2018 Vermont Hospitals Report

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Disclaimer

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

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

Vermonters Using Out-of-State Hospitals

GMCB has data sharing agreements with state agencies in New Hampshire, Massachusetts, and New York to receive hospital discharge records for Vermont residents using hospital services outside of Vermont. Unfortunately, the timeliness of the annual data exchange between Vermont and New Hampshire has been seriously impacted by major changes in New Hampshire's data collection and processing technologies. At the time of this report, New Hampshire has not released data to Vermont beyond 2015. In addition, Massachusetts has not released data to Vermont since 2013 due to changes in their data release policies.

The most recent population-based report, *Vermont Hospital Utilization Reports* (VHUR), was published in 2011 based on data from 2009. In 2009, approximately 9,000 of 52,000 Vermont resident inpatient discharges occurred at New Hampshire hospitals and another 2,000 at Massachusetts and New York hospitals.

Requesting Hospital Data Files

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

Information on requesting research hospital discharge data sets (that include non-public data elements not found in Public Use data files) also can be found on the Health Department website: http://healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-discharge-data.

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

Note: Changes in coding systems used by the hospitals occurred in 2014 and 2015. Discussion of these changes can be found in the User's Guide and in Appendix B.

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User's Guide

Introduction

The 2018 Vermont Hospitals Report presents information about patient health issues and hospital services provided in 14 Vermont acute care hospitals within inpatient, outpatient and emergency department settings.

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

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

Individuals may have multiple records in any or all of the datasets if they had multiple inpatient discharges, outpatient procedures, expanded outpatient services and/or emergency department visits during the reporting year. Therefore, the number of discharge/visit records likely exceeds the number of individuals who received hospital-based services during the reporting year.

Sources of Data

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

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

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

Exclusions

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

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

Data Collection in Vermont

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

All fourteen of Vermont's civilian acute care hospitals participate in the Emergency Department reporting system. ED usage is of particular interest in a rural state that may have limited sites and hours available for provision of primary and urgent care in some areas. ED data also provide essential information for injury control studies, since this is often the setting in which accidental and intentional injuries are evaluated and treated. Complete reporting of ED data to the hospital discharge reporting system began in 2003.

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

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

Hospital Settings

Inpatient Discharges

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

Emergency Department (ED) Visits

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

Outpatient Procedures

The outpatient procedure data include records with a primary CPT code in CCS high level groups 1 through 15 that did not originate in the ED. 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 recognized by third-party payers for beds occupied by a person in an observation status. Most observation bed records can be found in the outpatient setting with an associated ED revenue code and/or a primary CPT code in CCS high level groups 1 through 15. There are a few inpatient discharges from Vermont hospitals with an associated observation bed revenue code, and some observation bed records can be found in the outpatient data with no associated ED revenue code or primary CPT code.

Expanded Outpatient Services

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

Comparison Across Hospital Settings

Since reporting year 2003, data have been available across three hospital settings: inpatient discharges, outpatient procedures and services, 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).

Records are presented at the visit level, one record per visit, except for Table O-11, where expanded outpatient visits with multiple revenue groups are reported more than once.

Classification of Diagnoses and Procedures

No changes in coding systems occurred in 2018.

In 2014 and 2015, hospitals reported diagnoses and procedures using multiple coding systems for inpatients, ED visits and outpatients. Due to changes in Vermont's requirements, as of July 1, 2014, reporting of outpatient procedures changed from the International Classification of Disease codes (9th Revision, Clinical Modification: ICD-9-CM) to the Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) coding system. In addition, as of October 1, 2015, federal mandates required that reporting of all diagnoses and inpatient procedures change from the ICD-9-CM to the ICD-10-CM/PCS coding system.

Inpatient Diagnosis Groupings

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, these groupings are not used for outpatient or ED records. For this report, to facilitate comparisons across hospital settings, primary diagnoses for all inpatients, outpatients, and ED visits are grouped into the same clinically meaningful categories using Clinical Classifications Software (CCS).

Outpatient ICD-9CM and CPT Primary Procedures

Prior to July 1, 2014, outpatient procedures were reported using the ICD-9-CM coding system; these codes were included as appropriate on each individual discharge record with a primary procedure code determined by the reporting hospital. As of July 1, 2014, outpatient procedures are reported using the HCPCS/CPT coding system; these codes are included on each of one-to-many revenue records per discharge, and there is no determination of primary CPT code by the reporting hospital. Therefore, a primary CPT code is calculated for each outpatient discharge using an algorithm that includes relative value units, charges, and whether the CPT code is for an ambulatory surgical procedure. CPT codes reported prior to July 1, 2014 may be incomplete, as may be ICD-9-CM procedure codes reported on or after that date.

Clinical Classification Software

Clinical Classifications Software (CCS) is a tool developed at the Agency for Healthcare Research and Quality (AHRQ) and available to the public at the website: http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp. CCS collapses ICD-9-CM and ICD-10-CM principal diagnosis codes into the same 260 mutually exclusive, meaningful, single-level categories. These single-level CCS categories are then collapsed into high-level groups, broad categories based on body systems or condition. Similarly, CCS collapses ICD-9-CM, ICD-10-PCS and HCPCS/CPT procedure codes into the same 244 mutually exclusive, meaningful, single-level procedure categories that are then collapsed into high-level groups based on body systems or condition. CCS diagnosis and procedure groups are used in these tables to compare patient records within and across health care settings, and across time.

The changes in required reporting have resulted in some discontinuities across 2014 and 2015 in several specific single- and high-level CCS procedure groupings: these discontinuities may be due in part to differences between the various coding systems. See Appendix B for further information about these changes in reporting. Appendices C through I provide more details about inpatient and outpatient CCS diagnosis and procedure groupings in 2014 through 2018 by discharge quarter.

Revenue Code Primary Cost Center Groups

Primary Cost Centers (PCCR) are used to group revenue codes into broader categories of services. About 25 of the most frequent PCCR categories are reported individually in this report, of over 60 possible categories. If a visit includes multiple revenue codes that map to the same PCCR category, or to multiple PCCR categories, each distinct category is counted once for that visit.

Highlights

Highlights of Charges and In-migration to Vermont Hospitals

Total Charges and Number of Discharges

- Total charges for Vermont resident inpatient discharges from Vermont hospitals increased by 6.2% from 2017 to 2018. Charges for non-resident inpatient discharges decreased by 0.4%. The number of inpatient discharges for Vermont residents in 2018 increased by 0.5% over 2017, and the number of non-resident inpatient discharges decreased by 4.6%.

- Total charges for Vermont residents with ED visits to Vermont hospitals increased by 6.1% from 2017 to 2018, a smaller increase than that for non-residents (8.4%). Total charges have fluctuated in recent years, with the smallest increases occurring from 2016 to 2017 (2.5% and 3.6% respectively), and the largest from 2013 to 2014 (10.8% and 10.9% respectively). The number of ED visits for both Vermont residents and non-residents has changed very little from 2016 to 2017 (1.9% and 0.2% respectively).

- Total charges for Vermont residents with outpatient procedures in CCS high-level procedure groups 1 through 15 at Vermont hospitals increased 4.5% from 2017 to 2018 compared to the increase of 10.2% in total charges for non-residents. The increase for Vermont resident charges is higher than the change from 2016 to 2017 (0.6%), and the increase in total charges for non-residents is higher than the increase from 2016 to 2017 (5.2%). The number of outpatient procedures for Vermont residents and non-residents changed slightly from 2017 to 2018 (-1.2% and 3.5% respectively). The increase in number of outpatient procedures compared to 2013 is due in large part to changes in requirements for Vermont hospitals' coding of outpatient procedures from ICD-9-CM codes to CPT codes as of July 1, 2014. See the User's Guide for detailed information about this change.

In-migration

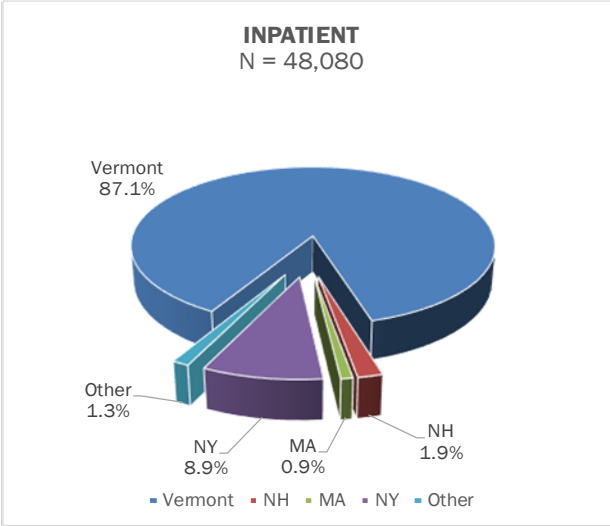
- Most in-migration to Vermont hospitals in 2018 continued to be by New York residents for inpatient care, ED visits, and outpatient procedures in range. As in recent years, New York residents accounted for a much smaller percent of all ED visits than of either inpatient discharges or outpatient procedures (3.7% of ED visits, compared to 8.9% of inpatient discharges and 7.5% of outpatient procedures in range).

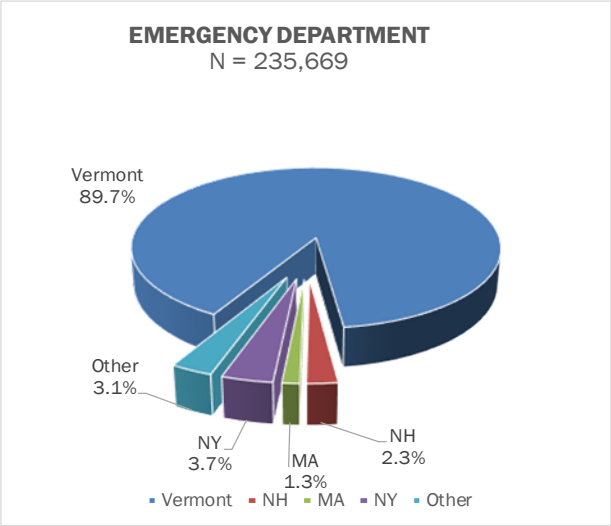
- In 2018, New York residents accounted for a higher percent of total charges than of total discharges in all three settings (4.4% of ED charges, 14.0% of inpatient charges and 9.2% of outpatient charges), as in recent years.

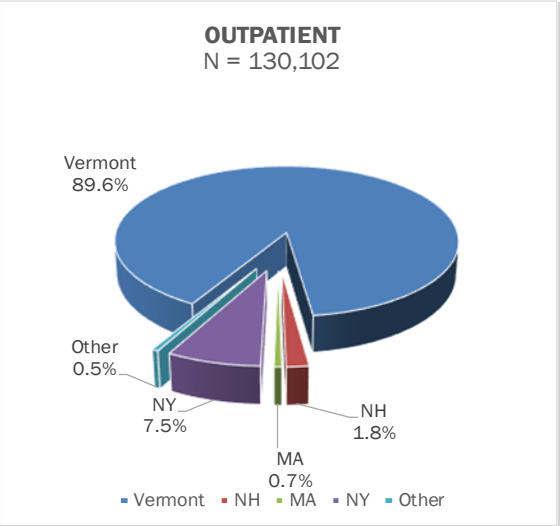
> Note: Reporting is limited to Vermont hospitals until the 2018 data are available for Vermont residents served in New Hampshire, Massachusetts and New York hospitals. The timeliness of the annual data exchange between Vermont and New Hampshire has been seriously impacted by major changes in New Hampshire's data collection and processing technologies. Data from New Hampshire have not been available since 2015, and Massachusetts data have not been available since the 2013 discharge year.

2018 Vermont Hospitals
Summary of Patients' State of Residence by Hospital Setting

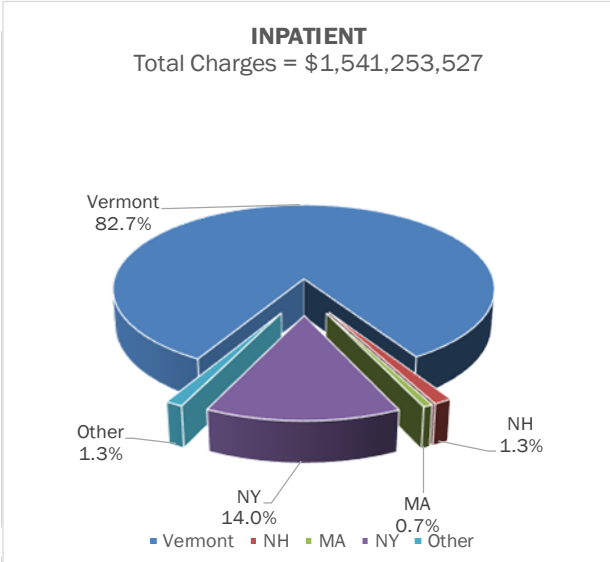
Percent of Total Discharges

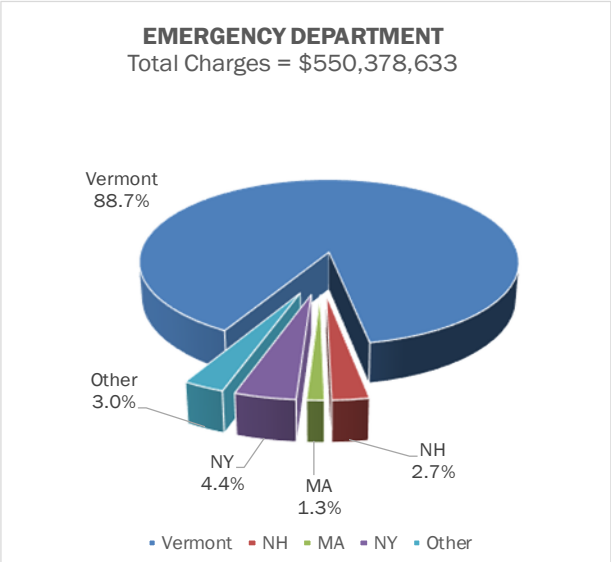


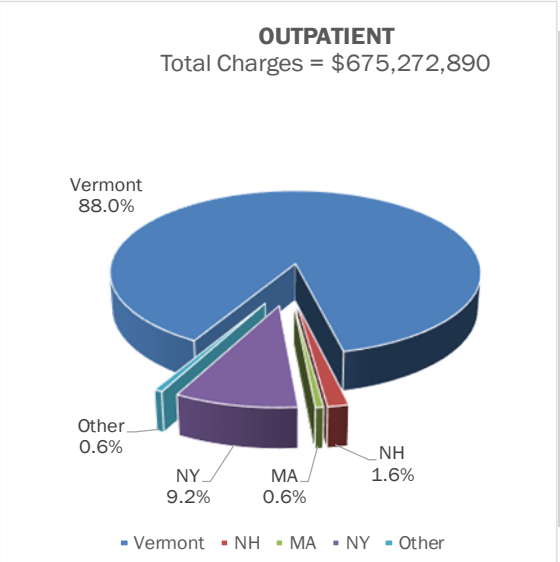




Percent of Total Charges







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

Highlights of Inpatient Discharges from Vermont Hospitals

- In 2018, there were 48,080 inpatient discharges from Vermont hospitals, including maternal records but excluding newborns. Of these, 87.1% were Vermont residents, and 12.9% were residents of New Hampshire, Massachusetts, New York or elsewhere.

- The number of inpatient discharges from Vermont hospitals has increased 1.3% from 1998, and decreased 1.0% from 2008, including both Vermont residents and non-residents. The average length of stay for these discharges changed very little overall, from 4.8 days per discharge in 1998 to 4.5 in 2008, and to 5.0 in 2018.

- Similar to findings in recent years, more than half of the total inpatient discharges from Vermont hospitals in 2018 originated in the Emergency Department (62.3%).

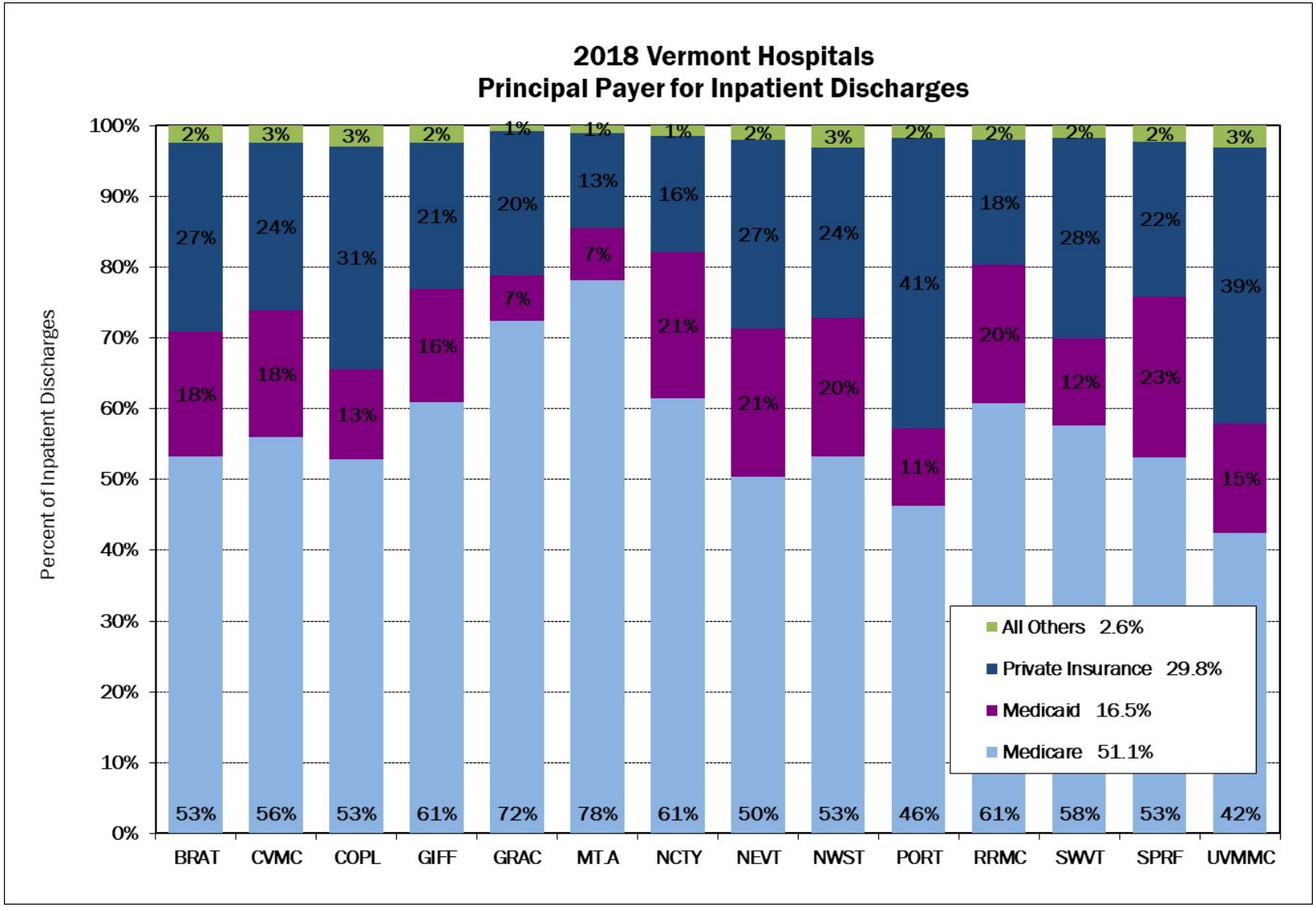
- The University of Vermont Medical Center continued to have the highest number of inpatient discharges at 20,131 in 2018 (41.9% of all inpatient discharges, compared to 40.4% in 1998 and 42.8% in 2008). Rutland followed with 6,849 discharges (14.2%). Grace Cottage Hospital and Mt. Ascutney Hospital and Health Center had the lowest total numbers of inpatient discharges (123 and 961 respectively).

- The University of Vermont Medical Center continued to have the highest total number of patient days at 124,592 in 2018 (52.1% of 239,105 patient days), followed by Rutland Regional Medical Center with 32,577 (13.6%). Grace Cottage Hospital had the lowest total number of patient days (362).

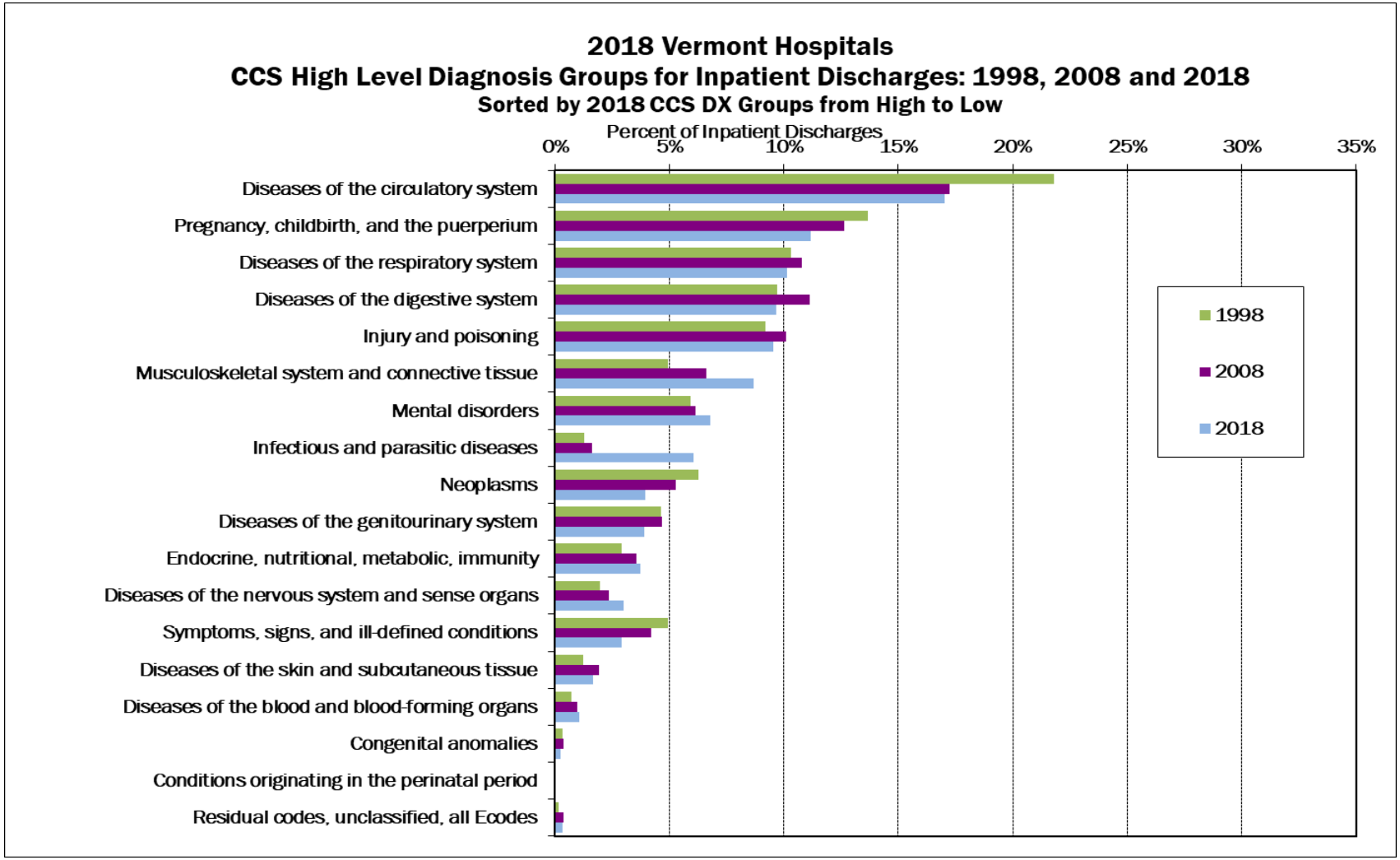
- In 2018, average length of stay in Vermont hospitals varied from 2.5 days per discharge at Copley Hospital to 6.2 days per discharge at The University of Vermont Medical Center; not including Mt. Ascutney Hospital and Health Center.

- The exception was Mt. Ascutney Hospital and Health Center, where the average length of stay in 2018 was 9.2. The high average length of stay started in 2014, due in large part to updates made to the computer system at VAHHS-NSO which allows inpatient rehabilitation cases to be submitted. These cases tend to have longer lengths of stay.

- In 2018, Medicare continued to be the leading principal payer for inpatient discharges from Vermont hospitals at 51.1% of total discharges, followed by private insurance at 29.8% and Medicaid at 16.5%. These figures are comparable to those in recent years. As in previous years, there was wide variation among hospitals in payer mix.

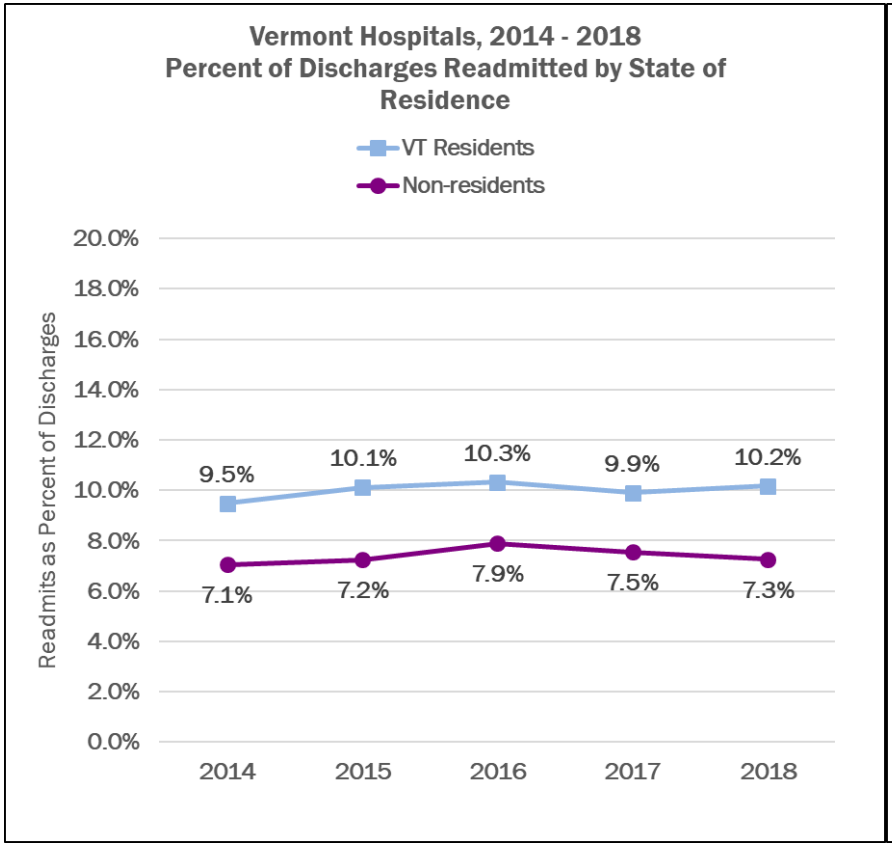


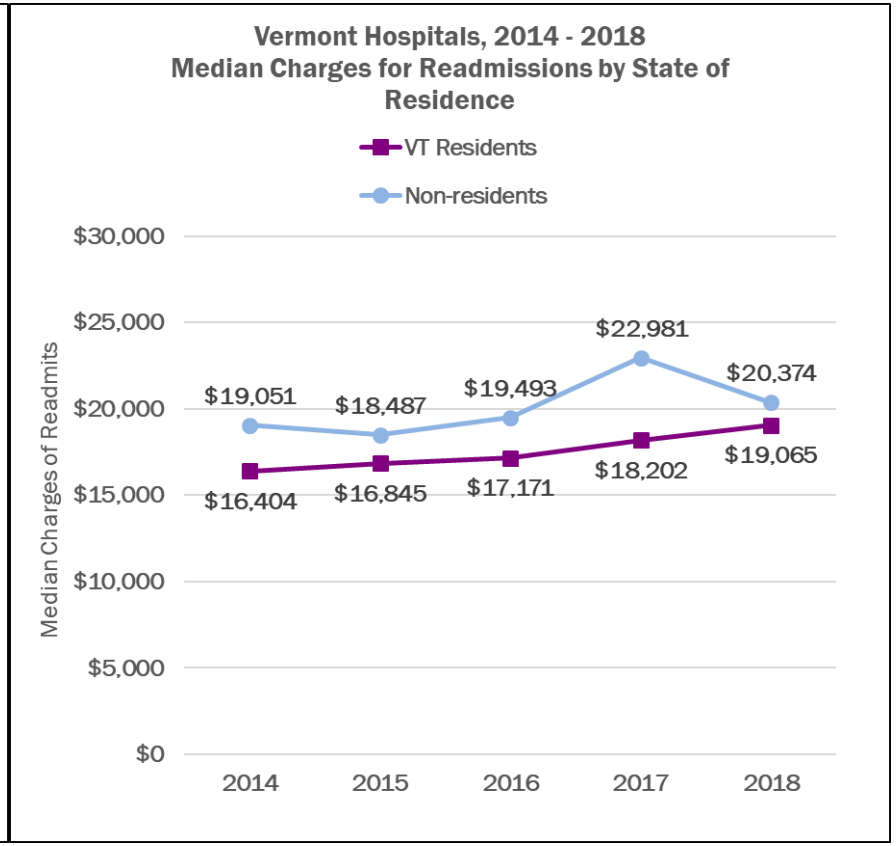
- The most frequent reasons for hospitalization in 2018 were Diseases of the circulatory system; Pregnancy, childbirth and the puerperium; Diseases of the respiratory system; Diseases of the digestive system; and Injury and poisoning, consistent with recent years. Of note are the continued decreases in percent of hospitalizations with diagnoses for Diseases of the circulatory system, Pregnancy, childbirth and the puerperium, and Symptoms, signs, and ill-defined conditions, and the substantial increases in the percent of diagnoses with Musculoskeletal system and connective tissue, and Infectious and parasitic diseases.



- The percent of inpatients readmitted to the same hospital for any reason within 30 days of discharge differs by the patient's state of residence, with Vermont residents readmitted more frequently than out-of-state residents each year from 2014 through 2018. In contrast, out-of-state residents have higher median charges than Vermont residents when readmitted to Vermont hospitals.

  Note: 'Readmission' is defined in this report as readmitted to the same hospital for any reason within 30 days of discharge, excluding readmission on the same day as discharge.





Highlights of Visits to Vermont Hospital Emergency Departments

- In 2018, there were a total of 265,643 visits to Vermont hospital Emergency Departments, including both Vermont residents and non-residents, a small increase from 2017. Similar to recent years, 88.7% (235,699) of these ED visits were not admitted, while the remaining 11.3% (29,994) of ED visits were admitted and categorized as inpatient discharges.

- Overall, the number of ED visits increased from 2014 to 2018 by 1.0% (-1.7% for ED visits not admitted, and an increase of 28.8% for those admitted as inpatients).

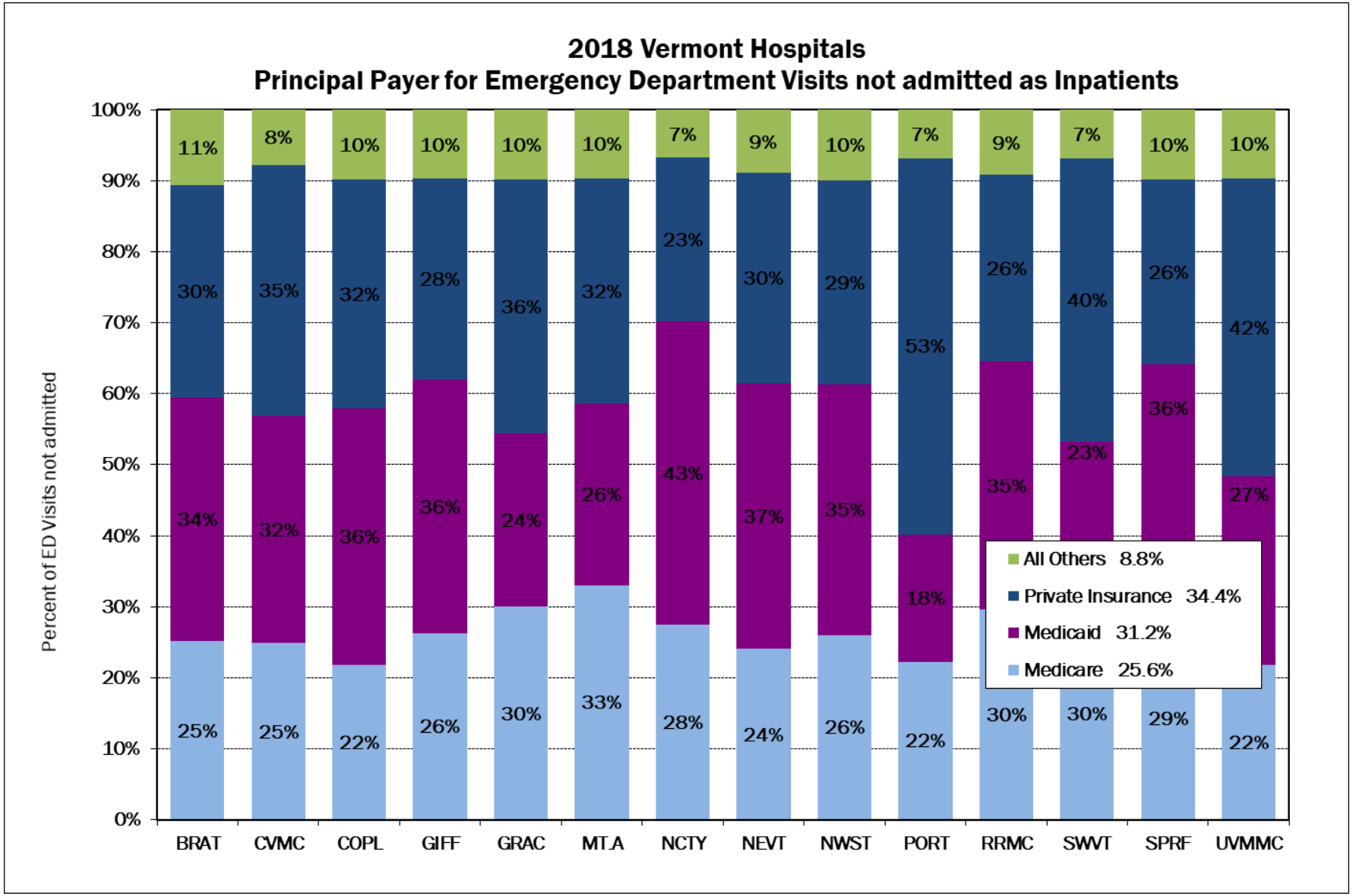
- In 2018, as in previous years, the percent of ED visits that were admitted as inpatients increased with increasing age. Just 2.2% of ED visits by children under age 15 were admitted, as were 4.3% of visits by individuals age 15-44, 11.9% of those aged 45-64, 19.2% of those aged 65-69, 22.4% of those aged 70-74, 25.3% of those aged 75-79, and 31.2% of those aged 80 and older.

- The University of Vermont Medical Center continued to have the highest percent of visits to the ED in 2018, leading all Vermont hospitals with 21.4% of all ED visits. Of all ED visits to The University of Vermont Medical Center, 18.0% were admitted as inpatients, about a 1.0% increase from the previous year's percentage.

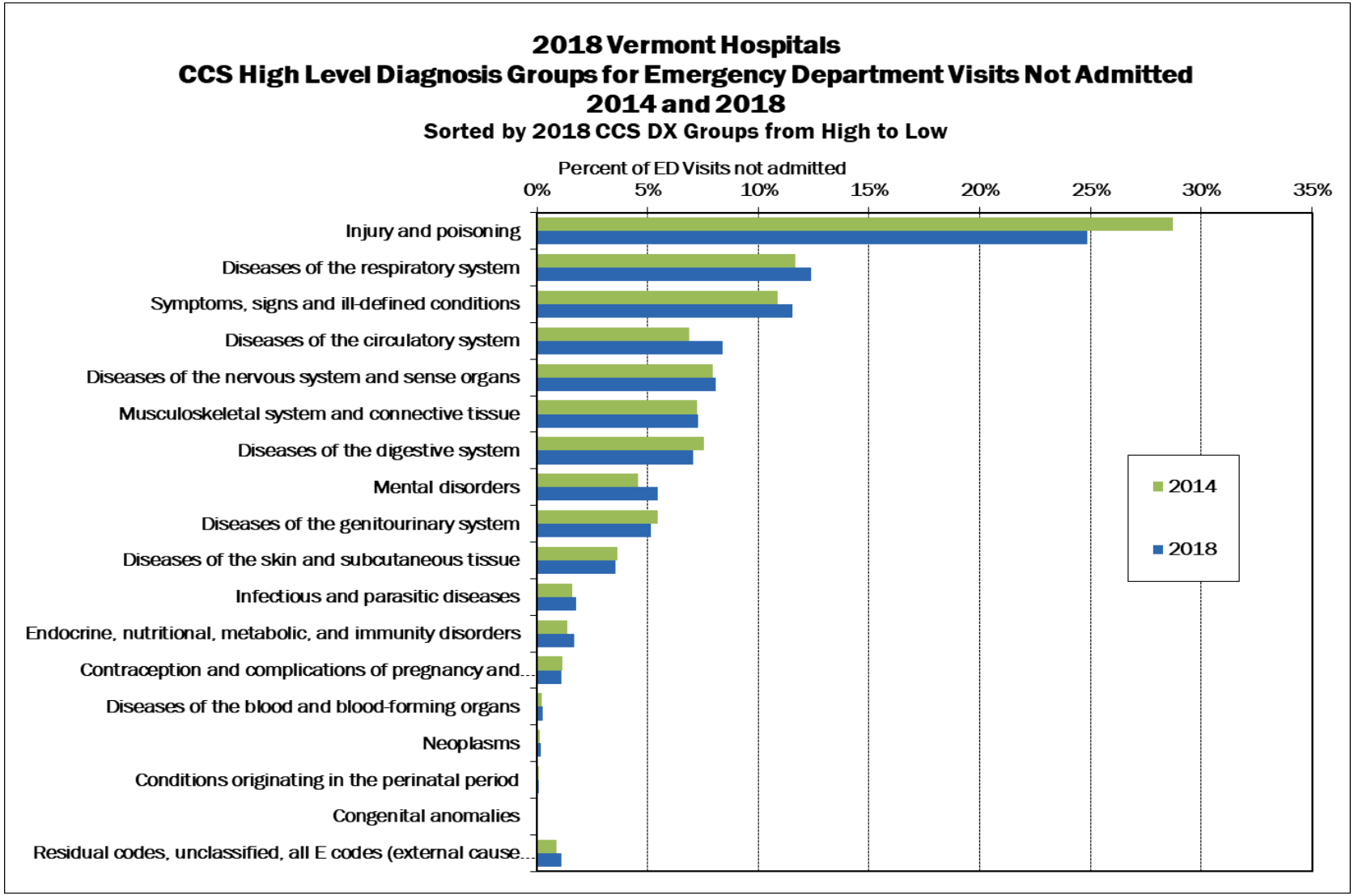
- The percent of ED visits that were admitted in 2018 ranged from highs of 18.0% at The University of Vermont Medical Center, 16.3% at Rutland Regional Medical Center, and 12.7% at Central Vermont Medical Center, to a low of 3.3% at Grace Cottage Hospital and 3.5% Porter Medical Center.

- Of all ED visits, those with a primary diagnosis of neoplasms were the most likely to be admitted (62.6%), followed by those with infectious and parasitic diseases (38.5%), those with diseases of the blood and blood-forming organs (38.3%), and those with congenital anomalies (31.0%). Least likely to be admitted were ED visits for Conditions originating in the perinatal period (1.2%) and for Symptoms, signs and ill-defined conditions (2.2%).

- In 2018, Private Insurance was the leading principal payer for ED visits not admitted at 34.4% of these visits, followed by Medicaid at 31.2% and Medicare at 25.6%. These figures are comparable to those in recent years. As in previous years, there was wide variation among hospitals in payer mix.



The most frequent reasons for ED visits not admitted in 2018 were Injury and poisoning; Diseases of the respiratory system; Symptoms, signs and ill-defined conditions; Diseases of the circulatory system; Diseases of the nervous system and sense organs; and Musculoskeletal system and connective tissue, consistent with recent years. Of note is the substantial decrease over five years in the percent of ED visits not admitted for Injury and poisoning, and increases over five years in Diseases of the respiratory system, Symptoms, signs and ill-defined conditions, Diseases of the circulatory system and Mental disorders.



Highlights of Outpatient Procedures and Services in Vermont Hospitals

- In 2018, there were 130,102 visits to Vermont hospitals for outpatient procedures with a high-level procedure code in CCS procedure groups 1 through 15, representing both Vermont residents and non-residents. These outpatient visits did not originate in the Emergency Department. Grace Cottage Hospital had one visit for outpatient procedures in this range of CCS procedure groups.

- The number of outpatient procedures in Vermont hospitals decreased slightly by 0.7% from 2017. This follows a decrease of 1.3% from 2016 to 2017. There has been a 0.6% decrease in outpatient procedures in Vermont hospitals over the past five years (2014-2018).

- Overall, non-residents accounted for 10.4% of all visits to Vermont hospitals for outpatient procedures in 2018. As in previous years, there was wide variation in the percent of non-residents at Vermont hospitals, with non-residents comprising 34.9% of Mt. Ascutney Hospital and Health Center's outpatient visits and 27.5% of Southwestern Vermont Medical Center's outpatient visits, compared to 1% or less of outpatient visits to Central Vermont Medical Center, Copley Hospital, and North Country Hospital.

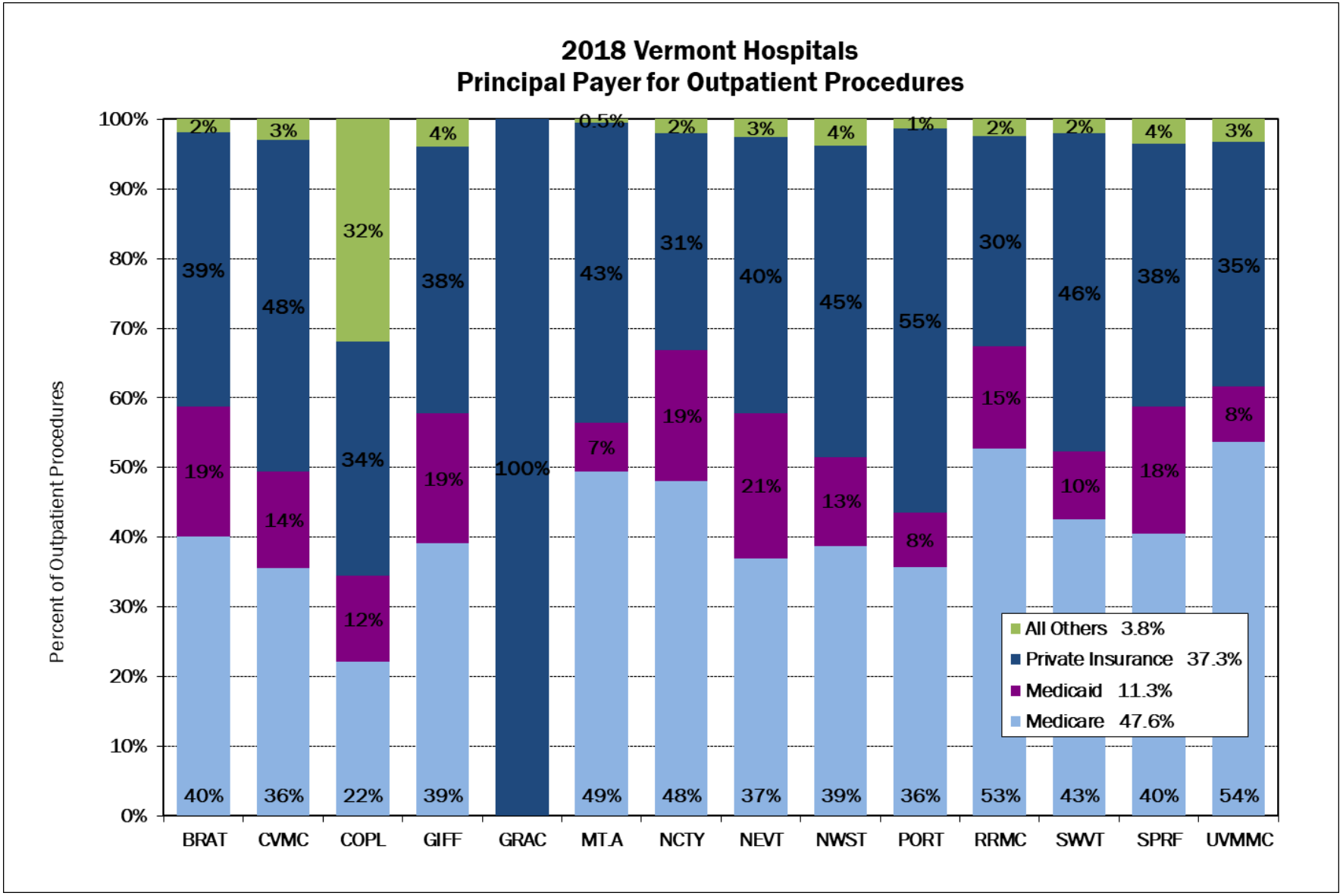
- Medicare was the primary payer for 47.6% of all visits to Vermont hospitals for outpatient procedures in 2018. University of Vermont Medical Center reported 53.7 % of outpatient visits with Medicare as the primary payer, while Copley Hospital reported the lowest percent with 22.1%. Consistent with recent years, there was substantial variation by CCS diagnosis group, with Diseases of the skin and subcutaneous tissue (75.0%), Infectious and parasitic diseases (69.5%), Diseases of the nervous system and sense organs (65.3%) and Endocrine, nutritional, metabolic, immunity (63.7%) having the highest percent of visits with Medicare as the primary payer.

- Northeastern Vermont Regional Hospital, North Country Hospital and Gifford Medical Center reported the highest percent of outpatient procedures with Medicaid as primary payer (20.8%, 18.68%, and 18.67% respectively), while Mt. Ascutney Hospital and Health Center, University of Vermont Medical Center, and Porter Medical Center reported the lowest percent's with Medicaid as primary payer (7.0%, 7.8%, and 7.9% respectively).

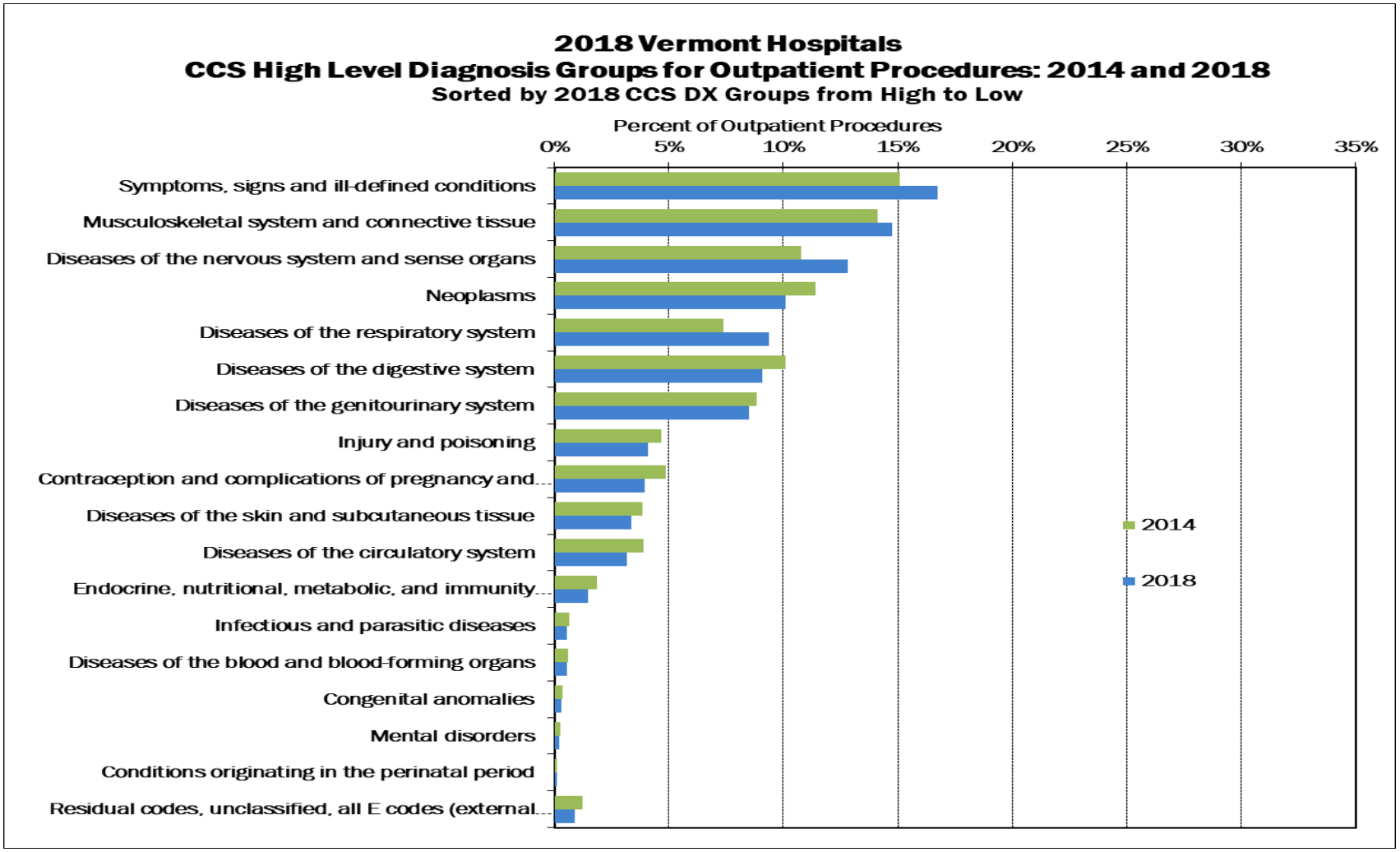
- The services most frequently provided in expanded outpatient visits in 2018 were charged under the primary cost center for Laboratory-Clinical services in all 14 Vermont hospitals, as in previous years. The frequency of these services far exceeded the next most frequent services, which were charged under the primary cost centers for Radiology-Diagnostic, Drugs Charged to Patients, Mammography, Chemistry, Ultrasound, and Physical Therapy.

- The average charge for observation beds in Vermont hospitals was the highest average charge in recent years, and 21.8% higher in 2018 than in 2014. The number of these beds continues to decrease over time as the average charge has increased. The University of Vermont Medical Center had 33% of all observation beds in 2018, followed by Rutland Regional Medical Center (11.8%).

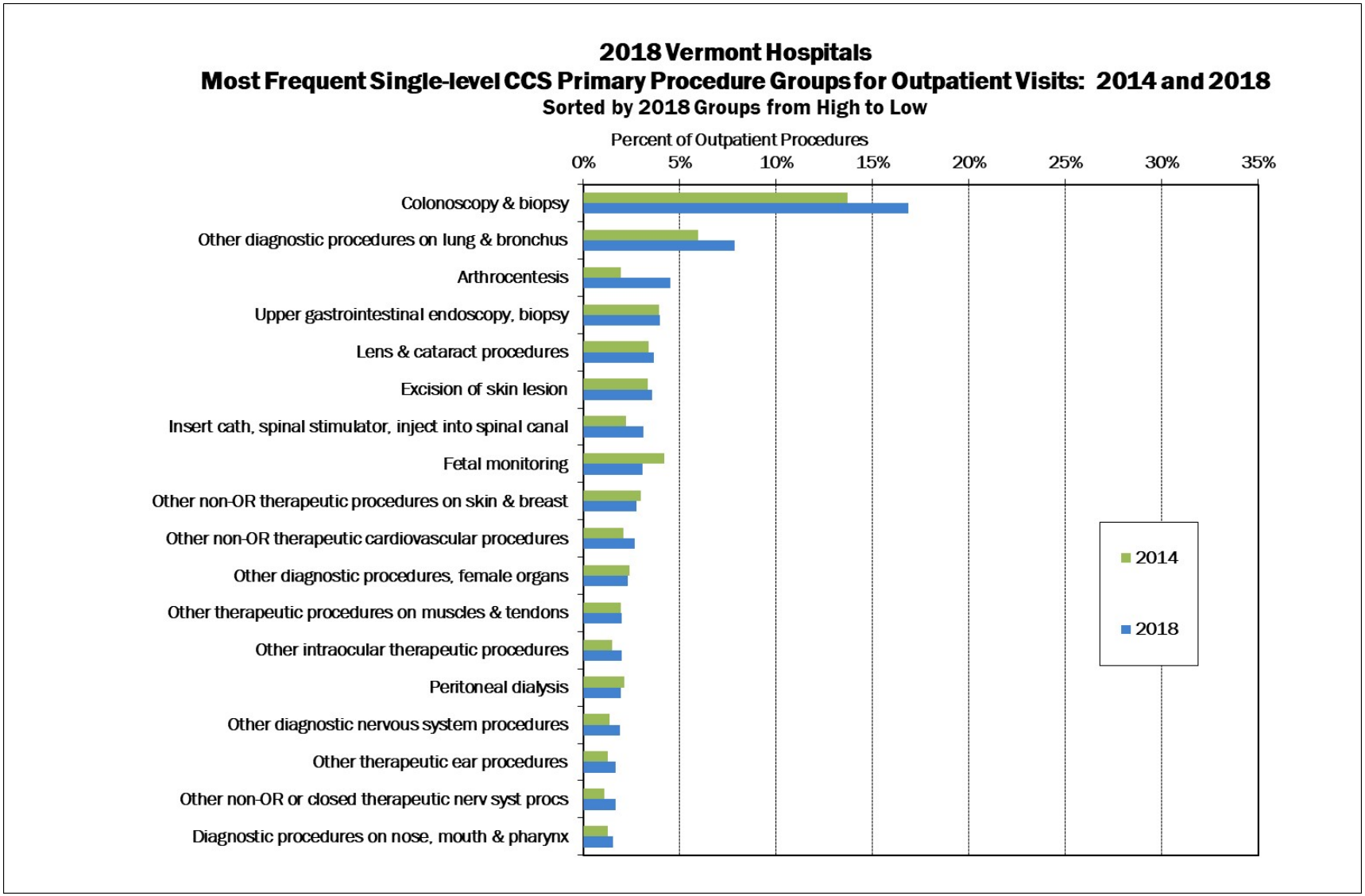
- In 2018, Medicare was the leading principal payer for 47.6% of outpatient procedures in range, followed by Private Insurance at 37.3% and Medicaid at 11.3%. These figures are comparable to those in recent years. As in previous years, there was wide variation among hospitals in payer mix. (Grace Cottage Family Health & Hospital had only one outpatient procedure.)



- The most frequent reasons for outpatient procedures in range in 2018 were Symptoms, signs and ill-defined conditions; Musculoskeletal system and connective tissue; Diseases of the nervous system and sense organs; Neoplasms; and Diseases of the respiratory system. The most frequent reasons in 2018 are consistent with those in recent years, although their rank order may differ a little. Of note are increases in the percent of outpatients diagnosed with Diseases of the respiratory system, Diseases of the nervous system and sense organs, and Symptoms, signs and ill-defined conditions; and decreases in the percent of outpatients diagnosed with Neoplasms and Diseases of the digestive system, compared to 2014.

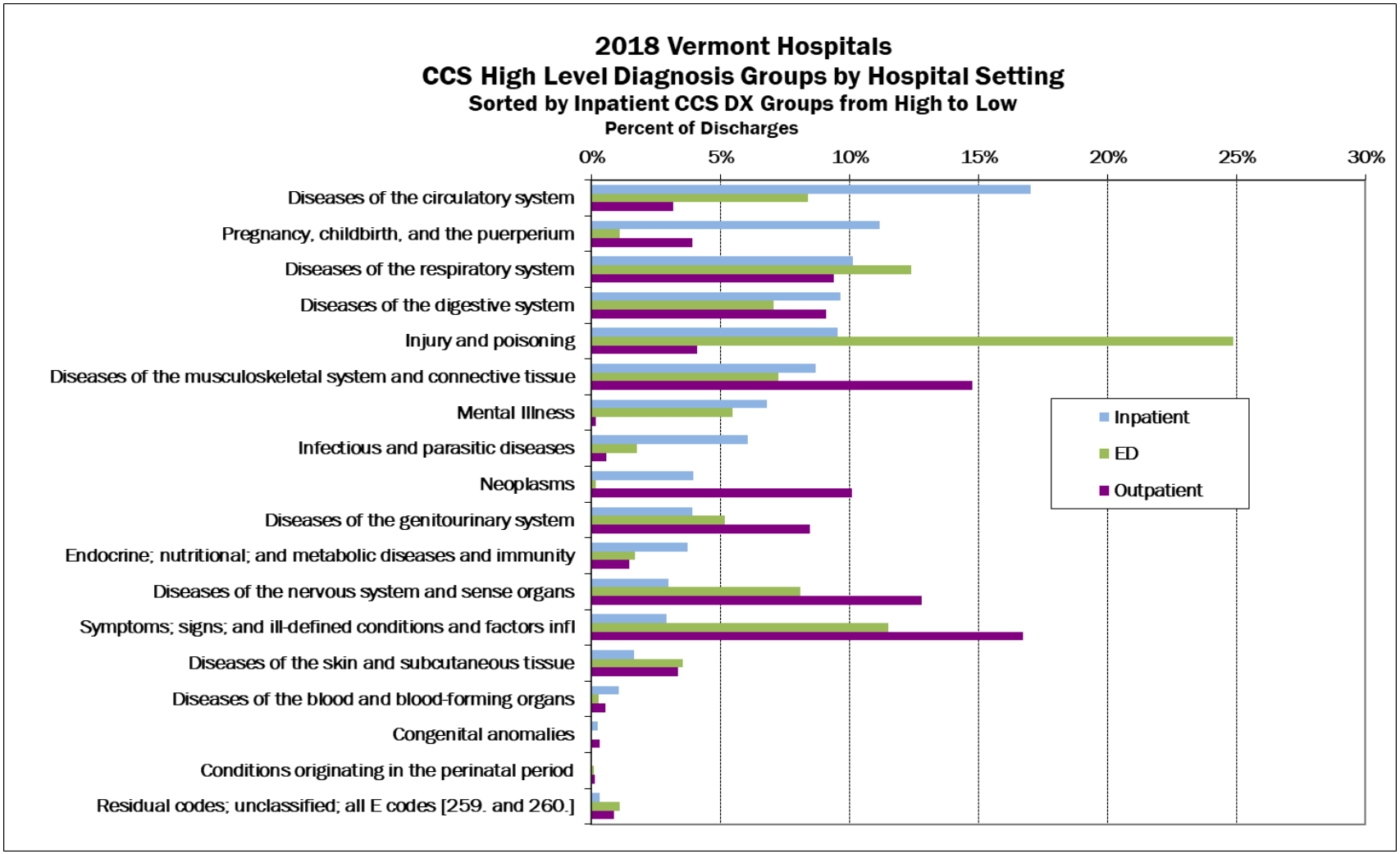


- The leading single-level group of outpatient procedures in high-level CCS procedure groups 1 through 15 in both 2014 and 2018 was Colonoscopy & biopsy. Following this procedure group in 2018 were Other diagnostic procedures on lung & bronchus, and Arthrocentesis. Some inconsistencies in most frequent procedure groups between 2014 and 2018 are due to Vermont's change in the coding of outpatient procedures from the ICD-9-CM system to the CPT system in July 2014.

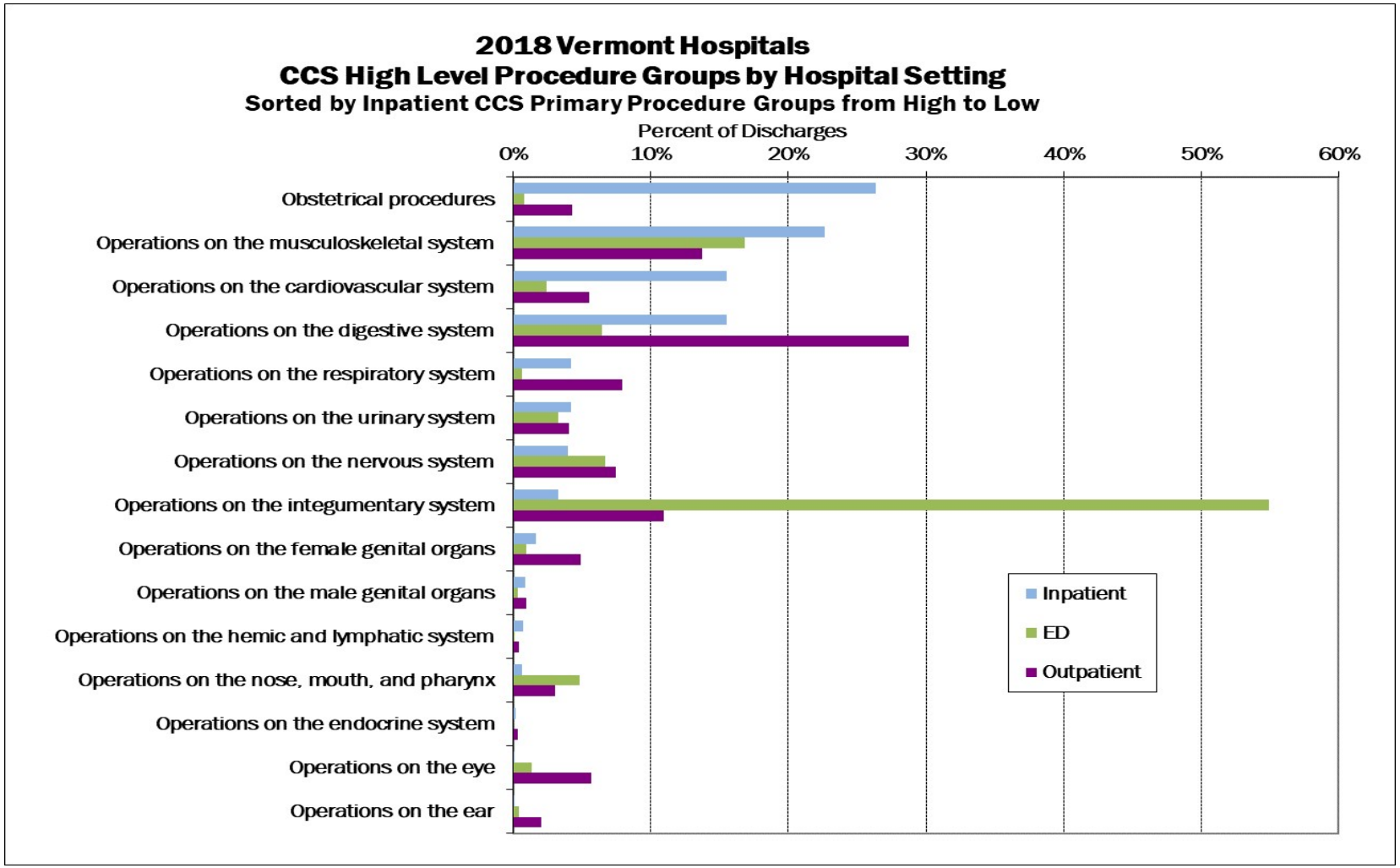


Highlights of Comparisons across Vermont Hospital Settings

- The most frequent CCS high level diagnosis groups differed across Vermont hospital settings in 2018. The most frequent diagnosis group (based on primary diagnosis) for inpatients was Diseases of the circulatory system. The most frequent diagnosis group for ED visits was Injury and poisoning, and for outpatients, 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 range 1 through 15 differed across hospital settings in 2018. The most frequent procedure group for inpatients was Obstetrical procedures, followed by Operations on the musculoskeletal system. The most frequent procedure group for ED visits was Operations on the integumentary system, followed by Operations on the musculoskeletal system. The most frequent outpatient group was Operations on the digestive system followed by Operations on the musculoskeletal system. The frequencies of these CCS high level procedure groups across settings have been consistent in recent years.



Inpatient Discharges

Table I-1
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Setting

	Inpatient Discharges NOT Originating in ED		Inpatient Discharges Originating in ED		All Inpatient Discharges	
Vermont Hospital	**N**	**Row %**	**N**	**Row %**	**N**	**Col %**
Brattleboro Memorial Hospital	559	33.0%	1,135	67.0%	1,694	3.5%
Central Vermont Medical Center	635	16.8%	3,148	83.2%	3,783	7.9%
Copley Hospital	808	45.6%	965	54.4%	1,773	3.7%
Gifford Medical Center	495	37.9%	810	62.1%	1,305	2.7%
Grace Cottage Family Health & Hospital	24	19.5%	99	80.5%	123	0.3%
Mt. Ascutney Hospital and Health Center	714	74.3%	247	25.7%	961	2.0%
North Country Hospital	539	35.8%	967	64.2%	1,506	3.1%
Northeastern Vermont Regional Hospital	426	32.1%	901	67.9%	1,327	2.8%
Northwestern Medical Center	667	29.6%	1,588	70.4%	2,255	4.7%
Porter Medical Center	528	45.6%	631	54.4%	1,159	2.4%
Rutland Regional Medical Center	1,624	23.7%	5,225	76.3%	6,849	14.2%
Southwestern Vermont Medical Center	721	21.3%	2,671	78.7%	3,392	7.1%
Springfield Hospital	469	25.7%	1,353	74.3%	1,822	3.8%
University of Vermont Medical Center	9,927	49.3%	10,204	50.7%	20,131	41.9%
Total	18,136	37.7%	29,944	62.3%	48,080	100.0%

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

Table I-2
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018

	Discharges			Patient Days			Average Length of Stay		
Vermont Hospital	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Brattleboro Memorial Hospital	2,271	1,813	1,694	9,605	6,882	5,820	4.2	3.8	3.4
Central Vermont Medical Center	3,214	3,407	3,783	14,782	15,395	17,757	4.6	4.5	4.7
Copley Hospital	1,511	1,118	1,773	5,639	3,597	4,485	3.7	3.2	2.5
Gifford Medical Center	899	1,188	1,305	3,197	3,653	4,462	3.6	3.1	3.4
Grace Cottage Family Health & Hospital	201	173	123	614	527	362	3.1	3.0	2.9
Mt. Ascutney Hospital and Health Center	515	430	961	2,029	1,384	8,813	3.9	3.2	9.2
North Country Hospital	1,602	1,412	1,506	5,153	4,422	4,671	3.2	3.1	3.1
Northeastern Vermont Regional Hospital	1,609	1,599	1,327	5,279	4,769	4,684	3.3	3.0	3.5
Northwestern Medical Center	2,174	1,861	2,255	8,277	5,985	7,459	3.8	3.2	3.3
Porter Medical Center	1,326	1,462	1,159	5,820	4,713	3,698	4.4	3.2	3.2
Rutland Regional Medical Center	6,321	6,439	6,849	29,193	31,418	32,577	4.6	4.9	4.8
Southwestern Vermont Medical Center	4,223	4,582	3,392	16,658	17,290	11,659	3.9	3.8	3.4
Springfield Hospital	2,426	2,265	1,822	9,901	9,691	8,066	4.1	4.3	4.4
University of Vermont Medical Center	19,158	20,805	20,131	111,007	110,995	124,592	5.8	5.3	6.2
Total	47,450	48,554	48,080	227,154	220,721	239,105	4.8	4.5	5.0

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
All Vermont Hospitals									
Infectious & parasitic diseases	614	793	2,920	3,566	5,831	19,214	5.8	7.4	6.6
Neoplasms	2,983	2,565	1,907	16,409	13,684	11,954	5.5	5.3	6.3
Endocrine, nutritional, metabolic, immunity	1,381	1,743	1,801	6,717	8,117	8,864	4.9	4.7	4.9
Diseases of the blood & blood-forming organs	337	472	509	1,512	1,954	2,126	4.5	4.1	4.2
Mental disorders	2,811	2,989	3,268	20,574	23,208	34,341	7.3	7.8	10.5
Diseases of the nervous system and sense organs	935	1,143	1,443	4,172	4,922	8,323	4.5	4.3	5.8
Diseases of the circulatory system	10,337	8,379	8,181	46,649	32,380	36,607	4.5	3.9	4.5
Diseases of the respiratory system	4,888	5,246	4,878	27,053	24,499	20,915	5.5	4.7	4.3
Diseases of the digestive system	4,603	5,394	4,649	21,814	24,347	20,909	4.7	4.5	4.5
Diseases of the genitourinary system	2,196	2,263	1,880	7,463	8,028	7,548	3.4	3.5	4.0
Pregnancy, childbirth, and the puerperium	6,486	6,140	5,376	14,930	15,340	14,331	2.3	2.5	2.7
Diseases of the skin and subcutaneous tissue	597	942	804	3,400	4,368	3,469	5.7	4.6	4.3
Musculoskeletal system and connective tissue	2,333	3,208	4,182	10,003	11,601	12,108	4.3	3.6	2.9
Congenital anomalies	163	186	127	598	838	593	3.7	4.5	4.7
Conditions originating in the perinatal period	1	2	9	1	6	60	1.0	3.0	6.7
Injury & poisoning	4,360	4,877	4,586	23,990	24,396	27,166	5.5	5.0	5.9
Symptoms, signs & ill-defined conditions	2,351	2,035	1,401	18,044	16,586	9,921	7.7	8.2	7.1
Residual codes, unclassified, all Ecodes	74	177	159	259	616	656	3.5	3.5	4.1
Total	47,450	48,554	48,080	227,154	220,721	239,105	4.8	4.5	5.0

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Brattleboro Memorial Hospital									
Infectious & parasitic diseases	28	28	118	164	120	553	5.9	4.3	4.7
Neoplasms	148	88	48	1,005	526	224	6.8	6.0	4.7
Endocrine, nutritional, metabolic, immunity	84	82	68	420	292	187	5.0	3.6	2.8
Diseases of the blood & blood-forming organs	25	14	28	94	43	83	3.8	3.1	3.0
Mental disorders	36	31	41	159	131	187	4.4	4.2	4.6
Diseases of the nervous system and sense organs	49	33	32	205	184	112	4.2	5.6	3.5
Diseases of the circulatory system	366	259	241	1,335	926	790	3.6	3.6	3.3
Diseases of the respiratory system	209	203	220	1,205	938	840	5.8	4.6	3.8
Diseases of the digestive system	276	245	180	1,264	1,057	679	4.6	4.3	3.8
Diseases of the genitourinary system	118	98	73	281	322	273	2.4	3.3	3.7
Pregnancy, childbirth, and the puerperium	361	354	257	854	878	700	2.4	2.5	2.7
Diseases of the skin and subcutaneous tissue	22	26	71	216	123	251	9.8	4.7	3.5
Musculoskeletal system and connective tissue	187	117	179	837	437	486	4.5	3.7	2.7
Congenital anomalies	3	3	1	9	18	3	3.0	6.0	3.0
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	293	179	124	1,352	709	428	4.6	4.0	3.5
Symptoms, signs & ill-defined conditions	64	47	12	203	132	22	3.2	2.8	1.8
Residual codes, unclassified, all Ecodes	2	6	1	2	46	2	1.0	7.7	2.0
Total	2,271	1,813	1,694	9,605	6,882	5,820	4.2	3.8	3.4

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Central Vermont Medical Center									
Infectious & parasitic diseases	61	39	574	320	182	3,064	5.2	4.7	5.3
Neoplasms	170	122	68	852	716	450	5.0	5.9	6.6
Endocrine, nutritional, metabolic, immunity	73	114	143	284	442	521	3.9	3.9	3.6
Diseases of the blood & blood-forming organs	12	28	51	72	114	177	6.0	4.1	3.5
Mental disorders	465	566	521	3,833	4,046	4,641	8.2	7.1	8.9
Diseases of the nervous system and sense organs	48	56	67	200	217	322	4.2	3.9	4.8
Diseases of the circulatory system	534	421	648	1,901	1,376	2,310	3.6	3.3	3.6
Diseases of the respiratory system	389	477	332	2,220	2,437	1,260	5.7	5.1	3.8
Diseases of the digestive system	356	451	369	1,688	2,090	1,560	4.7	4.6	4.2
Diseases of the genitourinary system	184	150	145	594	604	521	3.2	4.0	3.6
Pregnancy, childbirth, and the puerperium	491	416	315	1,061	929	824	2.2	2.2	2.6
Diseases of the skin and subcutaneous tissue	47	77	60	181	361	253	3.9	4.7	4.2
Musculoskeletal system and connective tissue	126	134	223	539	530	707	4.3	4.0	3.2
Congenital anomalies	1	2	2	3	17	11	3.0	8.5	5.5
Conditions originating in the perinatal period	-	-	1	-	-	2	-	-	2.0
Injury & poisoning	216	277	225	916	1,112	1,013	4.2	4.0	4.5
Symptoms, signs & ill-defined conditions	39	63	35	114	154	110	2.9	2.4	3.1
Residual codes, unclassified, all Ecodes	2	14	4	4	68	11	2.0	4.9	2.8
Total	3,214	3,407	3,783	14,782	15,395	17,757	4.6	4.5	4.7

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Copley Hospital									
Infectious & parasitic diseases	15	11	21	81	47	99	5.4	4.3	4.7
Neoplasms	54	28	32	244	104	141	4.5	3.7	4.4
Endocrine, nutritional, metabolic, immunity	47	39	38	197	110	140	4.2	2.8	3.7
Diseases of the blood & blood-forming organs	8	2	6	40	13	9	5.0	6.5	1.5
Mental disorders	38	16	36	140	51	123	3.7	3.2	3.4
Diseases of the nervous system and sense organs	35	18	31	144	74	73	4.1	4.1	2.4
Diseases of the circulatory system	293	80	188	1,072	300	510	3.7	3.8	2.7
Diseases of the respiratory system	218	123	181	1,086	492	643	5.0	4.0	3.6
Diseases of the digestive system	168	144	178	644	557	585	3.8	3.9	3.3
Diseases of the genitourinary system	78	42	78	215	120	197	2.8	2.9	2.5
Pregnancy, childbirth, and the puerperium	258	254	180	489	474	342	1.9	1.9	1.9
Diseases of the skin and subcutaneous tissue	27	35	38	144	118	138	5.3	3.4	3.6
Musculoskeletal system and connective tissue	57	170	545	262	508	796	4.6	3.0	1.5
Congenital anomalies	-	-	-	-	-	-	-	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	156	136	183	700	563	607	4.5	4.1	3.3
Symptoms, signs & ill-defined conditions	59	15	24	181	52	46	3.1	3.5	1.9
Residual codes, unclassified, all Ecodes	-	5	14	-	14	36	-	2.8	2.6
Total	1,511	1,118	1,773	5,639	3,597	4,485	3.7	3.2	2.5

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Gifford Medical Center									
Infectious & parasitic diseases	10	19	22	36	82	91	3.6	4.3	4.1
Neoplasms	43	16	23	201	81	122	4.7	5.1	5.3
Endocrine, nutritional, metabolic, immunity	30	47	63	132	146	213	4.4	3.1	3.4
Diseases of the blood & blood-forming organs	4	11	18	8	25	53	2.0	2.3	2.9
Mental disorders	4	34	54	18	126	245	4.5	3.7	4.5
Diseases of the nervous system and sense organs	16	34	57	40	107	263	2.5	3.1	4.6
Diseases of the circulatory system	148	163	240	508	450	813	3.4	2.8	3.4
Diseases of the respiratory system	125	199	166	620	643	595	5.0	3.2	3.6
Diseases of the digestive system	90	132	129	377	451	429	4.2	3.4	3.3
Diseases of the genitourinary system	63	84	79	205	256	258	3.3	3.0	3.3
Pregnancy, childbirth, and the puerperium	246	239	197	482	581	498	2.0	2.4	2.5
Diseases of the skin and subcutaneous tissue	24	35	26	103	124	110	4.3	3.5	4.2
Musculoskeletal system and connective tissue	34	90	88	187	301	197	5.5	3.3	2.2
Congenital anomalies	1	-	-	2	-	-	2.0	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	48	59	101	236	198	404	4.9	3.4	4.0
Symptoms, signs & ill-defined conditions	13	21	39	42	62	162	3.2	3.0	4.2
Residual codes, unclassified, all Ecodes	-	5	3	-	20	9	-	4.0	3.0
Total	899	1,188	1,305	3,197	3,653	4,462	3.6	3.1	3.4

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Grace Cottage Family Health & Hospital									
Infectious & parasitic diseases	7	3	6	21	8	13	3.0	2.7	2.2
Neoplasms	13	3	2	56	7	8	4.3	2.3	4.0
Endocrine, nutritional, metabolic, immunity	8	16	7	24	53	16	3.0	3.3	2.3
Diseases of the blood & blood-forming organs	1	-	2	3	-	5	3.0	-	2.5
Mental disorders	13	6	4	39	21	16	3.0	3.5	4.0
Diseases of the nervous system and sense organs	5	3	2	20	6	6	4.0	2.0	3.0
Diseases of the circulatory system	48	20	20	158	54	65	3.3	2.7	3.3
Diseases of the respiratory system	40	43	34	129	135	107	3.2	3.1	3.1
Diseases of the digestive system	13	29	12	40	68	35	3.1	2.3	2.9
Diseases of the genitourinary system	10	10	5	19	32	10	1.9	3.2	2.0
Pregnancy, childbirth, and the puerperium	20	-	-	34	-	-	1.7	-	-
Diseases of the skin and subcutaneous tissue	6	8	4	18	32	13	3.0	4.0	3.3
Musculoskeletal system and connective tissue	5	6	4	17	19	11	3.4	3.2	2.8
Congenital anomalies	-	-	-	-	-	-	-	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	4	12	9	13	46	29	3.3	3.8	3.2
Symptoms, signs & ill-defined conditions	8	7	9	23	24	21	2.9	3.4	2.3
Residual codes, unclassified, all Ecodes	-	7	3	-	22	7	-	3.1	2.3
Total	201	173	123	614	527	362	3.1	3.0	2.9

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Mt. Ascutney Hospital and Health Center									
Infectious & parasitic diseases	8	5	13	41	13	55	5.1	2.6	4.2
Neoplasms	32	16	15	143	57	135	4.5	3.6	9.0
Endocrine, nutritional, metabolic, immunity	17	25	19	65	63	83	3.8	2.5	4.4
Diseases of the blood & blood-forming organs	2	6	3	7	15	14	3.5	2.5	4.7
Mental disorders	4	9	8	19	32	35	4.8	3.6	4.4
Diseases of the nervous system and sense organs	10	5	10	29	17	36	2.9	3.4	3.6
Diseases of the circulatory system	108	67	90	334	212	667	3.1	3.2	7.4
Diseases of the respiratory system	113	103	91	500	342	322	4.4	3.3	3.5
Diseases of the digestive system	52	65	56	209	205	220	4.0	3.2	3.9
Diseases of the genitourinary system	39	16	31	104	48	111	2.7	3.0	3.6
Pregnancy, childbirth, and the puerperium	-	-	-	-	-	-	-	-	-
Diseases of the skin and subcutaneous tissue	21	27	18	98	92	75	4.7	3.4	4.2
Musculoskeletal system and connective tissue	25	36	22	95	127	157	3.8	3.5	7.1
Congenital anomalies	-	-	-	-	-	-	-	-	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	63	25	139	322	95	1,685	5.1	3.8	12.1
Symptoms, signs & ill-defined conditions	20	25	444	59	66	5,210	3.0	2.6	11.7
Residual codes, unclassified, all Ecodes	1	-	2	4	-	8	4.0	-	4.0
Total	515	430	961	2,029	1,384	8,813	3.9	3.2	9.2

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
North Country Hospital									
Infectious & parasitic diseases	38	30	21	151	108	59	4.0	3.6	2.8
Neoplasms	65	65	36	284	238	153	4.4	3.7	4.3
Endocrine, nutritional, metabolic, immunity	74	57	78	268	162	235	3.6	2.8	3.0
Diseases of the blood & blood-forming organs	15	7	19	58	9	50	3.9	1.3	2.6
Mental disorders	45	15	27	156	46	68	3.5	3.1	2.5
Diseases of the nervous system and sense organs	31	29	31	90	65	67	2.9	2.2	2.2
Diseases of the circulatory system	356	264	212	1,004	728	558	2.8	2.8	2.6
Diseases of the respiratory system	236	234	309	837	853	1,009	3.5	3.6	3.3
Diseases of the digestive system	189	202	179	681	804	662	3.6	4.0	3.7
Diseases of the genitourinary system	80	39	96	250	111	343	3.1	2.8	3.6
Pregnancy, childbirth, and the puerperium	219	203	222	469	471	504	2.1	2.3	2.3
Diseases of the skin and subcutaneous tissue	23	25	27	76	113	121	3.3	4.5	4.5
Musculoskeletal system and connective tissue	68	78	75	271	271	237	4.0	3.5	3.2
Congenital anomalies	2	1	3	16	1	7	8.0	1.0	2.3
Conditions originating in the perinatal period	-	1	2	-	4	5	-	4.0	2.5
Injury & poisoning	126	111	99	445	317	380	3.5	2.9	3.8
Symptoms, signs & ill-defined conditions	32	46	48	91	103	125	2.8	2.2	2.6
Residual codes, unclassified, all Ecodes	3	5	22	6	18	88	2.0	3.6	4.0
Total	1,602	1,412	1,506	5,153	4,422	4,671	3.2	3.1	3.1

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Northeastern Vermont Regional Hospital									
Infectious & parasitic diseases	40	49	51	183	220	319	4.6	4.5	6.3
Neoplasms	74	57	16	309	195	61	4.2	3.4	3.8
Endocrine, nutritional, metabolic, immunity	40	56	37	203	167	89	5.1	3.0	2.4
Diseases of the blood & blood-forming organs	5	14	15	18	39	47	3.6	2.8	3.1
Mental disorders	25	33	68	57	115	252	2.3	3.5	3.7
Diseases of the nervous system and sense organs	34	40	32	115	89	110	3.4	2.2	3.4
Diseases of the circulatory system	276	251	169	943	673	585	3.4	2.7	3.5
Diseases of the respiratory system	203	233	188	610	704	740	3.0	3.0	3.9
Diseases of the digestive system	213	229	161	763	682	615	3.6	3.0	3.8
Diseases of the genitourinary system	73	90	54	186	256	177	2.5	2.8	3.3
Pregnancy, childbirth, and the puerperium	308	228	198	664	450	477	2.2	2.0	2.4
Diseases of the skin and subcutaneous tissue	28	36	29	90	206	130	3.2	5.7	4.5
Musculoskeletal system and connective tissue	88	84	143	474	341	350	5.4	4.1	2.4
Congenital anomalies	2	-	1	9	-	1	4.5	-	1.0
Conditions originating in the perinatal period	-	1	-	-	2	-	-	2.0	-
Injury & poisoning	156	133	112	552	445	586	3.5	3.3	5.2
Symptoms, signs & ill-defined conditions	41	60	39	94	172	102	2.3	2.9	2.6
Residual codes, unclassified, all Ecodes	3	5	14	9	13	43	3.0	2.6	3.1
Total	1,609	1,599	1,327	5,279	4,769	4,684	3.3	3.0	3.5

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Northwestern Medical Center									
Infectious & parasitic diseases	42	14	48	206	54	225	4.9	3.9	4.7
Neoplasms	115	62	33	588	260	148	5.1	4.2	4.5
Endocrine, nutritional, metabolic, immunity	45	64	69	194	208	224	4.3	3.3	3.2
Diseases of the blood & blood-forming organs	11	23	16	42	56	41	3.8	2.4	2.6
Mental disorders	14	25	61	76	77	607	5.4	3.1	10.0
Diseases of the nervous system and sense organs	20	19	37	50	58	167	2.5	3.1	4.5
Diseases of the circulatory system	471	202	319	1,811	638	1,029	3.8	3.2	3.2
Diseases of the respiratory system	312	289	356	1,572	1,073	1,255	5.0	3.7	3.5
Diseases of the digestive system	276	243	302	1,240	838	1,006	4.5	3.4	3.3
Diseases of the genitourinary system	101	72	141	303	237	462	3.0	3.3	3.3
Pregnancy, childbirth, and the puerperium	451	458	353	861	946	741	1.9	2.1	2.1
Diseases of the skin and subcutaneous tissue	35	50	73	199	233	263	5.7	4.7	3.6
Musculoskeletal system and connective tissue	87	163	271	343	516	709	3.9	3.2	2.6
Congenital anomalies	1	-	2	3	-	8	3.0	-	4.0
Conditions originating in the perinatal period	-	-	1	-	-	3	-	-	3.0
Injury & poisoning	152	161	154	658	639	520	4.3	4.0	3.4
Symptoms, signs & ill-defined conditions	39	14	18	124	148	48	3.2	10.6	2.7
Residual codes, unclassified, all Ecodes	2	2	1	7	4	3	3.5	2.0	3.0
Total	2,174	1,861	2,255	8,277	5,985	7,459	3.8	3.2	3.3

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Porter Medical Center									
Infectious & parasitic diseases	6	5	101	41	26	447	6.8	5.2	4.4
Neoplasms	76	50	11	330	181	70	4.3	3.6	6.4
Endocrine, nutritional, metabolic, immunity	31	48	22	131	180	85	4.2	3.8	3.9
Diseases of the blood & blood-forming organs	6	16	9	14	36	40	2.3	2.3	4.4
Mental disorders	16	26	18	109	86	75	6.8	3.3	4.2
Diseases of the nervous system and sense organs	12	24	18	43	57	65	3.6	2.4	3.6
Diseases of the circulatory system	242	145	96	1,093	486	345	4.5	3.4	3.6
Diseases of the respiratory system	192	223	120	1,175	884	534	6.1	4.0	4.5
Diseases of the digestive system	144	174	123	780	713	439	5.4	4.1	3.6
Diseases of the genitourinary system	57	97	39	282	256	143	4.9	2.6	3.7
Pregnancy, childbirth, and the puerperium	336	343	337	616	676	762	1.8	2.0	2.3
Diseases of the skin and subcutaneous tissue	31	53	24	184	252	89	5.9	4.8	3.7
Musculoskeletal system and connective tissue	49	123	153	312	399	304	6.4	3.2	2.0
Congenital anomalies	-	1	-	-	4	-	-	4.0	-
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	103	106	58	638	397	210	6.2	3.7	3.6
Symptoms, signs & ill-defined conditions	22	22	23	57	63	58	2.6	2.9	2.5
Residual codes, unclassified, all Ecodes	3	6	7	15	17	32	5.0	2.8	4.6
Total	1,326	1,462	1,159	5,820	4,713	3,698	4.4	3.2	3.2

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Rutland Regional Medical Center									
Infectious & parasitic diseases	87	135	523	482	868	3,417	5.5	6.4	6.5
Neoplasms	374	263	234	2,075	1,242	1,283	5.5	4.7	5.5
Endocrine, nutritional, metabolic, immunity	225	235	243	1,068	947	1,153	4.7	4.0	4.7
Diseases of the blood & blood-forming organs	53	46	65	200	180	217	3.8	3.9	3.3
Mental disorders	600	668	1,044	2,983	4,758	10,348	5.0	7.1	9.9
Diseases of the nervous system and sense organs	110	143	145	540	587	599	4.9	4.1	4.1
Diseases of the circulatory system	1,121	915	899	4,608	3,630	2,979	4.1	4.0	3.3
Diseases of the respiratory system	694	790	710	3,589	4,720	3,121	5.2	6.0	4.4
Diseases of the digestive system	588	711	681	2,466	3,384	2,553	4.2	4.8	3.7
Diseases of the genitourinary system	320	357	349	994	1,268	1,229	3.1	3.6	3.5
Pregnancy, childbirth, and the puerperium	651	493	355	1,320	1,162	869	2.0	2.4	2.4
Diseases of the skin and subcutaneous tissue	73	123	136	389	601	538	5.3	4.9	4.0
Musculoskeletal system and connective tissue	386	525	847	1,566	1,582	1,784	4.1	3.0	2.1
Congenital anomalies	5	3	1	11	15	2	2.2	5.0	2.0
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	606	646	515	3,056	3,034	2,215	5.0	4.7	4.3
Symptoms, signs & ill-defined conditions	410	363	87	3,799	3,343	232	9.3	9.2	2.7
Residual codes, unclassified, all Ecodes	18	23	15	47	97	38	2.6	4.2	2.5
Total	6,321	6,439	6,849	29,193	31,418	32,577	4.6	4.9	4.8

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Southwestern Vermont Medical Center									
Infectious & parasitic diseases	46	131	307	232	760	1,283	5.0	5.8	4.2
Neoplasms	219	137	61	1,235	817	266	5.6	6.0	4.4
Endocrine, nutritional, metabolic, immunity	171	157	127	845	552	450	4.9	3.5	3.5
Diseases of the blood & blood-forming organs	20	64	35	83	234	96	4.2	3.7	2.7
Mental disorders	69	52	91	278	272	429	4.0	5.2	4.7
Diseases of the nervous system and sense organs	89	123	60	259	375	190	2.9	3.0	3.2
Diseases of the circulatory system	1,046	848	509	3,759	2,819	1,632	3.6	3.3	3.2
Diseases of the respiratory system	678	718	558	3,245	3,265	2,186	4.8	4.5	3.9
Diseases of the digestive system	467	635	408	2,136	2,765	1,460	4.6	4.4	3.6
Diseases of the genitourinary system	196	242	146	638	838	463	3.3	3.5	3.2
Pregnancy, childbirth, and the puerperium	435	512	468	993	1,270	1,115	2.3	2.5	2.4
Diseases of the skin and subcutaneous tissue	52	132	69	219	509	241	4.2	3.9	3.5
Musculoskeletal system and connective tissue	212	277	182	800	918	536	3.8	3.3	2.9
Congenital anomalies	4	8	1	8	13	2	2.0	1.6	2.0
Conditions originating in the perinatal period	-	-	-	-	-	-	-	-	-
Injury & poisoning	409	421	306	1,603	1,565	1,148	3.9	3.7	3.8
Symptoms, signs & ill-defined conditions	108	115	53	323	267	127	3.0	2.3	2.4
Residual codes, unclassified, all Ecodes	2	10	11	2	51	35	1.0	5.1	3.2
Total	4,223	4,582	3,392	16,658	17,290	11,659	3.9	3.8	3.4

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
Springfield Hospital									
Infectious & parasitic diseases	37	21	37	204	85	175	5.5	4.0	4.7
Neoplasms	99	46	17	416	172	71	4.2	3.7	4.2
Endocrine, nutritional, metabolic, immunity	37	44	49	151	160	146	4.1	3.6	3.0
Diseases of the blood & blood-forming organs	10	13	16	29	62	56	2.9	4.8	3.5
Mental disorders	582	406	380	3,608	3,341	2,897	6.2	8.2	7.6
Diseases of the nervous system and sense organs	31	41	33	98	141	111	3.2	3.4	3.4
Diseases of the circulatory system	504	373	225	1,574	1,024	795	3.1	2.7	3.5
Diseases of the respiratory system	279	374	324	1,249	1,462	1,269	4.5	3.9	3.9
Diseases of the digestive system	207	256	182	846	1,031	638	4.1	4.0	3.5
Diseases of the genitourinary system	139	105	90	337	334	355	2.4	3.2	3.9
Pregnancy, childbirth, and the puerperium	225	232	150	442	551	320	2.0	2.4	2.1
Diseases of the skin and subcutaneous tissue	31	44	49	139	210	260	4.5	4.8	5.3
Musculoskeletal system and connective tissue	53	90	84	184	366	252	3.5	4.1	3.0
Congenital anomalies	-	1	-	-	1	-	-	1.0	-
Conditions originating in the perinatal period	-	-	1	-	-	1	-	-	1.0
Injury & poisoning	139	148	159	471	537	659	3.4	3.6	4.1
Symptoms, signs & ill-defined conditions	51	60	20	147	170	46	2.9	2.8	2.3
Residual codes, unclassified, all Ecodes	2	11	6	6	44	15	3.0	4.0	2.5
Total	2,426	2,265	1,822	9,901	9,691	8,066	4.1	4.3	4.4

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

Table I-3
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: Comparison of 1998, 2008 and 2018
Clinical Classifications Software (CCS) High Level Diagnosis Groups

	Discharges			Patient Days			Average Length of Stay		
CCS Diagnosis Groups	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**	**1998**	**2008**	**2018**
University of Vermont Medical Center									
Infectious & parasitic diseases	189	303	1,078	1,404	3,258	9,414	7.4	10.8	8.7
Neoplasms	1,501	1,612	1,311	8,671	9,088	8,822	5.8	5.6	6.7
Endocrine, nutritional, metabolic, immunity	499	759	838	2,735	4,635	5,322	5.5	6.1	6.4
Diseases of the blood & blood-forming organs	165	228	226	844	1,128	1,238	5.1	4.9	5.5
Mental disorders	900	1,102	915	9,099	10,106	14,418	10.1	9.2	15.8
Diseases of the nervous system and sense organs	445	575	888	2,339	2,945	6,202	5.3	5.1	7.0
Diseases of the circulatory system	4,824	4,371	4,325	26,549	19,064	23,529	5.5	4.4	5.4
Diseases of the respiratory system	1,200	1,237	1,289	9,016	6,551	7,034	7.5	5.3	5.5
Diseases of the digestive system	1,564	1,878	1,689	8,680	9,702	10,028	5.5	5.2	5.9
Diseases of the genitourinary system	738	861	554	3,055	3,346	3,006	4.1	3.9	5.4
Pregnancy, childbirth, and the puerperium	2,485	2,408	2,344	6,645	6,952	7,179	2.7	2.9	3.1
Diseases of the skin and subcutaneous tissue	177	271	180	1,344	1,394	987	7.6	5.1	5.5
Musculoskeletal system and connective tissue	956	1,315	1,366	4,116	5,286	5,582	4.3	4.0	4.1
Congenital anomalies	144	167	116	537	769	559	3.7	4.6	4.8
Conditions originating in the perinatal period	1	-	4	1	-	49	1.0	-	12.3
Injury & poisoning	1,889	2,463	2,402	13,028	14,739	17,282	6.9	6.0	7.2
Symptoms, signs & ill-defined conditions	1,445	1,177	550	12,787	11,830	3,612	8.8	10.1	6.6
Residual codes, unclassified, all Ecodes	36	78	56	157	202	329	4.4	2.6	5.9
Total	19,158	20,805	20,131	111,007	110,995	124,592	5.8	5.3	6.2

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

Table I-4
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals
Discharges, Patient Days and Average Length of Stay by Age Group

	Discharges by Age Group									
Vermont Hospitals	**Under 15**	**15-44**	**45-64**	**65-69**	**70-74**	**75-79**	**80+**	**0-64**	**65+**	**Total**
Brattleboro Memorial Hospital	-	405	395	177	164	160	393	800	894	1,694
Central Vermont Medical Center	21	873	925	348	373	386	857	1,819	1,964	3,783
Copley Hospital	5	314	456	234	224	183	357	775	998	1,773
Gifford Medical Center	4	303	243	136	140	117	362	550	755	1,305
Grace Cottage Family Health & Hospital	-	2	20	7	13	21	60	22	101	123
Mt. Ascutney Hospital and Health Center	-	62	197	98	118	153	333	259	702	961
North Country Hospital	21	348	305	153	178	138	363	674	832	1,506
Northeastern Vermont Regional Hospital	17	339	311	129	153	111	267	667	660	1,327
Northwestern Medical Center	20	566	517	188	235	208	521	1,103	1,152	2,255
Porter Medical Center	1	405	207	86	110	81	269	613	546	1,159
Rutland Regional Medical Center	128	1,365	2,028	711	745	644	1,228	3,521	3,328	6,849
Southwestern Vermont Medical Center	11	704	742	316	350	372	897	1,457	1,935	3,392
Springfield Hospital	9	472	520	116	171	147	387	1,001	821	1,822
University of Vermont Medical Center	855	5,112	5,461	2,114	1,906	1,664	3,019	11,428	8,703	20,131
Total	1,092	11,270	12,327	4,813	4,880	4,385	9,313	24,689	23,391	48,080

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

Table I-4
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals
Discharges, Patient Days and Average Length of Stay by Age Group

	Patient Days by Age Group									
Vermont Hospitals	**Under 15**	**15-44**	**45-64**	**65-69**	**70-74**	**75-79**	**80+**	**0-64**	**65+**	**Total**
Brattleboro Memorial Hospital	-	1,252	1,319	647	524	560	1,518	2,571	3,249	5,820
Central Vermont Medical Center	41	3,972	4,846	1,489	1,645	1,638	4,126	8,859	8,898	17,757
Copley Hospital	5	653	989	494	564	521	1,259	1,647	2,838	4,485
Gifford Medical Center	16	808	699	464	501	522	1,452	1,523	2,939	4,462
Grace Cottage Family Health & Hospital	-	5	72	20	38	54	173	77	285	362
Mt. Ascutney Hospital and Health Center	-	623	1,970	946	941	1,284	3,049	2,593	6,220	8,813
North Country Hospital	41	832	975	517	609	451	1,246	1,848	2,823	4,671
Northeastern Vermont Regional Hospital	36	870	1,088	494	718	404	1,074	1,994	2,690	4,684
Northwestern Medical Center	47	1,422	1,837	598	851	660	2,044	3,306	4,153	7,459
Porter Medical Center	2	941	582	322	388	314	1,149	1,525	2,173	3,698
Rutland Regional Medical Center	247	6,886	10,900	2,724	3,669	2,715	5,436	18,033	14,544	32,577
Southwestern Vermont Medical Center	57	1,833	2,625	1,102	1,239	1,471	3,332	4,515	7,144	11,659
Springfield Hospital	14	2,251	2,386	454	799	567	1,595	4,651	3,415	8,066
University of Vermont Medical Center	3,733	28,390	38,246	13,319	12,456	10,206	18,242	70,369	54,223	124,592
Total	4,239	50,738	68,534	23,590	24,942	21,367	45,695	123,511	115,594	239,105

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

Table I-4
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals
Discharges, Patient Days and Average Length of Stay by Age Group

	Average Length of Stay by Age Group									
Vermont Hospitals	**Under 15**	**15-44**	**45-64**	**65-69**	**70-74**	**75-79**	**80+**	**0-64**	**65+**	**Total**
Brattleboro Memorial Hospital	0.0	3.1	3.3	3.7	3.2	3.5	3.9	3.2	3.6	3.4
Central Vermont Medical Center	2.0	4.5	5.2	4.3	4.4	4.2	4.8	4.9	4.5	4.7
Copley Hospital	1.0	2.1	2.2	2.1	2.5	2.8	3.5	2.1	2.8	2.5
Gifford Medical Center	4.0	2.7	2.9	3.4	3.6	4.5	4.0	2.8	3.9	3.4
Grace Cottage Family Health & Hospital	0.0	2.5	3.6	2.9	2.9	2.6	2.9	3.5	2.8	2.9
Mt. Ascutney Hospital and Health Center	0.0	10.0	10.0	9.7	8.0	8.4	9.2	10.0	8.9	9.2
North Country Hospital	2.0	2.4	3.2	3.4	3.4	3.3	3.4	2.7	3.4	3.1
Northeastern Vermont Regional Hospital	2.1	2.6	3.5	3.8	4.7	3.6	4.0	3.0	4.1	3.5
Northwestern Medical Center	2.4	2.5	3.6	3.2	3.6	3.2	3.9	3.0	3.6	3.3
Porter Medical Center	2.0	2.3	2.8	3.7	3.5	3.9	4.3	2.5	4.0	3.2
Rutland Regional Medical Center	1.9	5.0	5.4	3.8	4.9	4.2	4.4	5.1	4.4	4.8
Southwestern Vermont Medical Center	5.2	2.6	3.5	3.5	3.5	4.0	3.7	3.1	3.7	3.4
Springfield Hospital	1.6	4.8	4.6	3.9	4.7	3.9	4.1	4.6	4.2	4.4
University of Vermont Medical Center	4.4	5.6	7.0	6.3	6.5	6.1	6.0	6.2	6.2	6.2
Total	3.9	4.5	5.6	4.9	5.1	4.9	4.9	5.0	4.9	5.0

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

Table I-5
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Principal Payer

Vermont Hospital	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%
Brattleboro Memorial Hospital	903	53.3%	297	17.5%	9	0.5%	2	0.1%	452	26.7%	28	1.7%	3	0.2%	1,694	3.5%
Central Vermont Medical Center	2,118	56.0%	677	17.9%	45	1.2%	4	0.1%	893	23.6%	46	1.2%	-	0.0%	3,783	7.9%
Copley Hospital	937	52.8%	226	12.7%	16	0.9%	19	1.1%	557	31.4%	18	1.0%	-	0.0%	1,773	3.7%
Gifford Medical Center	795	60.9%	209	16.0%	12	0.9%	3	0.2%	269	20.6%	17	1.3%	-	0.0%	1,305	2.7%
Grace Cottage Family Health & Hospital	89	72.4%	8	6.5%	-	0.0%	-	0.0%	25	20.3%	1	0.8%	-	0.0%	123	0.3%
Mt. Ascutney Hospital and Health Center	751	78.1%	71	7.4%	-	0.0%	5	0.5%	129	13.4%	5	0.5%	-	0.0%	961	2.0%
North Country Hospital	926	61.5%	310	20.6%	12	0.8%	5	0.3%	248	16.5%	5	0.3%	-	0.0%	1,506	3.1%
Northeastern Vermont Regional Hospital	669	50.4%	277	20.9%	10	0.8%	1	0.1%	353	26.6%	17	1.3%	-	0.0%	1,327	2.8%
Northwestern Medical Center	1,201	53.3%	441	19.6%	18	0.8%	11	0.5%	543	24.1%	41	1.8%	-	0.0%	2,255	4.7%
Porter Medical Center	537	46.3%	126	10.9%	7	0.6%	-	0.0%	475	41.0%	14	1.2%	-	0.0%	1,159	2.4%
Rutland Regional Medical Center	4,161	60.8%	1,339	19.6%	40	0.6%	21	0.3%	1,212	17.7%	75	1.1%	1	0.0%	6,849	14.2%
Southwestern Vermont Medical Center	1,954	57.6%	420	12.4%	20	0.6%	10	0.3%	960	28.3%	28	0.8%	-	0.0%	3,392	7.1%
Springfield Hospital	967	53.1%	414	22.7%	3	0.2%	2	0.1%	399	21.9%	35	1.9%	2	0.1%	1,822	3.8%
University of Vermont Medical Center	8,548	42.5%	3,115	15.5%	268	1.3%	109	0.5%	7,835	38.9%	231	1.1%	25	0.1%	20,131	41.9%
Total	24,556	51.1%	7,930	16.5%	460	1.0%	192	0.4%	14,350	29.8%	561	1.2%	31	0.1%	48,080	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.
Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.

Table I-6
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Diagnosis Groups	Principal Payer															
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		Total	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Infectious & parasitic diseases	1,951	66.8%	349	12.0%	27	0.9%	4	0.1%	548	18.8%	35	1.2%	6	0.2%	2,920	6.1%
Neoplasms	941	49.3%	179	9.4%	24	1.3%	1	0.1%	753	39.5%	9	0.5%	-	0.0%	1,907	4.0%
Endocrine, nutritional, metabolic, immunity	894	49.6%	375	20.8%	16	0.9%	1	0.1%	490	27.2%	21	1.2%	4	0.2%	1,801	3.7%
Diseases of the blood & blood-forming organs	303	59.5%	70	13.8%	5	1.0%	-	0.0%	124	24.4%	7	1.4%	-	0.0%	509	1.1%
Mental disorders	1,013	31.0%	1,382	42.3%	20	0.6%	-	0.0%	763	23.3%	89	2.7%	1	0.0%	3,268	6.8%
Diseases of the nervous system and sense organs	730	50.6%	226	15.7%	15	1.0%	8	0.6%	443	30.7%	20	1.4%	1	0.1%	1,443	3.0%
Diseases of the circulatory system	5,458	66.7%	602	7.4%	75	0.9%	8	0.1%	1,940	23.7%	95	1.2%	3	0.0%	8,181	17.0%
Diseases of the respiratory system	3,298	67.6%	630	12.9%	36	0.7%	-	0.0%	865	17.7%	46	0.9%	3	0.1%	4,878	10.1%
Diseases of the digestive system	2,318	49.9%	698	15.0%	55	1.2%	3	0.1%	1,495	32.2%	77	1.7%	3	0.1%	4,649	9.7%
Diseases of the genitourinary system	1,268	67.4%	197	10.5%	13	0.7%	-	0.0%	385	20.5%	16	0.9%	1	0.1%	1,880	3.9%
Pregnancy, childbirth, and the puerperium	76	1.4%	2,020	37.6%	78	1.5%	-	0.0%	3,158	58.7%	44	0.8%	-	0.0%	5,376	11.2%
Diseases of the skin and subcutaneous tissue	427	53.1%	167	20.8%	7	0.9%	6	0.7%	175	21.8%	22	2.7%	-	0.0%	804	1.7%
Musculoskeletal system and connective tissue	2,284	54.6%	331	7.9%	39	0.9%	54	1.3%	1,463	35.0%	11	0.3%	-	0.0%	4,182	8.7%
Congenital anomalies	23	18.1%	30	23.6%	1	0.8%	-	0.0%	73	57.5%	-	0.0%	-	0.0%	127	0.3%
Conditions originating in the perinatal period	-	0.0%	2	22.2%	-	0.0%	-	0.0%	6	66.7%	1	11.1%	-	0.0%	9	0.0%
Injury & poisoning	2,573	56.1%	492	10.7%	35	0.8%	101	2.2%	1,317	28.7%	59	1.3%	9	0.2%	4,586	9.5%
Symptoms, signs & ill-defined conditions	900	64.2%	158	11.3%	12	0.9%	6	0.4%	319	22.8%	6	0.4%	-	0.0%	1,401	2.9%
Residual codes, unclassified, all Ecodes	99	62.3%	22	13.8%	2	1.3%	-	0.0%	33	20.8%	3	1.9%	-	0.0%	159	0.3%
Total	24,556	51.1%	7,930	16.5%	460	1.0%	192	0.4%	14,350	29.8%	561	1.2%	31	0.1%	48,080	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.
Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes.

Table I-7

2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents

Percent Readmitted within 30 days by Vermont Hospital and State of Residence

2014 - 2018

	2014				2015				2016				2017				2018			
	VT resident discharges		Non-Vermonter discharges		VT resident discharges		Non-Vermonter discharges		VT resident discharges		Non-Vermonter discharges		VT resident discharges		Non-Vermonter discharges		VT resident discharges		Non-Vermonter discharges	
Vermont Hospital	N	Pct readmitted	N	Pct readmitted	N	Pct readmitted	N	Pct readmitted	N	Pct readmitted	N	Pct readmitted	N	Pct readmitted	N	Pct readmitted	N	Pct readmitted	N	Pct readmitted
Brattleboro Memorial Hospital	1,245	5.3%	311	5.5%	1,231	5.4%	318	5.0%	1,344	6.8%	262	3.1%	1,444	6.0%	332	5.1%	1,356	6.9%	338	6.8%
Central Vermont Medical Center	3,461	10.5%	66	1.5%	3,846	11.3%	83	2.4%	4,128	11.8%	73	2.7%	3,936	11.9%	80	2.5%	3,717	11.4%	66	4.5%
Copley Hospital	1,528	8.0%	70	5.7%	1,629	10.1%	52	0.0%	1,686	8.0%	74	2.7%	1,710	7.3%	72	5.6%	1,685	5.8%	88	1.1%
Gifford Medical Center	1,208	8.1%	14	0.0%	1,425	9.9%	17	0.0%	1,438	10.6%	19	0.0%	1,302	9.1%	20	0.0%	1,290	9.1%	15	0.0%
Grace Cottage Family Health & Hospital	152	3.9%	7	0.0%	117	2.6%	8	0.0%	111	2.7%	8	0.0%	140	6.4%	11	0.0%	119	1.7%	4	0.0%
Mt. Ascutney Hospital and Health Center	673	7.1%	260	5.8%	767	8.2%	286	5.2%	698	6.7%	269	7.8%	777	6.9%	254	5.5%	699	7.3%	262	6.5%
North Country Hospital	1,281	9.9%	31	6.5%	1,588	9.1%	41	9.8%	1,559	9.7%	41	4.9%	1,488	9.3%	47	6.4%	1,476	7.6%	30	0.0%
Northeastern Vermont Regional Hospital	1,113	5.5%	48	6.3%	1,200	7.1%	54	3.7%	1,338	7.4%	39	5.1%	1,321	7.1%	54	9.3%	1,270	9.0%	57	5.3%
Northwestern Medical Center	2,363	9.2%	34	5.9%	2,558	9.9%	32	0.0%	2,587	9.1%	20	0.0%	2,327	8.2%	30	3.3%	2,227	7.8%	28	0.0%
Porter Medical Center	1,456	8.5%	95	1.1%	1,372	8.1%	115	1.7%	1,297	6.0%	105	1.0%	1,002	3.6%	102	2.9%	1,044	5.4%	115	1.7%
Rutland Regional Medical Center	5,281	10.7%	413	6.1%	5,663	11.1%	442	8.1%	5,895	11.5%	470	9.6%	6,162	11.3%	478	6.7%	6,406	11.5%	443	8.4%
Southwestern Vermont Medical Center	2,473	10.4%	967	8.0%	2,511	10.6%	910	7.7%	2,354	11.3%	965	9.5%	2,311	10.3%	1,094	7.2%	2,385	12.5%	1,007	7.7%
Springfield Hospital	1,618	9.3%	276	4.0%	1,634	10.8%	290	5.9%	1,499	10.4%	301	2.7%	1,581	8.7%	322	5.3%	1,525	8.2%	297	8.1%
University of Vermont Medical Center	14,397	9.9%	3,320	7.8%	15,244	10.4%	3,490	8.0%	15,842	11.0%	3,578	8.6%	16,168	10.7%	3,601	8.7%	16,681	11.1%	3,450	7.6%
Total	38,249	9.5%	5,912	7.1%	40,785	10.1%	6,138	7.2%	41,776	10.3%	6,224	7.9%	41,669	9.9%	6,497	7.5%	41,880	10.2%	6,200	7.3%

	Total N	Readmissions		Total N	Readmissions		Total N	Readmissions		Total N	Readmissions		Total N	Readmissions	
		N	Pct		N	Pct		N	Pct		N	Pct		N	Pct
Total for All Discharges	44,161	4,044	9.2%	46,923	4,568	9.7%	48,000	4,805	10.0%	48,166	4,617	9.6%	48,080	4,707	9.8%

Readmission is defined as inpatient admitted to the same hospital for any reason within 30 days of discharge, excluding same-day readmissions.

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

Table I-8

2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents

Median Charges for Readmissions within 30 days by Vermont Hospital and State of Residence

2014 - 2018

	2014				2015				2016				2017				2018			
	VT residents		Non-Vermonters		VT residents		Non-Vermonters		VT residents		Non-Vermonters		VT residents		Non-Vermonters		VT residents		Non-Vermonters	
Vermont Hospital	N	Median Charges	N	Median Charges	N	Median Charges	N	Median Charges	N	Median Charges	N	Median Charges	N	Median Charges	N	Median Charges	N	Median Charges	N	Median Charges
Brattleboro Memorial Hospital	66	$ 12,636	17	$ 13,454	66	$ 12,118	16	$ 14,893	92	$ 15,811	8	$ 17,963	87	$ 14,481	17	$ 9,727	94	$ 16,447	23	$ 12,089
Central Vermont Medical Center	365	$ 15,727	1	$ 18,346	433	$ 16,389	2	$ 16,759	486	$ 15,807	2	$ 14,777	467	$ 16,757	2	$ 15,760	424	$ 16,409	3	$ 15,345
Copley Hospital	122	$ 6,273	4	$ 5,305	165	$ 7,066	-	-	135	$ 7,750	2	$ 9,381	125	$ 8,035	4	$ 9,123	97	$ 7,878	1	$ 4,726
Gifford Medical Center	98	$ 13,796	-	-	141	$ 14,273	-	-	152	$ 14,841	-	-	119	$ 17,124	-	-	118	$ 16,164	-	$ 2,525
Grace Cottage Family Health & Hospital	6	$ 4,406	-	-	3	$ 12,156	-	-	3	$ 7,187	-	-	9	$ 9,980	-	-	2	$ 13,286	-	-
Mt. Ascutney Hospital and Health Center	48	$ 11,052	15	$ 8,682	63	$ 14,504	15	$ 9,591	47	$ 12,564	21	$ 19,812	54	$ 13,899	14	$ 11,465	51	$ 15,281	17	$ 18,833
North Country Hospital	127	$ 15,045	2	$ 8,444	144	$ 17,150	4	$ 18,122	151	$ 19,348	2	$ 14,342	139	$ 21,860	3	$ 22,981	112	$ 16,057	-	-
Northeastern Vermont Regional Hospital	61	$ 13,497	3	$ 78,383	85	$ 15,342	2	$ 29,749	99	$ 15,523	2	$ 28,636	94	$ 17,383	5	$ 36,089	114	$ 26,036	3	$ 20,768
Northwestern Medical Center	218	$ 13,050	2	$ 18,937	252	$ 12,714	-	-	235	$ 10,485	-	-	191	$ 10,998	1	$ 24,297	174	$ 11,418	-	-
Porter Medical Center	124	$ 12,149	1	$ 2,045	111	$ 15,799	2	$ 2,885	78	$ 14,930	1	$ 6,425	36	$ 18,021	3	$ 37,944	56	$ 14,405	2	$ 15,475
Rutland Regional Medical Center	563	$ 18,634	25	$ 25,537	631	$ 18,511	36	$ 17,979	678	$ 19,979	45	$ 15,951	695	$ 18,701	32	$ 23,855	734	$ 18,254	37	$ 21,209
Southwestern Vermont Medical Center	257	$ 13,511	77	$ 13,169	265	$ 14,513	70	$ 12,480	267	$ 13,646	92	$ 14,421	238	$ 14,326	79	$ 15,327	297	$ 15,288	78	$ 14,887
Springfield Hospital	150	$ 11,529	11	$ 15,277	176	$ 13,917	17	$ 15,869	156	$ 15,069	8	$ 12,355	137	$ 11,886	17	$ 13,541	125	$ 15,488	24	$ 11,887
University of Vermont Medical Center	1,422	$ 21,683	259	$ 23,817	1,589	$ 20,533	280	$ 24,765	1,735	$ 21,664	308	$ 28,654	1,736	$ 22,953	313	$ 29,854	1,859	$ 24,784	262	$ 25,782
Total	3,627	$ 16,404	417	$ 19,051	4,124	$ 16,845	444	$ 18,487	4,314	$ 17,171	491	$ 19,493	4,127	$ 18,202	490	$ 22,981	4,257	$ 19,065	450	$ 20,374

	Total N	Total N	Total N	Total N	Total N
Total Readmissons	4,044	4,568	4,805	4,617	4,707
	$16,774	$16,990	$17,392	$18,536	$17,785

Readmission is defined as inpatient admitted to the same hospital for any reason within 30 days of discharge, excluding same-day readmissions.

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 Appendix A for details.

Table I-9
2018 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
In-migration by Vermont Hospital

	Vermont Residents			Non-Vermonters			Total for Vermont Hospitals		
Vermont Hospital	Discharges		Total Charges	Discharges		Total Charges	Discharges		Total Charges
Brattleboro Memorial Hospital	1,356	$	24,788,684	338	$	6,420,670	1,694	$	31,209,353
Central Vermont Medical Center	3,717	$	77,799,173	66	$	1,277,252	3,783	$	79,076,424
Copley Hospital	1,685	$	33,261,027	88	$	1,974,855	1,773	$	35,235,882
Gifford Medical Center	1,290	$	26,205,168	15	$	262,426	1,305	$	26,467,595
Grace Cottage Family Health & Hospital	119	$	1,327,953	4	$	46,351	123	$	1,374,304
Mt. Ascutney Hospital and Health Center	699	$	17,792,842	262	$	6,846,010	961	$	24,638,852
North Country Hospital	1,476	$	32,793,465	30	$	666,766	1,506	$	33,460,231
Northeastern Vermont Regional Hospital	1,270	$	38,599,929	57	$	1,498,899	1,327	$	40,098,829
Northwestern Medical Center	2,227	$	35,205,966	28	$	400,175	2,255	$	35,606,141
Porter Medical Center	1,044	$	25,326,460	115	$	2,686,772	1,159	$	28,013,232
Rutland Regional Medical Center	6,406	$	177,627,030	443	$	13,123,759	6,849	$	190,750,789
Southwestern Vermont Medical Center	2,385	$	43,058,469	1,007	$	19,256,336	3,392	$	62,314,804
Springfield Hospital	1,525	$	25,823,804	297	$	4,852,404	1,822	$	30,676,208
University of Vermont Medical Center	16,681	$	715,591,669	3,450	$	206,739,213	20,131	$	922,330,881
Total for 2018	41,880	$	1,275,201,638	6,200	$	266,051,889	48,080	$	1,541,253,527
Total for 2017	41,669	$	1,200,858,983	6,497	$	267,126,748	48,166	$	1,467,985,731
Total for 2016	41,776	$	1,161,867,748	6,224	$	247,210,892	48,000	$	1,409,078,640
Total for 2015	40,785	$	1,106,926,207	6,138	$	235,812,192	46,923	$	1,342,738,400
Total for 2014	38,250	$	1,003,791,680	5,912	$	221,690,325	44,162	$	1,225,482,004

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 Appendix A for details.

Emergency Department Visits

Table E-1

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Vermont Hospitals by Setting

	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
Vermont Hospital	**N**	**Row%**	**N**	**Row%**	**N**	**Col%**
Brattleboro Memorial Hospital	1,135	8.3%	12,477	91.7%	13,612	5.1%
Central Vermont Medical Center	3,148	12.7%	21,687	87.3%	24,835	9.3%
Copley Hospital	965	7.4%	12,150	92.6%	13,115	4.9%
Gifford Medical Center	810	11.9%	5,991	88.1%	6,801	2.6%
Grace Cottage Family Health & Hospital	99	3.3%	2,916	96.7%	3,015	1.1%
Mt. Ascutney Hospital and Health Center	247	5.4%	4,321	94.6%	4,568	1.7%
North Country Hospital	967	6.4%	14,032	93.6%	14,999	5.6%
Northeastern Vermont Regional Hospital	901	6.2%	13,616	93.8%	14,517	5.5%
Northwestern Medical Center	1,588	6.7%	22,167	93.3%	23,755	8.9%
Porter Medical Center	631	3.5%	17,488	96.5%	18,119	6.8%
Rutland Regional Medical Center	5,225	16.3%	26,772	83.7%	31,997	12.0%
Southwestern Vermont Medical Center	2,671	11.5%	20,510	88.5%	23,181	8.7%
Springfield Hospital	1,353	8.3%	15,001	91.7%	16,354	6.2%
University of Vermont Medical Center	10,204	18.0%	46,571	82.0%	56,775	21.4%
Total	29,944	11.3%	235,699	88.7%	265,643	100.0%

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

Table E-2

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Vermont Hospitals by Setting: Five-year Comparison

Inpatient Discharges Originating in ED	2014	2015	2016	2017	2018
Brattleboro Memorial Hospital	823	811	930	1,087	1,135
Central Vermont Medical Center	2,813	3,218	3,478	3,302	3,148
Copley Hospital	322	885	962	997	965
Gifford Medical Center	755	950	970	888	810
Grace Cottage Family Health & Hospital	10	104	101	120	99
Mt. Ascutney Hospital and Health Center	109	275	244	265	247
North Country Hospital	291	1,017	1,032	979	967
Northeastern Vermont Regional Hospital	291	496	918	943	901
Northwestern Medical Center	1,511	1,735	1,776	1,619	1,588
Porter Medical Center	944	888	803	596	631
Rutland Regional Medical Center	4,149	4,471	4,750	5,015	5,225
Southwestern Vermont Medical Center	2,674	2,620	2,586	2,565	2,671
Springfield Hospital	379	1,421	1,324	1,449	1,353
University of Vermont Medical Center	8,171	8,766	9,471	9,665	10,204
Total	23,242	27,657	29,345	29,490	29,944

ED Visits Not Admitted	2014	2015	2016	2017	2018
Brattleboro Memorial Hospital	12,796	12,488	12,696	12,576	12,477
Central Vermont Medical Center	22,574	21,723	21,788	21,325	21,687
Copley Hospital	12,966	12,185	12,545	11,496	12,150
Gifford Medical Center	6,464	6,611	6,559	5,962	5,991
Grace Cottage Family Health & Hospital	2,612	2,731	2,817	2,807	2,916
Mt. Ascutney Hospital and Health Center	4,832	4,387	4,346	4,506	4,321
North Country Hospital	14,903	15,665	14,473	14,534	14,032
Northeastern Vermont Regional Hospital	12,534	13,110	12,975	12,980	13,616
Northwestern Medical Center	23,202	23,583	23,083	21,954	22,167
Porter Medical Center	14,039	14,522	13,424	13,930	17,488
Rutland Regional Medical Center	28,975	28,923	28,647	27,868	26,772
Southwestern Vermont Medical Center	20,698	20,700	20,519	20,297	20,510
Springfield Hospital	15,564	15,611	15,426	14,629	15,001
University of Vermont Medical Center	47,683	48,117	47,168	46,860	46,571
Total	239,842	240,356	236,466	231,724	235,699

Table E-2

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Vermont Hospitals by Setting: Five-year Comparison

All ED Visits, Including Those Admitted	2014	2015	2016	2017	2018
Brattleboro Memorial Hospital	13,619	13,299	13,626	13,663	13,612
Central Vermont Medical Center	25,387	24,941	25,266	24,627	24,835
Copley Hospital	13,288	13,070	13,507	12,493	13,115
Gifford Medical Center	7,219	7,561	7,529	6,850	6,801
Grace Cottage Family Health & Hospital	2,622	2,835	2,918	2,927	3,015
Mt. Ascutney Hospital and Health Center	4,941	4,662	4,590	4,771	4,568
North Country Hospital	15,194	16,682	15,505	15,513	14,999
Northeastern Vermont Regional Hospital	12,825	13,606	13,893	13,923	14,517
Northwestern Medical Center	24,713	25,318	24,859	23,573	23,755
Porter Medical Center	14,983	15,410	14,227	14,526	18,119
Rutland Regional Medical Center	33,124	33,394	33,397	32,883	31,997
Southwestern Vermont Medical Center	23,372	23,320	23,105	22,862	23,181
Springfield Hospital	15,943	17,032	16,750	16,078	16,354
University of Vermont Medical Center	55,854	56,883	56,639	56,525	56,775
Total	263,084	268,013	265,811	261,214	265,643

ED visits include all hospital records (outpatient and inpatient) that originated in the ED.
ED visits exclude any records with missing or invalid diagnosis codes.
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.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
All Vermont Hospitals						
Infectious & parasitic diseases	2,626	38.5%	4,201	61.5%	6,827	2.6%
Neoplasms	712	62.6%	425	37.4%	1,137	0.4%
Endocrine, nutritional, metabolic, immunity	1,267	24.2%	3,960	75.8%	5,227	2.0%
Diseases of the blood & blood-forming organs	417	38.3%	671	61.7%	1,088	0.4%
Mental disorders	2,605	16.8%	12,873	83.2%	15,478	5.8%
Diseases of the nervous system and sense organs	1,012	5.0%	19,072	95.0%	20,084	7.6%
Diseases of the circulatory system	5,741	22.5%	19,794	77.5%	25,535	9.6%
Diseases of the respiratory system	4,374	13.0%	29,182	87.0%	33,556	12.6%
Diseases of the digestive system	3,835	18.7%	16,649	81.3%	20,484	7.7%
Diseases of the genitourinary system	1,564	11.4%	12,182	88.6%	13,746	5.2%
Pregnancy, childbirth, and the puerperium	104	3.9%	2,562	96.1%	2,666	1.0%
Diseases of the skin and subcutaneous tissue	711	7.8%	8,357	92.2%	9,068	3.4%
Musculoskeletal system and connective tissue	778	4.4%	17,103	95.6%	17,881	6.7%
Congenital anomalies	26	31.0%	58	69.0%	84	0.0%
Conditions originating in the perinatal period	3	1.2%	242	98.8%	245	0.1%
Injury & poisoning	3,423	5.5%	58,617	94.5%	62,040	23.4%
Symptoms, signs & ill-defined conditions	614	2.2%	27,165	97.8%	27,779	10.5%
Residual codes, unclassified, all Ecodes	132	4.9%	2,586	95.1%	2,718	1.0%
Total	29,944	11.3%	235,699	88.7%	265,643	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital						
Infectious & parasitic diseases	114	29.8%	269	70.2%	383	2.8%
Neoplasms	22	62.9%	13	37.1%	35	0.3%
Endocrine, nutritional, metabolic, immunity	63	25.4%	185	74.6%	248	1.8%
Diseases of the blood & blood-forming organs	25	59.5%	17	40.5%	42	0.3%
Mental disorders	37	2.9%	1,254	97.1%	1,291	9.5%
Diseases of the nervous system and sense organs	28	3.1%	887	96.9%	915	6.7%
Diseases of the circulatory system	232	17.1%	1,125	82.9%	1,357	10.0%
Diseases of the respiratory system	204	14.3%	1,225	85.7%	1,429	10.5%
Diseases of the digestive system	153	15.7%	822	84.3%	975	7.2%
Diseases of the genitourinary system	50	8.4%	548	91.6%	598	4.4%
Pregnancy, childbirth, and the puerperium	11	5.4%	192	94.6%	203	1.5%
Diseases of the skin and subcutaneous tissue	63	12.9%	427	87.1%	490	3.6%
Musculoskeletal system and connective tissue	23	2.6%	856	97.4%	879	6.5%
Congenital anomalies	0	0.0%	4	100.0%	4	0.0%
Conditions originating in the perinatal period	0	0.0%	14	100.0%	14	0.1%
Injury & poisoning	102	3.3%	3,035	96.7%	3,137	23.0%
Symptoms, signs & ill-defined conditions	7	0.5%	1,385	99.5%	1,392	10.2%
Residual codes, unclassified, all Ecodes	1	0.5%	219	99.5%	220	1.6%
Total	1,135	8.3%	12,477	91.7%	13,612	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Central Vermont Medical Center						
Infectious & parasitic diseases	566	61.1%	361	38.9%	927	3.7%
Neoplasms	55	49.1%	57	50.9%	112	0.5%
Endocrine, nutritional, metabolic, immunity	136	29.0%	333	71.0%	469	1.9%
Diseases of the blood & blood-forming organs	51	42.5%	69	57.5%	120	0.5%
Mental disorders	450	25.6%	1,309	74.4%	1,759	7.1%
Diseases of the nervous system and sense organs	66	3.7%	1,740	96.3%	1,806	7.3%
Diseases of the circulatory system	630	23.0%	2,111	77.0%	2,741	11.0%
Diseases of the respiratory system	330	11.7%	2,490	88.3%	2,820	11.4%
Diseases of the digestive system	357	17.9%	1,637	82.1%	1,994	8.0%
Diseases of the genitourinary system	139	10.9%	1,136	89.1%	1,275	5.1%
Pregnancy, childbirth, and the puerperium	5	2.2%	226	97.8%	231	0.9%
Diseases of the skin and subcutaneous tissue	58	7.4%	726	92.6%	784	3.2%
Musculoskeletal system and connective tissue	63	3.6%	1,671	96.4%	1,734	7.0%
Congenital anomalies	2	28.6%	5	71.4%	7	0.0%
Conditions originating in the perinatal period	0	0.0%	19	100.0%	19	0.1%
Injury & poisoning	202	4.1%	4,680	95.9%	4,882	19.7%
Symptoms, signs & ill-defined conditions	34	1.2%	2,899	98.8%	2,933	11.8%
Residual codes, unclassified, all Ecodes	4	1.8%	218	98.2%	222	0.9%
Total	3,148	12.7%	21,687	87.3%	24,835	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Copley Hospital						
Infectious & parasitic diseases	19	7.5%	233	92.5%	252	1.9%
Neoplasms	28	65.1%	15	34.9%	43	0.3%
Endocrine, nutritional, metabolic, immunity	33	15.0%	187	85.0%	220	1.7%
Diseases of the blood & blood-forming organs	6	20.0%	24	80.0%	30	0.2%
Mental disorders	34	7.7%	407	92.3%	441	3.4%
Diseases of the nervous system and sense organs	27	2.8%	950	97.2%	977	7.4%
Diseases of the circulatory system	177	16.7%	882	83.3%	1,059	8.1%
Diseases of the respiratory system	176	9.7%	1,644	90.3%	1,820	13.9%
Diseases of the digestive system	165	16.9%	812	83.1%	977	7.4%
Diseases of the genitourinary system	68	10.3%	590	89.7%	658	5.0%
Pregnancy, childbirth, and the puerperium	2	1.7%	118	98.3%	120	0.9%
Diseases of the skin and subcutaneous tissue	33	7.9%	387	92.1%	420	3.2%
Musculoskeletal system and connective tissue	28	2.3%	1,167	97.7%	1,195	9.1%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Conditions originating in the perinatal period	0	0.0%	7	100.0%	7	0.1%
Injury & poisoning	136	3.7%	3,507	96.3%	3,643	27.8%
Symptoms, signs & ill-defined conditions	20	1.8%	1,104	98.2%	1,124	8.6%
Residual codes, unclassified, all Ecodes	13	10.2%	114	89.8%	127	1.0%
Total	965	7.4%	12,150	92.6%	13,115	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Gifford Medical Center						
Infectious & parasitic diseases	17	21.8%	61	78.2%	78	1.1%
Neoplasms	10	41.7%	14	58.3%	24	0.4%
Endocrine, nutritional, metabolic, immunity	45	30.0%	105	70.0%	150	2.2%
Diseases of the blood & blood-forming organs	13	59.1%	9	40.9%	22	0.3%
Mental disorders	41	15.3%	227	84.7%	268	3.9%
Diseases of the nervous system and sense organs	42	7.6%	510	92.4%	552	8.1%
Diseases of the circulatory system	194	32.4%	404	67.6%	598	8.8%
Diseases of the respiratory system	127	14.3%	762	85.7%	889	13.1%
Diseases of the digestive system	118	19.7%	480	80.3%	598	8.8%
Diseases of the genitourinary system	62	18.0%	283	82.0%	345	5.1%
Pregnancy, childbirth, and the puerperium	2	3.4%	57	96.6%	59	0.9%
Diseases of the skin and subcutaneous tissue	21	10.0%	189	90.0%	210	3.1%
Musculoskeletal system and connective tissue	28	7.4%	351	92.6%	379	5.6%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Conditions originating in the perinatal period	0	0.0%	5	100.0%	5	0.1%
Injury & poisoning	65	3.4%	1,834	96.6%	1,899	27.9%
Symptoms, signs & ill-defined conditions	23	3.6%	619	96.4%	642	9.4%
Residual codes, unclassified, all Ecodes	2	2.5%	79	97.5%	81	1.2%
Total	810	11.9%	5,991	88.1%	6,801	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Grace Cottage Family Health & Hospital						
Infectious & parasitic diseases	3	5.6%	51	94.4%	54	1.8%
Neoplasms	1	16.7%	5	83.3%	6	0.2%
Endocrine, nutritional, metabolic, immunity	6	9.0%	61	91.0%	67	2.2%
Diseases of the blood & blood-forming organs	2	15.4%	11	84.6%	13	0.4%
Mental disorders	3	2.6%	114	97.4%	117	3.9%
Diseases of the nervous system and sense organs	2	1.0%	207	99.0%	209	6.9%
Diseases of the circulatory system	14	5.9%	222	94.1%	236	7.8%
Diseases of the respiratory system	27	7.0%	361	93.0%	388	12.9%
Diseases of the digestive system	10	4.6%	206	95.4%	216	7.2%
Diseases of the genitourinary system	5	3.3%	148	96.7%	153	5.1%
Pregnancy, childbirth, and the puerperium	0	0.0%	3	100.0%	3	0.1%
Diseases of the skin and subcutaneous tissue	3	2.7%	109	97.3%	112	3.7%
Musculoskeletal system and connective tissue	4	2.0%	197	98.0%	201	6.7%
Congenital anomalies	0	0.0%	0	0.0%	0	0.0%
Conditions originating in the perinatal period	0	0.0%	1	100.0%	1	0.0%
Injury & poisoning	7	0.8%	925	99.2%	932	30.9%
Symptoms, signs & ill-defined conditions	9	3.2%	276	96.8%	285	9.5%
Residual codes, unclassified, all Ecodes	3	13.6%	19	86.4%	22	0.7%
Total	99	3.3%	2,916	96.7%	3,015	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Mt. Ascutney Hospital and Health Center						
Infectious & parasitic diseases	10	9.5%	95	90.5%	105	2.3%
Neoplasms	3	23.1%	10	76.9%	13	0.3%
Endocrine, nutritional, metabolic, immunity	8	8.6%	85	91.4%	93	2.0%
Diseases of the blood & blood-forming organs	3	18.8%	13	81.3%	16	0.4%
Mental disorders	5	2.6%	187	97.4%	192	4.2%
Diseases of the nervous system and sense organs	5	1.5%	337	98.5%	342	7.5%
Diseases of the circulatory system	44	12.2%	317	87.8%	361	7.9%
Diseases of the respiratory system	72	10.8%	594	89.2%	666	14.6%
Diseases of the digestive system	25	6.9%	338	93.1%	363	7.9%
Diseases of the genitourinary system	26	10.5%	221	89.5%	247	5.4%
Pregnancy, childbirth, and the puerperium	0	0.0%	9	100.0%	9	0.2%
Diseases of the skin and subcutaneous tissue	9	5.1%	169	94.9%	178	3.9%
Musculoskeletal system and connective tissue	6	2.3%	255	97.7%	261	5.7%
Congenital anomalies	0	0.0%	0	0.0%	0	0.0%
Conditions originating in the perinatal period	0	0.0%	1	100.0%	1	0.0%
Injury & poisoning	14	1.1%	1,230	98.9%	1,244	27.2%
Symptoms, signs & ill-defined conditions	15	3.4%	431	96.6%	446	9.8%
Residual codes, unclassified, all Ecodes	2	6.5%	29	93.5%	31	0.7%
Total	247	5.4%	4,321	94.6%	4,568	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
North Country Hospital						
Infectious & parasitic diseases	17	4.1%	396	95.9%	413	2.8%
Neoplasms	15	42.9%	20	57.1%	35	0.2%
Endocrine, nutritional, metabolic, immunity	63	23.3%	207	76.7%	270	1.8%
Diseases of the blood & blood-forming organs	15	26.8%	41	73.2%	56	0.4%
Mental disorders	26	5.4%	456	94.6%	482	3.2%
Diseases of the nervous system and sense organs	21	1.7%	1,210	98.3%	1,231	8.2%
Diseases of the circulatory system	193	16.8%	955	83.2%	1,148	7.7%
Diseases of the respiratory system	242	10.1%	2,143	89.9%	2,385	15.9%
Diseases of the digestive system	142	12.6%	982	87.4%	1,124	7.5%
Diseases of the genitourinary system	67	7.6%	820	92.4%	887	5.9%
Pregnancy, childbirth, and the puerperium	5	4.4%	109	95.6%	114	0.8%
Diseases of the skin and subcutaneous tissue	16	2.9%	532	97.1%	548	3.7%
Musculoskeletal system and connective tissue	14	1.4%	972	98.6%	986	6.6%
Congenital anomalies	0	0.0%	5	100.0%	5	0.0%
Conditions originating in the perinatal period	0	0.0%	11	100.0%	11	0.1%
Injury & poisoning	75	2.0%	3,619	98.0%	3,694	24.6%
Symptoms, signs & ill-defined conditions	37	2.6%	1,390	97.4%	1,427	9.5%
Residual codes, unclassified, all Ecodes	19	10.4%	164	89.6%	183	1.2%
Total	967	6.4%	14,032	93.6%	14,999	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Northeastern Vermont Regional Hospital						
Infectious & parasitic diseases	48	16.3%	246	83.7%	294	2.0%
Neoplasms	4	17.4%	19	82.6%	23	0.2%
Endocrine, nutritional, metabolic, immunity	33	11.9%	245	88.1%	278	1.9%
Diseases of the blood & blood-forming organs	14	29.2%	34	70.8%	48	0.3%
Mental disorders	63	11.1%	507	88.9%	570	3.9%
Diseases of the nervous system and sense organs	23	2.0%	1,110	98.0%	1,133	7.8%
Diseases of the circulatory system	158	14.8%	910	85.2%	1,068	7.4%
Diseases of the respiratory system	187	7.5%	2,299	92.5%	2,486	17.1%
Diseases of the digestive system	139	12.2%	1,002	87.8%	1,141	7.9%
Diseases of the genitourinary system	42	5.2%	770	94.8%	812	5.6%
Pregnancy, childbirth, and the puerperium	8	7.1%	105	92.9%	113	0.8%
Diseases of the skin and subcutaneous tissue	24	4.7%	492	95.3%	516	3.6%
Musculoskeletal system and connective tissue	25	2.7%	913	97.3%	938	6.5%
Congenital anomalies	0	0.0%	3	100.0%	3	0.0%
Conditions originating in the perinatal period	0	0.0%	6	100.0%	6	0.0%
Injury & poisoning	84	2.3%	3,628	97.7%	3,712	25.6%
Symptoms, signs & ill-defined conditions	37	3.0%	1,180	97.0%	1,217	8.4%
Residual codes, unclassified, all Ecodes	12	7.5%	147	92.5%	159	1.1%
Total	901	6.2%	13,616	93.8%	14,517	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Northwestern Medical Center						
Infectious & parasitic diseases	47	12.9%	316	87.1%	363	1.5%
Neoplasms	18	43.9%	23	56.1%	41	0.2%
Endocrine, nutritional, metabolic, immunity	64	14.5%	378	85.5%	442	1.9%
Diseases of the blood & blood-forming organs	16	23.9%	51	76.1%	67	0.3%
Mental disorders	55	6.1%	851	93.9%	906	3.8%
Diseases of the nervous system and sense organs	36	1.9%	1,858	98.1%	1,894	8.0%
Diseases of the circulatory system	313	13.9%	1,937	86.1%	2,250	9.5%
Diseases of the respiratory system	342	11.8%	2,564	88.2%	2,906	12.2%
Diseases of the digestive system	288	13.7%	1,811	86.3%	2,099	8.8%
Diseases of the genitourinary system	135	10.0%	1,217	90.0%	1,352	5.7%
Pregnancy, childbirth, and the puerperium	3	0.9%	345	99.1%	348	1.5%
Diseases of the skin and subcutaneous tissue	73	7.1%	950	92.9%	1,023	4.3%
Musculoskeletal system and connective tissue	55	3.1%	1,709	96.9%	1,764	7.4%
Congenital anomalies	1	10.0%	9	90.0%	10	0.0%
Conditions originating in the perinatal period	0	0.0%	31	100.0%	31	0.1%
Injury & poisoning	125	2.3%	5,301	97.7%	5,426	22.8%
Symptoms, signs & ill-defined conditions	16	0.6%	2,620	99.4%	2,636	11.1%
Residual codes, unclassified, all Ecodes	1	0.5%	196	99.5%	197	0.8%
Total	1,588	6.7%	22,167	93.3%	23,755	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Porter Medical Center						
Infectious & parasitic diseases	99	20.1%	393	79.9%	492	2.7%
Neoplasms	3	15.8%	16	84.2%	19	0.1%
Endocrine, nutritional, metabolic, immunity	20	8.7%	211	91.3%	231	1.3%
Diseases of the blood & blood-forming organs	9	26.5%	25	73.5%	34	0.2%
Mental disorders	17	3.5%	472	96.5%	489	2.7%
Diseases of the nervous system and sense organs	17	1.1%	1,531	98.9%	1,548	8.5%
Diseases of the circulatory system	87	9.1%	867	90.9%	954	5.3%
Diseases of the respiratory system	118	3.2%	3,530	96.8%	3,648	20.1%
Diseases of the digestive system	115	9.1%	1,146	90.9%	1,261	7.0%
Diseases of the genitourinary system	37	3.6%	988	96.4%	1,025	5.7%
Pregnancy, childbirth, and the puerperium	1	1.9%	52	98.1%	53	0.3%
Diseases of the skin and subcutaneous tissue	23	2.6%	855	97.4%	878	4.8%
Musculoskeletal system and connective tissue	13	1.0%	1,249	99.0%	1,262	7.0%
Congenital anomalies	0	0.0%	1	100.0%	1	0.0%
Conditions originating in the perinatal period	0	0.0%	5	100.0%	5	0.0%
Injury & poisoning	42	1.0%	4,235	99.0%	4,277	23.6%
Symptoms, signs & ill-defined conditions	23	1.3%	1,768	98.7%	1,791	9.9%
Residual codes, unclassified, all Ecodes	7	4.6%	144	95.4%	151	0.8%
Total	631	3.5%	17,488	96.5%	18,119	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Rutland Regional Medical Center						
Infectious & parasitic diseases	516	49.1%	534	50.9%	1,050	3.3%
Neoplasms	158	71.5%	63	28.5%	221	0.7%
Endocrine, nutritional, metabolic, immunity	221	31.8%	473	68.2%	694	2.2%
Diseases of the blood & blood-forming organs	62	53.4%	54	46.6%	116	0.4%
Mental disorders	885	37.0%	1,507	63.0%	2,392	7.5%
Diseases of the nervous system and sense organs	132	5.8%	2,141	94.2%	2,273	7.1%
Diseases of the circulatory system	860	26.9%	2,338	73.1%	3,198	10.0%
Diseases of the respiratory system	672	18.1%	3,032	81.9%	3,704	11.6%
Diseases of the digestive system	598	25.3%	1,769	74.7%	2,367	7.4%
Diseases of the genitourinary system	333	20.6%	1,280	79.4%	1,613	5.0%
Pregnancy, childbirth, and the puerperium	11	3.2%	332	96.8%	343	1.1%
Diseases of the skin and subcutaneous tissue	128	11.3%	1,007	88.7%	1,135	3.5%
Musculoskeletal system and connective tissue	145	6.5%	2,099	93.5%	2,244	7.0%
Congenital anomalies	1	20.0%	4	80.0%	5	0.0%
Conditions originating in the perinatal period	0	0.0%	28	100.0%	28	0.1%
Injury & poisoning	410	5.7%	6,738	94.3%	7,148	22.3%
Symptoms, signs & ill-defined conditions	78	2.5%	3,050	97.5%	3,128	9.8%
Residual codes, unclassified, all Ecodes	15	4.4%	323	95.6%	338	1.1%
Total	5,225	16.3%	26,772	83.7%	31,997	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Southwestern Vermont Medical Center						
Infectious & parasitic diseases	305	50.7%	297	49.3%	602	2.6%
Neoplasms	35	41.2%	50	58.8%	85	0.4%
Endocrine, nutritional, metabolic, immunity	124	24.9%	374	75.1%	498	2.1%
Diseases of the blood & blood-forming organs	34	27.6%	89	72.4%	123	0.5%
Mental disorders	87	6.9%	1,165	93.1%	1,252	5.4%
Diseases of the nervous system and sense organs	56	3.4%	1,599	96.6%	1,655	7.1%
Diseases of the circulatory system	485	18.8%	2,091	81.2%	2,576	11.1%
Diseases of the respiratory system	553	19.5%	2,285	80.5%	2,838	12.2%
Diseases of the digestive system	369	18.6%	1,616	81.4%	1,985	8.6%
Diseases of the genitourinary system	137	11.7%	1,029	88.3%	1,166	5.0%
Pregnancy, childbirth, and the puerperium	6	1.7%	347	98.3%	353	1.5%
Diseases of the skin and subcutaneous tissue	67	11.2%	531	88.8%	598	2.6%
Musculoskeletal system and connective tissue	58	3.8%	1,456	96.2%	1,514	6.5%
Congenital anomalies	1	20.0%	4	80.0%	5	0.0%
Conditions originating in the perinatal period	0	0.0%	29	100.0%	29	0.1%
Injury & poisoning	292	5.7%	4,810	94.3%	5,102	22.0%
Symptoms, signs & ill-defined conditions	51	2.0%	2,511	98.0%	2,562	11.1%
Residual codes, unclassified, all Ecodes	11	4.6%	227	95.4%	238	1.0%
Total	2,671	11.5%	20,510	88.5%	23,181	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Springfield Hospital						
Infectious & parasitic diseases	35	10.1%	312	89.9%	347	2.1%
Neoplasms	14	45.2%	17	54.8%	31	0.2%
Endocrine, nutritional, metabolic, immunity	49	16.2%	254	83.8%	303	1.9%
Diseases of the blood & blood-forming organs	16	27.6%	42	72.4%	58	0.4%
Mental disorders	164	19.7%	668	80.3%	832	5.1%
Diseases of the nervous system and sense organs	33	3.0%	1,055	97.0%	1,088	6.7%
Diseases of the circulatory system	212	13.7%	1,333	86.3%	1,545	9.4%
Diseases of the respiratory system	316	14.8%	1,824	85.2%	2,140	13.1%
Diseases of the digestive system	178	14.1%	1,082	85.9%	1,260	7.7%
Diseases of the genitourinary system	86	11.5%	660	88.5%	746	4.6%
Pregnancy, childbirth, and the puerperium	4	2.0%	199	98.0%	203	1.2%
Diseases of the skin and subcutaneous tissue	47	7.7%	567	92.3%	614	3.8%
Musculoskeletal system and connective tissue	26	3.1%	814	96.9%	840	5.1%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Conditions originating in the perinatal period	0	0.0%	11	100.0%	11	0.1%
Injury & poisoning	148	3.5%	4,126	96.5%	4,274	26.1%
Symptoms, signs & ill-defined conditions	19	1.0%	1,906	99.0%	1,925	11.8%
Residual codes, unclassified, all Ecodes	6	4.4%	129	95.6%	135	0.8%
Total	1,353	8.3%	15,001	91.7%	16,354	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-3

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups

Vermont Hospitals by Setting

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
University of Vermont Medical Center						
Infectious & parasitic diseases	830	56.6%	637	43.4%	1,467	2.6%
Neoplasms	346	77.1%	103	22.9%	449	0.8%
Endocrine, nutritional, metabolic, immunity	402	31.8%	862	68.2%	1,264	2.2%
Diseases of the blood & blood-forming organs	151	44.0%	192	56.0%	343	0.6%
Mental disorders	738	16.4%	3,749	83.6%	4,487	7.9%
Diseases of the nervous system and sense organs	524	11.7%	3,937	88.3%	4,461	7.9%
Diseases of the circulatory system	2,142	33.2%	4,302	66.8%	6,444	11.4%
Diseases of the respiratory system	1,008	18.5%	4,429	81.5%	5,437	9.6%
Diseases of the digestive system	1,178	28.6%	2,946	71.4%	4,124	7.3%
Diseases of the genitourinary system	377	13.1%	2,492	86.9%	2,869	5.1%
Pregnancy, childbirth, and the puerperium	46	8.9%	468	91.1%	514	0.9%
Diseases of the skin and subcutaneous tissue	146	9.3%	1,416	90.7%	1,562	2.8%
Musculoskeletal system and connective tissue	290	7.9%	3,394	92.1%	3,684	6.5%
Congenital anomalies	21	55.3%	17	44.7%	38	0.1%
Conditions originating in the perinatal period	3	3.9%	74	96.1%	77	0.1%
Injury & poisoning	1,721	13.6%	10,949	86.4%	12,670	22.3%
Symptoms, signs & ill-defined conditions	245	3.9%	6,026	96.1%	6,271	11.0%
Residual codes, unclassified, all Ecodes	36	5.9%	578	94.1%	614	1.1%
Total	10,204	18.0%	46,571	82.0%	56,775	100.0%

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-4

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Vermont Hospitals by Age Group

	Age Group									
Vermont Hospitals	**Under 15**	**15-44**	**45-64**	**65-69**	**70-74**	**75-79**	**80+**	**0-64**	**65+**	**Total**
Brattleboro Memorial Hospital	1,356	5,428	3,160	671	546	453	863	9,944	2,533	12,477
Central Vermont Medical Center	2,587	8,813	5,580	1,166	997	883	1,661	16,980	4,707	21,687
Copley Hospital	2,033	5,022	2,854	604	496	442	699	9,909	2,241	12,150
Gifford Medical Center	928	2,407	1,367	341	309	217	422	4,702	1,289	5,991
Grace Cottage Family Health & Hospital	344	945	719	206	207	206	289	2,008	908	2,916
Mt. Ascutney Hospital and Health Center	607	1,458	1,090	280	242	235	409	3,155	1,166	4,321
North Country Hospital	2,305	5,443	3,240	780	746	609	909	10,988	3,044	14,032
Northeastern Vermont Regional Hospital	1,922	5,598	3,367	742	651	490	846	10,887	2,729	13,616
Northwestern Medical Center	2,834	9,196	5,673	1,153	985	820	1,506	17,703	4,464	22,167
Porter Medical Center	2,296	7,121	4,434	937	913	608	1,179	13,851	3,637	17,488
Rutland Regional Medical Center	3,334	10,816	7,165	1,508	1,231	981	1,737	21,315	5,457	26,772
Southwestern Vermont Medical Center	2,761	7,623	5,025	1,091	1,040	958	2,012	15,409	5,101	20,510
Springfield Hospital	2,174	5,892	3,731	732	742	609	1,121	11,797	3,204	15,001
University of Vermont Medical Center	5,459	20,389	11,596	2,328	2,006	1,666	3,127	37,444	9,127	46,571
Total	30,940	96,151	59,001	12,539	11,111	9,177	16,780	186,092	49,607	235,699

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

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

Table E-5

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Vermont Hospitals by Principal Payer

Vermont Hospital	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%
Brattleboro Memorial Hospital	3,138	25.2%	4,282	34.3%	77	0.6%	234	1.9%	3,726	29.9%	996	8.0%	24	0.2%	12,477	5.3%
Central Vermont Medical Center	5,386	24.8%	6,941	32.0%	315	1.5%	315	1.5%	7,681	35.4%	1,049	4.8%	-	0.0%	21,687	9.2%
Copley Hospital	2,643	21.8%	4,396	36.2%	215	1.8%	203	1.7%	3,924	32.3%	727	6.0%	42	0.3%	12,150	5.2%
Gifford Medical Center	1,573	26.3%	2,143	35.8%	49	0.8%	123	2.1%	1,694	28.3%	409	6.8%	-	0.0%	5,991	2.5%
Grace Cottage Family Health & Hospital	875	30.0%	714	24.5%	29	1.0%	51	1.7%	1,041	35.7%	206	7.1%	-	0.0%	2,916	1.2%
Mt. Ascutney Hospital and Health Center	1,426	33.0%	1,108	25.6%	-	0.0%	96	2.2%	1,370	31.7%	311	7.2%	10	0.2%	4,321	1.8%
North Country Hospital	3,861	27.5%	5,987	42.7%	164	1.2%	306	2.2%	3,237	23.1%	396	2.8%	81	0.6%	14,032	6.0%
Northeastern Vermont Regional Hospital	3,272	24.0%	5,096	37.4%	124	0.9%	257	1.9%	4,037	29.6%	830	6.1%	-	0.0%	13,616	5.8%
Northwestern Medical Center	5,759	26.0%	7,822	35.3%	273	1.2%	339	1.5%	6,397	28.9%	1,577	7.1%	-	0.0%	22,167	9.4%
Porter Medical Center	3,888	22.2%	3,136	17.9%	84	0.5%	60	0.3%	9,277	53.0%	974	5.6%	69	0.4%	17,488	7.4%
Rutland Regional Medical Center	7,913	29.6%	9,388	35.1%	217	0.8%	700	2.6%	7,011	26.2%	1,531	5.7%	12	0.0%	26,772	11.4%
Southwestern Vermont Medical Center	6,113	29.8%	4,795	23.4%	207	1.0%	335	1.6%	8,207	40.0%	853	4.2%	-	0.0%	20,510	8.7%
Springfield Hospital	4,281	28.5%	5,340	35.6%	91	0.6%	196	1.3%	3,918	26.1%	1,167	7.8%	8	0.1%	15,001	6.4%
University of Vermont Medical Center	10,146	21.8%	12,395	26.6%	877	1.9%	931	2.0%	19,515	41.9%	2,694	5.8%	13	0.0%	46,571	19.8%
Total	60,274	25.6%	73,543	31.2%	2,722	1.2%	4,146	1.8%	81,035	34.4%	13,720	5.8%	259	0.1%	235,699	100.0%

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

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

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

Table E-6

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Diagnosis Groups	Principal Payer															
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		Total	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Infectious & parasitic diseases	659	15.7%	1,752	41.7%	53	1.3%	22	0.5%	1,458	34.7%	251	6.0%	6	0.1%	4,201	1.8%
Neoplasms	207	48.7%	61	14.4%	13	3.1%	-	0.0%	139	32.7%	5	1.2%	-	0.0%	425	0.2%
Endocrine, nutritional, metabolic, immunity	1,715	43.3%	913	23.1%	30	0.8%	12	0.3%	1,145	28.9%	142	3.6%	3	0.1%	3,960	1.7%
Diseases of the blood & blood-forming organs	360	53.7%	101	15.1%	3	0.4%	-	0.0%	188	28.0%	19	2.8%	-	0.0%	671	0.3%
Mental disorders	2,712	21.1%	5,973	46.4%	111	0.9%	22	0.2%	3,084	24.0%	966	7.5%	5	0.0%	12,873	5.5%
Diseases of the nervous system and sense organs	4,529	23.7%	6,547	34.3%	237	1.2%	119	0.6%	6,661	34.9%	969	5.1%	10	0.1%	19,072	8.1%
Diseases of the circulatory system	8,208	41.5%	3,340	16.9%	245	1.2%	51	0.3%	7,146	36.1%	791	4.0%	13	0.1%	19,794	8.4%
Diseases of the respiratory system	7,084	24.3%	10,701	36.7%	310	1.1%	33	0.1%	9,360	32.1%	1,671	5.7%	23	0.1%	29,182	12.4%
Diseases of the digestive system	4,237	25.4%	5,322	32.0%	166	1.0%	24	0.1%	5,643	33.9%	1,243	7.5%	14	0.1%	16,649	7.1%
Diseases of the genitourinary system	3,705	30.4%	3,163	26.0%	146	1.2%	8	0.1%	4,508	37.0%	648	5.3%	4	0.0%	12,182	5.2%
Pregnancy, childbirth, and the puerperium	58	2.3%	1,449	56.6%	38	1.5%	12	0.5%	862	33.6%	143	5.6%	-	0.0%	2,562	1.1%
Diseases of the skin and subcutaneous tissue	2,021	24.2%	2,897	34.7%	100	1.2%	52	0.6%	2,599	31.1%	676	8.1%	12	0.1%	8,357	3.5%
Musculoskeletal system and connective tissue	5,198	30.4%	4,625	27.0%	186	1.1%	460	2.7%	5,685	33.2%	931	5.4%	18	0.1%	17,103	7.3%
Congenital anomalies	6	10.3%	21	36.2%	1	1.7%	-	0.0%	25	43.1%	5	8.6%	-	0.0%	58	0.0%
Conditions originating in the perinatal period	-	0.0%	138	57.0%	3	1.2%	-	0.0%	76	31.4%	25	10.3%	-	0.0%	242	0.1%
Injury & poisoning	12,317	21.0%	16,574	28.3%	747	1.3%	3,121	5.3%	22,079	37.7%	3,640	6.2%	139	0.2%	58,617	24.9%
Symptoms, signs & ill-defined conditions	6,218	22.9%	9,239	34.0%	310	1.1%	107	0.4%	9,792	36.0%	1,488	5.5%	11	0.0%	27,165	11.5%
Residual codes, unclassified, all Ecodes	1,040	40.2%	727	28.1%	23	0.9%	103	4.0%	585	22.6%	107	4.1%	1	0.0%	2,586	1.1%
Total	60,274	25.6%	73,543	31.2%	2,722	1.2%	4,146	1.8%	81,035	34.4%	13,720	5.8%	259	0.1%	235,699	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.
ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the Vermont Hospital Inpatient tables.

Table E-7

2018 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents

In-migration by Vermont Hospital

	Vermont Residents		Non-Vermonters		Total for Vermont Hospitals	
Vermont Hospital	**Visits**	**Total Charges**	**Visits**	**Total Charges**	**Visits**	**Total Charges**
Brattleboro Memorial Hospital	9,710	$ 26,459,401	2,767	$ 7,955,886	12,477	$ 34,415,287
Central Vermont Medical Center	20,694	$ 45,506,912	993	$ 2,107,866	21,687	$ 47,614,778
Copley Hospital	10,953	$ 11,531,583	1,197	$ 1,245,872	12,150	$ 12,777,455
Gifford Medical Center	5,718	$ 11,996,348	273	$ 717,063	5,991	$ 12,713,411
Grace Cottage Family Health & Hospital	2,434	$ 4,896,917	482	$ 905,638	2,916	$ 5,802,555
Mt. Ascutney Hospital and Health Center	3,473	$ 7,639,635	848	$ 2,042,125	4,321	$ 9,681,760
North Country Hospital	13,231	$ 27,498,315	801	$ 1,651,411	14,032	$ 29,149,726
Northeastern Vermont Regional Hospital	12,814	$ 27,515,551	802	$ 1,663,583	13,616	$ 29,179,135
Northwestern Medical Center	21,700	$ 35,172,522	467	$ 768,168	22,167	$ 35,940,690
Porter Medical Center	15,749	$ 19,724,012	1,739	$ 1,998,372	17,488	$ 21,722,384
Rutland Regional Medical Center	24,388	$ 51,757,732	2,384	$ 5,611,888	26,772	$ 57,369,620
Southwestern Vermont Medical Center	14,842	$ 37,656,940	5,668	$ 14,380,199	20,510	$ 52,037,139
Springfield Hospital	12,467	$ 31,478,277	2,534	$ 7,217,910	15,001	$ 38,696,187
University of Vermont Medical Center	43,147	$ 149,292,308	3,424	$ 13,986,197	46,571	$ 163,278,505
Total for 2018	211,320	$ 488,126,454	24,379	$ 62,252,179	235,699	$ 550,378,633
Total for 2017	207,403	$ 459,952,510	24,321	$ 57,418,969	231,724	$ 517,371,478
Total for 2016	211,935	$ 448,815,498	24,531	$ 55,429,463	236,466	$ 504,244,961
Total for 2015	215,864	$ 438,750,014	24,492	$ 53,398,124	240,356	$ 492,148,138
Total for 2014	215,448	$ 417,678,759	24,394	$ 49,657,093	239,842	$ 467,335,852

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 Appendix A for details.

Outpatient Procedures and Services

Table O-1
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Vermont Hospitals by State of Residence

Vermont Hospital	Vermont Residents		Non-residents		All Outpatient Procedures	
	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	3,423	83.2%	690	16.8%	4,113	3.2%
Central Vermont Medical Center	9,239	99.3%	68	0.7%	9,307	7.2%
Copley Hospital	4,334	99.1%	41	0.9%	4,375	3.4%
Gifford Medical Center	1,568	97.3%	44	2.7%	1,612	1.2%
Grace Cottage Family Health & Hospital	1	100.0%	-	0.0%	1	0.0%
Mt. Ascutney Hospital and Health Center	1,070	65.1%	574	34.9%	1,644	1.3%
North Country Hospital	3,516	99.1%	32	0.9%	3,548	2.7%
Northeastern Vermont Regional Hospital	4,190	89.3%	503	10.7%	4,693	3.6%
Northwestern Medical Center	6,336	98.7%	83	1.3%	6,419	4.9%
Porter Medical Center	2,595	91.4%	245	8.6%	2,840	2.2%
Rutland Regional Medical Center	18,317	95.1%	951	4.9%	19,268	14.8%
Southwestern Vermont Medical Center	6,890	72.5%	2,612	27.5%	9,502	7.3%
Springfield Hospital	2,119	82.2%	458	17.8%	2,577	2.0%
University of Vermont Medical Center	52,932	87.9%	7,271	12.1%	60,203	46.3%
Total	116,530	89.6%	13,572	10.4%	130,102	100.0%

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary CPT code in CCS high-level groups 1 through 15.

Table O-2

2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents

Vermont Hospitals by Data Year: Five-year Comparison

Vermont Hospital	2014	2015	2016	2017	2018
Brattleboro Memorial Hospital	5,801	4,237	6,471	4,958	4,113
Central Vermont Medical Center	8,984	8,800	9,271	9,526	9,307
Copley Hospital	7,814	4,442	4,483	4,475	4,375
Gifford Medical Center	2,377	1,845	1,994	1,905	1,612
Grace Cottage Family Health & Hospital	3	-	2	8	1
Mt. Ascutney Hospital and Health Center	1,863	1,827	1,822	1,522	1,644
North Country Hospital	4,662	3,963	4,286	4,059	3,548
Northeastern Vermont Regional Hospital	4,057	3,761	4,437	4,574	4,693
Northwestern Medical Center	6,212	6,190	5,980	6,055	6,419
Porter Medical Center	3,493	3,486	3,223	2,945	2,840
Rutland Regional Medical Center	14,576	15,695	17,100	18,098	19,268
Southwestern Vermont Medical Center	9,136	9,168	9,443	9,566	9,502
Springfield Hospital	2,635	2,493	2,653	2,605	2,577
University of Vermont Medical Center	59,298	62,527	61,530	60,738	60,203
Total	130,911	128,434	132,695	131,034	130,102

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary CPT code in CCS high-level groups 1 through 15.

Table O-3

2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents

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

CCS Diagnosis Groups	BRAT	CVMC	COPL	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
Infectious & parasitic diseases	6	20	5	11	-	4	11	3	12	1	154	44	8	468	747
Neoplasms	294	561	145	72	-	206	633	1,001	398	176	969	1,443	231	6,998	13,127
Endocrine, nutritional, metabolic, immunity	58	24	9	30	-	10	27	27	29	12	167	54	18	1,431	1,896
Diseases of the blood & blood-forming organs	12	50	27	-	-	35	26	31	59	20	132	74	17	246	729
Mental disorders	4	4	2	5	-	9	4	23	15	2	45	19	2	118	252
Diseases of the nervous system and sense organs	527	1,029	221	341	-	367	488	570	714	493	3,355	89	271	8,185	16,650
Diseases of the circulatory system	110	180	22	9	-	13	70	51	64	47	380	286	28	2,852	4,112
Diseases of the respiratory system	199	648	73	109	-	85	455	221	617	144	2,636	1,661	211	5,150	12,209
Diseases of the digestive system	522	1,058	269	139	1	308	490	302	1,059	324	1,399	957	366	4,644	11,838
Diseases of the genitourinary system	195	470	140	199	-	8	199	180	393	244	1,319	548	198	6,938	11,031
Pregnancy, childbirth, and the puerperium	613	640	389	170	-	-	285	295	65	83	570	398	243	1,368	5,119
Diseases of the skin and subcutaneous tissue	77	94	54	11	-	10	19	457	236	13	273	44	41	3,023	4,352
Musculoskeletal system and connective tissue	322	1,148	552	187	-	136	310	643	795	121	4,950	751	96	9,186	19,197
Congenital anomalies	1	8	1	1	-	-	4	4	24	8	23	12	6	315	407
Conditions originating in the perinatal period	-	42	-	-	-	-	15	7	12	37	-	14	9	29	165
Injury & poisoning	244	366	382	67	-	5	131	213	322	145	715	338	112	2,281	5,321
Symptoms, signs & ill-defined conditions	920	2,928	2,076	258	-	445	346	661	1,596	963	2,138	2,294	708	6,449	21,782
Residual codes, unclassified, all Ecodes	9	37	8	3	-	3	35	4	9	7	43	476	12	522	1,168
Total	4,113	9,307	4,375	1,612	1	1,644	3,548	4,693	6,419	2,840	19,268	9,502	2,577	60,203	130,102

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary CPT code in CCS high-level groups 1 through 15.

CCS Diagnosis Groups are based on the first listed diagnosis code.

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

Table O-4

2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents

Clinical Classifications Software (CCS) High Level Procedure Groups by Vermont Hospitals

CCS Procedure Groups	BRAT	CVMC	COPL	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
Operations on the nervous system	86	819	278	145	-	110	240	440	463	64	2,107	507	79	6,995	12,333
Operations on the endocrine system	-	9	-	-	-	-	2	4	2	-	84	18	-	193	312
Operations on the eye	433	813	97	278	-	360	392	444	523	356	553	1	174	4,404	8,828
Operations on the ear	3	46	-	-	-	-	10	15	12	69	1,454	25	25	1,508	3,167
Operations on the nose, mouth, and pharynx	23	106	3	10	1	1	63	40	82	127	1,360	76	27	1,571	3,490
Operations on the respiratory system	229	669	75	147	-	107	475	232	595	57	2,264	2,039	195	5,850	12,934
Operations on the cardiovascular system	152	330	72	19	-	14	228	910	173	119	698	538	100	4,252	7,605
Operations on the hemic and lymphatic system	12	12	2	-	-	2	6	2	1	2	47	17	1	229	333
Operations on the digestive system	1,470	3,637	1,155	417	-	941	1,221	963	2,884	1,336	2,981	3,401	1,074	13,807	35,287
Operations on the urinary system	92	252	75	123	-	-	71	149	116	128	1,056	180	109	2,877	5,228
Operations on the male genital organs	26	108	9	20	-	-	58	32	23	77	143	52	169	771	1,488
Operations on the female genital organs	165	693	122	81	-	2	167	82	300	97	987	1,463	93	1,735	5,987
Obstetrical procedures	632	595	357	159	-	-	251	266	1	77	261	221	213	1,065	4,098
Operations on the musculoskeletal system	506	855	774	157	-	44	278	478	811	243	4,397	603	193	6,957	16,296
Operations on the integumentary system	284	363	1,356	56	-	63	86	636	433	88	876	361	125	7,989	12,716
Total	4,113	9,307	4,375	1,612	1	1,644	3,548	4,693	6,419	2,840	19,268	9,502	2,577	60,203	130,102

Outpatient proceduresare outpatient visits that did not originate in the ED and that have a primary CPT code in CCS high-level groups 1 through 15.

CCS procedure groups are based on primary CPT.

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

Table O-5
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2014 - 2018

CCS High Level Procedure Group CCS Single Level Procedure Group	2014	2015	2016	2017	2018
1 Operations on the nervous system					
1 Incision & excision of CNS	1	-	-	-	-
2 Insertion, replacem, rem of extracranial ventricular shunt	17	16	8	13	18
3 Laminectomy, excision intervertebral disc	401	443	367	323	325
4 Diagnostic spinal tap	124	37	59	58	53
5 Insert cath, spinal stimulator, inject into spinal canal	2,932	4,523	4,386	4,181	4,088
6 Decompression peripheral nerve	1,617	1,585	1,618	1,636	1,532
7 Other diagnostic nervous system procedures	1,813	2,676	2,704	2,454	2,499
8 Other non-OR or closed therapeutic nerv syst procs	1,435	2,413	2,341	2,299	2,168
9 Other OR therapeutic nervous system procedures	1,388	1,765	1,842	1,824	1,650
Total	9,728	13,458	13,325	12,788	12,333
2 Operations on the endocrine system					
10 Thyroidectomy, partial or complete	163	160	211	174	150
11 Diagnostic endocrine procedures	227	28	27	49	69
12 Other therapeutic endocrine procedures	97	81	93	101	93
Total	487	269	331	324	312
3 Operations on the eye					
13 Corneal transplant	11	10	9	4	4
14 Glaucoma procedures	180	307	352	344	408
15 Lens & cataract procedures	4,422	4,320	4,280	4,404	4,795
16 Repair of retinal tear, detachment	299	246	182	185	278
17 Destruction of lesion of retina & choroid	122	109	87	52	82
18 Diagnostic procedures on eye	32	37	23	45	54
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	295	391	403	395	494
20 Other intraocular therapeutic procedures	1,947	2,195	2,418	2,463	2,585
21 Other extraocular muscle & orbit therapeutic procedures	114	112	104	108	128
Total	7,422	7,727	7,858	8,000	8,828
4 Operations on the ear					
22 Tympanoplasty	98	69	76	77	97
23 Myringotomy	817	911	873	834	827

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary procedure code (ICD-9-CM or CPT, depending on date) in CCS high-level groups 1 through 15.

Table O-5
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2014 - 2018

CCS High Level Procedure Group CCS Single Level Procedure Group	2014	2015	2016	2017	2018
24 Mastoidectomy	29	19	30	16	24
25 Diagnostic procedures on ear	24	1	3	-	6
26 Other therapeutic ear procedures	1,682	1,971	2,231	2,117	2,213
Total	2,650	2,971	3,213	3,044	3,167
5 Operations on the nose, mouth, and pharynx					
27 Control of epistaxis	147	145	154	173	175
28 Plastic procedures on nose	238	198	140	160	267
29 Dental procedures	568	55	37	41	37
30 Tonsillectomy and/or adenoidectomy	691	629	571	566	595
31 Diagnostic procedures on nose, mouth & pharynx	1,664	1,751	1,955	1,917	2,018
32 Other non-OR therapeutic procedures on nose, mouth & pharynx	210	26	44	23	28
33 Other OR therapeutic procedures on nose, mouth & pharynx	457	371	345	336	370
Total	3,975	3,175	3,246	3,216	3,490
6 Operations on the respiratory system					
34 Tracheostomy, temporary & permanent	-	2	5	10	4
35 Tracheoscopy & laryngoscopy with biopsy	1,773	1,747	1,643	1,557	1,924
36 Lobectomy or pneumonectomy	-	-	1	-	-
37 Diagnostic bronchoscopy & biopsy of bronchus	416	295	369	311	361
38 Other diagnostic procedures on lung & bronchus	7,800	9,740	9,660	9,820	10,199
39 Incision of pleura, thoracentesis, chest drainage	229	227	236	234	186
40 Other diagnostic proc of respiratory tract & mediastinum	31	13	15	9	96
41 Other non-OR therapeutic procedures on respiratory system	31	11	11	11	21
42 Other OR therapeutic procedures on respiratory system	129	141	153	114	143
Total	10,409	12,176	12,093	12,066	12,934
7 Operations on the cardiovascular system					
43 Heart valve procedures	2	-	1	1	1
45 Percutaneous transluminal coronary angioplasty (PTCA)	43	23	10	19	14
47 Diagnostic cardiac catheterization, coronary arteriography	1,144	1,081	1,141	1,062	1,082
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib	433	483	1,474	2,047	293
49 Other OR heart procedures	116	7	4	13	13

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary procedure code (ICD-9-CM or CPT, depending on date) in CCS high-level groups 1 through 15.

Table O-5
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2014 - 2018

CCS High Level Procedure Group CCS Single Level Procedure Group	2014	2015	2016	2017	2018
51 Endarterectomy, vessel of head & neck	1	-	2	-	-
52 Aortic resection, replacement or anastomosis	-	1	-	-	-
53 Varicose vein stripping, lower limb	165	205	209	219	215
54 Other vascular catheterization, not heart	975	1,098	1,026	1,072	1,085
56 Other vascular bypass & shunt, not heart	5	6	6	5	3
57 Creat, revis, rem of arteriov fistula or cannula for dialys	128	148	165	280	290
58 Hemodialysis	5	12	56	25	30
59 Other OR procedures on vessels of head & neck	54	97	100	95	88
60 Embolectomy & endarterectomy of lower limbs	1	-	1	1	3
61 Other OR procedures on vessels other than head & neck	624	397	403	267	314
62 Other diagnostic cardiovascular procedures	848	677	663	550	696
63 Other non-OR therapeutic cardiovascular procedures	2,729	3,036	3,275	3,193	3,478
Total	7,273	7,271	8,536	8,849	7,605
8 Operations on the hemic and lymphatic system					
64 Bone marrow transplant	23	38	23	38	35
65 Bone marrow biopsy	182	41	75	67	107
66 Procedures on spleen	5	1	1	-	1
67 Other therap procedures, hemic & lymphatic system	296	175	149	166	190
Total	506	255	248	271	333
9 Operations on the digestive system					
68 Injection or ligation of esophageal varices	26	47	46	39	55
69 Esophageal dilatation	466	484	509	473	436
70 Upper gastrointestinal endoscopy, biopsy	5,128	5,109	5,434	5,376	5,175
71 Gastrostomy, temporary & permanent	153	152	114	97	105
72 Colostomy, temporary & permanent	-	2	2	1	1
73 Ileostomy & other enterostomy	19	14	16	15	19
75 Small bowel resection	3	1	-	-	-
76 Colonoscopy & biopsy	17,936	23,156	24,716	24,036	21,953
77 Proctoscopy & anorectal biopsy	548	615	664	621	589
78 Colorectal resection	8	17	14	9	7

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary procedure code (ICD-9-CM or CPT, depending on date) in CCS high-level groups 1 through 15.

Table O-5
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2014 - 2018

CCS High Level Procedure Group CCS Single Level Procedure Group	2014	2015	2016	2017	2018
79 Local excision of large intestine lesion (not endoscopic)	1	2	-	1	-
80 Appendectomy	44	57	59	62	71
81 Hemorrhoid procedures	204	226	203	198	229
82 Endoscopic retrograde cannulation of pancreas (ERCP)	95	146	159	148	136
83 Biopsy of liver	97	2	1	-	-
84 Cholecystectomy & common duct exploration	1,090	1,052	1,024	925	919
85 Inguinal & femoral hernia repair	1,174	1,118	1,062	1,089	1,073
86 Other hernia repair	886	865	846	882	791
87 Laparoscopy	78	86	82	45	77
88 Abdominal paracentesis	281	258	309	352	382
89 Exploratory laparotomy	-	4	-	3	1
90 Excision, lysis peritoneal adhesions	22	2	1	-	-
91 Peritoneal dialysis	2,806	2,683	2,769	2,658	2,531
92 Other bowel diagnostic procedures	12	-	-	1	-
93 Other non-OR upper GI therapeutic procedures	277	36	21	26	22
94 Other OR upper GI therapeutic procedures	46	33	33	47	55
95 Other non-OR lower GI therapeutic procedures	5,539	58	64	62	34
96 Other OR lower GI therapeutic procedures	248	173	198	189	181
97 Other gastrointestinal diagnostic procedures	258	220	280	290	220
98 Other non-OR gastrointestinal therapeutic procedures	88	15	66	67	97
99 Other OR gastrointestinal therapeutic procedures	117	87	127	133	128
Total	37,650	36,720	38,819	37,845	35,287
10 Operations on the urinary system					
100 Endoscopy & endoscopic biopsy of the urinary tract	2,100	1,667	1,655	1,309	1,198
101 Transurethral excision, drainage, rem urinary obstruction	776	655	614	622	691
102 Ureteral catheterization	300	269	254	282	303
103 Nephrotomy & nephrostomy	19	10	72	103	114
104 Nephrectomy, partial or complete	3	2	4	1	9
106 Genitourinary incontinence procedures	150	159	209	197	183
107 Extracorporeal lithotripsy, urinary	587	780	842	855	901

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary procedure code (ICD-9-CM or CPT, depending on date) in CCS high-level groups 1 through 15.

Table O-5
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2014 - 2018

CCS High Level Procedure Group CCS Single Level Procedure Group	2014	2015	2016	2017	2018
108 Indwelling catheter	352	518	574	438	575
109 Procedures on the urethra	160	191	218	201	176
110 Other diagnostic procedures of urinary tract	76	9	11	13	28
111 Other non-OR therapeutic procedures of urinary tract	605	739	803	784	724
112 Other OR therapeutic procedures of urinary tract	174	275	265	326	326
Total	5,302	5,274	5,521	5,131	5,228
11 Operations on the male genital organs					
113 Transurethral resection of prostate (TURP)	155	87	144	145	156
114 Open prostatectomy	11	1	3	6	104
115 Circumcision	250	249	286	282	272
116 Diagnostic procedures, male genital	274	223	209	237	379
117 Other non-OR therapeutic procedures, male genital	156	164	162	158	145
118 Other OR therapeutic procedures, male genital	405	476	504	490	432
Total	1,251	1,200	1,308	1,318	1,488
12 Operations on the female genital organs					
119 Oophorectomy, unilateral & bilateral	206	303	327	387	386
120 Other operations on ovary	99	2	35	64	84
121 Ligation of fallopian tubes	280	216	139	136	118
123 Other operations on fallopian tubes	35	28	27	4	2
124 Hysterectomy, abdominal & vaginal	569	554	633	612	670
125 Other excision of cervix & uterus	516	363	401	402	333
126 Abortion (termination of pregnancy)	35	33	47	32	73
127 D&C, aspiration after delivery or abortion	250	210	185	179	184
128 Diagnostic dilatation & curettage (D&C)	338	45	38	34	34
129 Repair cystocele & rectocele, oblit of vaginal vault	87	98	120	112	102
130 Other diagnostic procedures, female organs	3,129	3,478	3,182	3,061	3,026
131 Other non-OR therapeutic procedures, female organs	552	572	538	650	575
132 Other OR therapeutic procedures, female organs	319	316	336	375	400
Total	6,415	6,218	6,008	6,048	5,987

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary procedure code (ICD-9-CM or CPT, depending on date) in CCS high-level groups 1 through 15.

Table O-5
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2014 - 2018

CCS High Level Procedure Group CCS Single Level Procedure Group	2014	2015	2016	2017	2018
13 Obstetrical procedures					
122 Removal of ectopic pregnancy	6	5	13	10	11
134 Cesarean section	1	-	-	-	2
135 Forceps, vacuum & breech delivery	3	2	1	4	1
137 Other procedures to assist delivery	50	43	42	48	55
138 Diagnostic amniocentesis	-	-	1	1	-
139 Fetal monitoring	5,509	3,833	3,826	4,038	4,005
140 Repair of current obstetric laceration	4	1	-	5	2
141 Other therapeutic obstetrical procedures	16	22	24	26	22
Total	5,589	3,906	3,907	4,132	4,098
14 Operations on the musculoskeletal system					
142 Partial excision bone	423	444	449	467	447
143 Bunionectomy or repair of toe deformities	542	505	495	499	484
144 Treatment, facial fracture or dislocation	58	76	78	50	55
145 Treatment, fracture or disloc of radius & ulna	452	416	464	450	434
146 Treatment, fracture or disloc of hip & femur	33	17	13	15	14
147 Treatment, fracture or disloc of lower extremity	632	460	474	466	535
148 Other fracture & dislocation procedure	542	538	507	502	516
149 Arthroscopy	385	395	353	374	363
150 Division of joint capsule, ligament or cartilage	89	93	90	77	62
151 Excision of semilunar cartilage of knee	1,307	1,284	1,227	1,071	967
152 Arthroplasty knee	120	47	56	36	207
153 Hip replacement, total & partial	23	45	31	23	34
154 Arthroplasty other than hip or knee	360	274	222	244	216
155 Arthrocentesis	2,568	3,932	5,229	5,307	5,898
156 Injections & aspirations of muscles, tendons, etc.	1,253	1,284	1,277	1,290	1,394
157 Amputation of lower extremity	141	134	131	139	125
158 Spinal fusion	73	31	30	47	119
159 Other diagnostic procedures on musculoskeletal system	157	87	78	68	60
160 Other therapeutic procedures on muscles & tendons	2,567	2,450	2,614	2,586	2,625

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary procedure code (ICD-9-CM or CPT, depending on date) in CCS high-level groups 1 through 15.

Table O-5
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) Single and High Level Procedure Groups by Data Year: 2014 - 2018

CCS High Level Procedure Group CCS Single Level Procedure Group	2014	2015	2016	2017	2018
161 Other OR therapeutic procedures on bone	487	650	601	637	593
162 Other OR therapeutic procedures on joints	1,018	1,051	1,160	1,044	1,058
163 Other non-OR therapeutic procedures on musc system	4,662	16	25	40	29
164 Other OR therapeutic procedures on musc system	74	80	62	74	61
Total	17,966	14,309	15,666	15,506	16,296
15 Operations on the integumentary system					
165 Breast biopsy & other diagnostic procedures on breast	1,243	1,056	1,029	1,052	1,369
166 Lumpectomy, quadrantectomy of breast	626	502	455	382	538
167 Mastectomy	81	64	68	72	120
168 Incision & drainage, skin & subcutaneous tissue	268	280	261	172	172
169 Debridement of wound, infection or burn	1,477	665	660	337	346
170 Excision of skin lesion	4,366	4,968	4,720	4,624	4,663
171 Suture of skin & subcutaneous tissue	619	972	721	664	580
172 Skin graft	277	493	561	673	629
173 Other diagnostic proc on skin & subcutaneous tissue	784	96	160	280	267
174 Other non-OR therapeutic procedures on skin & breast	3,897	4,011	3,604	3,782	3,618
175 Other OR therapeutic procedures on skin & breast	650	398	377	458	414
Total	14,288	13,505	12,616	12,496	12,716
Yearly Total	130,911	128,434	132,695	131,034	130,102

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary procedure code (ICD-9-CM or CPT, depending on date) in CCS high-level groups 1 through 15.

Table O-6

2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents

Vermont Hospitals by Age Group

	Age Group									
Vermont Hospital	**Under 15**	**15-44**	**45-64**	**65-69**	**70-74**	**75-79**	**80+**	**0-64**	**65+**	**Total**
Brattleboro Memorial Hospital	27	1,030	1,281	604	479	338	354	2,338	1,775	4,113
Central Vermont Medical Center	161	2,077	3,659	1,176	957	721	556	5,897	3,410	9,307
Copley Hospital	28	875	1,487	526	451	367	641	2,390	1,985	4,375
Gifford Medical Center	34	394	577	217	168	113	109	1,005	607	1,612
Grace Cottage Family Health & Hospital	-	1	-	-	-	-	-	1	-	1
Mt. Ascutney Hospital and Health Center	6	129	639	256	266	209	139	774	870	1,644
North Country Hospital	67	705	1,191	506	445	356	278	1,963	1,585	3,548
Northeastern Vermont Regional Hospital	85	847	1,983	475	494	424	385	2,915	1,778	4,693
Northwestern Medical Center	94	1,153	2,727	790	682	575	398	3,974	2,445	6,419
Porter Medical Center	141	454	1,178	370	354	196	147	1,773	1,067	2,840
Rutland Regional Medical Center	352	3,381	6,745	2,459	2,344	1,884	2,103	10,478	8,790	19,268
Southwestern Vermont Medical Center	84	1,940	3,562	1,188	1,137	820	771	5,586	3,916	9,502
Springfield Hospital	64	626	971	320	269	159	168	1,661	916	2,577
University of Vermont Medical Center	2,537	9,073	18,086	8,881	7,760	6,058	7,808	29,696	30,507	60,203
Total	3,680	22,685	44,086	17,768	15,806	12,220	13,857	70,451	59,651	130,102

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary CPT code in CCS high-level groups 1 through 15.

Table O-7

2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents

Vermont Hospitals by Principal Payer

Vermont Hospital	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%
Brattleboro Memorial Hospital	1,649	40.1%	767	18.6%	18	0.4%	40	1.0%	1,618	39.3%	18	0.4%	3	0.1%	4,113	3.2%
Central Vermont Medical Center	3,307	35.5%	1,295	13.9%	148	1.6%	68	0.7%	4,426	47.6%	63	0.7%	-	0.0%	9,307	7.2%
Copley Hospital	967	22.1%	539	12.3%	37	0.8%	106	2.4%	1,474	33.7%	1,251	28.6%	1	0.0%	4,375	3.4%
Gifford Medical Center	630	39.1%	301	18.7%	29	1.8%	7	0.4%	618	38.3%	27	1.7%	-	0.0%	1,612	1.2%
Grace Cottage Family Health & Hospital	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	100.0%	-	0.0%	-	0.0%	1	0.0%
Mt. Ascutney Hospital and Health Center	813	49.5%	115	7.0%	-	0.0%	6	0.4%	708	43.1%	2	0.1%	-	0.0%	1,644	1.3%
North Country Hospital	1,707	48.1%	663	18.7%	29	0.8%	25	0.7%	1,109	31.3%	7	0.2%	8	0.2%	3,548	2.7%
Northeastern Vermont Regional Hospital	1,734	36.9%	978	20.8%	40	0.9%	60	1.3%	1,858	39.6%	23	0.5%	-	0.0%	4,693	3.6%
Northwestern Medical Center	2,488	38.8%	821	12.8%	99	1.5%	96	1.5%	2,871	44.7%	44	0.7%	-	0.0%	6,419	4.9%
Porter Medical Center	1,013	35.7%	223	7.9%	18	0.6%	-	0.0%	1,567	55.2%	17	0.6%	2	0.1%	2,840	2.2%
Rutland Regional Medical Center	10,159	52.7%	2,823	14.7%	183	0.9%	168	0.9%	5,822	30.2%	110	0.6%	3	0.0%	19,268	14.8%
Southwestern Vermont Medical Center	4,045	42.6%	929	9.8%	78	0.8%	67	0.7%	4,340	45.7%	43	0.5%	-	0.0%	9,502	7.3%
Springfield Hospital	1,043	40.5%	472	18.3%	27	1.0%	17	0.7%	971	37.7%	47	1.8%	-	0.0%	2,577	2.0%
University of Vermont Medical Center	32,357	53.7%	4,722	7.8%	768	1.3%	580	1.0%	21,179	35.2%	264	0.4%	333	0.6%	60,203	46.3%
Total	61,912	47.6%	14,648	11.3%	1,474	1.1%	1,240	1.0%	48,562	37.3%	1,916	1.5%	350	0.3%	130,102	100.0%

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

Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary CPT code in CCS high-level groups 1 through 15.

Table O-8
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Diagnosis Groups	Principal Payer															
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		Total	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Infectious & parasitic diseases	519	69.5%	69	9.2%	5	0.7%	-	0.0%	151	20.2%	3	0.4%	-	0.0%	747	0.6%
Neoplasms	8,027	61.1%	905	6.9%	112	0.9%	3	0.0%	4,044	30.8%	33	0.3%	3	0.0%	13,127	10.1%
Endocrine, nutritional, metabolic, immunity	1,208	63.7%	190	10.0%	16	0.8%	1	0.1%	473	24.9%	7	0.4%	1	0.1%	1,896	1.5%
Diseases of the blood & blood-forming organs	439	60.2%	75	10.3%	5	0.7%	-	0.0%	208	28.5%	-	0.0%	2	0.3%	729	0.6%
Mental disorders	130	51.6%	56	22.2%	-	0.0%	-	0.0%	60	23.8%	6	2.4%	-	0.0%	252	0.2%
Diseases of the nervous system and sense organs	10,869	65.3%	1,434	8.6%	148	0.9%	154	0.9%	3,997	24.0%	47	0.3%	1	0.0%	16,650	12.8%
Diseases of the circulatory system	2,322	56.5%	322	7.8%	52	1.3%	3	0.1%	1,379	33.5%	21	0.5%	13	0.3%	4,112	3.2%
Diseases of the respiratory system	6,248	51.2%	1,621	13.3%	164	1.3%	15	0.1%	4,116	33.7%	42	0.3%	3	0.0%	12,209	9.4%
Diseases of the digestive system	4,457	37.6%	1,595	13.5%	150	1.3%	57	0.5%	5,486	46.3%	91	0.8%	2	0.0%	11,838	9.1%
Diseases of the genitourinary system	5,743	52.1%	1,053	9.5%	96	0.9%	2	0.0%	3,785	34.3%	47	0.4%	305	2.8%	11,031	8.5%
Pregnancy, childbirth, and the puerperium	122	2.4%	2,325	45.4%	88	1.7%	-	0.0%	2,525	49.3%	59	1.2%	-	0.0%	5,119	3.9%
Diseases of the skin and subcutaneous tissue	3,264	75.0%	341	7.8%	16	0.4%	8	0.2%	705	16.2%	17	0.4%	1	0.0%	4,352	3.3%
Musculoskeletal system and connective tissue	10,709	55.8%	1,716	8.9%	274	1.4%	602	3.1%	5,822	30.3%	68	0.4%	6	0.0%	19,197	14.8%
Congenital anomalies	36	8.8%	121	29.7%	8	2.0%	2	0.5%	235	57.7%	5	1.2%	-	0.0%	407	0.3%
Conditions originating in the perinatal period	-	0.0%	54	32.7%	2	1.2%	-	0.0%	90	54.5%	19	11.5%	-	0.0%	165	0.1%
Injury & poisoning	1,397	26.3%	744	14.0%	69	1.3%	384	7.2%	2,653	49.9%	62	1.2%	12	0.2%	5,321	4.1%
Symptoms, signs & ill-defined conditions	5,890	27.0%	1,902	8.7%	257	1.2%	7	0.0%	12,413	57.0%	1,312	6.0%	1	0.0%	21,782	16.7%
Residual codes, unclassified, all Ecodes	532	45.5%	125	10.7%	12	1.0%	2	0.2%	420	36.0%	77	6.6%	-	0.0%	1,168	0.9%
Total	61,912	47.6%	14,648	11.3%	1,474	1.1%	1,240	1.0%	48,562	37.3%	1,916	1.5%	350	0.3%	130,102	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.
Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary CPT code in CCS high-level groups 1 through 15.
CCS Diagnosis Groups are based on the first listed diagnosis code.

Table O-9
2018Vermont Hospital Outpatient Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Procedure Groups by Principal Payer

CCS High Level Procedure 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%
Operations on the nervous system	5,723	46.4%	1,432	11.6%	200	1.6%	465	3.8%	4,455	36.1%	54	0.4%	4	0.0%	12,333	9.5%
Operations on the endocrine system	87	27.9%	40	12.8%	1	0.3%	-	0.0%	184	59.0%	-	0.0%	-	0.0%	312	0.2%
Operations on the eye	6,879	77.9%	299	3.4%	61	0.7%	4	0.0%	1,565	17.7%	19	0.2%	1	0.0%	8,828	6.8%
Operations on the ear	1,882	59.4%	505	15.9%	25	0.8%	-	0.0%	742	23.4%	13	0.4%	-	0.0%	3,167	2.4%
Operations on the nose, mouth, and pharynx	1,385	39.7%	664	19.0%	36	1.0%	4	0.1%	1,388	39.8%	13	0.4%	-	0.0%	3,490	2.7%
Operations on the respiratory system	7,260	56.1%	1,485	11.5%	177	1.4%	16	0.1%	3,931	30.4%	63	0.5%	2	0.0%	12,934	9.9%
Operations on the cardiovascular system	4,113	54.1%	747	9.8%	81	1.1%	6	0.1%	2,594	34.1%	25	0.3%	39	0.5%	7,605	5.8%
Operations on the hemic and lymphatic system	142	42.6%	34	10.2%	6	1.8%	-	0.0%	150	45.0%	1	0.3%	-	0.0%	333	0.3%
Operations on the digestive system	13,221	37.5%	3,278	9.3%	422	1.2%	58	0.2%	17,852	50.6%	163	0.5%	293	0.8%	35,287	27.1%
Operations on the urinary system	3,527	67.5%	371	7.1%	39	0.7%	-	0.0%	1,268	24.3%	19	0.4%	4	0.1%	5,228	4.0%
Operations on the male genital organs	641	43.1%	179	12.0%	23	1.5%	1	0.1%	612	41.1%	32	2.2%	-	0.0%	1,488	1.1%
Operations on the female genital organs	769	12.8%	1,239	20.7%	77	1.3%	1	0.0%	3,853	64.4%	48	0.8%	-	0.0%	5,987	4.6%
Obstetrical procedures	87	2.1%	1,999	48.8%	68	1.7%	-	0.0%	1,900	46.4%	44	1.1%	-	0.0%	4,098	3.1%
Operations on the musculoskeletal system	8,286	50.8%	1,577	9.7%	199	1.2%	663	4.1%	5,483	33.6%	83	0.5%	5	0.0%	16,296	12.5%
Operations on the integumentary system	7,910	62.2%	799	6.3%	59	0.5%	22	0.2%	2,585	20.3%	1,339	10.5%	2	0.0%	12,716	9.8%
Total	61,912	47.6%	14,648	11.3%	1,474	1.1%	1,240	1.0%	48,562	37.3%	1,916	1.5%	350	0.3%	130,102	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.
Outpatient procedures are outpatient visits that did not originate in the ED and that have a primary CPT code in CCS high-level groups 1 through 15.
CCS procedure groups are based on primary CPT.

Table O-10
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents
Outpatient Visits and Average Charges by Vermont Hospitals
Procedure Categories defined by Clinical Classifications Software for Services and Procedures

CCS Single Level Procedure Categories

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
2 Insertion, replacem, rem of extracranial ventricular shunt															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	18	18
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 7,929	$ 7,929
3 Laminectomy, excision intervertebral disc															
N	2	4	-	10	-	-	-	-	23	-	47	-	-	239	325
Avg$	$ 14,124	$ 15,171	-	$ 28,815	-	-	-	-	$ 16,345	-	$ 17,183	-	-	$ 16,487	$ 16,926
4 Diagnostic spinal tap															
N	-	12	1	12	-	-	1	-	-	1	20	-	-	6	53
Avg$	-	$ 2,177	$ 1,091	$ 4,885	-	-	$ 3,048	-	-	$ 4,242	$ 2,131	-	-	$ 64,820	$ 9,899
5 Insert cath, spinal stimulator, inject into spinal canal															
N	-	410	103	73	-	51	109	193	252	-	780	429	1	1,687	4,088
Avg$	-	$ 882	$ 1,470	$ 2,158	-	$ 2,097	$ 3,091	$ 2,247	$ 700	-	$ 1,752	$ 2,764	$ 355	$ 3,212	$ 2,372
6 Decompression peripheral nerve															
N	81	149	116	39	-	1	83	83	146	61	180	29	78	486	1,532
Avg$	$ 4,186	$ 6,075	$ 4,701	$ 13,703	-	$ 10,750	$ 7,992	$ 8,442	$ 3,603	$ 5,835	$ 4,479	$ 3,931	$ 2,774	$ 4,393	$ 5,125
7 Other diagnostic nervous system procedures															
N	2	2	-	-	-	7	-	-	23	-	610	3	-	1,852	2,499
Avg$	$ 1,877	$ 7,133	-	-	-	$ 9,772	-	-	$ 539	-	$ 1,153	$ 2,754	-	$ 1,793	$ 1,653
8 Other non-OR or closed therapeutic nerv syst procs															
N	1	227	56	7	-	36	45	101	7	2	235	42	-	1,409	2,168
Avg$	$ 1,274	$ 1,886	$ 1,634	$ 2,640	-	$ 4,819	$ 3,221	$ 1,922	$ 474	$ 654	$ 1,673	$ 3,279	-	$ 5,291	$ 4,171
9 Other OR therapeutic nervous system procedures															
N	-	15	2	4	-	15	2	63	12	-	235	4	-	1,298	1,650
Avg$	-	$ 17,086	$ 7,130	$ 14,772	-	$ 8,340	$ 10,312	$ 5,736	$ 5,669	-	$ 5,234	$ 7,213	-	$ 7,519	$ 7,226
10 Thyroidectomy, partial or complete															
N	-	8	-	-	-	-	2	-	2	-	11	7	-	120	150
Avg$	-	$ 17,652	-	-	-	-	$ 34,649	-	$ 17,541	-	$ 20,619	$ 20,792	-	$ 15,524	$ 16,539
11 Diagnostic endocrine procedures															
N	-	-	-	-	-	-	-	4	-	-	61	-	-	4	69
Avg$	-	-	-	-	-	-	-	$ 416	-	-	$ 942	-	-	$ 629	$ 893
12 Other therapeutic endocrine procedures															
N	-	1	-	-	-	-	-	-	-	-	12	11	-	69	93
Avg$	-	$ 13,569	-	-	-	-	-	-	-	-	$ 16,995	$ 25,204	-	$ 15,884	$ 17,105
13 Corneal transplant															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 22,589	$ 22,589

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	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
14 Glaucoma procedures															
N	2	39	1	2	-	-	6	1	3	-	38	-	2	314	408
Avg$	$ 14,182	$ 785	$ 10,221	$ 13,354	-	-	$ 14,554	$ 24,267	$ 4,844	-	$ 1,299	-	$ 5,259	$ 2,162	$ 2,355
15 Lens & cataract procedures															
N	429	762	96	229	-	360	384	441	506	333	341	-	160	754	4,795
Avg$	$ 6,815	$ 5,329	$ 5,217	$ 6,282	-	$ 6,173	$ 7,399	$ 11,595	$ 5,141	$ 4,705	$ 5,318	-	$ 4,405	$ 4,774	$ 6,129
16 Repair of retinal tear, detachment															
N	-	3	-	-	-	-	-	-	-	-	-	-	-	275	278
Avg$	-	$ 950	-	-	-	-	-	-	-	-	-	-	-	$ 9,077	$ 8,989
17 Destruction of lesion of retina & choroid															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	82	82
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 3,154	$ 3,154
18 Diagnostic procedures on eye															
N	-	2	-	-	-	-	-	1	-	-	18	-	-	33	54
Avg$	-	$ 8,621	-	-	-	-	-	$ 11,722	-	-	$ 1,823	-	-	$ 2,376	$ 2,596
19 Other therapeutic procedures on eyelids, conjunctiva, cornea															
N	2	7	-	1	-	-	2	1	14	23	156	1	10	277	494
Avg$	$ 6,534	$ 8,844	-	$ 10,598	-	-	$ 1,430	$ 5,259	$ 2,982	$ 6,147	$ 2,885	$ 3,565	$ 4,055	$ 4,970	$ 4,347
20 Other intraocular therapeutic procedures															
N	-	-	-	-	-	-	-	-	-	-	-	-	1	2,584	2,585
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	$ 3,187	$ 5,034	$ 5,033
21 Other extraocular muscle & orbit therapeutic procedures															
N	-	-	-	46	-	-	-	-	-	-	-	-	1	81	128
Avg$	-	-	-	$ 13,101	-	-	-	-	-	-	-	-	$ 2,949	$ 5,870	$ 8,446
22 Tympanoplasty															
N	-	9	-	-	-	-	-	-	1	10	12	2	1	62	97
Avg$	-	$ 7,686	-	-	-	-	-	-	$ 4,268	$ 9,333	$ 9,445	$ 7,572	$ 4,973	$ 16,847	$ 13,863
23 Myringotomy															
N	2	34	-	-	-	-	8	14	7	57	97	20	20	568	827
Avg$	$ 3,937	$ 4,924	-	-	-	-	$ 6,591	$ 6,667	$ 4,081	$ 5,295	$ 1,914	$ 3,989	$ 3,231	$ 3,804	$ 3,800
24 Mastoidectomy															
N	-	-	-	-	-	-	-	-	-	-	3	-	-	21	24
Avg$	-	-	-	-	-	-	-	-	-	-	$ 18,465	-	-	$ 27,682	$ 26,530
25 Diagnostic procedures on ear															
N	-	-	-	-	-	-	1	-	-	-	-	-	-	5	6
Avg$	-	-	-	-	-	-	$ 1,137	-	-	-	-	-	-	$ 321	$ 457

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	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
26 Other therapeutic ear procedures															
N	1	3	-	-	-	-	1	1	4	2	1,342	3	4	852	2,213
Avg$	$ 2,840	$ 3,527	-	-	-	-	$ 6,462	$ 10,395	$ 4,402	$ 5,189	$ 259	$ 2,848	$ 3,897	$ 4,737	$ 2,018
27 Control of epistaxis															
N	-	-	-	-	-	-	-	2	2	1	120	2	1	47	175
Avg$	-	-	-	-	-	-	-	$ 7,604	$ 4,053	$ 7,378	$ 708	$ 5,163	$ 1,619	$ 1,535	$ 1,141
28 Plastic procedures on nose															
N	-	7	-	-	-	-	3	4	27	25	45	17	4	135	267
Avg$	-	$ 11,131	-	-	-	-	$ 11,510	$ 16,819	$ 10,036	$ 11,274	$ 9,901	$ 9,772	$ 9,127	$ 14,123	$ 12,312
29 Dental procedures															
N	9	-	-	-	-	-	-	-	-	1	1	-	-	26	37
Avg$	$ 11,538	-	-	-	-	-	-	-	-	$ 12,204	$ 6,298	-	-	$ 12,233	$ 11,903
30 Tonsillectomy and/or adenoidectomy															
N	1	57	-	-	-	-	27	13	34	44	118	34	15	252	595
Avg$	$ 7,837	$ 8,424	-	-	-	-	$ 8,092	$ 13,780	$ 5,184	$ 9,305	$ 6,757	$ 5,446	$ 6,986	$ 6,183	$ 6,919
31 Diagnostic procedures on nose, mouth & pharynx															
N	9	12	3	10	1	1	20	14	1	15	1,012	19	1	900	2,018
Avg$	$ 216	$ 4,818	$ 286	$ 791	$ 576	$ 285	$ 1,061	$ 644	$ 4,603	$ 618	$ 389	$ 1,223	$ 5,866	$ 919	$ 676
32 Other non-OR therapeutic procedures on nose, mouth & pharynx															
N	-	3	-	-	-	-	4	2	3	2	10	-	-	4	28
Avg$	-	$ 2,115	-	-	-	-	$ 3,605	$ 8,102	$ 2,511	$ 7,360	$ 1,952	-	-	$ 4,613	$ 3,471
33 Other OR therapeutic procedures on nose, mouth & pharynx															
N	4	27	-	-	-	-	9	5	15	39	54	4	6	207	370
Avg$	$ 11,377	$ 12,797	-	-	-	-	$ 3,320	$ 14,466	$ 13,412	$ 10,831	$ 5,974	$ 8,579	$ 9,388	$ 13,159	$ 11,497
34 Tracheostomy, temporary & permanent															
N	-	-	-	-	-	-	-	-	-	-	3	-	-	1	4
Avg$	-	-	-	-	-	-	-	-	-	-	$ 9,577	-	-	$ 12,169	$ 10,225
35 Tracheoscopy & laryngoscopy with biopsy															
N	1	52	-	-	-	-	-	1	2	3	1,133	1	3	728	1,924
Avg$	$ 3,929	$ 1,596	-	-	-	-	-	$ 13,046	$ 7,051	$ 7,439	$ 432	$ 10,225	$ 6,328	$ 1,053	$ 739
37 Diagnostic bronchoscopy & biopsy of bronchus															
N	-	3	-	-	-	-	6	-	20	-	45	10	-	277	361
Avg$	-	$ 3,969	-	-	-	-	$ 23,417	-	$ 2,625	-	$ 8,020	$ 4,474	-	$ 8,842	$ 8,476
38 Other diagnostic procedures on lung & bronchus															
N	222	601	71	145	-	106	437	229	565	51	981	2,012	190	4,589	10,199
Avg$	$ 512	$ 703	$ 591	$ 1,469	-	$ 587	$ 1,570	$ 1,294	$ 286	$ 697	$ 1,141	$ 316	$ 558	$ 1,019	$ 840

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	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
39 Incision of pleura, thoracentesis, chest drainage															
N	6	2	4	2	-	1	4	1	1	-	23	15	1	126	186
Avg$	$ 3,921	$ 7,760	$ 1,885	$ 8,504	-	$ 2,722	$ 5,064	$ 6,379	$ 1,523	-	$ 3,827	$ 3,043	$ 4,007	$ 3,552	$ 3,655
40 Other diagnostic proc of respiratory tract & mediastinum															
N	-	-	-	-	-	-	26	-	-	-	66	-	-	4	96
Avg$	-	-	-	-	-	-	$ 359	-	-	-	$ 910	-	-	$ 709	$ 753
41 Other non-OR therapeutic procedures on respiratory system															
N	-	-	-	-	-	-	-	-	-	-	1	-	-	20	21
Avg$	-	-	-	-	-	-	-	-	-	-	$ 449	-	-	$ 3,835	$ 3,674
42 Other OR therapeutic procedures on respiratory system															
N	-	11	-	-	-	-	2	1	7	3	12	1	1	105	143
Avg$	-	$ 7,844	-	-	-	-	$ 6,044	$ 11,944	$ 4,534	$ 11,675	$ 10,618	$ 5,311	$ 10,865	$ 11,149	$ 10,429
43 Heart valve procedures															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 15,199	$ 15,199
45 Percutaneous transluminal coronary angioplasty (PTCA)															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	14	14
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 40,377	$ 40,377
47 Diagnostic cardiac catheterization, coronary arteriography															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	1,082	1,082
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 24,572	$ 24,572
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib															
N	-	29	-	-	-	-	-	-	-	-	31	21	-	212	293
Avg$	-	$ 25,067	-	-	-	-	-	-	-	-	$ 39,065	$ 15,945	-	$ 51,360	$ 44,919
49 Other OR heart procedures															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	13	13
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 35,948	$ 35,948
53 Varicose vein stripping, lower limb															
N	7	16	-	-	-	-	5	-	-	-	-	-	-	187	215
Avg$	$ 7,025	$ 11,594	-	-	-	-	$ 14,231	-	-	-	-	-	-	$ 11,717	$ 11,614
54 Other vascular catheterization, not heart															
N	28	115	7	2	-	9	31	19	9	3	118	86	7	651	1,085
Avg$	$ 7,585	$ 9,163	$ 9,545	$ 19,096	-	$ 14,159	$ 12,494	$ 13,984	$ 2,194	$ 12,637	$ 6,639	$ 7,549	$ 7,226	$ 12,953	$ 11,175
56 Other vascular bypass & shunt, not heart															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 4,398	$ 4,398

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57 Creat, revis, rem of arteriov fistula or cannula for dialys															
N	-	-	-	-	-	-	-	-	-	-	4	-	-	286	290
Avg$	-	-	-	-	-	-	-	-	-	-	$ 15,843	-	-	$ 14,233	$ 14,255
58 Hemodialysis															
N	-	-	-	-	-	-	-	-	-	-	-	2	-	28	30
Avg$	-	-	-	-	-	-	-	-	-	-	-	$ 4,514	-	$ 9,392	$ 9,066
59 Other OR procedures on vessels of head & neck															
N	1	6	1	7	-	-	4	2	9	8	11	9	2	28	88
Avg$	$ 1,920	$ 3,814	$ 1,316	$ 14,935	-	-	$ 12,195	$ 9,915	$ 1,610	$ 6,365	$ 4,603	$ 1,782	$ 7,171	$ 14,312	$ 8,482
60 Embolectomy & endarterectomy of lower limbs															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 50,937	$ 50,937
61 Other OR procedures on vessels other than head & neck															
N	-	-	-	-	-	-	-	-	1	-	25	-	1	287	314
Avg$	-	-	-	-	-	-	-	-	$ 13,421	-	$ 13,176	-	$ 7,642	$ 33,576	$ 31,805
62 Other diagnostic cardiovascular procedures															
N	98	65	-	5	-	-	1	-	-	2	133	66	-	326	696
Avg$	$ 709	$ 1,751	-	$ 623	-	-	$ 205	-	-	$ 6,928	$ 3,834	$ 176	-	$ 11,864	$ 6,594
63 Other non-OR therapeutic cardiovascular procedures															
N	18	99	64	5	-	5	187	889	154	106	376	354	90	1,131	3,478
Avg$	$ 6,025	$ 2,563	$ 430	$ 2,116	-	$ 7,448	$ 1,579	$ 1,448	$ 417	$ 1,188	$ 1,785	$ 1,229	$ 313	$ 2,014	$ 1,616
64 Bone marrow transplant															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	35	35
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 11,490	$ 11,490
65 Bone marrow biopsy															
N	8	4	-	-	-	-	-	-	-	-	26	-	-	69	107
Avg$	$ 1,995	$ 3,234	-	-	-	-	-	-	-	-	$ 8,706	-	-	$ 4,333	$ 5,180
66 Procedures on spleen															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 21,086	$ 21,086
67 Other therap procedures, hemic & lymphatic system															
N	4	8	2	-	-	2	6	2	1	2	21	17	1	124	190
Avg$	$ 10,839	$ 10,569	$ 8,531	-	-	$ 18,820	$ 15,022	$ 14,423	$ 7,909	$ 13,814	$ 10,324	$ 7,676	$ 8,707	$ 16,205	$ 14,224
68 Injection or ligation of esophageal varices															
N	8	6	4	-	-	-	-	-	-	-	11	5	-	21	55
Avg$	$ 3,861	$ 4,207	$ 2,457	-	-	-	-	-	-	-	$ 4,619	$ 4,242	-	$ 3,911	$ 4,002

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69 Esophageal dilatation															
N	48	54	13	-	-	9	12	4	28	5	54	23	6	180	436
Avg$	$ 3,316	$ 4,748	$ 2,314	-	-	$ 2,716	$ 5,989	$ 5,800	$ 3,467	$ 4,766	$ 5,131	$ 2,236	$ 4,114	$ 5,807	$ 4,781
70 Upper gastrointestinal endoscopy, biopsy															
N	200	483	172	34	-	156	171	110	574	120	542	404	205	2,004	5,175
Avg$	$ 3,009	$ 3,887	$ 2,238	$ 5,039	-	$ 3,465	$ 6,115	$ 5,130	$ 2,095	$ 3,823	$ 4,552	$ 2,007	$ 2,623	$ 3,863	$ 3,556
71 Gastrostomy, temporary & permanent															
N	2	11	-	-	-	-	4	-	16	-	19	1	-	52	105
Avg$	$ 4,209	$ 3,452	-	-	-	-	$ 7,070	-	$ 539	-	$ 2,523	$ 7,797	-	$ 3,175	$ 2,896
72 Colostomy, temporary & permanent															
N	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Avg$	-	-	-	-	-	-	-	-	$ 873	-	-	-	-	-	$ 873
73 Ileostomy & other enterostomy															
N	-	-	-	-	-	-	-	-	-	-	7	-	-	12	19
Avg$	-	-	-	-	-	-	-	-	-	-	$ 2,536	-	-	$ 4,559	$ 3,814
76 Colonoscopy & biopsy															
N	1,000	2,648	825	319	-	681	850	688	1,806	1,093	1,897	2,387	716	7,043	21,953
Avg$	$ 3,269	$ 4,840	$ 2,250	$ 7,691	-	$ 2,948	$ 5,837	$ 5,456	$ 1,654	$ 3,922	$ 5,181	$ 2,736	$ 2,574	$ 4,626	$ 4,062
77 Proctoscopy & anorectal biopsy															
N	17	33	18	2	-	7	18	3	36	6	46	29	27	347	589
Avg$	$ 2,451	$ 2,015	$ 1,581	$ 4,648	-	$ 1,281	$ 5,461	$ 10,420	$ 1,205	$ 1,919	$ 1,364	$ 1,938	$ 2,430	$ 1,736	$ 1,912
78 Colorectal resection															
N	-	2	-	-	-	-	-	-	-	-	1	-	-	4	7
Avg$	-	$ 14,951	-	-	-	-	-	-	-	-	$ 7,059	-	-	$ 8,067	$ 9,890
80 Appendectomy															
N	6	6	3	1	-	3	3	5	2	3	10	5	-	24	71
Avg$	$ 14,200	$ 10,974	$ 14,418	$ 28,201	-	$ 21,893	$ 15,128	$ 29,217	$ 9,783	$ 30,419	$ 7,070	$ 12,613	-	$ 15,712	$ 15,512
81 Hemorrhoid procedures															
N	8	11	2	4	-	4	13	15	37	1	27	8	13	86	229
Avg$	$ 5,968	$ 5,942	$ 688	$ 15,017	-	$ 18,072	$ 10,357	$ 11,629	$ 2,616	$ 9,918	$ 4,207	$ 7,458	$ 7,408	$ 3,577	$ 5,414
82 Endoscopic retrograde cannulation of pancreas (ERCP)															
N	-	3	-	-	-	-	-	-	-	-	-	17	-	116	136
Avg$	-	$ 9,405	-	-	-	-	-	-	-	-	-	$ 12,998	-	$ 14,491	$ 14,192
84 Cholecystectomy & common duct exploration															
N	36	128	34	16	-	26	46	32	151	32	78	108	36	196	919
Avg$	$ 10,445	$ 15,049	$ 13,169	$ 25,535	-	$ 19,385	$ 20,238	$ 26,578	$ 9,812	$ 28,930	$ 10,039	$ 10,754	$ 11,681	$ 11,861	$ 13,647

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85 Inguinal & femoral hernia repair															
N	53	92	59	25	-	32	52	53	93	42	115	91	33	333	1,073
Avg$	$ 7,642	$ 11,842	$ 14,592	$ 31,143	-	$ 20,353	$ 22,328	$ 22,882	$ 9,233	$ 21,563	$ 11,478	$ 12,226	$ 8,350	$ 10,803	$ 13,261
86 Other hernia repair															
N	30	85	16	9	-	14	29	34	90	25	96	104	29	230	791
Avg$	$ 8,355	$ 10,859	$ 15,272	$ 21,940	-	$ 21,623	$ 18,973	$ 25,086	$ 7,661	$ 15,292	$ 14,552	$ 10,170	$ 10,583	$ 11,976	$ 12,527
87 Laparoscopy															
N	4	2	-	2	-	1	6	2	11	3	8	10	-	28	77
Avg$	$ 7,002	$ 13,903	-	$ 17,789	-	$ 14,554	$ 14,833	$ 23,480	$ 7,288	$ 11,399	$ 10,349	$ 9,404	-	$ 12,065	$ 11,311
88 Abdominal paracentesis															
N	43	17	7	3	-	1	7	3	3	-	39	103	2	154	382
Avg$	$ 4,336	$ 1,798	$ 554	$ 8,976	-	$ 1,888	$ 1,653	$ 12,127	$ 761	-	$ 2,448	$ 2,247	$ 2,181	$ 1,900	$ 2,418
89 Exploratory laparotomy															
N	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Avg$	-	-	-	-	-	-	-	-	-	-	$ 3,722	-	-	-	$ 3,722
91 Peritoneal dialysis															
N	-	-	-	-	-	-	-	-	-	-	-	91	-	2,440	2,531
Avg$	-	-	-	-	-	-	-	-	-	-	-	$ 40,317	-	$ 11,017	$ 12,070
93 Other non-OR upper GI therapeutic procedures															
N	1	-	-	-	-	1	3	-	-	2	3	1	-	11	22
Avg$	$ 4,042	-	-	-	-	$ 2,066	$ 6,502	-	-	$ 6,666	$ 4,802	$ 5,108	-	$ 6,632	$ 5,973
94 Other OR upper GI therapeutic procedures															
N	-	9	-	-	-	2	-	-	5	-	2	-	-	37	55
Avg$	-	$ 1,184	-	-	-	$ 29,618	-	-	$ 20,484	-	$ 21,387	-	-	$ 16,205	$ 14,812
95 Other non-OR lower GI therapeutic procedures															
N	1	2	-	-	-	-	1	-	4	1	7	2	1	15	34
Avg$	$ 5,135	$ 6,182	-	-	-	-	$ 7,396	-	$ 2,676	$ 5,625	$ 5,165	$ 6,020	$ 3,621	$ 4,591	$ 4,762
96 Other OR lower GI therapeutic procedures															
N	11	21	1	2	-	4	5	14	21	2	9	7	5	79	181
Avg$	$ 5,347	$ 7,175	$ 9,416	$ 10,242	-	$ 11,030	$ 9,911	$ 10,878	$ 4,003	$ 9,157	$ 4,851	$ 6,416	$ 5,679	$ 5,496	$ 6,292
97 Other gastrointestinal diagnostic procedures															
N	1	15	-	-	-	-	-	-	2	-	2	-	1	199	220
Avg$	$ 3,763	$ 2,198	-	-	-	-	-	-	$ 3,481	-	$ 3,197	-	$ 2,633	$ 3,035	$ 2,985
98 Other non-OR gastrointestinal therapeutic procedures															
N	-	7	-	-	-	-	-	-	-	-	-	-	-	90	97
Avg$	-	$ 3,777	-	-	-	-	-	-	-	-	-	-	-	$ 4,206	$ 4,175

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	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
99 Other OR gastrointestinal therapeutic procedures															
N	1	2	1	-	-	-	1	-	4	1	7	5	-	106	128
Avg$	$ 4,578	$ 6,726	$ 10,328	-	-	-	$ 1,528	-	$ 7,100	$ 9,365	$ 7,994	$ 6,645	-	$ 8,411	$ 8,191
100 Endoscopy & endoscopic biopsy of the urinary tract															
N	14	38	7	13	-	-	3	40	17	7	315	13	12	719	1,198
Avg$	$ 8,189	$ 6,596	$ 7,497	$ 11,337	-	-	$ 15,319	$ 8,338	$ 6,251	$ 13,639	$ 2,071	$ 8,190	$ 6,100	$ 1,951	$ 2,822
101 Transurethral excision, drainage, rem urinary obstruction															
N	23	28	11	14	-	-	17	38	22	21	113	51	24	329	691
Avg$	$ 8,351	$ 9,627	$ 9,690	$ 11,042	-	-	$ 12,956	$ 13,940	$ 6,041	$ 14,633	$ 5,847	$ 8,200	$ 9,675	$ 6,242	$ 7,638
102 Ureteral catheterization															
N	11	46	7	8	-	-	10	27	18	16	9	17	6	128	303
Avg$	$ 6,511	$ 7,451	$ 7,529	$ 7,852	-	-	$ 15,832	$ 9,792	$ 6,424	$ 11,880	$ 7,098	$ 6,176	$ 7,261	$ 8,365	$ 8,388
103 Nephrotomy & nephrostomy															
N	2	-	-	1	-	-	-	-	-	-	5	-	-	106	114
Avg$	$ 18,930	-	-	$ 55,244	-	-	-	-	-	-	$ 3,614	-	-	$ 9,875	$ 10,157
104 Nephrectomy, partial or complete															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	9	9
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 24,706	$ 24,706
106 Genitourinary incontinence procedures															
N	2	5	2	24	-	-	7	1	16	1	13	3	1	108	183
Avg$	$ 14,350	$ 10,519	$ 1,885	$ 15,821	-	-	$ 13,725	$ 19,009	$ 10,094	$ 20,770	$ 10,855	$ 10,377	$ 3,821	$ 14,990	$ 13,973
107 Extracorporeal lithotripsy, urinary															
N	31	110	42	32	-	-	27	28	32	39	141	79	39	301	901
Avg$	$ 10,771	$ 14,885	$ 7,909	$ 10,058	-	-	$ 20,813	$ 22,891	$ 6,801	$ 17,707	$ 18,590	$ 16,910	$ 11,209	$ 13,774	$ 14,736
108 Indwelling catheter															
N	-	1	-	-	-	-	-	1	-	-	261	-	-	312	575
Avg$	-	$ 1,251	-	-	-	-	-	$ 5,380	-	-	$ 408	-	-	$ 395	$ 411
109 Procedures on the urethra															
N	1	10	-	1	-	-	1	2	-	26	44	2	8	81	176
Avg$	$ 7,452	$ 7,200	-	$ 18,813	-	-	$ 6,403	$ 10,681	-	$ 10,803	$ 1,699	$ 9,067	$ 4,978	$ 6,182	$ 5,911
110 Other diagnostic procedures of urinary tract															
N	-	-	-	1	-	-	-	-	-	-	8	2	-	17	28
Avg$	-	-	-	$ 27,134	-	-	-	-	-	-	$ 3,670	$ 3,874	-	$ 4,449	$ 4,996
111 Other non-OR therapeutic procedures of urinary tract															
N	-	-	1	-	-	-	-	-	1	1	93	-	-	628	724
Avg$	-	-	$ 1,073	-	-	-	-	-	$ 4,240	$ 5,096	$ 501	-	-	$ 823	$ 792

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	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
112 Other OR therapeutic procedures of urinary tract															
N	8	14	5	29	-	-	6	12	10	17	54	13	19	139	326
Avg$	$ 7,481	$ 8,705	$ 7,840	$ 11,586	-	-	$ 11,517	$ 10,330	$ 10,167	$ 11,921	$ 8,332	$ 7,419	$ 6,635	$ 10,248	$ 9,666
113 Transurethral resection of prostate (TURP)															
N	1	22	3	2	-	-	2	-	-	21	19	16	-	70	156
Avg$	$ 16,483	$ 14,776	$ 12,827	$ 29,694	-	-	$ 20,810	-	-	$ 19,242	$ 10,881	$ 11,531	-	$ 9,652	$ 12,513
114 Open prostatectomy															
N	-	-	-	3	-	-	-	-	-	2	-	2	-	97	104
Avg$	-	-	-	$ 36,798	-	-	-	-	-	$ 24,605	-	$ 32,452	-	$ 24,595	$ 25,098
115 Circumcision															
N	-	46	-	4	-	-	18	10	17	40	14	19	9	95	272
Avg$	-	$ 2,082	-	$ 13,818	-	-	$ 3,044	$ 4,214	$ 1,713	$ 795	$ 8,255	$ 2,188	$ 970	$ 7,795	$ 4,468
116 Diagnostic procedures, male genital															
N	15	6	1	1	-	-	22	-	-	-	53	1	128	152	379
Avg$	$ 1,042	$ 8,548	$ 5,291	$ 8,455	-	-	$ 4,376	-	-	-	$ 5,624	$ 4,400	$ 1,786	$ 2,571	$ 2,899
117 Other non-OR therapeutic procedures, male genital															
N	-	18	1	1	-	-	2	5	1	3	41	1	6	66	145
Avg$	-	$ 6,349	$ 1,680	$ 10,399	-	-	$ 9,708	$ 5,870	$ 4,343	$ 5,602	$ 3,728	$ 16,698	$ 5,981	$ 6,667	$ 5,799
118 Other OR therapeutic procedures, male genital															
N	10	16	4	9	-	-	14	17	5	11	16	13	26	291	432
Avg$	$ 7,540	$ 9,435	$ 8,534	$ 14,797	-	-	$ 14,981	$ 14,138	$ 8,183	$ 15,384	$ 12,495	$ 7,957	$ 13,997	$ 12,829	$ 12,626
119 Oophorectomy, unilateral & bilateral															
N	18	3	14	8	-	-	36	15	26	11	48	20	22	165	386
Avg$	$ 11,890	$ 11,692	$ 13,473	$ 20,281	-	-	$ 14,779	$ 22,041	$ 7,948	$ 17,609	$ 11,060	$ 14,816	$ 12,387	$ 12,553	$ 13,041
120 Other operations on ovary															
N	-	-	-	-	-	-	6	-	-	-	-	-	-	78	84
Avg$	-	-	-	-	-	-	$ 5,810	-	-	-	-	-	-	$ 3,475	$ 3,642
121 Ligation of fallopian tubes															
N	16	8	12	-	-	-	2	-	23	-	4	48	-	5	118
Avg$	$ 6,236	$ 10,368	$ 9,125	-	-	-	$ 13,739	-	$ 6,899	-	$ 8,635	$ 7,656	-	$ 8,149	$ 7,806
122 Removal of ectopic pregnancy															
N	1	-	-	-	-	-	-	-	1	1	2	1	2	3	11
Avg$	$ 11,575	-	-	-	-	-	-	-	$ 8,554	$ 18,899	$ 11,858	$ 14,583	$ 14,820	$ 9,211	$ 12,236
123 Other operations on fallopian tubes															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 23,338	$ 23,338

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	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
124 Hysterectomy, abdominal & vaginal															
N	29	5	17	18	-	-	34	9	50	22	55	47	20	364	670
Avg$	$ 16,371	$ 25,576	$ 20,169	$ 43,551	-	-	$ 30,024	$ 50,198	$ 13,307	$ 32,868	$ 18,651	$ 18,129	$ 25,147	$ 24,058	$ 23,475
125 Other excision of cervix & uterus															
N	18	4	25	11	-	-	2	13	60	24	28	47	12	89	333
Avg$	$ 7,758	$ 8,237	$ 10,684	$ 9,137	-	-	$ 16,954	$ 20,755	$ 5,987	$ 7,977	$ 10,695	$ 9,393	$ 8,387	$ 9,741	$ 9,319
126 Abortion (termination of pregnancy)															
N	-	-	-	-	-	-	-	-	-	4	-	1	-	68	73
Avg$	-	-	-	-	-	-	-	-	-	$ 8,269	-	$ 3,909	-	$ 7,618	$ 7,603
127 D&C, aspiration after delivery or abortion															
N	9	20	14	3	-	-	6	16	31	3	13	26	7	36	184
Avg$	$ 5,985	$ 6,625	$ 7,064	$ 6,273	-	-	$ 8,200	$ 9,110	$ 4,331	$ 8,205	$ 8,146	$ 4,804	$ 4,359	$ 6,365	$ 6,241
128 Diagnostic dilatation & curettage (D&C)															
N	2	-	6	4	-	-	3	2	1	-	3	1	1	11	34
Avg$	$ 5,258	-	$ 8,181	$ 6,564	-	-	$ 9,446	$ 10,515	$ 4,083	-	$ 8,613	$ 4,934	$ 3,413	$ 6,740	$ 7,284
129 Repair cystocele & rectocele, oblit of vaginal vault															
N	-	-	-	14	-	-	5	-	7	3	-	1	2	70	102
Avg$	-	-	-	$ 22,422	-	-	$ 13,799	-	$ 10,638	$ 11,615	-	$ 21,634	$ 21,235	$ 12,504	$ 14,036
130 Other diagnostic procedures, female organs															
N	52	645	20	17	-	2	34	16	61	24	510	1,251	25	369	3,026
Avg$	$ 7,965	$ 1,148	$ 5,455	$ 9,254	-	$ 407	$ 6,178	$ 11,123	$ 4,645	$ 7,514	$ 1,260	$ 733	$ 5,817	$ 5,950	$ 2,040
131 Other non-OR therapeutic procedures, female organs															
N	-	2	3	1	-	-	1	1	3	-	280	-	-	284	575
Avg$	-	$ 6,411	$ 4,973	$ 11,546	-	-	$ 7,409	$ 5,755	$ 3,126	-	$ 3,162	-	-	$ 659	$ 1,973
132 Other OR therapeutic procedures, female organs															
N	21	6	11	5	-	-	38	10	38	6	46	21	4	194	400
Avg$	$ 9,067	$ 8,320	$ 10,383	$ 13,398	-	-	$ 22,968	$ 26,722	$ 6,318	$ 11,847	$ 7,456	$ 12,055	$ 11,791	$ 11,533	$ 11,883
134 Cesarean section															
N	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2
Avg$	-	-	-	-	-	-	-	-	-	-	$ 423	-	$ 25,493	-	$ 12,958
135 Forceps, vacuum & breech delivery															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 11,069	$ 11,069
137 Other procedures to assist delivery															
N	-	-	3	2	-	-	-	4	-	4	2	7	1	32	55
Avg$	-	-	$ 1,280	$ 8,726	-	-	-	$ 911	-	$ 1,746	$ 3,404	$ 4,686	$ 760	$ 3,345	$ 3,260

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139 Fetal monitoring															
N	631	595	354	157	-	-	251	261	-	72	256	213	209	1,006	4,005
Avg$	$ 498	$ 699	$ 552	$ 923	-	-	$ 697	$ 680	-	$ 1,080	$ 1,476	$ 990	$ 536	$ 1,052	$ 814
140 Repair of current obstetric laceration															
N	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Avg$	-	-	-	-	-	-	-	-	-	-	-	-	-	$ 8,948	$ 8,948
141 Other therapeutic obstetrical procedures															
N	-	-	-	-	-	-	-	1	-	-	-	-	-	21	22
Avg$	-	-	-	-	-	-	-	$ 22,348	-	-	-	-	-	$ 6,074	$ 6,814
142 Partial excision bone															
N	12	22	17	20	-	4	4	34	30	6	74	30	6	188	447
Avg$	$ 8,460	$ 12,763	$ 9,918	$ 16,128	-	$ 10,276	$ 19,245	$ 18,434	$ 4,870	$ 9,039	$ 10,225	$ 8,330	$ 5,384	$ 9,839	$ 10,531
143 Bunionectomy or repair of toe deformities															
N	8	29	23	52	-	8	2	33	58	19	33	42	11	166	484
Avg$	$ 7,466	$ 14,185	$ 16,101	$ 19,163	-	$ 9,945	$ 24,001	$ 13,408	$ 6,772	$ 15,158	$ 17,224	$ 14,738	$ 6,520	$ 8,620	$ 11,940
144 Treatment, facial fracture or dislocation															
N	-	-	-	-	-	-	3	-	-	6	15	1	2	28	55
Avg$	-	-	-	-	-	-	$ 4,710	-	-	$ 9,516	$ 3,826	$ 5,326	$ 4,384	$ 14,256	$ 9,852
145 Treatment, fracture or disloc of radius & ulna															
N	14	38	50	2	-	-	33	22	29	18	63	31	15	119	434
Avg$	$ 10,718	$ 16,178	$ 18,892	$ 34,103	-	-	$ 22,197	$ 18,682	$ 8,037	$ 22,997	$ 7,056	$ 13,125	$ 16,448	$ 13,767	$ 14,527
146 Treatment, fracture or disloc of hip & femur															
N	1	2	2	-	-	-	-	-	1	-	1	1	-	6	14
Avg$	$ 10,716	$ 14,264	$ 23,841	-	-	-	-	-	$ 4,002	-	$ 9,186	$ 15,942	-	$ 11,126	$ 13,058
147 Treatment, fracture or disloc of lower extremity															
N	20	50	49	16	-	-	23	13	36	7	54	43	12	212	535
Avg$	$ 12,923	$ 17,534	$ 17,560	$ 24,811	-	-	$ 30,512	$ 28,045	$ 10,286	$ 21,555	$ 11,312	$ 13,771	$ 15,850	$ 15,819	$ 16,312
148 Other fracture & dislocation procedure															
N	15	47	59	8	-	-	16	15	23	15	55	38	9	216	516
Avg$	$ 13,768	$ 15,004	$ 18,526	$ 42,344	-	-	$ 24,257	$ 22,134	$ 11,526	$ 23,729	$ 9,893	$ 16,324	$ 15,532	$ 17,165	$ 16,854
149 Arthroscopy															
N	15	16	28	1	-	-	1	11	21	18	64	30	7	151	363
Avg$	$ 13,535	$ 21,869	$ 25,878	$ 51,565	-	-	$ 34,126	$ 45,726	$ 28,905	$ 40,073	$ 15,942	$ 22,585	$ 21,526	$ 21,918	$ 23,010
150 Division of joint capsule, ligament or cartilage															
N	2	2	7	-	-	-	-	5	3	-	8	2	-	33	62
Avg$	$ 6,904	$ 10,668	$ 11,656	-	-	-	-	$ 17,783	$ 5,870	-	$ 11,328	$ 10,274	-	$ 9,382	$ 10,387

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151 Excision of semilunar cartilage of knee															
N	98	70	81	7	-	-	23	41	79	21	107	80	9	351	967
Avg$	$ 5,125	$ 10,606	$ 10,052	$ 19,078	-	-	$ 14,989	$ 20,981	$ 6,552	$ 16,811	$ 6,848	$ 6,653	$ 6,060	$ 9,400	$ 9,190
152 Arthroplasty knee															
N	3	8	19	2	-	-	-	7	77	1	56	8	1	25	207
Avg$	$ 22,091	$ 25,498	$ 28,429	$ 45,960	-	-	-	$ 46,639	$ 38,999	$ 18,593	$ 29,918	$ 24,037	$ 7,519	$ 22,038	$ 32,254
153 Hip replacement, total & partial															
N	-	3	-	-	-	-	-	-	8	-	22	-	1	-	34
Avg$	-	$ 26,229	-	-	-	-	-	-	$ 32,112	-	$ 19,177	-	$ 51,052	-	$ 23,780
154 Arthroplasty other than hip or knee															
N	10	29	23	2	-	-	6	9	11	-	15	7	8	96	216
Avg$	$ 10,568	$ 14,594	$ 19,001	$ 73,835	-	-	$ 13,336	$ 23,660	$ 7,207	-	$ 11,076	$ 10,303	$ 7,585	$ 20,045	$ 17,172
155 Arthrocentesis															
N	114	12	1	-	-	11	33	15	-	39	2,891	5	3	2,774	5,898
Avg$	$ 1,588	$ 806	$ 688	-	-	$ 851	$ 1,049	$ 2,375	-	$ 206	$ 804	$ 2,179	$ 1,351	$ 670	$ 759
156 Injections & aspirations of muscles, tendons, etc.															
N	-	186	21	-	-	5	-	18	-	-	398	22	-	744	1,394
Avg$	-	$ 1,727	$ 1,210	-	-	$ 722	-	$ 521	-	-	$ 754	$ 2,221	-	$ 1,569	$ 1,345
157 Amputation of lower extremity															
N	2	29	1	7	-	3	4	4	14	1	7	1	-	52	125
Avg$	$ 5,036	$ 6,276	$ 7,514	$ 10,943	-	$ 6,105	$ 11,053	$ 7,496	$ 4,435	$ 4,358	$ 7,845	$ 8,609	-	$ 5,900	$ 6,444
158 Spinal fusion															
N	-	1	-	1	-	-	-	-	32	-	1	-	-	84	119
Avg$	-	$ 12,150	-	$ 38,697	-	-	-	-	$ 30,176	-	$ 3,744	-	-	$ 34,556	$ 32,965
159 Other diagnostic procedures on musculoskeletal system															
N	-	3	1	1	-	1	-	1	3	1	2	8	-	39	60
Avg$	-	$ 2,930	$ 12,274	$ 6,212	-	$ 11,079	-	$ 16,526	$ 2,183	$ 9,372	$ 7,293	$ 4,566	-	$ 7,361	$ 6,817
160 Other therapeutic procedures on muscles & tendons															
N	137	208	263	17	-	7	95	169	287	39	340	150	48	865	2,625
Avg$	$ 7,595	$ 9,637	$ 15,724	$ 29,922	-	$ 7,763	$ 12,122	$ 14,264	$ 6,056	$ 16,941	$ 7,587	$ 12,614	$ 4,510	$ 9,844	$ 10,250
161 Other OR therapeutic procedures on bone															
N	17	49	33	11	-	3	9	19	27	17	47	40	9	312	593
Avg$	$ 5,671	$ 9,707	$ 8,911	$ 15,137	-	$ 7,966	$ 13,049	$ 16,895	$ 6,233	$ 9,785	$ 9,707	$ 8,268	$ 5,942	$ 12,830	$ 11,253
162 Other OR therapeutic procedures on joints															
N	38	49	92	8	-	2	26	58	60	35	131	63	51	445	1,058
Avg$	$ 8,067	$ 14,349	$ 14,958	$ 36,772	-	$ 20,952	$ 16,106	$ 19,616	$ 10,699	$ 21,898	$ 10,832	$ 10,331	$ 11,155	$ 15,562	$ 14,414

Outpatient procedures are outpatient visits with a primary CPT code in CCS high-level groups 1 - 15 (not ED).
Column headers denote hospitals: see Appendix K.
Use charge data with caution. See Appendix A for details.

Table O-10
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents
Outpatient Visits and Average Charges by Vermont Hospitals
Procedure Categories defined by Clinical Classifications Software for Services and Procedures

CCS Single Level Procedure Categories

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
163 Other non-OR therapeutic procedures on musc system															
N	-	1	-	1	-	-	-	-	-	-	-	-	-	27	29
Avg$	-	$ 6,508	-	$ 46,948	-	-	-	-	-	-	-	-	-	$ 382	$ 2,199
164 Other OR therapeutic procedures on musc system															
N	-	1	4	1	-	-	-	4	12	-	13	1	1	24	61
Avg$	-	$ 7,748	$ 12,350	$ 18,350	-	-	-	$ 13,540	$ 5,352	-	$ 8,645	$ 7,589	$ 6,514	$ 7,259	$ 8,108
165 Breast biopsy & other diagnostic procedures on breast															
N	58	149	-	14	-	20	10	-	100	38	124	169	38	649	1,369
Avg$	$ 7,796	$ 4,414	-	$ 7,367	-	$ 5,952	$ 3,958	-	$ 1,511	$ 1,960	$ 3,404	$ 3,286	$ 3,377	$ 5,311	$ 4,492
166 Lumpectomy, quadrantectomy of breast															
N	34	54	-	1	-	13	14	4	26	14	63	60	17	238	538
Avg$	$ 12,084	$ 14,545	-	$ 22,401	-	$ 21,050	$ 11,752	$ 15,594	$ 7,039	$ 14,754	$ 12,207	$ 8,227	$ 10,874	$ 11,313	$ 11,615
167 Mastectomy															
N	7	6	-	-	-	2	2	1	3	2	1	5	3	88	120
Avg$	$ 14,557	$ 19,958	-	-	-	$ 52,284	$ 40,246	$ 40,626	$ 12,932	$ 42,065	$ 26,967	$ 10,564	$ 28,129	$ 18,792	$ 19,901
168 Incision & drainage, skin & subcutaneous tissue															
N	6	5	4	1	-	1	1	2	17	-	34	3	1	97	172
Avg$	$ 2,663	$ 10,924	$ 2,609	$ 5,726	-	$ 8,982	$ 9,643	$ 10,279	$ 2,765	-	$ 3,030	$ 6,259	$ 4,672	$ 1,795	$ 2,753
169 Debridement of wound, infection or burn															
N	81	1	4	3	-	1	3	6	15	-	69	5	1	157	346
Avg$	$ 961	$ 10,028	$ 3,631	$ 8,358	-	$ 7,158	$ 8,677	$ 16,172	$ 2,345	-	$ 1,154	$ 8,951	$ 5,681	$ 998	$ 1,675
170 Excision of skin lesion															
N	47	84	106	24	-	18	43	58	195	20	177	76	31	3,784	4,663
Avg$	$ 3,494	$ 5,390	$ 2,142	$ 8,481	-	$ 9,736	$ 6,873	$ 10,496	$ 2,119	$ 7,573	$ 4,189	$ 5,318	$ 5,076	$ 2,028	$ 2,502
171 Suture of skin & subcutaneous tissue															
N	1	16	3	1	-	-	2	6	36	4	113	13	-	385	580
Avg$	$ 6,141	$ 5,702	$ 15,804	$ 11,177	-	-	$ 10,852	$ 10,428	$ 2,599	$ 6,249	$ 3,460	$ 4,731	-	$ 3,126	$ 3,474
172 Skin graft															
N	46	6	-	6	-	-	3	5	9	-	30	12	6	506	629
Avg$	$ 4,701	$ 15,137	-	$ 8,339	-	-	$ 9,432	$ 17,818	$ 6,634	-	$ 10,365	$ 10,854	$ 5,601	$ 7,758	$ 7,845
173 Other diagnostic proc on skin & subcutaneous tissue															
N	-	2	-	-	-	4	2	-	6	-	198	14	10	31	267
Avg$	-	$ 1,730	-	-	-	$ 3,938	$ 4,868	-	$ 650	-	$ 1,160	$ 630	$ 3,301	$ 1,112	$ 1,269
174 Other non-OR therapeutic procedures on skin & breast															
N	4	10	1,233	4	-	1	3	537	8	4	50	1	2	1,761	3,618
Avg$	$ 4,594	$ 3,796	$ 50	$ 7,058	-	$ 4,340	$ 7,234	$ 288	$ 1,246	$ 1,964	$ 1,810	$ 9,214	$ 5,742	$ 860	$ 545

Outpatient procedures are outpatient visits with a primary CPT code in CCS high-level groups 1 - 15 (not ED).
Column headers denote hospitals: see Appendix K.
Use charge data with caution. See Appendix A for details.

Table O-10
2018 Vermont Hospital Outpatient Visits, including VT Residents and Non-residents
Outpatient Visits and Average Charges by Vermont Hospitals
Procedure Categories defined by Clinical Classifications Software for Services and Procedures

CCS Single Level Procedure Categories

	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
175 Other OR therapeutic procedures on skin & breast															
N	-	30	6	2	-	3	3	17	18	6	17	3	16	293	414
Avg$	-	$ 8,006	$ 5,141	$ 7,484	-	$ 12,380	$ 8,478	$ 9,109	$ 4,484	$ 12,802	$ 8,505	$ 5,924	$ 14,168	$ 22,116	$ 18,189
Total															
N	4,113	9,307	4,375	1,612	1	1,644	3,548	4,693	6,419	2,840	19,268	9,502	2,577	60,203	130,102
Avg$	$ 4,223	$ 4,976	$ 4,559	$ 9,697	$ 576	$ 5,051	$ 7,065	$ 6,538	$ 4,124	$ 6,983	$ 3,214	$ 3,668	$ 4,178	$ 5,949	$ 5,190

Outpatient procedures are outpatient visits with a primary CPT code in CCS high-level groups 1 - 15 (not ED).
Column headers denote hospitals: see Appendix K.
Use charge data with caution. See Appendix A for details.

Table O-11

2018 Vermont Hospital Expanded Outpatient Services, including VT Residents and Non-residents

Primary Cost Centers of Services Provided by Vermont Hospitals

Primary Cost Center	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
3390 Laboratory - Clinical	31,038	83,221	21,054	9,195	7,955	13,302	28,572	29,222	56,238	32,858	78,870	47,284	34,552	231,242	704,603
5400 Radiology - Diagnostic	8,161	19,080	9,490	1,062	1,606	2,608	4,636	5,063	13,254	6,629	15,009	12,737	3,524	55,993	158,852
7300 Drugs Charged to Patients	2,547	11,293	5,515	987	36	575	1,899	1,699	6,974	1,972	7,168	11,976	2,242	47,157	102,040
3440 Mammography	4,551	8,151	1,842	1,773	-	1,306	3,092	2,690	4,904	3,337	7,560	6,409	2,861	26,115	74,591
Diagnostic	339	1,073	364	196	-	247	194	179	673	373	1,006	1,066	315	3,646	9,671
Screening	4,213	7,079	1,478	1,577	-	1,060	2,900	2,511	4,231	2,964	6,626	5,343	2,549	22,630	65,161
3180 Chemistry	3	-	-	-	5,004	2,566	1	19,582	88	-	-	44,204	-	-	71,448
3630 Ultra Sound	3,086	5,972	1,878	1,169	367	649	2,138	1,099	5,327	2,565	5,848	6,780	1,845	15,325	54,048
6600 Physical Therapy	1,478	5,472	1,488	2,337	817	1,177	932	3,298	1,009	1,912	1,814	1,622	1,214	15,021	39,591
3350 Hematology	-	-	-	-	3,270	-	-	561	23	-	-	31,413	-	-	35,267
3420 Laboratory - Pathological	1,404	1,295	395	56	-	361	570	782	3,599	2,328	619	2,939	660	20,077	35,085
5700 CT Scan	1,147	3,140	1,245	648	223	491	1,631	698	2,692	1,115	3,014	3,191	1,034	13,529	33,798
5800 Magnetic Resonance Imaging (MRI)	1,603	2,653	942	767	-	363	1,017	912	2,190	847	3,362	2,340	1,011	13,817	31,824
3240 Cytology	-	2,484	-	-	-	2	951	1,880	194	-	4,543	2,193	8	14,432	26,687
3280 EKG and EEG	1,033	1,956	1,380	197	359	69	992	437	546	199	7,064	958	189	6,619	21,998
EKG	1,033	1,843	1,206	169	359	69	496	392	546	199	6,051	579	189	4,356	17,487
EEG	-	113	175	29	-	-	496	45	-	-	1,013	380	-	2,264	4,515
3050 Bacteriology & Microbiology	-	-	-	-	183	-	-	5,776	1,117	-	-	14,464	-	-	21,540
3190 Chemotherapy	252	1,911	390	26	-	121	13	-	-	175	986	2,570	292	11,016	17,752
3260 Echocardiography	852	1,494	637	294	-	186	946	392	955	674	2,208	1,808	379	6,120	16,945
6400 Intravenous Therapy	405	3,098	739	74	78	-	639	415	986	835	1,103	4,412	836	1,926	15,546
7100 Medical Supplies Charged to Patients	3,029	225	812	798	-	7	68	4	1,120	1,079	703	2,058	1,784	791	12,478
3380 Immunology	-	50	-	-	45	1	-	651	103	-	-	9,061	-	18	9,929
3140 Cardiology	150	687	82	35	-	62	33	711	27	17	2,220	1,136	1	4,710	9,871
3450 Nuclear Medicine - Diagnostic	444	1,250	163	164	-	-	196	346	643	241	1,112	996	256	3,761	9,572
PET Scan	-	214	-	-	-	-	-	-	-	-	140	347	-	347	1,048
All other	444	1,250	163	164	-	-	196	346	643	241	1,112	649	256	3,759	9,223

Table O-11

2018 Vermont Hospital Expanded Outpatient Services, including VT Residents and Non-residents

Primary Cost Centers of Services Provided by Vermont Hospitals

Primary Cost Center	BRAT	CVMC	COPL	GIFF	GRAC	MTA	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	UVMMC	Total
3650 Vascular Lab	481	660	235	141	17	159	414	190	550	-	968	689	258	4,386	9,148
5000 Operating Room	27	376	89	23	-	43	18	110	15	17	294	559	74	7,397	9,042
6700 Occupational Therapy	430	1,095	270	238	71	109	251	6	10	319	340	290	96	5,183	8,708
3620 Stress Test	455	928	334	223	-	-	238	369	955	335	1,127	635	239	2,254	8,092
3480 Oncology	954	-	-	180	-	-	4	-	-	-	4,707	-	-	-	5,845
3370 Holter Monitor	184	700	100	90	1	21	331	638	363	9	409	-	95	2,741	5,682
3550 Psychiatric/Psychological Services	-	1	-	-	-	-	-	-	56	-	1,509	-	-	2,547	4,113
5100 Recovery Room	2	40	44	3	-	-	14	47	33	7	95	176	67	3,555	4,083
3040 Audiology	16	34	22	4	-	-	10	11	67	31	2,444	-	4	713	3,356
3540 Prosthetic Devices	-	342	135	-	-	-	99	-	10	4	1	22	8	2,663	3,284
5300 Anesthesiology	18	19	38	18	-	1	7	49	20	29	90	30	-	2,600	2,919
5500 Radiology - Therapeutic	-	401	-	-	-	-	-	-	-	-	348	126	-	1,830	2,705
6300 Blood Storing, Processing, & Trans.	82	166	65	3	3	8	186	77	163	49	216	255	68	1,218	2,559
6800 Speech Pathology	64	227	22	23	6	27	104	57	71	56	358	176	50	806	2,047
Total (not including subcategories)	63,896	158,421	49,406	20,528	20,041	24,214	50,002	77,772	104,302	57,639	156,109	213,509	53,647	525,562	1,575,048

Only Expanded Outpatient Records are included in this table.

Expanded Outpatient records are outpatient records with no primary CPT code in CCS high-level groups 1 through 15, and no associated ED or ObsBed revenue record.

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

Table O-12

2018 Vermont Hospital Discharges, including VT Residents and Non-residents

Observation Bed Records and Average Charges by Vermont Hospital and Setting

Vermont Hospital	Inpatient Obs Bed Records		Outpatient Obs Bed Records								Total Obs Bed Records	
			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$	N	Avg$
Brattleboro Memorial Hospital	145	$ 17,084	511	$ 10,773	48	$ 16,700	111	$ 13,693	49	$ 3,737	864	$ 12,137
Central Vermont Medical Center	215	$ 16,730	705	$ 8,401	50	$ 18,719	40	$ 13,357	16	$ 3,582	1,026	$ 10,767
Copley Hospital	20	$ 12,280	228	$ 3,819	8	$ 15,849	14	$ 21,681	30	$ 2,901	300	$ 5,446
Gifford Medical Center	37	$ 18,696	102	$ 12,742	8	$ 35,926	33	$ 32,364	45	$ 6,338	225	$ 16,142
Grace Cottage Family Health & Hospital	2	$ 17,776	38	$ 7,372	-	.	-	.	7	$ 7,039	47	$ 7,766
Mt. Ascutney Hospital and Health Center	-	.	29	$ 6,614	2	$ 21,708	16	$ 31,277	127	$ 5,053	174	$ 7,916
North Country Hospital	24	$ 19,836	150	$ 10,685	14	$ 28,491	61	$ 27,995	40	$ 6,226	289	$ 15,344
Northeastern Vermont Regional Hospital	198	$ 29,040	443	$ 9,219	53	$ 26,606	69	$ 35,318	24	$ 5,917	787	$ 17,564
Northwestern Medical Center	199	$ 11,788	528	$ 5,534	52	$ 13,706	223	$ 24,440	59	$ 1,632	1,061	$ 10,864
Porter Medical Center	61	$ 24,816	185	$ 9,118	33	$ 30,540	50	$ 29,716	2	$ 614	331	$ 17,207
Rutland Regional Medical Center	409	$ 29,844	856	$ 9,124	46	$ 14,702	50	$ 20,206	53	$ 4,593	1,414	$ 15,521
Southwestern Vermont Medical Center	232	$ 15,665	601	$ 10,472	74	$ 18,181	33	$ 19,055	18	$ 4,667	958	$ 12,512
Springfield Hospital	18	$ 20,768	427	$ 10,175	29	$ 19,896	47	$ 21,801	13	$ 6,635	534	$ 11,997
University of Vermont Medical Center	1,548	$ 29,641	1,692	$ 10,330	250	$ 22,471	215	$ 22,033	235	$ 8,688	3,940	$ 19,244
Total for 2018	3,108	$ 25,501	6,495	$ 9,283	667	$ 20,901	962	$ 23,293	718	$ 5,916	11,950	$ 15,080
Total for 2017	3,280	$ 25,652	6,707	$ 9,071	755	$ 22,127	1,176	$ 16,762	1,031	$ 4,566	12,949	$ 14,383
Total for 2016	3,163	$ 25,347	6,837	$ 8,704	742	$ 21,589	1,094	$ 17,394	1,372	$ 3,561	13,208	$ 13,606
Total for 2015	2,946	$ 23,383	7,347	$ 8,526	771	$ 20,722	1,195	$ 19,078	1,422	$ 3,789	13,681	$ 12,854
Total for 2014	2,658	$ 24,188	7,839	$ 8,259	1,142	$ 16,265	1,373	$ 15,062	1,207	$ 6,356	14,219	$ 12,379

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

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

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

Procedure in Range records include all outpatient visits that have no associated revenue code of 45x and that have a primary CPT code in CCS high-level groups 1 through 15.

Charge data should be used with caution. See discussion in Appendix A for details.

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

Table O-13

2018 Vermont Hospital Outpatient Visits and Expanded Outpatient Services, including VT Residents and Non-residents

In-migration by Vermont Hospital

Outpatient Procedures

	Vermont Residents		Non-residents		Total	
Vermont Hospital	**Discharges**	**Total Charges**	**Discharges**	**Total Charges**	**Discharges**	**Total Charges**
Brattleboro Memorial Hospital	3,423	$ 14,679,650	690	$ 2,688,748	4,113	$ 17,368,398
Central Vermont Medical Center	9,239	$ 45,905,114	68	$ 405,115	9,307	$ 46,310,229
Copley Hospital	4,334	$ 19,451,872	41	$ 492,413	4,375	$ 19,944,285
Gifford Medical Center	1,568	$ 14,969,609	44	$ 662,077	1,612	$ 15,631,686
Grace Cottage Family Health & Hospital	1	$ 576	-	$ -	1	$ 576
Mt. Ascutney Hospital and Health Center	1,070	$ 5,340,786	574	$ 2,963,161	1,644	$ 8,303,947
North Country Hospital	3,516	$ 24,722,979	32	$ 342,962	3,548	$ 25,065,941
Northeastern Vermont Regional Hospital	4,190	$ 28,725,233	503	$ 1,955,261	4,693	$ 30,680,494
Northwestern Medical Center	6,336	$ 26,041,326	83	$ 428,238	6,419	$ 26,469,565
Porter Medical Center	2,595	$ 17,975,624	245	$ 1,856,231	2,840	$ 19,831,855
Rutland Regional Medical Center	18,317	$ 58,623,380	951	$ 3,301,947	19,268	$ 61,925,328
Southwestern Vermont Medical Center	6,890	$ 24,664,813	2,612	$ 10,192,967	9,502	$ 34,857,780
Springfield Hospital	2,119	$ 8,840,643	458	$ 1,926,423	2,577	$ 10,767,066
University of Vermont Medical Center	52,932	$ 304,208,654	7,271	$ 53,907,087	60,203	$ 358,115,742
Total for 2018	116,530	$ 594,150,261	13,572	$ 81,122,629	130,102	$ 675,272,890
Total for 2017	117,927	$568,536,227	13,107	$73,591,337	131,034	$642,127,564
Total for 2016	119,829	$ 565,045,625	12,866	$ 69,924,572	132,695	$ 634,970,197
Total for 2015	116,134	$ 545,650,951	12,300	$ 67,449,779	128,434	$ 613,100,730
Total for 2014	117,859	$ 546,346,794	13,052	$ 77,607,455	130,911	$ 623,954,249

Table O-13

2018 Vermont Hospital Outpatient Visits and Expanded Outpatient Services, including VT Residents and Non-residents

In-migration by Vermont Hospital

Expanded Outpatient Procedures

	Vermont Residents		Non-residents		Total	
Vermont Hospital	**Discharges**	**Total Charges**	**Discharges**	**Total Charges**	**Discharges**	**Total Charges**
Brattleboro Memorial Hospital	46,805	$ 38,364,866	9,165	$ 6,609,618	55,970	$ 44,974,485
Central Vermont Medical Center	162,849	$ 133,714,761	2,476	$ 1,096,386	165,325	$ 134,811,147
Copley Hospital	53,544	$ 22,322,337	839	$ 661,415	54,383	$ 22,983,752
Gifford Medical Center	17,804	$ 24,882,476	225	$ 305,400	18,029	$ 25,187,876
Grace Cottage Family Health & Hospital	10,511	$ 7,082,215	240	$ 173,633	10,751	$ 7,255,849
Mt. Ascutney Hospital and Health Center	15,130	$ 19,069,423	4,648	$ 5,894,270	19,778	$ 24,963,693
North Country Hospital	44,574	$ 44,594,072	456	$ 311,445	45,030	$ 44,905,518
Northeastern Vermont Regional Hospital	53,267	$ 37,800,385	1,561	$ 1,294,215	54,828	$ 39,094,599
Northwestern Medical Center	113,711	$ 38,426,472	1,062	$ 378,518	114,773	$ 38,804,990
Porter Medical Center	48,402	$ 32,175,672	3,374	$ 2,247,557	51,776	$ 34,423,229
Rutland Regional Medical Center	153,856	$ 123,481,562	8,508	$ 6,704,745	162,364	$ 130,186,307
Southwestern Vermont Medical Center	111,310	$ 101,053,137	31,328	$ 35,688,919	142,638	$ 136,742,056
Springfield Hospital	42,893	$ 23,170,947	6,650	$ 3,923,603	49,543	$ 27,094,550
University of Vermont Medical Center	491,401	$ 586,167,421	36,019	$ 75,192,998	527,420	$ 661,360,419
Total for 2018	1,366,057	$ 1,232,305,747	106,551	$ 140,482,723	1,472,608	$ 1,372,788,470
Total for 2017	1,379,673	$1,158,513,625	106,532	$133,617,606	1,486,205	$1,292,131,232
Total for 2016	1,451,203	$ 1,145,228,292	105,865	$ 118,256,126	1,557,068	$ 1,263,484,418
Total for 2015	1,458,663	$ 1,113,383,420	100,188	$ 110,008,920	1,558,851	$ 1,223,392,341
Total for 2014	1,389,358	$ 1,020,585,047	96,970	$ 97,883,028	1,486,328	$ 1,118,468,075

Table O-13

2018 Vermont Hospital Outpatient Visits and Expanded Outpatient Services, including VT Residents and Non-residents

In-migration by Vermont Hospital

All Outpatient Procedures

	Vermont Residents		Non-residents		Total	
Vermont Hospital	**Discharges**	**Total Charges**	**Discharges**	**Total Charges**	**Discharges**	**Total Charges**
Brattleboro Memorial Hospital	50,228	$ 53,044,517	9,855	$ 9,298,366	60,083	$ 62,342,883
Central Vermont Medical Center	172,088	$ 179,619,875	2,544	$ 1,501,501	174,632	$ 181,121,376
Copley Hospital	57,878	$ 41,774,209	880	$ 1,153,827	58,758	$ 42,928,037
Gifford Medical Center	19,372	$ 39,852,085	269	$ 967,477	19,641	$ 40,819,562
Grace Cottage Family Health & Hospital	10,512	$ 7,082,791	240	$ 173,633	10,752	$ 7,256,425
Mt. Ascutney Hospital and Health Center	16,200	$ 24,410,209	5,222	$ 8,857,431	21,422	$ 33,267,640
North Country Hospital	48,090	$ 69,317,052	488	$ 654,407	48,578	$ 69,971,459
Northeastern Vermont Regional Hospital	57,457	$ 66,525,618	2,064	$ 3,249,476	59,521	$ 69,775,094
Northwestern Medical Center	120,047	$ 64,467,798	1,145	$ 806,756	121,192	$ 65,274,555
Porter Medical Center	50,997	$ 50,151,297	3,619	$ 4,103,788	54,616	$ 54,255,084
Rutland Regional Medical Center	172,173	$ 182,104,942	9,459	$ 10,006,692	181,632	$ 192,111,635
Southwestern Vermont Medical Center	118,200	$ 125,717,950	33,940	$ 45,881,886	152,140	$ 171,599,836
Springfield Hospital	45,012	$ 32,011,590	7,108	$ 5,850,026	52,120	$ 37,861,616
University of Vermont Medical Center	544,333	$ 890,376,076	43,290	$ 129,100,085	587,623	$ 1,019,476,161
Total for 2018	1,482,587	$ 1,826,456,008	120,123	$ 221,605,352	1,602,710	$ 2,048,061,360
Total for 2017	1,497,600	$1,727,049,853	119,639	$207,208,943	1,617,239	$1,934,258,795
Total for 2016	1,571,032	$ 1,710,273,917	118,731	$ 188,180,698	1,689,763	$ 1,898,454,615
Total for 2015	1,574,797	$ 1,659,034,371	112,488	$ 177,458,699	1,687,285	$ 1,836,493,070
Total for 2014	1,507,217	$ 1,566,931,842	110,022	$ 175,490,482	1,617,239	$ 1,742,422,324

Outpatient procedures are outpatient visits that did not originate in the ED, and that have a primary CPT code in CCS high-level groups 1 through 15.
Expanded Outpatient records include all outpatient records with no primary CPT code in CCS high-level groups 1 through 15, and no associated ED or ObsBed revenue record.

Charge data should be used with caution. See discussion in Appendix A for details.

Comparisons across Hospital Settings

Table C-1
2018 Vermont Hospital Data, including VT Residents and Non-residents
Summary of Discharges from Vermont Hospitals by Setting

	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
Vermont Hospital	N	Col%	N	Col%	N	Col%	N	Col%	N	Col%
Brattleboro Memorial Hospital	1,694	3.5%	4,113	3.2%	12,477	5.3%	55,970	3.8%	74,254	3.9%
Central Vermont Medical Center	3,783	7.9%	9,307	7.2%	21,687	9.2%	165,325	11.2%	200,102	10.6%
Copley Hospital	1,773	3.7%	4,375	3.4%	12,150	5.2%	54,383	3.7%	72,681	3.9%
Gifford Medical Center	1,305	2.7%	1,612	1.2%	5,991	2.5%	18,029	1.2%	26,937	1.4%
Grace Cottage Family Health & Hospital	123	0.3%	1	0.0%	2,916	1.2%	10,751	0.7%	13,791	0.7%
Mt. Ascutney Hospital and Health Center	961	2.0%	1,644	1.3%	4,321	1.8%	19,778	1.3%	26,704	1.4%
North Country Hospital	1,506	3.1%	3,548	2.7%	14,032	6.0%	45,030	3.1%	64,116	3.4%
Northeastern Vermont Regional Hospital	1,327	2.8%	4,693	3.6%	13,616	5.8%	54,828	3.7%	74,464	3.9%
Northwestern Medical Center	2,255	4.7%	6,419	4.9%	22,167	9.4%	114,773	7.8%	145,614	7.7%
Porter Medical Center	1,159	2.4%	2,840	2.2%	17,488	7.4%	51,776	3.5%	73,263	3.9%
Rutland Regional Medical Center	6,849	14.2%	19,268	14.8%	26,772	11.4%	162,364	11.0%	215,253	11.4%
Southwestern Vermont Medical Center	3,392	7.1%	9,502	7.3%	20,510	8.7%	142,638	9.7%	176,042	9.3%
Springfield Hospital	1,822	3.8%	2,577	2.0%	15,001	6.4%	49,543	3.4%	68,943	3.7%
University of Vermont Medical Center	20,131	41.9%	60,203	46.3%	46,571	19.8%	527,420	35.8%	654,325	34.7%
Total	48,080	100.0%	130,102	100.0%	235,699	100.0%	1,472,608	100.0%	1,886,489	100.0%

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

Outpatient procedures are outpatient visits that did not originate in the ED, and that have a primary CPT code in CCS high-level groups 1 through 15, or that have an observation bed revenue code of 760 or 762.

ED visits are outpatient visits that originated in the ED and did not result in an inpatient stay, excluding any visit with missing or invalid diagnosis codes.

Expanded Outpatient records are outpatient records with no primary CPT code in CCS high-level groups 1 through 15, and no associated ED or ObsBed revenue record.

Table C-2
2018 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

	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
CCS Diagnosis Groups	N	Avg$	N	Avg$	N	Avg$	N	Avg$	N	Avg$
Infectious & parasitic diseases	2,920	$36,810	747	$1,292	4,201	$1,731	38,888	$389	46,756	$2,878
Neoplasms	1,907	$46,306	13,127	$5,654	425	$6,137	98,146	$3,619	113,605	$4,608
Endocrine, nutritional, metabolic, immunity	1,801	$25,992	1,896	$3,491	3,960	$2,831	158,356	$430	166,013	$801
Diseases of the blood & blood-forming organs	509	$26,240	729	$3,832	671	$4,424	28,651	$808	30,560	$1,386
Mental disorders	3,268	$28,148	252	$3,024	12,873	$2,091	33,205	$507	49,598	$2,773
Diseases of the nervous system and sense organs	1,443	$32,899	16,650	$4,595	19,072	$2,287	69,666	$1,493	106,831	$2,550
Diseases of the circulatory system	8,181	$37,962	4,112	$15,419	19,794	$3,822	178,891	$763	210,978	$2,795
Diseases of the respiratory system	4,878	$21,513	12,209	$1,750	29,182	$1,724	67,279	$779	113,548	$2,023
Diseases of the digestive system	4,649	$26,132	11,838	$6,214	16,649	$3,173	46,691	$1,561	79,827	$4,042
Diseases of the genitourinary system	1,880	$20,318	11,031	$8,529	12,182	$2,934	114,348	$616	139,441	$1,722
Pregnancy, childbirth, and the puerperium	5,376	$12,691	5,119	$1,991	2,562	$2,348	37,787	$489	50,844	$2,082
Diseases of the skin and subcutaneous tissue	804	$17,607	4,352	$1,371	8,357	$1,195	33,910	$609	47,423	$1,076
Musculoskeletal system and connective tissue	4,182	$42,664	19,197	$4,700	17,103	$1,821	200,949	$1,062	241,431	$2,143
Congenital anomalies	127	$50,745	407	$10,503	58	$3,730	3,623	$1,546	4,215	$3,956
Conditions originating in the perinatal period	9	$14,024	165	$1,793	242	$1,290	1,314	$298	1,730	$10,768
Injury & poisoning	4,586	$41,168	5,321	$12,657	58,617	$1,919	61,458	$769	129,982	$3,236
Symptoms, signs & ill-defined conditions	1,401	$25,426	21,782	$3,553	27,165	$2,733	273,334	$547	323,682	$1,051
Residual codes, unclassified, all Ecodes	159	$23,362	1,168	$4,572	2,586	$2,639	26,112	$1,315	30,025	$1,696
Total Discharges and Average Charges	48,080	$28,852	130,102	$5,190	235,699	$2,335	1,472,608	$951	1,886,489	$2,222
Total Charges	$1,541,253,527		$675,272,890		$550,378,633		$1,372,788,470		$4,139,693,520	

Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes, but average and total charges include newborns.

Outpatient procedures are outpatient visits that did not originate in the ED, and that have a primary CPT code in CCS high-level groups 1 through 15, or that have an observation bed revenue code of 760 or 762.

ED visits are outpatient visits that originated in the ED and did not result in an inpatient stay, excluding any visit with missing or invalid diagnosis codes.

Expanded Outpatient records are outpatient records with no primary CPT code in CCS high-level groups 1 through 15, and no associated ED or ObsBed revenue record.

Charge data should be used with caution. See discussion in Appendix A 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
2018 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

	Inpatient Discharges		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
CCS Procedure Groups	N	Avg$	N	Avg$	N	Avg$	N	Avg$	N	Avg$
Operations on the nervous system	773	$ 63,682	12,333	$ 3,958	626	$ 1,430	-	$ -	13,732	$ 7,295
Operations on the endocrine system	42	$ 51,339	312	$ 13,247	-	$ -	-	$ -	354	$ 17,767
Operations on the eye	12	$ 107,964	8,828	$ 5,616	33	$ 8,779	-	$ -	8,873	$ 5,777
Operations on the ear	48	$ 65,375	3,167	$ 3,029	27	$ 884	-	$ -	3,242	$ 3,972
Operations on the nose, mouth, and pharynx	151	$ 32,670	3,490	$ 3,942	418	$ 2,120	-	$ -	4,059	$ 5,122
Operations on the respiratory system	730	$ 64,529	12,934	$ 1,192	28	$ 3,291	-	$ -	13,692	$ 4,617
Operations on the cardiovascular system	3,153	$ 76,355	7,605	$ 10,642	182	$ 16,102	-	$ -	10,940	$ 29,981
Operations on the hemic and lymphatic system	182	$ 66,933	333	$ 11,051	3	$ 29,417	-	$ -	518	$ 30,792
Operations on the digestive system	3,291	$ 45,351	35,287	$ 5,359	864	$ 16,186	-	$ -	39,442	$ 8,948
Operations on the urinary system	619	$ 41,543	5,228	$ 6,418	130	$ 10,105	-	$ -	5,977	$ 10,142
Operations on the male genital organs	84	$ 9,481	1,488	$ 8,854	49	$ 9,461	-	$ -	1,621	$ 9,194
Operations on the female genital organs	286	$ 29,754	5,987	$ 6,779	144	$ 9,434	-	$ -	6,417	$ 7,862
Obstetrical procedures	4,931	$ 12,882	4,098	$ 922	37	$ 12,165	-	$ -	9,066	$ 7,473
Operations on the musculoskeletal system	5,684	$ 48,248	16,296	$ 7,664	2,226	$ 4,639	-	$ -	24,206	$ 16,917
Operations on the integumentary system	939	$ 38,985	12,716	$ 3,484	5,100	$ 1,197	-	$ -	18,755	$ 4,645
Miscellaneous diagnostic and therapeutic procs	530	$ 72,973	-	$ -	225,699	$ 2,264	696,666	$ 1,635	922,895	$ 1,837
New Categories specific to CPT/HCPCS	-	$ -	-	$ -	119	$ 1,039	536,038	$ 352	536,157	$ 352
Total Discharges and Average Charges	21,455	$ 42,414	130,102	$ 5,190	235,685	$ 2,335	-	$ 1,077	1,619,946	$ 2,185
Total charges	$990,203,328		$675,272,890		$550,378,403		$1,327,781,867		$3,543,636,488	

Numbers of inpatient discharges exclude newborns (MDC 15) and any records with missing or invalid diagnosis codes, but average and total charges include newborns.

Outpatient procedures are outpatient visits that did not originate in the ED, and that have a primary CPT code in CCS high-level groups 1 through 15, or that have an observation bed revenue code of 760 or 762.

ED visits are outpatient visits that originated in the ED and did not result in an inpatient stay, excluding any visit with missing or invalid diagnosis codes.

Expanded Outpatient records are outpatient records with no primary CPT code in CCS high-level groups 1 through 15, and no associated ED or ObsBed revenue record. Many of these records have no pocedure code.

Charge data should be used with caution. See discussion in Appendix A 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 was developed at the Agency for Healthcare Research and Quality (AHRQ). CCS groups both ICD-9-CM and ICD-10-CM principal diagnosis codes into the same meaningful categories. CCS aggregates diagnoses of illnesses and conditions into more than 260 single-level diagnosis categories. CCS further collapses these single-level diagnosis groups into high-level categories, broad groups based on body systems or condition categories.

Similarly, CCS provides software versions for grouping ICD-9-CM procedure codes, ICD-10-PCS procedure codes, and HCPCS/CPT codes into the same single- and high-level procedure categories. These versions and other software tools are available at https://www.hcup-us.ahrq.gov/tools_software.jsp

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

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

Expanded Outpatient Dataset: Consists of all outpatient records that do not have a primary CPT code in CCS CPT high level procedure groups 1 through 15, or an associated ED (45x) or Observation Bed (760 or 762) revenue code. Dataset includes all other diagnostic and therapeutic services such as laboratory and radiological services.

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

Observation Bed: Outpatient records with an associated revenue code of 760 or 762. A status recognized by third-party payers - e.g. Medicare, health insurance companies and others, in which a patient is admitted to the hospital for a period of 23 hours and 59 minutes or more, depending on the 3rd party, with either a specific 'rule/out' diagnostic consideration - e.g., appendicitis, angina, pneumonia, or MI; 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 primary CPT code in CCS CPT high level procedure groups 1 through 15 that was performed in an operating room, ambulatory surgery area, or other outpatient setting.

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

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

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

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

Appendix B

Changes in Reporting of Diagnosis and Procedures

Two major changes were made in the reporting of diagnoses and procedures. The first change took place on July 1, 2014: Vermont hospitals were required to report outpatient procedures using HCPCS/CPT codes instead of ICD-9-CM procedure codes. The second change took place on October 1, 2015: by federal mandate, all diagnosis codes and inpatient procedure codes were required to be reported using the ICD-10-CM/PCS coding system instead of the ICD-9-CM system.

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

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

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

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

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

October 1, 2015
Change in Federal Requirements for Reporting of All Diagnoses and Inpatient Procedures

As of October 1, 2015, federal requirements mandated that hospitals change from using the ICD-9-CM reporting system to using the ICD-10-CM/PCS system for reporting all diagnoses and inpatient procedures.

For all diagnoses, Clinical Classification Software (CCS) groups ICD-9-CM and ICD-10-CM diagnosis codes into the same single- and high-level diagnosis categories based on body systems, making it possible to analyze the 2015 data by quarter to check for discontinuities or inconsistencies. At the time of this report, groupings of the fourth quarter diagnosis data are very consistent with groupings of the first three quarters of data for 2015 in all hospital settings. As more recent data become available, such analyses will continue and any problems that may appear will be addressed.

For inpatient procedures, Clinical Classification Software (CCS) groups ICD-9-CM and ICD-10-PCS procedure codes into the same single- and high-level procedure categories based on body systems. As with diagnosis codes, the 2015 inpatient procedure data were analyzed by quarter to check for discontinuities or inconsistencies. At the time of this report, groupings of the fourth quarter data are generally consistent with groupings of the first three quarters of data for 2015. Such analyses will continue as more recent data become available.

CCS groups ICD-9-CM, ICD-10-PCS and HCPCS/CPT codes into the same single- and high-level procedure categories based on body systems, which allows for analyses of procedure groups within and across hospital settings, and across time.

APPENDIX C

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

CCS High Level Diagnosis Groups

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

CCS High Level Procedure Groups

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

APPENDIX D

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

CCS High Level Diagnosis Group 1: Infectious and Parasitic Diseases

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

CCS High Level Diagnosis Group 2: Neoplasms

11 Cancer of head & neck
12 Cancer of esophagus
13 Cancer of stomach
14 Cancer of colon
15 Cancer of rectum & anus
16 Cancer of liver & intrahepatic bile duct
17 Cancer of pancreas
18 Cancer of other GI organs, peritoneum
19 Cancer of bronchus, lung
20 Cancer, other respiratory & intrathoracic
21 Cancer of bone & connective tissue
22 Melanomas of skin
23 Other non-epithelial cancer of skin
24 Cancer of breast
25 Cancer of uterus
26 Cancer of cervix
27 Cancer of ovary
28 Cancer of other female genital organs
29 Cancer of prostate
30 Cancer of testis
31 Cancer of other male genital organs
32 Cancer of bladder
33 Cancer of kidney & renal pelvis
34 Cancer of other urinary organs
35 Cancer of brain & nervous system
36 Cancer of thyroid
37 Hodgkin's disease
38 Non-Hodgkin's lymphoma
39 Leukemias
40 Multiple myeloma
41 Cancer, other & unspecified primary
42 Secondary malignancies
43 Malignant neoplasm without specification of site
44 Neoplasms of unspecified nature or uncertain behavior
45 Maintenance chemotherapy, radiotherapy
46 Benign neoplasm of uterus
47 Other & unspecified benign neoplasm

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

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

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

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

CCS High Level Diagnosis Group 5: Mental Disorders

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

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

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

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

96 Heart valve disorders
97 Peri-, endo- & myocarditis, cardiomyopathy (except that caused by tuberculosis or STD)
98 Essential hypertension
99 Hypertension with complications & secondary hypertension
100 Acute myocardial infarction
101 Coronary atherosclerosis & other heart disease
102 Nonspecific chest pain
103 Pulmonary heart disease
104 Other & ill-defined heart disease
105 Conduction disorders
106 Cardiac dysrhythmias
107 Cardiac arrest & ventricular fibrillation
108 Congestive heart failure, nonhypertensive
109 Acute cerebrovascular disease
110 Occlusion or stenosis of precerebral arteries
111 Other & ill-defined cerebrovascular disease

112 Transient cerebral ischemia
113 Late effects of cerebrovascular disease
114 Peripheral & visceral atherosclerosis
115 Aortic, peripheral & visceral artery aneurysms
116 Aortic & peripheral arterial embolism or thrombosis
117 Other circulatory disease
118 Phlebitis, thrombophlebitis & thromboembolism
119 Varicose veins of lower extremity
120 Hemorrhoids
121 Other diseases of veins & lymphatics

CCS High Level Diagnosis Group 8:
Diseases of the Respiratory System
122 Pneumonia (except that caused by tuberculosis or STD)
123 Influenza
124 Acute & chronic tonsillitis
125 Acute bronchitis
126 Other upper respiratory infections
127 Chronic obstructive pulmonary disease & bronchiectasis
128 Asthma
129 Aspiration pneumonitis, food/vomitus
130 Pleurisy, pneumothorax, pulmonary collapse
131 Respiratory failure, insufficiency, arrest (adult)
132 Lung disease due to external agents
133 Other lower respiratory disease
134 Other upper respiratory disease

CCS High Level Diagnosis Group 9:
Diseases of the Digestive System
135 Intestinal infection
136 Disorders of teeth & jaw
137 Diseases of mouth, excluding dental
138 Esophageal disorders
139 Gastroduodenal ulcer (except hemorrhage)
140 Gastritis & duodenitis
141 Other disorders of stomach & duodenum
142 Appendicitis & other appendiceal conditions
143 Abdominal hernia
144 Regional enteritis & ulcerative colitis
145 Intestinal obstruction without hernia
146 Diverticulosis & diverticulitis
147 Anal & rectal conditions
148 Peritonitis & intestinal abscess
149 Biliary tract disease
150 Liver disease, alcohol-related
151 Other liver diseases
152 Pancreatic disorders (not diabetes)
153 Gastrointestinal hemorrhage
154 Noninfectious gastroenteritis
155 Other gastrointestinal disorders

CCS High Level Diagnosis Group 10:
Diseases of the Genitourinary System
156 Nephritis, nephrosis, renal sclerosis
157 Acute & unspecified renal failure
158 Chronic renal failure
159 Urinary tract infections
160 Calculus of urinary tract
161 Other diseases of kidney & ureters
162 Other diseases of bladder & urethra
163 Genitourinary symptoms & ill-defined conditions
164 Hyperplasia of prostate
165 Inflammatory conditions of male genital organs
166 Other male genital disorders
167 Nonmalignant breast conditions
168 Inflammatory diseases of female pelvic organs
169 Endometriosis
170 Prolapse of female genital organs
171 Menstrual disorders
172 Ovarian cyst
173 Menopausal disorders
174 Female infertility
175 Other female genital disorders

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

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

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

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

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

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

CCS High Level Diagnosis Group 14: Congenital Anomalies

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

CCS High Level Diagnosis Group 15:
Certain 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 and Factors Influencing Health Status

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

CCS High Level Diagnosis Group 18:
Residual Codes, Unclassified, All E codes (259. and 260.)

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 E

Primary Diagnoses of Inpatients in Vermont Hospitals: CCS Single Level Categories by Discharge Year and Quarter

*** omits newborns**

CCS High Level Diagnosis Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Diagnosis Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
1 Infectious & parasitic diseases																				
1 Tuberculosis	1	-	1	-	2	-	-	1	1	2	-	1	-	1	2	-	-	1	-	1
2 Septicemia (except in labor)	533	620	583	613	2,349	631	662	599	543	2,435	628	595	560	629	2,412	700	652	676	627	2,655
3 Bacterial infection; unspecified site	-	3	1	19	23	15	21	19	17	72	23	13	30	16	82	16	19	30	24	89
4 Mycoses	7	10	8	2	27	5	2	3	3	13	1	6	7	2	16	4	4	4	7	19
5 HIV infection	3	-	-	4	7	2	2	3	-	7	-	2	3	4	9	1	4	1	4	10
6 Hepatitis	7	8	9	6	30	4	8	12	6	30	7	4	3	6	20	5	3	6	4	18
7 Viral infection	21	14	15	23	73	25	19	29	19	92	24	25	26	16	91	17	14	15	13	59
8 Other infections; including parasitic	3	18	24	6	51	-	17	20	13	50	3	26	38	18	85	2	30	24	7	63
9 Sexually transmitted infections (not HIV or hepatitis)	1	-	-	1	2	-	-	2	-	2	1	-	3	1	5	1	1	1	-	3
10 Immunizations and screening for infectious disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3
Total	576	673	641	674	2,564	682	731	688	602	2,703	687	672	670	693	2,722	746	727	761	686	2,920
2 Neoplasms																				
11 Cancer of head and neck	8	13	10	13	44	14	7	11	6	38	6	7	11	11	35	7	8	11	16	42
12 Cancer of esophagus	5	7	3	5	20	9	6	8	13	36	8	7	8	8	31	3	3	8	5	19
13 Cancer of stomach	8	5	8	3	24	8	6	3	6	23	8	8	2	5	23	10	7	6	5	28
14 Cancer of colon	37	30	52	39	158	33	40	43	44	160	31	37	49	47	164	40	47	42	53	182
15 Cancer of rectum and anus	20	10	18	13	61	19	10	13	14	56	18	14	8	13	53	16	18	13	12	59
16 Cancer of liver and intrahepatic bile duct	8	9	3	5	25	8	5	3	6	22	10	10	8	1	29	10	7	5	5	27
17 Cancer of pancreas	8	6	8	4	26	9	9	10	21	49	12	10	14	14	50	15	11	8	12	46
18 Cancer of other GI organs; peritoneum	11	8	11	7	37	7	4	7	11	29	6	6	13	9	34	14	8	6	7	35
19 Cancer of bronchus; lung	49	56	49	59	213	61	51	53	50	215	41	39	52	52	184	39	32	34	41	146
20 Cancer; other respiratory and intrathoracic	1	-	1	-	2	-	-	-	1	1	1	2	-	1	4	-	1	1	3	5
21 Cancer of bone and connective tissue	1	2	1	3	7	4	5	7	3	19	1	5	3	3	12	6	-	6	3	15
22 Melanomas of skin	-	2	2	3	7	1	-	-	-	1	-	-	-	-	-	1	1	2	-	4
23 Other non-epithelial cancer of skin	1	2	-	1	4	2	1	1	1	5	1	1	3	-	5	1	-	-	2	3
24 Cancer of breast	10	17	21	25	73	18	14	14	8	54	13	9	6	9	37	12	9	16	13	50
25 Cancer of uterus	9	4	12	6	31	7	12	4	8	31	6	8	5	2	21	13	5	7	3	28
26 Cancer of cervix	2	2	-	3	7	5	2	2	5	14	-	3	-	1	4	4	6	1	6	17
27 Cancer of ovary	6	9	8	8	31	10	16	4	6	36	9	6	2	7	24	11	3	10	10	34
28 Cancer of other female genital organs	6	4	4	3	17	-	7	3	2	12	7	2	4	6	19	3	2	3	-	8
29 Cancer of prostate	25	27	29	34	115	36	26	37	40	139	35	26	38	24	123	10	8	8	8	34
30 Cancer of testis	-	-	-	1	1	-	-	1	-	1	-	1	3	-	4	-	-	-	1	1
31 Cancer of other male genital organs	-	-	-	-	-	-	1	-	3	4	-	1	-	-	1	1	-	-	-	1
32 Cancer of bladder	13	8	9	13	43	12	14	12	5	43	11	11	10	16	48	13	10	13	10	46
33 Cancer of kidney and renal pelvis	18	18	20	18	74	29	21	10	24	84	21	26	17	26	90	22	28	23	23	96
34 Cancer of other urinary organs	-	3	1	1	5	1	2	2	3	8	4	1	2	1	8	6	2	2	3	13
35 Cancer of brain and nervous system	17	16	12	10	55	17	20	9	16	62	12	17	20	16	65	20	22	7	12	61
36 Cancer of thyroid	4	2	3	3	12	5	3	2	3	13	6	1	6	3	16	2	-	2	1	5
37 Hodgkin`s disease	-	1	2	-	3	1	-	1	1	3	1	2	-	1	4	-	1	1	1	3
38 Non-Hodgkin`s lymphoma	11	14	17	13	55	20	18	12	22	72	17	23	15	15	70	13	9	17	14	53
39 Leukemias	13	16	17	14	60	4	11	12	13	40	11	12	11	12	46	15	16	13	15	59
40 Multiple myeloma	8	3	4	2	17	3	9	4	4	20	6	4	5	8	23	9	6	10	7	32
41 Cancer; other and unspecified primary	3	2	2	2	9	3	2	-	3	8	4	2	2	2	10	-	2	6	1	9
42 Secondary malignancies	78	91	59	74	302	74	59	62	68	263	66	74	81	77	298	59	70	83	74	286
43 Malignant neoplasm without specification of site	10	3	8	3	24	6	3	11	11	31	5	4	11	10	30	4	7	6	10	27
44 Neoplasms of unspecified nature or uncertain behavior	11	13	16	8	48	11	13	17	10	51	13	11	9	19	52	16	18	13	6	53
45 Maintenance chemotherapy; radiotherapy	41	45	43	53	182	36	34	53	65	188	41	34	49	52	176	54	37	47	53	191
46 Benign neoplasm of uterus	19	14	21	22	76	17	19	15	23	74	11	10	25	22	68	16	20	12	13	61

Appendix E

Primary Diagnoses of Inpatients in Vermont Hospitals: CCS Single Level Categories by Discharge Year and Quarter

*** omits newborns**

CCS High Level Diagnosis Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Diagnosis Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
47 Other and unspecified benign neoplasm	35	39	42	31	147	40	36	34	46	156	31	40	32	28	131	32	29	38	29	128
Total	496	501	516	502	2,015	530	486	480	565	2,061	473	474	524	521	1,992	497	453	480	477	1,907
3 Endocrine, nutritional, metabolic, immunity																				
48 Thyroid disorders	6	6	7	10	29	2	4	6	5	17	10	9	8	5	32	4	11	11	4	30
49 Diabetes mellitus without complication	14	2	7	1	24	1	2	1	-	4	2	-	1	3	6	4	1	2	4	11
50 Diabetes mellitus with complications	137	178	150	147	612	129	151	183	185	648	179	151	183	200	713	182	194	172	184	732
51 Other endocrine disorders	18	23	31	25	97	25	14	33	16	88	29	31	19	17	96	8	15	19	20	62
52 Nutritional deficiencies	4	5	3	5	17	5	10	8	14	37	14	7	4	12	37	10	5	3	9	27
53 Disorders of lipid metabolism	-	-	1	2	3	-	-	2	-	2	-	-	1	-	1	-	-	2	1	3
54 Gout and other crystal arthropathies	6	7	6	8	27	12	10	7	17	46	6	7	10	9	32	12	7	12	11	42
55 Fluid and electrolyte disorders	96	113	101	109	419	99	106	117	104	426	105	97	124	100	426	98	131	122	96	447
56 Cystic fibrosis	51	40	45	43	179	35	43	37	48	163	49	38	38	42	167	38	31	33	37	139
57 Immunity disorders	-	-	-	3	3	1	1	1	2	5	-	2	5	1	8	1	3	2	2	8
58 Other nutritional; endocrine; and metabolic disorders	60	64	54	78	256	73	88	81	63	305	71	65	77	69	282	75	85	69	71	300
Total	392	438	405	431	1,666	382	429	476	454	1,741	465	407	470	458	1,800	432	483	447	439	1,801
4 Diseases of the blood & blood-forming organs																				
59 Deficiency and other anemia	43	46	57	40	186	33	57	51	45	186	49	60	42	38	189	44	42	58	46	190
60 Acute posthemorrhagic anemia	22	19	24	24	89	22	26	33	22	103	22	21	22	17	82	18	22	26	23	89
61 Sickle cell anemia	1	4	5	4	14	7	7	6	4	24	9	5	5	12	31	8	8	6	2	24
62 Coagulation and hemorrhagic disorders	9	11	8	9	37	13	9	20	17	59	19	14	18	20	71	21	21	20	23	85
63 Diseases of white blood cells	38	31	38	36	143	24	32	42	32	130	31	30	37	30	128	26	27	31	26	110
64 Other hematologic conditions	3	2	1	5	11	3	5	6	1	15	2	1	2	3	8	5	2	3	1	11
Total	116	113	133	118	480	102	136	158	121	517	132	131	126	120	509	122	122	144	121	509
5 Mental disorders																				
650 Adjustment disorders	26	26	25	20	97	15	18	15	19	67	18	21	12	26	77	37	31	22	37	127
651 Anxiety disorders	34	40	34	31	139	22	36	23	26	107	19	32	27	29	107	28	41	35	22	126
652 Attention-deficit conduct and disruptive behavior disorders	-	-	1	-	1	1	-	1	-	2	1	-	-	3	4	1	3	2	2	8
653 Delirium dementia and amnestic and other cognitive disorders	31	43	34	45	153	34	22	39	49	144	43	48	41	34	166	40	30	44	40	154
654 Developmental disorders	-	1	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
655 Disorders usually diagnosed in infancy childhood or adolescence	-	1	-	-	1	2	2	1	-	5	-	2	1	1	4	1	1	1	2	5
656 Impulse control disorders NEC	1	-	2	1	4	-	1	1	-	2	-	1	1	2	4	-	-	-	-	-
657 Mood disorders	262	299	279	303	1,143	309	286	252	262	1,109	302	275	289	284	1,150	290	342	322	284	1,238
658 Personality disorders	21	27	20	2	70	22	12	13	19	66	24	23	13	17	77	20	21	13	29	83
659 Schizophrenia and other psychotic disorders	72	85	89	78	324	63	80	72	69	284	83	84	75	61	303	72	73	94	90	329
660 Alcohol-related disorders	127	166	165	170	628	172	167	172	147	658	160	179	166	193	698	176	215	236	198	825
661 Substance-related disorders	58	51	58	42	209	36	47	39	38	160	41	42	54	32	169	30	26	37	35	128
662 Suicide and intentional self-inflicted injury	1	-	1	54	56	53	62	56	45	216	61	52	45	68	226	47	52	55	46	200
663 Screening and history of mental health and substance abuse codes	1	-	2	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
670 Miscellaneous disorders	30	17	24	8	79	5	6	11	9	31	13	8	17	14	52	9	11	13	11	44
Total	664	756	735	754	2,909	734	739	695	683	2,851	765	767	741	764	3,037	751	846	875	796	3,268
6 Diseases of the nervous system and sense organs																				
76 Meningitis (except that caused by TB or STD)	8	7	13	16	44	9	13	14	11	47	5	9	26	12	52	12	9	12	9	42
77 Encephalitis (except that caused by TB or STD)	3	3	7	3	16	9	11	7	4	31	7	3	2	12	24	5	6	2	7	20
78 Other CNS infection and poliomyelitis	2	5	3	6	16	8	4	5	1	18	2	4	6	8	20	8	4	6	3	21
79 Parkinson`s disease	7	11	3	3	24	11	9	8	10	38	11	9	11	5	36	6	7	10	7	30
80 Multiple sclerosis	4	5	7	6	22	6	11	8	2	27	7	7	6	12	32	7	5	4	10	26

Appendix E

Primary Diagnoses of Inpatients in Vermont Hospitals: CCS Single Level Categories by Discharge Year and Quarter

*** omits newborns**

CCS High Level Diagnosis Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Diagnosis Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
81 Other hereditary and degenerative nervous system conditions	18	20	27	12	77	14	11	12	13	50	12	14	6	11	43	11	25	10	14	60
82 Paralysis	2	2	4	11	19	16	6	7	8	37	13	10	12	6	41	9	9	10	14	42
83 Epilepsy; convulsions	60	52	50	75	237	93	100	90	90	373	76	100	88	95	359	101	82	66	71	320
84 Headache; including migraine	21	14	18	26	79	27	29	39	33	128	26	33	19	31	109	30	33	33	34	130
85 Coma; stupor; and brain damage	7	19	8	3	37	9	8	6	6	29	4	5	2	3	14	4	4	2	3	13
87 Retinal detachments; defects; vascular occlusion; and retinopathy	1	1	2	1	5	-	-	1	-	1	1	-	-	2	3	-	-	3	-	3
88 Glaucoma	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	1	-	2
89 Blindness and vision defects	2	-	1	1	4	2	1	1	3	7	-	1	-	2	3	4	3	2	2	11
90 Inflammation; infection of eye (except that caused by TB or sexually transmitteddisease)	1	2	1	1	5	7	5	6	4	22	1	4	4	1	10	5	3	4	6	18
91 Other eye disorders	-	2	-	1	3	-	3	2	2	7	-	5	3	3	11	1	3	2	1	7
92 Otitis media and related conditions	5	2	1	4	12	4	3	2	1	10	3	2	3	7	15	4	4	3	-	11
93 Conditions associated with dizziness or vertigo	19	12	11	13	55	16	17	18	18	69	16	21	25	18	80	10	15	16	18	59
94 Other ear and sense organ disorders	2	1	3	3	9	2	2	3	2	9	3	2	3	2	10	2	2	7	3	14
95 Other nervous system disorders	100	110	114	127	451	106	129	138	129	502	127	147	144	168	586	161	149	136	168	614
Total	262	268	273	312	1,115	339	362	367	337	1,405	314	377	360	398	1,449	380	364	329	370	1,443
7 Diseases of the circulatory system																				
96 Heart valve disorders	69	60	96	82	307	62	63	60	81	266	94	85	83	68	330	80	86	80	85	331
97 Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by TB or STD)	27	34	22	31	114	35	33	35	28	131	31	41	50	35	157	34	40	41	38	153
98 Essential hypertension	6	9	6	9	30	12	13	12	3	40	-	1	1	1	3	2	3	-	3	8
99 Hypertension with complications and secondary hypertension	55	47	49	65	216	42	44	46	195	327	249	253	307	300	1,109	317	315	337	363	1,332
100 Acute myocardial infarction	344	287	308	317	1,256	310	333	307	312	1,262	351	296	328	304	1,279	267	340	320	319	1,246
101 Coronary atherosclerosis and other heart disease	79	114	127	101	421	110	103	97	112	422	97	127	114	109	447	86	92	118	103	399
102 Nonspecific chest pain	40	38	61	35	174	55	48	48	55	206	47	44	40	53	184	61	37	61	36	195
103 Pulmonary heart disease	94	88	88	75	345	108	96	97	98	399	88	78	87	83	336	96	87	77	85	345
104 Other and ill-defined heart disease	3	9	6	6	24	11	6	8	10	35	10	9	4	4	27	6	12	10	10	38
105 Conduction disorders	22	21	19	24	86	19	20	26	29	94	19	39	38	27	123	28	32	38	31	129
106 Cardiac dysrhythmias	292	348	350	307	1,297	315	322	297	295	1,229	267	326	317	329	1,239	332	345	349	318	1,344
107 Cardiac arrest and ventricular fibrillation	5	10	5	9	29	11	2	13	11	37	13	12	6	13	44	5	11	11	6	33
108 Congestive heart failure; nonhypertensive	366	337	295	336	1,334	346	395	351	221	1,313	218	203	167	171	759	186	158	106	122	572
109 Acute cerebrovascular disease	238	243	227	251	959	241	254	248	238	981	225	217	230	222	894	259	280	241	195	975
110 Occlusion or stenosis of precerebral arteries	24	23	28	33	108	16	29	35	29	109	26	26	30	31	113	24	33	23	20	100
111 Other and ill-defined cerebrovascular disease	9	5	10	16	40	8	10	9	7	34	11	17	13	14	55	14	12	8	13	47
112 Transient cerebral ischemia	26	30	34	24	114	28	31	26	25	110	33	38	34	34	139	19	21	19	22	81
113 Late effects of cerebrovascular disease	5	8	5	67	85	61	58	60	55	234	56	54	65	65	240	64	66	59	76	265
114 Peripheral and visceral atherosclerosis	41	33	61	54	189	51	64	55	56	226	41	42	37	42	162	39	45	52	46	182
115 Aortic; peripheral; and visceral artery aneurysms	19	25	24	30	98	25	25	34	34	118	27	29	25	28	109	33	17	33	29	112
116 Aortic and peripheral arterial embolism or thrombosis	9	7	10	3	29	5	4	6	8	23	9	7	9	5	30	7	4	5	5	21
117 Other circulatory disease	34	28	30	22	114	33	27	25	27	112	17	31	31	18	97	22	32	33	33	120
118 Phlebitis; thrombophlebitis and thromboembolism	21	12	31	30	94	27	33	28	48	136	25	34	26	24	109	19	31	24	25	99
119 Varicose veins of lower extremity	-	-	-	2	2	1	1	5	5	12	2	1	-	2	5	2	5	3	3	13
120 Hemorrhoids	3	2	2	4	11	7	4	6	3	20	6	8	8	9	31	7	2	2	4	15
121 Other diseases of veins and lymphatics	10	7	8	5	30	6	6	1	5	18	2	12	16	2	32	2	9	5	10	26
Total	1,841	1,825	1,902	1,938	7,506	1,945	2,024	1,935	1,990	7,894	1,964	2,030	2,066	1,993	8,053	2,011	2,115	2,055	2,000	8,181

Appendix E

Primary Diagnoses of Inpatients in Vermont Hospitals: CCS Single Level Categories by Discharge Year and Quarter

*** omits newborns**

CCS High Level Diagnosis Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Diagnosis Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
8 Diseases of the respiratory system																				
122 Pneumonia (except that caused by TB or STD)	537	473	356	420	1,786	426	426	299	339	1,490	428	343	256	353	1,380	462	359	306	314	1,441
123 Influenza	233	33	-	2	268	52	69	1	11	133	160	57	-	36	253	350	53	1	30	434
124 Acute and chronic tonsillitis	-	2	3	4	9	-	7	4	4	15	1	6	1	1	9	6	2	-	5	13
125 Acute bronchitis	77	32	10	16	135	118	53	9	21	201	72	31	12	30	145	101	53	10	35	199
126 Other upper respiratory infections	26	15	8	16	65	21	22	15	14	72	28	24	13	16	81	21	12	8	17	58
127 Chronic obstructive pulmonary disease and bronchiectasis	317	280	196	276	1,069	308	351	241	346	1,246	434	440	308	298	1,480	350	310	252	267	1,179
128 Asthma	101	81	47	44	273	45	46	34	40	165	43	46	22	53	164	50	46	28	47	171
129 Aspiration pneumonitis; food/vomitus	81	95	74	60	310	93	77	74	63	307	70	75	49	74	268	79	73	56	50	258
130 Pleurisy; pneumothorax; pulmonary collapse	35	47	49	33	164	51	53	48	39	191	44	51	39	43	177	45	43	34	47	169
131 Respiratory failure; insufficiency; arrest (adult)	299	287	219	239	1,044	237	217	169	178	801	227	169	146	157	699	215	176	153	173	717
132 Lung disease due to external agents	4	3	10	1	18	7	2	4	5	18	6	4	3	8	21	3	3	1	1	8
133 Other lower respiratory disease	38	36	33	39	146	40	44	35	37	156	41	34	39	42	156	67	42	40	37	186
134 Other upper respiratory disease	11	9	12	9	41	17	17	11	8	53	11	16	13	9	49	13	16	6	10	45
Total	1,759	1,393	1,017	1,159	5,328	1,415	1,384	944	1,105	4,848	1,565	1,296	901	1,120	4,882	1,762	1,188	895	1,033	4,878
9 Diseases of the digestive system																				
135 Intestinal infection	105	113	73	67	358	78	78	77	91	324	89	92	76	72	329	86	84	93	79	342
136 Disorders of teeth and jaw	6	8	7	14	35	13	14	11	5	43	8	11	13	6	38	12	8	9	9	38
137 Diseases of mouth; excluding dental	6	5	8	7	26	7	8	6	6	27	8	10	9	4	31	13	9	12	8	42
138 Esophageal disorders	16	19	17	20	72	20	28	23	23	94	23	22	29	37	111	26	24	31	19	100
139 Gastroduodenal ulcer (except hemorrhage)	11	11	16	10	48	6	5	6	6	23	9	16	15	8	48	5	8	9	14	36
140 Gastritis and duodenitis	9	13	13	13	48	6	18	14	10	48	12	13	16	17	58	13	17	14	6	50
141 Other disorders of stomach and duodenum	24	26	29	23	102	10	16	11	16	53	10	13	18	13	54	13	12	12	12	49
142 Appendicitis and other appendiceal conditions	58	68	66	49	241	80	83	86	67	316	73	82	74	83	312	69	64	77	24	234
143 Abdominal hernia	48	46	43	49	186	54	59	58	65	236	60	63	59	51	233	56	52	40	51	199
144 Regional enteritis and ulcerative colitis	36	39	35	40	150	31	32	40	32	135	44	30	46	51	171	38	54	39	25	156
145 Intestinal obstruction without hernia	162	172	145	151	630	167	166	185	184	702	146	170	155	149	620	135	143	143	168	589
146 Diverticulosis and diverticulitis	147	119	137	152	555	149	148	140	136	573	126	119	145	142	532	130	149	154	130	563
147 Anal and rectal conditions	9	12	8	11	40	11	14	14	7	46	9	13	19	13	54	15	13	12	8	48
148 Peritonitis and intestinal abscess	12	11	12	10	45	15	10	6	6	37	11	10	14	17	52	17	11	8	16	52
149 Biliary tract disease	119	116	117	119	471	132	121	125	127	505	97	128	111	116	452	96	131	114	119	460
151 Other liver diseases	44	56	46	50	196	40	30	50	44	164	37	46	38	33	154	42	45	44	35	166
152 Pancreatic disorders (not diabetes)	102	113	151	127	493	134	153	190	152	629	112	139	155	140	546	119	136	145	148	548
153 Gastrointestinal hemorrhage	126	130	126	116	498	140	141	164	150	595	118	131	154	158	561	135	140	121	153	549
154 Noninfectious gastroenteritis	40	57	38	34	169	41	35	41	45	162	39	33	41	38	151	35	31	35	36	137
155 Other gastrointestinal disorders	71	87	81	82	321	71	98	75	98	342	80	79	81	81	321	55	100	66	70	291
Total	1,151	1,221	1,168	1,144	4,684	1,205	1,257	1,322	1,270	5,054	1,111	1,220	1,268	1,229	4,828	1,110	1,231	1,178	1,130	4,649
10 Diseases of the genitourinary system																				
156 Nephritis; nephrosis; renal sclerosis	2	3	2	2	9	8	9	3	5	25	6	7	3	4	20	4	4	5	3	16
157 Acute and unspecified renal failure	163	165	163	137	628	147	183	161	138	629	136	164	164	125	589	131	149	175	135	590
158 Chronic kidney disease	5	6	6	3	20	2	6	9	5	22	6	4	2	3	15	3	9	1	2	15
159 Urinary tract infections	151	154	196	172	673	152	180	176	161	669	170	200	189	174	733	176	173	201	168	718
160 Calculus of urinary tract	38	39	47	17	141	10	12	8	13	43	10	9	15	8	42	19	14	9	15	57
161 Other diseases of kidney and ureters	14	10	8	43	75	42	46	62	34	184	36	39	51	45	171	36	37	52	39	164
162 Other diseases of bladder and urethra	8	12	11	5	36	9	9	10	15	43	8	7	12	5	32	6	7	7	5	25
163 Genitourinary symptoms and ill-defined conditions	8	7	10	11	36	9	13	14	12	48	10	16	10	9	45	15	16	11	13	55
164 Hyperplasia of prostate	13	17	13	23	66	16	14	14	13	57	13	12	12	10	47	10	16	7	9	42

Appendix E

Primary Diagnoses of Inpatients in Vermont Hospitals: CCS Single Level Categories by Discharge Year and Quarter

*** omits newborns**

CCS High Level Diagnosis Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Diagnosis Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
165 Inflammatory conditions of male genital organs	9	11	5	8	33	5	8	6	6	25	8	6	8	7	29	7	12	15	15	49
166 Other male genital disorders	4	4	2	-	10	-	2	1	3	6	3	1	-	1	5	4	-	2	2	8
167 Nonmalignant breast conditions	3	3	-	6	12	2	2	3	4	11	6	3	4	1	14	4	5	6	6	21
168 Inflammatory diseases of female pelvic organs	8	6	8	11	33	11	11	5	6	33	5	8	4	6	23	8	9	8	7	32
169 Endometriosis	2	1	2	4	9	6	3	2	-	11	3	1	6	4	14	5	2	4	5	16
170 Prolapse of female genital organs	1	-	2	5	8	3	2	1	1	7	1	1	5	3	10	3	2	1	2	8
171 Menstrual disorders	8	9	5	9	31	4	5	3	-	12	2	-	2	2	6	-	5	2	3	10
172 Ovarian cyst	4	4	3	2	13	3	5	6	1	15	5	2	6	-	13	3	2	4	4	13
173 Menopausal disorders	-	-	-	1	1	-	-	-	-	-	-	3	-	1	4	-	-	3	-	3
175 Other female genital disorders	5	6	11	8	30	5	13	4	3	25	8	6	11	14	39	10	12	7	9	38
Total	446	457	494	467	1,864	434	523	488	420	1,865	436	489	504	422	1,851	444	474	520	442	1,880
11 Pregnancy, childbirth, and the puerperium																				
176 Contraceptive and procreative management	-	-	1	-	1	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-
177 Spontaneous abortion	-	1	1	4	6	3	-	4	2	9	-	3	1	-	4	-	1	-	-	1
178 Induced abortion	1	1	2	1	5	2	2	2	1	7	4	3	1	-	8	-	2	2	2	6
179 Postabortion complications	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
180 Ectopic pregnancy	1	1	5	6	13	2	-	1	-	3	2	3	1	1	7	2	5	-	-	7
181 Other complications of pregnancy	141	155	154	89	539	94	83	100	101	378	80	81	87	78	326	83	69	92	81	325
182 Hemorrhage during pregnancy; abruptio placenta; placenta previa	29	19	21	21	90	23	20	20	20	83	20	17	24	13	74	15	11	20	15	61
183 Hypertension complicating pregnancy; childbirth and the puerperium	105	96	104	129	434	132	116	115	112	475	136	134	134	120	524	126	141	140	156	563
184 Early or threatened labor	39	43	44	36	162	38	40	42	44	164	31	46	38	32	147	41	44	37	41	163
185 Prolonged pregnancy	204	213	251	147	815	148	143	249	198	738	177	182	168	162	689	165	183	205	163	716
186 Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	27	29	39	29	124	20	27	34	36	117	37	59	43	52	191	47	37	57	57	198
187 Malposition; malpresentation	61	54	53	48	216	68	48	70	62	248	44	48	66	60	218	56	53	54	54	217
188 Fetopelvic disproportion; obstruction	14	20	23	8	65	13	24	20	15	72	12	23	16	17	68	11	24	20	11	66
189 Previous C-section	110	125	136	118	489	107	121	123	101	452	93	131	104	98	426	100	98	123	101	422
190 Fetal distress and abnormal forces of labor	68	64	92	73	297	54	82	60	64	260	58	68	50	46	222	40	37	39	32	148
191 Polyhydramnios and other problems of amniotic cavity	122	124	115	103	464	140	167	172	143	622	120	132	187	143	582	106	136	157	139	538
192 Umbilical cord complication	45	45	59	64	213	68	58	75	56	257	56	71	50	31	208	36	47	55	40	178
193 OB-related trauma to perineum and vulva	148	169	159	189	665	183	176	117	109	585	121	147	153	133	554	146	156	145	144	591
194 Forceps delivery	-	-	-	1	1	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
195 Other complications of birth; puerperium affecting management of mother	233	237	254	244	968	249	260	275	244	1,028	238	276	287	288	1,089	243	231	281	257	1,012
196 Normal pregnancy and/or delivery	36	52	31	40	159	23	31	21	37	112	32	37	49	36	154	50	34	34	46	164
Total	1,385	1,448	1,544	1,350	5,727	1,368	1,398	1,500	1,345	5,611	1,261	1,461	1,460	1,310	5,492	1,267	1,309	1,461	1,339	5,376
12 Diseases of the skin and subcutaneous tissue																				
197 Skin and subcutaneous tissue infections	174	186	231	170	761	178	203	248	196	825	174	188	226	208	796	146	171	215	188	720
198 Other inflammatory condition of skin	2	3	3	6	14	3	3	3	4	13	3	1	5	4	13	2	3	4	6	15
199 Chronic ulcer of skin	12	15	18	11	56	10	15	11	24	60	19	14	16	12	61	17	12	12	11	52
200 Other skin disorders	-	3	-	2	5	3	2	2	4	11	2	3	2	3	10	3	7	6	1	17
Total	188	207	252	189	836	194	223	264	228	909	198	206	249	227	880	168	193	237	206	804
13 Musculoskeletal system and connective tissue																				
201 Infective arthritis and osteomyelitis (except that caused by TB or STD)	32	26	50	40	148	49	51	55	48	203	44	32	47	55	178	41	54	57	45	197
202 Rheumatoid arthritis and related disease	6	2	3	2	13	3	3	4	6	16	4	4	3	7	18	6	8	6	5	25
203 Osteoarthritis	563	572	539	634	2,308	648	623	627	669	2,567	658	709	669	739	2,775	652	683	624	690	2,649
204 Other non-traumatic joint disorders	15	15	16	17	63	18	20	18	23	79	27	17	15	16	75	18	16	18	15	67

Appendix E

Primary Diagnoses of Inpatients in Vermont Hospitals: CCS Single Level Categories by Discharge Year and Quarter

*** omits newborns**

CCS High Level Diagnosis Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Diagnosis Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
205 Spondylosis; intervertebral disc disorders; other back problems	151	184	153	184	672	146	180	168	174	668	161	153	128	141	583	169	141	150	173	633
206 Osteoporosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
207 Pathological fracture	29	29	38	38	134	24	42	26	43	135	32	27	36	41	136	43	40	43	38	164
208 Acquired foot deformities	1	1	1	-	3	-	-	1	-	1	-	1	1	-	2	1	1	1	2	5
209 Other acquired deformities	40	30	39	57	166	45	50	39	34	168	40	42	38	28	148	37	28	26	15	106
210 Systemic lupus erythematosus and connective tissue disorders	3	3	1	5	12	4	10	11	7	32	7	8	8	3	26	3	7	4	12	26
211 Other connective tissue disease	48	53	46	44	191	68	45	57	38	208	59	45	48	50	202	57	58	64	47	226
212 Other bone disease and musculoskeletal deformities	26	20	31	10	87	9	16	22	19	66	17	15	21	19	72	24	17	22	20	83
Total	914	935	917	1,031	3,797	1,014	1,040	1,028	1,061	4,143	1,049	1,053	1,014	1,099	4,215	1,051	1,053	1,015	1,063	4,182
14 Congenital anomalies																				
213 Cardiac and circulatory congenital anomalies	3	9	4	13	29	8	14	18	16	56	13	14	18	7	52	13	3	13	7	36
214 Digestive congenital anomalies	5	10	5	4	24	5	7	3	8	23	10	4	5	9	28	7	5	8	5	25
215 Genitourinary congenital anomalies	4	5	5	5	19	7	7	3	3	20	10	4	5	6	25	2	7	4	10	23
216 Nervous system congenital anomalies	2	3	4	4	13	1	5	3	2	11	4	2	5	1	12	1	3	4	6	14
217 Other congenital anomalies	9	8	11	6	34	5	8	5	8	26	6	5	11	8	30	3	9	4	13	29
Total	23	35	29	32	119	26	41	32	37	136	43	29	44	31	147	26	27	33	41	127
15 Conditions originating in the perinatal period																				
218 Liveborn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
224 Other perinatal conditions	-	1	-	2	3	3	3	2	2	10	2	1	1	2	6	2	2	2	3	9
Total	-	1	-	2	3	3	3	2	2	10	2	1	1	2	6	2	2	2	3	9
16 Injury & poisoning																				
225 Joint disorders and dislocations; trauma-related	4	13	18	5	40	3	8	4	5	20	13	9	7	9	38	6	5	10	5	26
226 Fracture of neck of femur (hip)	170	154	189	197	710	203	161	173	192	729	213	171	189	207	780	228	171	166	177	742
227 Spinal cord injury	11	6	8	10	35	3	10	12	9	34	7	6	9	8	30	8	3	7	4	22
228 Skull and face fractures	7	17	8	17	49	14	26	26	16	82	20	18	17	11	66	10	14	27	15	66
229 Fracture of upper limb	41	25	52	42	160	42	52	61	57	212	51	51	61	51	214	50	50	70	40	210
230 Fracture of lower limb	152	88	99	99	438	191	117	132	154	594	162	108	148	163	581	227	113	108	124	572
231 Other fractures	86	110	116	158	470	143	132	154	130	559	127	119	144	149	539	141	118	167	128	554
232 Sprains and strains	9	5	8	8	30	7	13	5	8	33	11	7	12	10	40	7	9	10	14	40
233 Intracranial injury	61	70	76	67	274	88	73	80	71	312	75	78	114	82	349	84	101	113	86	384
234 Crushing injury or internal injury	37	34	48	35	154	40	39	54	28	161	35	47	54	43	179	40	31	48	40	159
235 Open wounds of head; neck; and trunk	7	4	5	5	21	4	11	6	6	27	8	4	11	6	29	5	8	10	7	30
236 Open wounds of extremities	8	14	23	13	58	11	9	20	7	47	11	14	20	16	61	16	15	11	6	48
237 Complication of device; implant or graft	166	179	215	158	718	170	155	174	185	684	139	166	173	168	646	171	170	180	197	718
238 Complications of surgical procedures or medical care	145	158	162	199	664	165	165	178	197	705	179	186	166	170	701	158	164	141	127	590
239 Superficial injury; contusion	10	13	18	19	60	13	18	19	17	67	16	20	22	19	77	24	20	15	24	83
240 Burns	7	15	9	10	41	7	13	11	9	40	4	7	15	11	37	8	13	8	6	35
241 Poisoning by psychotropic agents	22	27	28	9	86	13	9	13	9	44	10	9	3	7	29	7	12	9	8	36
242 Poisoning by other medications and drugs	51	47	48	29	175	30	25	26	22	103	20	30	41	23	114	27	28	26	21	102
243 Poisoning by nonmedicinal substances	4	3	1	5	13	3	4	6	6	19	5	6	5	11	27	7	3	8	7	25
244 Other injuries and conditions due to external causes	41	15	14	24	94	38	36	31	32	137	31	38	50	32	151	39	31	41	33	144
Total	1,039	997	1,145	1,109	4,290	1,188	1,076	1,185	1,160	4,609	1,137	1,094	1,261	1,196	4,688	1,263	1,079	1,175	1,069	4,586
17 Symptoms, signs & ill-defined conditions																				
245 Syncope	23	22	46	42	133	38	45	48	53	184	43	50	54	49	196	28	38	51	35	152
246 Fever of unknown origin	11	19	29	26	85	19	14	28	18	79	18	19	31	25	93	12	17	26	20	75
247 Lymphadenitis	5	1	4	1	11	4	3	3	5	15	1	3	2	4	10	2	-	6	3	11
248 Gangrene	17	8	11	10	46	5	6	9	8	28	12	14	10	11	47	5	13	7	2	27

Appendix E

Primary Diagnoses of Inpatients in Vermont Hospitals: CCS Single Level Categories by Discharge Year and Quarter

*** omits newborns**

CCS High Level Diagnosis Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Diagnosis Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
249 Shock	-	-	-	5	5	5	6	4	4	19	1	6	2	2	11	3	2	6	6	17
250 Nausea and vomiting	14	14	18	14	60	14	32	26	25	97	17	13	26	15	71	16	17	22	13	68
251 Abdominal pain	32	25	32	35	124	34	29	38	34	135	27	27	18	38	110	28	24	31	23	106
252 Malaise and fatigue	11	25	15	21	72	10	20	18	28	76	20	23	33	27	103	37	30	25	25	117
253 Allergic reactions	2	8	9	7	26	8	7	5	11	31	3	9	4	10	26	11	3	10	5	29
254 Rehabilitation care; fitting of prostheses; and adjustment of devices	348	362	348	-	1,058	-	1	-	-	1	1	-	-	1	2	1	-	1	1	3
255 Administrative/social admission	1	-	2	1	4	1	3	4	-	8	-	3	2	1	6	-	-	1	-	1
256 Medical examination/evaluation	-	4	2	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
257 Other aftercare	8	17	27	189	241	203	187	201	156	747	173	208	167	193	741	207	194	177	190	768
258 Other screening for suspected conditions (not mental disorders or infectious disease)	1	4	-	4	9	4	6	3	5	18	3	3	5	5	16	4	7	9	6	26
Total	473	509	543	355	1,880	345	359	387	347	1,438	319	378	354	381	1,432	354	345	372	330	1,401
18 Residual codes, unclassified, all Ecodes																				
259 Residual codes; unclassified	28	36	25	41	130	46	50	36	52	184	39	50	34	46	169	41	35	43	27	146
2617 Adverse effects of medical drugs	-	-	-	9	9	8	7	4	2	21	4	3	3	1	11	5	5	3	-	13
Total	28	36	25	50	139	54	57	40	54	205	43	53	37	47	180	46	40	46	27	159
Totals by Quarter/Year	11,753	11,813	11,739	11,617	46,922	11,960	12,268	11,991	11,781	48,000	11,964	12,138	12,050	12,011	48,163	12,432	12,051	12,025	11,572	48,080

APPENDIX F

Primary Diagnoses of Outpatients in Vermont Hospitals: CCS Single and High Level Groups by Year and Discharge Quarter

CCS High Level Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Group	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
1 Infectious & parasitic diseases																				
1 Tuberculosis	-	-	1	1	2	-	1	-	-	1	-	-	-	-	-	-	1	-	-	1
2 Septicemia (except in labor)	1	4	-	1	6	-	-	-	-	-	1	-	2	2	5	-	-	2	1	3
3 Bacterial infection; unspecified site	4	2	6	9	21	6	12	9	7	34	7	10	13	5	35	4	7	3	11	25
4 Mycoses	55	86	86	77	304	64	55	48	58	225	44	75	77	93	289	65	73	81	88	307
5 HIV infection	2	-	6	2	10	-	1	-	-	1	3	-	-	-	3	1	-	-	1	2
6 Hepatitis	8	6	9	4	27	4	28	13	17	62	12	17	11	9	49	13	17	9	14	53
7 Viral infection	69	75	72	73	289	72	64	41	33	210	38	28	36	43	145	38	40	39	28	145
8 Other infections; including parasitic	42	47	46	5	140	7	7	8	6	28	5	4	5	8	22	4	4	7	2	17
9 Sexually transmitted infections (not HIV or hepatitis)	7	6	7	11	31	11	8	2	5	26	14	21	10	12	57	15	18	12	19	64
10 Immunizations and screening for infectious disease	10	13	10	11	44	11	11	21	41	84	29	15	14	79	137	32	32	23	43	130
Total	198	239	243	194	874	175	187	142	167	671	153	170	168	251	742	172	192	176	207	747
2 Neoplasms																				
11 Cancer of head and neck	72	71	92	82	317	54	68	55	65	242	71	60	64	67	262	79	62	58	68	267
12 Cancer of esophagus	39	29	31	25	124	27	20	42	40	129	33	34	28	25	120	48	37	29	28	142
13 Cancer of stomach	20	10	10	9	49	1	5	18	21	45	20	14	9	19	62	14	15	17	18	64
14 Cancer of colon	109	91	130	96	426	117	118	122	98	455	121	124	130	121	496	97	107	116	99	419
15 Cancer of rectum and anus	74	52	70	97	293	87	72	97	89	345	82	83	59	75	299	81	94	102	81	358
16 Cancer of liver and intrahepatic bile duct	12	11	18	9	50	21	8	6	17	52	10	21	14	10	55	14	12	16	5	47
17 Cancer of pancreas	21	25	28	36	110	32	48	47	59	186	48	40	40	45	173	49	43	47	42	181
18 Cancer of other GI organs; peritoneum	10	11	12	10	43	9	11	7	9	36	9	13	12	12	46	14	10	18	15	57
19 Cancer of bronchus; lung	118	79	114	105	416	135	136	159	119	549	128	114	110	119	471	113	139	94	94	440
20 Cancer; other respiratory and intrathoracic	-	-	1	-	1	-	1	1	1	3	1	3	-	-	4	1	2	1	-	4
21 Cancer of bone and connective tissue	12	8	13	14	47	6	10	12	6	34	7	4	10	3	24	9	6	5	7	27
22 Melanomas of skin	43	47	82	72	244	78	79	85	54	296	61	55	73	64	253	58	76	86	65	285
23 Other non-epithelial cancer of skin	369	442	497	497	1,805	466	468	526	500	1,960	433	461	487	541	1,922	484	502	512	497	1,995
24 Cancer of breast	240	216	221	257	934	223	222	221	193	859	220	213	219	214	866	252	256	259	228	995
25 Cancer of uterus	47	71	85	72	275	58	48	52	44	202	46	63	83	50	242	43	72	42	63	220
26 Cancer of cervix	27	37	21	31	116	44	33	24	24	125	52	44	48	61	205	55	52	43	45	195
27 Cancer of ovary	45	46	43	37	171	51	39	34	34	158	41	41	43	38	163	23	25	36	28	112
28 Cancer of other female genital organs	11	8	15	9	43	9	13	34	17	73	15	13	16	19	63	11	14	14	15	54
29 Cancer of prostate	38	54	58	76	226	48	60	62	58	228	64	53	58	67	242	89	98	91	85	363
30 Cancer of testis	7	2	3	2	14	6	3	8	4	21	10	5	9	5	29	5	8	8	16	37
31 Cancer of other male genital organs	5	8	4	4	21	2	2	2	3	9	2	-	2	1	5	1	1	1	2	5
32 Cancer of bladder	184	233	184	208	809	217	259	176	151	803	200	185	178	177	740	173	182	158	150	663
33 Cancer of kidney and renal pelvis	12	11	13	20	56	10	9	10	14	43	14	9	6	13	42	14	17	13	12	56
34 Cancer of other urinary organs	3	5	6	12	26	2	9	15	6	32	13	11	10	12	46	5	5	15	16	41
35 Cancer of brain and nervous system	3	3	3	3	12	4	4	5	3	16	3	3	2	3	11	8	-	5	6	19
36 Cancer of thyroid	10	18	16	24	68	28	33	21	24	106	15	11	24	25	75	20	20	22	16	78
37 Hodgkin`s disease	11	7	8	11	37	14	14	14	5	47	16	12	14	21	63	15	22	17	9	63
38 Non-Hodgkin`s lymphoma	116	158	183	219	676	171	149	154	136	610	184	144	100	133	561	167	161	131	117	576
39 Leukemias	53	61	78	81	273	68	55	57	47	227	53	59	62	40	214	59	61	68	82	270
40 Multiple myeloma	27	19	31	20	97	34	29	37	38	138	23	19	44	44	130	51	37	27	33	148
41 Cancer; other and unspecified primary	13	10	13	32	68	28	24	20	25	97	14	16	14	17	61	27	22	20	27	96
42 Secondary malignancies	24	35	23	34	116	37	32	29	46	144	35	60	34	45	174	41	37	42	59	179
43 Malignant neoplasm without specification of site	13	16	16	9	54	20	10	19	16	65	19	21	21	15	76	18	13	4	9	44

APPENDIX F

Primary Diagnoses of Outpatients in Vermont Hospitals: CCS Single and High Level Groups by Year and Discharge Quarter

CCS High Level Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Group	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
44 Neoplasms of unspecified nature or uncertain behavior	105	77	100	96	378	108	94	90	71	363	103	102	98	119	422	126	142	168	150	586
45 Maintenance chemotherapy; radiotherapy	21	16	20	5	62	1	9	7	6	23	3	3	1	1	8	1	2	3	1	7
46 Benign neoplasm of uterus	47	40	33	37	157	47	50	32	70	199	55	47	44	38	184	38	44	50	45	177
47 Other and unspecified benign neoplasm	1,053	1,182	1,186	1,189	4,610	1,329	1,361	1,431	1,548	5,669	1,437	1,211	884	800	4,332	760	1,022	1,031	1,044	3,857
Total	3,014	3,209	3,461	3,540	13,224	3,592	3,605	3,731	3,661	14,589	3,661	3,371	3,050	3,059	13,141	3,063	3,418	3,369	3,277	13,127
3 Endocrine, nutritional, metabolic, immunity																				
48 Thyroid disorders	60	38	37	55	190	52	54	45	37	188	45	55	55	53	208	33	49	35	40	157
49 Diabetes mellitus without complication	97	124	87	35	343	27	23	18	21	89	24	22	26	38	110	33	18	26	18	95
50 Diabetes mellitus with complications	224	231	266	309	1,030	300	279	228	236	1,043	245	231	223	213	912	197	232	209	217	855
51 Other endocrine disorders	10	15	12	10	47	14	14	18	17	63	21	29	8	20	78	27	23	20	10	80
52 Nutritional deficiencies	2	3	1	2	8	5	7	6	6	24	3	3	5	2	13	4	6	5	5	20
53 Disorders of lipid metabolism	11	7	13	3	34	3	13	9	7	32	7	12	12	7	38	8	9	9	8	34
54 Gout and other crystal arthropathies	4	7	5	15	31	10	6	13	12	41	13	10	8	14	45	10	14	10	17	51
55 Fluid and electrolyte disorders	2	2	3	3	10	3	8	3	9	23	3	4	2	1	10	3	8	4	3	18
56 Cystic fibrosis	103	96	101	109	409	91	81	48	54	274	43	38	37	41	159	71	48	37	43	199
57 Immunity disorders	4	4	4	40	52	44	37	39	43	163	37	55	46	59	197	45	58	59	64	226
58 Other nutritional; endocrine; and metabolic disorders	33	55	48	43	179	47	41	38	45	171	24	39	40	34	137	45	43	37	36	161
Total	550	582	577	624	2,333	596	563	465	487	2,111	465	498	462	482	1,907	476	508	451	461	1,896
4 Diseases of the blood & blood-forming organs																				
59 Deficiency and other anemia	157	173	187	154	671	135	151	144	142	572	134	148	152	125	559	139	156	181	144	620
60 Acute posthemorrhagic anemia	-	1	2	-	3	1	1	-	-	2	-	2	-	-	2	1	1	-	3	5
61 Sickle cell anemia	-	-	2	-	2	1	-	1	1	3	-	2	1	5	8	-	2	3	2	7
62 Coagulation and hemorrhagic disorders	11	11	12	10	44	11	13	18	15	57	7	15	10	11	43	15	16	9	8	48
63 Diseases of white blood cells	7	6	3	3	19	5	6	5	6	22	5	7	6	6	24	15	12	4	6	37
64 Other hematologic conditions	1	1	1	3	6	2	2	1	1	6	3	1	-	3	7	1	2	4	5	12
Total	176	192	207	170	745	155	173	169	165	662	149	175	169	150	643	171	189	201	168	729
5 Mental disorders																				
650 Adjustment disorders	2	-	-	1	3	2	-	1	-	3	-	3	-	-	3	-	-	-	-	-
651 Anxiety disorders	4	5	7	9	25	13	8	2	1	24	4	5	1	1	11	1	4	1	3	9
652 Attention-deficit conduct and disruptive behavior disorders	3	3	-	7	13	11	3	-	-	14	-	-	-	-	-	-	-	1	-	1
653 Delirium dementia and amnestic and other cognitive disorders	3	1	2	4	10	-	5	-	2	7	3	3	-	3	9	1	1	1	2	5
654 Developmental disorders	-	-	1	2	3	1	3	2	-	6	-	-	-	-	-	-	1	1	-	2
655 Disorders usually diagnosed in infancy childhood or adolescence	-	1	2	-	3	-	-	1	-	1	-	1	1	2	4	-	-	-	-	-
656 Impulse control disorders NEC	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
657 Mood disorders	3	10	5	2	20	6	5	3	3	17	10	8	11	7	36	4	7	8	14	33
658 Personality disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
659 Schizophrenia and other psychotic disorders	2	1	4	3	10	1	2	2	5	10	3	3	2	3	11	3	4	3	3	13
660 Alcohol-related disorders	2	1	4	22	29	15	13	14	14	56	13	7	10	16	46	9	8	6	6	29
661 Substance-related disorders	5	8	8	34	55	24	22	18	60	124	52	81	56	81	270	7	16	17	10	50
662 Suicide and intentional self-inflicted injury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
663 Screening and history of mental health and substance abuse codes	17	14	23	18	72	97	113	92	136	438	118	133	106	83	440	6	9	4	4	23
670 Miscellaneous disorders	16	22	15	25	78	18	22	25	17	82	31	12	24	17	84	21	28	23	14	86
Total	57	66	72	127	322	188	196	160	238	782	234	256	211	213	914	53	78	65	56	252

APPENDIX F

Primary Diagnoses of Outpatients in Vermont Hospitals: CCS Single and High Level Groups by Year and Discharge Quarter

CCS High Level Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Group	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
6 Diseases of the nervous system and sense organs																				
76 Meningitis (except that caused by TB or STD)	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	1	-	-	1
77 Encephalitis (except that caused by TB or STD)	2	1	1	-	4	2	1	1	1	5	-	1	1	-	2	-	-	1	-	1
78 Other CNS infection and poliomyelitis	3	-	-	-	3	-	-	1	-	1	-	1	1	-	2	1	2	1	-	4
79 Parkinson`s disease	19	23	27	18	87	12	9	13	19	53	19	18	25	16	78	26	25	27	25	103
80 Multiple sclerosis	24	22	27	18	91	19	15	7	10	51	17	9	6	10	42	6	8	10	5	29
81 Other hereditary and degenerative nervous system conditions	93	117	95	91	396	83	74	79	66	302	55	71	80	83	289	85	92	87	81	345
82 Paralysis	64	80	68	63	275	76	73	44	50	243	47	54	32	24	157	28	28	22	29	107
83 Epilepsy; convulsions	7	10	12	15	44	8	7	5	7	27	8	10	7	9	34	6	11	6	7	30
84 Headache; including migraine	95	91	111	107	404	112	132	98	94	436	119	118	134	143	514	129	143	144	128	544
85 Coma; stupor; and brain damage	1	-	9	3	13	1	3	3	-	7	5	2	2	1	10	1	-	5	6	12
86 Cataract	923	1,130	1,099	1,156	4,308	1,045	1,088	1,050	1,063	4,246	1,067	1,009	1,108	1,147	4,331	1,134	1,229	1,178	1,241	4,782
87 Retinal detachments; defects; vascular occlusion; and retinopathy	453	471	538	487	1,949	468	544	526	504	2,042	512	500	636	617	2,265	575	641	634	620	2,470
88 Glaucoma	47	92	80	116	335	102	99	101	92	394	91	117	64	106	378	128	117	96	90	431
89 Blindness and vision defects	15	18	16	18	67	18	12	13	15	58	17	11	12	7	47	15	9	7	11	42
90 Inflammation; infection of eye (except that caused by TB or sexually transmitteddisease)	4	10	17	10	41	13	15	11	15	54	9	5	5	10	29	16	6	12	11	45
91 Other eye disorders	104	110	111	134	459	120	138	106	122	486	104	107	106	163	480	141	174	128	120	563
92 Otitis media and related conditions	272	291	305	247	1,115	288	299	276	237	1,100	251	296	255	272	1,074	291	305	293	262	1,151
93 Conditions associated with dizziness or vertigo	17	15	34	38	104	20	21	30	27	98	60	37	44	43	184	34	47	58	54	193
94 Other ear and sense organ disorders	426	501	563	545	2,035	518	596	569	599	2,282	520	580	552	629	2,281	524	684	601	573	2,382
95 Other nervous system disorders	843	832	797	912	3,384	881	879	762	874	3,396	876	874	806	891	3,447	880	882	861	792	3,415
Total	3,412	3,814	3,910	3,978	15,114	3,786	4,005	3,696	3,795	15,282	3,777	3,820	3,876	4,171	15,644	4,020	4,404	4,171	4,055	16,650
7 Diseases of the circulatory system																				
96 Heart valve disorders	31	19	29	30	109	30	34	33	13	110	22	23	16	13	74	18	17	21	11	67
97 Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by TB or STD)	19	10	8	19	56	20	25	19	18	82	16	21	12	19	68	15	12	21	16	64
98 Essential hypertension	21	21	16	26	84	33	22	23	18	96	26	28	23	23	100	32	31	20	20	103
99 Hypertension with complications and secondary hypertension	15	23	29	15	82	21	19	18	23	81	22	19	14	46	101	47	34	40	30	151
100 Acute myocardial infarction	9	9	20	13	51	16	14	13	5	48	11	14	9	5	39	7	6	4	7	24
101 Coronary atherosclerosis and other heart disease	224	254	240	189	907	262	263	210	295	1,030	214	264	245	252	975	234	211	216	261	922
102 Nonspecific chest pain	42	29	34	29	134	36	39	42	35	152	38	32	30	29	129	33	41	23	19	116
103 Pulmonary heart disease	28	24	34	23	109	20	23	27	23	93	28	16	25	9	78	18	26	14	29	87
104 Other and ill-defined heart disease	4	4	7	3	18	9	4	4	2	19	6	8	9	11	34	13	8	4	3	28
105 Conduction disorders	47	77	50	37	211	37	41	40	55	173	38	32	32	36	138	42	41	36	33	152
106 Cardiac dysrhythmias	134	144	148	177	603	146	160	159	185	650	147	188	156	145	636	171	183	169	172	695
107 Cardiac arrest and ventricular fibrillation	1	1	1	1	4	2	-	-	4	6	1	1	2	-	4	-	-	2	-	2
108 Congestive heart failure; nonhypertensive	20	13	15	19	67	18	14	16	15	63	16	17	15	16	64	6	11	14	7	38
109 Acute cerebrovascular disease	7	9	10	6	32	9	15	13	7	44	20	20	10	25	75	27	24	25	30	106
110 Occlusion or stenosis of precerebral arteries	3	8	2	5	18	2	4	1	1	8	1	-	3	1	5	3	4	1	1	9
111 Other and ill-defined cerebrovascular disease	10	30	11	16	67	12	21	12	14	59	15	10	12	14	51	11	27	9	19	66
112 Transient cerebral ischemia	2	-	1	1	4	1	3	-	3	7	1	2	1	-	4	1	2	1	2	6

APPENDIX F

Primary Diagnoses of Outpatients in Vermont Hospitals: CCS Single and High Level Groups by Year and Discharge Quarter

CCS High Level Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Group	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
113 Late effects of cerebrovascular disease	11	7	9	5	32	4	7	6	3	20	6	7	4	6	23	8	6	10	9	33
114 Peripheral and visceral atherosclerosis	247	284	302	113	946	102	123	100	95	420	72	86	113	87	358	101	95	116	103	415
115 Aortic; peripheral; and visceral artery aneurysms	4	5	8	7	24	9	6	7	6	28	2	7	10	6	25	5	5	2	8	20
116 Aortic and peripheral arterial embolism or thrombosis	-	4	1	2	7	2	3	1	1	7	1	1	-	1	3	3	1	1	-	5
117 Other circulatory disease	38	35	37	26	136	32	37	24	26	119	24	40	23	40	127	37	44	30	37	148
118 Phlebitis; thrombophlebitis and thromboembolism	10	11	10	11	42	10	9	20	13	52	7	6	1	5	19	7	5	7	13	32
119 Varicose veins of lower extremity	28	41	44	48	161	39	31	27	49	146	41	44	45	49	179	22	39	37	40	138
120 Hemorrhoids	67	77	87	95	326	95	92	79	93	359	88	103	75	66	332	82	87	98	81	348
121 Other diseases of veins and lymphatics	72	92	70	94	328	94	83	88	89	354	72	94	93	87	346	69	89	83	96	337
Total	1,094	1,231	1,223	1,010	4,558	1,061	1,092	982	1,091	4,226	935	1,083	978	991	3,987	1,012	1,049	1,004	1,047	4,112
8 Diseases of the respiratory system																				
122 Pneumonia (except that caused by TB or STD)	46	34	45	36	161	34	38	24	32	128	33	32	29	33	127	42	35	34	44	155
123 Influenza	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	2	-	-	-	2
124 Acute and chronic tonsillitis	138	144	171	139	592	147	147	110	116	520	105	115	153	144	517	106	161	122	143	532
125 Acute bronchitis	9	4	10	7	30	4	10	3	9	26	6	12	5	12	35	12	13	7	16	48
126 Other upper respiratory infections	168	236	178	178	760	186	210	168	159	723	161	144	138	142	585	156	151	163	167	637
127 Chronic obstructive pulmonary disease and bronchiectasis	409	511	503	531	1,954	563	648	571	570	2,352	580	582	636	597	2,395	586	635	603	719	2,543
128 Asthma	353	408	373	367	1,501	419	404	245	416	1,484	421	451	473	477	1,822	499	519	427	538	1,983
129 Aspiration pneumonitis; food/vomitus	2	1	2	3	8	2	3	4	2	11	1	1	2	1	5	-	-	1	1	2
130 Pleurisy; pneumothorax; pulmonary collapse	52	49	41	61	203	51	61	53	55	220	51	68	76	43	238	39	53	67	59	218
131 Respiratory failure; insufficiency; arrest (adult)	11	11	11	13	46	9	6	9	6	30	7	9	7	7	30	6	5	7	10	28
132 Lung disease due to external agents	7	7	11	8	33	9	8	1	8	26	5	9	6	11	31	4	9	7	7	27
133 Other lower respiratory disease	958	1,043	1,055	908	3,964	990	1,041	895	902	3,828	928	952	955	1,005	3,840	988	1,089	966	963	4,006
134 Other upper respiratory disease	439	472	457	437	1,805	522	460	433	505	1,920	539	460	452	509	1,960	497	546	481	504	2,028
Total	2,592	2,920	2,857	2,688	11,057	2,937	3,036	2,516	2,780	11,269	2,837	2,835	2,932	2,981	11,585	2,937	3,216	2,885	3,171	12,209
9 Diseases of the digestive system																				
135 Intestinal infection	6	5	6	5	22	4	13	9	7	33	13	11	5	-	29	4	1	4	7	16
136 Disorders of teeth and jaw	43	40	22	20	125	20	22	24	21	87	15	23	24	18	80	19	22	21	22	84
137 Diseases of mouth; excluding dental	31	26	31	30	118	30	27	28	31	116	27	31	25	28	111	38	48	33	37	156
138 Esophageal disorders	578	616	604	606	2,404	680	788	703	656	2,827	643	722	669	676	2,710	639	705	578	663	2,585
139 Gastroduodenal ulcer (except hemorrhage)	30	31	31	40	132	30	36	30	39	135	35	44	39	33	151	29	30	29	20	108
140 Gastritis and duodenitis	146	165	184	152	647	205	160	181	131	677	174	165	142	102	583	105	125	106	103	439
141 Other disorders of stomach and duodenum	96	92	102	80	370	77	81	107	106	371	134	138	122	96	490	71	85	64	63	283
142 Appendicitis and other appendiceal conditions	15	14	7	9	45	13	12	15	14	54	15	21	12	13	61	14	21	11	9	55
143 Abdominal hernia	552	573	468	608	2,201	587	515	472	562	2,136	564	538	490	620	2,212	533	513	441	531	2,018
144 Regional enteritis and ulcerative colitis	91	114	107	108	420	104	120	103	121	448	137	123	88	75	423	58	79	57	48	242
145 Intestinal obstruction without hernia	10	8	10	5	33	4	7	1	5	17	6	6	6	1	19	9	2	8	3	22
146 Diverticulosis and diverticulitis	62	61	91	78	292	92	90	83	103	368	101	129	73	71	374	53	58	90	71	272
147 Anal and rectal conditions	70	92	81	97	340	107	105	88	104	404	92	104	83	104	383	96	112	97	80	385
148 Peritonitis and intestinal abscess	2	6	9	4	21	2	6	6	4	18	3	4	3	7	17	4	4	2	7	17

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CCS High Level Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Group	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
149 Biliary tract disease	261	318	293	284	1,156	318	298	292	282	1,190	281	261	267	254	1,063	283	288	260	237	1,068
151 Other liver diseases	75	55	78	30	238	47	27	36	35	145	29	36	30	35	130	31	30	33	37	131
152 Pancreatic disorders (not diabetes)	21	21	12	10	64	18	22	24	28	92	20	29	24	30	103	25	24	13	24	86
153 Gastrointestinal hemorrhage	295	279	240	277	1,091	265	274	247	249	1,035	240	244	259	209	952	236	234	203	205	878
154 Noninfectious gastroenteritis	57	62	82	88	289	85	85	94	85	349	91	102	94	77	364	59	68	81	73	281
155 Other gastrointestinal disorders	598	595	653	588	2,434	544	557	549	636	2,286	578	635	656	623	2,492	628	727	661	696	2,712
Total	3,039	3,173	3,111	3,119	12,442	3,232	3,245	3,092	3,219	12,788	3,198	3,366	3,111	3,072	12,747	2,934	3,176	2,792	2,936	11,838
10 Diseases of the genitourinary system																				
156 Nephritis; nephrosis; renal sclerosis	2	-	2	-	4	-	1	-	-	1	3	2	1	1	7	2	6	1	3	12
157 Acute and unspecified renal failure	14	16	14	24	68	17	19	33	14	83	12	8	12	10	42	10	8	15	19	52
158 Chronic kidney disease	709	781	775	652	2,917	768	826	820	635	3,049	746	748	776	631	2,901	685	692	749	565	2,691
159 Urinary tract infections	104	84	91	100	379	104	84	83	83	354	83	105	74	84	346	85	78	69	78	310
160 Calculus of urinary tract	315	297	348	306	1,266	314	315	323	279	1,231	306	256	301	321	1,184	312	330	331	330	1,303
161 Other diseases of kidney and ureters	55	71	54	94	274	103	79	82	102	366	100	91	106	106	403	80	96	106	102	384
162 Other diseases of bladder and urethra	121	117	128	138	504	160	163	145	163	631	146	141	145	169	601	149	152	145	95	541
163 Genitourinary symptoms and ill-defined conditions	297	314	306	361	1,278	418	440	340	358	1,556	325	273	326	351	1,275	336	392	369	320	1,417
164 Hyperplasia of prostate	89	85	87	76	337	112	101	91	102	406	93	96	87	101	377	86	105	79	88	358
165 Inflammatory conditions of male genital organs	2	6	3	5	16	3	5	5	4	17	6	11	3	5	25	10	6	8	4	28
166 Other male genital disorders	80	88	87	87	342	93	97	71	108	369	83	89	100	84	356	89	107	75	92	363
167 Nonmalignant breast conditions	296	272	278	265	1,111	244	264	215	264	987	284	270	289	132	975	290	275	269	318	1,152
168 Inflammatory diseases of female pelvic organs	14	20	16	19	69	27	22	22	22	93	14	18	23	30	85	26	25	22	24	97
169 Endometriosis	29	13	24	32	98	52	40	37	44	173	40	38	32	32	142	34	36	38	49	157
170 Prolapse of female genital organs	55	75	71	68	269	73	70	74	77	294	63	77	72	72	284	76	77	67	78	298
171 Menstrual disorders	162	202	178	100	642	125	99	97	81	402	112	88	114	93	407	91	86	79	97	353
172 Ovarian cyst	33	19	32	34	118	24	22	24	23	93	22	28	24	23	97	26	21	21	33	101
173 Menopausal disorders	76	74	88	79	317	82	95	99	64	340	90	81	99	86	356	89	96	83	83	351
174 Female infertility	9	16	5	37	67	43	30	39	68	180	32	46	45	52	175	54	40	54	66	214
175 Other female genital disorders	171	171	167	223	732	249	268	246	255	1,018	282	245	233	224	984	203	237	184	225	849
Total	2,633	2,721	2,754	2,700	10,808	3,011	3,040	2,846	2,746	11,643	2,842	2,711	2,862	2,607	11,022	2,733	2,865	2,764	2,669	11,031
11 Pregnancy, childbirth, and the puerperium																				
176 Contraceptive and procreative management	192	207	202	192	793	155	209	141	155	660	215	188	179	236	818	200	222	175	152	749
177 Spontaneous abortion	11	4	8	16	39	13	4	9	10	36	7	6	12	12	37	16	7	7	14	44
178 Induced abortion	9	5	7	6	27	7	11	9	16	43	11	7	7	7	32	25	11	16	18	70
179 Postabortion complications	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
180 Ectopic pregnancy	2	1	2	1	6	2	1	6	5	14	3	5	2	-	10	5	2	4	1	12
181 Other complications of pregnancy	185	265	238	363	1,051	454	365	377	457	1,653	465	429	456	441	1,791	486	481	454	478	1,899
182 Hemorrhage during pregnancy; abruptio placenta; placenta previa	6	11	16	19	52	17	22	16	19	74	13	19	26	19	77	12	21	26	12	71
183 Hypertension complicating pregnancy; childbirth and the puerperium	76	52	44	70	242	48	56	43	47	194	76	135	73	58	342	69	73	64	65	271
184 Early or threatened labor	233	189	201	182	805	182	189	199	175	745	169	166	193	154	682	109	111	144	138	502
185 Prolonged pregnancy	32	49	43	31	155	53	35	37	37	162	45	31	41	52	169	31	40	35	22	128
186 Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	84	76	80	77	317	89	90	89	151	419	78	124	154	171	527	146	89	119	113	467
187 Malposition; malpresentation	11	14	13	3	41	12	8	15	13	48	12	10	19	15	56	15	21	21	13	70
188 Fetopelvic disproportion; obstruction	1	-	-	-	1	-	-	-	-	-	2	-	-	-	2	-	-	-	-	-
189 Previous C-section	2	-	1	2	5	1	2	-	2	5	1	1	-	1	3	-	1	-	1	2

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Primary Diagnoses of Outpatients in Vermont Hospitals: CCS Single and High Level Groups by Year and Discharge Quarter

CCS High Level Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Group	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
190 Fetal distress and abnormal forces of labor	4	3	16	18	41	14	4	5	3	26	2	4	2	3	11	8	5	4	3	20
191 Polyhydramnios and other problems of amniotic cavity	14	21	18	19	72	37	34	23	15	109	25	14	40	24	103	24	31	28	18	101
192 Umbilical cord complication	4	4	-	2	10	-	2	-	-	2	5	-	10	-	15	-	1	-	1	2
193 OB-related trauma to perineum and vulva	-	-	-	1	1	-	-	-	-	-	-	1	-	1	2	-	-	-	-	-
195 Other complications of birth; puerperium affecting management of mother	202	222	239	47	710	29	14	16	13	72	20	32	8	13	73	16	6	7	10	39
196 Normal pregnancy and/or delivery	196	170	132	168	666	136	186	143	105	570	92	138	102	99	431	169	149	179	175	672
Total	1,264	1,293	1,260	1,218	5,035	1,249	1,232	1,128	1,223	4,832	1,241	1,310	1,324	1,306	5,181	1,331	1,271	1,283	1,234	5,119
12 Diseases of the skin and subcutaneous tissue																				
197 Skin and subcutaneous tissue infections	125	82	102	90	399	89	117	82	82	370	73	62	67	71	273	61	62	72	56	251
198 Other inflammatory condition of skin	274	339	214	308	1,135	273	266	250	157	946	206	220	186	151	763	230	275	201	228	934
199 Chronic ulcer of skin	70	74	78	117	339	90	126	59	50	325	40	39	31	24	134	58	36	43	49	186
200 Other skin disorders	628	828	712	772	2,940	663	769	633	706	2,771	648	753	751	800	2,952	682	793	710	796	2,981
Total	1,097	1,323	1,106	1,287	4,813	1,115	1,278	1,024	995	4,412	967	1,074	1,035	1,046	4,122	1,031	1,166	1,026	1,129	4,352
13 Musculoskeletal system and connective tissue																				
201 Infective arthritis and osteomyelitis (except that caused by TB or STD)	33	29	22	34	118	32	35	42	33	142	40	35	30	29	134	32	35	37	40	144
202 Rheumatoid arthritis and related disease	32	51	34	32	149	14	21	22	24	81	27	26	29	17	99	18	23	17	22	80
203 Osteoarthritis	430	539	545	854	2,368	683	1,009	967	934	3,593	897	956	963	1,055	3,871	953	1,167	1,215	1,219	4,554
204 Other non-traumatic joint disorders	395	488	450	446	1,779	409	487	397	390	1,683	364	399	363	378	1,504	355	351	318	329	1,353
205 Spondylosis; intervertebral disc disorders; other back problems	1,933	2,135	2,090	2,161	8,319	2,051	2,083	1,912	1,939	7,985	1,968	1,971	1,939	1,807	7,685	1,860	1,924	1,672	1,978	7,434
206 Osteoporosis	3	1	2	2	8	2	4	6	-	12	1	1	4	2	8	3	-	2	2	7
207 Pathological fracture	13	20	18	13	64	13	8	16	11	48	11	15	19	13	58	8	5	11	10	34
208 Acquired foot deformities	175	195	142	200	712	201	164	163	199	727	197	171	166	203	737	174	170	135	208	687
209 Other acquired deformities	27	30	38	57	152	43	52	57	56	208	44	55	43	35	177	32	29	33	45	139
210 Systemic lupus erythematosus and connective tissue disorders	13	21	24	26	84	30	37	25	29	121	31	36	16	35	118	29	36	29	24	118
211 Other connective tissue disease	879	996	1,035	1,090	4,000	1,059	1,180	964	1,100	4,303	1,092	1,095	977	1,111	4,275	1,082	1,206	1,091	1,108	4,487
212 Other bone disease and musculoskeletal deformities	64	67	62	49	242	51	30	46	47	174	42	30	28	40	140	29	53	33	45	160
Total	3,997	4,572	4,462	4,964	17,995	4,588	5,110	4,617	4,762	19,077	4,714	4,790	4,577	4,725	18,806	4,575	4,999	4,593	5,030	19,197
14 Congenital anomalies																				
213 Cardiac and circulatory congenital anomalies	9	8	9	8	34	11	13	5	2	31	13	11	15	9	48	5	16	10	15	46
214 Digestive congenital anomalies	6	8	3	4	21	7	6	7	7	27	9	5	3	5	22	8	9	10	7	34
215 Genitourinary congenital anomalies	28	30	50	29	137	24	36	28	25	113	31	43	19	31	124	23	47	36	36	142
216 Nervous system congenital anomalies	-	1	1	4	6	1	3	2	1	7	1	1	-	2	4	3	2	-	-	5
217 Other congenital anomalies	50	59	71	51	231	53	51	50	38	192	52	32	44	35	163	35	43	47	55	180
Total	93	106	134	96	429	96	109	92	73	370	106	92	81	82	361	74	117	103	113	407

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CCS High Level Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Group	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
15 Conditions originating in the perinatal period																				
218 Liveborn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
219 Short gestation; low birth weight; and fetal growth retardation	-	1	-	-	1	-	-	1	-	1	-	-	4	2	6	-	-	-	-	-
220 Intrauterine hypoxia and birth asphyxia	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
222 Hemolytic jaundice and perinatal jaundice	1	2	1	-	4	4	1	1	-	6	1	1	2	2	6	-	-	2	1	3
223 Birth trauma	-	1	-	-	1	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-
224 Other perinatal conditions	44	49	45	24	162	45	32	43	51	171	41	42	40	32	155	34	40	46	42	162
Total	45	53	47	24	169	49	33	45	51	178	42	43	46	37	168	34	40	48	43	165
16 Injury & poisoning																				
225 Joint disorders and dislocations; trauma-related	357	454	432	423	1,666	393	445	320	386	1,544	332	355	310	350	1,347	318	311	293	331	1,253
226 Fracture of neck of femur (hip)	1	1	1	1	4	1	5	3	4	13	3	1	2	2	8	2	1	2	2	7
227 Spinal cord injury	1	-	1	-	2	-	1	-	-	1	-	-	1	-	1	-	-	2	1	3
228 Skull and face fractures	21	24	22	14	81	23	20	24	25	92	12	11	10	20	53	14	9	19	17	59
229 Fracture of upper limb	229	212	230	198	869	253	209	261	238	961	227	201	247	237	912	279	224	249	204	956
230 Fracture of lower limb	136	106	99	105	446	155	107	139	122	523	148	105	141	118	512	187	112	152	129	580
231 Other fractures	14	23	25	5	67	14	4	10	13	41	11	9	10	9	39	7	12	5	7	31
232 Sprains and strains	231	258	189	238	916	206	245	203	235	889	233	253	192	213	891	236	227	171	217	851
233 Intracranial injury	4	3	3	1	11	1	1	2	1	5	-	-	-	-	-	1	1	2	-	4
234 Crushing injury or internal injury	3	2	4	4	13	2	7	5	5	19	7	9	2	3	21	2	4	7	4	17
235 Open wounds of head; neck; and trunk	18	35	38	27	118	22	14	6	8	50	8	11	6	6	31	11	10	7	11	39
236 Open wounds of extremities	53	82	82	79	296	70	69	88	64	291	46	57	77	49	229	52	61	61	46	220
237 Complication of device; implant or graft	172	208	195	214	789	151	167	159	196	673	173	196	156	186	711	157	178	197	221	753
238 Complications of surgical procedures or medical care	45	49	76	54	224	55	86	69	61	271	59	52	64	64	239	66	71	89	73	299
239 Superficial injury; contusion	18	33	26	18	95	12	25	20	14	71	12	21	9	21	63	19	12	20	11	62
240 Burns	6	5	9	9	29	20	11	3	5	39	-	-	4	2	6	-	3	4	3	10
242 Poisoning by other medications and drugs	-	1	1	1	3	-	-	-	-	-	1	-	-	-	1	-	-	-	1	1
243 Poisoning by nonmedicinal substances	-	-	-	-	-	2	2	-	1	5	-	-	-	1	1	3	2	-	-	5
244 Other injuries and conditions due to external causes	48	56	52	45	201	48	62	38	37	185	37	42	39	47	165	41	44	45	41	171
Total	1,357	1,552	1,485	1,436	5,830	1,428	1,480	1,350	1,415	5,673	1,309	1,323	1,270	1,328	5,230	1,395	1,282	1,325	1,319	5,321
17 Symptoms, signs & ill-defined conditions																				
245 Syncope	16	18	18	14	66	12	11	18	17	58	14	20	13	13	60	20	7	33	18	78
246 Fever of unknown origin	2	-	1	2	5	1	1	-	-	2	2	-	1	1	4	1	2	1	-	4
247 Lymphadenitis	30	22	20	30	102	28	24	22	30	104	27	27	27	35	116	38	29	27	37	131
248 Gangrene	10	14	1	7	32	7	8	5	5	25	10	9	3	5	27	9	11	2	1	23
249 Shock	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
250 Nausea and vomiting	36	39	36	33	144	32	36	43	29	140	36	22	31	39	128	40	39	39	20	138
251 Abdominal pain	318	321	302	320	1,261	309	329	283	276	1,197	297	247	254	276	1,074	344	308	267	312	1,231
252 Malaise and fatigue	13	23	21	16	73	16	10	15	19	60	17	19	19	15	70	12	14	17	9	52
253 Allergic reactions	75	162	120	90	447	52	63	66	85	266	143	101	100	135	479	142	80	27	37	286
254 Rehabilitation care; fitting of prostheses; and adjustment of devices	13	11	20	8	52	8	16	3	11	38	9	13	16	11	49	7	5	17	5	34
255 Administrative/social admission	41	91	90	10	232	11	16	28	18	73	20	23	18	21	82	7	15	20	18	60
256 Medical examination/evaluation	361	393	368	575	1,697	709	634	468	410	2,221	424	435	474	395	1,728	372	481	394	374	1,621
257 Other aftercare	259	316	253	581	1,409	572	575	588	590	2,325	575	632	705	607	2,519	521	465	565	588	2,139

APPENDIX F

Primary Diagnoses of Outpatients in Vermont Hospitals: CCS Single and High Level Groups by Year and Discharge Quarter

CCS High Level Group	ICD-9-CM					ICD-10-CM														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Group	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
258 Other screening for suspected conditions (not mental disorders or infectious disease)	3,655	4,077	3,702	4,008	15,442	4,035	4,205	3,782	3,919	15,941	3,626	4,060	4,494	5,075	17,255	4,366	3,878	3,533	4,208	15,985
Total	4,829	5,487	4,952	5,694	20,962	5,793	5,928	5,321	5,409	22,451	5,200	5,608	6,155	6,628	23,591	5,879	5,334	4,942	5,627	21,782
18 Residual codes, unclassified, all Ecodes																				
259 Residual codes; unclassified	397	463	446	418	1,724	434	430	411	401	1,676	437	320	237	249	1,243	242	319	282	322	1,165
2601 External cause codes: Cut/pierce	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
2617 Adverse effects of medical drugs	-	-	-	-	-	-	1	-	1	2	-	-	-	-	-	1	2	-	-	3
Total	397	463	446	418	1,724	435	431	411	402	1,679	437	320	237	249	1,243	243	321	282	322	1,168
Totals by Quarter/Year	29,844	32,996	32,307	33,287	128,434	33,486	34,743	31,787	32,679	132,695	32,267	32,845	32,544	33,378	131,034	32,133	33,625	31,480	32,864	130,102

APPENDIX G

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

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

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

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

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

CCS High Level Procedure Group 3: Operations on the Eye

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

CCS High Level Procedure Group 4: Operations on the Ear

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

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

27 Control of epistaxis
28 Plastic procedures on nose
29 Dental procedures
30 Tonsillectomy and/or adenoidectomy
31 Diagnostic procedures on nose, mouth and pharynx
32 Other non-OR therapeutic procedures on nose, mouth and pharynx
33 Other OR therapeutic procedures on nose, mouth and pharynx

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

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

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

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

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

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

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

68 Injection or ligation of esophageal varices
69 Esophageal dilatation
70 Upper gastrointestinal endoscopy, biopsy
71 Gastrostomy, temporary and permanent
72 Colostomy, temporary and permanent
73 Ileostomy and other enterostomy
74 Gastrectomy, partial and total
75 Small bowel resection
76 Colostomy, temporary and permanent
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 Inguinal and femoral hernia repair
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 Tract

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

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

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

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

119 Oophorectomy, unilateral and bilateral
120 Other operations on ovary
121 Ligation of fallopian tubes
123 Other operations on fallopian tube
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: Operation of the Musculoskeletal System

142 Removal of ectopic Pregnancy
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 of the Integumentary System

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

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

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

210 Other radioisotope scan
211 Therapeutic radiology
212 Diagnostic physical therapy
213 Physical therapy exercises, manipulation, and other procedures
214 Traction, splints, and other wound care
215 Other physical therapy and rehabilitation
216 Respiratory intubation and mechanical ventilation
217 Other respiratory therapy
218 Psychological and psychiatric evaluation and therapy
219 Alcohol and drug rehabilitation/detoxification
220 Ophthalmologic and otologic diagnosis and treatment
221 Nasogastric tube
222 Blood transfusion
223 Enteral and parenteral nutrition
224 Cancer chemotherapy
225 Conversion of cardiac rhythm
226 Other diagnostic radiology and related techniques
227 Other diagnostic procedures (interview, evaluation, consultation)
228 Prophylactic vaccinations and inoculations
229 Nonoperative removal of foreign body
230 Extracorporeal shock wave lithotripsy, other than urinary
231 Other therapeutic procedures

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

232 Anesthesia
233 Laboratory - Chemistry and Hematology
234 Pathology
235 Other Laboratory
236 Home Health Services
237 Ancillary Services
238 Infertility Services
239 Transportation - patient, provider, equipment
240 Medications (Injections, infusions and other forms)
241 Visual aids and other optical supplies
242 Hearing devices and audiology supplies
243 DME and supplies
244 Gastric bypass and volume reduction
245

APPENDIX H

Inpatient Procedures in Vermont Hospitals: CCS Single and High Level Groups by Discharge Year and Quarter

*** omits newborns**

CCS High Level Procedure Group	ICD-9-CM					ICD-10-PCS														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Procedure Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
1 Operations on the nervous system																				
1 Incision & excision of CNS	26	34	31	27	118	40	26	29	26	121	29	28	39	35	131	43	45	23	28	139
2 Insertion, replacem, rem of extracranial ventricular shunt	8	7	8	3	26	6	4	9	6	25	7	8	11	13	39	9	10	7	10	36
3 Laminectomy, excision intervertebral disc	27	29	43	27	126	24	18	15	17	74	10	12	11	10	43	9	3	9	8	29
4 Diagnostic spinal tap	74	85	72	89	320	68	98	89	79	334	66	80	87	81	314	81	75	85	77	318
5 Insert cath, spinal stimulator, inject into spinal canal	29	40	26	28	123	22	25	35	72	154	1	3	-	1	5	-	1	3	2	6
6 Decompression peripheral nerve	-	1	-	16	17	12	18	19	19	68	13	9	4	9	35	10	6	8	6	30
7 Other diagnostic nervous system procedures	7	6	6	6	25	12	9	11	13	45	11	15	22	24	72	25	24	12	9	70
8 Other non-OR or closed therapeutic nerv syst procs	12	4	4	10	30	2	5	8	4	19	10	8	13	10	41	9	5	11	12	37
9 Other OR therapeutic nervous system procedures	29	25	16	41	111	20	25	36	18	99	33	23	29	22	107	28	26	25	29	108
Total	212	231	206	247	896	206	228	251	254	939	180	186	216	205	787	214	195	183	181	773
2 Operations on the endocrine system																				
10 Thyroidectomy, partial or complete	5	3	2	6	16	4	5	2	4	15	6	3	7	4	20	2	1	4	1	8
11 Diagnostic endocrine procedures	1	-	-	2	3	2	3	2	3	10	2	-	-	1	3	-	3	2	2	7
12 Other therapeutic endocrine procedures	5	9	8	4	26	2	8	5	3	18	8	17	3	10	38	7	9	6	5	27
Total	11	12	10	12	45	8	16	9	10	43	16	20	10	15	61	9	13	12	8	42
3 Operations on the eye																				
14 Glaucoma procedures	-	-	-	1	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-
15 Lens & cataract procedures	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	-	1
16 Repair of retinal tear, detachment	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-
18 Diagnostic procedures on eye	-	-	-	-	-	2	-	1	1	4	1	-	-	2	3	-	-	1	1	2
19 Other therapeutic procedures on eyelids, conjunctiva, corne	2	3	-	1	6	3	-	-	2	5	1	-	1	1	3	2	2	2	3	9
20 Other intraocular therapeutic procedures	-	1	1	-	2	1	1	1	-	3	-	-	-	-	-	-	-	-	-	-
21 Other extraocular muscle & orbit therapeutic procedures	1	-	-	-	1	1	1	-	-	2	-	2	1	1	4	-	-	-	-	-
Total	3	4	1	2	10	7	2	2	4	15	3	2	2	5	12	2	3	3	4	12
4 Operations on the ear																				
23 Myringotomy	4	-	-	-	4	1	1	1	3	6	3	1	1	-	5	1	2	2	-	5
24 Mastoidectomy	1	-	1	-	2	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-
25 Diagnostic procedures on ear	-	-	-	2	2	5	4	5	4	18	1	4	7	5	17	7	3	3	6	19
26 Other therapeutic ear procedures	-	2	3	12	17	8	15	10	6	39	9	8	7	5	29	3	4	9	8	24
Total	5	2	4	14	25	14	20	16	13	63	14	13	15	10	52	11	9	14	14	48
5 Operations on the nose, mouth, and pharynx																				
27 Control of epistaxis	12	7	4	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28 Plastic procedures on nose	2	2	2	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
29 Dental procedures	3	1	1	2	7	2	2	2	2	8	1	2	3	3	9	3	3	2	2	10
30 Tonsillectomy and/or adenoidectomy	4	1	6	3	14	1	4	2	-	7	-	2	-	1	3	1	1	-	1	3
31 Diagnostic procedures on nose, mouth & pharynx	4	7	5	13	29	24	20	13	17	74	10	27	24	14	75	18	25	17	20	80
32 Other non-OR therapeutic procedures on nose, mouth & pha	1	3	5	1	10	3	-	1	4	8	4	3	2	2	11	2	4	5	-	11
33 Other OR therapeutic procedures on nose, mouth & pharynx	10	14	8	13	45	12	14	14	11	51	15	11	10	9	45	7	12	9	18	46
Total	36	35	31	32	134	42	40	32	34	148	30	45	39	29	143	31	45	33	42	151
6 Operations on the respiratory system																				
34 Tracheostomy, temporary & permanent	8	4	11	10	33	7	12	11	9	39	7	5	8	5	25	4	5	8	7	24
35 Tracheoscopy & laryngoscopy with biopsy	17	18	11	1	47	2	3	3	1	9	3	2	6	1	12	2	1	1	4	8
36 Lobectomy or pneumonectomy	23	31	21	25	100	26	19	31	24	100	27	19	25	19	90	8	17	12	25	62
37 Diagnostic bronchoscopy & biopsy of bronchus	78	57	54	50	239	57	43	41	45	186	38	32	48	41	159	42	47	30	31	150
38 Other diagnostic procedures on lung & bronchus	1	2	2	1	6	-	1	-	1	2	-	-	1	-	1	-	3	1	1	5
39 Incision of pleura, thoracentesis, chest drainage	101	110	105	-	316	93	106	88	88	375	107	103	93	98	401	94	111	94	84	383
40 Other diagnostic proc of respiratory tract & mediastinum	-	2	5	37	44	6	5	3	6	20	9	2	3	2	16	4	3	5	3	15
41 Other non-OR therapeutic procedures on respiratory system	3	2	6	71	82	11	12	12	4	39	8	7	7	5	27	6	12	4	12	34
42 Other OR therapeutic procedures on respiratory system	15	13	13	12	53	16	6	14	18	54	16	19	9	15	59	15	12	12	10	49
Total	246	239	228	207	920	218	207	203	196	824	215	189	200	186	790	175	211	167	177	730

APPENDIX H

Inpatient Procedures in Vermont Hospitals: CCS Single and High Level Groups by Discharge Year and Quarter

*** omits newborns**

CCS High Level Procedure Group	ICD-9-CM					ICD-10-PCS														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Procedure Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
7 Operations on the cardiovascular system																				
43 Heart valve procedures	66	60	83	84	293	70	76	76	82	304	94	96	102	75	367	91	88	93	98	370
44 Coronary artery bypass graft (CABG)	45	66	60	72	243	63	73	71	73	280	61	82	65	65	273	45	67	61	57	230
45 Percutaneous transluminal coronary angioplasty (PTCA)	155	143	154	169	621	179	178	170	70	597	190	161	187	170	708	146	178	176	181	681
47 Diagnostic cardiac catheterization, coronary arteriography	54	50	58	-	162	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib	54	66	52	57	229	55	57	45	60	217	46	66	69	59	240	52	79	62	59	252
49 Other OR heart procedures	15	18	18	27	78	25	22	31	25	103	20	19	18	21	78	28	24	23	24	99
50 Extracorporeal circ auxiliary to open heart procedures	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
51 Endarterectomy, vessel of head & neck	21	22	25	35	103	20	31	34	17	102	23	25	32	36	116	31	32	25	16	104
52 Aortic resection, replacement or anastomosis	7	11	8	5	31	-	2	7	4	13	1	2	4	4	11	3	1	3	1	8
54 Other vascular catheterization, not heart	239	227	232	137	835	112	125	149	172	558	199	190	195	195	779	207	211	222	212	852
55 Peripheral vascular bypass	13	14	17	23	67	19	17	13	21	70	21	12	20	15	68	10	12	10	11	43
56 Other vascular bypass & shunt, not heart	6	5	2	3	16	6	3	4	5	18	1	3	2	1	7	3	7	5	1	16
57 Creat, revis, rem of arteriov fistula or cannula for dialys	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58 Hemodialysis	71	62	49	-	182	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59 Other OR procedures on vessels of head & neck	8	9	16	20	53	12	14	20	16	62	12	26	18	23	79	16	18	13	17	64
60 Embolectomy & endarterectomy of lower limbs	4	11	7	10	32	9	16	18	9	52	11	13	10	15	49	10	18	13	10	51
61 Other OR procedures on vessels other than head & neck	46	43	61	57	207	58	56	75	52	241	50	73	65	50	238	58	56	49	64	227
62 Other diagnostic cardiovascular procedures	1	6	2	4	13	2	3	3	12	20	11	14	12	10	47	12	13	5	13	43
63 Other non-OR therapeutic cardiovascular procedures	30	24	29	2	85	5	6	14	11	36	40	22	36	38	136	24	24	38	27	113
Total	837	837	874	705	3,253	635	679	730	629	2,673	780	804	835	777	3,196	736	828	798	791	3,153
8 Operations on the hemic and lymphatic system																				
64 Bone marrow transplant	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65 Bone marrow biopsy	19	18	21	15	73	11	16	13	16	56	17	14	16	20	67	19	32	23	13	87
66 Procedures on spleen	3	1	4	6	14	6	5	4	2	17	1	1	6	1	9	5	2	4	-	11
67 Other therap procedures, hemic & lymphatic system	10	11	15	8	44	13	14	18	22	67	19	21	16	19	75	23	15	22	24	84
Total	32	30	41	29	132	30	35	35	40	140	37	36	38	40	151	47	49	49	37	182
9 Operations on the digestive system																				
69 Esophageal dilatation	3	3	2	2	10	6	4	7	3	20	3	3	10	7	23	1	5	8	1	15
70 Upper gastrointestinal endoscopy, biopsy	112	136	150	49	447	139	134	169	127	569	120	139	154	147	560	135	135	125	131	526
71 Gastrostomy, temporary & permanent	17	16	16	9	58	25	9	15	14	63	17	16	11	18	62	9	16	12	16	53
72 Colostomy, temporary & permanent	4	1	4	11	20	4	8	6	8	26	10	5	8	4	27	5	8	13	6	32
73 Ileostomy & other enterostomy	4	1	3	1	9	1	1	7	7	16	8	5	7	15	35	11	9	5	10	35
74 Gastrectomy, partial & total	35	30	22	44	131	39	50	42	34	165	36	37	36	33	142	45	45	37	38	165
75 Small bowel resection	15	29	19	1	64	1	3	3	2	9	-	2	-	-	2	2	4	5	2	13
76 Colonoscopy & biopsy	50	51	73	22	196	23	29	31	26	109	25	25	28	24	102	24	26	22	17	89
77 Proctoscopy & anorectal biopsy	7	1	4	5	17	3	2	1	6	12	9	8	8	5	30	9	7	3	6	25
78 Colorectal resection	110	104	128	59	401	69	70	67	77	283	55	68	71	81	275	65	85	79	84	313
79 Local excision of large intestine lesion (not endoscopic)	-	-	-	29	29	23	22	23	23	91	28	20	29	19	96	22	38	20	21	101
80 Appendectomy	47	58	56	41	202	65	66	68	61	260	60	65	50	67	242	51	45	58	20	174
81 Hemorrhoid procedures	1	-	-	1	2	2	2	-	-	4	-	1	-	1	2	2	-	-	2	4
82 Endoscopic retrograde cannulation of pancreas (ERCP)	1	1	2	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
83 Biopsy of liver	8	7	10	14	39	8	12	7	14	41	7	13	9	7	36	10	11	9	8	38
84 Cholecystectomy & common duct exploration	92	70	77	90	329	94	84	83	86	347	69	87	74	77	307	59	87	72	83	301
85 Inguinal & femoral hernia repair	11	12	3	5	31	5	16	7	10	38	5	10	7	6	28	11	7	4	6	28
86 Other hernia repair	30	31	22	6	89	20	14	22	19	75	22	23	19	18	82	20	17	9	23	69
87 Laparoscopy	4	4	1	-	9	2	4	3	3	12	1	2	2	5	10	5	5	5	3	18
88 Abdominal paracentesis	57	66	55	1	179	63	54	51	48	216	40	44	57	65	206	57	46	65	53	221
89 Exploratory laparotomy	6	3	3	3	15	-	2	2	1	5	2	1	-	2	5	3	2	1	2	8
90 Excision, lysis peritoneal adhesions	16	15	19	13	63	15	18	20	20	73	8	20	15	17	60	5	17	16	17	55
91 Peritoneal dialysis	-	4	3	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
92 Other bowel diagnostic procedures	1	-	1	78	80	31	41	45	29	146	37	20	30	29	116	27	24	20	29	100

APPENDIX H

Inpatient Procedures in Vermont Hospitals: CCS Single and High Level Groups by Discharge Year and Quarter

*** omits newborns**

CCS High Level Procedure Group	ICD-9-CM					ICD-10-PCS														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Procedure Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
93 Other non-OR upper GI therapeutic procedures	25	31	31	19	106	9	13	14	3	39	14	10	15	5	44	9	12	8	10	39
94 Other OR upper GI therapeutic procedures	28	26	27	29	110	39	42	31	26	138	25	20	17	15	77	18	22	19	21	80
95 Other non-OR lower GI therapeutic procedures	19	11	22	8	60	10	10	29	8	57	12	5	17	7	41	16	12	11	9	48
96 Other OR lower GI therapeutic procedures	46	60	51	88	245	84	72	69	94	319	72	72	67	64	275	67	72	60	58	257
97 Other gastrointestinal diagnostic procedures	4	9	9	8	30	27	26	32	35	120	31	37	22	35	125	25	27	24	36	112
98 Other non-OR gastrointestinal therapeutic procedures	34	42	33	29	138	30	32	57	57	176	75	73	57	74	279	74	66	61	57	258
99 Other OR gastrointestinal therapeutic procedures	22	21	24	17	84	46	57	48	50	201	38	36	37	32	143	29	40	25	20	114
Total	809	843	870	682	3,204	883	897	959	891	3,630	829	867	857	879	3,432	816	890	796	789	3,291
10 Operations on the urinary system																				
100 Endoscopy & endoscopic biopsy of the urinary tract	4	8	11	4	27	10	8	16	7	41	5	6	8	8	27	10	6	8	4	28
101 Transurethral excision, drainage, rem urinary obstruction	24	23	26	23	96	26	32	35	19	112	26	25	18	17	86	20	17	26	18	81
102 Ureteral catheterization	29	33	26	30	118	25	25	29	30	109	24	27	33	28	112	33	27	31	31	122
103 Nephrotomy & nephrostomy	11	10	8	7	36	2	2	4	4	12	6	4	5	3	18	6	3	3	8	20
104 Nephrectomy, partial or complete	20	24	27	20	91	35	25	16	32	108	28	29	25	34	116	25	31	30	24	110
105 Kidney transplant	2	7	3	5	17	3	6	12	3	24	6	2	8	4	20	1	5	2	3	11
106 Genitourinary incontinence procedures	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
107 Extracorporeal lithotripsy, urinary	1	2	1	4	8	1	3	5	3	12	4	5	3	1	13	5	5	4	7	21
108 Indwelling catheter	93	79	48	38	258	35	32	28	32	127	27	19	10	9	65	12	12	10	7	41
109 Procedures on the urethra	3	2	3	1	9	1	2	2	3	8	7	3	7	4	21	1	3	2	1	7
110 Other diagnostic procedures of urinary tract	7	4	2	11	24	9	5	3	15	32	5	12	10	6	33	6	6	8	11	31
111 Other non-OR therapeutic procedures of urinary tract	5	7	8	13	33	6	5	7	11	29	24	17	21	16	78	12	14	23	18	67
112 Other OR therapeutic procedures of urinary tract	21	14	11	43	89	35	37	42	34	148	12	19	21	22	74	24	18	20	18	80
Total	220	214	174	199	807	188	182	199	193	762	174	168	169	152	663	155	147	167	150	619
11 Operations on the male genital organs																				
113 Transurethral resection of prostate (TURP)	13	13	12	16	54	11	11	14	12	48	11	6	9	12	38	10	10	9	7	36
114 Open prostatectomy	21	28	27	33	109	30	30	35	35	130	32	31	34	20	117	5	6	6	7	24
115 Circumcision	-	1	-	-	1	-	1	2	-	3	1	1	-	-	2	2	-	1	2	5
116 Diagnostic procedures, male genital	3	1	-	1	5	3	2	-	1	6	-	-	1	1	2	-	-	2	1	3
117 Other non-OR therapeutic procedures, male genital	3	4	5	2	14	2	3	2	-	7	1	2	-	1	4	3	1	3	2	9
118 Other OR therapeutic procedures, male genital	3	4	2	2	11	2	5	1	2	10	1	2	6	-	9	1	1	-	5	7
Total	43	51	46	54	194	48	52	54	50	204	46	42	50	34	172	21	18	21	24	84
12 Operations on the female genital organs																				
119 Oophorectomy, unilateral & bilateral	17	17	10	4	48	5	14	9	3	31	1	3	3	2	9	2	5	5	3	15
120 Other operations on ovary	2	1	-	7	10	7	7	4	3	21	3	1	4	-	8	2	2	3	2	9
121 Ligation of fallopian tubes	3	4	1	48	56	37	35	32	26	130	-	1	1	-	2	-	3	-	-	3
123 Other operations on fallopian tubes	1	-	1	42	44	30	45	54	51	180	9	7	6	5	27	3	7	7	4	21
124 Hysterectomy, abdominal & vaginal	42	35	43	49	169	45	47	35	36	163	33	22	45	48	148	48	40	32	32	152
125 Other excision of cervix & uterus	2	1	5	4	12	-	10	2	7	19	1	4	5	5	15	3	4	2	3	12
126 Abortion (termination of pregnancy)	-	-	-	-	-	-	-	-	-	-	4	3	1	-	8	-	1	2	1	4
127 D&C, aspiration after delivery or abortion	5	5	6	-	16	-	-	-	-	-	2	3	4	2	11	1	1	-	2	4
128 Diagnostic dilatation & curettage (D&C)	-	1	1	3	5	2	2	1	-	5	1	3	-	2	6	1	-	2	2	5
129 Repair cystocele & rectocele, oblit of vaginal vault	-	-	1	-	1	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
130 Other diagnostic procedures, female organs	1	-	-	4	5	3	3	3	4	13	4	1	-	-	5	6	5	-	2	13
131 Other non-OR therapeutic procedures, female organs	4	2	-	191	197	114	69	61	39	283	12	7	6	2	27	5	8	9	7	29
132 Other OR therapeutic procedures, female organs	7	6	5	149	167	151	111	91	90	443	8	5	4	5	22	7	3	6	3	19
Total	84	72	73	501	730	395	343	292	259	1,289	78	60	79	71	288	78	79	68	61	286
13 Obstetrical procedures																				
122 Removal of ectopic pregnancy	-	1	5	-	6	-	-	-	-	-	1	2	-	-	3	3	2	-	-	5
133 Episiotomy	19	20	21	28	88	23	22	28	26	99	2	3	1	3	9	-	3	1	-	4
134 Cesarean section	349	353	379	-	1,081	-	-	-	-	-	298	335	360	356	1,349	310	298	354	320	1,282
135 Forceps, vacuum & breech delivery	46	49	58	-	153	-	-	-	-	-	54	55	48	59	216	41	51	56	58	206
136 Artificial rupture of membranes to assist delivery	120	111	122	-	353	-	-	-	-	-	22	23	19	22	86	24	18	18	11	71

APPENDIX H

Inpatient Procedures in Vermont Hospitals: CCS Single and High Level Groups by Discharge Year and Quarter

*** omits newborns**

CCS High Level Procedure Group	ICD-9-CM					ICD-10-PCS														
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Procedure Category	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
137 Other procedures to assist delivery	421	456	514	-	1,391	-	-	-	-	-	767	891	897	768	3,323	781	831	910	825	3,347
138 Diagnostic amniocentesis	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
139 Fetal monitoring	69	65	83	-	217	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
140 Repair of current obstetric laceration	294	322	294	-	910	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
141 Other therapeutic obstetrical procedures	2	9	10	-	21	-	-	-	3	3	-	-	-	-	-	5	4	2	5	16
Total	1,320	1,387	1,486	28	4,221	23	22	28	29	102	1,144	1,309	1,325	1,208	4,986	1,164	1,207	1,341	1,219	4,931
14 Operations on the musculoskeletal system																				
142 Partial excision bone	15	9	9	17	50	20	20	21	23	84	17	29	27	21	94	18	15	16	14	63
143 Bunionectomy or repair of toe deformities	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
144 Treatment, facial fracture or dislocation	3	9	3	5	20	5	6	11	9	31	5	4	13	5	27	5	5	11	12	33
145 Treatment, fracture or disloc of radius & ulna	14	10	22	13	59	11	17	20	10	58	13	19	20	10	62	12	8	19	7	46
146 Treatment, fracture or disloc of hip & femur	166	115	150	137	568	182	125	132	163	602	170	136	146	145	597	195	145	130	133	603
147 Treatment, fracture or disloc of lower extremity	93	67	52	53	265	113	68	72	90	343	93	60	89	90	332	116	53	54	56	279
148 Other fracture & dislocation procedure	30	27	32	30	119	25	34	27	30	116	35	27	33	26	121	35	36	37	27	135
149 Arthroscopy	-	-	1	1	2	-	-	3	1	4	-	-	-	-	-	1	1	-	2	4
150 Division of joint capsule, ligament or cartilage	-	-	-	1	1	3	2	1	1	7	-	-	-	-	-	-	-	-	-	-
151 Excision of semilunar cartilage of knee	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
152 Arthroplasty knee	326	364	320	387	1,397	362	372	372	388	1,494	385	411	386	400	1,582	381	370	330	353	1,434
153 Hip replacement, total & partial	285	278	292	282	1,137	307	286	294	281	1,168	306	319	312	364	1,301	305	322	331	346	1,304
154 Arthroplasty other than hip or knee	50	36	59	53	198	64	46	59	60	229	72	66	53	70	261	76	71	59	78	284
155 Arthrocentesis	17	21	18	10	66	14	8	5	8	35	10	11	9	8	38	9	10	13	9	41
156 Injections & aspirations of muscles, tendons, etc.	5	6	3	6	20	6	10	5	3	24	5	10	6	6	27	6	6	5	4	21
157 Amputation of lower extremity	38	51	37	46	172	30	38	41	35	144	43	38	40	42	163	66	51	52	50	219
158 Spinal fusion	160	159	145	187	651	141	168	168	149	626	152	140	142	135	569	163	139	130	135	567
159 Other diagnostic procedures on musculoskeletal system	13	11	23	36	83	42	37	46	54	179	42	36	54	54	186	56	41	63	48	208
160 Other therapeutic procedures on muscles & tendons	43	25	28	225	321	273	295	300	264	1,132	64	57	45	41	207	50	33	37	39	159
161 Other OR therapeutic procedures on bone	11	13	12	19	55	15	13	13	16	57	12	13	14	16	55	12	15	16	11	54
162 Other OR therapeutic procedures on joints	22	15	28	33	98	37	31	31	38	137	23	44	48	44	159	48	48	47	36	179
163 Other non-OR therapeutic procedures on musc system	7	8	12	9	36	13	13	8	9	43	7	6	7	3	23	5	3	7	9	24
164 Other OR therapeutic procedures on musc system	7	4	6	11	28	7	5	12	5	29	7	6	7	8	28	6	4	6	11	27
Total	1,306	1,229	1,252	1,561	5,348	1,670	1,594	1,641	1,637	6,542	1,461	1,432	1,451	1,488	5,832	1,565	1,376	1,363	1,380	5,684
15 Operations on the integumentary system																				
165 Breast biopsy & other diagnostic procedures on breast	-	1	1	2	4	1	3	2	2	8	-	-	1	-	1	1	4	-	1	6
166 Lumpectomy, quadrantectomy of breast	2	-	2	2	6	3	3	3	-	9	1	2	1	2	6	2	1	-	1	4
167 Mastectomy	8	13	15	14	50	10	7	10	2	29	8	3	4	5	20	3	3	7	6	19
168 Incision & drainage, skin & subcutaneous tissue	47	45	64	34	190	48	46	48	39	181	35	50	62	48	195	44	51	57	44	196
169 Debridement of wound, infection or burn	50	52	41	-	143	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
170 Excision of skin lesion	7	10	5	19	41	13	13	18	13	57	7	7	12	8	34	11	18	14	13	56
171 Suture of skin & subcutaneous tissue	14	20	45	38	117	97	177	203	177	654	36	62	62	40	200	37	40	45	43	165
172 Skin graft	6	10	6	10	32	9	6	4	6	25	8	3	5	8	24	9	8	7	3	27
173 Other diagnostic proc on skin & subcutaneous tissue	8	9	10	19	46	21	22	15	21	79	23	19	21	22	85	24	24	22	29	99
174 Other non-OR therapeutic procedures on skin & breast	42	38	31	42	153	28	44	36	36	144	35	45	51	57	188	38	39	51	55	183
175 Other OR therapeutic procedures on skin & breast	-	4	4	46	54	51	46	42	45	184	54	36	45	46	181	39	47	48	50	184
Total	184	202	224	226	836	281	367	381	341	1,370	207	227	264	236	934	208	235	251	245	939
Totals by Quarter/Year	5,348	5,388	5,520	4,499	20,755	4,648	4,684	4,832	4,580	18,744	5,214	5,400	5,550	5,335	21,499	5,232	5,305	5,266	5,122	20,925

APPENDIX I

Outpatient Procedures in Vermont Hospitals: CCS Single and High Level Groups by Discharge Year and Quarter

CCS High Level Procedure Groups	CPT																			
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Procedure Categories	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4						
1 Operations on the nervous system																				
1 Incision & excision of CNS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2 Insertion, replacem, rem of extracranial ventricular shunt	2	7	3	4	16	1	1	3	3	8	5	1	4	3	13	5	3	5	5	18
3 Laminectomy, excision intervertebral disc	103	112	110	118	443	93	95	78	101	367	92	105	74	52	323	81	80	68	96	325
4 Diagnostic spinal tap	10	9	7	11	37	13	22	15	9	59	15	11	9	23	58	12	11	15	15	53
5 Insert cath, spinal stimulator, inject into spinal canal	1,048	1,149	1,177	1,149	4,523	1,122	1,148	1,064	1,052	4,386	1,036	1,085	1,075	985	4,181	1,028	1,050	938	1,072	4,088
6 Decompression peripheral nerve	391	405	342	447	1,585	411	423	380	404	1,618	444	421	351	420	1,636	399	384	372	377	1,532
7 Other diagnostic nervous system procedures	642	656	712	666	2,676	754	756	516	678	2,704	649	612	586	607	2,454	656	658	634	551	2,499
8 Other non-OR or closed therapeutic nerv syst procs	545	599	587	682	2,413	583	619	564	575	2,341	615	572	554	558	2,299	521	565	462	620	2,168
9 Other OR therapeutic nervous system procedures	396	464	460	445	1,765	456	503	431	452	1,842	439	420	487	478	1,824	421	430	394	405	1,650
Total	3,137	3,401	3,398	3,522	13,458	3,433	3,567	3,051	3,274	13,325	3,295	3,227	3,140	3,126	12,788	3,123	3,181	2,888	3,141	12,333
2 Operations on the endocrine system																				
10 Thyroidectomy, partial or complete	42	38	29	51	160	61	59	44	47	211	37	45	41	51	174	39	42	36	33	150
11 Diagnostic endocrine procedures	9	5	6	8	28	6	8	7	6	27	6	7	21	15	49	21	15	19	14	69
12 Other therapeutic endocrine procedures	19	28	16	18	81	20	21	28	24	93	29	31	20	21	101	26	32	23	12	93
Total	70	71	51	77	269	87	88	79	77	331	72	83	82	87	324	86	89	78	59	312
3 Operations on the eye																				
13 Corneal transplant	2	3	4	1	10	1	2	3	3	9	2	2	-	-	4	1	1	2	-	4
14 Glaucoma procedures	45	87	70	105	307	93	89	91	79	352	73	108	58	105	344	125	110	91	82	408
15 Lens & cataract procedures	934	1,121	1,105	1,160	4,320	1,047	1,099	1,064	1,070	4,280	1,089	1,037	1,123	1,155	4,404	1,139	1,227	1,179	1,250	4,795
16 Repair of retinal tear, detachment	59	61	65	61	246	45	60	36	41	182	50	33	37	65	185	60	87	69	62	278
17 Destruction of lesion of retina & choroid	28	28	24	29	109	20	24	25	18	87	17	12	11	12	52	18	24	19	21	82
18 Diagnostic procedures on eye	4	6	10	17	37	9	5	3	6	23	8	10	10	17	45	15	14	8	17	54
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	76	87	113	115	391	98	109	94	102	403	93	88	87	127	395	127	135	119	113	494
20 Other intraocular therapeutic procedures	493	544	590	568	2,195	583	643	605	587	2,418	567	555	683	658	2,463	595	663	658	669	2,585
21 Other extraocular muscle & orbit therapeutic procedures	24	37	29	22	112	31	24	19	30	104	26	31	21	30	108	32	43	29	24	128
Total	1,665	1,974	2,010	2,078	7,727	1,927	2,055	1,940	1,936	7,858	1,925	1,876	2,030	2,169	8,000	2,112	2,304	2,174	2,238	8,828
4 Operations on the ear																				
22 Tympanoplasty	19	19	18	13	69	17	15	19	25	76	14	23	14	26	77	16	27	29	25	97
23 Myringotomy	228	253	242	188	911	250	253	210	160	873	224	224	190	196	834	222	234	209	162	827
24 Mastoidectomy	4	2	4	9	19	6	6	6	12	30	2	4	5	5	16	10	5	6	3	24
25 Diagnostic procedures on ear	-	-	1	-	1	2	-	-	1	3	-	-	-	-	-	-	-	-	6	6
26 Other therapeutic ear procedures	403	507	545	516	1,971	528	591	546	566	2,231	471	545	513	588	2,117	511	625	563	514	2,213
Total	654	781	810	726	2,971	803	865	781	764	3,213	711	796	722	815	3,044	759	891	807	710	3,167
5 Operations on the nose, mouth, and pharynx																				
27 Control of epistaxis	41	37	25	42	145	48	31	28	47	154	48	31	41	53	173	48	39	35	53	175
28 Plastic procedures on nose	32	63	53	50	198	32	39	32	37	140	36	43	43	38	160	71	61	62	73	267
29 Dental procedures	18	20	7	10	55	9	9	12	7	37	9	13	10	9	41	8	8	9	12	37
30 Tonsillectomy and/or adenoidectomy	157	149	186	137	629	138	165	134	134	571	119	135	169	143	566	118	184	127	166	595
31 Diagnostic procedures on nose, mouth & pharynx	399	446	470	436	1,751	487	505	473	490	1,955	469	476	441	531	1,917	500	504	492	522	2,018
32 Other non-OR therapeutic procedures on nose, mouth & phar	10	8	4	4	26	11	23	6	4	44	9	3	10	1	23	5	6	11	6	28
33 Other OR therapeutic procedures on nose, mouth & pharynx	76	102	108	85	371	79	94	75	97	345	102	81	66	87	336	80	101	82	107	370
Total	733	825	853	764	3,175	804	866	760	816	3,246	792	782	780	862	3,216	830	903	818	939	3,490
6 Operations on the respiratory system																				
34 Tracheostomy, temporary & permanent	-	1	1	-	2	1	1	1	2	5	4	2	2	2	10	1	-	2	1	4
35 Tracheoscopy & laryngoscopy with biopsy	444	426	459	418	1,747	429	432	381	401	1,643	392	345	380	440	1,557	413	540	514	457	1,924
36 Lobectomy or pneumonectomy	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-
37 Diagnostic bronchoscopy & biopsy of bronchus	86	68	88	53	295	80	110	94	85	369	92	88	71	60	311	77	99	85	100	361
38 Other diagnostic procedures on lung & bronchus	2,224	2,502	2,520	2,494	9,740	2,546	2,650	2,108	2,356	9,660	2,406	2,472	2,468	2,474	9,820	2,462	2,682	2,394	2,661	10,199
39 Incision of pleura, thoracentesis, chest drainage	57	52	48	70	227	50	57	70	59	236	45	72	79	38	234	38	53	48	47	186

APPENDIX I

Outpatient Procedures in Vermont Hospitals: CCS Single and High Level Groups by Discharge Year and Quarter

CCS High Level Procedure Groups	CPT																			
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Procedure Categories	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4						
40 Other diagnostic proc of respiratory tract & mediastinum	3	6	2	2	13	6	1	4	4	15	1	2	1	5	9	34	24	13	25	96
41 Other non-OR therapeutic procedures on respiratory system	2	2	4	3	11	2	1	2	6	11	2	-	2	7	11	1	6	7	7	21
42 Other OR therapeutic procedures on respiratory system	40	30	36	35	141	46	44	34	29	153	30	25	28	31	114	41	31	37	34	143
Total	2,856	3,087	3,158	3,075	12,176	3,160	3,296	2,695	2,942	12,093	2,972	3,006	3,031	3,057	12,066	3,067	3,435	3,100	3,332	12,934
7 Operations on the cardiovascular system																				
43 Heart valve procedures	-	-	-	-	-	-	-	1	-	1	-	-	1	-	1	1	-	-	-	1
45 Percutaneous transluminal coronary angioplasty (PTCA)	6	9	4	4	23	3	2	4	1	10	4	8	1	6	19	2	4	3	5	14
47 Diagnostic cardiac catheterization, coronary arteriography	276	253	298	254	1,081	292	273	267	309	1,141	245	290	269	258	1,062	284	249	247	302	1,082
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib	78	110	97	198	483	332	370	342	430	1,474	412	510	491	634	2,047	81	66	76	70	293
49 Other OR heart procedures	1	1	1	4	7	3	-	-	1	4	4	5	3	1	13	1	7	1	4	13
51 Endarterectomy, vessel of head & neck	-	-	-	-	-	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-
52 Aortic resection, replacement or anastomosis	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
53 Varicose vein stripping, lower limb	50	56	46	53	205	51	61	37	60	209	47	56	58	58	219	41	54	48	72	215
54 Other vascular catheterization, not heart	276	284	257	281	1,098	256	299	268	203	1,026	253	266	276	277	1,072	287	278	279	241	1,085
55 Peripheral vascular bypass	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56 Other vascular bypass & shunt, not heart	1	2	2	1	6	2	3	1	-	6	2	1	1	1	5	1	-	1	1	3
57 Creat, revis, rem of arteriov fistula or cannula for dialys	32	44	42	30	148	61	32	32	40	165	75	68	69	68	280	79	69	88	54	290
58 Hemodialysis	-	-	-	12	12	7	17	26	6	56	7	3	7	8	25	4	3	7	16	30
59 Other OR procedures on vessels of head & neck	21	21	28	27	97	24	34	26	16	100	26	24	26	19	95	17	27	17	27	88
60 Embolectomy & endarterectomy of lower limbs	-	-	-	-	-	1	-	-	-	1	-	-	1	-	1	1	1	1	-	3
61 Other OR procedures on vessels other than head & neck	75	105	114	103	397	108	106	97	92	403	60	75	75	57	267	75	60	96	83	314
62 Other diagnostic cardiovascular procedures	149	185	169	174	677	164	179	163	157	663	110	132	138	170	550	157	166	194	179	696
63 Other non-OR therapeutic cardiovascular procedures	729	711	817	779	3,036	834	766	858	817	3,275	755	816	829	793	3,193	843	940	851	844	3,478
Total	1,694	1,781	1,876	1,920	7,271	2,139	2,143	2,122	2,132	8,536	2,000	2,254	2,245	2,350	8,849	1,874	1,924	1,909	1,898	7,605
8 Operations on the hemic and lymphatic system																				
64 Bone marrow transplant	13	2	9	14	38	6	5	8	4	23	5	6	13	14	38	5	11	12	7	35
65 Bone marrow biopsy	11	11	7	12	41	20	19	20	16	75	27	16	18	6	67	18	41	24	24	107
66 Procedures on spleen	-	-	-	1	1	-	1	-	-	1	-	-	-	-	-	1	-	-	-	1
67 Other therap procedures, hemic & lymphatic system	54	44	31	46	175	41	39	37	32	149	36	34	54	42	166	38	51	46	55	190
Total	78	57	47	73	255	67	64	65	52	248	68	56	85	62	271	62	103	82	86	333
9 Operations on the digestive system																				
68 Injection or ligation of esophageal varices	14	15	9	9	47	11	14	10	11	46	9	6	10	14	39	19	11	14	11	55
69 Esophageal dilatation	116	118	123	127	484	133	112	119	145	509	111	141	108	113	473	113	117	89	117	436
70 Upper gastrointestinal endoscopy, biopsy	1,194	1,317	1,324	1,274	5,109	1,353	1,388	1,365	1,328	5,434	1,335	1,415	1,342	1,284	5,376	1,251	1,412	1,218	1,294	5,175
71 Gastrostomy, temporary & permanent	33	41	38	40	152	17	42	34	21	114	21	29	26	21	97	32	24	23	26	105
72 Colostomy, temporary & permanent	-	1	-	1	2	1	1	-	-	2	-	-	1	-	1	-	-	1	-	1
73 Ileostomy & other enterostomy	3	2	3	6	14	4	4	3	5	16	6	2	3	4	15	3	7	5	4	19
75 Small bowel resection	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
76 Colonoscopy & biopsy	5,501	6,106	5,662	5,887	23,156	6,084	6,378	6,035	6,219	24,716	5,927	6,076	5,909	6,124	24,036	5,673	5,542	5,126	5,612	21,953
77 Proctoscopy & anorectal biopsy	130	152	159	174	615	158	162	171	173	664	147	147	158	169	621	148	148	146	147	589
78 Colorectal resection	8	3	2	4	17	7	2	2	3	14	4	1	2	2	9	2	3	2	-	7
79 Local excision of large intestine lesion (not endoscopic)	1	-	-	1	2	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-
80 Appendectomy	16	20	8	13	57	13	11	19	16	59	17	16	16	13	62	17	21	19	14	71
81 Hemorrhoid procedures	47	58	55	66	226	53	58	39	53	203	59	58	41	40	198	61	65	58	45	229
82 Endoscopic retrograde cannulation of pancreas (ERCP)	27	32	58	29	146	31	41	41	46	159	41	39	39	29	148	35	42	28	31	136
83 Biopsy of liver	1	1	-	-	2	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-
84 Cholecystectomy & common duct exploration	241	290	256	265	1,052	281	249	250	244	1,024	242	233	228	222	925	240	240	229	210	919
85 Inguinal & femoral hernia repair	277	283	256	302	1,118	286	242	253	281	1,062	279	265	247	298	1,089	299	279	217	278	1,073
86 Other hernia repair	229	227	167	242	865	222	213	171	240	846	227	211	192	252	882	199	196	188	208	791
87 Laparoscopy	15	34	19	18	86	24	21	15	22	82	6	12	14	13	45	27	18	14	18	77

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Outpatient Procedures in Vermont Hospitals: CCS Single and High Level Groups by Discharge Year and Quarter

CCS High Level Procedure Groups	CPT																			
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Procedure Categories	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4						
88 Abdominal paracentesis	64	55	73	66	258	68	67	71	103	309	87	82	99	84	352	86	78	108	110	382
89 Exploratory laparotomy	1	1	-	2	4	-	-	-	-	-	1	2	-	-	3	1	-	-	-	1
90 Excision, lysis peritoneal adhesions	-	-	-	2	2	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-
91 Peritoneal dialysis	661	714	721	587	2,683	685	757	761	566	2,769	672	690	704	592	2,658	635	655	705	536	2,531
92 Other bowel diagnostic procedures	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-
93 Other non-OR upper GI therapeutic procedures	3	4	23	6	36	3	10	4	4	21	4	8	9	5	26	8	6	4	4	22
94 Other OR upper GI therapeutic procedures	8	10	5	10	33	6	6	13	8	33	8	16	11	12	47	19	16	9	11	55
95 Other non-OR lower GI therapeutic procedures	11	14	14	19	58	20	13	11	20	64	20	14	14	14	62	9	10	9	6	34
96 Other OR lower GI therapeutic procedures	43	46	46	38	173	56	49	45	48	198	48	40	48	53	189	41	56	42	42	181
97 Other gastrointestinal diagnostic procedures	52	53	52	63	220	78	76	71	55	280	78	75	71	66	290	59	64	41	56	220
98 Other non-OR gastrointestinal therapeutic procedures	3	5	1	6	15	15	21	14	16	66	22	14	12	19	67	20	26	25	26	97
99 Other OR gastrointestinal therapeutic procedures	21	24	22	20	87	40	32	28	27	127	38	24	36	35	133	36	35	25	32	128
Total	8,720	9,627	9,096	9,277	36,720	9,649	9,969	9,546	9,655	38,819	9,410	9,617	9,340	9,478	37,845	9,033	9,071	8,345	8,838	35,287
10 Operations on the urinary system																				
100 Endoscopy & endoscopic biopsy of the urinary tract	372	464	393	438	1,667	450	469	373	363	1,655	339	342	300	328	1,309	275	316	310	297	1,198
101 Transurethral excision, drainage, rem urinary obstruction	175	161	149	170	655	175	166	132	141	614	176	137	156	153	622	194	156	176	165	691
102 Ureteral catheterization	57	62	67	83	269	75	66	56	57	254	74	63	59	86	282	68	79	71	85	303
103 Nephrotomy & nephrostomy	-	3	7	-	10	17	14	22	19	72	23	21	31	28	103	26	29	22	37	114
104 Nephrectomy, partial or complete	1	-	1	-	2	1	-	1	2	4	-	-	-	1	1	-	2	3	4	9
106 Genitourinary incontinence procedures	33	44	45	37	159	67	56	37	49	209	49	41	45	62	197	52	47	45	39	183
107 Extracorporeal lithotripsy, urinary	187	178	212	203	780	227	192	231	192	842	219	185	238	213	855	208	235	237	221	901
108 Indwelling catheter	113	122	138	145	518	135	160	132	147	574	120	100	117	101	438	87	161	167	160	575
109 Procedures on the urethra	45	49	44	53	191	60	60	48	50	218	45	56	49	51	201	48	61	38	29	176
110 Other diagnostic procedures of urinary tract	3	2	1	3	9	4	3	1	3	11	4	4	1	4	13	8	7	7	6	28
111 Other non-OR therapeutic procedures of urinary tract	165	179	189	206	739	219	202	192	190	803	178	207	188	211	784	198	212	189	125	724
112 Other OR therapeutic procedures of urinary tract	66	70	62	77	275	56	80	68	61	265	84	85	72	85	326	97	80	74	75	326
Total	1,217	1,334	1,308	1,415	5,274	1,486	1,468	1,293	1,274	5,521	1,311	1,241	1,256	1,323	5,131	1,261	1,385	1,339	1,243	5,228
11 Operations on the male genital organs																				
113 Transurethral resection of prostate (TURP)	31	18	17	21	87	40	38	31	35	144	36	34	32	43	145	41	32	37	46	156
114 Open prostatectomy	1	-	-	-	1	-	1	2	-	3	3	-	1	2	6	24	29	25	26	104
115 Circumcision	60	75	72	42	249	76	59	67	84	286	66	89	71	56	282	54	73	75	70	272
116 Diagnostic procedures, male genital	40	63	67	53	223	64	61	46	38	209	51	46	80	60	237	68	61	186	64	379
117 Other non-OR therapeutic procedures, male genital	34	35	43	52	164	46	51	29	36	162	38	38	33	49	158	47	47	26	25	145
118 Other OR therapeutic procedures, male genital	115	122	118	121	476	127	137	106	134	504	125	121	127	117	490	95	126	100	111	432
Total	281	313	317	289	1,200	353	347	281	327	1,308	319	328	344	327	1,318	329	368	449	342	1,488
12 Operations on the female genital organs																				
119 Oophorectomy, unilateral & bilateral	84	64	61	94	303	82	96	64	85	327	94	95	89	109	387	97	100	88	101	386
120 Other operations on ovary	-	1	1	-	2	3	11	10	11	35	15	16	14	19	64	21	29	15	19	84
121 Ligation of fallopian tubes	49	54	57	56	216	41	32	35	31	139	37	37	31	31	136	31	32	27	28	118
123 Other operations on fallopian tubes	2	8	6	12	28	10	10	5	2	27	-	1	1	2	4	-	1	-	1	2
124 Hysterectomy, abdominal & vaginal	140	121	136	157	554	180	153	140	160	633	160	153	163	136	612	164	163	155	188	670
125 Other excision of cervix & uterus	86	95	97	85	363	101	98	90	112	401	113	93	91	105	402	72	101	68	92	333
126 Abortion (termination of pregnancy)	9	5	9	10	33	9	13	9	16	47	9	7	9	7	32	27	10	16	20	73
127 D&C, aspiration after delivery or abortion	49	49	49	63	210	64	30	48	43	185	54	42	40	43	179	56	33	43	52	184
128 Diagnostic dilatation & curettage (D&C)	13	8	11	13	45	12	10	7	9	38	5	10	10	9	34	5	9	9	11	34
129 Repair cystocele & rectocele, oblit of vaginal vault	18	35	20	25	98	24	26	28	42	120	27	28	20	37	112	32	33	14	23	102
130 Other diagnostic procedures, female organs	885	915	864	814	3,478	930	810	785	657	3,182	800	744	804	713	3,061	727	825	647	827	3,026
131 Other non-OR therapeutic procedures, female organs	125	144	157	146	572	115	156	125	142	538	154	147	172	177	650	143	147	149	136	575
132 Other OR therapeutic procedures, female organs	80	78	84	74	316	87	79	75	95	336	85	90	99	101	375	104	91	108	97	400
Total	1,540	1,577	1,552	1,549	6,218	1,658	1,524	1,421	1,405	6,008	1,553	1,463	1,543	1,489	6,048	1,479	1,574	1,339	1,595	5,987

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Outpatient Procedures in Vermont Hospitals: CCS Single and High Level Groups by Discharge Year and Quarter

CCS High Level Procedure Groups	CPT																			
	2015				Yearly Total	2016				Yearly Total	2017				Yearly Total	2018				Yearly Total
CCS Single Level Procedure Categories	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4						
13 Obstetrical procedures																				
122 Removal of ectopic pregnancy	1	1	2	1	5	2	2	6	3	13	3	5	2	-	10	4	2	4	1	11
134 Cesarean section	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
135 Forceps, vacuum & breech delivery	-	-	-	2	2	-	-	-	1	1	-	-	3	1	4	-	1	-	-	1
137 Other procedures to assist delivery	7	15	14	7	43	12	9	12	9	42	10	9	16	13	48	13	14	17	11	55
138 Diagnostic amniocentesis	-	-	-	-	-	-	-	1	-	1	-	-	1	-	1	-	-	-	-	-
139 Fetal monitoring	957	988	954	934	3,833	1,002	939	902	983	3,826	934	1,024	1,064	1,016	4,038	1,020	980	1,022	983	4,005
140 Repair of current obstetric laceration	-	-	-	1	1	-	-	-	-	-	1	2	-	2	5	2	-	-	-	2
141 Other therapeutic obstetrical procedures	6	6	5	5	22	10	7	2	5	24	4	11	6	5	26	2	4	7	9	22
Total	971	1,010	975	950	3,906	1,026	957	923	1,001	3,907	952	1,051	1,092	1,037	4,132	1,041	1,001	1,051	1,005	4,098
14 Operations on the musculoskeletal system																				
142 Partial excision bone	103	108	105	128	444	129	121	84	115	449	118	103	115	131	467	91	132	95	129	447
143 Bunionectomy or repair of toe deformities	115	138	112	140	505	136	114	102	143	495	125	118	111	145	499	124	122	92	146	484
144 Treatment, facial fracture or dislocation	21	21	23	11	76	17	18	22	21	78	12	8	10	20	50	13	9	16	17	55
145 Treatment, fracture or disloc of radius & ulna	114	98	116	88	416	140	97	111	116	464	110	99	128	113	450	130	101	106	97	434
146 Treatment, fracture or disloc of hip & femur	4	5	2	6	17	3	1	3	6	13	5	7	3	-	15	8	3	2	1	14
147 Treatment, fracture or disloc of lower extremity	138	114	109	99	460	129	106	126	113	474	140	93	128	105	466	174	105	136	120	535
148 Other fracture & dislocation procedure	133	145	144	116	538	119	108	160	120	507	121	117	132	132	502	139	126	148	103	516
149 Arthroscopy	91	125	81	98	395	88	111	76	78	353	91	117	66	100	374	99	97	61	106	363
150 Division of joint capsule, ligament or cartilage	21	28	23	21	93	21	36	17	16	90	21	22	12	22	77	13	13	15	21	62
151 Excision of semilunar cartilage of knee	283	334	327	340	1,284	303	338	260	326	1,227	263	280	246	282	1,071	250	238	209	270	967
152 Arthroplasty knee	7	11	13	16	47	14	22	8	12	56	8	9	6	13	36	48	55	41	63	207
153 Hip replacement, total & partial	11	15	16	3	45	8	10	6	7	31	6	8	6	3	23	15	5	4	10	34
154 Arthroplasty other than hip or knee	63	80	58	73	274	62	49	48	63	222	67	60	60	57	244	67	57	49	43	216
155 Arthrocentesis	747	943	981	1,261	3,932	1,002	1,554	1,414	1,259	5,229	1,220	1,390	1,294	1,403	5,307	1,223	1,472	1,606	1,597	5,898
156 Injections & aspirations of muscles, tendons, etc.	288	330	309	357	1,284	335	325	307	310	1,277	295	311	336	348	1,290	323	380	387	304	1,394
157 Amputation of lower extremity	39	36	25	34	134	29	22	41	39	131	49	33	30	27	139	27	27	39	32	125
158 Spinal fusion	13	11	2	5	31	3	4	9	14	30	14	8	14	11	47	34	23	31	31	119
159 Other diagnostic procedures on musculoskeletal system	14	17	28	28	87	27	13	19	19	78	11	23	13	21	68	13	24	10	13	60
160 Other therapeutic procedures on muscles & tendons	535	645	598	672	2,450	656	665	593	700	2,614	674	651	615	646	2,586	657	734	590	644	2,625
161 Other OR therapeutic procedures on bone	181	166	124	179	650	132	155	140	174	601	168	161	145	163	637	137	146	138	172	593
162 Other OR therapeutic procedures on joints	269	286	211	285	1,051	323	292	242	303	1,160	295	247	224	278	1,044	277	275	230	276	1,058
163 Other non-OR therapeutic procedures on musc system	4	1	8	3	16	5	8	5	7	25	9	13	9	9	40	4	8	4	13	29
164 Other OR therapeutic procedures on musc system	24	17	19	20	80	15	14	15	18	62	17	20	20	17	74	13	25	14	9	61
Total	3,218	3,674	3,434	3,983	14,309	3,696	4,183	3,808	3,979	15,666	3,839	3,898	3,723	4,046	15,506	3,879	4,177	4,023	4,217	16,296
15 Operations on the integumentary system																				
165 Breast biopsy & other diagnostic procedures on breast	250	252	250	304	1,056	252	284	209	284	1,029	273	305	291	183	1,052	330	334	331	374	1,369
166 Lumpectomy, quadrantectomy of breast	136	117	115	134	502	128	116	108	103	455	95	87	95	105	382	124	128	132	154	538
167 Mastectomy	21	12	14	17	64	14	17	22	15	68	22	18	14	18	72	35	21	33	31	120
168 Incision & drainage, skin & subcutaneous tissue	65	64	87	64	280	58	85	67	51	261	30	47	53	42	172	45	44	50	33	172
169 Debridement of wound, infection or burn	119	134	168	244	665	201	236	136	87	660	87	102	89	59	337	81	84	81	100	346
170 Excision of skin lesion	1,068	1,351	1,277	1,272	4,968	1,133	1,231	1,163	1,193	4,720	1,042	1,185	1,136	1,261	4,624	1,075	1,249	1,104	1,235	4,663
171 Suture of skin & subcutaneous tissue	217	247	283	225	972	188	200	179	154	721	168	154	178	164	664	131	140	175	134	580
172 Skin graft	109	109	121	154	493	128	117	150	166	561	164	134	195	180	673	186	138	153	152	629
173 Other diagnostic proc on skin & subcutaneous tissue	24	17	27	28	96	17	38	58	47	160	69	49	68	94	280	76	51	65	75	267
174 Other non-OR therapeutic procedures on skin & breast	877	1,077	989	1,068	4,011	987	928	860	829	3,604	976	962	901	943	3,782	1,017	913	856	832	3,618
175 Other OR therapeutic procedures on skin & breast	124	104	91	79	398	92	99	70	116	377	122	124	111	101	458	98	117	98	101	414
Total	3,010	3,484	3,422	3,589	13,505	3,198	3,351	3,022	3,045	12,616	3,048	3,167	3,131	3,150	12,496	3,198	3,219	3,078	3,221	12,716
Total of Groups 1 - 15	29,844	32,996	32,307	33,287	128,434	33,486	34,743	31,787	32,679	132,695	32,267	32,845	32,544	33,378	131,034	32,133	33,625	31,480	32,864	130,102

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
250	Pharmacy	7300	Drugs Charged to Patients
251	Pharmacy: Generic	7300	Drugs Charged to Patients
252	Pharmacy: Nongeneric	7300	Drugs Charged to Patients
254	Pharmacy: Incident to other diagnostic services	7300	Drugs Charged to Patients
255	Pharmacy: Incident to radiology	7300	Drugs Charged to Patients
256	Pharmacy: Experimental drugs	7300	Drugs Charged to Patients
257	Pharmacy: Non-prescription	7300	Drugs Charged to Patients
258	Pharmacy: IV solutions	7300	Drugs Charged to Patients
259	Pharmacy: Other	7300	Drugs Charged to Patients
260	IV Therapy	6400	Intravenous Therapy
261	IV Therapy: Infusion pump	6400	Intravenous Therapy
262	IV Therapy: IV Therapy, pharm services	6400	Intravenous Therapy
263	IV Therapy: IV Therapy/drug/supp/delivery	6400	Intravenous Therapy
264	IV Therapy: supplies	6400	Intravenous Therapy
269	IV Therapy: Other IV therapy	6400	Intravenous Therapy
270	Medical/Surgical Supplies	7100	Medical Supplies Charged to Patients
271	Medical/Surgical Supplies: Nonsterile supplies	7100	Medical Supplies Charged to Patients
272	Medical/Surgical Supplies: Sterile supplies	7100	Medical Supplies Charged to Patients
273	Medical/Surgical Supplies: Take home supplies	7100	Medical Supplies Charged to Patients
274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	3540	Prosthetic Devices
275	Medical/Surgical Supplies: Pacemaker	7200	Impl. Dev. Charged to Patient
276	Medical/Surgical Supplies: Intraocular lens	7200	Impl. Dev. Charged to Patient
278	Medical/Surgical Supplies: Other implants	7200	Impl. Dev. Charged to Patient
279	Medical/Surgical Supplies: Other supplies/devices	7100	Medical Supplies Charged to Patients
280	Oncology	3480	Oncology
289	Oncology: Other oncology	3480	Oncology

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
299	Durable Medical Equipment: Other equipment	9700	Durable Medical Equip. - Sold
300	Laboratory - Clinical Diagnostic	3390	Laboratory - Clinical
301	Laboratory - Clinical Diagnostic: Chemistry	3180	Chemistry
302	Laboratory - Clinical Diagnostic: Immunology	3380	Immunology
303	Laboratory - Clinical Diagnostic: Renal patient (home)	3390	Laboratory - Clinical
304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	3390	Laboratory - Clinical
305	Laboratory - Clinical Diagnostic: Hematology	3350	Hematology
306	Laboratory - Clinical Diagnostic: Bacteriology/microbiology	3050	Bacteriology & Microbiology
307	Laboratory - Clinical Diagnostic: Urology	3390	Laboratory - Clinical
309	Laboratory - Clinical Diagnostic: Other laboratory	3390	Laboratory - Clinical
310	Laboratory - Pathology	3420	Laboratory - Pathological
311	Laboratory - Pathology: Cytology	3240	Cytology
312	Laboratory - Pathology: Histology	3360	Histology
314	Laboratory - Pathology: Biopsy	3060	Biopsy
319	Laboratory - Pathology: Other	3420	Laboratory - Pathological
320	Radiology - Diagnostic	5400	Radiology - Diagnostic
321	Radiology - Diagnostic: Angiocardiography	3030	Angiocardiography
322	Radiology - Diagnostic: Arthrography	5400	Radiology - Diagnostic
323	Radiology - Diagnostic: Arteriography	3650	Vascular Lab
324	Radiology - Diagnostic: Chest X-ray	5400	Radiology - Diagnostic
329	Radiology - Diagnostic: Other	5400	Radiology - Diagnostic
330	Radiology - Therapeutic	5500	Radiology - Therapeutic
331	Radiology - Therapeutic: Chemotherapy - injected	3190	Chemotherapy
332	Radiology - Therapeutic: Chemotherapy - oral	3190	Chemotherapy
333	Radiology - Therapeutic: Radiation therapy	5500	Radiology - Therapeutic

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
335	Radiology - Therapeutic: Chemotherapy - IV	3190	Chemotherapy
339	Radiology - Therapeutic: Other	5500	Radiology - Therapeutic
340	Nuclear Medicine	3450	Nuclear Medicine - Diagnostic
341	Nuclear Medicine: Diagnostic	3450	Nuclear Medicine - Diagnostic
342	Nuclear Medicine: Therapeutic	3470	Nuclear Medicine - Therapeutic
343	Diagnostic Radiopharms	3450	Nuclear Medicine - Diagnostic
344	Therapeutic Radiopharms	3470	Nuclear Medicine - Therapeutic
349	Nuclear Medicine: Other	3450	Nuclear Medicine - Diagnostic
350	CT Scan	5700	CT Scan
351	CT Scan: Head	5700	CT Scan
352	CT Scan: Body	5700	CT Scan
359	CT Scan: Other CT scans	5700	CT Scan
360	Operating Room Services	5000	Operating Room
361	Operating Room Services: Minor surgery	5000	Operating Room
362	Operating Room Services: Organ transplant, not kidney	5000	Operating Room
367	Operating Room Services: Kidney transplant	5000	Operating Room
369	Operating Room Services: Other operating room services	5000	Operating Room
370	Anesthesia	5300	Anesthesiology
371	Anesthesia: Incident to radiology	5300	Anesthesiology
372	Anesthesia: Incident to other diag services	5300	Anesthesiology
379	Anesthesia: Other anesthesia	5300	Anesthesiology
380	Blood	6200	Whole Blood & Packed Red Blood Cells
381	Blood: Packed red cells	6200	Whole Blood & Packed Red Blood Cells
382	Blood: Whole blood	6200	Whole Blood & Packed Red Blood Cells
383	Blood: Plasma	6200	Whole Blood & Packed Red Blood Cells

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
384	Blood: Platelets	6200	Whole Blood & Packed Red Blood Cells
385	Blood: Leukocytes	6200	Whole Blood & Packed Red Blood Cells
386	Blood: Other components	6200	Whole Blood & Packed Red Blood Cells
387	Blood: Other derivatives	6200	Whole Blood & Packed Red Blood Cells
389	Blood: Other blood	6200	Whole Blood & Packed Red Blood Cells
390	Blood Storage/Processing	6300	Blood Storing, Processing, & Trans
391	Blood: Administration (e.g. Transfusion)	6300	Blood Storing, Processing, & Trans
392	Blood: Processing and Storage	6300	Blood Storing, Processing, & Trans
399	Other blood handling	6300	Blood Storing, Processing, & Trans
400	Other Imaging Services	5400	Radiology - Diagnostic
401	Other Imaging Services: Diagnostic mammography	3440	Mammography
402	Other Imaging Services: Ultrasound	3630	Ultra Sound
403	Other Imaging Services: Screening mammography	3440	Mammography
404	Other Imaging Services: PET scan	3450	Nuclear Medicine - Diagnostic
409	Other Imaging Services: Other imaging services	5400	Radiology - Diagnostic
410	Respiratory Services	6500	Respiratory Therapy
412	Respiratory Services: Inhalation services	6500	Respiratory Therapy
413	Respiratory Services: Hyperbaric oxygen therapy	6500	Respiratory Therapy
419	Respiratory Services: Other respiratory services	6500	Respiratory Therapy
420	Physical Therapy	6600	Physical Therapy
421	Physical Therapy: Visit charge	6600	Physical Therapy
422	Physical Therapy: Hourly charge	6600	Physical Therapy
423	Physical Therapy: Group rate	6600	Physical Therapy
424	Physical Therapy: Evaluation/re-evaluation	6600	Physical Therapy
429	Physical Therapy: Other physical therapy	6600	Physical Therapy

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
430	Occupational Therapy	6700	Occupational Therapy
431	Occupational Therapy: Visit charge	6700	Occupational Therapy
432	Occupational Therapy: Hourly charge	6700	Occupational Therapy
433	Occupational Therapy: Group rate	6700	Occupational Therapy
434	Occupational Therapy: Evaluation/re-evaluation	6700	Occupational Therapy
439	Occupational Therapy: Other occupational therapy	6700	Occupational Therapy
440	Speech-Language Pathology	6800	Speech Pathology
441	Speech-Language Pathology: Visit charge	6800	Speech Pathology
442	Speech-Language Pathology: Hourly charge	6800	Speech Pathology
443	Speech-Language Pathology: Group rate	6800	Speech Pathology
444	Speech-Language Pathology: Evaluation/ re-evaluation	6800	Speech Pathology
449	Speech-Language Pathology: Other speech language pathology	6800	Speech Pathology
450	Emergency Room	9100	Emergency
451	Emergency Room: EM/EMTALA	9100	Emergency
452	Emergency Room: ER/ Beyond EMTALA	9100	Emergency
456	Emergency Room: Urgent care	9100	Emergency
459	Emergency Room: Other emergency room	9100	Emergency
460	Pulmonary Function	3560	Pulmonary Function Testing
469	Pulmonary Function: Other	3560	Pulmonary Function Testing
470	Audiology	3040	Audiology
471	Audiology: Diagnostic	3040	Audiology
472	Audiology: Treatment	3040	Audiology
479	Audiology: Other audiology	3040	Audiology
480	Cardiology	3140	Cardiology
481	Cardiology: Cardiac catheter lab	5900	Cardiac Catheterization

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
482	Cardiology: Stress test	3620	Stress Test
483	Cardiology: Echocardiology	3260	Echocardiography
489	Cardiology: Other cardiology	3140	Cardiology
490	Ambulatory Surgery	7500	ASC (Non-Distinct Part)
499	Ambulatory Surgery: Other ambulatory surgical care	7500	ASC (Non-Distinct Part)
510	Clinic	9000	Clinic
511	Clinic: Chronic pain center	9000	Clinic
512	Clinic: Dental clinic	3250	Dental Services
513	Clinic: Psychiatric clinic	3550	Psychiatric/Psychological Services
514	Clinic: OB/GYN clinic	9000	Clinic
515	Clinic: Pediatric clinic	9000	Clinic
516	Clinic: Urgent care clinic	9000	Clinic
517	Clinic: Family clinic	4040	Family Practice
519	Clinic: Other clinic	9000	Clinic
530	Osteopathic Services	3530	Osteopathic Therapy
531	Osteopathic Services: Osteopathic therapy	3530	Osteopathic Therapy
539	Osteopathic Services: Other osteopathic services	3530	Osteopathic Therapy
610	Magnetic Resonance Tech. (MRT)	5800	Magnetic Resonance Imaging (MRI)
611	Magnetic Resonance Tech. (MRT): Brain (incl. Brainstem)	5800	Magnetic Resonance Imaging (MRI)
612	Magnetic Resonance Tech. (MRT): Spinal cord (incl. spine)	5800	Magnetic Resonance Imaging (MRI)
614	Magnetic Resonance Tech. (MRT): MRI - Other	5800	Magnetic Resonance Imaging (MRI)
615	Magnetic Resonance Tech. (MRT): MRA - Head and Neck	5800	Magnetic Resonance Imaging (MRI)
616	Magnetic Resonance Tech. (MRT): MRA - Lower Ext	5800	Magnetic Resonance Imaging (MRI)
618	Magnetic Resonance Tech. (MRT): MRA - Other	5800	Magnetic Resonance Imaging (MRI)
619	Magnetic Resonance Tech. (MRT): Other MRT	5800	Magnetic Resonance Imaging (MRI)

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
621	Med - Surg Supplies Ext. of 270: Incident to radiology	7100	Medical Supplies Charged to Patients
622	Med - Surg Supplies Ext. of 270: Incident to other diag.	7100	Medical Supplies Charged to Patients
623	Surgical dressings	7100	Medical Supplies Charged to Patients
624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	7200	Impl. Dev. Charged to Patient
631	Drugs Require Specific ID: Single source drug	7300	Drugs Charged to Patients
632	Drugs Require Specific ID: Multiple source drug	7300	Drugs Charged to Patients
633	Drugs Require Specific ID: Restrictive prescription	7300	Drugs Charged to Patients
634	Drugs Require Specific ID: EPO under 10,000 units	7300	Drugs Charged to Patients
635	Drugs Require Specific ID: EPO over 10,000 units	7300	Drugs Charged to Patients
636	Drugs Require Specific ID: Drugs requiring detail coding	7300	Drugs Charged to Patients
637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes coma)	7300	Drugs Charged to Patients
681	Trauma Response: Level I	9100	Emergency
682	Trauma Response: Level II	9100	Emergency
683	Trauma Response: Level III	9100	Emergency
684	Trauma Response: Level IV	9100	Emergency
689	Trauma Response: Other	9100	Emergency
700	Cast Room	9000	Clinic
710	Recovery Room	5100	Recovery Room
720	Labor Room	5200	Delivery Room & Labor Room
721	Labor Room: Labor	5200	Delivery Room & Labor Room
722	Labor Room: Delivery	5200	Delivery Room & Labor Room
723	Labor Room: Circumcision	3220	Circumcision
724	Labor Room: Birthing center	3070	Birthing Center
729	Labor Room: Other labor room/delivery	5200	Delivery Room & Labor Room

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
730	EKG/ECG	3280	EKG and EEG
731	EKG/ECG: Holter monitor	3370	Holter Monitor
732	EKG/ECG: Telemetry	3280	EKG and EEG
739	EKG/ECG: Other EKG/ECG	3280	EKG and EEG
740	EEG	3280	EKG and EEG
750	Gastrointestinal	3340	Gastro Intestinal Services
760	Treatment/Observation Room	9000	Clinic
761	Treatment/Observation Room: Treatment room	9000	Clinic
762	Treatment/Observation Room: Observation room	9201	Observation Beds (Distinct Part)
769	Treatment/Observation Room: Other treatment room	9000	Clinic
770	Preventive Care Services	9000	Clinic
771	Preventive Care Services: Admin. of vaccine	9000	Clinic
790	Extra-Corp Shock Wave Therapy	3640	Urology
800	Inpatient Dialysis	7400	Renal Dialysis
801	Inpatient Hemodialysis	7400	Renal Dialysis
802	Inpatient peritoneal dialysis	7400	Renal Dialysis
803	inpatient dialysis CAPD	7400	Renal Dialysis
804	Inpatient dialysis CCPD	7400	Renal Dialysis
809	Other inp dialysis	7400	Renal Dialysis
810	Organ Acquisition	8600	Other Organ Acquisition (specify)
811	Organ Acquisition: Living donor	8600	Other Organ Acquisition (specify)
812	Organ Acquisition: Cadaver donor	8600	Other Organ Acquisition (specify)
813	Organ Acquisition: Unknown donor	8600	Other Organ Acquisition (specify)
814	Organ Acquisition: Unsuccessful Organ Search Donor Bank Charges	8600	Other Organ Acquisition (specify)
819	Organ Acquisition: Other donor	8600	Other Organ Acquisition (specify)

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
820	Hemo OPD/Home	7400	Renal Dialysis
821	Hemo OPD/Home: Hemodialysis comp or other rate	7400	Renal Dialysis
822	Hemo OPD/Home supplies	7400	Renal Dialysis
823	Hemo OPD/home equipment	7400	Renal Dialysis
824	Hemo OPD/Home Maintenance 100%	7400	Renal Dialysis
825	Hemo OPD/Home Support Services	7400	Renal Dialysis
829	Hemo OPD/Home: Other HEMO outpatient	7400	Renal Dialysis
830	Peritoneal OPD/Home	7400	Renal Dialysis
831	Peritoneal OPD/Home: Peritoneal comp or other rate	7400	Renal Dialysis
839	Peritoneal OPD/Home: Other peritoneal dialysis	7400	Renal Dialysis
840	CAPD OPD/Home	7400	Renal Dialysis
841	CAPD OPD/Home: CAPD comp or other rate	7400	Renal Dialysis
849	CAPD OPD/Home: Other CAPD dialysis	7400	Renal Dialysis
850	CCPD OPD/Home	7400	Renal Dialysis
851	CCPD OPD/Home: CCPD comp or other rate	7400	Renal Dialysis
859	CCPD OPD/Home: Other CCPD dialysis	7400	Renal Dialysis
860	Magnetoencephalography (MEG)	3280	EKG and EEG
861	MEG	3280	EKG and EEG
880	Miscellaneous Dialysis	7400	Renal Dialysis
881	Miscellaneous Dialysis: Ultrafiltration	7400	Renal Dialysis
889	Miscellaneous Dialysis: Other misc dialysis	7400	Renal Dialysis
900	Psychiatric/Psychological Trt	3550	Psychiatric/Psychological Services
901	Psychiatric/Psychological Trt: Electroshock treatment	3320	Electroshock Therapy
902	Psychiatric/Psychological Trt: Milieu therapy	3550	Psychiatric/Psychological Services
903	Psychiatric/Psychological Trt: Play therapy	3550	Psychiatric/Psychological Services

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
904	Psychiatric/Psychological Trt: Activity therapy	3580	Recreational Therapy
905	Psychiatric/Psychological Trt: Intensive Outpatient serv-sych	3550	Psychiatric/Psychological Services
906	Psychiatric/Psychological Trt: Intensive out serv -chem dep	3550	Psychiatric/Psychological Services
907	Psychiatric/Psychological Trt: Comm behavioral program	3550	Psychiatric/Psychological Services
911	Psychiatric/Psychological Svcs: Rehabilitation	3550	Psychiatric/Psychological Services
912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	3550	Psychiatric/Psychological Services
913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	3550	Psychiatric/Psychological Services
914	Psychiatric/Psychological Svcs: Individual therapy	3550	Psychiatric/Psychological Services
915	Psychiatric/Psychological Svcs: Group therapy	3550	Psychiatric/Psychological Services
916	Psychiatric/Psychological Svcs: Family therapy	3550	Psychiatric/Psychological Services
917	Psychiatric/Psychological Svcs: Biofeedback	3550	Psychiatric/Psychological Services
918	Psychiatric/Psychological Svcs: Testing	3550	Psychiatric/Psychological Services
919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	3550	Psychiatric/Psychological Services
921	Other Diagnostic Services: Peripheral vascular lab	3650	Vascular Lab
922	Other Diagnostic Services: Electromyelogram	3290	Electromyography
923	Other Diagnostic Services: Pap smear	3240	Cytology
924	Other Diagnostic Services: Allergy test	3380	Immunology
925	Other Diagnostic Services: Pregnancy test	3390	Laboratory - Clinical
941	Other Therapeutic Serv: Recreation Rx	9000	Clinic
942	Other Therapeutic Serv: Educ/training	9000	Clinic
943	Other Therapeutic Serv: Cardiac rehab	3140	Cardiology
944	Other Therapeutic Serv: Drug rehab	3550	Psychiatric/Psychological Services
945	Other Therapeutic Serv: Alcohol rehab	3550	Psychiatric/Psychological Services
948	Pulmonary Rehabilitation	6500	Respiratory Therapy

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
1	Total Charge	N/A	
22	HIPPS	N/A	
23	HIPPS	N/A	
24	HIPPS	N/A	
100	All Inclusive Rate	N/A	
101	All Inclusive Rate	N/A	
110	Room & Board (Private)	N/A	
111	Medical/Surgical/Gyn	N/A	
112	OB	N/A	
113	Pediatric	N/A	
114	Psychiatric	N/A	
115	Hospice	N/A	
116	Detoxification	N/A	
117	Oncology	N/A	
118	Rehab	N/A	
119	Other	N/A	
120	Room & Board (Semi-Private 2 beds)	N/A	
121	Medical/Surgical/Gyn	N/A	
122	OB	N/A	
123	Pediatric	N/A	
124	Psychiatric	N/A	
125	Hospice	N/A	
126	Detoxification	N/A	
127	Oncology	N/A	
128	Rehab	N/A	
129	Other	N/A	

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Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
130	Room & Board (Semi private 3-4 beds)	N/A	
131	Medical/Surgical/Gyn	N/A	
132	OB	N/A	
133	Pediatric	N/A	
134	Psychiatric	N/A	
135	Hospice	N/A	
136	Detoxification	N/A	
137	Oncology	N/A	
138	Rehab	N/A	
139	Other	N/A	
140	Room & Board (Private Deluxe)	N/A	
141	Medical/Surgical/Gyn	N/A	
142	OB	N/A	
143	Pediatric	N/A	
144	Psychiatric	N/A	
145	Hospice	N/A	
146	Detoxification	N/A	
147	Oncology	N/A	
148	Rehab	N/A	
149	Other	N/A	
150	Room & Board (Ward)	N/A	
151	Medical/Surgical/Gyn	N/A	
152	OB	N/A	
153	Pediatric	N/A	
154	Psychiatric	N/A	
155	Hospice	N/A	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
156	Detoxification	N/A	
157	Oncology	N/A	
158	Rehab	N/A	
159	Other	N/A	
160	Room & Board (other)	N/A	
164	Sterile Environment	N/A	
167	Self care	N/A	
169	Other	N/A	
170	Nursery	N/A	
171	Newborn-Level I	N/A	
172	Newborn-Level II	N/A	
173	Newborn-Level III	N/A	
174	Newborn-Level IV	N/A	
179	Other Nursery	N/A	
180	Leave of Absence	N/A	
182	Patient Convenience	N/A	
183	Therapeutic Leave	N/A	
185	Hospitalization	N/A	
189	Other leave of absence	N/A	
190	Subacute care	N/A	
191	Subacute care-Level I	N/A	
192	Subacute care-Level II	N/A	
193	Subacute care-Level III	N/A	
194	Subacute care-Level IV	N/A	
199	Other subacute care	N/A	
200	Intensive care	N/A	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
201	Surgical	N/A	
202	Medical	N/A	
203	Pediatric	N/A	
204	Psychiatric	N/A	
206	Intermediate ICU	N/A	
207	Burn care	N/A	
208	Trauma	N/A	
209	Other intensive care	N/A	
210	Coronary care	N/A	
211	Myocardial Infarction	N/A	
212	Pulmonary Care	N/A	
213	Heart Transplant	N/A	
214	Intermediate CCU	N/A	
219	Other Coronary Care	N/A	
220	Special charges	N/A	
221	Admission charge	N/A	
222	Technical support charge	N/A	
223	U.R. service charge	N/A	
224	Late discharge, medically necessary	N/A	
229	Other special charges	N/A	
230	Incremental nursing charge rate	N/A	
231	Nursery	N/A	
232	OB	N/A	
233	ICU	N/A	
234	CCU	N/A	
235	Hospice	N/A	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
239	Other	N/A	
240	All inclusive Ancillary	N/A	
241	Basic	N/A	
242	Comprehensive	N/A	
243	Specialty	N/A	
249	Other all inclusive ancillary	N/A	
253	Take home drugs	N/A	
277	Oxygen-Take home	N/A	
290	Durable Medical Equipment	N/A	
291	DME Rental	N/A	
292	Durable Medical Equipment: Purchase - new equipment	N/A	
293	Purchase of used DME	N/A	
294	Supplies/Drugs for DME effectiveness (HHA only)	N/A	
374	Acupuncture	N/A	
500	Outpatient services	N/A	
509	Other Outpatient	N/A	
520	Free-Standing Clinic	N/A	
521	Rural health-clinic	N/A	
522	Rural health-home	N/A	
523	Family Practice Clinic	N/A	
524	RHC/FQHC visit in Part A covered SNF	N/A	
525	RHC/FQHC visit in noncovered SNF, NF, ICFMR or other	N/A	
526	Urgent Care Clinic	N/A	
527	Nurse visit to home in a HH shortage area	N/A	
528	RHC/FQHC visit to other non RHC/FQHC site	N/A	
529	Free-Standing Clinic: Other	N/A	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
540	Ambulance	N/A	
541	Supplies	N/A	
542	Medical Transport	N/A	
543	Heart Mobile	N/A	
544	Oxygen	N/A	
545	Air ambulance	N/A	
546	Neonatal ambulance services	N/A	
547	Pharmacy	N/A	
548	Telephone Transmission EKG	N/A	
549	Other ambulance	N/A	
550	Skilled nursing	N/A	
551	Visit charge	N/A	
552	Hourly charge	N/A	
559	Other skilled nursing	N/A	
560	Home Health (HH) -- Medical Social Services	N/A	
561	Home Heath (HH) Medical Social Services: Visit charge	N/A	
562	Home Health (HH) Medical Social Services: Hourly charge	N/A	
569	Home Health (HH) Medical Social Services: Other Medical Social Services	N/A	
570	Home health-Home health aide	N/A	
571	Visit charge	N/A	
572	Hourly charge	N/A	
579	Other home health aide	N/A	
580	Home health-other visits	N/A	
581	Visit charge	N/A	
582	Hourly charge	N/A	
583	Assessment	N/A	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
589	Other home health visit	N/A	
590	Home health-units of service	N/A	
600	Home health-oxygen	N/A	
601	Oxygen-state/equip/suppl/ or cont	N/A	
602	Oxygen-state/equip/suppl/ or under 1 LPM	N/A	
603	Oxygen-state/equip/over 4 LPM	N/A	
604	Oxygen-Portable Add-on	N/A	
609	Other oxygen	N/A	
640	Home IV Therapy Services	N/A	
641	Nonroutine nursing, central line	N/A	
642	IV site care, Central line	N/A	
643	IV start/change, peripheral line	N/A	
644	Nonroutine nursing, peripheral line	N/A	
645	Training patient/caregiver, central line	N/A	
646	Training, Disabled patient, central line	N/A	
647	Training, patient/caregiver, peripheral line	N/A	
648	Training, disabled patient, peripheral line	N/A	
649	Other IV therapy services	N/A	
650	Hospice service	N/A	
651	Routine home care	N/A	
652	Continuous home care	N/A	
655	Inpatient respite care	N/A	
656	General inpatient care (non-respite)	N/A	
657	Physician services	N/A	
658	Hospice Room & Board-Nursing facility	N/A	
659	Other hospice service	N/A	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
660	Respite Care	N/A	
661	Hourly Respite Care Charge Nursing	N/A	
662	Hourly Respite Care Charge Aide/Homemaker/Companion	N/A	
663	Daily Respite Charge	N/A	
669	Other respite care	N/A	
670	Outpatient Special Residence Charges	N/A	
671	Hospital based	N/A	
672	Contracted	N/A	
679	Other special residence charge	N/A	
680	Not Used	N/A	
780	Telemedicine	N/A	
832	Home supplies	N/A	
833	Home equipment	N/A	
834	Maintenance/100%	N/A	
835	Support services	N/A	
842	Home supplies	N/A	
843	Home equipment	N/A	
844	Maintenance/100%	N/A	
845	Support services	N/A	
852	Home supplies	N/A	
853	Home equipment	N/A	
854	Maintenance/100%	N/A	
855	Support services	N/A	
882	Home dialysis aid visit	N/A	
920	Other Diagnostic Services	N/A	
929	Other Diagnostic Services: Other diagnostic services	N/A	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
931	Medical rehab; half day	N/A	
932	Medical rehab; full day	N/A	
940	Other Therapeutic Serv	N/A	
946	Complex medical equipment-Routine	N/A	
947	Complex medical equipment-Ancillary	N/A	
949	Other Therapeutic Serv: Additional RX SVS	N/A	
951	Other therapeutic services-(940x) Athletic training	N/A	
952	Other therapeutic services-(940x) Kinesiotherapy	N/A	
960	Professional fees	N/A	
961	Psychiatric	N/A	
962	Ophthalmology	N/A	
963	Anesthesiologist (MD)	N/A	
964	Anesthetist (CRNA)	N/A	
969	Other professional fee	N/A	
971	Professional fees (096x) Laboratory	N/A	
972	Professional fees (096x) Radiology-Diagnostic	N/A	
973	Professional fees (096x) Radiology-Therapeutic	N/A	
974	Professional fees (096x) Radiology-nuclear medicine	N/A	
975	Professional fees (096x) Operating room	N/A	
976	Professional fees (096x) Respiratory Therapy	N/A	
977	Professional fees (096x) Physical therapy	N/A	
978	Professional fees (096x) Occupational therapy	N/A	
979	Professional fees (096x) Speech pathology	N/A	
981	Professional fees (096x) Emergency room	N/A	
982	Professional fees (096x) Outpatient services	N/A	
983	Professional fees (096x) clinic	N/A	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
984	Professional fees (096x) medical social services	N/A	
985	Professional fees (096x) EKG	N/A	
986	Professional fees (096x) EEK	N/A	
987	Professional fees (096x) Hospital visit	N/A	
988	Professional fees (096x) Consultation	N/A	
989	Private duty nurse	N/A	
990	Patient convenience items	N/A	
991	Cafeteria/guest tray	N/A	
992	Private linen service	N/A	
993	Telephone/telegraph	N/A	
994	TV/radio	N/A	
995	Nonpatient room rentals	N/A	
996	Late discharge charge	N/A	
997	Admission kits	N/A	
998	Beauty shop/barber	N/A	
999	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	

Appendix J

Crosswalk for Revenue Code to Primary Cost

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
2104	Reflexology	N/A	
2105	Biofeedback	N/A	
2106	Hypnosis	N/A	
2109	Other alternative therapy services	N/A	
3101	Adult day care, Medical and social, hourly	N/A	
3102	Adult day care, social, hourly	N/A	
3103	Adult day care, medical and social, daily	N/A	
3104	Adult day care, social, daily	N/A	
3105	Adult foster care, daily	N/A	
3109	Other adult care	N/A	

Appendix K

Hospitals in this Report

Vermont Acute Care Hospitals

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

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

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

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

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

Mt. Ascutney Hospital and Health Center
(MTA)
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 University of Vermont Medical Center
(UVMMC)
111 Colchester Avenue
Burlington, Vermont 05401
(Formerly Fletcher Allen Health Care)

New Hampshire Hospitals Most Frequently Used by Vermont Residents

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

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

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

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

Concord Hospital
(NH-Concord)
Concord, New Hampshire

Cottage Hospital
(NH-Cottage)
Woodsville, New Hampshire

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

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

Elliot Hospital
(NH-Elliot)
Manchester, New Hampshire

Exeter Hospital
(NH-Exeter)
Exeter, New Hampshire

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

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

Huggins Hospital
(NH-Huggins)
Wolfeboro, New Hampshire

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

Littleton Hospital
(NH-Littleton)
Littleton, New Hampshire

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

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

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

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

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

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

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

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

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

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

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

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

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

Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center
(MA-Baystate)
Springfield, Massachusetts

Berkshire Medical Center
(MA-Berkshire)
Pittsfield, Massachusetts

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

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

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

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

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

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

Hillcrest Hospital
(MA-Hillcrest)
Pittsfield, Massachusetts

Lahey Clinic Hospital
(MA-Lahey)
Burlington, Massachusetts

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

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

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

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

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

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

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

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

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

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

New York Hospitals Most Frequently Used by Vermont Residents

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

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

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

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

Leonard Hospital
(NY-Leonard)
Troy, New York

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

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

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

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

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

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

Samaritan Hospital
(NY-Samaritan)
Troy, New York

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

Appendix L

Public / Non-Public Data Elements and Availability of Data Elements in Datasets

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

Non-public data elements are available for research purposes only.

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

To request non-public data elements, contact:
Analytical Team
Green Mountain Care Board
144 State Street
Montpelier, VT 05620-1701
GMCB.DATA@vermont.gov
(802) 828-2906

(See next page for data elements)

Vermont Hospital Discharge Data Elements

Inpatient, Outpatient and Emergency Department Datasets

Attribute	Description	Public Use Data Element	Full Datasets		
			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 Year	--	N	Y	Y	Y
Admission Source	Transfer, referral, newborn and court/law enforcement categories.	Y	Y	Y	Y
Admission Type	Emergency, urgent, elective, newborns, trauma.	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
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 (inpatient only).	N	Y	N	N
Charges	Total facility charges.	Y	Y	Y	Y
CCS Single Level Diagnosis Groups	Principal diagnosis collapsed into more than 260 categories.	Y	Y	Y	Y

Attribute	Description	Public Use Data Element	Full Datasets		
			Inpatient Dataset	Outpatient Dataset	Emergency Department Dataset
CCS High Level Diagnosis Groups	CCS single level diagnosis groups collapsed into 18 high level categories.	Y	Y	Y	Y
CCS Single Level Procedure Groups	Principal procedure collapsed into 231 categories.	Y	Y	Y	Y
CCS High Level Procedure Groups	CCS single level procedure groups collapsed into 17 high level categories.	Y	Y	Y	Y
County-Town Code	Patient county and town of residence with first two digits representing the county and the second two digits the town.	N	Y	Y	Y
Critical Access Hospital	Coded for VT hospitals only	Y	Y	Y	Y
Date of Birth	--	N	Y	Y	Y
Diagnosis at Admission	ICD-9-CM or ICD-10-CM diagnosis code.	Y	Y	Y	Y
Diagnosis Related Group (DRG)	Medicare classification system that groups inpatient discharges into more than 700 categories based on diagnosis, type of treatment, age and other relevant criteria.	Y	Y	N	N
Discharge Date	--	N	Y	Y	Y
Discharge Quarter	--	Y	Y	Y	Y
Discharge Year	--	Y	Y	Y	Y
Discharge Status	Categories indicating destination and type of services required at time of discharge, left against medical advice, or death.	Y	Y	Y	Y
Ecode1 – Ecode3	Code for external causes of injury and poisoning; primary Ecode and two secondary Ecodes appear in these fields, and additional secondary Ecodes may be entered as secondary diagnoses.	Y	Y	Y	Y

Attribute	Description	Public Use Data Element	Full Datasets		
			Inpatient Dataset	Outpatient Dataset	Emergency Department Dataset
Emergency Department Flag	Set to 1 if record has an associated revenue code of 45x, Emergency Room.	Y	Y	Y	Y
Grouper	Grouper version used to assign DRG and MDC.	Y	Y	N	N
Hospital	--	Y	Y	Y	Y
Hospital Service Area	Defined by the geographically distinct population of Vermont residents who are highly dependent on a hospital or group of hospitals.	Y	Y	Y	Y
Major Diagnostic Category (MDC)	An aggregation of inpatient DRGs (see definition of DRGs above) into 25 groups that define major body systems.	Y	Y	N	N
Observation Bed Flag	Set to 1 if record has an associated revenue code of 760 or 762, Observation Bed.	Y	Y	Y	Y
Other Physician 1 & 2	Hospital-specific code for other physicians performing procedures.	N	Y	Y	Y
Patient Days	Length of stay.	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
Principal Diagnosis and Up to 19 Secondary Diagnoses	ICD-9-CM (prior to 10/1/2015) or ICD-10-CM diagnosis code.	Y	Y	Y	Y
Principal Procedure and Up to 19 Secondary Procedures	ICD-9-CM or ICD-10-PCS procedure code (all inpatients, and outpatients prior to 7/1/2014).	Y	Y	Y	Y

Attribute	Description	Public Use Data Element	Full Datasets		
			Inpatient Dataset	Outpatient Dataset	Emergency Department Dataset
Race	--	N	Y	Y	Y
Readmission indicator	Any patient readmitted to the same hospital within 30 days.	N	Y	N	N
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
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 population over 10,000 in Vermont and combined zips in other states.	Y	Y	Y	Y
Zip Town Code	Groups of towns that share ZIP code(s)	N	Y	Y	Y
Unique ID	Unique number assigned to an event to link the event to its associated revenue records.	Y	Y	Y	Y

Revenue Dataset

Field	Description	Public Use Files	Revenue Files
Bill Type	Bill type as designated by the hospital.	Y	Y
CCS HCPCS/CPT Single Level Group	HCPCS/CPT code on this record collapsed into 231 categories.	Y	Y
CCS HCPCS/CPT High Level Group	CCS HCPCS/CPT code on this record single level group collapsed into 17 high level categories.	Y	Y
Discharge Date	--	N	Y
Discharge Quarter	--	Y	Y
Discharge Year	--	Y	Y
ERFLAG	Set to 1 if record has revenue code of 45x, Emergency Room.	N	Y
HCPCS/CPT	HCPCS/CPT code on this revenue record.	Y	Y
HCPCS Modifier 1	Modifier 1 for this revenue record's HCPCS/CPT code.	N	Y
HCPCS Modifier 2	Modifier 2 for this revenue record's HCPCS/CPT code.	N	Y
HCPCS Modifier 3	Modifier 3 for this revenue record's HCPCS/CPT code.	N	Y
HCPCS Modifier 4	Modifier 4 for this revenue record's HCPCS/CPT code.	N	Y
HCPCS Modifier 5	Modifier 5 for this revenue record's HCPCS/CPT code.	N	Y
Hospital	--	Y	Y
OBSFLAG	Set to 1 if record has revenue code of 760, Observation Bed.	N	Y
PCCR	Primary Cost Center for this record's revenue code.	Y	Y
Primary CPT Flag	Flag to indicate that this record's HCPCS/CPT code is the event's primary CPT (as of 7/1/2014).	Y	Y

Revenue Charge	Charge for this record's revenue code.	Y	Y
Revenue Code	This record's revenue code.	Y	Y
Revenue Date	The date for this record's revenue code.	N	Y
Revenue Units	Number of revenue units for this record's revenue code.	Y	Y
RVU value	Relative Value Units assigned to this record's HCPCS/CPT code, used to calculate the event's primary HCPCS/CPT.	N	Y
Unique ID	Unique number assigned to an event to link the event to its associated revenue records.	Y	Y