Pulmonary edema & respiratory failure
190	M	Chronic obstructive pulmonary disease w MCC
191	M	Chronic obstructive pulmonary disease w CC
192	M	Chronic obstructive pulmonary disease w/o CC/MCC
193	M	Simple pneumonia & pleurisy w MCC

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 4: Diseases and Disorders of the Respiratory System (cont.)

194	M	Simple pneumonia & pleurisy w CC
195	M	Simple pneumonia & pleurisy w/o CC/ MCC
196	M	Interstitial lung disease w MCC
197	M	Interstitial lung disease w CC
198	M	Interstitial lung disease w/o CC/MCC
199	M	Pneumothorax w MCC
200	M	Pneumothorax w CC
201	M	Pneumothorax w/o CC/MCC
202	M	Bronchitis & asthma w CC/MCC
203	M	Bronchitis & asthma w/o CC/MCC
204	M	Respiratory signs & symptoms
205	M	Other respiratory system diagnoses w MCC
206	M	Other respiratory system diagnoses w/o MCC
207	M	Respiratory system diagnosis w ventilator support 96+ hours
208	M	Respiratory system diagnosis w ventilator support 96 hours

MDC 5: Diseases and Disorders of the Circulatory System

215	S	Other heart assist system implant
216	S	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC
217	S	Cardiac valve & oth maj cardiothoracic proc w card cath w CC
218	S	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC
219	S	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC
220	S	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC
221	S	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC
222	S	Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC
223	S	Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC
224	S	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
225	S	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
226	S	Cardiac defibrillator implant w/o cardiac cath w MCC
227	S	Cardiac defibrillator implant w/o cardiac cath w/o MCC
228	S	Other cardiothoracic procedures w MCC
229	S	Other cardiothoracic procedures w CC
230	S	Other cardiothoracic procedures w/o CC/MCC
231	S	Coronary bypass w PTCA w MCC
232	S	Coronary bypass w PTCA w/o MCC
233	S	Coronary bypass w cardiac cath w MCC

MDC 5: Diseases and Disorders of the Circulatory System (cont.)

234	S	Coronary bypass w cardiac cath w/o MCC
235	S	Coronary bypass w/o cardiac cath w MCC
236	S	Coronary bypass w/o cardiac cath w/o MCC
237	S	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
238	S	Major cardiovasc procedures w/o MCC
239	S	Amputation for circ sys disorders exc upper limb & toe w MCC
240	S	Amputation for circ sys disorders exc upper limb & toe w CC
241	S	Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC
242	S	Permanent cardiac pacemaker implant w MCC
243	S	Permanent cardiac pacemaker implant w CC
244	S	Permanent cardiac pacemaker implant w/o CC/MCC
245	S	AICD Generator Procedures
246	S	Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents
247	S	Perc cardiovasc proc w drug-eluting stent w/o MCC
248	S	Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents
249	S	Perc cardiovasc proc w non-drug-eluting stent w/o MCC
250	S	Perc cardiovasc proc w/o coronary artery stent or AMI w MCC
251	S	Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC
252	S	Other vascular procedures w MCC
253	S	Other vascular procedures w CC
254	S	Other vascular procedures w/o CC/ MCC
255	S	Upper limb & toe amputation for circ system disorders w MCC
256	S	Upper limb & toe amputation for circ system disorders w CC
257	S	Upper limb & toe amputation for circ system disorders w/o CC/MCC
258	S	Cardiac pacemaker device replacement w MCC
259	S	Cardiac pacemaker device replacement w/o MCC
260	S	Cardiac pacemaker revision except device replacement w MCC
261	S	Cardiac pacemaker revision except device replacement w CC
262	S	Cardiac pacemaker revision except device replacement w/o CC/MCC
263	S	Vein ligation & stripping
264	S	Other circulatory system O.R. procedures
265	S	AICD Lead Procedures
280	M	Acute myocardial infarction, discharged alive w MCC
281	M	Acute myocardial infarction, discharged alive w CC
282	M	Acute myocardia infarction, discharged alive w/o CC/MCC
283	M	Acute myocardial infarction, expired w MCC
284	M	Acute myocardial infarction, expired w CC

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 5: Diseases and Disorders of the Circulatory System (cont.)

285	M	Acute myocardial infarction, expired w/o CC/MCC
286	M	Circulatory disorders except AMI, w card cath w MCC
287	M	Circulatory disorders except AMI, w card cath w/o MCC
288	M	Acute & subacute endocarditis w MCC
289	M	Acute & subacute endocarditis w CC
290	M	Acute & subacute endocarditis w/o CC/MCC
291	M	Heart failure & shock w MCC
292	M	Heart failure & shock w CC
293	M	Heart failure & shock w/o CC/MCC
294	M	Deep vein thrombophlebitis w CC/ MCC
295	M	Deep vein thrombophlebitis w/o CC/ MCC
296	M	Cardiac arrest, unexplained w MCC
297	M	Cardiac arrest, unexplained w CC
298	M	Cardiac arrest, unexplained w/o CC/ MCC
299	M	Peripheral vascular disorders w MCC
300	M	Peripheral vascular disorders w CC
301	M	Peripheral vascular disorders w/o CC/ MCC
302	M	Atherosclerosis w MCC
303	M	Atherosclerosis w/o MCC
304	M	Hypertension w MCC
305	M	Hypertension w/o MCC
306	M	Cardiac congenital & valvular disorders w MCC
307	M	Cardiac congenital & valvular disorders w/o MCC
308	M	Cardiac arrhythmia & conduction disorders w MCC
309	M	Cardiac arrhythmia & conduction disorders w CC
310	M	Cardiac arrhythmia & conduction disorders w/o CC/MCC
311	M	Angina pectoris
312	M	Syncope & collapse
313	M	Chest pain
314	M	Other circulatory system diagnoses w MCC
315	M	Other circulatory system diagnoses w CC
316	M	Other circulatory system diagnoses w/o CC/MCC

MDC 6: Diseases and Disorders of the Digestive System

326	S	Stomach, esophageal & duodenal proc w MCC
327	S	Stomach, esophageal & duodenal proc w CC

MDC 6: Diseases and Disorders of the Digestive System (cont.)

328	S	Stomach, esophageal & duodenal proc w/o CC/MCC
329	S	Major small & large bowel procedures w MCC
330	S	Major small & large bowel procedures w CC
331	S	Major small & large bowel procedures w/o CC/MCC
332	S	Rectal resection w MCC
333	S	Rectal resection w CC
334	S	Rectal resection w/o CC/MCC
335	S	Peritoneal adhesiolysis w MCC
336	S	Peritoneal adhesiolysis w CC
337	S	Peritoneal adhesiolysis w/o CC/MCC
338	S	Appendectomy w complicated principal diag w MCC
339	S	Appendectomy w complicated principal diag w CC
340	S	Appendectomy w complicated principal diag w/o CC/MCC
341	S	Appendectomy w/o complicated principal diag w MCC
342	S	Appendectomy w/o complicated principal diag w CC
343	S	Appendectomy w/o complicated principal diag w/o CC/MCC
344	S	Minor small & large bowel procedures w MCC
345	S	Minor small & large bowel procedures w CC
346	S	Minor small & large bowel procedures w/o CC/MCC
347	S	Anal & stomal procedures w MCC
348	S	Anal & stomal procedures w CC
349	S	Anal & stomal procedures w/o CC/ MCC
350	S	Inguinal & femoral hernia procedures w MCC
351	S	Inguinal & femoral hernia procedures w CC
352	S	Inguinal & femoral hernia procedures w/o CC/MCC
353	S	Hernia procedures except inguinal & femoral w MCC
354	S	Hernia procedures except inguinal & femoral w CC
355	S	Hernia procedures except inguinal & femoral w/o CC/MCC
356	S	Other digestive system O.R. procedures w MCC
357	S	Other digestive system O.R. procedures w CC
358	S	Other digestive system O.R. procedures w/o CC/MCC
368	M	Major esophageal disorders w MCC
369	M	Major esophageal disorders w CC
370	M	Major esophageal disorders w/o CC/ MCC
371	M	Major gastrointestinal disorders & peritoneal infections w MCC
372	M	Major gastrointestinal disorders & peritoneal infections w CC

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 6: Diseases and Disorders of the Digestive System (cont.)

373	M	Major gastrointestinal disorders & peritoneal infections w/o CC/MCC
374	M	Digestive malignancy w MCC
375	M	Digestive malignancy w CC
376	M	Digestive malignancy w/o CC/MCC
377	M	G.I. hemorrhage w MCC
378	M	G.I. hemorrhage w CC
379	M	G.I. hemorrhage w/o CC/MCC
380	M	Complicated peptic ulcer w MCC
381	M	Complicated peptic ulcer w CC
382	M	Complicated peptic ulcer w/o CC/MCC
383	M	Uncomplicated peptic ulcer w MCC
384	M	Uncomplicated peptic ulcer w/o MCC
385	M	Inflammatory bowel disease w MCC
386	M	Inflammatory bowel disease w CC
387	M	Inflammatory bowel disease w/o CC/ MCC
388	M	G.I. obstruction w MCC
389	M	G.I. obstruction w CC
390	M	G.I. obstruction w/o CC/MCC
391	M	Esophagitis, gastroent & misc digest disorders w MCC
392	M	Esophagitis, gastroent & misc digest disorders w/o MCC
393	M	Other digestive system diagnoses w MCC
394	M	Other digestive system diagnoses w CC
395	M	Other digestive system diagnoses w/o CC/MCC

MDC 7: Diseases and Disorders of the Hepatobiliary (Liver) System and Pancreas

405	S	Pancreas, liver & shunt procedures w MCC
406	S	Pancreas, liver & shunt procedures w CC
407	S	Pancreas, liver & shunt procedures w/o CC/MCC
408	S	Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC
409	S	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC
410	S	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC
411	S	Cholecystectomy w c.d.e. w MCC
412	S	Cholecystectomy w c.d.e. w CC
413	S	Cholecystectomy w c.d.e. w/o CC/MCC
414	S	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
415	S	Cholecystectomy except by laparoscope w/o c.d.e. w CC

MDC 7: Diseases and Disorders of the Hepatobiliary (Liver) System and Pancreas (cont.)

416	S	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC
417	S	Laparoscopic cholecystectomy w/o c.d.e. w MCC
418	S	Laparoscopic cholecystectomy w/o c.d.e. w CC
419	S	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
420	S	Hepatobiliary diagnostic procedures w MCC
421	S	Hepatobiliary diagnostic procedures w CC
422	S	Hepatobiliary diagnostic procedures w/o CC/MCC
423	S	Other hepatobiliary or pancreas O.R. procedures w MCC
424	S	Other hepatobiliary or pancreas O.R. procedures w CC
425	S	Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC
432	M	Cirrhosis & alcoholic hepatitis w MCC
433	M	Cirrhosis & alcoholic hepatitis w CC
434	M	Cirrhosis & alcoholic hepatitis w/o CC/ MCC
435	M	Malignancy of hepatobiliary system or pancreas w MCC
436	M	Malignancy of hepatobiliary system or pancreas w CC
437	M	Malignancy of hepatobiliary system or pancreas w/o CC/MCC
438	M	Disorders of pancreas except malignancy w MCC
439	M	Disorders of pancreas except malignancy w CC
440	M	Disorders of pancreas except malignancy w/o CC/MCC
441	M	Disorders of liver except malig,cirr,alchepa w MCC
442	M	Disorders of liver except malig,cirr,alchepa w CC
443	M	Disorders of liver except malig,cirr,alchepa w/o CC/MCC
444	M	Disorders of the biliary tract w MCC
445	M	Disorders of the biliary tract w CC
446	M	Disorders of the biliary tract w/o CC/ MCC

MDC 8: Diseases and Disorders of the Musculoskeletal System and Connective Tissue

453	S	Combined anterior/posterior spinal fusion w MCC
454	S	Combined anterior/posterior spinal fusion w CC
455	S	Combined anterior/posterior spinal fusion w/o CC/MCC
456	S	Spinal fus exc cerv w spinal curv/ malig/infec or 9+ fus w MCC
457	S	Spinal fus exc cerv w spinal curv/ malig/infec or 9+ fus w CC
458	S	Spinal fus exc cerv w spinal curv/ malig/infec or 9+ fus w/o CC/MCC
459	S	Spinal fusion except cervical w MCC
460	S	Spinal fusion except cervical w/o MCC

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 8: Diseases and Disorders of the Musculoskeletal System and Connective Tissue (cont.)

461	S	Bilateral or multiple major joint procs of lower extremity w MCC
462	S	Bilateral or multiple major joint procs of lower extremity w/o MCC
463	S	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC
464	S	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC
465	S	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC
466	S	Revision of hip or knee replacement w MCC
467	S	Revision of hip or knee replacement w CC
468	S	Revision of hip or knee replacement w/o CC/MCC
469	S	Major joint replacement or reattachment of lower extremity w MCC
470	S	Major joint replacement or reattachment of lower extremity w/o MCC
471	S	Cervical spinal fusion w MCC
472	S	Cervical spinal fusion w CC
473	S	Cervical spinal fusion w/o CC/MCC
474	S	Amputation for musculoskeletal sys & conn tissue dis w MCC
475	S	Amputation for musculoskeletal sys & conn tissue dis w CC
476	S	Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC
477	S	Biopsies of musculoskeletal system & connective tissue w MCC
478	S	Biopsies of musculoskeletal system & connective tissue w CC
479	S	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC
480	S	Hip & femur procedures except major joint w MCC
481	S	Hip & femur procedures except major joint w CC
482	S	Hip & femur procedures except major joint w/o CC/MCC
483	S	Major joint & limb reattachment proc of upper extremity w CC/MCC
484	S	Major joint & limb reattachment proc of upper extremity w/o CC/MCC
485	S	Knee procedures w pdx of infection w MCC
486	S	Knee procedures w pdx of infection w CC
487	S	Knee procedures w pdx of infection w/o CC/MCC
488	S	Knee procedures w/o pdx of infection w CC/MCC
489	S	Knee procedures w/o pdx of infection w/o CC/MCC
490	S	Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim
491	S	Back & neck proc exc spinal fusion w/ o CC/MCC
492	S	Lower extrem & humer proc except hip,foot,femur w MCC
493	S	Lower extrem & humer proc except hip,foot,femur w CC
494	S	Lower extrem & humer proc except hip,foot,femur w/o CC/MCC
495	S	Local excision & removal int fix devices exc hip & femur w MCC

MDC 8: Diseases and Disorders of the Musculoskeletal System and Connective Tissue (cont.)

496	S	Local excision & removal int fix devices exc hip & femur w CC
497	S	Local excision & removal int fix devices exc hip & femur w/o CC/MCC
498	S	Local excision & removal int fix devices of hip & femur w CC/MCC
499	S	Local excision & removal int fix devices of hip & femur w/o CC/MCC
500	S	Soft tissue procedures w MCC
501	S	Soft tissue procedures w CC
502	S	Soft tissue procedures w/o CC/MCC
503	S	Foot procedures w MCC
504	S	Foot procedures w CC
505	S	Foot procedures w/o CC/MCC
506	S	Major thumb or joint procedures
507	S	Major shoulder or elbow joint procedures w CC/MCC
508	S	Major shoulder or elbow joint procedures w/o CC/MCC
509	S	Arthroscopy
510	S	Shoulder,elbow or forearm proc,exc major joint proc w MCC
511	S	Shoulder,elbow or forearm proc,exc major joint proc w CC
512	S	Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC
513	S	Hand or wrist proc, except major thumb or joint proc w CC/MCC
514	S	Hand or wrist proc, except major thumb or joint proc w/o CC/MCC
515	S	Other musculoskelet sys & conn tiss O.R. proc w MCC
516	S	Other musculoskelet sys & conn tiss O.R. proc w CC
517	S	Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC
533	M	Fractures of femur w MCC
534	M	Fractures of femur w/o MCC
535	M	Fractures of hip & pelvis w MCC
536	M	Fractures of hip & pelvis w/o MCC
537	M	Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC
538	M	Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC
539	M	Osteomyelitis w MCC
540	M	Osteomyelitis w CC
541	M	Osteomyelitis w/o CC/MCC
542	M	Pathological fractures & musculoskelet & conn tiss malig w MCC
543	M	Pathological fractures & musculoskelet & conn tiss malig w CC
544	M	Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC
545	M	Connective tissue disorders w MCC

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 8: Diseases and Disorders of the Musculoskeletal System and**Connective Tissue (cont.)**

546	M	Connective tissue disorders w CC
547	M	Connective tissue disorders w/o CC/ MCC
548	M	Septic arthritis w MCC .
549	M	Septic arthritis w CC
550	M	Septic arthritis w/o CC/MCC
551	M	Medical back problems w MCC
552	M	Medical back problems w/o MCC
553	M	Bone diseases & arthropathies w MCC
554	M	Bone diseases & arthropathies w/o MCC
555	M	Signs & symptoms of musculoskeletal system & conn tissue w MCC
556	M	Signs & symptoms of musculoskeletal system & conn tissue w/o MCC
557	M	Tendonitis, myositis & bursitis w MCC
558	M	Tendonitis, myositis & bursitis w/o MCC
559	M	Aftercare, musculoskeletal system & connective tissue w MCC
560	M	Aftercare, musculoskeletal system & connective tissue w CC
561	M	Aftercare, musculoskeletal system & connective tissue w/o CC/MCC
562	M	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC
563	M	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC
564	M	Other musculoskeletal sys & connective tissue diagnoses w MCC
565	M	Other musculoskeletal sys & connective tissue diagnoses w CC
566	M	Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC

MDC 9: Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast

573	S	Skin graft &/or debrid for skn ulcer or cellulitis w MCC
574	S	Skin graft &/or debrid for skn ulcer or cellulitis w CC
575	S	Skin graft &/or debrid for skn ulcer or cellulitis w/o CC/MCC
576	S	Skin graft &/or debrid exc for skin ulcer or cellulitis w MCC
577	S	Skin graft &/or debrid exc for skin ulcer or cellulitis w CC
578	S	Skin graft &/or debrid exc for skin ulcer or cellulitis w/o CC/MCC
579	S	Other skin, subcut tiss & breast proc w MCC
580	S	Other skin, subcut tiss & breast proc w CC
581	S	Other skin, subcut tiss & breast proc w/o CC/MCC
582	S	Mastectomy for malignancy w CC/ MCC
583	S	Mastectomy for malignancy w/o CC/ MCC
584	S	Breast biopsy, local excision & other breast procedures w CC/MCC

MDC 9: Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast (cont.)

585	S	Breast biopsy, local excision & other breast procedures w/o CC/MCC
592	M	Skin ulcers w MCC
593	M	Skin ulcers w CC
594	M	Skin ulcers w/o CC/MCC
595	M	Major skin disorders w MCC
596	M	Major skin disorders w/o MCC
597	M	Malignant breast disorders w MCC
598	M	Malignant breast disorders w CC
599	M	Malignant breast disorders w/o CC/ MCC
600	M	Non-malignant breast disorders w CC/ MCC
601	M	Non-malignant breast disorders w/o CC/MCC
602	M	Cellulitis w MCC
603	M	Cellulitis w/o MCC.
604	M	Trauma to the skin, subcut tiss & breast w MCC
605	M	Trauma to the skin, subcut tiss & breast w/o MCC
606	M	Minor skin disorders w MCC
607	M	Minor skin disorders w/o MCC

MDC 10: Endocrine, Nutritional and Metabolic Diseases and Disorders

614	S	Adrenal & pituitary procedures w CC/ MCC
615	S	Adrenal & pituitary procedures w/o CC/MCC
616	S	Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC
617	S	Amputat of lower limb for endocrine,nutrit,& metabol dis w CC
618	S	Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC
619	S	O.R. procedures for obesity w MCC
620	S	O.R. procedures for obesity w CC
621	S	O.R. procedures for obesity w/o CC/ MCC
622	S	Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC
623	S	Skin grafts & wound debrid for endoc, nutrit & metab dis w CC
624	S	Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC
625	S	Thyroid, parathyroid & thyroglossal procedures w MCC
626	S	Thyroid, parathyroid & thyroglossal procedures w CC
627	S	Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC
628	S	Other endocrine, nutrit & metab O.R. proc w MCC
629	S	Other endocrine, nutrit & metab O.R. proc w CC
630	S	Other endocrine, nutrit & metab O.R. proc w/o CC/MCC

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M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 10: Endocrine, Nutritional and Metabolic Diseases and Disorders (cont.)

637	M	Diabetes w MCC
638	M	Diabetes w CC
639	M	Diabetes w/o CC/MCC
640	M	Nutritional & misc metabolic disorders w MCC
641	M	Nutritional & misc metabolic disorders w/o MCC
642	M	Inborn errors of metabolism
643	M	Endocrine disorders w MCC
644	M	Endocrine disorders w CC
645	M	Endocrine disorders w/o CC/MCC

MDC 11: Diseases and Disorders of the Kidney and Urinary Tract

652	S	Kidney transplant
653	S	Major bladder procedures w MCC
654	S	Major bladder procedures w CC
655	S	Major bladder procedures w/o CC/ MCC
656	S	Kidney & ureter procedures for neoplasm w MCC
657	S	Kidney & ureter procedures for neoplasm w CC
658	S	Kidney & ureter procedures for neoplasm w/o CC/MCC
659	S	Kidney & ureter procedures for nonneoplasm w MCC
660	S	Kidney & ureter procedures for non-neoplasm w CC
661	S	Kidney & ureter procedures for non-neoplasm w/o CC/MCC
662	S	Minor bladder procedures w MCC
663	S	Minor bladder procedures w CC
664	S	Minor bladder procedures w/o CC/ MCC
665	S	Prostatectomy w MCC
666	S	Prostatectomy w CC
667	S	Prostatectomy w/o CC/MCC
668	S	Transurethral procedures w MCC
669	S	Transurethral procedures w CC
670	S	Transurethral procedures w/o CC/ MCC
671	S	Urethral procedures w CC/MCC
672	S	Urethral procedures w/o CC/MCC
673	S	Other kidney & urinary tract procedures w MCC
674	S	Other kidney & urinary tract procedures w CC
675	S	Other kidney & urinary tract procedures w/o CC/MCC
682	M	Renal failure w MCC

MDC 11: Diseases and Disorders of the Kidney and Urinary Tract (cont.)

683	M	Renal failure w CC
684	M	Renal failure w/o CC/MCC
685	M	Admit for renal dialysis
686	M	Kidney & urinary tract neoplasms w MCC
687	M	Kidney & urinary tract neoplasms w CC
688	M	Kidney & urinary tract neoplasms w/o CC/MCC
689	M	Kidney & urinary tract infections w MCC
690	M	Kidney & urinary tract infections w/o MCC
691	M	Urinary stones w esw lithotripsy w CC/MCC
692	M	Urinary stones w esw lithotripsy w/o CC/MCC
693	M	Urinary stones w/o esw lithotripsy w MCC
694	M	Urinary stones w/o esw lithotripsy w/o MCC
695	M	Kidney & urinary tract signs & symptoms w MCC
696	M	Kidney & urinary tract signs & symptoms w/o MCC
697	M	Urethral stricture
698	M	Other kidney & urinary tract diagnoses w MCC
699	M	Other kidney & urinary tract diagnoses w CC
700	M	Other kidney & urinary tract diagnoses w/o CC/MCC

MDC 12: Diseases and Disorders of the Male Reproductive System

707	S	Major male pelvic procedures w CC/ MCC
708	S	Major male pelvic procedures w/o CC/ MCC
709	S	Penis procedures w CC/MCC
710	S	Penis procedures w/o CC/MCC
711	S	Testes procedures w CC/MCC
712	S	Testes procedures w/o CC/MCC
713	S	Transurethral prostatectomy w CC/ MCC
714	S	Transurethral prostatectomy w/o CC/ MCC
715	S	Other male reproductive system O.R. proc for malignancy w CC/MCC
716	S	Other male reproductive system O.R. proc for malignancy w/o CC/MCC
717	S	Other male reproductive system O.R. proc exc malignancy w CC/MCC
718	S	Other male reproductive system O.R. proc exc malignancy w/o CC/MCC
722	M	Malignancy, male reproductive system w MCC
723	M	Malignancy, male reproductive system w CC
724	M	Malignancy, male reproductive system w/o CC/MCC
725	M	Benign prostatic hypertrophy w MCC

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MDC 12: Diseases and Disorders of the Male Reproductive System (cont.)

726	M	Benign prostatic hypertrophy w/o MCC
727	M	Inflammation of the male reproductive system w MCC
728	M	Inflammation of the male reproductive system w/o MCC
729	M	Other male reproductive system diagnoses w CC/MCC
730	M	Other male reproductive system diagnoses w/o CC/MCC

MDC 13: Diseases and Disorders of the Female Reproductive System

734	S	Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC
735	S	Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC
736	S	Uterine & adnexa proc for ovarian or adnexal malignancy w MCC
737	S	Uterine & adnexa proc for ovarian or adnexal malignancy w CC
738	S	Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC
739	S	Uterine,adnexa proc for non-ovarian/ adnexal malig w MCC
740	S	Uterine,adnexa proc for non-ovarian/ adnexal malig w CC
741	S	Uterine,adnexa proc for non-ovarian/ adnexal malig w/o CC/MCC
742	S	Uterine & adnexa proc for non-malignancy w CC/MCC
743	S	Uterine & adnexa proc for non-malignancy w/o CC/MCC
744	S	D&C, conization, laparoscopy & tubal interruption w CC/MCC
745	S	D&C, conization, laparoscopy & tubal interruption w/o CC/MCC
746	S	Vagina, cervix & vulva procedures w CC/MCC
747	S	Vagina, cervix & vulva procedures w/o CC/MCC
748	S	Female reproductive system reconstructive procedures
749	S	Other female reproductive system O.R. procedures w CC/MCC
750	S	Other female reproductive system O.R. procedures w/o CC/MCC
754	M	Malignancy, female reproductive system w MCC
755	M	Malignancy, female reproductive system w CC
756	M	Malignancy, female reproductive system w/o CC/MCC
757	M	Infections, female reproductive system w MCC
758	M	Infections, female reproductive system w CC
759	M	Infections, female reproductive system w/o CC/MCC
760	M	Menstrual & other female reproductive system disorders w CC/MCC
761	M	Menstrual & other female reproductive system disorders w/o CC/MCC

MDC 14: Pregnancy, Childbirth, and the Puerperium

765	S	Cesarean section w CC/MCC
766	S	Cesarean section w/o CC/MCC
767	S	Vaginal delivery w sterilization &/or D&C

MDC 14: Pregnancy, Childbirth, and the Puerperium (cont.)

768	S	Vaginal delivery w O.R. proc except steril &/or D&C
769	S	Postpartum & post abortion diagnoses w O.R. procedure
770	S	Abortion w D&C, aspiration curettage or hysterotomy
774	M	Vaginal delivery w complicating diagnoses
775	M	Vaginal delivery w/o complicating diagnoses
776	M	Postpartum & post abortion diagnoses w/o O.R. procedure
777	M	Ectopic pregnancy
778	M	Threatened abortion
779	M	Abortion w/o D&C
780	M	False labor
781	M	Other antepartum diagnoses w medical complications
782	M	Other antepartum diagnoses w/o medical complications

MDC 15: Newborns and Other Neonates with Conditions Originating in the Perinatal Period — Excluded from Inpatient tables

789	M	Neonates, died or transferred to another acute care facility
790	M	Extreme immaturity or respiratory distress syndrome, neonate
791	M	Prematurity w major problems
792	M	Prematurity w/o major problems
793	M	Full term neonate w major problems ..
794	M	Neonate w other significant problems
795	M	Normal newborn

MDC 16: Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders

799	S	Splenectomy w MCC
800	S	Splenectomy w CC
801	S	Splenectomy w/o CC/MCC
802	S	Other O.R. proc of the blood & blood forming organs w MCC
803	S	Other O.R. proc of the blood & blood forming organs w CC
804	S	Other O.R. proc of the blood & blood forming organs w/o CC/MCC
808	M	Major hematomol/immun diag exc sickle cell crisis & coagul w MCC
809	M	Major hematomol/immun diag exc sickle cell crisis & coagul w CC
810	M	Major hematomol/immun diag exc sickle cell crisis & coagul w/o CC/MCC
811	M	Red blood cell disorders w MCC
812	M	Red blood cell disorders w/o MCC
813	M	Coagulation disorders

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MDC 16: Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders (cont.)

- 814 M Reticuloendothelial & immunity disorders w MCC
- 815 M Reticuloendothelial & immunity disorders w CC
- 816 M Reticuloendothelial & immunity disorders w/o CC/MCC

MDC 17: Myeloproliferative Diseases and Disorders and Poorly Differentiated Neoplasms

- 820 S Lymphoma & leukemia w major O.R. procedure w MCC
- 821 S Lymphoma & leukemia w major O.R. procedure w CC
- 822 S Lymphoma & leukemia w major O.R. procedure w/o CC/MCC
- 823 S Lymphoma & non-acute leukemia w other O.R. proc w MCC
- 824 S Lymphoma & non-acute leukemia w other O.R. proc w CC
- 825 S Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC
- 826 S Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC
- 827 S Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC
- 828 S Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC
- 829 S Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC
- 830 S Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC
- 834 M Acute leukemia w/o major O.R. procedure w MCC
- 835 M Acute leukemia w/o major O.R. procedure w CC
- 836 M Acute leukemia w/o major O.R. procedure w/o CC/MCC
- 837 M Chemo w acute leukemia as sdx or w high dose chemo agent w MCC
- 838 M Chemo w acute leukemia as sdx w CC or high dose chemo agent
- 839 M Chemo w acute leukemia as sdx w/o CC/MCC
- 840 M Lymphoma & non-acute leukemia w MCC
- 841 M Lymphoma & non-acute leukemia w CC
- 842 M Lymphoma & non-acute leukemia w/o CC/MCC
- 843 M Other myeloprolif dis or poorly diff neopl diag w MCC
- 844 M Other myeloprolif dis or poorly diff neopl diag w CC
- 845 M Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC
- 846 M Chemotherapy w/o acute leukemia as secondary diagnosis w MCC
- 847 M Chemotherapy w/o acute leukemia as secondary diagnosis w CC
- 848 M Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC
- 849 M Radiotherapy

MDC 18: Infectious and Parasitic Diseases (Systemic or Unspecified Sites)

- 853 S Infectious & parasitic diseases w O.R. procedure w MCC
- 854 S Infectious & parasitic diseases w O.R. procedure w CC
- 855 S Infectious & parasitic diseases w O.R. procedure w/o CC/MCC

MDC 18: Infectious and Parasitic Diseases (Systemic or Unspecified Sites)

- 856 S Postoperative or post-traumatic infections w O.R. proc w MCC
- 857 S Postoperative or post-traumatic infections w O.R. proc w CC
- 858 S Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC
- 862 M Postoperative & post-traumatic infections w MCC
- 863 M Postoperative & post-traumatic infections w/o MCC
- 864 M Fever of unknown origin
- 865 M Viral illness w MCC
- 866 M Viral illness w/o MCC
- 867 M Other infectious & parasitic diseases diagnoses w MCC
- 868 M Other infectious & parasitic diseases diagnoses w CC
- 869 M Other infectious & parasitic diseases diagnoses w/o CC/MCC
- 870 M Septicemia w MV 96+ hours
- 871 M Septicemia w/o MV 96+ hours w MCC
- 872 M Septicemia w/o MV 96+ hours w/o MCC

MDC 19: Mental Diseases and Disorders

- 876 S O.R. procedure w principal diagnoses of mental illness
- 880 M Acute adjustment reaction & psychosocial dysfunction
- 881 M Depressive neuroses
- 882 M Neuroses except depressive
- 883 M Disorders of personality & impulse control
- 884 M Organic disturbances & mental retardation
- 885 M Psychoses
- 886 M Behavioral & developmental disorders
- 887 M Other mental disorder diagnoses

MDC 20: Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental

- 894 M Alcohol/drug abuse or dependence, left ama
- 895 M Alcohol/drug abuse or dependence w rehabilitation therapy
- 896 M Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC
- 897 M Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC

MDC 21: Injuries, Poisonings, and Toxic Effects of Drugs

- 901 S Wound debridements for injuries w MCC
- 902 S Wound debridements for injuries w CC
- 903 S Wound debridements for injuries w/o CC/MCC
- 904 S Skin grafts for injuries w CC/MCC
- 905 S Skin grafts for injuries w/o CC/MCC
- 906 S Hand procedures for injuries

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 21: Injuries, Poisonings, and Toxic Effects of Drugs

907	S	Other O.R. procedures for injuries w MCC
908	S	Other O.R. procedures for injuries w CC
909	S	Other O.R. procedures for injuries w/o CC/MCC
913	M	Traumatic injury w MCC
914	M	Traumatic injury w/o MCC
915	M	Allergic reactions w MCC
916	M	Allergic reactions w/o MCC
917	M	Poisoning & toxic effects of drugs w MCC
918	M	Poisoning & toxic effects of drugs w/o MCC
919	M	Complications of treatment w MCC
920	M	Complications of treatment w CC
921	M	Complications of treatment w/o CC/ MCC
922	M	Other injury, poisoning & toxic effect diag w MCC
923	M	Other injury, poisoning & toxic effect diag w/o MCC

MDC 22: Burns

927	S	Extensive burns or full thickness burns w MV 96+ hrs w skin graft
928	S	Full thickness burn w skin graft or inhal inj w CC/MCC
929	S	Full thickness burn w skin graft or inhal inj w/o CC/MCC
933	M	Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft
934	M	Full thickness burn w/o skin grft or inhal inj
935	M	Non-extensive burns

MDC 23: Factors Influencing Health Status and Other Contacts with Health

Services

939	S	O.R. proc w diagnoses of other contact w health services w MCC
940	S	O.R. proc w diagnoses of other contact w health services w CC
941	S	O.R. proc w diagnoses of other contact w health services w/o CC/MCC
945	M	Rehabilitation w CC/MCC
946	M	Rehabilitation w/o CC/MCC
947	M	Signs & symptoms w MCC
948	M	Signs & symptoms w/o MCC
949	M	Aftercare w CC/MCC
950	M	Aftercare w/o CC/MCC
951	M	Other factors influencing health status

MDC 24: Multiple Significant Trauma

955	S	Craniotomy for multiple significant trauma
956	S	Limb reattachment, hip & femur proc for multiple significant trauma
957	S	Other O.R. procedures for multiple significant trauma w MCC
958	S	Other O.R. procedures for multiple significant trauma w CC
959	S	Other O.R. procedures for multiple significant trauma w/o CC/MCC
963	M	Other multiple significant trauma w MCC
964	M	Other multiple significant trauma w CC
965	M	Other multiple significant trauma w/o CC/MCC

MDC 25: Human Immunodeficiency Virus Infections

969	S	HIV w extensive O.R. procedure w MCC
970	S	HIV w extensive O.R. procedure w/o MCC
974	M	HIV w major related condition w MCC
975	M	HIV w major related condition w CC
976	M	HIV w major related condition w/o CC/MCC
977	M	HIV w or w/o other related condition

Pre-MDC

1	S	Heart transplant or implant of heart assist system w MCC.
2	S	Heart transplant or implant of heart assist system w/o MCC.
3	S	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R
4	S	Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R
5	S	Liver transplant w MCC or intestinal transplant
6	S	Liver transplant w/o MCC
7	S	Lung transplant
8	S	Simultaneous pancreas/kidney transplant
9	S	Bone marrow transplant
10	S	Pancreas transplant
11	S	Tracheostomy for face,mouth & neck diagnoses w MCC
12	S	Tracheostomy for face,mouth & neck diagnoses w CC
13	S	Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC
14	S	Allogeneic Bone Marrow Transplnt
15	S	Autologous Bone Marrow Transplant

MS-DRGs classified as Pre-MDC are not assigned a specific MDC and these MS-DRGs may be associated with multiple MDCs.

APPENDIX C

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2013

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MS-DRGs Assigned to More than One MDC

981	S	Extensive O.R. procedure unrelated to principal diagnosis w MCC
982	S	Extensive O.R. procedure unrelated to principal diagnosis w CC
983	S	Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC
984	S	Prostatic O.R. procedure unrelated to principal diagnosis w MCC
985	S	Prostatic O.R. procedure unrelated to principal diagnosis w CC
986	S	Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC
987	S	Non-extensive O.R. proc unrelated to principal diagnosis w MCC
988	S	Non-extensive O.R. proc unrelated to principal diagnosis w CC
989	S	Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC

MS-DRGs that contain cases not assigned to valid MS-DRGs.

998	**	Principal diagnosis invalid as discharge diagnosis
999	**	Ungroupable

APPENDIX D
2011 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 Complications of pregnancy, childbirth, puerperium
- 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 E

2011 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 E

2011 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 E

2011 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 E

2011 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 E

2011 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 F

2011 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 F

2011 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

- 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

APPENDIX F

2011 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

CCS High Level Procedure Group 13: Obstetrical Procedures

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

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

- 142 Partial excision bone
- 143 Bunionectomy or repair of toe deformities
- 144 Treatment, facial fracture or dislocation
- 145 Treatment, fracture or dislocation of radius and ulna
- 146 Treatment, fracture or dislocation of hip and femur
- 147 Treatment, fracture or dislocation of lower extremity (other than hip or femur)

- 148 Other fracture and dislocation procedure
- 149 Arthroscopy
- 150 Division of joint capsule, ligament or cartilage
- 151 Excision of semilunar cartilage of knee
- 152 Arthroplasty knee
- 153 Hip replacement, total and partial
- 154 Arthroplasty other than hip or knee
- 155 Arthrocentesis
- 156 Injections and aspirations of muscles, tendons, bursa, joints and soft tissue
- 157 Amputation of lower extremity
- 158 Spinal fusion
- 159 Other diagnostic procedures on musculoskeletal system
- 160 Other therapeutic procedures on muscles and tendons
- 161 Other OR therapeutic procedures on bone
- 162 Other OR therapeutic procedures on joints
- 163 Other non-OR therapeutic procedures on musculoskeletal system
- 164 Other OR therapeutic procedures on musculoskeletal system

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

- 165 Breast biopsy and other diagnostic procedures on breast
- 166 Lumpectomy, quadrantectomy of breast
- 167 Mastectomy
- 168 Incision and drainage, skin and subcutaneous tissue
- 169 Debridement of wound, infection or burn
- 170 Excision of skin lesion
- 171 Suture of skin and subcutaneous tissue
- 172 Skin graft
- 173 Other diagnostic procedures on skin and subcutaneous tissue
- 174 Other non-OR therapeutic procedures on skin and breast
- 175 Other OR therapeutic procedures on skin and breast

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

- 176 Other organ transplantation
- 177 Computerized axial tomography (CT) scan head

APPENDIX F

2011 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 G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0321	Radiology - Diagnostic: Angiocardiology	3030	Angiocardiology
0470	Audiology	3040	Audiology
0471	Audiology: Diagnostic	3040	Audiology
0472	Audiology: Treatment	3040	Audiology
0479	Audiology: Other audiology	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
0332	Radiology - Therapeutic: Chemotherapy - oral	3190	Chemotherapy
0335	Radiology - Therapeutic: Chemotherapy - IV	3190	Chemotherapy
0723	Labor Room: Circumcision	3220	Circumcision
0350	CT Scan	3230	CAT Scan
0351	CT Scan: Head	3230	CAT Scan
0352	CT Scan: Body	3230	CAT Scan
0359	CT Scan: Other CT scans	3230	CAT Scan
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
0730	EKG/ECG	3280	EKG and EEG
0732	EKG/ECG: Telemetry	3280	EKG and EEG
0739	EKG/ECG: Other EKG/ECG	3280	EKG and EEG
0740	EEG	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
0924	Other Diagnostic Services: Allergy test	3380	Immunology
0300	Laboratory - Clinical Diagnostic	3390	Laboratory - Clinical

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0303	Laboratory - Clinical Diagnostic: Renal patient (home)	3390	Laboratory - Clinical
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	3390	Laboratory - Clinical
0307	Laboratory - Clinical Diagnostic: Urology	3390	Laboratory - Clinical
0309	Laboratory - Clinical Diagnostic: Other laboratory	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)
0612	Magnetic Resonance Tech. (MRT): Spinal cord (incl. spine)	3430	Magnetic Resonance Imaging (MRI)
0614	Magnetic Resonance Tech. (MRT): MRI - Other	3430	Magnetic Resonance Imaging (MRI)
0615	Magnetic Resonance Tech. (MRT): MRA - Head and Neck	3430	Magnetic Resonance Imaging (MRI)
0616	Magnetic Resonance Tech. (MRT): MRA - Lower Ext	3430	Magnetic Resonance Imaging (MRI)
0618	Magnetic Resonance Tech. (MRT): MRA - Other	3430	Magnetic Resonance Imaging (MRI)
0619	Magnetic Resonance Tech. (MRT): Other MRT	3430	Magnetic Resonance Imaging (MRI)
0401	Other Imaging Services: Diagnostic mammography	3440	Mammography
0403	Other Imaging Services: Screening mammography	3440	Mammography
0340	Nuclear Medicine	3450	Nuclear Medicine - Diagnostic
0341	Nuclear Medicine: Diagnostic	3450	Nuclear Medicine - Diagnostic
0343	Diagnostic Radiopharms	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
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	3540	Prosthetic Devices
0275	Medical/Surgical Supplies: Pacemaker	3540	Prosthetic Devices
0276	Medical/Surgical Supplies: Intraocular lens	3540	Prosthetic Devices
0513	Clinic: Psychiatric clinic	3550	Psychiatric/Psychological Services
0900	Psychiatric/Psychological Trt	3550	Psychiatric/Psychological Services
0902	Psychiatric/Psychological Trt: Milieu therapy	3550	Psychiatric/Psychological Services
0903	Psychiatric/Psychological Trt: Play therapy	3550	Psychiatric/Psychological Services
0905	Psychiatric/Psychological Trt: Intensive Outpatient serv-sych	3550	Psychiatric/Psychological Services
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	3550	Psychiatric/Psychological Services

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0907	Psychiatric/Psychological Trt: Comm behavioral program	3550	Psychiatric/Psychological Services
0911	Psychiatric/Psychological Svcs: Rehabilitation	3550	Psychiatric/Psychological Services
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	3550	Psychiatric/Psychological Services
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	3550	Psychiatric/Psychological Services
0914	Psychiatric/Psychological Svcs: Individual therapy	3550	Psychiatric/Psychological Services
0915	Psychiatric/Psychological Svcs: Group therapy	3550	Psychiatric/Psychological Services
0916	Psychiatric/Psychological Svcs: Family therapy	3550	Psychiatric/Psychological Services
0917	Psychiatric/Psychological Svcs: Biofeedback	3550	Psychiatric/Psychological Services
0918	Psychiatric/Psychological Svcs: Testing	3550	Psychiatric/Psychological Services
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	3550	Psychiatric/Psychological Services
0944	Other Therapeutic Serv: Drug rehab	3550	Psychiatric/Psychological Services
0945	Other Therapeutic Serv: Alcohol rehab	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
0323	Radiology - Diagnostic: Arteriography	3650	Vascular Lab
0921	Other Diagnostic Services: Peripheral vascular lab	3650	Vascular Lab
0360	Operating Room Services	3700	Operating Room
0361	Operating Room Services: Minor surgery	3700	Operating Room
0362	Operating Room Services: Organ trnsplnt, not kidney	3700	Operating Room
0367	Operating Room Services: Kidney transplant	3700	Operating Room
0369	Operating Room Services: Other operating room services	3700	Operating Room
0710	Recovery Room	3800	Recovery Room
0720	Labor Room	3900	Delivery Room & Labor Room
0721	Labor Room: Labor	3900	Delivery Room & Labor Room
0722	Labor Room: Delivery	3900	Delivery Room & Labor Room
0729	Labor Room: Other labor room/delivery	3900	Delivery Room & Labor Room
0370	Anesthesia	4000	Anesthesiology
0371	Anesthesia: Incident to radiology	4000	Anesthesiology
0372	Anesthesia: Incident to other diag services	4000	Anesthesiology
0379	Anesthesia: Other anesthesia	4000	Anesthesiology
0517	Clinic: Family clinic	4040	Family Practice
0320	Radiology - Diagnostic	4100	Radiology-Diagnostic
0322	Radiology - Diagnostic: Arthrography	4100	Radiology-Diagnostic
0324	Radiology - Diagnostic: Chest X-ray	4100	Radiology-Diagnostic

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0329	Radiology - Diagnostic: Other	4100	Radiology-Diagnostic
0400	Other Imaging Services	4100	Radiology - Diagnostic
0409	Other Imaging Services: Other imaging services	4100	Radiology - Diagnostic
0330	Radiology - Therapeutic	4200	Radiology-Therapeutic
0333	Radiology - Therapeutic: Radiation therapy	4200	Radiology-Therapeutic
0339	Radiology - Therapeutic: Other	4200	Radiology-Therapeutic
0380	Blood	4600	Whole Blood & Packed Red Blood Cells
0381	Blood: Packed red cells	4600	Whole Blood & Packed Red Blood Cells
0382	Blood: Whole blood	4600	Whole Blood & Packed Red Blood Cells
0383	Blood: Plasma	4600	Whole Blood & Packed Red Blood Cells
0384	Blood: Platelets	4600	Whole Blood & Packed Red Blood Cells
0385	Blood: Leukocytes	4600	Whole Blood & Packed Red Blood Cells
0386	Blood: Other components	4600	Whole Blood & Packed Red Blood Cells
0387	Blood: Other derivatives	4600	Whole Blood & Packed Red Blood Cells
0389	Blood: Other blood	4600	Whole Blood & Packed Red Blood Cells
0390	Blood Storage/Processing	4700	Blood Storing, Processing, & Trans.
0391	Blood: Administration (e.g. Transfusion)	4700	Blood Storing, Processing, & Trans.
0392	Blood: Processing and Storage	4700	Blood Storing, Processing, & Trans.
0399	Other blood handling	4700	Blood Storing, Processing, & Trans.
0260	IV Therapy	4800	Intravenous Therapy
0261	IV Therapy: Infusion pump	4800	Intravenous Therapy
0262	IV Therapy: IV Therapy, pharm services	4800	Intravenous Therapy
0263	IV Therapy: IV Therapy/drug/supp/delivery	4800	Intravenous Therapy
0264	IV Therapy: supplies	4800	Intravenous Therapy
0269	IV Therapy: Other IV therapy	4800	Intravenous Therapy
0410	Respiratory Services	4900	Respiratory Therapy
0412	Respiratory Services: Inhalation services	4900	Respiratory Therapy
0413	Respiratory Services: Hyberbaric oxygen therapy	4900	Respiratory Therapy
0419	Respiratory Services: Other respiratory services	4900	Respiratory Therapy
0948	Pulmonary Rehabilitation	4900	respiratory
0420	Physical Therapy	5000	Physical Therapy
0421	Physical Therapy: Visit charge	5000	Physical Therapy
0422	Physical Therapy: Hourly charge	5000	Physical Therapy
0423	Physical Therapy: Group rate	5000	Physical Therapy
0424	Physical Therapy: Evaluation/re-evaluation	5000	Physical Therapy
0429	Physical Therapy: Other physical therapy	5000	Physical Therapy
0430	Occupational Therapy	5100	Occupational Therapy
0431	Occupational Therapy: Visit charge	5100	Occupational Therapy

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0432	Occupational Therapy: Hourly charge	5100	Occupational Therapy
0433	Occupational Therapy: Group rate	5100	Occupational Therapy
0434	Occupational Therapy: Evaluation/re-evaluation	5100	Occupational Therapy
0439	Occupational Therapy: Other occupational therapy	5100	Occupational Therapy
0440	Speech-Language Pathology	5200	Speech Pathology
0441	Speech-Language Pathology: Visit charge	5200	Speech Pathology
0442	Speech-Language Pathology: Hourly charge	5200	Speech Pathology
0443	Speech-Language Pathology: Group rate	5200	Speech Pathology
0444	Speech-Language Pathology: Evaluation/ re-evaluation	5200	Speech Pathology
0449	Speech-Language Pathology: Other speech language pathology	5200	Speech Pathology
0270	Medical/Surgical Supplies	5500	Med Supplies Charged to Patient
0271	Medical/Surgical Supplies: Nonsterile supplies	5500	Med Supplies Charged to Patient
0272	Medical/Surgical Supplies: Sterile supplies	5500	Med Supplies Charged to Patient
0273	Medical/Surgical Supplies: Take home supplies	5500	Med Supplies Charged to Patient
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
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	5500	Med Supplies Charged to Patient
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	5500	Med Supplies Charged to Patient
0623	Surgical dressings	5500	Med Supplies Charged to Patient
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	5500	Med Supplies Charged to Patient
0250	Pharmacy	5600	Drugs Charged to Patients
0251	Pharmacy: Generic	5600	Drugs Charged to Patients
0252	Pharmacy: Nongeneric	5600	Drugs Charged to Patients
0254	Pharmacy: Incident to other diagnostic services	5600	Drugs Charged to Patients
0255	Pharmacy: Incident to radiology	5600	Drugs Charged to Patients
0256	Pharmacy: Experimental drugs	5600	Drugs Charged to Patients
0257	Pharmacy: Non-prescription	5600	Drugs Charged to Patients
0258	Pharmacy: IV solutions	5600	Drugs Charged to Patients
0259	Pharmacy: Other	5600	Drugs Charged to Patients
0631	Drugs Require Specific ID: Single source drug	5600	Drugs Charged to Patients
0632	Drugs Require Specific ID: Multiple source drug	5600	Drugs Charged to Patients
0633	Drugs Require Specific ID: Restrictive prescription	5600	Drugs Charged to Patients
0634	Drugs Require Specific ID: EPO under 10,000 units	5600	Drugs Charged to Patients
0635	Drugs Require Specific ID: EPO over 10,000 units	5600	Drugs Charged to Patients
0636	Drugs Require Specific ID: Drugs requiring detail coding	5600	Drugs Charged to Patients
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes	5600	Drugs Charged to Patients
0800	Inpatient Dialysis	5700	Renal Dialysis
0801	Inpatient Hemodialysis	5700	Renal Dialysis

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0802	Inpatient peritoneal dialysis	5700	Renal Dialysis
0803	Inpatient dialysis CAPD	5700	Renal Dialysis
0804	Inpatient dialysis CCPD	5700	Renal Dialysis
0809	Other inp dialysis	5700	Renal Dialysis
0820	Hemo OPD/Home	5700	Renal Dialysis
0821	Hemo OPD/Home: Hemodialysis comp or other rate	5700	Renal Dialysis
0822	Hemo OPD/Home supplies	5700	Renal Dialysis
0823	Hemo OPD/home equipment	5700	Renal Dialysis
0824	Hemo OPD/Home Maintenance 100%	5700	Renal Dialysis
0825	Hemo OPD/Home Support Services	5700	Renal Dialysis
0829	Hemo OPD/Home: Other HEMO outpatient	5700	Renal Dialysis
0830	Peritoneal OPD/Home	5700	Renal Dialysis
0831	Peritoneal OPD/Home: Peritoneal comp or other rate	5700	Renal Dialysis
0839	Peritoneal OPD/Home: Other peritoneal dialysis	5700	Renal Dialysis
0840	CAPD OPD/Home	5700	Renal Dialysis
0841	CAPD OPD/Home: CAPD comp or other rate	5700	Renal Dialysis
0849	CAPD OPD/Home: Other CAPD dialysis	5700	Renal Dialysis
0850	CCPD OPD/Home	5700	Renal Dialysis
0851	CCPD OPD/Home: CCPD comp or other rate	5700	Renal Dialysis
0859	CCPD OPD/Home: Other CCPD dialysis	5700	Renal Dialysis
0880	Miscellaneous Dialysis	5700	Renal Dialysis
0881	Miscellaneous Dialysis: Ultrafiltration	5700	Renal Dialysis
0889	Miscellaneous Dialysis: Other misc dialysis	5700	Renal Dialysis
0490	Ambulatory Surgery	5800	ASC
0499	Ambulatory Surgery: Other ambulatory surgical care	5800	ASC
0510	Clinic	6000	Clinic
0511	Clinic: Chronic pain center	6000	Clinic
0514	Clinic: OB/GYN clinic	6000	Clinic
0515	Clinic: Pediatric clinic	6000	Clinic
0516	Clinic: Urgent care clinic	6000	Clinic
0519	Clinic: Other clinic	6000	Clinic
0700	Cast Room	6000	Clinic
0760	Treatment/Observation Room	6000	Clinic
0761	Treatment/Observation Room: Treatment room	6000	Clinic
0769	Treatment/Observation Room: Other treatment room	6000	Clinic
0770	Preventive Care Services	6000	Clinic
0771	Preventive Care Services: Admin. of vaccine	6000	Clinic
0941	Other Therapeutic Serv: Recreation Rx	6000	Clinic

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0942	Other Therapeutic Serv: Educ/training	6000	Clinic
0450	Emergency Room	6100	Emergency
0451	Emergency Room: EM/EMTALA	6100	Emergency
0452	Emergency Room: ER/ Beyond EMTALA	6100	Emergency
0456	Emergency Room: Urgent care	6100	Emergency
0459	Emergency Room: Other emergency room	6100	Emergency
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)
0811	Organ Acquisition: Living donor	8600	Other Organ Acquisition (Specify)
0812	Organ Acquisition: Cadaver donor	8600	Other Organ Acquisition (Specify)
0813	Organ Acquisition: Unknown donor	8600	Other Organ Acquisition (Specify)
0814	Organ Acquisition: Unsuccessful Organ Search Donor Bank Charges	8600	Other Organ Acquisition (Specify)
0819	Organ Acquisition: Other donor	8600	Other Organ Acquisition (Specify)
0001	Total Charge	N/A	
0022	HIPPS	N/A	
0023	HIPPS	N/A	
0024	HIPPS	N/A	
0100	All Inclusive Rate	N/A	
0101	All Inclusive Rate	N/A	
0110	Room & Board (Private)	N/A	
0111	Medical/Surgical/Gyn	N/A	
0112	OB	N/A	
0113	Pediatric	N/A	
0114	Psychiatric	N/A	
0115	Hospice	N/A	
0116	Detoxification	N/A	
0117	Oncology	N/A	
0118	Rehab	N/A	
0119	Other	N/A	
0120	Room & Board (Semi-Private 2 beds)	N/A	
0121	Medical/Surgical/Gyn	N/A	
0122	OB	N/A	

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0123	Pediatric	N/A	
0124	Psychiatric	N/A	
0125	Hospice	N/A	
0126	Detoxification	N/A	
0127	Oncology	N/A	
0128	Rehab	N/A	
0129	Other	N/A	
0130	Room&Board (Semi private 3-4 beds)	N/A	
0131	Medical/Surgical/Gyn	N/A	
0132	OB	N/A	
0133	Pediatric	N/A	
0134	Psychiatric	N/A	
0135	Hospice	N/A	
0136	Detoxification	N/A	
0137	Oncology	N/A	
0138	Rehab	N/A	
0139	Other	N/A	
0140	Room & Board (Private Deluxe)	N/A	
0141	Medical/Surgical/Gyn	N/A	
0142	OB	N/A	
0143	Pediatric	N/A	
0144	Psychiatric	N/A	
0145	Hospice	N/A	
0146	Detoxification	N/A	
0147	Oncology	N/A	
0148	Rehab	N/A	
0149	Other	N/A	
0150	Room & Board (Ward)	N/A	
0151	Medical/Surgical/Gyn	N/A	
0152	OB	N/A	
0153	Pediatric	N/A	
0154	Psychiatric	N/A	
0155	Hospice	N/A	
0156	Detoxification	N/A	
0157	Oncology	N/A	
0158	Rehab	N/A	
0159	Other	N/A	
0160	Room & Board (other)	N/A	

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0164	Sterile Environment	N/A	
0167	Self care	N/A	
0169	Other	N/A	
0170	Nursery	N/A	
0171	Newborn-Level I	N/A	
0172	Newborn-Level II	N/A	
0173	Newborn-Level III	N/A	
0174	Newborn-Level IV	N/A	
0179	Other Nursery	N/A	
0180	Leave of Absence	N/A	
0182	Patient Convenience	N/A	
0183	Therapeutic Leave	N/A	
0185	Hospitalization	N/A	
0189	Other leave of absence	N/A	
0190	Subacute care	N/A	
0191	Subacute care-Level I	N/A	
0192	Subacute care-Level II	N/A	
0193	Subacute care-Level III	N/A	
0194	Subacute care-Level IV	N/A	
0199	Other subacute care	N/A	
0200	Intensive care	N/A	
0201	Surgical	N/A	
0202	Medical	N/A	
0203	Pediatric	N/A	
0204	Psychiatric	N/A	
0206	Intermediate ICU	N/A	
0207	Burn care	N/A	
0208	Trauma	N/A	
0209	Other intensive care	N/A	
0210	Coronary care	N/A	
0211	Myocardial Infarction	N/A	
0212	Pulmonary Care	N/A	
0213	Heart Transplant	N/A	
0214	Intermediate CCU	N/A	
0219	Other Coronary Care	N/A	
0220	Special charges	N/A	
0221	Admission charge	N/A	
0222	Technical support charge	N/A	

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0223	U.R. service charge	N/A	
0224	Late discharge, medically necessary	N/A	
0229	Other special charges	N/A	
0230	Incremental nursing charge rate	N/A	
0231	Nursery	N/A	
0232	OB	N/A	
0233	ICU	N/A	
0234	CCU	N/A	
0235	Hospice	N/A	
0239	Other	N/A	
0240	All inclusive Ancillary	N/A	
0241	Basic	N/A	
0242	Comprehensive	N/A	
0243	Specialty	N/A	
0249	Other all inclusive ancillary	N/A	
0253	Take home drugs	N/A	
0277	Oxygen-Take home	N/A	
0290	Durable Medical Equipment	N/A	
0291	DME Rental	N/A	
0292	Durable Medical Equipment: Purchase - new equipment	N/A	
0293	Purchase of used DME	N/A	
0294	Supplies/Drugs for DME effectiveness (HHA only)	N/A	
0374	Acupuncture	N/A	
0500	Outpatient services	N/A	
0509	Other Outpatient	N/A	
0520	Free-Standing Clinic	N/A	
0521	Rural health-clinic	N/A	
0522	Rural health-home	N/A	
0523	Family Practice Clinic	N/A	
0524	RHC/FQHC visit in Part A covered SNF	N/A	
0525	RHC/FQHC visit in noncovered SNF, NF, ICFMR or other	N/A	
0526	Urgent Care Clinic	N/A	
0527	Nurse visit to home in a HH shortage area	N/A	
0528	RHC/FQHC visit to other non RHC/FQHC site	N/A	
0529	Free-Standing Clinic: Other	N/A	
0540	Ambulance	N/A	
0541	Supplies	N/A	
0542	Medical Transport	N/A	

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0543	Heart Mobile	N/A	
0544	Oxygen	N/A	
0545	Air ambulance	N/A	
0546	Neonatal ambulance services	N/A	
0547	Pharmacy	N/A	
0548	Telephone Transmission EKG	N/A	
0549	Other ambulance	N/A	
0550	Skilled nursing	N/A	
0551	Visit charge	N/A	
0552	Hourly charge	N/A	
0559	Other skilled nursing	N/A	
0560	Home Health (HH) -- Medical Social Services	N/A	
0561	Home Health (HH) Medical Social Services: Visit charge	N/A	
0562	Home Health (HH) Medical Social Services: Hourly charge	N/A	
0569	Home Health (HH) Medical Social Services: Other Medical Social Services	N/A	
0570	Home health-Home health aide	N/A	
0571	Visit charge	N/A	
0572	Hourly charge	N/A	
0579	Other home health aide	N/A	
0580	Home health-other visits	N/A	
0581	Visit charge	N/A	
0582	Hourly charge	N/A	
0583	Assessment	N/A	
0589	Other home health visit	N/A	
0590	Home health-units of service	N/A	
0600	Home health-oxygen	N/A	
0601	Oxygen-state/equip/suppl/ or cont	N/A	
0602	Oxygen-state/equip/suppl/ or under 1 LPM	N/A	
0603	Oxygen-state/equip/over 4 LPM	N/A	
0604	Oxygen-Portable Add-on	N/A	
0609	Other oxygen	N/A	
0640	Home IV Therapy Services	N/A	
0641	Nonroutine nursing, central line	N/A	
0642	IV site care, Central line	N/A	
0643	IV start/change, peripheral line	N/A	
0644	Nonroutine nursing, peripheral line	N/A	
0645	Training, patient/caregiver, central line	N/A	
0646	Training, disabled patient, central line	N/A	

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0647	Training, patient/caregiver, peripheral line	N/A	
0648	Training, disabled patient, peripheral line	N/A	
0649	Other IV therapy services	N/A	
0650	Hospice service	N/A	
0651	Routine home care	N/A	
0652	Continuous home care	N/A	
0655	Inpatient respite care	N/A	
0656	General inpatient care (non-respite)	N/A	
0657	Physician services	N/A	
0658	Hospice Room & Board-Nursing facility	N/A	
0659	Other hospice service	N/A	
0660	Respite Care	N/A	
0661	Hourly Repite Care Charge Nursing	N/A	
0662	Hourly Respite Care Charge Aide/Homemaker/Companion	N/A	
0663	Daily Respite Charge	N/A	
0669	Other respite care	N/A	
0670	Outpatient Special Residence Charges	N/A	
0671	Hospital based	N/A	
0672	Contracted	N/A	
0679	Other special residence charge	N/A	
0680	Not Used	N/A	
0780	Telemedicine	N/A	
0832	Home supplies	N/A	
0833	Home equipment	N/A	
0834	Maintenance/100%	N/A	
0835	Support services	N/A	
0842	Home supplies	N/A	
0843	Home equipment	N/A	
0844	Maintenance/100%	N/A	
0845	Support services	N/A	
0852	Home supplies	N/A	
0853	Home equipment	N/A	
0854	Maintenance/100%	N/A	
0855	Support services	N/A	
0882	Home dialysis aid visit	N/A	
0920	Other Diagnostic Services	N/A	
0929	Other Diagnostic Services: Other diagnostic services	N/A	
0931	Medical rehab; half day	N/A	

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0932	Medical rehab; full day	N/A	
0940	Other Therapeutic Serv	N/A	
0946	Complex medical equipment-Routine	N/A	
0947	Complex medical equipment-Ancillary	N/A	
0949	Other Therapeutic Serv: Additional RX SVS	N/A	
0951	Other therapeutic services-(940x) Athletic training	N/A	
0952	Other therapeutic services-(940x) Kinesiotherapy	N/A	
0960	Professional fees	N/A	
0961	Psychiatric	N/A	
0962	Ophthalmology	N/A	
0963	Anesthesiologist (MD)	N/A	
0964	Anesthetist (CRNA)	N/A	
0969	Other professional fee	N/A	
0971	Professional fees (096x) Laboratory	N/A	
0972	Professional fees (096x) Radiology-Diagnostic	N/A	
0973	Professional fees (096x) Radiology-Therapeutic	N/A	
0974	Professional fees (096x) Radiology-nuclear medicine	N/A	
0975	Professional fees (096x) Operating room	N/A	
0976	Professional fees (096x) Respiratory Therapy	N/A	
0977	Professional fees (096x) Physical therapy	N/A	
0978	Professional fees (096x) Occupational therapy	N/A	
0979	Professional fees (096x) Speech pathology	N/A	
0981	Professional fees (096x) Emergency room	N/A	
0982	Professional fees (096x) Outpatient services	N/A	
0983	Professional fees (096x) clinic	N/A	
0984	Professional fees (096x) medical social services	N/A	
0985	Professional fees (096x) EKG	N/A	
0986	Professional fees (096x) EEK	N/A	
0987	Professional fees (096x) Hospital visit	N/A	
0988	Professional fees (096x) Consultation	N/A	
0989	Private duty nurse	N/A	
0990	Patient convenience items	N/A	
0991	Cafeteria/guest tray	N/A	
0992	Private linen service	N/A	
0993	Telephone/telegraph	N/A	
0994	TV/radio	N/A	
0995	Nonpatient room rentals	N/A	
0996	Late discharge charge	N/A	

APPENDIX G
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0997	Admission kits	N/A	
0998	Beauty shop/barber	N/A	
0999	Other patient convenience item	N/A	
1000	Behavioral health accommodations	N/A	
1001	Residential treatment-psychiatric	N/A	
1002	Residential treatment-chemical dependency	N/A	
1003	Supervised living	N/A	
1004	Halfway house	N/A	
1005	Group home	N/A	
2100	Alternative therapy services	N/A	
2101	Acupuncture	N/A	
2102	Acupressure	N/A	
2103	Massage	N/A	
2104	Reflexology	N/A	
2105	Biofeedback	N/A	
2106	Hypnosis	N/A	
2109	Other alternative therapy services	N/A	
3101	Adult day care, Medical and social, hourly	N/A	
3102	Adult day care, social, hourly	N/A	
3103	Adult day care, medical and social, daily	N/A	
3104	Adult day care, social, daily	N/A	
3105	Adult foster care, daily	N/A	
3109	Other adult care	N/A	

Source: http://www.cms.hhs.gov/HospitalOutpatientPPS/03_crosswalk.asp

APPENDIX H
Hospitals in this Report

Vermont Acute Care Hospitals

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

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

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

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 H
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 H
Hospitals in this Report

Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center
(MA-Baystate)
Springfield, Massachusetts

Berkshire Medical Center
(MA-Berkshire)
Pittsfield, Massachusetts

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

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

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

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

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

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

Hillcrest Hospital
(MA-Hillcrest)
Pittsfield, Massachusetts

Lahey Clinic Hospital
(MA-Lahey)
Burlington, Massachusetts

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

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

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

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

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

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

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

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

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

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

APPENDIX H
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

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

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

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

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

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

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

Public use data for resident and non-resident discharges from Vermont hospitals are available online by calendar year.
<http://healthvermont.gov/research/hospital-utilization.aspx>

For additional information, contact:

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

Non-public data elements are available for research purposes only. To request non-public data elements, contact:

Vermont Department of Financial Regulation
89 Main Street, Drawer 20
Montpelier, VT 05620-3601
(802) 828-2900 or (800) 631-7788