



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Outpatient Procedures Report, Texas, 2012

Texas Health Care Information Collection

This report includes outpatient surgical and radiological data collected in Texas in 2012

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Summary of Findings

In 2012, a total of 11,250,055 outpatient records were submitted to the Department of State Health Services (DSHS), Texas Health Care Information Collection (THCIC). The records were submitted by 395 hospitals and 401 Ambulatory Surgical Centers (ASCs). Despite the large number of ASCs which contributed data, the majority of the procedures were received from hospitals ([Table 1](#)). The total charge billed by ASCs was approximately \$8.6 billion whereas for hospitals was nearly \$53.7 billion.

The frequently performed procedures (categorized in Enhanced Ambulatory Patient Groupings ([EAPGs](#)))¹ in hospitals were different from the ones in ASCs. For example, plain film procedures (EAPG Code = 0471) were most common in hospital, but had the 10th highest frequency in ASCs. Similarly, screening colorectal services (EAPG Code=0149) were most frequent in ASCs but were the 21st most common in hospitals ([Table 2](#)).

In both hospitals and ASCs, higher volumes of procedures were performed on females (65.5% in hospitals vs. 57.8% in ASCs) ([Table 3](#), [Table 4](#)). The race/ethnicity distribution of the most frequent procedure groups performed in hospitals was similar to that in ASCs. In hospitals, 50.9% of procedures were performed on Whites, 21.6% on Hispanics and 12.3% on Blacks. Similarly, in ASCs, most procedures (62.4% of procedures) were received by Whites, followed by Hispanics (16.9% of procedures) and Blacks (6.4% of procedures). ([Tables 5](#), [Table 6](#)).

Outpatient procedures distribution varied among age groups for ASC and hospitals. In both hospitals and ASCs, most procedures were performed on the age group 40-64 year old (about 42.3% in hospitals and 46.6% in ASCs) ([Tables 7](#), [Table 8](#)). In both hospitals and ASCs, high percentages of procedures (32.1% vs. 40.5%) were paid for by private insurance ([Table 9](#), [Table 10](#)). Findings on Health Service Regions (HSRs) suggest that in both hospitals and ASCs, regions 3, 6 and 7 had the highest percentages of procedures performed ([Table 11](#), [Table 12](#)).

Background

Under Title 25 of the Texas Administrative Code, Sections 421.61-421.68 (25 TAC §§421.61-421.68), the DSHS requires hospitals and ASCs to submit a standardized administrative claims dataset on outpatients to THCIC. The dataset should have outpatients who received one or more invasive surgical and/or radiological/imaging procedures covered by the revenue codes or surgical and radiological categories, specified in 25 TAC §421.67(f) or (g). Outpatient procedures are typically less complicated and with the development of newer innovative techniques, are cost effective and have fewer complications. Many outpatient procedures do not require hospitalization, and hence do not require an overnight hospital stay and the associated costs.

Generally outpatients are healthier than inpatients and have shorter recovery times which are more convenient for the patient. Inpatients usually have more confounding conditions or diseases (called comorbidities or secondary diagnoses) which increase complexity of the case, potential for more complications and the need for closer monitoring. The additional conditions may slow the healing process and increase the costs. Usually, ASC's outpatient surgery services are limited to a 23-hour period, starting with the administration of the anesthesia, observations and monitoring during the recovery time.

This report presents the 2012 outpatient surgical and radiological procedures data from THCIC programs outpatient data files. The report accomplishes the tasks listed under [Section 108.006\(a\)\(9\)\(A\)\(D\)](#), Health and Safety Code (HSC)². To make reports to the legislature, the governor, and the public on the charges, the quality and effectiveness of health care and access to health care for all citizens of Texas. However, certain hospitals and one ASC were exempt³. Hospitals located in counties with population less than 35,000, or those located in counties with a population more than 35,000 but have less than 100 licensed hospital beds are not required to report data to THCIC. In addition, hospitals which do not seek insurance payment or government reimbursement are also not required to submit data to THCIC.

The 3M™ Enhanced Ambulatory Patient Grouping (EAPG) system was used to organize the procedures in groups and provide a framework for analysis and reporting at a more general level. The 20 most frequent EAPGs in hospitals and ASCs are presented in [Table 2](#). In addition, the 20 frequent EAPGs



were stratified by patient's characteristics including patients: sex, race/ethnicity, age on the date of service, HSRs, and expected primary source of payment.

Data Description

The data source for this report was the THCIC's Texas Outpatient Events Public Use Data File (PUDF), for 2012 from the Texas Department of State Health Services. This report is expected to be produced each year thereafter. The PUDF contains data on patients which were provided with one or more outpatient surgical and radiological/imaging procedures from Texas hospitals and/or ASCs³ between January 1, 2012 and December 31, 2012. Other data elements included in the PUDF files and used in this report are facility and patient level information: demographic characteristics, expected primary sources of payments and HSRs.

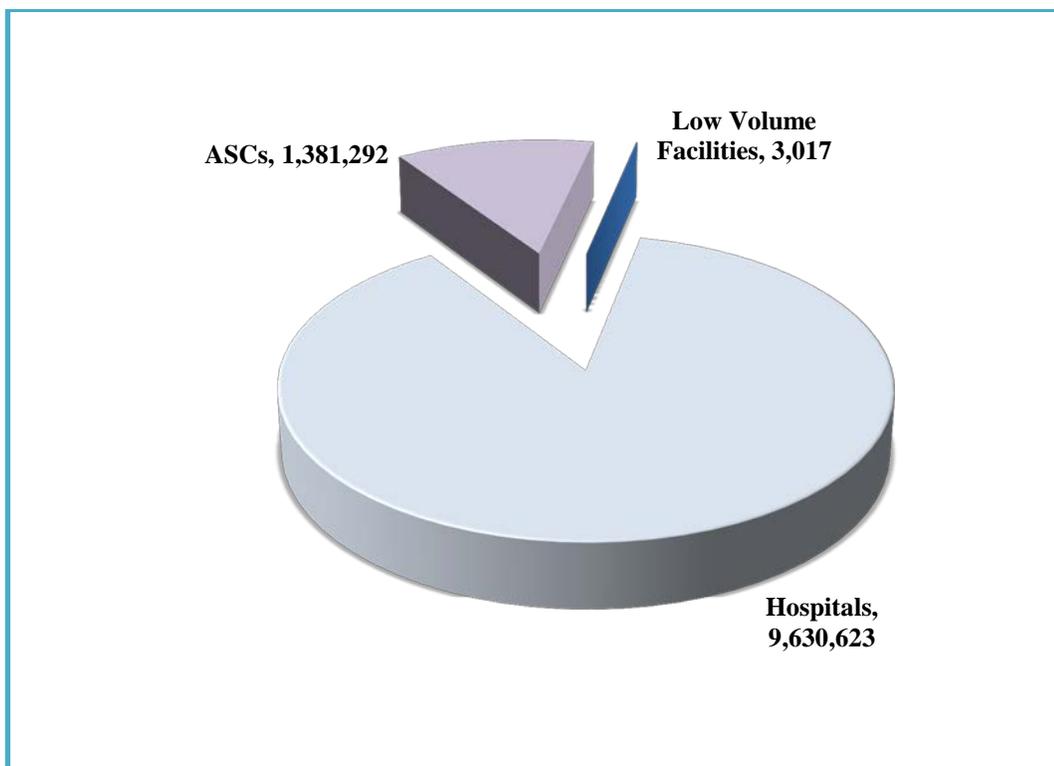
A total of 11,250,055 outpatient records submitted by 395 hospitals and 401 ASCs were analyzed. These records, met the [requirements for reporting](#) data to THCIC, were then processed using standardized methods to protect patient and physician privacy and confidentiality and served in PUDF files at THCIC. Out of the total records, 2.0% (235,123 records) were excluded because they were from non-Texas residents including from Arkansas, Alabama, New Mexico, Oklahoma and others. Only 11,014,932 records or visits, which accounted for 54,902,497 procedures, were included in the analysis. Thus on average each outpatient record captured nearly 5 procedures for a visit.

Results

Study Population

Of the 11,014,932 visits (54,902,497 procedures) included in the analysis, ASCs contributed 1,381,292 (12.5%) visits which accounted for 2,627,523 procedures (about 1.9 procedures per outpatient visit). Hospitals contributed 9,630,623 (87.4%) visits which involved 52,266,098 procedures (about 5.4 procedures per outpatient visit). The rest were facilities which were not identified as a hospital or an ASC, and reported fewer than 50 events or fewer than 5 events for a particular gender or unknown ([Figure 1, Table1](#)).

Figure 1: Total Visits by Facility Types, Texas, 2012



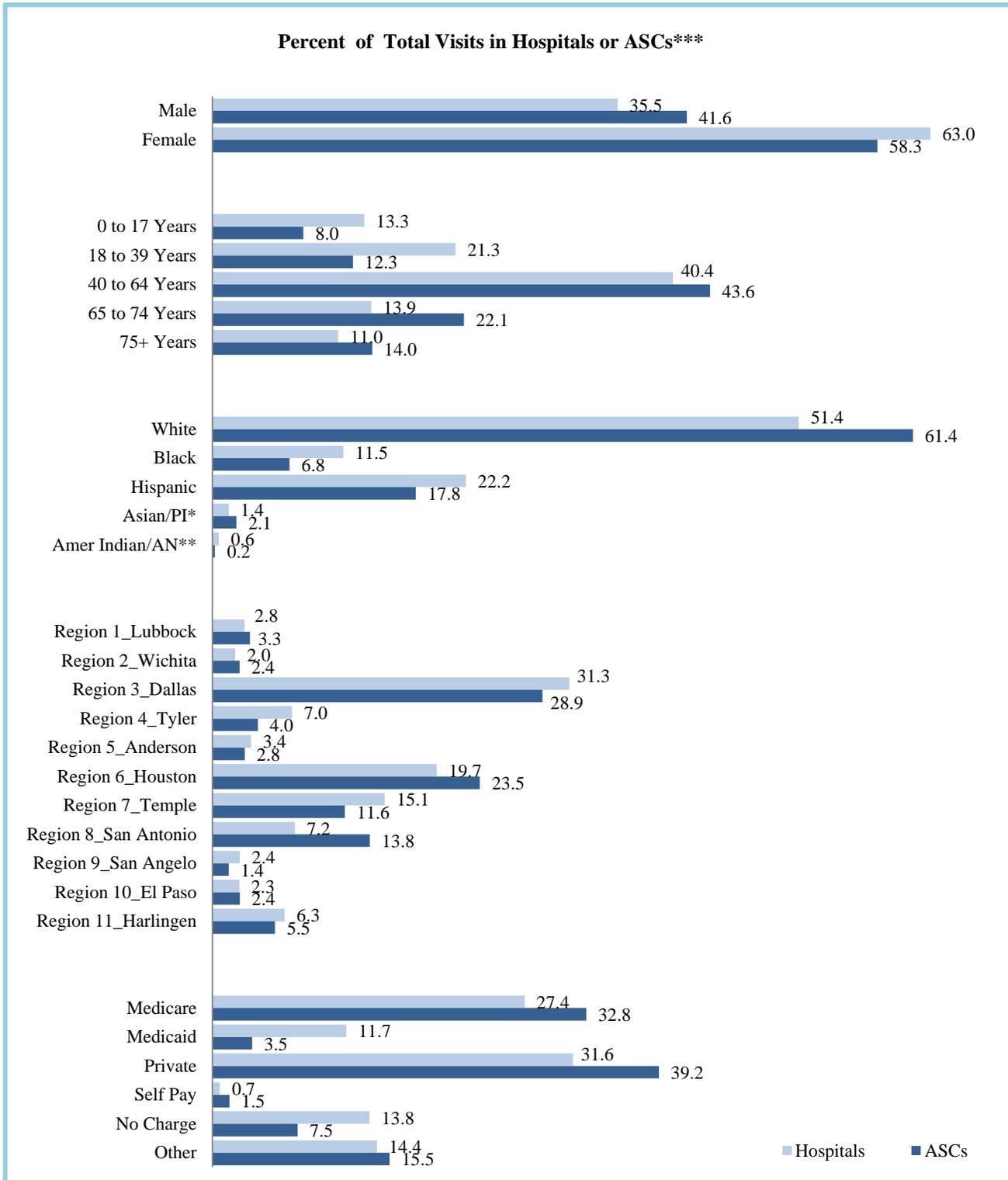
N=11,014,932 visits

An overview of the descriptive information for patients who received the outpatient procedures in hospitals versus ASCs is also shown on [Table 1](#) and [Figure 2](#). In Total, 62.4% of the 11,014,932 visits were from females and 36.3% from males. The rest of the records (1.3%) were from unknown or missing sex. The sum total charge for ASCs was approximately \$8.6 billion and for hospitals was nearly \$53.7 billion (data not shown in the Table).

Most visits were from patient that indicated that they were White (52.7%) followed by Hispanics (21.7%) and Blacks (10.9%) race/ethnic groups. In this report, Hispanics include persons who identified themselves as belonging to an ethnic background related to Hispanic or Latino culture, regardless of racial background. Blacks are persons who indicated that they belong to Black American group or African origin. Most visits were from age groups 40 to 64 years (40.8%) and 18 to 39 years (20.2%). With respect to Health Service Regions, the results suggest that most visits were from Region 3 (31.0%), followed by Region 6 (20.2) and Region 7 (14.7%).

An outpatient visit may involve up to 25 procedures. The average numbers of outpatient hospital procedures per visit for patients in either hospitals or ASCs are shown in [Figure 3](#).

Figure 2: Patient's Characteristics for Outpatient Visits in Hospitals and ASCs, Texas, 2012

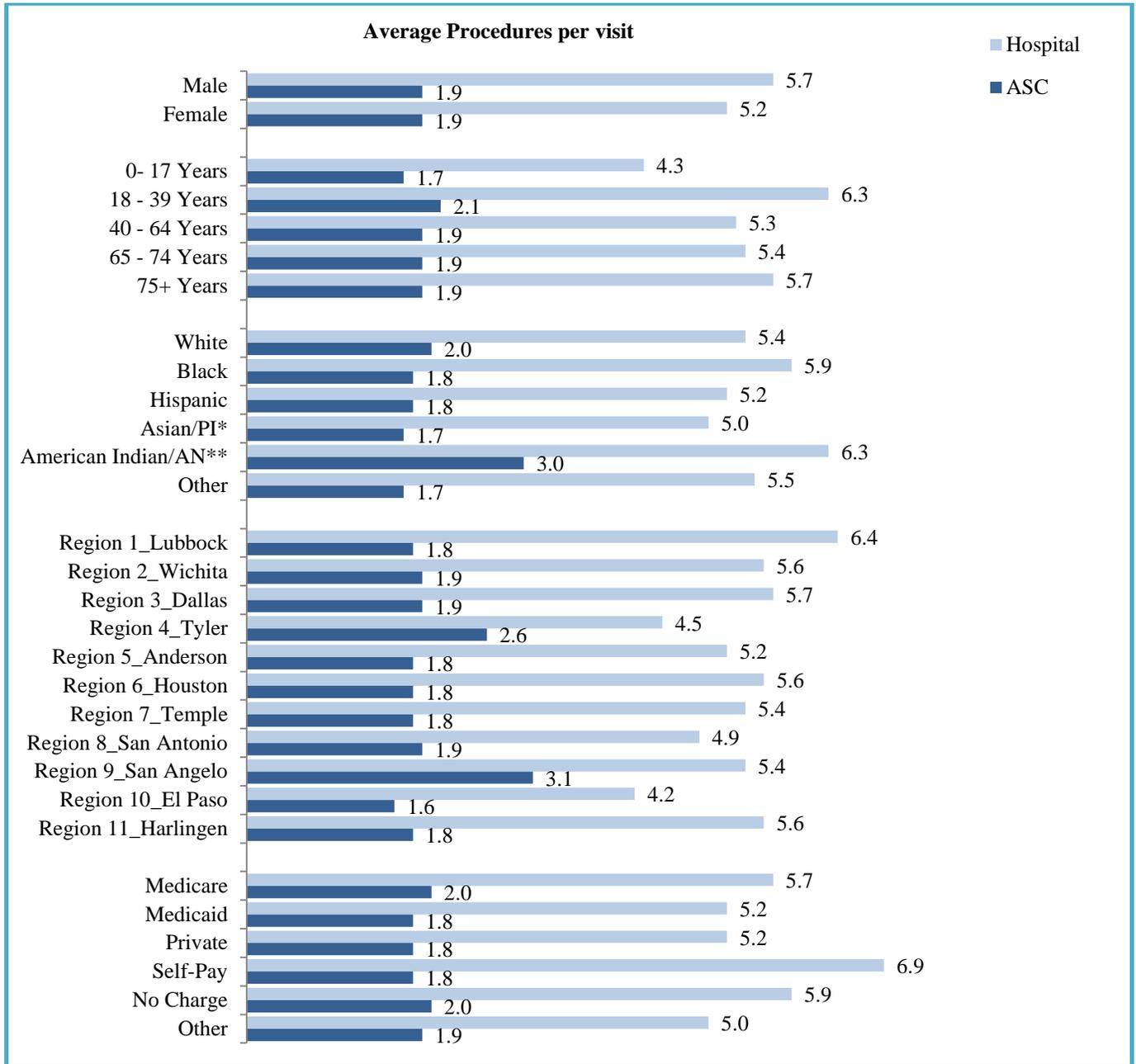


N=11,014,932 visits

Note: * PI=Pacific Islander, **AN=Alaskan origin

***Low volume facilities and unknown categories for each characteristic are not shown.

Figure 3: Average Procedure per Visit in Hospitals and ASCs, Texas, 2012



Note: * PI=Pacific Islander, **AN=Alaskan origin

***Low volume facilities and unknown categories for each characteristic are not shown.

The 20 Most Frequent Outpatient Procedure Groups for ASCs and Hospitals

The 20 most frequent procedure groups performed in hospitals and ASCs are listed in [Table 2](#).

- The total number of procedures for the 20 most frequent procedure groups in hospitals was 12,437,392 accounting for 22.7% of the total, whereas in ASCs was 1,276,294 procedures representing 2.3%; of all outpatient procedures.
- Plain film group (EAPG = 0471) was the most frequently performed procedure group in hospitals (N= 3,889,139 procedures). They were provided by 375 out of 395 hospitals at an average total charge of \$5,947. This is the amount charged or billed for the entire visit. It doesn't reflect charges for individual procedures. Other procedure groups frequently performed in hospitals include incidental to medical, significant procedure or therapy visit (EAPG=0490) and mammography (EAPG=0286).
- Screening colorectal services (EAPG=0149, N=312,769 procedures) were the most frequently performed procedures in ASCs. For 198 out of 401 ASCs which provided these services, the mean total charge for the visits was \$3,248. The second most frequently performed procedures in ASCs were diagnostic upper GI endoscopy or intubation (EAPG=0134, N =189,863 procedures). Mammography (EAPG=0286, N=1,214,480 procedures) and cataract procedures (EAPG=0233, N=181,989 procedures) ranked the third in hospitals and ASCs, respectively.

The 20 most frequent procedure groups were also stratified by patient's sex, race/ethnicity, age on the date of service, HSRs, and expected primary source of payment.

In hospitals,

- Around 65.5% of the 20 most frequent procedures (8,146,113 procedures) were performed on females, whereas males received 3,989,790 procedures ([Table 3](#)). All procedure groups had higher percentages on females than males except level I skin repair (60.7% vs. 36.0%) ([Figure 4](#)).
- There were 6,327,472 procedures (50.9%) performed on Whites, followed by Hispanics (2,687,576 procedures, 21.6%) and Blacks (1,526,994 procedures, 12.3%) ([Table 5](#)). Whites received almost, or greater than, 50% of the listed hospital procedures (47.7% to 60.8%) except obstetrical ultrasound group (EAPG=0470), which was received at a lower percentage (35.6%) ([Figure 6](#)).

- About 42.3% procedures (n=5,264,863) were received by patients 40-64 years old. Age group 18 to 39 years old received 22.7% (2,825,060) of these procedures and patients 65 to 74 years old received 13.1% (1,631,873) of these procedures ([Table 7](#)). Mammography (EAPG 0286) was mostly conducted on patients aged 40 to 64 years (67.9%). Obstetrical Ultrasound (EAPG 0470) was mostly received by age 18 to 39 years old (92.6%) ([Figure 8](#)).
- Private insurance was expected to pay for 32.1% of these procedures. The remaining procedures were expected to be paid by Medicare (26.5%), Medicaid (10.5%) ([Table 9](#)). The largest portion of Obstetrical Ultrasound (EAPG 0470) was expected to be paid by Medicaid (47.0%) ([Figure 10](#)).
- Region 3 had the highest percentage of these procedures (35.5%), followed by Region 6 (19.7%) and Region 7 (14.3%). The percentages of these procedures in other regions are within 1.9% to 6.2%. ([Table 11](#), [Figure 12](#))

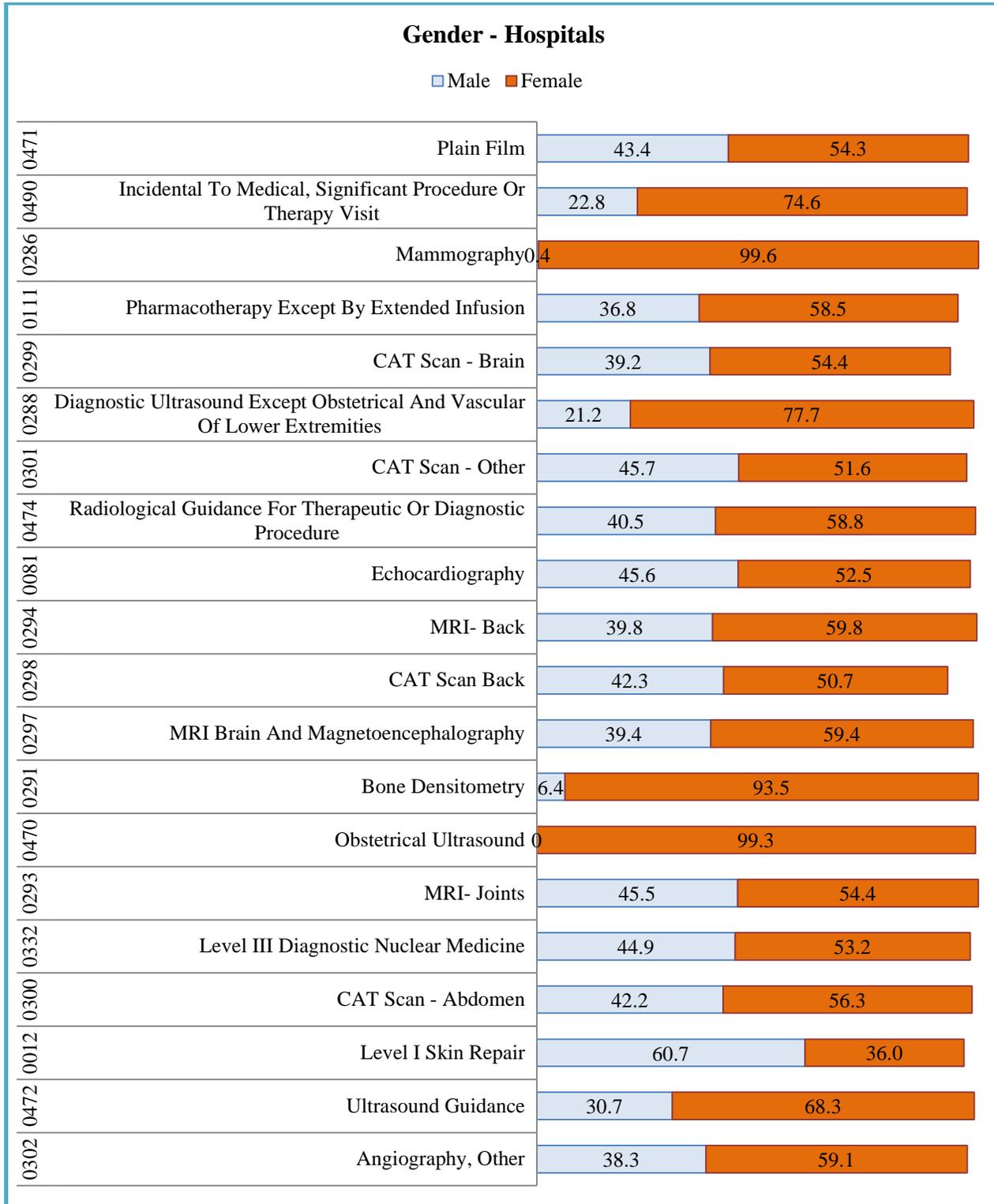
In ASCs,

- Around 57.8% of the 20 most frequent procedures (737,682 procedures) were performed on females, whereas males received 537,890 procedures ([Table 4](#)). Six procedure groups were received more frequently by males than by females ([Figure 5](#)).
- There were 796,839 procedures (62.4%) performed on Whites, followed by Hispanics (211,549 procedures, 16.6%) and other race/ethnic group (151,374 procedures, 11.9%) ([Table 6](#)). Whites received almost, or greater than, 50% of all the listed hospital procedures (48.0% to 74.6%) ([Figure 7](#)).
- About 46.6% procedures (n=594,251) were received by patients 40-64 years old. Age group 65 to 74 years old received 23.4% (299,283) of these procedures and patients 75 years and older received 14% (178,338) of these procedures. ([Table 8](#)). Level I Facial and ENT procedures (EAPG 0252) and Tonsil and Adenoid procedures were mostly performed on children 0 to 17 years old (72.4% and 82.6% respectively). Level II Breast procedures (EAPG 0021) were most often received by age 18 to 39 years old (47.7%). Cataract procedures (EAPG 0233) were often performed on elderly patients (65 years and older), which accounted for 76.4% of all the cataract procedures performed in ASC ([Figure 9](#)).
- Private insurance were expected to pay for 40.5% of the 20 most frequent procedures. The remaining procedures were expected to be paid for by Medicare (33.2%) and Medicaid (2.1%) ([Table 10](#)). Cataract procedures (EAPG 0233) and Laser Eye procedures (EAPG 0232) were expected to mostly be paid by Medicare (64.3% and 62.1% respectively) ([Figure 11](#)). Level II

Endoscopy of the Upper Airway (EAPG 0063), Arthroscopy (Level I and II, EAPG 0037 and 0038) were primarily expected to be paid by private insurance.). The majorities of Level II Breast procedures (EAPG 0021) were either self-paid (17.8%) or were performed at no charge (55.5%).

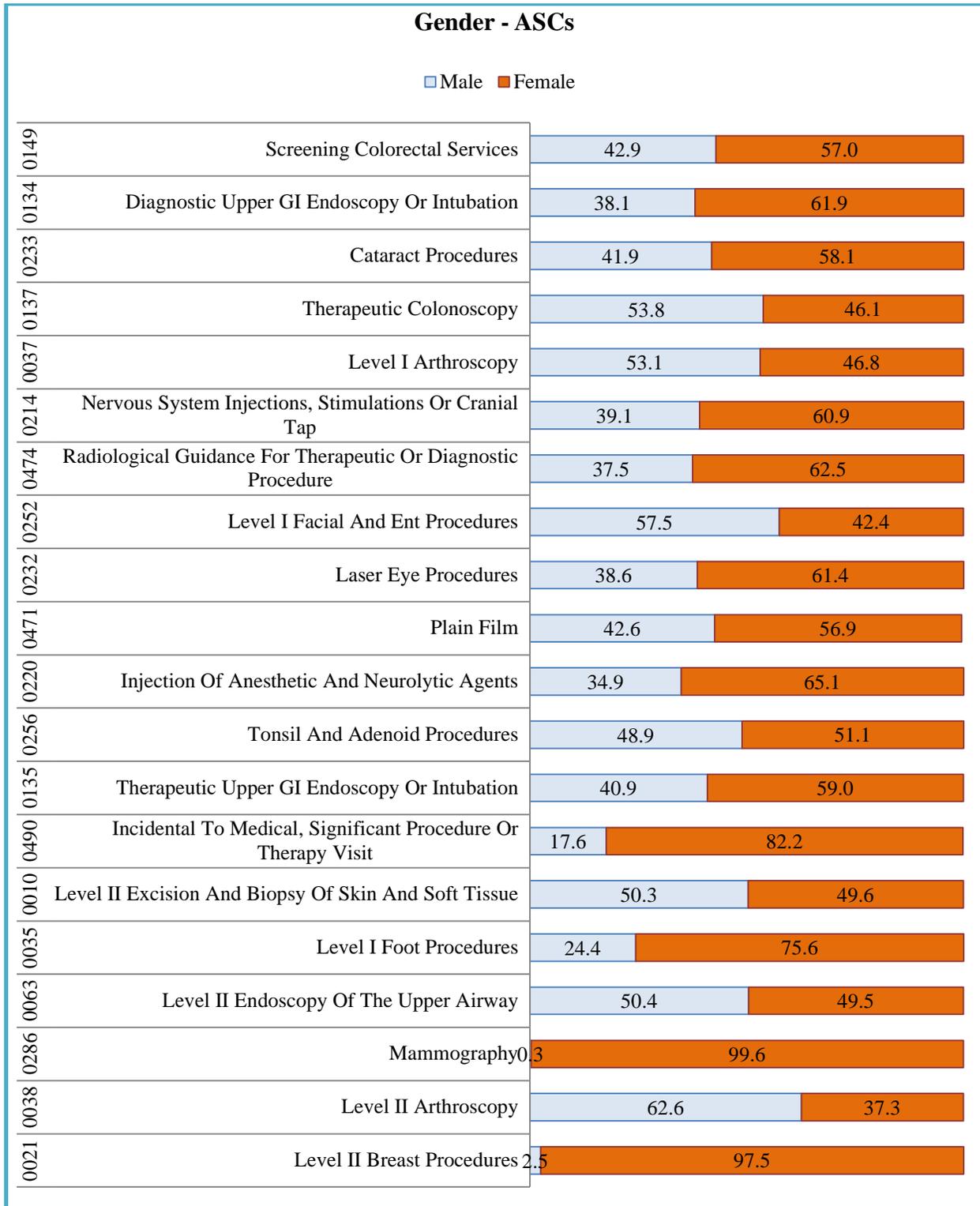
- Similar to hospitals, Region 3 had the highest percentage of these procedures (30.2%), followed by Region 6 (22.6%). Around 11.4% and 13.7% of the procedures were performed in Region 7 and Region 8 respectively. The percentages of the 20 most frequent procedures in other regions are within 1.5% to 5.5% ([Table 12](#), [Figure 13](#)).

Figure 4: Patient's Gender* Distribution (%) of the 20 frequent Procedure* Groups in Hospital, Texas, 2012



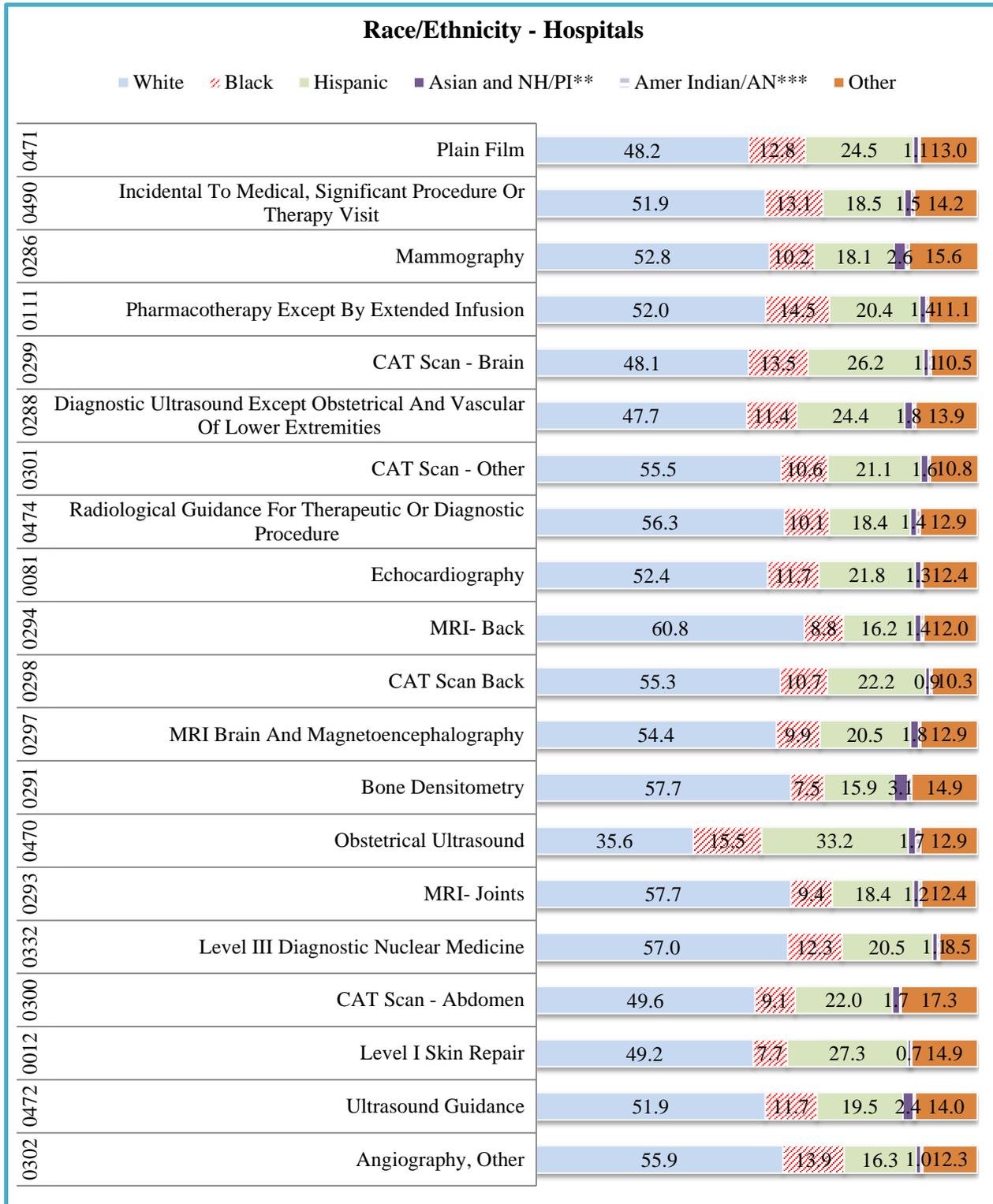
NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B ** Unknown gender for each EAPG is not shown

Figure 5: Patient's Gender* Distribution (%) of the 20 Most Frequent Procedure* Groups in ASCs, Texas, 2012



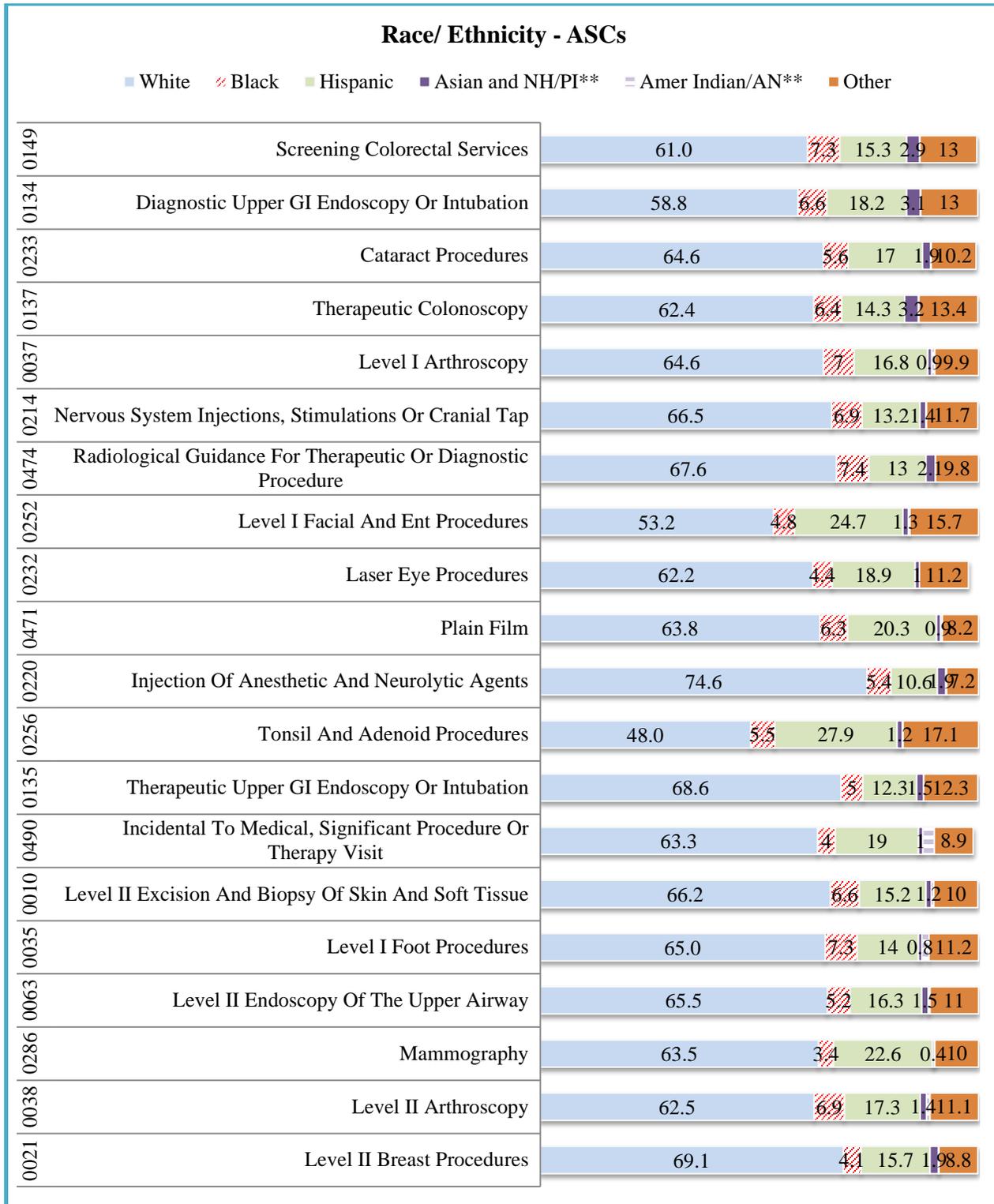
NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B ** Unknown gender for each EAPG is not shown

Figure 6: Patient's Race/ethnicity* Distribution (%) of the 20 Most Frequent Procedure* Groups in Hospitals, Texas, 2012



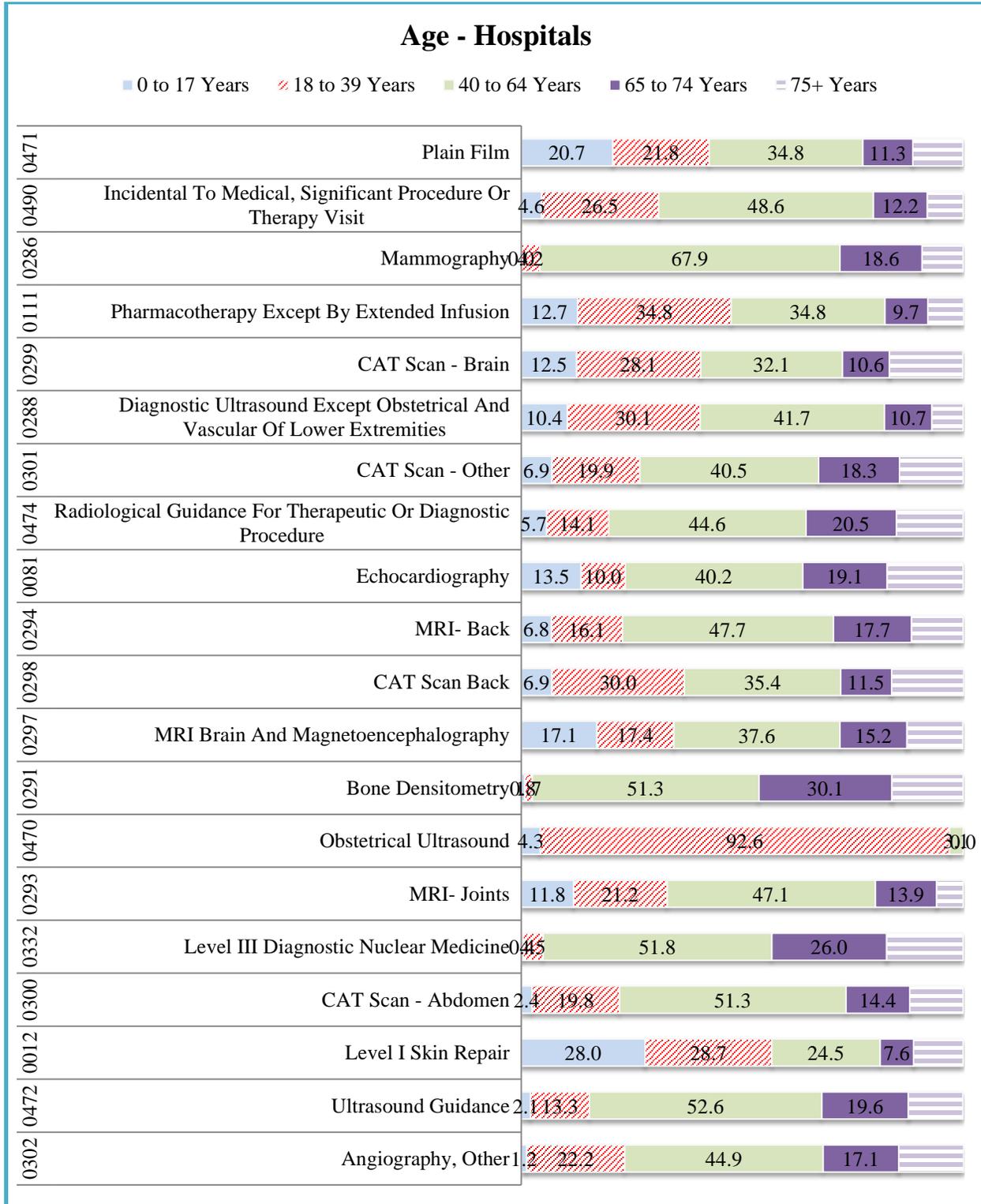
NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B ** Pacific Islander. *** Alaskan Origin. **** Unknown race/ethnicity for each EAPG is not shown

Figure 7: Patient's Race/ethnicity* Distribution(%) of the 20 Most Frequent Procedure* Groups in ASCs , Texas, 2012



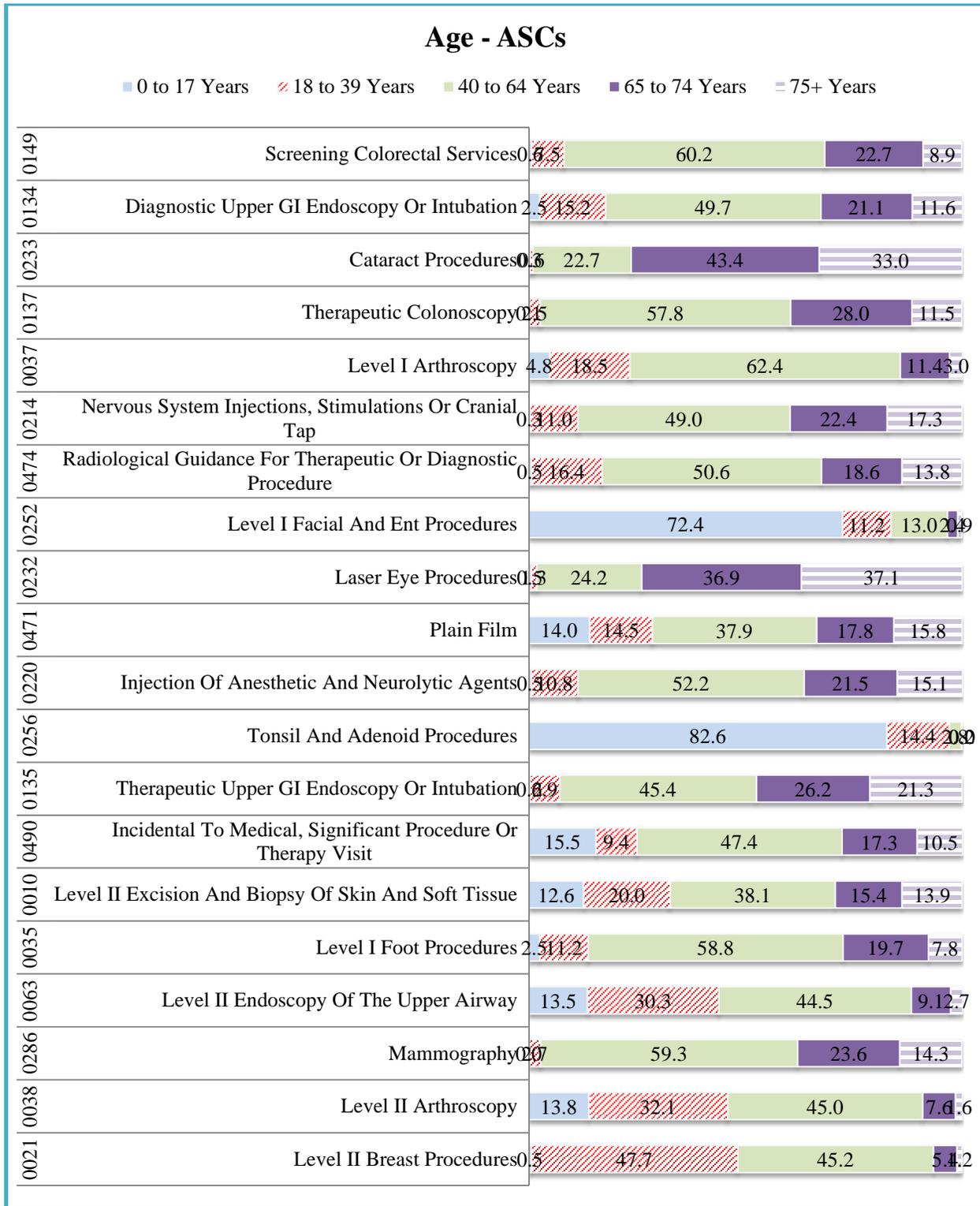
NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B ** Pacific Islander. *** Alaskan Origin. ****Unknown race/ethnicity for each EAPG is not shown

Figure 8: Patient's Age Distribution (%) of the 20 Most Frequent Procedure* Groups in Hospitals , Texas, 2012



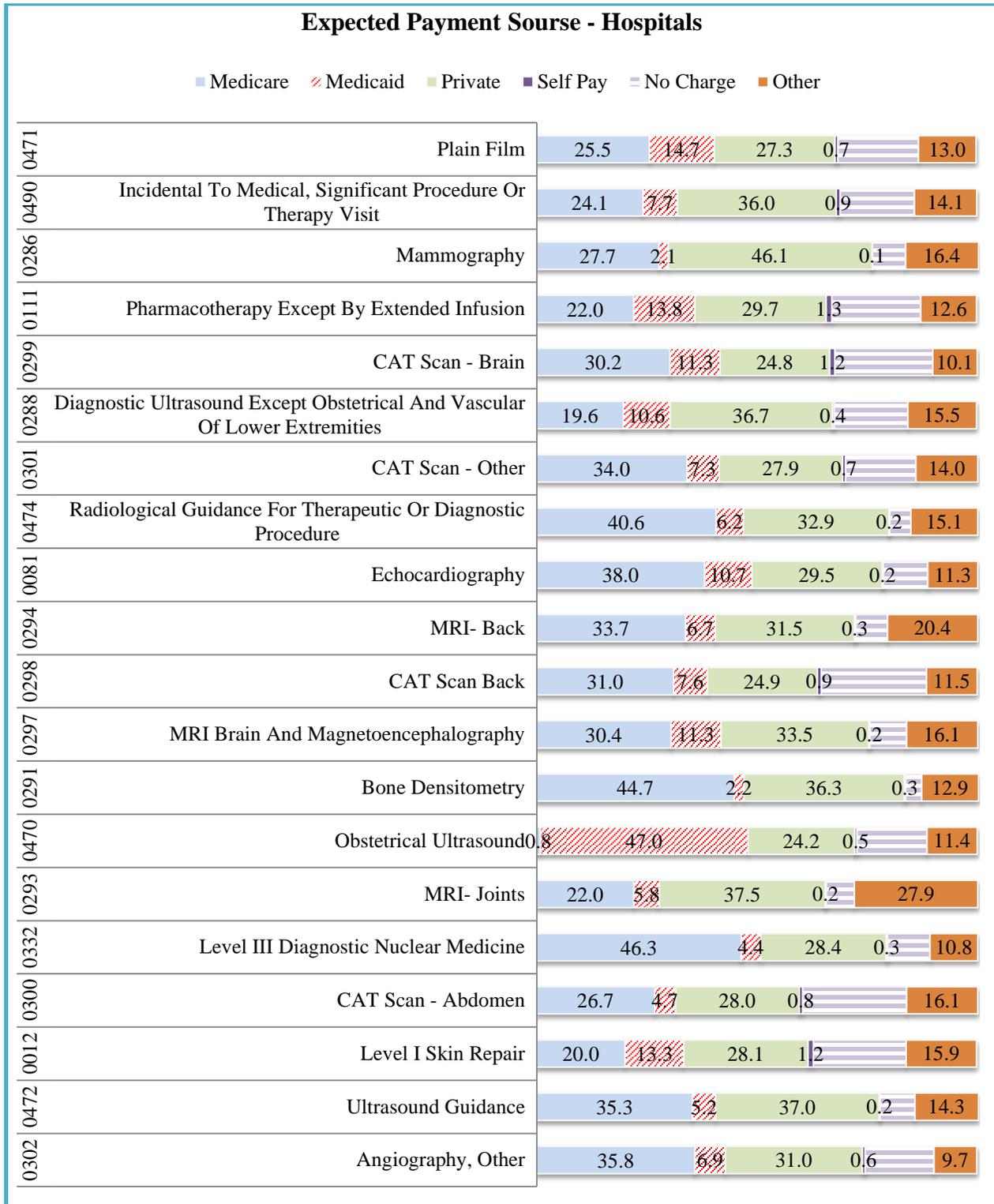
NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Figure 9: Patient's Age Distribution (%) of the 20 Most Frequent Procedure* Groups in ASCs , Texas, 2012



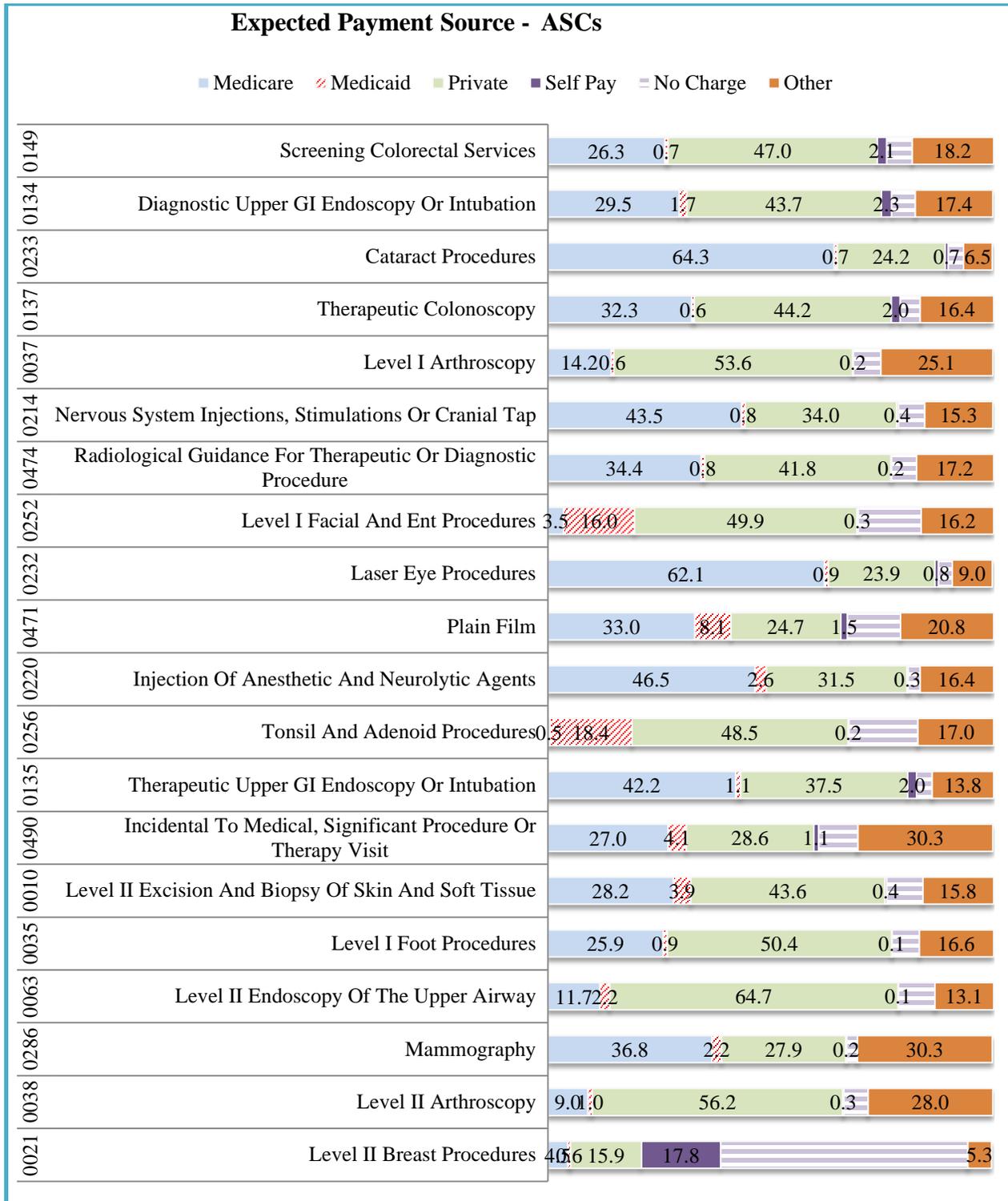
NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Figure 10: Expected Payment Source Distribution (%) of the 20 Most Frequent Procedure* Groups in Hospitals , Texas, 2012



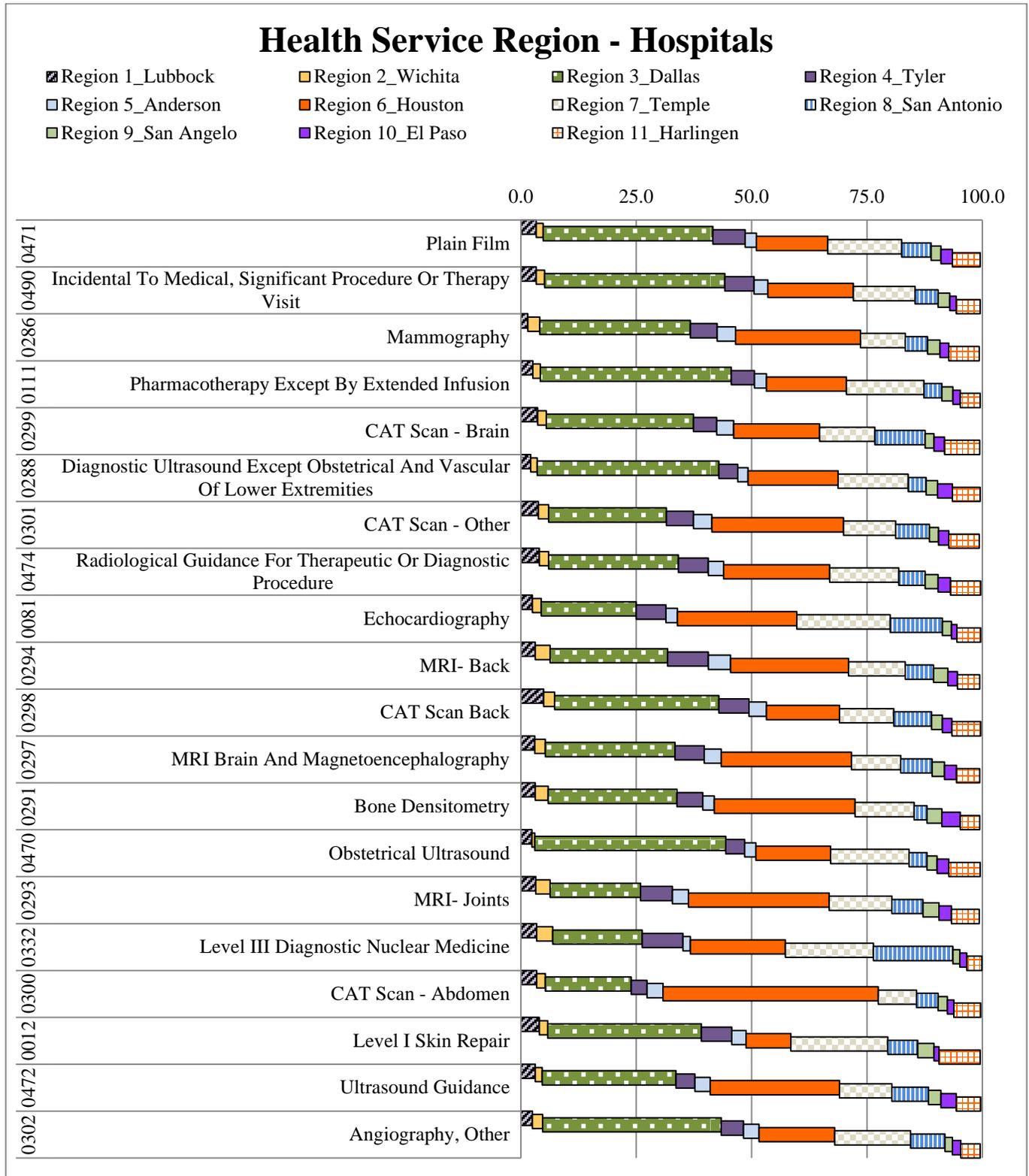
NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Figure 11: Expected Payment Source Distribution (%) of the 20 Most Frequent Procedure* Groups in ASCs , Texas, 2012



NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Figure 12: Health Service Region Distribution (%) of the 20 Most Frequent Procedure* Groups in Hospitals, Texas, 2012



NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Figure 13: Health Service Region Distribution(%) of the 20 frequent Procedure* Groups in ASCs , Texas, 2012



NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Discussion and Conclusions

This report describes the types, counts and percentages of outpatient surgical and radiological procedures performed in Texas in 2012. The reporting of these data accomplishes the requirement to produce reports to the legislature, the governor, and the public on the outpatient data submitted by the hospitals to THCIC, as listed under [Section 108.006 \(a\)\(9\)\(A\) – \(D\)](#) of the Health and Safety Code .

In summary, a total of 11,250,055 outpatient records were submitted to DSHS/THCIC, by 395 hospitals and 401 ASCs. However, a larger number of procedures were contributed by hospitals. The total charge billed by ASCs was approximately \$8.6 billion whereas for hospitals was nearly \$53.7 billion. The number of visits, the types, frequency of procedures and the total charges billed from ASCs differed from hospitals across all the selected demographic characteristics, Health Service Regions and expected primary source of payment. For example, plain film procedures were the most frequently performed procedures in hospitals whereas screening colorectal services were the most frequently procedures in ASCs. The race/ethnicity distribution of the most frequent 20 procedures performed in hospitals was similar to that in ASCs. Whites received the highest percentages of procedures followed by Hispanics and Blacks. In addition, the majority of the procedures were paid for by private insurance, followed by Medicare and Medicaid.

However, some of these results have to be interpreted with caution:

- **Total Charges:** The total charges described in this report is the amount charged or billed for the entire visit including non-covered and ancillary charges. It does not include physician charges or professional charges from the other health professionals that are contracted by the facility performing the procedures. The charges associated with the procedure are for the total charges for that individual, and do not reflect the charge for the individual procedure (itemized charge).
- **Average total charges:** The results show that there is a difference on the average total charges filed between hospitals and ASCs for the same procedure. For example, the hospital average charge for a patient who received plain film procedures (among other procedures) was \$5,947 whereas the ASC charged \$6,718. However, it is not appropriate to compare charges of procedures in ASCs to the charges in hospitals because the two types of facilities have different billing

systems. In addition, the fee structures within different hospital systems may be different, depending on how each organization assigns the charges for those chargeable items and services.

- **Expected Primary Source of Payment:** Is the type of entity or organization which is expected to pay the patient's bill. If the payment source is unknown at the time the services are rendered, the payment source is generally marked as self-pay, and the data is submitted to DSHS. The facility may later receive funding for the services from another source once the patient becomes eligible under the plan, but the data is not updated as this may occur up to two years after the services are rendered.

In conclusion, this report supports public health and preventative health initiatives through enhancing transparency of the outpatient care in hospitals and ASCs. In addition, it provides outpatient information to the stakeholders of the healthcare industry in Texas including consumers, physicians, policy makers, the federal government, insurance companies/payers, employers, researchers and others. Researchers may also use this report to generate research questions and hypotheses for further epidemiological and policy studies. Furthermore, the report may give feedback on the existing data collection procedures and established approaches.

Tables

Table 1: The Number of Procedures per Visit in Hospitals and ASCs, Texas, 2012

| | Hospitals | | | ASCs | | | Low Volume Facilities* | | | Total Visit | % of Total Visit |
|----------------------------------|------------------|-------------------|---------------------------|------------------|------------------|---------------------------|------------------------|-----------------|---------------------------|-------------------|------------------|
| | Visit | Procedure Count | Average procedure / visit | Visit | Procedure Count | Average procedure / visit | Visit | Procedure Count | Average procedure / visit | | |
| Gender | | | | | | | | | | | |
| Male | 3,422,135 | 19,466,442 | 5.7 | 574,716 | 1,082,969 | 1.9 | 1,091 | 3,718 | 3.4 | 3,997,942 | 36.3 |
| Female | 6,065,144 | 31,318,531 | 5.2 | 805,598 | 1,539,202 | 1.9 | 1,565 | 3,717 | 2.4 | 6,872,307 | 62.4 |
| Unknown | 143,344 | 1,481,125 | 10.3 | 978 | 5,352 | 5.5 | 361 | 1,441 | 4.0 | 144,683 | 1.3 |
| Age Group | | | | | | | | | | | |
| 0 to 17 Years | 1,282,286 | 5,462,814 | 4.3 | 110,154 | 187,305 | 1.7 | 243 | 757 | 3.1 | 1,392,683 | 12.6 |
| 18 to 39 Years | 2,053,906 | 12,904,655 | 6.3 | 170,126 | 352,855 | 2.1 | 688 | 1,556 | 2.3 | 2,224,720 | 20.2 |
| 40 to 64 Years | 3,890,261 | 20,632,546 | 5.3 | 602,883 | 1,132,915 | 1.9 | 1,375 | 3,963 | 2.9 | 4,494,519 | 40.8 |
| 65 to 74 Years | 1,341,849 | 7,185,715 | 5.4 | 304,661 | 580,848 | 1.9 | 358 | 1,230 | 3.4 | 1,646,868 | 15.0 |
| 75+ Years | 1,062,321 | 6,080,368 | 5.7 | 193,468 | 373,600 | 1.9 | 353 | 1,370 | 3.9 | 1,256,142 | 11.4 |
| Race/Ethnicity | | | | | | | | | | | |
| White | 4,953,590 | 26,668,601 | 5.4 | 848,579 | 1,682,516 | 2.0 | 1,363 | 3,644 | 2.7 | 5,803,532 | 52.7 |
| Black | 1,105,892 | 6,576,881 | 5.9 | 93,308 | 166,515 | 1.8 | 253 | 837 | 3.3 | 1,199,453 | 10.9 |
| Hispanic | 2,141,084 | 11,221,681 | 5.2 | 246,313 | 442,882 | 1.8 | 743 | 2,096 | 2.8 | 2,388,140 | 21.7 |
| Asian/PI | 136,154 | 685,302 | 5.0 | 28,903 | 48,462 | 1.7 | 45 | 64 | 1.4 | 165,102 | 1.5 |
| American Indian/AN | 54,402 | 340,273 | 6.3 | 2,988 | 9,048 | 3.0 | 4 | 5 | 1.3 | 57,394 | 0.5 |
| Other | 1,231,988 | 6,750,645 | 5.5 | 157,254 | 271,049 | 1.7 | 585 | 2,077 | 3.6 | 1,389,827 | 12.6 |
| Unknown | 7,513 | 22,715 | 3.0 | 3,947 | 7,051 | 1.8 | 24 | 153 | 6.4 | 11,484 | 0.1 |
| Health Service Regions | | | | | | | | | | | |
| Region 1_Lubbock | 271,325 | 1,738,593 | 6.4 | 45,492 | 80,128 | 1.8 | 15 | 35 | 2.3 | 316,832 | 2.9 |
| Region 2_Wichita | 191,826 | 1,065,050 | 5.6 | 32,670 | 62,021 | 1.9 | 144 | 215 | 1.5 | 224,640 | 2.0 |
| Region 3_Dallas | 3,013,585 | 17,047,314 | 5.7 | 399,737 | 776,204 | 1.9 | 755 | 2,097 | 2.8 | 3,414,077 | 31.0 |
| Region 4_Tyler | 672,198 | 3,033,704 | 4.5 | 54,879 | 143,718 | 2.6 | 70 | 201 | 2.9 | 727,147 | 6.6 |
| Region 5_Anderson | 324,683 | 1,684,830 | 5.2 | 39,075 | 70,967 | 1.8 | 29 | 107 | 3.7 | 363,787 | 3.3 |
| Region 6_Houston | 1,895,151 | 10,533,747 | 5.6 | 323,972 | 587,335 | 1.8 | 937 | 2,515 | 2.7 | 2,220,060 | 20.2 |
| Region 7_Temple | 1,454,813 | 7,834,329 | 5.4 | 160,391 | 288,276 | 1.8 | 351 | 1,833 | 5.2 | 1,615,555 | 14.7 |
| Region 8_San Antonio | 696,596 | 3,427,060 | 4.9 | 190,487 | 361,314 | 1.9 | 195 | 390 | 2.0 | 887,278 | 8.1 |
| Region 9_San Angelo | 231,620 | 1,254,025 | 5.4 | 19,502 | 60,342 | 3.1 | 99 | 146 | 1.5 | 251,221 | 2.3 |
| Region 10_El Paso | 225,984 | 950,299 | 4.2 | 33,127 | 53,084 | 1.6 | 133 | 972 | 7.3 | 259,244 | 2.4 |
| Region 11_Harlingen | 609,666 | 3,428,017 | 5.6 | 75,643 | 133,022 | 1.8 | 270 | 302 | 1.1 | 685,579 | 6.2 |
| Unknown | 43,176 | 269,130 | 6.2 | 6,317 | 11,112 | 1.8 | 19 | 63 | 3.3 | 49,512 | 0.4 |
| Primary Source of Payment | | | | | | | | | | | |
| Medicare | 2,636,753 | 15,062,918 | 5.7 | 452,825 | 914,995 | 2.0 | 564 | 2,106 | 3.7 | 3,090,142 | 28.1 |
| Medicaid | 1,130,393 | 5,873,776 | 5.2 | 48,099 | 88,819 | 1.8 | 265 | 689 | 2.6 | 1,178,757 | 10.7 |
| Private | 3,045,402 | 15,827,195 | 5.2 | 540,874 | 960,865 | 1.8 | 895 | 2,609 | 2.9 | 3,587,171 | 32.6 |
| Self-Pay | 62,674 | 432,849 | 6.9 | 20,537 | 37,196 | 1.8 | 333 | 324 | 1.0 | 83,544 | 0.8 |
| No Charge | 1,325,896 | 7,871,499 | 5.9 | 103,233 | 206,571 | 2.0 | 568 | 1,458 | 2.6 | 1,429,697 | 13.0 |
| Other | 1,389,775 | 6,986,716 | 5.0 | 214,555 | 416,975 | 1.9 | 358 | 1,642 | 4.6 | 1,604,688 | 14.6 |
| Unknown | 39,730 | 211,145 | 5.3 | 1,169 | 2,102 | 1.8 | 34 | 48 | 1.4 | 40,933 | 0.4 |
| Total | 9,630,623 | 52,266,098 | 5.4 | 1,381,292 | 2,627,523 | 1.9 | 3,017 | 8,876 | 2.9 | 11,014,932 | 100.0 |

N=11,014,932 visits and 54,902,497 procedures

Note: * Not identified as hospitals or an ASCs, and reported fewer than 50 events or fewer than 5 events for a particular gender, including 'unknown'.

Table 2: The 20 Most Frequent Outpatient Procedure* Groups Performed in ASCs and Hospitals, Texas, 2012

| EAPG | Description | Hospital | | | | ASC | | | |
|------|--|-----------|------|-----------------------|----------------------|---------|------|-----------------------|----------------------|
| | | Count | Rank | Average Total Charges | Number of Facilities | Count | Rank | Average Total Charges | Number of Facilities |
| 0471 | Plain Film | 3,889,139 | 1 | \$5,947 | 375 | 29,948 | 10 | \$6,718 | 121 |
| 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 2,648,628 | 2 | \$6,339 | 363 | 22,581 | 14 | \$6,138 | 136 |
| 0286 | Mammography | 1,214,480 | 3 | \$628 | 251 | 15,018 | 18 | \$839 | 12 |
| 0111 | Pharmacotherapy Except by Extended Infusion | 996,875 | 4 | \$10,862 | 323 | 2,658 | >20 | \$8,699 | 12 |
| 0299 | CAT Scan - Brain | 648,472 | 5 | \$7,977 | 360 | 2,186 | >20 | \$8,106 | 8 |
| 0288 | Diagnostic Ultrasound Except Obstetrical and Vascular of Lower Extremities | 600,175 | 6 | \$5,278 | 333 | 7,370 | >20 | \$4,410 | 42 |
| 0301 | CAT Scan - Other | 411,362 | 7 | \$8,422 | 362 | 4,285 | >20 | \$5,363 | 8 |
| 0474 | Radiological Guidance for Therapeutic or Diagnostic Procedure | 252,532 | 8 | \$16,046 | 349 | 48,504 | 7 | \$7,644 | 181 |
| 0081 | Echocardiography | 250,193 | 9 | \$13,178 | 297 | 1,309 | >20 | \$7,395 | 7 |
| 0294 | MRI- Back | 224,958 | 10 | \$6,867 | 318 | 4,161 | >20 | \$4,608 | 10 |
| 0298 | CAT Scan Back | 214,335 | 11 | \$9,948 | 356 | 1,333 | >20 | \$7,493 | 11 |
| 0297 | MRI Brain and Magnetoencephalography | 178,367 | 12 | \$9,219 | 314 | 1,851 | >20 | \$5,109 | 8 |
| 0291 | Bone Densitometry | 143,696 | 13 | \$1,194 | 210 | 1,962 | >20 | \$1,998 | 5 |
| 0470 | Obstetrical Ultrasound | 133,429 | 14 | \$3,426 | 275 | 80 | >20 | \$2,978 | 7 |
| 0293 | MRI- Joints | 130,917 | 15 | \$4,019 | 316 | 2,384 | >20 | \$4,671 | 9 |
| 0332 | Level II Diagnostic Nuclear Medicine | 114,179 | 16 | \$13,297 | 268 | 691 | >20 | \$12,047 | 4 |
| 0300 | CAT Scan - Abdomen | 113,611 | 17 | \$7,495 | 353 | 840 | >20 | \$5,094 | 6 |
| 0012 | Level I Skin Repair | 101,995 | 18 | \$4,126 | 336 | 5,667 | >20 | \$8,394 | 210 |
| 0472 | Ultrasound Guidance | 86,389 | 19 | \$10,676 | 298 | 4,524 | >20 | \$8,050 | 62 |
| 0302 | Angiography, Other | 83,660 | 20 | \$10,938 | 318 | 304 | >20 | \$5,671 | 7 |
| 0149 | Screening Colorectal Services | 76,629 | >20 | \$6,473 | 253 | 312,769 | 1 | \$3,248 | 198 |
| 0037 | Level I Arthroscopy | 71,940 | >20 | \$19,110 | 243 | 75,106 | 5 | \$20,445 | 198 |
| 0134 | Diagnostic Upper GI Endoscopy or Intubation | 71,824 | >20 | \$9,158 | 290 | 189,863 | 2 | \$3,859 | 205 |
| 0214 | Nervous System Injections, Stimulations or Cranial Tap | 46,412 | >20 | \$4,667 | 247 | 57,023 | 6 | \$4,317 | 195 |
| 0233 | Cataract Procedures | 32,051 | >20 | \$8,500 | 116 | 181,986 | 3 | \$5,334 | 157 |
| 0010 | Level II Excision and Biopsy of Skin and Soft Tissue | 30,725 | >20 | \$10,624 | 302 | 20,113 | 15 | \$9,300 | 246 |
| 0252 | Level I Facial and ENT Procedures | 30,176 | >20 | \$13,024 | 239 | 39,279 | 8 | \$13,535 | 203 |

| EAPG | Description | Hospital | | | | ASC | | | |
|---|---|-------------------|------|-----------------------|----------------------|------------------|------|-----------------------|----------------------|
| | | Count | Rank | Average Total Charges | Number of Facilities | Count | Rank | Average Total Charges | Number of Facilities |
| 0137 | Therapeutic Colonoscopy | 25,009 | >20 | \$7,234 | 221 | 102,839 | 4 | \$4,316 | 186 |
| 0256 | Tonsil and Adenoid Procedures | 22,929 | >20 | \$10,396 | 207 | 26,432 | 12 | \$8,474 | 151 |
| 0220 | Injection of Anesthetic and Neurolytic Agents | 21,802 | >20 | \$9,876 | 173 | 27,855 | 11 | \$10,567 | 187 |
| 0021 | Level II Breast Procedures | 16,701 | >20 | \$21,353 | 214 | 14,695 | 20 | \$12,771 | 151 |
| 0038 | Level II Arthroscopy | 16,392 | >20 | \$29,450 | 218 | 14,814 | 19 | \$26,259 | 166 |
| 0063 | Level II Endoscopy of the Upper Airway | 15,554 | >20 | \$27,469 | 174 | 17,128 | 17 | \$37,066 | 140 |
| 0135 | Therapeutic Upper GI Endoscopy or Intubation | 13,200 | >20 | \$8,308 | 254 | 25,451 | 13 | \$4,385 | 168 |
| 0035 | Level I Foot Procedures | 12,931 | >20 | \$15,365 | 244 | 19,257 | 16 | \$17,245 | 198 |
| 0232 | Laser Eye Procedures | 4,380 | >20 | \$2,469 | 57 | 35,633 | 9 | \$2,011 | 108 |
| Total of the 20 Procedure Groups | | 12,437,392 | | | | 1,276,294 | | | |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Table 3: Counts of Patient's Gender* for the 20 Most Frequent Outpatient Procedure* Groups in Hospitals, Texas, 2012

| Rank | EAPG | Description | Male | Female | Total |
|---|------|--|------------------|------------------|-------------------|
| 1 | 0471 | Plain Film | 1,688,980 | 2,110,200 | 3,889,139 |
| 2 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 605,123 | 1,975,249 | 2,648,628 |
| 3 | 0286 | Mammography | 4,544 | 1,209,598 | 1,214,480 |
| 4 | 0111 | Pharmacotherapy Except by Extended Infusion | 366,656 | 583,351 | 996,875 |
| 5 | 0299 | CAT Scan - Brain | 253,939 | 352,593 | 648,472 |
| 6 | 0288 | Diagnostic Ultrasound Except Obstetrical and Vascular of Lower Extremities | 126,979 | 466,118 | 600,175 |
| 7 | 0301 | CAT Scan - Other | 188,155 | 212,075 | 411,362 |
| 8 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 102,366 | 148,533 | 252,532 |
| 9 | 0081 | Echocardiography | 114,090 | 131,419 | 250,193 |
| 10 | 0294 | MRI- Back | 89,501 | 134,449 | 224,958 |
| 11 | 0298 | CAT Scan Back | 90,769 | 108,604 | 214,335 |
| 12 | 0297 | MRI Brain and Magnetoencephalography | 70,341 | 105,940 | 178,367 |
| 13 | 0291 | Bone Densitometry | 9,163 | 134,399 | 143,696 |
| 14 | 0470 | Obstetrical Ultrasound | 42 | 132,484 | 133,429 |
| 15 | 0293 | MRI- Joints | 59,548 | 71,246 | 130,917 |
| 16 | 0332 | Level III Diagnostic Nuclear Medicine | 51,227 | 60,784 | 114,179 |
| 17 | 0300 | CAT Scan - Abdomen | 47,969 | 63,987 | 113,611 |
| 18 | 0012 | Level I Skin Repair | 61,871 | 36,672 | 101,995 |
| 19 | 0472 | Ultrasound Guidance | 26,505 | 59,005 | 86,389 |
| 20 | 0302 | Angiography, Other | 32,022 | 49,407 | 83,660 |
| Total of the 20 Procedure Groups | | | 3,989,790 | 8,146,113 | 12,437,392 |
| Percent | | | 32.1 | 65.5 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B **Unknown gender for each EAPG are not shown

Table 4: Counts of Patient's Gender* for the 20 Most Frequent Outpatient Procedure* Groups in ASCs, Texas, 2012

| Rank | EAPG | Description | Male | Female | Total |
|---|------|---|----------------|----------------|------------------|
| 1 | 0149 | Screening Colorectal Services | 134,226 | 178,366 | 312,769 |
| 2 | 0134 | Diagnostic Upper GI Endoscopy or Intubation | 72,309 | 117,461 | 189,863 |
| 3 | 0233 | Cataract Procedures | 76,288 | 105,659 | 181,986 |
| 4 | 0137 | Therapeutic Colonoscopy | 55,370 | 47,415 | 102,839 |
| 5 | 0037 | Level I Arthroscopy | 39,917 | 35,153 | 75,106 |
| 6 | 0214 | Nervous System Injections, Stimulations or Cranial Tap | 22,275 | 34,727 | 57,023 |
| 7 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 18,187 | 30,296 | 48,504 |
| 8 | 0252 | Level I Facial and Ent Procedures | 22,593 | 16,672 | 39,279 |
| 9 | 0232 | Laser Eye Procedures | 13,764 | 21,866 | 35,633 |
| 10 | 0471 | Plain Film | 12,772 | 17,033 | 29,948 |
| 11 | 0220 | Injection of Anesthetic and Neurolytic Agents | 9,717 | 18,122 | 27,855 |
| 12 | 0256 | Tonsil and Adenoid Procedures | 12,926 | 13,503 | 26,432 |
| 13 | 0135 | Therapeutic Upper GI Endoscopy or Intubation | 10,410 | 15,027 | 25,451 |
| 14 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 3,971 | 18,554 | 22,581 |
| 15 | 0010 | Level II Excision and Biopsy of Skin and Soft Tissue | 10,125 | 9,977 | 20,113 |
| 16 | 0035 | Level I Foot Procedures | 4,703 | 14,551 | 19,257 |
| 17 | 0063 | Level II Endoscopy of the Upper Airway | 8,640 | 8,480 | 17,128 |
| 18 | 0286 | Mammography | 52 | 14,964 | 15,018 |
| 19 | 0038 | Level II Arthroscopy | 9,275 | 5,533 | 14,814 |
| 20 | 0021 | Level II Breast Procedures | 370 | 14,323 | 14,695 |
| Total of the 20 Procedure Groups | | | 537,890 | 737,682 | 1,276,294 |
| Percent | | | 42.1 | 57.8 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B **Unknown gender for each EAPG are not shown

Table 5: Counts of Patient's Race/ethnicity* for the 20 Most Frequent Outpatient Procedure* Groups in Hospitals, Texas, 2012**

| Rank | EAPG | Description | White | Black | Hispanic | Asian and NH PI** | Amer Indian AN*** | Other | Total |
|---|------|--|------------------|------------------|------------------|-------------------|-------------------|------------------|-------------------|
| 1 | 0471 | Plain Film | 1,873,039 | 499,004 | 951,198 | 43,890 | 16,706 | 504,249 | 3,889,139 |
| 2 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 1,374,350 | 347,749 | 491,045 | 39,035 | 19,741 | 376,218 | 2,648,628 |
| 3 | 0286 | Mammography | 641,093 | 123,404 | 219,290 | 31,100 | 9,405 | 190,023 | 1,214,480 |
| 4 | 0111 | Pharmacotherapy Except by Extended Infusion | 518,132 | 144,483 | 203,196 | 14,047 | 5,824 | 110,963 | 996,875 |
| 5 | 0299 | CAT Scan - Brain | 311,820 | 87,288 | 170,156 | 7,231 | 3,942 | 67,892 | 648,472 |
| 6 | 0288 | Diagnostic Ultrasound Except Obstetrical and Vascular of Lower Extremities | 286,205 | 68,552 | 146,357 | 10,954 | 4,371 | 83,342 | 600,175 |
| 7 | 0301 | CAT Scan - Other | 228,159 | 43,567 | 86,592 | 6,657 | 1,974 | 44,309 | 411,362 |
| 8 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 142,177 | 25,584 | 46,535 | 3,428 | 1,983 | 32,650 | 252,532 |
| 9 | 0081 | Echocardiography | 131,069 | 29,174 | 54,650 | 3,354 | 1,017 | 30,901 | 250,193 |
| 10 | 0294 | MRI- Back | 136,759 | 19,812 | 36,476 | 3,111 | 1,354 | 27,077 | 224,958 |
| 11 | 0298 | CAT Scan Back | 118,551 | 22,960 | 47,595 | 1,830 | 1,244 | 22,111 | 214,335 |
| 12 | 0297 | MRI Brain and Magnetoencephalography | 96,943 | 17,639 | 36,511 | 3,147 | 962 | 22,944 | 178,367 |
| 13 | 0291 | Bone Densitometry | 82,884 | 10,819 | 22,850 | 4,438 | 1,279 | 21,402 | 143,696 |
| 14 | 0470 | Obstetrical Ultrasound | 47,517 | 20,630 | 44,297 | 2,320 | 1,423 | 17,205 | 133,429 |
| 15 | 0293 | MRI- Joints | 75,531 | 12,351 | 24,136 | 1,600 | 832 | 16,230 | 130,917 |
| 16 | 0332 | Level II Diagnostic Nuclear Medicine | 65,115 | 14,070 | 23,420 | 1,309 | 549 | 9,701 | 114,179 |
| 17 | 0300 | CAT Scan - Abdomen | 56,386 | 10,282 | 24,945 | 1,932 | 354 | 19,666 | 113,611 |
| 18 | 0012 | Level I Skin Repair | 50,155 | 7,847 | 27,799 | 743 | 242 | 15,183 | 101,995 |
| 19 | 0472 | Ultrasound Guidance | 44,811 | 10,127 | 16,888 | 2,042 | 382 | 12,119 | 86,389 |
| 20 | 0302 | Angiography, Other | 46,776 | 11,652 | 13,640 | 855 | 430 | 10,300 | 83,660 |
| Total of the 20 Procedure Groups | | | 6,327,472 | 1,526,994 | 2,687,576 | 183,023 | 74,014 | 1,634,485 | 12,437,392 |
| Percent | | | 50.9 | 12.3 | 21.6 | 1.5 | 0.6 | 13.1 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B ** Pacific Islander. *** Alaskan Origin. ****Unknown Race/ethnicity for each EAPG are not shown

Table 6: Counts of Patient's Race/ethnicity* for the 20 Most Frequent Outpatient Procedure* Groups in ASCs, Texas, 2012**

| Rank | EAPG | Description | White | Black | Hispanic | Asian and NH PI** | Amer Indian AN**** | Other | Total |
|---|------|---|----------------|---------------|----------------|-------------------|--------------------|----------------|------------------|
| 1 | 0149 | Screening Colorectal Services | 190,915 | 22,985 | 47,773 | 9,162 | 289 | 40,765 | 312,769 |
| 2 | 0134 | Diagnostic Upper GI Endoscopy or Intubation | 111,550 | 12,618 | 34,594 | 5,827 | 202 | 24,662 | 189,863 |
| 3 | 0233 | Cataract Procedures | 117,597 | 10,221 | 30,950 | 3,472 | 203 | 18,563 | 181,986 |
| 4 | 0137 | Therapeutic Colonoscopy | 64,154 | 6,603 | 14,691 | 3,320 | 118 | 13,771 | 102,839 |
| 5 | 0037 | Level I Arthroscopy | 48,498 | 5,259 | 12,651 | 695 | 522 | 7,438 | 75,106 |
| 6 | 0214 | Nervous System Injections, Stimulations or Cranial Tap | 37,946 | 3,926 | 7,549 | 801 | 77 | 6,649 | 57,023 |
| 7 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 32,804 | 3,577 | 6,283 | 995 | 45 | 4,760 | 48,504 |
| 8 | 0252 | Level I Facial and ENT Procedures | 20,878 | 1,876 | 9,698 | 511 | 110 | 6,176 | 39,279 |
| 9 | 0232 | Laser Eye Procedures | 22,165 | 1,577 | 6,729 | 363 | 13 | 3,982 | 35,633 |
| 10 | 0471 | Plain Film | 19,098 | 1,887 | 6,090 | 262 | 105 | 2,452 | 29,948 |
| 11 | 0220 | Injection of Anesthetic and Neurolytic Agents | 20,784 | 1,518 | 2,942 | 523 | 51 | 2,016 | 27,855 |
| 12 | 0256 | Tonsil and Adenoid Procedures | 12,690 | 1,456 | 7,373 | 311 | 50 | 4,531 | 26,432 |
| 13 | 0135 | Therapeutic Upper GI Endoscopy or Intubation | 17,467 | 1,269 | 3,134 | 391 | 21 | 3,119 | 25,451 |
| 14 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 14,288 | 910 | 4,297 | 223 | 587 | 2,001 | 22,581 |
| 15 | 0010 | Level II Excision and Biopsy of Skin And Soft Tissue | 13,321 | 1,320 | 3,048 | 245 | 111 | 2,011 | 20,113 |
| 16 | 0035 | Level I Foot Procedures | 12,514 | 1,405 | 2,687 | 151 | 313 | 2,164 | 19,257 |
| 17 | 0063 | Level II Endoscopy of The Upper Airway | 11,222 | 891 | 2,794 | 264 | 71 | 1,880 | 17,128 |
| 18 | 0286 | Mammography | 9,538 | 507 | 3,396 | 60 | 11 | 1,505 | 15,018 |
| 19 | 0038 | Level II Arthroscopy | 9,263 | 1,026 | 2,556 | 207 | 113 | 1,637 | 14,814 |
| 20 | 0021 | Level II Breast Procedures | 10,147 | 606 | 2,314 | 283 | 28 | 1,292 | 14,695 |
| Total of the 20 Procedure Groups | | | 796,839 | 81,437 | 211,549 | 28,066 | 3,040 | 151,374 | 1,276,294 |
| Percent | | | 62.4 | 6.4 | 16.6 | 2.2 | 0.2 | 11.9 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B ** Pacific Islander. *** Alaskan Origin. ****Unknown Race/ethnicity for each EAPG are not shown

Table 7: Counts of Patient's Age for the 20 Most Frequent Outpatient Procedure* Groups in Hospitals, Texas, 2012

| Rank | EAPG | Description | 0 to 17 Years | 18 to 39 Years | 40 to 64 Years | 65 to 74 Years | 75+ Years | Total |
|---|------|--|------------------|------------------|------------------|------------------|------------------|-------------------|
| 1 | 0471 | Plain Film | 806,916 | 848,888 | 1,353,317 | 438,830 | 441,176 | 3,889,139 |
| 2 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 122,058 | 701,261 | 1,287,523 | 323,865 | 213,913 | 2,648,628 |
| 3 | 0286 | Mammography | 185 | 50,495 | 824,633 | 226,149 | 113,018 | 1,214,480 |
| 4 | 0111 | Pharmacotherapy Except by Extended Infusion | 126,278 | 346,544 | 346,527 | 96,978 | 80,541 | 996,875 |
| 5 | 0299 | CAT Scan - Brain | 81,289 | 182,426 | 207,962 | 68,913 | 107,877 | 648,472 |
| 6 | 0288 | Diagnostic Ultrasound Except Obstetrical and Vascular of Lower Extremities | 62,334 | 180,739 | 250,039 | 64,227 | 42,833 | 600,175 |
| 7 | 0301 | CAT Scan - Other | 28,384 | 81,670 | 166,806 | 75,166 | 59,333 | 411,362 |
| 8 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 14,394 | 35,687 | 112,513 | 51,853 | 38,083 | 252,532 |
| 9 | 0081 | Echocardiography | 33,681 | 25,104 | 100,637 | 47,770 | 43,001 | 250,193 |
| 10 | 0294 | MRI- Back | 15,404 | 36,159 | 107,255 | 39,785 | 26,355 | 224,958 |
| 11 | 0298 | CAT Scan Back | 14,823 | 64,259 | 75,790 | 24,582 | 34,879 | 214,335 |
| 12 | 0297 | MRI Brain and Magnetoencephalography | 30,511 | 31,095 | 67,004 | 27,199 | 22,558 | 178,367 |
| 13 | 0291 | Bone Densitometry | 1,121 | 2,442 | 73,721 | 43,318 | 23,094 | 143,696 |
| 14 | 0470 | Obstetrical Ultrasound | 5,770 | 123,520 | 4,109 | 22 | 8 | 133,429 |
| 15 | 0293 | MRI- Joints | 15,435 | 27,809 | 61,601 | 18,199 | 7,872 | 130,917 |
| 16 | 0332 | Level III Diagnostic Nuclear Medicine | 424 | 5,148 | 59,143 | 29,662 | 19,802 | 114,179 |
| 17 | 0300 | CAT Scan - Abdomen | 2,765 | 22,495 | 58,237 | 16,387 | 13,727 | 113,611 |
| 18 | 0012 | Level I Skin Repair | 28,572 | 29,276 | 25,008 | 7,719 | 11,418 | 101,995 |
| 19 | 0472 | Ultrasound Guidance | 1,779 | 11,501 | 45,477 | 16,970 | 10,662 | 86,389 |
| 20 | 0302 | Angiography, Other | 1,014 | 18,542 | 37,561 | 14,279 | 12,264 | 83,660 |
| Total of the 20 Procedure Groups | | | 1,393,137 | 2,825,060 | 5,264,863 | 1,631,873 | 1,322,414 | 12,437,392 |
| Percent | | | 11.2 | 22.7 | 42.3 | 13.1 | 10.6 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Table 8: Counts of Patient's Age for the 20 Most Frequent Outpatient Procedure* Groups in ASCs, Texas, 2012

| Rank | EAPG | Description | 0 to 17 Years | 18 to 39 Years | 40 to 64 Years | 65 to 74 Years | 75+ Years | Total |
|---|------|---|---------------|----------------|----------------|----------------|----------------|------------------|
| 1 | 0149 | Screening Colorectal Services | 1,876 | 23,556 | 188,279 | 71,106 | 27,951 | 312,769 |
| 2 | 0134 | Diagnostic Upper GI Endoscopy or Intubation | 4,702 | 28,801 | 94,287 | 40,029 | 22,044 | 189,863 |
| 3 | 0233 | Cataract Procedures | 457 | 1,029 | 41,400 | 79,035 | 60,064 | 181,986 |
| 4 | 0137 | Therapeutic Colonoscopy | 95 | 2,610 | 59,451 | 28,825 | 11,858 | 102,839 |
| 5 | 0037 | Level I Arthroscopy | 3,569 | 13,867 | 46,882 | 8,552 | 2,235 | 75,106 |
| 6 | 0214 | Nervous System Injections, Stimulations or Cranial Tap | 154 | 6,288 | 27,930 | 12,782 | 9,869 | 57,023 |
| 7 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 244 | 7,965 | 24,567 | 9,011 | 6,716 | 48,504 |
| 8 | 0252 | Level I Facial and Ent Procedures | 28,445 | 4,411 | 5,123 | 960 | 340 | 39,279 |
| 9 | 0232 | Laser Eye Procedures | 176 | 461 | 8,630 | 13,157 | 13,209 | 35,633 |
| 10 | 0471 | Plain Film | 4,185 | 4,355 | 11,346 | 5,330 | 4,732 | 29,948 |
| 11 | 0220 | Injection of Anesthetic And Neurolytic Agents | 129 | 2,997 | 14,550 | 5,979 | 4,200 | 27,855 |
| 12 | 0256 | Tonsil and Adenoid Procedures | 21,828 | 3,813 | 739 | 42 | 10 | 26,432 |
| 13 | 0135 | Therapeutic Upper GI Endoscopy or Intubation | 46 | 1,756 | 11,547 | 6,669 | 5,433 | 25,451 |
| 14 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 3,490 | 2,124 | 10,704 | 3,898 | 2,365 | 22,581 |
| 15 | 0010 | Level II Excision and Biopsy of Skin and Soft Tissue | 2,539 | 4,022 | 7,658 | 3,094 | 2,800 | 20,113 |
| 16 | 0035 | Level I Foot Procedures | 486 | 2,151 | 11,323 | 3,798 | 1,499 | 19,257 |
| 17 | 0063 | Level II Endoscopy of The Upper Airway | 2,313 | 5,183 | 7,620 | 1,551 | 461 | 17,128 |
| 18 | 0286 | Mammography | 4 | 410 | 8,905 | 3,551 | 2,148 | 15,018 |
| 19 | 0038 | Level II Arthroscopy | 2,037 | 4,757 | 6,665 | 1,121 | 233 | 14,814 |
| 20 | 0021 | Level II Breast Procedures | 72 | 7,014 | 6,645 | 793 | 171 | 14,695 |
| Total of the 20 Procedure Groups | | | 76,847 | 127,570 | 594,251 | 299,283 | 178,338 | 1,276,294 |
| Percent | | | 6.0 | 10.0 | 46.6 | 23.4 | 14.0 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Table 9: Counts of Expected Payment Source for the 20 Most Frequent Outpatient Procedure* Groups in Hospitals, Texas, 2012

| Rank | EAPG | Description | Medicare | Medicaid | Private | Self Pay | No Charge | Other | Total |
|---|------|--|------------------|------------------|------------------|---------------|------------------|------------------|-------------------|
| 1 | 0471 | Plain Film | 992,062 | 571,728 | 1,063,598 | 27,808 | 708,782 | 504,880 | 3,889,139 |
| 2 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 639,164 | 203,547 | 954,667 | 24,807 | 445,038 | 372,563 | 2,648,628 |
| 3 | 0286 | Mammography | 336,971 | 25,428 | 559,828 | 1,705 | 91,334 | 198,944 | 1,214,480 |
| 4 | 0111 | Pharmacotherapy Except by Extended Infusion | 219,088 | 137,571 | 296,320 | 12,893 | 200,364 | 125,666 | 996,875 |
| 5 | 0299 | CAT Scan - Brain | 195,992 | 72,994 | 161,061 | 7,477 | 143,575 | 65,542 | 648,472 |
| 6 | 0288 | Diagnostic Ultrasound Except Obstetrical and Vascular of Lower Extremities | 117,523 | 63,724 | 220,344 | 2,458 | 100,284 | 93,072 | 600,175 |
| 7 | 0301 | CAT Scan - Other | 139,687 | 29,848 | 114,758 | 2,971 | 65,310 | 57,740 | 411,362 |
| 8 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 102,442 | 15,746 | 83,057 | 438 | 12,157 | 38,162 | 252,532 |
| 9 | 0081 | Echocardiography | 95,171 | 26,869 | 73,739 | 609 | 25,285 | 28,282 | 250,193 |
| 10 | 0294 | MRI- Back | 75,817 | 15,030 | 70,817 | 615 | 16,246 | 45,787 | 224,958 |
| 11 | 0298 | CAT Scan Back | 66,421 | 16,326 | 53,431 | 2,017 | 51,003 | 24,702 | 214,335 |
| 12 | 0297 | MRI Brain and Magnetoencephalography | 54,139 | 20,155 | 59,738 | 409 | 14,736 | 28,778 | 178,367 |
| 13 | 0291 | Bone Densitometry | 64,243 | 3,111 | 52,129 | 402 | 5,166 | 18,529 | 143,696 |
| 14 | 0470 | Obstetrical Ultrasound | 1,112 | 62,688 | 32,242 | 669 | 21,071 | 15,238 | 133,429 |
| 15 | 0293 | MRI- Joints | 28,823 | 7,563 | 49,055 | 235 | 8,411 | 36,491 | 130,917 |
| 16 | 0332 | Level II Diagnostic Nuclear Medicine | 52,820 | 5,004 | 32,476 | 362 | 10,949 | 12,321 | 114,179 |
| 17 | 0300 | CAT Scan - Abdomen | 30,279 | 5,339 | 31,861 | 868 | 26,750 | 18,307 | 113,611 |
| 18 | 0012 | Level I Skin Repair | 20,433 | 13,570 | 28,666 | 1,271 | 21,376 | 16,249 | 101,995 |
| 19 | 0472 | Ultrasound Guidance | 30,509 | 4,530 | 31,926 | 144 | 6,808 | 12,358 | 86,389 |
| 20 | 0302 | Angiography, Other | 29,984 | 5,794 | 25,945 | 543 | 13,032 | 8,094 | 83,660 |
| Total of the 20 Procedure Groups | | | 3,292,680 | 1,306,565 | 3,995,658 | 88,701 | 1,987,677 | 1,721,705 | 12,437,392 |
| Percent | | | 26.5 | 10.5 | 32.1 | 0.7 | 16.0 | 13.8 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Table 10: Counts of Expected Payment Source for the 20 Most Frequent Outpatient Procedure* Groups in ASCs, Texas, 2012

| Rank | EAPG | Description | Medicare | Medicaid | Private | Self Pay | No Charge | Other | Total |
|---|------|---|----------------|---------------|----------------|---------------|---------------|----------------|------------------|
| 1 | 0149 | Screening Colorectal Services | 82,180 | 2,296 | 146,907 | 6,533 | 17,762 | 56,989 | 312,769 |
| 2 | 0134 | Diagnostic Upper GI Endoscopy or Intubation | 56,029 | 3,160 | 83,006 | 4,393 | 10,093 | 33,106 | 189,863 |
| 3 | 0233 | Cataract Procedures | 116,965 | 1,352 | 44,094 | 1,192 | 6,207 | 11,890 | 181,986 |
| 4 | 0137 | Therapeutic Colonoscopy | 33,264 | 588 | 45,461 | 2,030 | 4,651 | 16,828 | 102,839 |
| 5 | 0037 | Level I Arthroscopy | 10,639 | 469 | 40,241 | 178 | 4,679 | 18,870 | 75,106 |
| 6 | 0214 | Nervous System Injections, Stimulations or Cranial Tap | 24,792 | 465 | 19,386 | 248 | 3,348 | 8,737 | 57,023 |
| 7 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 16,662 | 408 | 20,267 | 91 | 2,707 | 8,324 | 48,504 |
| 8 | 0252 | Level I Facial and ENT Procedures | 1,362 | 6,283 | 19,594 | 130 | 5,530 | 6,376 | 39,279 |
| 9 | 0232 | Laser Eye Procedures | 22,144 | 320 | 8,518 | 288 | 1,091 | 3,205 | 35,633 |
| 10 | 0471 | Plain Film | 9,875 | 2,425 | 7,391 | 463 | 3,550 | 6,221 | 29,948 |
| 11 | 0220 | Injection of Anesthetic and Neurolytic Agents | 12,955 | 724 | 8,761 | 82 | 753 | 4,558 | 27,855 |
| 12 | 0256 | Tonsil and Adenoid Procedures | 126 | 4,851 | 12,816 | 54 | 4,091 | 4,491 | 26,432 |
| 13 | 0135 | Therapeutic Upper GI Endoscopy or Intubation | 10,729 | 270 | 9,548 | 504 | 895 | 3,501 | 25,451 |
| 14 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 6,108 | 916 | 6,448 | 240 | 1,983 | 6,844 | 22,581 |
| 15 | 0010 | Level II Excision and Biopsy of Skin and Soft Tissue | 5,680 | 779 | 8,763 | 81 | 1,639 | 3,168 | 20,113 |
| 16 | 0035 | Level I Foot Procedures | 4,989 | 182 | 9,697 | 16 | 1,181 | 3,192 | 19,257 |
| 17 | 0063 | Level II Endoscopy of The Upper Airway | 2,006 | 369 | 11,086 | 19 | 1,405 | 2,241 | 17,128 |
| 18 | 0286 | Mammography | 5,522 | 328 | 4,193 | 25 | 363 | 4,548 | 15,018 |
| 19 | 0038 | Level II Arthroscopy | 1,336 | 152 | 8,331 | 43 | 799 | 4,151 | 14,814 |
| 20 | 0021 | Level II Breast Procedures | 657 | 86 | 2,335 | 2,613 | 8,153 | 784 | 14,695 |
| Total of the 20 Procedure Groups | | | 424,020 | 26,423 | 516,843 | 19,223 | 80,880 | 208,024 | 1,276,294 |
| Percent | | | 33.2 | 2.1 | 40.5 | 1.5 | 6.3 | 16.3 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Table 11: Counts of the 20 Most Frequent Outpatient Procedure* Groups in Hospitals by Health Service Regions, Texas, 2012

| Rank | EAPG | Description | Region 1 Lubbock | Region 2 Wichita | Region 3 Dallas | Region 4 Tyler | Region 5 Anderson | Region 6 Houston | Region 7 Temple | Region 8 San Antonio | Region 9 San Angelo | Region 10 El Paso | Region 11 Harlingen | Total |
|---|------|--|---------------------|---------------------|--------------------|-------------------|----------------------|---------------------|--------------------|-------------------------|------------------------|----------------------|------------------------|-------------------|
| 1 | 0471 | Plain Film | 129,113 | 58,917 | 1,432,377 | 271,876 | 93,080 | 604,367 | 621,914 | 249,717 | 81,684 | 95,312 | 234,840 | 3,889,139 |
| 2 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 86,445 | 47,944 | 1,034,740 | 166,999 | 80,646 | 489,437 | 356,204 | 132,398 | 66,196 | 36,395 | 136,607 | 2,648,628 |
| 3 | 0286 | Mammography | 18,395 | 31,056 | 396,482 | 70,189 | 49,026 | 329,510 | 117,518 | 58,781 | 33,187 | 23,087 | 79,841 | 1,214,480 |
| 4 | 0111 | Pharmacotherapy Except by Extended Infusion | 26,147 | 16,434 | 412,897 | 49,773 | 25,832 | 172,162 | 167,145 | 39,178 | 24,285 | 15,699 | 42,951 | 996,875 |
| 5 | 0299 | CAT Scan - Brain | 23,642 | 12,544 | 207,018 | 32,176 | 24,240 | 120,412 | 77,540 | 70,782 | 12,558 | 15,225 | 49,158 | 648,472 |
| 6 | 0288 | Diagnostic Ultrasound Except Obstetrical and Vascular of Lower Extremities | 12,513 | 8,194 | 236,588 | 24,900 | 13,111 | 117,236 | 91,194 | 23,340 | 14,753 | 19,375 | 35,946 | 600,175 |
| 7 | 0301 | CAT Scan - Other | 15,789 | 8,973 | 104,949 | 24,338 | 16,651 | 117,118 | 46,616 | 30,220 | 8,428 | 8,996 | 27,055 | 411,362 |
| 8 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 10,162 | 4,973 | 70,890 | 16,395 | 8,304 | 58,020 | 37,911 | 14,506 | 7,099 | 6,777 | 16,320 | 252,532 |
| 9 | 0081 | Echocardiography | 6,204 | 4,777 | 51,664 | 15,902 | 6,140 | 64,775 | 50,545 | 28,394 | 5,012 | 2,915 | 12,743 | 250,193 |
| 10 | 0294 | MRI- Back | 7,078 | 7,233 | 57,389 | 19,903 | 10,881 | 57,644 | 27,673 | 13,643 | 6,999 | 4,755 | 10,704 | 224,958 |
| 11 | 0298 | CAT Scan Back | 10,608 | 5,201 | 76,261 | 13,894 | 8,158 | 33,798 | 25,390 | 17,610 | 4,825 | 4,394 | 13,277 | 214,335 |
| 12 | 0297 | MRI Brain and Magnetoencephalography | 5,335 | 4,109 | 50,136 | 11,309 | 6,652 | 50,320 | 19,158 | 12,076 | 4,783 | 4,620 | 8,904 | 178,367 |
| 13 | 0291 | Bone Densitometry | 4,445 | 4,007 | 40,020 | 8,089 | 3,611 | 43,789 | 18,432 | 3,977 | 4,656 | 5,812 | 6,045 | 143,696 |
| 14 | 0470 | Obstetrical Ultrasound | 3,215 | 841 | 55,203 | 5,404 | 3,239 | 21,644 | 22,705 | 5,197 | 2,886 | 3,392 | 9,095 | 133,429 |
| 15 | 0293 | MRI- Joints | 4,197 | 4,030 | 25,699 | 9,025 | 4,608 | 39,977 | 17,785 | 8,748 | 4,525 | 3,536 | 7,917 | 130,917 |
| 16 | 0332 | Level III Diagnostic Nuclear Medicine | 3,881 | 3,997 | 22,118 | 10,047 | 1,789 | 23,514 | 21,769 | 19,583 | 1,693 | 1,720 | 3,765 | 114,179 |
| 17 | 0300 | CAT Scan - Abdomen | 3,865 | 2,122 | 21,117 | 3,822 | 3,958 | 52,895 | 9,473 | 5,359 | 2,306 | 1,597 | 6,535 | 113,611 |
| 18 | 0012 | Level I Skin Repair | 4,043 | 1,842 | 33,920 | 6,777 | 3,157 | 9,911 | 21,376 | 6,666 | 3,616 | 1,099 | 9,107 | 101,995 |
| 19 | 0472 | Ultrasound Guidance | 2,647 | 1,267 | 25,042 | 3,561 | 2,832 | 24,153 | 9,851 | 6,809 | 2,305 | 2,819 | 4,563 | 86,389 |
| 20 | 0302 | Angiography, Other | 2,132 | 1,876 | 32,350 | 4,012 | 2,842 | 13,746 | 13,746 | 6,302 | 1,325 | 1,496 | 3,519 | 83,660 |
| Total of the 20 Procedure Groups | | | 379,856 | 230,337 | 4,386,860 | 768,391 | 368,757 | 2,444,428 | 1,773,945 | 753,286 | 293,121 | 259,021 | 718,892 | 12,437,392 |
| Percent | | | 3.1 | 1.9 | 35.3 | 6.2 | 3.0 | 19.7 | 14.3 | 6.1 | 2.4 | 2.1 | 5.8 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Table 12: Counts of the 20 Most Frequent Outpatient Procedure* Groups in ASCs by Health Service Regions, Texas, 2012

| Rank | EAPG | Description | Region 1 Lubbock | Region 2 Wichita | Region 3 Dallas | Region 4 Tyler | Region 5 Anderson | Region 6 Houston | Region 7 Temple | Region 8 San Antonio | Region 9 San Angelo | Region 10 El Paso | Region 11 Harlingen | Total |
|---|------|---|---------------------|---------------------|--------------------|-------------------|----------------------|---------------------|--------------------|-------------------------|------------------------|----------------------|------------------------|------------------|
| 1 | 0149 | Screening Colorectal Services | 7,024 | 6,273 | 98,532 | 7,214 | 8,735 | 79,626 | 35,851 | 43,706 | 2,760 | 7,774 | 13,754 | 312,769 |
| 2 | 0134 | Diagnostic Upper GI Endoscopy Or Intubation | 5,150 | 4,424 | 52,695 | 4,885 | 6,022 | 48,246 | 20,502 | 29,607 | 2,137 | 6,250 | 8,943 | 189,863 |
| 3 | 0233 | Cataract Procedures | 7,142 | 5,485 | 52,667 | 11,759 | 7,149 | 34,939 | 17,754 | 21,100 | 4,915 | 6,703 | 11,827 | 181,986 |
| 4 | 0137 | Therapeutic Colonoscopy | 3,182 | 2,857 | 33,188 | 3,530 | 4,001 | 24,523 | 10,781 | 12,144 | 911 | 2,185 | 5,037 | 102,839 |
| 5 | 0037 | Level I Arthroscopy | 1,586 | 2,513 | 21,076 | 1,972 | 1,020 | 18,813 | 11,163 | 9,916 | 1,981 | 451 | 4,260 | 75,106 |
| 6 | 0214 | Nervous System Injections, Stimulations or Cranial Tap | 1,593 | 1,653 | 20,447 | 2,838 | 1,892 | 12,021 | 4,777 | 5,687 | 1,496 | 1,604 | 2,822 | 57,023 |
| 7 | 0474 | Radiological Guidance For Therapeutic or Diagnostic Procedure | 232 | 694 | 17,904 | 303 | 1,882 | 13,876 | 6,614 | 3,887 | 641 | 1,342 | 845 | 48,504 |
| 8 | 0252 | Level I Facial and Ent Procedures | 1,011 | 763 | 10,883 | 970 | 642 | 6,487 | 7,843 | 5,985 | 557 | 927 | 2,963 | 39,279 |
| 9 | 0232 | Laser Eye Procedures | 1,707 | 1,907 | 12,521 | 2,883 | 1,352 | 5,091 | 2,192 | 3,342 | 858 | 1,228 | 2,465 | 35,633 |
| 10 | 0471 | Plain Film | 1,476 | 485 | 6,284 | 235 | 315 | 7,751 | 2,577 | 7,025 | 228 | 90 | 3,406 | 29,948 |
| 11 | 0220 | Injection of Anesthetic And Neurolytic Agents | 2,489 | 1,018 | 9,450 | 1,428 | 528 | 3,765 | 4,989 | 2,458 | 185 | 98 | 1,383 | 27,855 |
| 12 | 0256 | Tonsil and Adenoid Procedures | 777 | 567 | 7,350 | 692 | 418 | 4,212 | 4,709 | 3,791 | 390 | 1,090 | 2,282 | 26,432 |
| 13 | 0135 | Therapeutic Upper GI Endoscopy or Intubation | 666 | 883 | 7,968 | 1,510 | 1,074 | 3,309 | 3,481 | 4,617 | 227 | 505 | 1,152 | 25,451 |
| 14 | 0490 | Incidental to Medical, Significant Procedure or Therapy Visit | 2,802 | 1,733 | 6,506 | 62 | 119 | 2,924 | 272 | 4,993 | 326 | 10 | 2,771 | 22,581 |
| 15 | 0010 | Level II Excision and Biopsy Of Skin and Soft Tissue | 350 | 231 | 5,327 | 3,375 | 521 | 4,440 | 2,382 | 2,273 | 151 | 345 | 625 | 20,113 |
| 16 | 0035 | Level I Foot Procedures | 555 | 188 | 5,456 | 503 | 356 | 5,874 | 2,948 | 2,322 | 217 | 278 | 458 | 19,257 |
| 17 | 0063 | Level II Endoscopy of the Upper Airway | 254 | 224 | 4,931 | 235 | 137 | 3,615 | 3,551 | 2,647 | 343 | 244 | 841 | 17,128 |
| 18 | 0286 | Mammography | 2,741 | 97 | 2,341 | 2 | 39 | 1,899 | 44 | 4,816 | 269 | 4 | 2,762 | 15,018 |
| 19 | 0038 | Level II Arthroscopy | 481 | 604 | 3,898 | 258 | 233 | 3,358 | 2,304 | 2,344 | 444 | 48 | 783 | 14,814 |
| 20 | 0021 | Level II Breast Procedures | 335 | 225 | 5,496 | 370 | 336 | 3,915 | 1,189 | 1,682 | 297 | 402 | 331 | 14,695 |
| Total of the 20 Procedure Groups | | | 41,553 | 32,824 | 384,920 | 45,024 | 36,771 | 288,684 | 145,923 | 174,342 | 19,333 | 31,578 | 69,710 | 1,276,294 |
| Percent | | | 3.3 | 2.6 | 30.2 | 3.5 | 2.9 | 22.6 | 11.4 | 13.7 | 1.5 | 2.5 | 5.5 | 100 |

NOTE: *All procedure abbreviations that have been used in this report are defined in Appendix B

Appendix A: Definitions of Terms

- **3M™ Enhanced Ambulatory Patient Groups (EAPG) system** — A system used to classify outpatient services. Patients in each EAPG have similar clinical characteristics and similar resource use and cost those procedures. The total charges or costs include any additional procedures or bundled services as assigned by each health system.
- **Ambulatory Surgical Center (ASC)** — A modern health care facility focused on providing same-day surgical care, including diagnostic and preventive procedures. Such surgeries are usually less complicated than those requiring hospitalization.
- **Health Service Regions (HSRs)** — Eleven regions as categorized and defined by Texas DSHS (<http://www.dshs.state.tx.us/regions/state.shtm>)
- **Hospital** — A treatment facility capable of providing medical, surgical, obstetric, or psychiatric care of inpatients. It is appropriately staffed and equipped to provide diagnostic and therapeutic services, as well as the necessary supporting services required to perform its assigned mission and functions.
- **Outpatient Procedures:** — Only invasive surgical procedures (that require cutting or poking a hole in the skin or rearranging or repairing tissue or other body tissues) or radiological or imaging procedures (that allow a health profession to view and possibly diagnose the tissues, organs, objects or structures below or in the skin) are captured in the Texas Outpatient Event data files.
- **Primary Source of Payment** — The expected primary payer or the organization, health plan, insurance company or person responsible for paying the bill for the patients for the outpatient visits. Payers included in each of the following groups are:
 - **Medicare:** Medicare or Health Maintenance Organization (HMO) Medicare Risk.
 - **Medicaid:** Medicaid
 - **Private Insurance:** Preferred Provider Organization (PPO), Point of Service (POS), Exclusive Provider Organization (EPO), Indemnity Insurance, automobile medical, commercial carriers, disability insurance, Health Maintenance Organization (HMO), liability, liability medical.
 - **Self-pay:** Payment source from patients, relatives or is unknown. When a facility does not know what the payment source will be when they entering the data into their system, they generally will indicate it to be “Self-pay”, until a payer source is determined, then the payment source is updated in the facilities system and that update may be submitted to THCIC before the

submission deadlines. If the change occurs after the data has been submitted to THCIC (depending on how long after) the facility may be able to update the record.

- **Other:** Blue Cross/Blue Shield, Worker's Compensation, CHAMPUS, Title V, Veteran Administration Plan and other federal/non-federal programs.
- **No charge:** Charity, indigent or unknown payment source.
- **Race/ethnicity** — Race and ethnicity combined. Hispanic race/ethnicity includes patients who identified themselves as Hispanic ethnicity regardless of race. The rest were grouped into their specific race non-Hispanic including White, Black, Asian/Pacific Islander, American Indians and others. See definitions below that apply to this data and report. The latter includes those who identify as mixed race, and those who either don't know or refuse to answer race/ethnicity questions.
 - **American Indian or Alaskan** — a person who indicated or was reported in the data as having a heritage or background associated with one or some American Indians or native Alaskans.
 - **Asian or Pacific Islander** — a person who indicated or was reported in the data as having a heritage or background from Asia or from one or more Pacific islands. Usually, Asians are people from Bangladesh, China, Hong Kong, India, Kazakhstan, Korea, Malaysia, Thailand, Vietnam, etc or from one or more Pacific islands including Fiji, Hawaiian, Indonesia, Japan, Micronesia, New Zealand, New Guinea, Philippine, Samoa, etc.
 - **Black** — a person who indicated or was reported in the data as having an "African" or African-American" background.
 - **Hispanic** — A person in whom the data indicated they were or have an ethnic background related to Hispanic or Latino culture, this would include any persons of any racial background.
 - **White** — a person, who indicated or was reported as White. They normally include people having the origins of Europe, the Middle East, or North Africa. It includes persons such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **Total Charges** — The amount charged or billed for the entire visit including, non-covered, and ancillary charges. It does not reflect charges for individual procedure charges or include the professional charges from the health professionals that are contracted by the facility perform the procedures.
- **Unit of Analysis** — A visit, record, or claim. A visit can involve multiple procedures.

Appendix B: Outpatient Procedures Dictionary.

- **Anesthesia** — A general or local insensibility to pain, awareness, feeling or other sensation, induced by certain interventions or drugs to permit the performance of surgery or other painful procedures.
- **Angiography** — A method of obtaining an X-ray of blood vessels by injecting into them a substance, such as the one containing iodine, that shows up as opaque on an X-ray picture.
- **Arthroscopy** — A surgical procedure by which the internal structure of a joint is examined for diagnosis and/or treatment using a tube-like viewing instrument called an arthroscope.
- **Bone Densitometry** — A test to measure the bone mineral content and density. This measurement can indicate decreased bone mass and can be used to determine fracture risk
- **CAT scan** — Computer Assisted Tomography. A procedure using X-ray devices that require a computer to create a picture/s to look at a more defined or localized area within the body for detection of unusual structures.
- **Cataract Procedures** — Procedures that involve working with a lens in the eye that has become cloudy/hard to see through.
- **Colonoscopy** — A procedure using a thin flexible tube like instrument, inserted through the anus, to examine or treat tissues in the large bowel/intestines.
- **Echocardiography** — A diagnostic test that uses ultrasound waves to create an image of the heart, to examine its structure and functioning.
- **ENT Procedures** — Procedures to treat diseases and disorders of the Ear, Nose or Throat (ENT).
- **Magnetic Resonance Imaging (MRI)** — A procedure that uses a device that uses strong magnetic fields to cause the body tissues to send off signals which are received by a computer and mapped into an image for diagnostic purposes.
- **Mammography** — A process of using X-rays to examine breast tissue for unusual findings in the area such as tumors or cancer.
- **Plain film** — Basic X-ray image or images of an area of the body. Usually taken without the use of a contrast medium.
- **Level I/II/III** — 3M defined procedure groups to indicate the extent of procedures
- **Screening Colorectal Procedure** — A test to diagnose unusual symptoms or findings that occur in the colon, which includes digital rectal exam; barium enema; fecal occult blood test; stool DNA test; colonoscopy; and flexible sigmoidoscopy or other tests.

- ***Tonsil and Adenoid Procedure*** — A surgery to remove tonsils and excision of the **adenoids** (lymph tissue in the back and sides of the throat) including cutting with a scalpel or burning with electrocautery.
- ***Ultrasound*** — The use of ultrasonic waves for diagnostic or therapeutic purposes, specifically to visualize an internal body structure, monitor a developing fetus, or generate localized deep stimulation of the tissues, and sometimes feels warm.
- ***Upper Gastrointestinal Endoscopy*** — Procedure that uses a flexible thin tube to look in your mouth, down your throat, into the stomach and part of the small intestines.

References

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