2014

Utah Ambulatory Surgery Database

Utah Ambulatory Surgery Database (2014). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2016.

Public–Use Data File
User Manual

Office of Health Care Statistics

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INTRODUCTION

Utah Health Data Committee

The Utah Health Data Committee, composed of 15 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Utah Department of Health, Office of Health Care Statistics, which manages the Utah Ambulatory Surgery Database.

Utah Ambulatory Surgery Database (AMBSURG)

Administrative Rule R428-11 requires all Utah licensed hospital and freestanding ambulatory surgical facilities to report data on ambulatory surgeries. The database contains the consolidated medical codes, patient demographics, services rendered, and billed charges for each visit for a selected subset of ambulatory surgical procedures.

The data are collected from two types of facilities: hospital-based ambulatory surgery centers (hospitals) and freestanding ambulatory surgery centers (FASC). Seventy Utah ambulatory surgical facilities submitted data in 2014. **Blue Mountain Hospital started submitting ambulatory surgery data in 2014 (bold indicates changes in 2014 Ambulatory Surgery Public-Use Data File Manual).** These facilities varied in their reporting of procedure codes in 2014. Most hospital-based surgery centers reported both ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification) and CPT-4 (Current Procedural Terminology) procedure codes, while most freestanding ambulatory surgery centers report only CPT-4 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. Comparing hospital-based to FASC facilities is especially challenging due to the differences in billing practice and general operations.

Data submissions by the FASCs are incomplete and caution should be used when trying to perform market level comparisons with these data. In 2014, 7 out of 27 possible FASCs with at least two beds did not report data. Despite this figure, reporting improvements have been made in the last year. However, continual efforts will be made over the next few years to further data completeness.

Starting with 2010, the records from University Health Care (UHC) facilities have undergone a dramatic revision. They have identified that they were previously under-reporting many of their procedures, especially GI or Eye procedures, which typically might be performed outside of the operating room and in procedure rooms located in their clinics or health centers. **For 2014, UHC Huntsman Cancer Institute, UHC Madsen Surgery Center, UHC Moran Eye Center, and UHC Orthopedic Center are the only UHC sites reported individually; all other University Hospital & Clinics are reported as one facility (facility #125).**

More information about facilities can be found in the "Utah Hospital Characteristics" table at https://opendata.utah.gov/Health/Utah-Hospital-Characteristics/ierb-h3t5.

Selected Ambulatory Surgeries Reported in Utah

The following CPT-4 or ICD-9-CM surgical procedures are reported whether or not they are the principal procedure:

Table 1: Types of Surgical Services Submitted if Performed in Operating or Procedure Rooms

DESCRIPTION	CPT-4 CODES	ICD-9-CM PROCEDURE CODES
Mastectomy	19120-19220	85.0-85.99
Musculoskeletal	20000-29909	76.0-84.99
Respiratory	30000-32999	30.0-34.99
Cardiovascular*	33010-37799, 93501-93660	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	in Musculoskeletal/Respiratory	21.0-29.99

* 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 2005, HCPCS Level II Colorectal Cancer Screening Colonoscopy codes G0104, G0105, G0106, G0120, & G0121 were added to the list for digestive system procedures and are retained in the database if reported.

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 2014 ambulatory surgery data (see "File Layout" for data elements and file descriptions).

Data Processing and Quality

Data Submission: The Office of Health Care Statistics provides data element definitions to ensure all hospitals will report similar data and receives ambulatory surgery data quarterly from 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.

Hospital Review: Each facility is provided with a 15 working day review period to validate the compiled data against their facility records. Any inconsistencies discovered by the facilities are reevaluated or corrected.

2014 Changes: For 2014, slight changes to data processing were made. For primary, secondary, and tertiary payers, there is no longer a separate "Unknown" category. Payer category 09 now represents Charity, Unclassified, and Unknown payers. The "Managed Care" category (category 06) contains only

payers with "Managed Care" in the payer field; managed care may be commercial. However, all plans with commercial carrier names were grouped in "Other Commercial" if they are not Blue Cross/Blue Shield.

Slight changes to geography were also made in the 2014 Ambulatory Surgery database. In the patient geography field, a patient's residential zip code is reported if there are 30 or more encounters for that zip code and that zip code is within Utah. If less than 30 encounters occurred for a Utah zip code, the zip code was mapped into the county. If a zip code is outside Utah, it was mapped into the state abbreviation. Patient's residential county is coded as "Multi-county" if 10% or more of addresses in the Utah's Automated Geographic Reference Center's (AGRC) Address Point Database were located in two counties.

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's age and payers are grouped. Utah residential zip codes with less than 30 visits in a calendar year are grouped into county abbreviations, and non-Utah zip codes are grouped into 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.

Data Format

Standard format for the public data file is tab-delimited. Requests for other formats, such as a SAS data set, will be considered.

EAPG Classification

The EAPG fields in the data were generated using:

> 3M Core Grouping Software for Windows (Version 2015.2.3). Wallingford CT, 3M Health Information Systems, July 2015.

Citation

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

> Utah Ambulatory Surgery Data File (2014). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2016.

Redistribution

Users shall not redistribute the Utah Ambulatory Surgery 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 LIMITED DATASET FILE I (2014.1)

	FIELD NAME	TYPE*	WIDTH	EXAMPLE VALUES
1	Hospital Identifier	Char	3	101,102,…,433
2	Patient's age (in categories)	Num	2	0,1,…,21,66,99
3	Patient's gender	Char	1	M,F,U
4	Source of admission	Char	1	0-9,A-F
5	Patient's discharge status	Char	2	01,02,…,95
6	Patient geography	Char	12	84000,Beaver,AZ
7	Patient's residential county	Num	2	1,2,…,99
8	Patient's cross-county migrant status	Char	1	Y,N,U
9	Principal diagnosis code	Char	7	xxxxxxx
10	Secondary diagnosis code 1	Char	7	xxxxxxx
11	Secondary diagnosis code 2	Char	7	xxxxxxx
12	Secondary diagnosis code 3	Char	7	xxxxxxx
13	Secondary diagnosis code 4	Char	7	xxxxxxx
14	Secondary diagnosis code 5	Char	7	xxxxxxx
15	Secondary diagnosis code 6	Char	7	xxxxxxx
16	Secondary diagnosis code 7	Char	7	xxxxxxx
17	Secondary diagnosis code 8	Char	7	xxxxxxx
18	Procedure 1 as CPT	Char	9	xxxxxxxxx
19	Procedure 2 as CPT	Char	9	xxxxxxxxx
20	Procedure 3 as CPT	Char	9	xxxxxxxxx
21	Procedure 4 as CPT	Char	9	xxxxxxxxx
22	Procedure 5 as CPT	Char	9	xxxxxxxxx
23	Procedure 6 as CPT	Char	9	xxxxxxxxx
24	Procedure Code Type	Char	2	0,1,2
25	Total Charge	Num	24	123456789.00
26	Primary payer category	Char	2	1-9,13,99
27	Secondary payer category	Char	2	1-9,13,99
28	Tertiary payer category	Char	2	1-9,13,99
29	Discharge Quarter	Char	2	1-4
30	Record ID Number	Char	12	123456789123
31	1st procedure category	Num	2	0-13
32	2nd procedure category	Num	2	0-13
33	3rd procedure category	Num	2	0-13
34	4th procedure category	Num	2	0-13
35	5th procedure category	Num	2	0-13
36	6th procedure category (Continued…)	Num	2	0-13

	FIELD NAME	TYPE*	WIDTH	EXAMPLE VALUES
37	Procedure 1 as ICD9	Char	4	xxxx
38	Procedure 2 as ICD9	Char	4	xxxx
39	Procedure 3 as ICD9	Char	4	xxxx
40	Procedure 4 as ICD9	Char	4	xxxx
41	Procedure 5 as ICD9	Char	4	xxxx
42	Procedure 6 as ICD9	Char	4	xxxx
43	Procedure EAPG 1	Char	3	00000-01090
44	Procedure EAPG 2	Char	3	00000-01090
45	Procedure EAPG 3	Char	3	00000-01090
46	Procedure EAPG 4	Char	3	00000-01090
47	Procedure EAPG 5	Char	3	00000-01090
48	Procedure EAPG 6	Char	3	00000-01090
49	Procedure EAPG Type 1	Char	2	1-8,21-25
50	Procedure EAPG Type 2	Char	2	1-8,21-25
51	Procedure EAPG Type 3	Char	2	1-8,21-25
52	Procedure EAPG Type 4	Char	2	1-8,21-25
53	Procedure EAPG Type 5	Char	2	1-8,21-25
54	Procedure EAPG Type 6	Char	2	1-8,21-25
55	Procedure EAPG Category 1	Char	2	1-77,99
56	Procedure EAPG Category 2	Char	2	1-77,99
57	Procedure EAPG Category 3	Char	2	1-77,99
58	Procedure EAPG Category 4	Char	2	1-77,99
59	Procedure EAPG Category 5	Char	2	1-77,99
60	Procedure EAPG Category 6	Char	2	1-77,99

*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 (2014.3)

	FIELD NAME	TYPE*	WIDTH	EXAMPLE VALUES
1	Hospital Identifier	Char	3	101,102,…,433
2	Patient's age (in categories)	Num	2	0,1,…,21,66,99
3	Patient's gender	Char	1	M,F,U
4	Patient's discharge status	Char	2	01,02,…,95
5	Patient's residential county	Num	2	1,2,…,99
6	Principal diagnosis code	Char	7	xxxxxxx
7	Procedure 1 as CPT	Char	9	xxxxxxxxx
8	Procedure 2 as CPT	Char	9	xxxxxxxxx
9	Procedure 3 as CPT	Char	9	xxxxxxxxx
10	Procedure code type	Num	2	0,1,2
11	Total charge	Num	24	123456789.00
12	Primary payer category	Char	2	1-9,13,99
13	Record ID number	Char	12	123456789123
14	1st procedure category	Num	2	0-13
15	2nd procedure category	Num	2	0-13
16	3rd procedure category	Num	2	0-13
17	Procedure 1 as ICD9	Char	4	xxxx
18	Procedure 2 as ICD9	Char	4	xxxx
19	Procedure 3 as ICD9	Char	4	xxxx

*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

Hospital Identifier

Facility from which patient was discharged. More information about facilities can be found in the "Utah Hospital Characteristics" table at
https://opendata.utah.gov/Health/Utah-Hospital-Characteristics/ierb-h3t5.

101	=	BEAVER VALLEY HOSPITAL
102	=	MILFORD VALLEY MEMORIAL HOSPITAL
103	=	BRIGHAM CITY COMMUNITY HOSPITAL
104	=	BEAR RIVER VALLEY HOSPITAL
105	=	LOGAN REGIONAL HOSPITAL
106	=	CASTLEVIEW HOSPITAL
107	=	LAKEVIEW HOSPITAL
108	=	DAVIS HOSPITAL AND MEDICAL CENTER
109	=	UINTAH BASIN MEDICAL CENTER
110	=	GARFIELD MEMORIAL HOSPITAL
111	=	MOAB REGIONAL HOSPITAL
112	=	VALLEY VIEW MEDICAL CENTER
113	=	CENTRAL VALLEY MEDICAL CENTER - CAH
114	=	KANE COUNTY HOSPITAL
115	=	FILLMORE COMMUNITY MEDICAL CENTER
116	=	DELTA COMMUNITY MEDICAL CENTER
117	=	JORDAN VALLEY MEDICAL CENTER
118	=	ALTA VIEW HOSPITAL
120	=	SALT LAKE REGIONAL MEDICAL CENTER
121	=	LDS HOSPITAL
122	=	PRIMARY CHILDRENS HOSPITAL
124	=	ST. MARK'S HOSPITAL
125	=	UNIVERSITY HEALTH CARE/UNIV HOSPITALS AND CLINICS
126	=	JORDAN VALLEY MEDICAL CENTER - WEST VALLEY CAMPUS (formerly Pioneer Valley Hospital)
128	=	SAN JUAN HOSPITAL
129	=	GUNNISON VALLEY HOSPITAL
130	=	SANPETE VALLEY HOSPITAL - CAH
132	=	SEVIER VALLEY MEDICAL CENTER
133	=	MOUNTAIN WEST 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

140	=	DIXIE REGIONAL MEDICAL CENTER
141	=	MCKAY DEE HOSPITAL
142	=	OGDEN REGIONAL MEDICAL CENTER
144	=	TIMPANOGOS REGIONAL HOSPITAL
145	=	CACHE VALLEY HOSPITAL
146	=	INTERMOUNTAIN MEDICAL CENTER
147	=	PARK CITY MEDICAL CENTER
148	=	RIVERTON HOSPITAL
149	=	LONE PEAK HOSPITAL
151	**=**	**BLUE MOUNTAIN HOSPITAL**
305	=	SHRINER'S HOSPITAL FOR CHILDREN
307	=	THE ORTHOPEDIC SPECIALTY HOSPITAL
401	=	CENTRAL UTAH SURGICAL CENTER
403	=	INTERMOUNTAIN AVENUES SURGICAL CENTER
404	=	MCKAY DEE SURGICAL CENTER
406	=	SALT LAKE ENDOSCOPY CENTER
407	=	SALT LAKE SURGICAL CENTER
408	=	ST. GEORGE SURGICAL CENTER
409	=	ST. MARK'S OUTPATIENT SURGERY CENTER
410	=	THE SURGICARE CENTER OF UTAH
411	=	WASATCH ENDOSCOPY CENTER
412	=	MADSEN SURGERY CENTER (formerly WASATCH SURGERY CENTER)
414	=	MT OGDEN UTAH SURGICAL CENTER
417	=	LONE PEAK SURGERY CENTER
419	=	NORTHERN UTAH ENDOSCOPY CENTER
420	=	RIDGELINE ENDOSCOPY CENTER
421	=	ZION EYE INSTITUTE/RED CLIFFS SURGERY CENTER
422	=	UTAH SURGICAL CENTER
423	=	CORAL DESERT SURGERY CENTER
424	=	MOUNTAIN WEST SURGICAL CENTER
426	=	LAKEVIEW ENDOSCOPY CENTER
427	=	RIVERWOODS SURGERY CENTER
428	=	ALPINE SURGICAL CENTER
429	=	GRANITE PEAKS ENDOSCOPY
430	=	ST. GEORGE ENDOSCOPY CENTER
431	=	REVERE HEALTH-AMERICAN FORK SURGERY CENTER
432	=	MOUNTAIN WEST ENDOSCOPY CENTER
433	=	CEDAR ORTHOPAEDIC SURGERY CENTER

Patient's Age

Age of patient at date of release.

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 +
66	=	Encrypted
99	=	Unknown
Blank	=	Not reported

Patient's Gender

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

Source of Admission/Point of Origin

1	=	Non-health care facility: The patient was admitted to this facility includes patients coming from home or workplace.
2	=	Clinic or Physician's Office: The patient was admitted to this facility upon recommendation of another clinic or physician office.
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 or intermediate care facility: The patient was admitted to this facility as a transfer from a skilled nursing facility or intermediate care 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 not defined elsewhere on this list.

7 = (Discontinued. Emergency room: The patient was admitted to this facility upon the recommendation of this facility's emergency room 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. Includes transfers from incarceration facilities.

9 = Information not available: The means by which the patient was admitted to this hospital is not known.

A = Transfer from a critical access hospital

B = Transfer from another HHA

C = Readmission to same HHA

D = Transfer from one distinct unit of the hospital to another distinct unit of the hospital: The patient was admitted to the hospital as a transfer from another distinct unit within the hospital to hospital inpatient within this hospital resulting in a separate claim to the payer.

E = Transfer from Ambulatory Surgery Center: The patient was admitted to the facility as a transfer from an ambulatory surgery center.

F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program: The patient was admitted to the facility as a transfer from a hospice.

Blank = Not Reported

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 a designated cancer center or children's hospital

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

21 = Discharged/transferred to Court/Law enforcement

40 = Expired at home

41 = Expired in a medical 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
69	=	Discharge/transferred to a designated disaster alternative care site
70	=	Discharged/transferred/referred to another institution not defined elsewhere in this code list
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)
81	=	Discharged to home or self-care with a planned acute care hospital inpatient readmission
82	=	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	=	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
84	=	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission
85	=	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86	=	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
87	=	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	=	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89	=	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	=	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
91	=	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
92	=	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission
93	=	Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	=	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
95	=	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission

<pre>
       09   =   Unknown
    Blank   =   Not reported
</pre>

Patient Geography

Patient geography is reported as zip code if it is within Utah, and there are 30 or more encounters for that zip code. If less than 30 encounters occurred for a Utah zip code, the zip code was mapped into the county. If a zip code is outside Utah, it was mapped into the state abbreviation.

Zip Codes

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: https://tools.usps.com/go/ZipLookupAction!input.action

Utah Counties

Beaver
Box Elder
Cache
Carbon
Daggett
Davis
Duchesne
Emery
Garfield
Grand
Iron
Juab
Kane
Millard
Morgan
Piute
Rich
Salt Lake
San Juan
Sanpete
Sevier
Summit
Tooele
Uinta
Utah

Wasatch
Washington
Wayne
Weber

State Codes

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
GU = GUAM
PR = PUERTO RICO

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
17 = Sanpete
18 = 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
44	=	Homeless (word "homeless" or homeless code of ZZZZZ given as address)
55	=	Unknown Utah (unknown city & zip but "Utah" 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 Areas	
Urban	5, 6, 7, 10
Rural	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	6
Salt Lake	7
Summit	8
Tooele	9
Utah County	10
Wasatch	11
TriCounty	12-14
Central	15-20
Southeastern	21-24
Southwest	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

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

        Blank   =   Not reported

Secondary Diagnosis Code 1 … Secondary Diagnosis Code 8

Definition is the same as Principal Diagnosis Code. ICD-9-CM E-Codes and V-Codes might also be found in this field.

Procedure 1 as CPT-4

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-4 … Procedure Code 6 as CPT-4

Definition is the same as Procedure Code 1 as CPT-4.

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

Total Charge

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

        .   =   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/Unknown**
13	=	CHIP (Children's Health Insurance Plan)
99	=	Not reported

Regular expressions were used to define the payer field values for 2014. The "Unknown" payer category in prior years was included with Charity/Unclassified. The table below contains the 2014 payer categories and the payer field values included in each group.

	Existing Payer Categories	**Payer Field Values**
1 =	Medicare	Medicare, AARP
2 =	Medicaid	Medicaid, HealthyU
3 =	Other government	Baby Your Baby, Indian Health Services, Primary Care Netowrk, VA/Military, Prison
4 =	Blue Cross/Blue Shield	Blue Cross Blue Shield, Regence, BridgeSpan
5 =	Other commercial (not BC/BS)	Atena, Altius, Arches, Auto, Beech Street, Cigna, CNIC, DMBA, EMI, GEHA, Humana, IASIS, Kaiser, Labor Unions, Meritain, Molina, Mutual of Omaha, PEHP, SelectHealth, TallTree, United, Utah, WISE
6 =	Managed care	Managed Care
7 =	Self-pay	Self-pay, Uninsured
8 =	Industrial and worker's compensation	Work Comp
9 =	Charity/Unclassified/Unknown	Other Misc, Charity, Unassigned, Unknown
13 =	CHIP (Children's Health Insurance Plan)	CHIP
99 =	Not reported	Blank

Secondary Payer Category

Definition is the same as primary payer category.

Tertiary Payer Category

Definition is 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 hospital discharge 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 Table 1). These categories are very broad and may not produce a meaningful summary of the data for many analytic purposes.

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

Second Procedure Category … Sixth Procedure Category

Definition is the same as First Procedure Category.

Procedure Code 1 as ICD-9-CM

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 ICD-9-CM … Procedure Code 6 as ICD-9-CM

Definition is the same as Procedure Code 1 as ICD-9-CM.

First Procedure EAPG … Sixth Procedure EAPG (3M Enhanced Ambulatory Patient Groups)

EAPGs group patients by resource usage and type; those with the same EAPG have similar resource use, costs, and clinical characteristics.

00000	=	Unknown
00001	=	Photochemotherapy
00002	=	Superficial Needle Biopsy and Aspiration
00003	=	Level I Skin Incision and Drainage
00004	=	Level II Skin Incision and Drainage
00005	=	Nail Procedures
00006	=	Level I Skin Debridement and Destruction
00007	=	Level II Skin Debridement and Destruction
00008	=	Level III Skin Debridement and Destruction

00009	=	Level I Excision and Biopsy of Skin and Soft Tissue
00010	=	Level II Excision and Biopsy of Skin and Soft Tissue
00011	=	Level III Excision and Biopsy of Skin and Soft Tissue
00012	=	Level I Skin Repair
00013	=	Level II Skin Repair
00014	=	Level III Skin Repair
00015	=	Level IV Skin Repair
00020	=	Level I Breast Procedures
00021	=	Level II Breast Procedures
00022	=	Level III Breast Procedures
00030	=	Level I Musculoskeletal Procedures Excluding Hand and Foot
00031	=	Level II Musculoskeletal Procedures Excluding Hand and Foot
00032	=	Level III Musculoskeletal Procedures Excluding Hand and Foot
00033	=	Level I Hand Procedures
00034	=	Level II Hand Procedures
00035	=	Level I Foot Procedures
00036	=	Level II Foot Procedures
00037	=	Level I Arthroscopy
00038	=	Level II Arthroscopy
00039	=	Replacement of Cast
00040	=	Splint, Strapping and Cast Removal
00041	=	Closed Treatment Fx & Dislocation of Finger, Toe & Trunk
00042	=	Closed Treatment Fx & Dislocation Exc Finger, Toe & Trunk
00043	=	Open or Percutaneous Treatment of Fractures
00044	=	Bone or Joint Manipulation Under Anesthesia
00045	=	Bunion Procedures
00046	=	Level I Arthroplasty
00047	=	Level II Arthroplasty
00048	=	Hand and Foot Tenotomy
00049	=	Arthrocentesis and Ligament or Tendon Injection
00060	=	Pulmonary Tests
00061	=	Needle and Catheter Biopsy, Aspiration, Lavage and Intubation
00062	=	Level I Endoscopy of the Upper Airway
00063	=	Level II Endoscopy of the Upper Airway
00064	=	Endoscopy of the Lower Airway
00065	=	Respiratory Therapy
00066	=	Pulmonary Rehabilitation
00067	=	Ventilation Assistance and Management
00080	=	Exercise Tolerance Tests
00081	=	Echocardiography
00082	=	Cardiac Electrophysiologic Tests and Monitoring
00083	=	Placement of Transvenous Catheters
00084	=	Diagnostic Cardiac Catheterization

00085	=	Peripheral Transcatheter and Revascularization Procedures
00086	=	Pacemaker Insertion and Replacement
00087	=	Removal and Revision of Pacemaker and Vascular Device
00088	=	Level I Cardiothoracic Procedures w or w/o Vascular Device
00089	=	Level II Cardiothoracic Procedures w or w/o Vascular Device
00090	=	Secondary Varicose Veins and Vascular Injection
00091	=	Vascular Ligation and Reconstruction
00092	=	Resuscitation
00093	=	Cardioversion
00094	=	Cardiac Rehabilitation
00095	=	Thrombolysis
00096	=	Atrial and Ventricular Recording and Pacing
00097	=	AICD Implant
00110	=	Pharmacotherapy by Extended Infusion
00111	=	Pharmacotherapy except by Extended Infusion
00112	=	Phlebotomy
00113	=	Level I Blood and Blood Product Exchange
00114	=	Level II Blood and Blood Product Exchange
00115	=	Deep Lymph Structure and Thyroid Procedures
00116	=	Allergy Tests
00117	=	Home Infusion
00118	=	Nutrition Therapy
00130	=	Alimentary Tests and Simple Tube Placement
00131	=	Esophageal Dilation without Endoscopy
00132	=	Anoscopy with Biopsy and Diagnostic Proctosigmoidoscopy
00133	=	Proctosigmoidoscopy with Excision or Biopsy
00134	=	Diagnostic Upper GI Endoscopy or Intubation
00135	=	Therapeutic Upper GI Endoscopy or Intubation
00136	=	Diagnostic Lower Gastrointestinal Endoscopy
00137	=	Therapeutic Colonoscopy
00138	=	Ercp and Miscellaneous GI Endoscopy Procedures
00139	=	Level I Hernia Repair
00140	=	Level II Hernia Repair
00141	=	Level I Anal and Rectal Procedures
00142	=	Level II Anal and Rectal Procedures
00143	=	Level I Gastrointestinal Procedures
00144	=	Level II Gastrointestinal Procedures
00145	=	Level I Laparoscopy
00146	=	Level II Laparoscopy
00147	=	Level III Laparoscopy
00148	=	Level IV Laparoscopy
00149	=	Screening Colorectal Services
00160	=	Extracorporeal Shock Wave Lithotripsy

00161	=	Urinary Studies and Procedures
00162	=	Urinary Dilatation
00163	=	Level I Bladder and Kidney Procedures
00164	=	Level II Bladder and Kidney Procedures
00165	=	Level III Bladder and Kidney Procedures
00166	=	Level I Urethra and Prostate Procedures
00167	=	Level II Urethra and Prostate Procedures
00168	=	Hemodialysis
00169	=	Peritoneal Dialysis
00180	=	Testicular and Epididymal Procedures
00181	=	Circumcision
00182	=	Insertion of Penile Prosthesis
00183	=	Other Penile Procedures
00184	=	Destruction or Resection of Prostate
00185	=	Prostate Needle and Punch Biopsy
00190	=	Artificial Fertilization
00191	=	Level I Fetal Procedures
00192	=	Level II Fetal Procedures
00193	=	Treatment of Incomplete Abortion
00194	=	Therapeutic Abortion
00195	=	Vaginal Delivery
00196	=	Level I Female Reproductive Procedures
00197	=	Level II Female Reproductive Procedures
00198	=	Level III Female Reproductive Procedures
00199	=	Dilation and Curettage
00200	=	Hysteroscopy
00201	=	Colposcopy
00210	=	Extended EEG Studies
00211	=	Electroencephalogram
00212	=	Electroconvulsive Therapy
00213	=	Nerve and Muscle Tests
00214	=	Nervous System Injections, Stimulations or Cranial Tap
00215	=	Level I Revision or Removal of Neurological Device
00216	=	Level II Revision or Removal of Neurological Device
00217	=	Level I Nerve Procedures
00218	=	Level II Nerve Procedures
00219	=	Spinal Tap
00220	=	Injection of Anesthetic and Neurolytic Agents
00221	=	Laminotomy and Laminectomy
00222	=	Sleep Studies
00223	=	Level III Nerve Procedures
00224	=	Level IV Nerve Procedures
00230	=	Minor Ophthalmological Tests and Procedures

00231	=	Fitting of Contact Lenses
00232	=	Laser Eye Procedures
00233	=	Cataract Procedures
00234	=	Level I Anterior Segment Eye Procedures
00235	=	Level II Anterior Segment Eye Procedures
00236	=	Level III Anterior Segment Eye Procedures
00237	=	Level I Posterior Segment Eye Procedures
00238	=	Level II Posterior Segment Eye Procedures
00239	=	Strabismus and Muscle Eye Procedures
00240	=	Level I Repair and Plastic Procedures of Eye
00241	=	Level II Repair and Plastic Procedures of Eye
00250	=	Cochlear Device Implantation
00251	=	Otorhinolaryngologic Function Tests
00252	=	Level I Facial and ENT Procedures
00253	=	Level II Facial and ENT Procedures
00254	=	Level III Facial and ENT Procedures
00255	=	Level IV Facial and ENT Procedures
00256	=	Tonsil and Adenoid Procedures
00257	=	Audiometry
00270	=	Occupational Therapy
00271	=	Physical Therapy
00272	=	Speech Therapy and Evaluation
00273	=	Manipulation Therapy
00274	=	Occupational/physical Therapy, Group
00275	=	Speech Therapy & Evaluation, Group
00280	=	Vascular Radiology except Venography of Extremity
00281	=	Magnetic Resonance Angiography - Head And/or Neck
00282	=	Magnetic Resonance Angiography - Chest
00283	=	Magnetic Resonance Angiography - Other Sites
00284	=	Myelography
00285	=	Miscellaneous Radiological Procedures with Contrast
00286	=	Mammography
00287	=	Digestive Radiology
00288	=	Diagnostic Ultrasound except Obstetrical and Vascular of Lower Extremities
00289	=	Vascular Diagnostic Ultrasound of Lower Extremities
00290	=	PET Scans
00291	=	Bone Densitometry
00292	=	MRI- Abdomen
00293	=	MRI- Joints
00294	=	MRI- Back
00295	=	MRI- Chest
00296	=	MRI- Other
00297	=	MRI Brain and Magnetoencephalography

00298	=	CAT Scan Back
00299	=	CAT Scan - Brain
00300	=	CAT Scan - Abdomen
00301	=	CAT Scan - Other
00302	=	Angiography, Other
00303	=	Angiography, Cerebral
00310	=	Developmental & Neuropsychological Testing
00311	=	Full Day Partial Hospitalization for Substance Abuse
00312	=	Full Day Partial Hospitalization for Mental Illness
00313	=	Half Day Partial Hospitalization for Substance Abuse
00314	=	Half Day Partial Hospitalization for Mental Illness
00315	=	Counselling or Individual Brief Psychotherapy
00316	=	Individual Comprehensive Psychotherapy
00317	=	Family Psychotherapy
00318	=	Group Psychotherapy
00319	=	Activity Therapy
00320	=	Case Management & Treatment Plan Development - Mental Health or Substance Abuse
00321	=	Crisis Intervention
00322	=	Medication Administration & Observation
00323	=	Mental Hygiene Assessment
00324	=	Mental Health Screening & Brief Assessment
00327	=	Intensive Outpatient Psychiatric Treatment
00328	=	Day Rehabilitation, Half Day
00329	=	Day Rehabilitation, Full Day
00330	=	Level I Diagnostic Nuclear Medicine
00331	=	Level II Diagnostic Nuclear Medicine
00332	=	Level III Diagnostic Nuclear Medicine
00340	=	Therapeutic Nuclear Medicine
00341	=	Radiation Therapy and Hyperthermia
00342	=	Level I Afterloading Brachytherapy
00343	=	Radiation Treatment Delivery
00344	=	Instillation of Radioelement Solutions
00345	=	Hyperthermic Therapies
00346	=	Radiosurgery
00347	=	High Energy Neutron Radiation Treatment Delivery
00348	=	Proton Treatment Delivery
00349	=	Level II Afterloading Brachytherapy
00350	=	Level I Adjunctive General Dental Services
00351	=	Level II Adjunctive General Dental Services
00352	=	Periodontics
00353	=	Level I Prosthodontics, Fixed
00354	=	Level II Prosthodontics, Fixed

00355	=	Level III Prosthodontics, Fixed
00356	=	Level I Prosthodontics, Removable
00357	=	Level II Prosthodontics, Removable
00358	=	Level III Prosthodontics, Removable
00359	=	Level I Maxillofacial Prosthetics
00360	=	Level II Maxillofacial Prosthetics
00361	=	Level I Dental Restorations
00362	=	Level II Dental Restorations
00363	=	Level III Dental Restoration
00364	=	Level I Endodontics
00365	=	Level II Endodontics
00366	=	Level III Endodontics
00367	=	Level I Oral and Maxillofacial Surgery
00368	=	Level II Oral and Maxillofacial Surgery
00369	=	Level III Oral and Maxillofacial Surgery
00370	=	Level IV Oral and Maxillofacial Surgery
00371	=	Orthodontics
00372	=	Sealant
00373	=	Level I Dental Film
00374	=	Level II Dental Film
00375	=	Dental Anesthesia
00376	=	Diagnostic Dental Procedures
00377	=	Preventive Dental Procedures
00380	=	Anesthesia
00390	=	Level I Pathology
00391	=	Level II Pathology
00392	=	Pap Smears
00393	=	Blood and Tissue Typing
00394	=	Level I Immunology Tests
00395	=	Level II Immunology Tests
00396	=	Level I Microbiology Tests
00397	=	Level II Microbiology Tests
00398	=	Level I Endocrinology Tests
00399	=	Level II Endocrinology Tests
00400	=	Level I Chemistry Tests
00401	=	Level II Chemistry Tests
00402	=	Basic Chemistry Tests
00403	=	Organ or Disease Oriented Panels
00404	=	Toxicology Tests
00405	=	Therapeutic Drug Monitoring
00406	=	Level I Clotting Tests
00407	=	Level II Clotting Tests
00408	=	Level I Hematology Tests

00409	=	Level II Hematology Tests
00410	=	Urinalysis
00411	=	Blood and Urine Dipstick Tests
00412	=	Simple Pulmonary Function Tests
00413	=	Cardiogram
00414	=	Level I Immunization
00415	=	Level II Immunization
00416	=	Level III Immunization
00417	=	Minor Reproductive Procedures
00418	=	Minor Cardiac and Vascular Tests
00419	=	Minor Ophthalmological Injection, Scraping and Tests
00420	=	Pacemaker and Other Electronic Analysis
00421	=	Tube Change
00422	=	Provision of Vision AIDS
00423	=	Introduction of Needle and Catheter
00424	=	Dressings and Other Minor Procedures
00425	=	Other Miscellaneous Ancillary Procedures
00426	=	Psychotropic Medication Management
00427	=	Biofeedback and Other Training
00428	=	Patient Education, Individual
00429	=	Patient Education, Group
00430	=	Class I Chemotherapy Drugs
00431	=	Class II Chemotherapy Drugs
00432	=	Class III Chemotherapy Drugs
00433	=	Class IV Chemotherapy Drugs
00434	=	Class V Chemotherapy Drugs
00435	=	Class I Pharmacotherapy
00436	=	Class II Pharmacotherapy
00437	=	Class III Pharmacotherapy
00438	=	Class IV Pharmacotherapy
00439	=	Class V Pharmacotherapy
00440	=	Class VI Pharmacotherapy
00441	=	Class VI Chemotherapy Drugs
00443	=	Class VII Chemotherapy Drugs
00444	=	Class VII Pharmacotherapy
00448	=	Expanded Hours Access
00449	=	Additional Undifferentiated Medical Visits/services
00450	=	Observation
00451	=	Smoking Cessation Treatment
00452	=	Diabetes Supplies
00453	=	Motorized Wheelchair
00454	=	Tpn Formulae
00455	=	Implanted Tissue of any Type

00456	=	Motorized Wheelchair Accessories
00457	=	Venipuncture
00458	=	Allergy Therapy
00459	=	Vaccine Administration
00460	=	Class VIII Combined Chemotherapy and Pharmacotherapy
00461	=	Class IX Combined Chemotherapy and Pharmacotherapy
00462	=	Class X Combined Chemotherapy and Pharmacotherapy
00463	=	Class XI Combined Chemotherapy and Pharmacotherapy
00464	=	Class XII Combined Chemotherapy and Pharmacotherapy
00465	=	Class XIII Combined Chemotherapy and Pharmacotherapy
00470	=	Obstetrical Ultrasound
00471	=	Plain Film
00472	=	Ultrasound Guidance
00473	=	CT Guidance
00474	=	Radiological Guidance for Therapeutic or Diagnostic Procedures
00475	=	MRI Guidance
00476	=	Level I Therapeutic Radiation Treatment Preparation
00477	=	Level II Therapeutic Radiation Treatment Preparation
00478	=	Medical Radiation Physics
00479	=	Treatment Device Design and Construction
00480	=	Teletherapy/brachytherapy Calculation
00481	=	Therapeutic Radiology Simulation Field Setting
00482	=	Radioelement Application
00483	=	Radiation Therapy Management
00484	=	Therapeutic Radiology Treatment Planning
00485	=	Corneal Tissue Processing
00490	=	Incidental To Medical, Significant Procedure or Therapy Visit
00491	=	Medical Visit Indicator
00492	=	Encounter/referral for Observation Indicator
00495	=	Minor Chemotherapy Drugs
00496	=	Minor Pharmacotherapy
00500	=	Encounter/referral for Observation - Obstetrical
00501	=	Encounter/referral for Observation - Other Diagnoses
00502	=	Encounter/referral for Observation - Behavioral Health
00510	=	Major Signs, Symptoms and Findings
00520	=	Spinal Disorders & Injuries
00521	=	Nervous System Malignancy
00522	=	Degenerative Nervous System Disorders Exc Mult Sclerosis
00523	=	Multiple Sclerosis & Other Demyelinating Diseases
00524	=	Level I CNS Disorders
00525	=	Level II CNS Disorders
00526	=	Transient Ischemia
00527	=	Peripheral Nerve Disorders

00528	=	Nontraumatic Stupor & Coma
00529	=	Seizure
00530	=	Headaches Other Than Migraine
00531	=	Migraine
00532	=	Head Trauma
00533	=	Aftereffects of Cerebrovascular Accident
00534	=	Nonspecific CVA & Precerebral Occlusion w/o Infarc
00535	=	CVA & Precerebral Occlusion w Infarct
00536	=	Cerebral Palsy
00550	=	Acute Major Eye Infections
00551	=	Cataracts
00552	=	Glaucoma
00553	=	Level I Other Ophthalmic Diagnoses
00554	=	Level II Other Ophthalmic Diagnoses
00555	=	Conjunctivitis
00560	=	Ear, Nose, Mouth, Throat, Cranial/facial Malignancies
00561	=	Vertiginous Disorders except for Benign Vertigo
00562	=	Infections of Upper Respiratory Tract & Otitis Media
00563	=	Dental & Oral Diseases & Injuries
00564	=	Level I Other Ear, Nose, Mouth,Throat & Cranial/facial Diagnoses
00565	=	Level II Other Ear, Nose, Mouth,Throat & Cranial/facial Diagnoses
00570	=	Cystic Fibrosis - Pulmonary Disease
00571	=	Respiratory Malignancy
00572	=	Bronchiolitis & Rsv Pneumonia
00573	=	Community Acquired Pnuemonia
00574	=	Chronic Obstructive Pulmonary Disease
00575	=	Asthma
00576	=	Level I Other Respiratory Diagnoses
00577	=	Level II Other Respiratory Diagnoses
00578	=	Pneumonia except for Community Acquired Pneumonia
00579	=	Status Asthmaticus
00591	=	Acute Myocardial Infarction
00592	=	Level I Cardiovascular Diagnoses
00593	=	Level II Cardiovascular Diagnoses
00594	=	Heart Failure
00595	=	Cardiac Arrest
00596	=	Peripheral & Other Vascular Disorders
00597	=	Phlebitis
00598	=	Angina Pectoris & Coronary Atherosclerosis
00599	=	Hypertension
00600	=	Cardiac Structural & Valvular Disorders
00601	=	Level I Cardiac Arrhythmia & Conduction Disorders
00602	=	Atrial Fibrillation

00603	=	Level II Cardiac Arrhythmia & Conduction Disorders
00604	=	Chest Pain
00605	=	Syncope & Collapse
00620	=	Digestive Malignancy
00621	=	Peptic Ulcer & Gastritis
00623	=	Esophagitis
00624	=	Level I Gastrointestinal Diagnoses
00625	=	Level II Gastrointestinal Diagnoses
00626	=	Inflammatory Bowel Disease
00627	=	Non-Bacterial Gastroenteritis, Nausea & Vomiting
00628	=	Abdominal Pain
00629	=	Malfunction, Reaction & Complication of GI Device or Procedure
00630	=	Constipation
00631	=	Hernia
00632	=	Irritable Bowel Syndrome
00633	=	Alcoholic Liver Disease
00634	=	Malignancy of Hepatobiliary System & Pancreas
00635	=	Disorders of Pancreas except Malignancy
00636	=	Hepatitis without Coma
00637	=	Disorders of Gallbladder & Biliary Tract
00638	=	Cholecystitis
00639	=	Level I Hepatobiliary Diagnoses
00640	=	Level II Hepatobiliary Diagnoses
00650	=	Fracture of Femur
00651	=	Fracture of Pelvis or Dislocation of Hip
00652	=	Fractures & Dislocations except Femur, Pelvis & Back
00653	=	Musculoskeletal Malignancy & Pathological Fractures
00654	=	Osteomyelitis, Septic Arthritis & Other Musculoskeletal Infections
00655	=	Connective Tissue Disorders
00656	=	Back & Neck Disorders except Lumbar Disc Disease
00657	=	Lumbar Disc Disease
00658	=	Lumbar Disc Disease with Sciatica
00659	=	Malfunction, Reaction, Complic of Orthopedic Device or Procedure
00660	=	Level I Other Musculoskeletal System & Connective Tissue Diagnoses
00661	=	Level II Other Musculoskeletal System & Connective Tissue Diagnoses
00662	=	Osteoporosis
00663	=	Pain
00670	=	Skin Ulcers
00671	=	Major Skin Disorders
00672	=	Malignant Breast Disorders
00673	=	Cellulitis & Other Bacterial Skin Infections
00674	=	Contusion, Open Wound & Other Trauma To Skin & Subcutaneous Tissue
00675	=	Other Skin, Subcutaneous Tissue & Breast Disorders

00676	=	Decubitus Ulcer
00690	=	Malnutrition, Failure To Thrive & Other Nutritional Disorders
00691	=	Inborn Errors of Metabolism
00692	=	Level I Endocrine Disorders
00693	=	Level II Endocrine Disorders
00694	=	Electrolyte Disorders
00695	=	Obesity
00710	=	Diabetes with Ophthalmic Manifestations
00711	=	Diabetes with Other Manifestations & Complications
00712	=	Diabetes with Neurologic Manifestations
00713	=	Diabetes without Complications
00714	=	Diabetes with Renal Manifestations
00720	=	Renal Failure
00721	=	Kidney & Urinary Tract Malignancy
00722	=	Nephritis & Nephrosis
00723	=	Kidney and Chronic Urinary Tract Infections
00724	=	Urinary Stones & Acquired Upper Urinary Tract Obstruction
00725	=	Malfunction, Reaction, Complic of Genitourinary Device or Proc
00726	=	Other Kidney & Urinary Tract Diagnoses, Signs & Symptoms
00727	=	Acute Lower Urinary Tract Infections
00740	=	Malignancy, Male Reproductive System
00741	=	Male Reproductive System Diagnoses except Malignancy
00742	=	Neoplasms of the Male Reproductive System
00743	=	Prostatitis
00744	=	Male Reproductive Infections
00750	=	Female Reproductive System Malignancy
00751	=	Female Reproductive System Infections
00752	=	Level I Menstrual and Other Female Diagnoses
00753	=	Level II Menstrual and Other Female Diagnoses
00760	=	Vaginal Delivery
00761	=	Postpartum & Post Abortion Diagnoses w/o Procedure
00762	=	Threatened Abortion
00763	=	Abortion w/o D&C, Aspiration Curettage or Hysterotomy
00764	=	False Labor
00765	=	Other Antepartum Diagnoses
00766	=	Routine Prenatal Care
00770	=	Normal Neonate
00771	=	Level I Neonatal Diagnoses
00772	=	Level II Neonatal Diagnoses
00780	=	Other Hematological Disorders
00781	=	Coagulation & Platelet Disorders
00782	=	Congenital Factor Deficiencies
00783	=	Sickle Cell Anemia Crisis

00784	=	Sickle Cell Anemia
00785	=	Anemia except for Iron Deficiency Anemia and Sickle Cell Anemia
00786	=	Iron Deficiency Anemia
00800	=	Acute Leukemia
00801	=	Lymphoma, Myeloma & Non-Acute Leukemia
00802	=	Radiotherapy
00803	=	Chemotherapy
00804	=	Lymphatic & Other Malignancies & Neoplasms of Uncertain Behavior
00805	=	Septicemia & Disseminated Infections
00806	=	Post-Operative, Post-Traumatic, Other Device Infections
00807	=	Fever
00808	=	Viral Illness
00809	=	Other Infectious & Parasitic Diseases
00810	=	H. Pylori Infection
00820	=	Schizophrenia
00821	=	Major Depressive Disorders & Other/unspecified Psychoses
00822	=	Disorders of Personality & Impulse Control
00823	=	Bipolar Disorders
00824	=	Depression except Major Depressive Disorder
00825	=	Adjustment Disorders & Neuroses except Depressive Diagnoses
00826	=	Acute Anxiety & Delirium States
00827	=	Organic Mental Health Disturbances
00828	=	Mental Retardation
00829	=	Childhood Behavioral Disorders
00830	=	Eating Disorders
00831	=	Other Mental Health Disorders
00840	=	Opioid Abuse & Dependence
00841	=	Cocaine Abuse & Dependence
00842	=	Alcohol Abuse & Dependence
00843	=	Other Drug Abuse & Dependence
00850	=	Allergic Reactions
00851	=	Poisoning of Medicinal Agents
00852	=	Other Complications of Treatment
00853	=	Other Injury, Poisoning & Toxic Effect Diagnoses
00854	=	Toxic Effects of Non-Medicinal Substances
00860	=	Extensive 3rd Degree or Full Thickness Burns w/o Skin Graft
00861	=	Partial Thickness Burns w or w/o Skin Graft
00870	=	Rehabilitation
00871	=	Signs, Symptoms & Other Factors Influencing Health Status
00872	=	Other Aftercare & Convalescence
00873	=	Neonatal Aftercare
00874	=	Joint Replacement
00875	=	Contraceptive Management

00876	=	Adult Preventive Medicine
00877	=	Child Preventive Medicine
00878	=	Gynecologic Preventive Medicine
00879	=	Preventive or Screening Encounter
00880	=	HIV Infection
00881	=	AIDS
00993	=	Inpatient Only Procedures
00994	=	User Customizable Inpatient Procedures
00999	=	Unassigned
01001	=	Durable Medical Equipment and Supplies - Level 1
01002	=	Durable Medical Equipment and Supplies - Level 2
01003	=	Durable Medical Equipment and Supplies - Level 3
01004	=	Durable Medical Equipment - Level 4
01005	=	Durable Medical Equipment - Level 5
01006	=	Durable Medical Equipment - Level 6
01007	=	Durable Medical Equipment - Level 7
01008	=	Durable Medical Equipment - Level 8
01009	=	Durable Medical Equipment - Level 9
01010	=	Durable Medical Equipment - Level 10
01011	=	Durable Medical Equipment - Level 11
01012	=	Durable Medical Equipment - Level 12
01013	=	Durable Medical Equipment - Level 13
01014	=	Durable Medical Equipment - Level 14
01015	=	Durable Medical Equipment - Level 15
01016	=	Durable Medical Equipment - Level 16
01017	=	Durable Medical Equipment - Level 17
01018	=	Durable Medical Equipment - Level 18
01019	=	Durable Medical Equipment - Level 19
01020	=	Durable Medical Equipment - Level 20
01090	=	User Defined 340b Drugs

First Procedure EAPG Type ... Sixth Procedure EAPG Type

1	=	Per Diem
2	=	Significant Procedure
3	=	Medical Visit
4	=	Ancillary
5	=	Incidental
6	=	Drug
7	=	DME
8	=	Unassigned
21	=	Physical Therapy & Rehab
22	=	Mental Health & Counseling
23	=	Dental Procedure
24	=	Radiologic Procedure
25	=	Diagnostic Significant Procedures

First Procedure EAPG Category ... Sixth Procedure EAPG Category

1	=	Skin and integumentary system procedures
2	=	Breast procedures
3	=	Musculoskeletal system procedures
4	=	Respiratory procedures
5	=	Cardiovascular procedures
6	=	Hematologic, lymphatic, and endocrine procedures
7	=	Gastrointestinal system procedures
8	=	Genitourinary system procedures
9	=	Male Reproductive system procedures
10	=	Female Reproductive system procedures
11	=	Neurologic system procedures
12	=	Ophthalmologic system procedures
13	=	Otolaryngologic system procedures
14	=	Rehabilitation
15	=	Radiologic procedures
16	=	Mental illness and substance abuse therapies
17	=	Nuclear Medicine
18	=	Radiation Oncology
19	=	Dental procedures
20	=	Anesthesia
21	=	Pathology
22	=	Laboratory
23	=	Other ancillary tests and procedures
24	=	Chemotherapy and other drugs
25	=	Radiology
30	=	Incidental procedures and services

50	=	Observation
51	=	Major signs, symptoms and findings
52	=	Diseases and disorders of the nervous system
53	=	Diseases and disorders of the eye
54	=	Ear, nose, mouth, throat and craniofacial diseases and disorders
55	=	Diseases and disorders of the respiratory system
56	=	Diseases and disorders of the circulatory system
57	=	Diseases and disorders of the digestive system
58	=	Diseases and disorders of the hepatobiliary system and pancreas
59	=	Diseases and disorders of the musculoskeletal system and connective tissue
60	=	Diseases and disorders of the skin, subcutaneous tissue and breast
61	=	Endocrine, nutritional and metabolic diseases and disorders
62	=	Diabetes Mellitus
63	=	Diseases and disorders of the kidney and urinary tract
64	=	Diseases and disorders of the male reproductive system
65	=	Diseases and disorders of the female reproductive system
66	=	Pregnancy, childbirth and the puerperium
67	=	Neonates
68	=	Diseases and disorders of blood, blood forming organs and immunologic disorders
69	=	Lymphatic, hematopoietic, other malignancies, chemotherapy and radiotherapy
70	=	Infectious and parasitic diseases, systemic or unspecified sites
71	=	Mental diseases and disorders
72	=	Alcohol/drug use and alcohol/drug induced organic mental disorders
73	=	Poisonings, toxic effects, other injuries and other complications of treatment
74	=	Burns
75	=	Rehabilitation, aftercare, other factors influencing health status and other health services
76	=	Human immunodeficiency virus infections
77	=	Preventive Medicine Services
99	=	No APG assigned