



Average charges based on actual cases for the time period of July 1, 2018 through September 30, 2018.

Inpatient

Medical/Surgical				
DRG	Description	Average Charge	Average Length of Stay	
871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MECHANICAL VENT 96+ HOURS WITH MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 15,955	4.63	
872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MECHANICAL VENT 96+ HOURS WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 10,816	3.47	
291	HEART FAILURE & SHOCK WITH MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 12,981	4.40	
603	CELLULITIS WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 8,658	2.44	
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 28,023	2.42	
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 5,809	1.90	
682	RENAL FAILURE WITH MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 16,378	5.76	
690	KIDNEY & URINARY TRACT INFECTIONS WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 9,711	2.31	
292	HEART FAILURE & SHOCK WITH COMPLICATIONS AND COMORBIDITIES	\$ 8,711	2.69	
189	PULMONARY EDEMA & RESPIRATORY FAILURE	\$ 11,376	3.33	

Psychiatry				
DRG	Description	Average Charge	Average Length of Stay	
881	DEPRESSIVE NEUROSES	\$ 6,665	3.26	
882	NEUROSES EXCEPT DEPRESSIVE	\$ 6,848	3.23	
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	\$ 6,754	3.40	
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	\$ 9,045	4.60	
884	ORGANIC DISTURBANCES & MENTAL RETARDATION	\$ 18,671	6.00	
885	PSYCHOSES	\$ 8,966	4.72	
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	\$ 8,549	4.50	

Obstetrics				
DRG	Description	Average Charge	Average Length of Stay	
775	VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES	\$ 9,295	1.87	
766	CESAREAN SECTION WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 9,780	2.70	
765	CESAREAN SECTION WITH MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 10,153	2.55	
774	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES	\$ 9,452	2.00	
767	VAGINAL DELIVERY W STERILIZATION &/OR DIALATION AND CURETTAGE	\$ 12,426	2.00	

Newborn				
DRG	Description	Average Charge	Average Length of Stay	
795	NORMAL NEWBORN	\$ 1,961	2.01	

Pediatrics				
DRG	Description	Average Charge	Average Length of Stay	
195	SIMPLE PNEUMONIA & PLEURISY WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 5,527	2.00	
372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS WITH COMPLICATIONS AND COMORBIDITIES	\$ 6,779	1.00	
866	VIRAL ILLNESS WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 3,881	2.00	
867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES WITH MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 7,242	3.00	
603	CELLULITIS WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	\$ 5,164	1.00	

Outpatient

Surgery		
CPT Code	Description	Average Charge
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$ 7,017
52356	CYSTO/URETERO W/LITHOTRIPSY	\$ 1,758
64721	CARPAL TUNNEL SURGERY	\$ 2,902
43239	EGD BIOPSY SINGLE/MULTIPLE	\$ 2,669
36561	INSERT TUNNELED CV CATH	\$ 4,178
58558	HYSTEROSCOPY BIOPSY	\$ 3,532
45380	COLONOSCOPY AND BIOPSY	\$ 2,752
42826	REMOVAL OF TONSILS	\$ 2,597
50590	FRAGMENTING OF KIDNEY STONE	\$ 1,426
47000	NEEDLE BIOPSY OF LIVER	\$ 2,232

Gastroenterology Surgery		
CPT Code	Description	Average Charge
45380	COLONOSCOPY AND BIOPSY	\$ 1,539
45385	COLONOSCOPY W/LESION REMOVAL	\$ 1,884
45378	DIAGNOSTIC COLONOSCOPY	\$ 1,065
43239	EGD BIOPSY SINGLE/MULTIPLE	\$ 1,471
43235	EGD DIAGNOSTIC BRUSH WASH	\$ 631
45390	COLONOSCOPY W/RESECTION	\$ 2,025
43249	ESOPH EGD DILATION <30 MM	\$ 1,713
43251	EGD REMOVE LESION SNARE	\$ 1,688
43237	ENDOSCOPIC US EXAM ESOPH	\$ 1,685
43244	EGD VARICES LIGATION	\$ 1,499

Diagnostic Radiology		
CPT Code	Description	Average Charge
70030	CHEST 1 VIEW	\$ 98
70250	CHEST 2 VIEWS	\$ 148
70355	UNILATERAL VENOUS DOPPLER	\$ 690
70360	US ABDOMEN, LIMITED	\$ 443
71045	KNEE 3 VIEWS	\$ 172
71046	FOOT 3+ VIEWS	\$ 148
71100	SHOULDER 2+ VIEWS	\$ 123
71101	US RETROPERITONEAL, LIMITED	\$ 197
71120	HIP 2-3 VIEW, INC AP PELVIS	\$ 197
72050	US FETAL BPP	\$ 345

Nuclear Medicine		
CPT Code	Description	Average Charge
78582	LUNG SCAN VENT/PERFUSION	\$ 781
78452	CARDIAC REST SAME DAY	\$ 1,054
78451	CARDIAC STRESS/REST TEST	\$ 764
78315	BONE SCAN 3 PHASE STUDY	\$ 840
78227	HEPATO-BILIARY SCAN W CCK	\$ 1,158
78226	HEPATO-BILIARY SCAN W/O CCK	\$ 781
78278	GASTROINTESTINAL BLEEDING SCAN	\$ 866
78806	LEUCOCYTE SCAN	\$ 863
78267	PYTEST-CARBON14-UREA BREATH	\$ 248
78306	BONE SCAN WHOLE BODY	\$ 581

Cat Scan		
CPT Code	Description	Average Charge
74177	CT ABDOMEN & PELVIS W	\$ 286
70450	CT, HEAD; W/O CONTRAST	\$ 97
74176	CT ABDOMEN & PELVIS W/O	\$ 147
71275	CT ANGIO CHEST WITH CONTRAST	\$ 273
72125	CT, CERVICAL SPINE; W/O CONTRAST	\$ 171
71250	CT, THORAX; W/O CONTRAST	\$ 166
74175	CT ANGIO ABDOMEN WITH CONTRAST	\$ 281
72191	CT ANGIO PELVIS WITH CONTRAST	\$ 276
71260	CT, THORAX; W/CONTRAST	\$ 218
70486	CT MAXILLOFACIAL, W/O CONTRAST	\$ 125

Magnetic Resonance Imaging (MRI)		
CPT Code	Description	Average Charge
70551	MRI HEAD/BRAIN W/O	\$ 337
70544	MRI ANGIO HEAD W/O CONTRAST	\$ 710
72148	MRI L-SPINE W/O	\$ 319
70553	MRI HEAD/BRAIN W/O & W	\$ 555
74181	MRI ABDOMEN W/O	\$ 562
72141	MRI C-SPINE W/O	\$ 326
74183	MRI ABD W/O & WITH CONTRAST	\$ 854
73718	MRI LOWR W/O CONTRAST NON JOIN	\$ 622
73720	MRI LOWER EXT NON JOINT W&W/O	\$ 857
72146	MRI T-SPINE W/O	\$ 327

Laboratory Services		
CPT Code	Description	Average Charge
82948	WHOLE BLOOD GLUCOSE	\$ 15
85025	CBC-COMplete	\$ 36
80053	COMPREHENSIVE METABOLIC PANEL	\$ 54
80048	BASIC METABOLIC PANEL	\$ 41
84484	TROPONIN, QUANTITATIVE	\$ 94
83735	MAGNESIUM-SERUM/URINE	\$ 23
81001	URINALYSIS AUTO W/MICRO	\$ 34
85610	PROTHROMBIN	\$ 29
85027	CBC AUTOMATED	\$ 29
83690	LIPASE	\$ 30