



UTAH
AMBULATORY
SURGERY
DATABASE

2007
PUBLIC - USE DATA FILE
USER MANUAL

Version I
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UTAH HEALTH DATA COMMITTEE
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UTAH DEPARTMENT OF HEALTH

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INTRODUCTION

Utah Health Data Committee

The Utah Health Data Committee, composed of 13 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Ambulatory Surgery Database.

Utah Ambulatory Surgery Database

Administrative Rule R428.11 became effective in March, 1998, mandating that all Utah licensed hospital and freestanding ambulatory surgical facilities shall report information on selected ambulatory surgeries, beginning with January 1, 1996. The database contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each visit for a selected subset of ambulatory surgical procedures. Sixty-two Utah ambulatory surgical facilities submitted data in 2007. Coral Desert Surgical Center, Milford Valley Memorial Hospital and Salt Lake Endoscopy Center submitted no ambulatory surgery data in 2007. **Provo Surgical Center and Park City Surgery Center closed in 2006. Starting with the 2005 Database we are including fields from the 3M Ambulatory Patient Groups software (V2.1) including procedure APG, procedure APG type and procedure APG category corresponding to any reported CPT-4 procedure. The current reporting by the FASCs is dramatically incomplete and caution should be used when trying to perform market level comparisons with this data. In this year 17, out of 35 possible, FASCs are not reporting. Efforts will be made over the next year or two to improve this reporting.**

Selected Ambulatory Surgeries Reported in Utah

Only the following CPT-4 (Current Procedural Terminology) or ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification) surgical procedure codes are reported, whether or not they are the principal procedure:

TYPES OF SURGICAL SERVICES SUBMITTED IF PERFORMED IN OPERATING OR PROCEDURE ROOM

<u>DESCRIPTION</u>	<u>CPT-4 CODES</u>	<u>ICD-9-CM PROCEDURE CODES</u>
Mastectomy	19120-19220	85.0-85.99
Musculoskeletal	20000-29909	76.0-84.99
Respiratory	30000-32999	30.0-34.99
Cardiovascular*	33010-37799	35.0-39.99
Lymphatic/Hematic	38100-38999	40.0-41.99
Digestive System*	40490-49999	42.0-54.99
Urinary	50010-53899	55.0-59.99
Male Genital	54000-55899	60.0-64.99
Female Genital	56405-58999	65.0-71.99
Endocrine/Nervous	60000-64999	01.0-07.99
Eye	65091-68889	08.0-16.99

Ear	69000-69979	18.0-20.99
Nose, Mouth, Pharynx	CPT Codes in Musculoskeletal & Respiratory	21.0-29.99
Heart Catheterization	93501-93660	ICD-9 Codes in Cardiovascular

* See Notes on page 3 for exceptions added to the CPT-4 list.

Public-Use Data Files (PDF)

The Ambulatory Surgery Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Health Care Statistics without further review.

Two different public data files are released for 2007 ambulatory surgery data (see page 5 for data elements and file descriptions).

Data Processing and Quality

Data submission: The Health Data Plan provides data element definitions to ensure all hospitals will report similar data. The Office of Health Care Statistics receives discharge data quarterly from ambulatory surgical facilities in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

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

Missing Values: When dealing with unknown values, it is important to distinguish between *systematic* omission by the facility (e.g., for facilities that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the facility unusable), and *non-systematic* omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by facility for each data element to be used. The user is likewise advised to examine the number of observations by facility by quarter to judge if a facility under-reported for a given quarter, which occasionally happens due to data processing problems experienced by a facility.

Patient Confidentiality

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient age and payers are grouped. Utah residential zip codes with less than 30 visits in a calendar year are grouped into county abbreviations, and outside Utah zip codes with less than 30 visits are grouped in state abbreviations.

Agreement to Protect Patient Confidentiality

The data collected by the Utah Health Data Committee may be used only for the purpose of health statistical reporting and analysis or as specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

Notes on the 2007 Ambulatory Surgery Data

This is the twelfth year of statewide reporting of ambulatory surgery data in the state of Utah. Data suppliers' information systems vary considerably, as do data formats. Facility-to-facility comparisons are not encouraged for the first four years of data. Comparing hospital-based to freestanding surgery center facilities are especially challenging due to the differences in billing practice and general operations. Coding practices and formats are evolving over time as the data suppliers adapt to this new statewide reporting requirement.

The data are collected from two types of facilities: hospital-based ambulatory surgery centers (hospitals) and freestanding ambulatory surgery centers (FASCs.) These facilities varied in their reporting of procedure codes in 2007. Most hospital-based surgery centers reported both ICD9 and CPT4 procedure codes, while most freestanding ambulatory surgery centers report CPT4 procedure codes. There is no effective "crosswalk" tool to translate or compare these two procedure coding methods. Therefore, the user will have to be careful in how these data are used. Administrative Rule R428-11 was revised to require reporting of both ICD9 and CPT4 procedure codes starting with the surgeries performed in 1998.

The data include a variable which indicates whether each data record contains only ICD9 codes, only CPT4 codes, or both. The data analyst will find it helpful to compute a cross-tabulation table of facility by this variable (Provider Identifier by Procedure Code Type).

For procedure codes, there is no CPT code that can be used as a PRIMARY procedure code unless it is the only CPT code in a record or if all CPT codes reported on a single record are the same.

The CPT-4 and ICD-9 Procedure Code List found in the Types of Surgical Services Submitted table on page 1 is used as inclusion criteria for this data. Additional non-ambulatory codes that may be submitted are included in this database prior to 2005 but are not comparable across facilities because they are not submitted uniformly. Any analysis and reporting of this data should be limited to comparable ambulatory codes on this Procedure Code List. **Starting with 2005, we have attempted to only include procedures found in the Procedure Code list except as noted below. In addition we have added additional 3M Ambulatory Procedure Groups fields that may aid in analysis. The procedure APG type of "01=Significant Procedure" can be used as a guide to help determine which CPT-4 procedures are truly surgical/diagnostic in the database.**

Starting with 2005, the Blood Draw related CPT-4 codes "36000", "36415", and "36600" were removed from the inclusion criteria and are not considered Cardiovascular procedures. In addition, the temporary HCPCS Level II Colorectal cancer screening colonoscopy codes "G0104", "G0105", "G0106", "G0120", and "G0121" were added to the list for the Digestive System procedures and are retained in the database if reported.

Data Format

Standard format for the public data file is fixed ASCII code on a CD-Rom. Requests for other formats, such as a SAS data set, will be considered.

Citation

Any statistical reporting or analysis based on the data shall cite the source as the following:

Utah Ambulatory Surgical Data File (2007). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2009.

Redistribution:

Users shall not redistribute the Utah Ambulatory Surgical Data File in its original format. Users shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

FILE LAYOUT

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2007.1)

	DATA ELEMENT	TYPE*	WIDTH	POSITION**		EXAMPLE VALUES	Pg
				From	To		
1	Provider identifier (hospital)	Char	3	1 - 3		101, 102, ...	9
2	Patient's age (in categories)	Num	3	4 - 6		0,1,...,21	11
3	Patient's gender	Char	1	7 - 7		M,F	12
4	Source of admission	Char	1	8 - 8		1,2,...,9,A-F	12
5	Patient's discharge status	Char	2	9 - 10		01,02,...	13
6	Patient's postal zip code	Char	5	11 - 15		84000, AZ	13
7	Patient's residential county	Num	3	16 - 18		1,2,...	16
8	Patient cross-county migration	Char	1	19 - 19		Y,N	18
9	< blank >		1	20 - 20			
10	Principal diagnosis code	Char	5	21 - 25		8180,81513	18
11	Secondary diagnosis code 1	Char	5	26 - 30		8180,81513	18
12	Secondary diagnosis code 2	Char	5	31 - 35		8180,81513	18
13	Secondary diagnosis code 3	Char	5	36 - 40		8180,81513	18
14	Secondary diagnosis code 4	Char	5	41 - 45		8180,81513	18
15	Procedure 1 as CPT	Char	9	46 - 54		56399, 38100	19
16	Procedure 2 as CPT	Char	9	55 - 63		56399, 38100	19
17	Procedure 3 as CPT	Char	9	64 - 72		56399, 38100	19
18	Procedure code type	Num	3	73 - 75		0,1,2	19
19	Total charge	Num	10	76 - 85		498.68	20
20	Primary payer category	Char	2	86 - 87		01,02,...	20
21	Secondary payer category	Char	2	88 - 89		01,02,...	20
22	Tertiary payer category	Char	2	90 - 91		01,02,...	20
23	< blank >		3	92 - 94			
24	Discharge quarter	Char	1	95 - 95		1,2,3,4	20
25	Record ID number	Num	10	96 - 105		27000010	20
26	Secondary diagnosis code 5	Char	5	106 - 110		8180,81513	18
27	Secondary diagnosis code 6	Char	5	111 - 115		8180,81513	18
28	Secondary diagnosis code 7	Char	5	116 - 120		8180,81513	18
29	Secondary diagnosis code 8	Char	5	121 - 125		8180,81513	18
30	Procedure 4 as CPT	Char	9	126 - 134		56399, 38100	19
31	Procedure 5 as CPT	Char	9	135 - 143		56399, 38100	19
32	Procedure 6 as CPT	Char	9	144 - 152		56399, 38100	19
33	1st procedure category	Num	2	153 - 154		0,1,2,...	21
34	2nd procedure category	Num	2	155 - 156		0,1,2,...	21
35	3rd procedure category	Num	2	157 - 158		0,1,2,...	21
36	4th procedure category	Num	2	159 - 160		0,1,2,...	21
37	5th procedure category	Num	2	161 - 162		0,1,2,...	21
38	6th procedure category	Num	2	163 - 164		0,1,2,...	21
39	Procedure 1 as ICD9	Char	4	165 - 168		480,9711	19
40	Procedure 2 as ICD9	Char	4	169 - 172		480,9711	19
41	Procedure 3 as ICD9	Char	4	173 - 176		480,9711	19
42	Procedure 4 as ICD9	Char	4	177 - 180		480,9711	19
43	Procedure 5 as ICD9	Char	4	181 - 184		480,9711	19
44	Procedure 6 as ICD9	Char	4	185 - 188		480,9711	19

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2007.1) cont'd

	DATA ELEMENT	TYPE*	WIDTH	POSITION**		EXAMPLE VALUES	Pg
				From	To		
45	Procedure APG 1	Char	3	189	191	000,001,...,999	22
46	Procedure APG 2	Char	3	192	194	000,001,...,999	22
47	Procedure APG 3	Char	3	195	197	000,001,...,999	22
48	Procedure APG 4	Char	3	198	200	000,001,...,999	22
49	Procedure APG 5	Char	3	201	203	000,001,...,999	22
50	Procedure APG 6	Char	3	204	206	000,001,...,999	22
51	Procedure APG Type 1	Char	2	207	208	01,02,...,12	28
52	Procedure APG Type 2	Char	2	209	210	01,02,...,12	28
53	Procedure APG Type 3	Char	2	211	212	01,02,...,12	28
54	Procedure APG Type 4	Char	2	213	214	01,02,...,12	28
55	Procedure APG Type 5	Char	2	215	216	01,02,...,12	28
56	Procedure APG Type 6	Char	2	217	218	01,02,...,12	28
57	Procedure APG Category 1	Char	2	219	220	01,02,...,46	28
58	Procedure APG Category 2	Char	2	221	222	01,02,...,46	28
59	Procedure APG Category 3	Char	2	223	224	01,02,...,46	28
60	Procedure APG Category 4	Char	2	225	226	01,02,...,46	28
61	Procedure APG Category 5	Char	2	227	228	01,02,...,46	28
62	Procedure APG Category 6	Char	2	229	230	01,02,...,46	28

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

RECORD LAYOUT OF PUBLIC USE DATA FILE III (2007.3)

	DATA ELEMENT	TYPE*	WIDTH	POSITION**		EXAMPLE VALUES	Pg
				From	To		
1	Provider identifier (hospital)	Char	3	1	3	101, 102, ...	9
2	Patient's age (in categories)	Num	3	4	6	0,1,...,21	11
3	Patient's gender	Char	1	7	7	M,F	12
4	Patient's discharge status	Char	2	8	9	01,02,...	13
5	Patient's residential county	Num	3	10	12	1,2,...	16
6	Principal diagnosis code	Char	5	13	17	8180,81513	18
7	Procedure 1 as CPT	Char	9	18	26	56399,38100	19
8	Procedure 2 as CPT	Char	9	27	35	56399,38100	19
9	Procedure 3 as CPT	Char	9	36	44	56399,38100	19
10	Procedure code type	Num	3	45	47	0,1,2	19
11	Total charge	Num	10	48	57	498.68	20
12	Primary payer category	Char	2	58	59	01,02,...	20
13	Record ID number	Num	10	60	69	27000010	20
14	1st procedure category	Num	2	70	71	0,1,2,...	21
15	2nd procedure category	Num	2	72	73	0,1,2,...	21
16	3rd procedure category	Num	2	74	75	0,1,2,...	21
17	Procedure 1 as ICD9	Char	4	76	79	480,9711	19
18	Procedure 2 as ICD9	Char	4	80	83	480,9711	19
19	Procedure 3 as ICD9	Char	4	84	87	480,9711	19

*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

**Column position (if data requested as ASCII file)

DESCRIPTION OF DATA ELEMENTS

Provider Identifier (see Appendix A for alphabetized facility characteristics)

Facility from which patient was discharged (facility name in 2007)

- 101 = BEAVER VALLEY HOSPITAL
- 102 = MILFORD VALLEY MEMORIAL HOSPITAL - CAH (no ambulatory surgery patients discharged in 2007)
- 103 = BRIGHAM CITY COMMUNITY HOSPITAL
- 104 = BEAR RIVER VALLEY HOSPITAL
- 105 = LOGAN REGIONAL HOSPITAL
- 106 = CASTLEVIEW HOSPITAL
- 107 = LAKEVIEW HOSPITAL
- 108 = DAVIS HOSPITAL & MEDICAL CENTER
- 109 = UTAH BASIN MEDICAL CENTER
- 110 = GARFIELD MEMORIAL HOSPITAL
- 111 = ALLEN MEMORIAL HOSPITAL - CAH
- 112 = VALLEY VIEW MEDICAL CENTER
- 113 = CENTRAL VALLEY MEDICAL CENTER - CAH
- 114 = KANE COUNTY HOSPITAL
- 115 = FILLMORE COMMUNITY MEDICAL CENTER - CAH
- 116 = DELTA COMMUNITY MEDICAL CENTER - CAH
- 117 = JORDAN VALLEY MEDICAL CENTER
- 118 = ALTA VIEW HOSPITAL
- 119 = COTTONWOOD HOSPITAL MEDICAL CENTER (closed 4th quarter 2007)
- 120 = SALT LAKE REGIONAL MEDICAL CENTER
- 121 = LDS HOSPITAL
- 122 = PRIMARY CHILDREN'S MEDICAL CENTER
- 124 = ST. MARK'S HOSPITAL
- 125 = UNIVERSITY HEALTH CARE/UNIVERSITY HOSPITALS & CLINICS
- 126 = PIONEER VALLEY HOSPITAL
- 128 = SAN JUAN COUNTY HOSPITAL - CAH
- 129 = GUNNISON VALLEY HOSPITAL - CAH
- 130 = SANPETE VALLEY HOSPITAL - CAH
- 132 = SEVIER VALLEY MEDICAL CENTER
- 133 = MOUNTAIN WEST MEDICAL CENTER (formerly TOOELE VALLEY REGIONAL MEDICAL CENTER)
- 134 = ASHLEY REGIONAL MEDICAL CENTER
- 135 = OREM COMMUNITY HOSPITAL
- 136 = AMERICAN FORK HOSPITAL
- 137 = MOUNTAIN VIEW HOSPITAL
- 138 = UTAH VALLEY REGIONAL MEDICAL CENTER
- 139 = HEBER VALLEY MEDICAL CENTER - CAH (beginning Nov 99)
- 140 = DIXIE REGIONAL MEDICAL CENTER
- 141 = MCKAY-DEE HOSPITAL CENTER
- 142 = OGDEN REGIONAL MEDICAL CENTER
- 144 = TIMPANOGOS REGIONAL HOSPITAL
- 145 = CACHE VALLEY SPECIALTY HOSPITAL (opened 4th quarter 2000)
- 146 = INTERMOUNTAIN MEDICAL CENTER (opened 4th quarter 2007)
- 307 = THE ORTHOPEDIC SPECIALTY HOSPITAL
- 309 = UNIVERSITY OF UTAH ORTHOPAEDIC CENTER
- 310 = UNIVERSITY OF UTAH HUNTSMAN CANCER HOSPITAL
- 401 = CENTRAL UTAH SURGICAL CENTER
- 403 = INTERMOUNTAIN SURGICAL CENTER
- 404 = MCKAY-DEE SURGICAL CENTER
- 405 = PROVO SURGICAL CENTER (closed end 2006)
- 406 = SALT LAKE ENDOSCOPY CENTER
- 407 = SALT LAKE SURGICAL CENTER

- 408 = ST. GEORGE SURGICAL CENTER
- 409 = ST. MARK'S OUTPATIENT SURGICAL CENTER
- 410 = SURGICARE CENTER OF UTAH
2nd floor (surgical floor) of The Eye Institute of Utah
- 411 = WASATCH ENDOSCOPY CENTER
- 412 = MADSEN SURGERY CENTER (Formerly WASATCH SURGERY CENTER)
- 413 = WESTERN MEDICAL SURGICAL CENTER
(Beginning 4th quarter 2000, in the west wing of Cache Valley Specialty Hospital)
- 414 = MOUNT OGDEN SURGICAL CENTER
- 415 = DAVIS SURGICAL CENTER
- 416 = MORAN EYE CENTER
- 417 = SOUTH TOWNE SURGICAL CENTER
- 418 = PARK CITY SURGICAL CENTER (closed in spring 2006)
- 419 = NORTHERN UTAH ENDOSCOPY CENTER
- 420 = RIDGELINE ENDOSCOPY CENTER
- 421 = ZION EYE INSTITUTE
- 422 = UTAH SURGICAL CENTER
- 423 = CORAL DESERT SURGERY CENTER
- 424 = MOUNTAIN WEST SURGICAL CENTER

Patient's Age (as of last birthday) at the Date of Discharge

- 0 = 1 - 28 days
- 1 = 29 -365 days
- 2 = 1 - 4 years
- 3 = 5 - 9
- 4 = 10 - 14
- 5 = 15 - 17
- 6 = 18 - 19
- 7 = 20 - 24
- 8 = 25 - 29
- 9 = 30 - 34
- 10 = 35 - 39
- 11 = 40 - 44
- 12 = 45 - 49
- 13 = 50 - 54
- 14 = 55 - 59
- 15 = 60 - 64
- 16 = 65 - 69
- 17 = 70 - 74
- 18 = 75 - 79
- 19 = 80 - 84
- 20 = 85 - 89
- 21 = 90 +
- 99 = Unknown
- blank = Not reported

Patient's Gender

M = Male
F = Female
U = Unknown
Blank = Not reported

Source of Admission

- 1 = Physician Referral
The patient was admitted to this facility upon the recommendation of his or her personal physician. (See code 3 if the physician has an HMO affiliation.)
- 2 = Clinic Referral
The patient was admitted to this facility upon recommendation of this facility's clinic physician.
- 3 = HMO referral
The patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.
- 4 = Transfer from a hospital
The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.
- 5 = Transfer from a skilled nursing facility
The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
- 6 = Transfer from another health care facility
The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility.
- 7 = Emergency Department
The patient was admitted to this facility upon the recommendation of this facility's Emergency Department physician.
- 8 = Court/Law enforcement
The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
- 9 = Information not available
The means by which the patient was admitted to this hospital is not known.
- Blank = Not reported
- A = Transfer from a Critical Access Hospital
B = Transfer from another HHA
C = Readmission to same HHA
D = Transfer from hospital inpatient in same facility
E = Transfer from Ambulatory Surgery Center
F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program

Patient's Discharge Status

- 01 = Discharge to home or self care, routine discharge
- 02 = Discharge/transferred to another short-term general hospital
- 03 = Discharge/transferred to skilled nursing facility
- 04 = Discharge/transferred to an intermediate care facility
- 05 = Discharged/transferred to another type of institution
- 06 = Discharge/transferred to home under care of organized home health service organization
- 07 = Left against medical advice
- 08 = Discharged/transferred to home under care of a home IV provider
- 20 = Expired
- 40 = Expired at home
- 41 = Expired in a medial facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
- 42 = Expired - place unknown
- 43 = Discharged to federal facility
- 50 = Discharged/transferred to hospice - home
- 51 = Discharged/transferred to hospice – medical facility
- 61 = Discharged/transferred within institution to hospital based Medicare swing bed
- 62 = Discharged/transferred to another rehab facility including distinct part units in hospital
- 63 = Discharged/transferred to a long term care hospital
- 64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 = Discharged/transferred to a psychiatric facility
- 66 = Discharged/transferred to a Critical Access Hospital
- 71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)
- 72 = Discharged/transferred/referred to this institution for outpatient services (as per plan of care)
- 09 = Unknown
- Blank = Not reported

Patient's Residential Postal Zip Code

- 84000-84799 = Zip codes in Utah
- 4444=Homeless (word homeless or homeless code of ZZZZZ given as address)
- 5555=Unknown Utah (Unknown/invalid zip code with Utah address)
(Note: If the city is present in the address but the zip code is not, the zip code variable is coded as -5555 while the county variable is coded with the actual county identifier)
- 8888=Unknown (completely missing address information)
- 9999=Outside U.S.A. (foreign address)

Helpful Hint: A quick way to identify the city associated with a zip code is to use the United States Postal Service website:
http://www.usps.gov/ncsc/lookups/lookup_ctyzip.html

If less than 30 encounters occurred for a Utah zip code area, this zip code was mapped into the county code:

Beave = Beaver

BoxEl = Box Elder
Cache = Cache
Carbo = Carbon
Dagge = Daggett
Davis = Davis
Duche = Duchesne
Emery = Emery
Garfi = Garfield
Iron = Iron
Milla = Millard
Morga = Morgan
MulCo = Multi-county (no longer used)
Piute = Piute
Rich = Rich
SaltL = Salt Lake
SanJu = San Juan
Sanpe = Sanpete
Sevie = Sevier
Summi = Summit
Tooel = Tooele
Uinta = Uintah
Washi = Washington
Wayne = Wayne
Weber = Weber

If less than 30 encounters occurred for a non-Utah zip code area, this zip code was mapped into the state code:

AL = ALABAMA
AK = ALASKA
AZ = ARIZONA
AR = ARKANSAS
CA = CALIFORNIA
CO = COLORADO
CT = CONNECTICUT
DE = DELAWARE
DC = DISTRICT OF COLUMBIA
FL = FLORIDA
GA = GEORGIA
HI = HAWAII
ID = IDAHO
IL = ILLINOIS
IN = INDIANA
IA = IOWA
KS = KANSAS
KY = KENTUCKY
LA = LOUISIANA
ME = MAINE
MD = MARYLAND
MA = MASSACHUSETTS
MI = MICHIGAN
MN = MINNESOTA
MS = MISSISSIPPI
MO = MISSOURI
MT = MONTANA

NE = NEBRASKA
NV = NEVADA
NH = NEW HAMPSHIRE
NJ = NEW JERSEY
NM = NEW MEXICO
NY = NEW YORK
NC = NORTH CAROLINA
ND = NORTH DAKOTA
OH = OHIO
OK = OKLAHOMA
OR = OREGON
PA = PENNSYLVANIA
RI = RHODE ISLAND
SC = SOUTH CAROLINA
SD = SOUTH DAKOTA
TN = TENNESSEE
TX = TEXAS
UT = UTAH
VT = VERMONT
VA = VIRGINIA
WA = WASHINGTON
WV = WEST VIRGINIA
WI = WISCONSIN
WY = WYOMING
PR = PUERTO RICO
GU = GUAM

Patient's Residential County

- 1= Box Elder
- 2= Cache
- 3= Rich
- 4= Morgan
- 5= Weber
- 6= Davis
- 7= Salt Lake
- 8= Summit
- 9= Tooele
- 10= Utah
- 11= Wasatch
- 12= Daggett
- 13= Duchesne
- 14= Uintah
- 15= Juab
- 16= Millard
- 18= Sanpete
- 17= Piute
- 19= Sevier
- 20= Wayne
- 21= Carbon
- 22= Emery
- 23= Grand
- 24= San Juan
- 25= Beaver
- 26= Garfield
- 27= Iron
- 28= Kane
- 29= Washington
- 30= Multi-County (used in earlier versions of data set--the category has been eliminated)
- 44= Homeless (word "homeless" or homeless code of ZZZZZ given as address)
- 55= Unknown Utah (unknown city & zip but "Utah" or in address or invalid zip code beginning with 84)
- 77= Outside Utah (but in U.S.A.)
- 88= Unknown (completely missing address information)
- 99= Outside U.S.A. (foreign address)

Suggested Division of Local Areas

The data analyst might find one of the following three grouping schemes useful for combining data according to patient county of residence:

Definition	County Code (see above)
1. Urban vs. Rural	
Urban Areas	5, 6, 7, 10
Rural Areas	1-4, 8-9, 11-29
Exclude from analysis	30, 44, 55, 77, 88, 99
2. Wasatch Front Area	
Yes	5, 6, 7, 10
No	1-4, 8-9, 11-29
Exclude from analysis	30, 44, 55, 77, 88, 99
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4-5
Davis County	6
Salt Lake County	7
Summit County	8
Tooele County	9
Utah County	10
Wasatch County	11
Uintah Basin (TriCounty)	12-14
Central Utah	15-20
Southeastern Utah	21-24
Southwest Utah	25-29

Patient's Cross-County Migration Status

hospital in different county than patient residence

Y = Yes (includes out-of-state, foreign, homeless, out-of-county)

N = No (from same county)

U = Unknown (includes unknown and unknown but Utah residence)

Principal Diagnosis Code

The first four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

ICD-9-CM E-Codes and V-Codes might also be found in this field.

The ICD-9-CM diagnosis codes, as well as the E-Codes and V-Codes can be looked up on the Internet at Yaki Technologies' Website www.eicd.com/eicdmain.htm .

Secondary Diagnosis Code 1 ... Secondary Diagnosis Code 8

Definition is the same as Principal Diagnosis Code.

Procedure Code Type

- 0 = ICD-9-CM codes only were reported by the hospital
- 1 = CPT-4 codes only were reported by the hospital
- 2 = Both ICD-9-CM and CPT-4 codes were reported by the hospital

Procedure Code 1 as CPT

The five digits of CPT-4 code, followed by optional numeric or character qualifiers. Refer to *Physicians Procedure Current Terminology* for description.

Blank = Not reported

Procedure Code 2 as CPT ... Procedure Code 6 as CPT

Definition same as Procedure Code 1 as CPT.

Procedure Code 1 as ICD9

The four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an “implied” decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

Procedure Code 2 as ICD9 ... Procedure Code 6 as ICD9

Definition same as Procedure Code 1 as ICD9.

Total Charge

Total dollars and cents amount charged for the visit (with 2 decimal digits).

blank = Not Reported

Primary Payer Category

01 = Medicare
02 = Medicaid
03 = Other government
04 = Blue Cross/Blue Shield
05 = Other commercial (not BC/BS)
06 = Managed care
07 = Self pay
08 = Industrial and worker's compensation
09 = Charity/Unclassified
10 = Unknown
13 = CHIP (Children's Health Insurance Plan)
Blank = Not reported

Secondary Payer Category, Tertiary Payer Category

Descriptions are the same as primary payer category.

Discharge Quarter

1 = First Quarter (January 1 to March 31)
2 = Second Quarter (April 1 to June 30)
3 = Third Quarter (July 1 to September 30)
4 = Fourth Quarter (October 1 to December 31)

Record ID Number

A unique number for each visit, which is also unique across all years that ambulatory surgery data are available.

First Procedure Category

Broad category for first procedure.

These categories match the required ambulatory surgical procedure reporting categories, based on procedure code ranges (see page 1). These categories are very broad, and so they may not produce a meaningful summary of the data for many analytic purposes.

- 0 = No match for Procedure Category
- 1 = Musculoskeletal
- 2 = Respiratory
- 3 = Cardiovascular
- 4 = Lymphatic/Hematic
- 5 = Diaphragm
- 6 = Digestive System
- 7 = Urinary
- 8 = Male Genital
- 9 = Laparoscopy
- 10= Female Genital
- 11= Endocrine/Nervous
- 12= Eye
- 13= Ear
- 14= Nose, Mouth, Pharynx
- 15= Mastectomy

Second Procedure Category ... Sixth Procedure Category

Broad category for 2nd through 6th procedures.

Categories are same as first procedure category shown above.

First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG

000 = CODES WHICH ARE NOT USED IN/BY THE APG SYSTEM
001 = PHOTOCHEMOTHERAPY
002 = SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION
003 = COMPLEX INCISION AND DRAINAGE
004 = SIMPLE INCISION AND DRAINAGE
005 = NAIL PROCEDURES
006 = SIMPLE DEBRIDEMENT AND DESTRUCTION
007 = COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT
008 = SIMPLE EXCISION AND BIOPSY
009 = COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE
010 = SIMPLE SKIN REPAIR
011 = SIMPLE INCISION AND EXCISION OF BREAST
012 = BREAST RECONSTRUCTION AND MASTECTOMY
021 = COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
022 = SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
023 = COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES
024 = SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES
025 = ARTHROSCOPY
026 = REPLACEMENT OF CAST
027 = SPLINT, STRAPPING AND CAST REMOVAL
028 = CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK
029 = CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK
030 = OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES
031 = BONE OR JOINT MANIPULATION UNDER ANESTHESIA
032 = BUNION PROCEDURES
033 = ARTHROPLASTY
034 = HAND AND FOOT TENOTOMY
035 = ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION
051 = PULMONARY TESTS
052 = NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION
053 = COMPLEX ENDOSCOPY OF THE UPPER AIRWAY
054 = SIMPLE ENDOSCOPY OF THE UPPER AIRWAY
055 = ENDOSCOPY OF THE LOWER AIRWAY
057 = RESPIRATORY THERAPY
071 = EXERCISE TOLERANCE TESTS
072 = ECHOCARDIOGRAPHY
073 = PHONOCARDIOGRAM
074 = CARDIAC ELECTROPHYSIOLOGIC TESTS
075 = PLACEMENT OF TRANSVENOUS CATHETERS
076 = DIAGNOSTIC CARDIAC CATHETERIZATION
077 = ANGIOPLASTY AND TRANSCATHETER PROCEDURES
078 = PACEMAKER INSERTION AND REPLACEMENT
079 = REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE
080 = MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION
081 = SECONDARY VARICOSE VEINS AND VASCULAR INJECTION
082 = VASCULAR LIGATION
083 = RESUSCITATION AND CARDIOVERSION
084 = CARDIAC REHABILITATION
091 = CHEMOTHERAPY BY EXTENDED INFUSION
092 = CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION
093 = PHLEBOTOMY
094 = BLOOD AND BLOOD PRODUCT EXCHANGE

First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG

095 = DEEP LYMPH STRUCTURE AND THYROID PROCEDURES
096 = ALLERGY TESTS
097 = TRANSFUSION
111 = ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT
112 = ESOPHAGEAL DILATION WITHOUT ENDOSCOPY
113 = ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY
114 = PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY
115 = DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION
116 = THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION
117 = LOWER GASTROINTESTINAL ENDOSCOPY
118 = ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES
119 = HERNIA AND HYDROCELE PROCEDURES
120 = COMPLEX ANAL AND RECTAL PROCEDURES
121 = SIMPLE ANAL AND RECTAL PROCEDURES
122 = MISCELLANEOUS ABDOMINAL PROCEDURES
123 = COMPLEX LAPAROSCOPIC PROCEDURES
124 = SIMPLE LAPAROSCOPIC PROCEDURES
131 = RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
132 = SIMPLE URINARY STUDIES AND PROCEDURES
133 = URINARY CATHETERIZATION AND DILATATION
134 = COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY
135 = MODERATE CYSTOURETHROSCOPY
136 = SIMPLE CYSTOURETHROSCOPY
137 = COMPLEX URETHRAL PROCEDURES
138 = SIMPLE URETHRAL PROCEDURES
139 = HEMODIALYSIS
140 = PERITONEAL DIALYSIS
151 = TESTICULAR AND EPIDIDYMAL PROCEDURES
152 = INSERTION OF PENILE PROSTHESIS
153 = COMPLEX PENILE PROCEDURES
154 = SIMPLE PENILE PROCEDURES
155 = PROSTATE NEEDLE AND PUNCH BIOPSY
171 = ARTIFICIAL FERTILIZATION
172 = PROCEDURES FOR PREGNANCY AND NEONATAL CARE
173 = TREATMENT OF SPONTANEOUS ABORTION
174 = THERAPEUTIC ABORTION
175 = VAGINAL DELIVERY
176 = COMPLEX FEMALE REPRODUCTIVE PROCEDURES
177 = SIMPLE FEMALE REPRODUCTIVE PROCEDURES
178 = DILATION AND CURETTAGE
179 = HYSTEROSCOPY
180 = COLPOSCOPY
191 = EXTENDED EEG STUDIES
192 = ELECTROENCEPHALOGRAM
193 = ELECTROCONVULSIVE THERAPY
194 = NERVE AND MUSCLE TESTS
195 = NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP
196 = REVISION AND REMOVAL OF NEUROLOGICAL DEVICE
197 = NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION
198 = NERVE REPAIR AND DESTRUCTION
199 = SPINAL TAP
211 = MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES

First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG

212 = FITTING OF CONTACT LENSES
213 = LASER EYE PROCEDURES
214 = CATARACT PROCEDURES
215 = COMPLEX ANTERIOR SEGMENT EYE PROCEDURES
216 = MODERATE ANTERIOR SEGMENT EYE PROCEDURES
217 = SIMPLE ANTERIOR SEGMENT EYE PROCEDURES
218 = COMPLEX POSTERIOR SEGMENT EYE PROCEDURES
219 = SIMPLE POSTERIOR SEGMENT EYE PROCEDURES
220 = STRABISMUS AND MUSCLE EYE PROCEDURES
221 = COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE
222 = SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE
223 = VITRECTOMY
231 = COCHLEAR DEVICE IMPLANTATION
232 = OTORHINOLARYNGOLOGIC FUNCTION TESTS
233 = NASAL CAUTERIZATION AND PACKING
234 = COMPLEX FACIAL AND ENT PROCEDURES
235 = SIMPLE FACIAL AND ENT PROCEDURES
236 = TONSIL AND ADENOID PROCEDURES
237 = SIMPLE AUDIOMETRY
251 = THERAPEUTIC NUCLEAR MEDICINE
252 = RADIATION THERAPY AND HYPERTHERMIA
253 = VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY
254 = MYELOGRAPHY
255 = MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST
271 = OCCUPATIONAL THERAPY
272 = PHYSICAL THERAPY
273 = SPEECH THERAPY
281 = NEUROPSYCHOLOGICAL TESTING
282 = FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
283 = FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
284 = HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
285 = HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
286 = COUNSELING OR INDIVIDUAL BRIEF PSYCHOTHERAPY
287 = INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY
288 = FAMILY PSYCHOTHERAPY
289 = GROUP PSYCHOTHERAPY
301 = COMPLEX DIAGNOSTIC NUCLEAR MEDICINE
302 = INTERMEDIATE DIAGNOSTIC NUCLEAR MEDICINE
303 = SIMPLE DIAGNOSTIC NUCLEAR MEDICINE
304 = OBSTETRICAL ULTRASOUND
305 = DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL
306 = MAGNETIC RESONANCE IMAGING
307 = COMPUTERIZED AXIAL TOMOGRAPHY
308 = MAMMOGRAPHY
309 = DIGESTIVE RADIOLOGY
310 = PLAIN FILM
311 = THERAPEUTIC RADIATION TREATMENT PREPARATION
321 = ANESTHESIA
331 = COMPLEX PATHOLOGY
332 = SIMPLE PATHOLOGY
333 = PAP SMEARS
341 = BLOOD AND TISSUE TYPING

First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG

342 = COMPLEX IMMUNOLOGY TESTS
343 = SIMPLE IMMUNOLOGY TESTS
344 = COMPLEX MICROBIOLOGY TESTS
345 = SIMPLE MICROBIOLOGY TESTS
346 = COMPLEX ENDOCRINOLOGY TESTS
347 = SIMPLE ENDOCRINOLOGY TESTS
348 = COMPLEX CHEMISTRY TESTS
349 = SIMPLE CHEMISTRY TESTS
350 = BASIC CHEMISTRY TESTS
351 = MULTICHANNEL CHEMISTRY TESTS
352 = ORGAN OR DISEASE ORIENTED PANELS
353 = TOXICOLOGY TESTS
354 = THERAPEUTIC DRUG MONITORING
355 = COMPLEX CLOTTING TESTS
356 = SIMPLE CLOTTING TESTS
357 = COMPLEX HEMATOLOGY TESTS
358 = SIMPLE HEMATOLOGY TESTS
359 = URINALYSIS
360 = BLOOD AND URINE DIPSTICK TESTS
371 = SIMPLE PULMONARY FUNCTION TESTS
372 = INFUSION THERAPY EXCEPT CHEMOTHERAPY
373 = CARDIOGRAM
374 = COMPLEX IMMUNIZATION
375 = MODERATE IMMUNIZATION
376 = SIMPLE IMMUNIZATION AND ALLERGY IMMUNOTHERAPY
377 = MINOR REPRODUCTIVE PROCEDURES
378 = MINOR CARDIAC AND VASCULAR TESTS
379 = MINOR OPHTHALMOLOGICAL INJECTION, SCRAPING AND TESTS
380 = PACEMAKER ANALYSIS
381 = TUBE CHANGE
382 = PROVISION OF VISION AIDS
383 = INTRODUCTION OF NEEDLE AND CATHETER
384 = DRESSINGS AND OTHER MINOR PROCEDURES
385 = OTHER MISCELLANEOUS ANCILLARY PROCEDURES
386 = BIOFEEDBACK AND OTHER TRAINING
391 = CLASS ONE CHEMOTHERAPY DRUGS
392 = CLASS TWO CHEMOTHERAPY DRUGS
393 = CLASS THREE CHEMOTHERAPY DRUGS
394 = CLASS FOUR CHEMOTHERAPY DRUGS
395 = CLASS FIVE CHEMOTHERAPY DRUGS
411 = PSYCHOTROPIC MEDICATION MANAGEMENT
412 = ACTIVITY THERAPY
421 = INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT
422 = MEDICAL VISIT INDICATOR
431 = HEMATOLOGICAL MALIGNANCY
432 = PROSTATIC MALIGNANCY
433 = LUNG MALIGNANCY
434 = BREAST MALIGNANCIES
435 = GI MALIGNANCIES
436 = SKIN MALIGNANCY
437 = OTHER MALIGNANCIES
451 = POISONING

First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG

461 = HEAD AND SPINE INJURY
462 = MINOR SKIN AND SOFT TISSUE INJURIES EXCEPT BURNS
463 = SKIN AND SOFT TISSUE INJURIES EXCEPT BURNS
464 = FRACTURE, DISLOCATION AND SPRAIN
465 = BURNS
466 = OTHER INJURIES
481 = NEONATE AND CONGENITAL ANOMALY
491 = ROUTINE PRENATAL CARE
492 = MATERNAL ANTEPARTUM COMPLICATION
493 = ROUTINE POSTPARTUM CARE
494 = MATERNAL POSTPARTUM COMPLICATION
501 = COMPLEX INFECTIOUS DISEASE
502 = MISCELLANEOUS INFECTIOUS DISEASES
503 = INFECTIOUS DISEASES OF GENITAL ORGANS
511 = TIA, CVA AND OTHER CEREBROVASCULAR EVENTS
512 = HEADACHE
513 = EPILEPSY
514 = NON TRAUMATIC LOSS OF CONSCIOUSNESS
515 = OTHER DISEASES OF THE NERVOUS SYSTEM
531 = CATARACTS
532 = REFRACTION DISORDER
533 = CONJUNCTIVITIS AND OTHER SIMPLE EXTERNAL EYE INFLAMMATION
534 = EYE DISEASES EXCEPT CATARACT, REFRACTION DISORDER & CONJUNCTIVITIS
541 = DENTAL DISEASE
542 = INFLUENZA, URI AND ENT INFECTIONS
543 = HEARING LOSS
544 = OTHER COMPLEX EAR, NOSE, THROAT AND MOUTH DISEASES
545 = OTHER SIMPLE EAR, NOSE, THROAT AND MOUTH DISEASES
561 = EMPHYSEMA, CHRONIC BRONCHITIS, AND ASTHMA
562 = PNEUMONIA
563 = COMPLEX RESPIRATORY DIS EXC EMPHYSEMA, CHR BRONCHITIS & ASTHMA
564 = SIMPLE RESPIRATORY DIS EXC EMPHYSEMA, CHR BRONCHITIS & ASTHMA
571 = CONGESTIVE HEART FAILURE AND ISCHEMIC HEART DISEASE
572 = HYPERTENSION
573 = CHEST PAIN W CARDIAC ENZYMES TO RULE OUT MYOCARDIAL INFARCT
574 = CHEST PAIN WO CARDIAC ENZYMES TO RULE OUT MYOCARDIAL INFARCT
575 = SIMPLE CARDIOVASCULAR DIS EXC CHF, ISCHEMIC HEART DIS & HYPERTN
576 = COMPLEX CARDIOVASCULAR DIS EXC CHF, ISCHEMIC HEART DIS & HYPERTN
591 = NONINFECTIOUS GASTROENTERITIS
592 = ULCERS, GASTRITIS AND ESOPHAGITIS
593 = HEPATOBILIARY DISEASE
594 = HERNIA
595 = HEMORRHOIDS AND OTHER ANAL-RECTAL DISEASES
596 = OTHER COMPLEX GASTROINTESTINAL DISEASES
597 = OTHER SIMPLE GASTROINTESTINAL DISEASES
611 = MAJOR SIGNS, SYMPTOMS AND FINDINGS
621 = BACK DISORDERS
622 = COMPLEX MUSCULOSKELETAL DISEASES EXCEPT BACK DISORDERS
623 = SIMPLE MUSCULOSKELETAL DISEASES EXCEPT BACK DISORDERS
631 = DISEASE OF NAILS
632 = CHRONIC SKIN ULCER
633 = CELLULITIS, IMPETIGO AND LYMPHANGITIS

First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG

634 = BREAST DISEASES
635 = SKIN DISEASES
651 = DIABETES
652 = COMPLEX ENDOCRINE, NUTRIT & METABOLIC DIS EXC DIABETES & OBESITY
653 = SIMPLE ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE EXC DIABETES
654 = FLUID AND ELECTROLYTE DISORDERS
661 = URINARY TRACT INFECTION
662 = RENAL FAILURE
663 = COMPLEX URINARY DIS EXC URINARY TRACT INFECTN & RENAL FAILURE
664 = SIMPLE URINARY DIS EXC URINARY TRACT INFECTN & RENAL FAILURE
671 = BENIGN PROSTATIC HYPERTROPHY
672 = MALE REPRODUCTIVE DISEASES EXCEPT BENIGN PROSTATIC HYPERTROPHY
681 = GYNECOLOGIC DISEASES
691 = HIV INFECTION
692 = ANEMIA
693 = OTHER COMPLEX IMMUNOLOGIC AND HEMATOLOGIC DISEASE
694 = OTHER SIMPLE IMMUNOLOGIC AND HEMATOLOGIC DISEASE
701 = ADULT MEDICAL EXAMINATION
702 = WELL CHILD CARE
703 = CONTRACEPTION AND PROCREATIVE MANAGEMENT
704 = AFTERCARE
705 = NONSPECIFIC SIGNS & SYMPTOMS & OTH CONTACTS W HEALTH SVCS
721 = UNKNOWN CAUSE OF MORTALITY
992 = INVALID PROCEDURE CODE
993 = INPATIENT PROCEDURE
994 = AUTOPSY SERVICES
995 = NON COVERED CARE SETTINGS AND SERVICES
996 = INVALID RVDX CODE
997 = ECODE CANNOT BE USED AS RVDX
998 = UNACCEPTABLE RVDX, REQUIRES PROCEDURE
999 = UNGROUPABLE

First Procedure APG Type ... Sixth Procedure APG Type

01 = SIGNIFICANT PROCEDURE
02 = ANCILLARY PROCEDURE
03 = INCIDENTAL PROCEDURE
04 = MEDICAL VISIT INDICATOR
05 = MENTAL ILLNESS/SUB ABUSE THERAPY
06 = MENTAL ILLNESS/SUB ABUSE COUNSELING
07 = NOT VALID USED IN MAPGTYPE
08 = ALPHANUMERIC CPT WITH NO APG
09 = ERROR PAPG
10 = BATCH BILL APG
11 = STATE SPECIFIC APG ASSIGNED
12 = PERCENT OF CHARGE APG

First Procedure APG Category ... Sixth Procedure APG Category

01 = INTEGUMENTARY SYSTEM
02 = MUSCULOSKELETAL SYSTEM
03 = RESPIRATORY SYSTEM
04 = CARDIOVASCULAR SYSTEM
05 = HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE
06 = DIGESTIVE SYSTEM
07 = URINARY SYSTEM
08 = MALE GENITAL SYSTEM
09 = FEMALE GENITAL SYSTEM
10 = NERVOUS SYSTEM
11 = EYE AND OCULAR ADNEXA
12 = FACIAL, EAR, NOSE, MOUTH AND THROAT
13 = THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES
14 = PHYSICAL MEDICINE AND REHABILITATION
15 = MENTAL ILLNESS AND OTHER SUBSTANCE ABUSE THERAPIES
16 = RADIOLOGY
17 = ANESTHESIA
18 = PATHOLOGY
19 = LABORATORY
20 = OTHER ANCILLARY TESTS AND PROCEDURES
21 = CHEMOTHERAPY DRUGS
22 = ANCILLARY MENTAL ILLNESS AND SUBSTANCE ABUSE SERVICES
23 = INCIDENTAL PROCEDURES AND SERVICES
46 = ERRORS

APPENDIX A

UTAH HOSPITALS WITH AMBULATORY SURGICAL FACILITIES AND FREE-STANDING AMBULATORY SURGICAL CENTERS PROFILE

FACILITY CHARACTERISTICS: 2007

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
111	Allen Memorial Hospital - CAH	G	Rural Health Mgmt	Grand	Moab	R	N	25
118	Alta View Hospital	N	Intermountain Healthcare	Salt Lake	Sandy	U	N	80
136	American Fork Hospital	N	Intermountain Healthcare	Utah	American Fork	U	N	84
134	Ashley Regional Medical Center	I	LifePoint Hospitals Inc.	Uintah	Vernal	R	N	39
104	Bear River Valley Hospital	N	Intermountain Healthcare	Box Elder	Tremonton	R	N	14
101	Beaver Valley Hospital	G	Freestanding	Beaver	Beaver	R	N	49
103	Brigham City Community Hospital	I	MountainStar Healthcare	Box Elder	Brigham City	R	N	49
145	Cache Valley Specialty Hospital	I	National Surgical Hospital	Cache	North Logan	R	N	22
106	Castleview Hospital	I	LifePoint Hospitals Inc.	Carbon	Price	R	N	84
401	Central Utah Surgical Center	I	Nueterra	Utah	Provo	U	N	6
113	Central Valley Medical Center - CAH	N	Rural Health Mgmt	Juab	Nephi	R	N	25
423	Coral Desert Surgery Center	I	Nueterra	Washington	St. George	R	N	5
119	Cottonwood Hospital Medical Center	N	Intermountain Healthcare	Salt Lake	Murray	U	N	213
415	Davis Surgical Center	I	Freestanding	Davis	Layton	U	N	4
108	Davis Hospital and Medical Center	I	IASIS Health Care	Davis	Layton	U	N	136
116	Delta Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Delta	R	N	20
140	Dixie Regional Medical Center	N	Intermountain Healthcare	Washington	St. George	R	N	164
115	Fillmore Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Fillmore	R	N	20
110	Garfield Memorial Hospital	N	Intermountain Healthcare	Garfield	Panguitch	R	N	41
129	Gunnison Valley Hospital - CAH	G	Freestanding	Sanpete	Gunnison	R	N	25
139	Heber Valley Medical Center - CAH	N	Intermountain Healthcare	Wasatch	Heber	R	N	19

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
403	Intermountain Avenues Surgical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	4
146	Intermountain Medical Center	N	Intermountain	Salt Lake	Murray	U	Y	440
117	Jordan Valley Medical Center	I	IASIS Health Care	Salt Lake	West Jordan	U	N	92
114	Kane County Hospital	G	Freestanding	Kane	Kanab	R	N	38
107	Lakeview Hospital	I	MountainStar Healthcare	Davis	Bountiful	U	N	128
121	LDS Hospital	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	Y	520
105	Logan Regional Hospital	N	Intermountain Healthcare	Cache	Logan	R	N	147
412	Madsen Surgery Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	2
141	McKay-Dee Hospital Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	277
404	McKay-Dee Surgical Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	6
102	Milford Valley Memorial Hospital - CAH	G	Freestanding	Beaver	Milford	R	N	25
416	Moran Eye Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	10
414	Mount Ogden Surgical Center	I	Freestanding	Weber	Ogden	U	Y	3
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	114
133	Mountain West Medical Center	G	Community Health	Tooele	Tooele	R	N	35
424	Mountain West Surgical Center	I	Nueterra	Davis	Bountiful	U	N	4
419	Northern Utah Endoscopy Center	I	Nueterra	Cache	Logan	R	N	2
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	223
135	Orem Community Hospital	N	Intermountain Healthcare	Utah	Orem	U	N	20
418	Park City Surg Ctr (closed)	I	HealthSouth	Summit	Park City	R	N	2
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139
122	Primary Children's Medical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	235
405	Provo Surgical Center (closed)	I	Freestanding	Utah	Provo	U	Y	5
420	Ridgeline Endoscopy Center	I	Freestanding	Weber	Ogden	U	N	2

ID ¹	FACILITY NAME	OWN ²	AFFILIATION	COUNTY	CITY	U/R ³	TEACH ⁴	BEDS
406	Salt Lake Endoscopy Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	2
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	168
407	Salt Lake Surgical Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	7
128	San Juan Hospital - CAH	G	Managed	San Juan	Monticello	R	N	25
130	Sanpete Valley Hospital - CAH	N	Intermountain Healthcare	Sanpete	Mt. Pleasant	R	N	18
132	Sevier Valley Medical Center	N	Intermountain Healthcare	Sevier	Richfield	R	N	42
417	South Towne Surgery Center	I	MountainStar Healthcare	Salt Lake	Sandy	U	N	4
408	St. George Surgical Center	I	Freestanding	Washington	St. George	R	N	4
124	St. Mark's Hospital	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	294
409	St. Mark's Outpatient Surgery Cntr	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	4
410	SurgiCare Center of Utah	I	Freestanding	Salt Lake	Salt Lake City	U	N	4
307	The Orthopedic Specialty Hospital	I	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	14
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	64
109	Uintah Basin Medical Center	G	Freestanding	Duchesne	Roosevelt	R	N	42
310	University Huntsman Cancer Hospital	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
125	UHC/University Hospitals & Clinics	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	457
309	University of Utah Orthopaedic Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
422	Utah Surgical Center	I	Nueterra	Salt Lake	West Valley	U	N	4
138	Utah Valley Regional Medical Center	N	Intermountain Healthcare	Utah	Provo	U	N	395
112	Valley View Medical Center	N	Intermountain Healthcare	Iron	Cedar City	R	N	46
411	Wasatch Endoscopy Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	3
421	Zion Eye Institute	I	Freestanding	Washington	St. George	R	N	2

¹Facility ID number. See page 10 for facility list in numerical order.

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

³Urban or Rural location of facility.

⁴Teaching facility (Yes or No).
CAH is Critical Access Hospital.

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

An alternative source for a list of Utah hospitals and ambulatory surgery centers is the Utah Department of Health Website, <http://health.utah.gov/hflcra> and click on “Facility Info”.
