



Average charges based on actual cases for the period of July 1, 2022 through September 30, 2022.

Inpatient

Medical/Surgical				
DRG	Description	Average Charge	Average Length of Stay	Average Charge Per Day
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	\$ 18,780	5.26	\$ 3,573
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	\$ 12,344	3.59	\$ 3,436
291	HEART FAILURE & SHOCK W MCC	\$ 14,795	4.61	\$ 3,213
65	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	\$ 11,645	3.06	\$ 3,811
603	CELLULITIS W/O MCC	\$ 9,499	2.94	\$ 3,226
854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	\$ 22,230	5.44	\$ 4,083
378	G.I. HEMORRHAGE W CC	\$ 11,497	2.41	\$ 4,767
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	\$ 40,423	7.65	\$ 5,286
178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	\$ 10,732	3.67	\$ 2,927
638	DIABETES W CC	\$ 10,167	2.60	\$ 3,910

Psychiatry				
DRG	Description	Average Charge	Average Length of Stay	Average Charge Per Day
885	PSYCHOSES	\$ 13,143	5.43	\$ 2,420
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	\$ 8,771	2.59	\$ 3,385
881	DEPRESSIVE NEUROSES	\$ 11,124	4.70	\$ 2,367
882	NEUROSES EXCEPT DEPRESSIVE	\$ 9,366	3.67	\$ 2,554
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	\$ 11,703	3.89	\$ 3,009
894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	\$ 6,062	1.67	\$ 3,637
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	\$ 15,608	6.00	\$ 2,601
887	OTHER MENTAL DISORDER DIAGNOSES	\$ 6,871	3.00	\$ 2,290

Obstetrics				
DRG	Description	Average Charge	Average Length of Stay	Average Charge Per Day
807	Vaginal delivery w/o sterilization/d&c w/o cc/mcc	\$ 9,941	1.60	\$ 6,213
788	Cesarean section w/o sterilization w/o cc/mcc	\$ 11,304	2.23	\$ 5,063
806	Vaginal delivery w/o sterilization/d&c w cc	\$ 10,649	1.79	\$ 5,944
787	Cesarean section w/o sterilization w cc	\$ 13,256	2.52	\$ 5,252
785	Cesarean section w sterilization w/o cc/mcc	\$ 10,775	2.22	\$ 4,849
786	Cesarean section w/o sterilization w mcc	\$ 11,766	2.50	\$ 4,707
768	Vaginal delivery w o.r. proc except steril &/or d&c	\$ 8,662	2.00	\$ 4,331
784	Cesarean section w sterilization w cc	\$ 17,339	2.50	\$ 6,935
805	Vaginal delivery w/o sterilization/d&c w mcc	\$ 11,631	1.50	\$ 7,754
783	Cesarean section w sterilization w mcc	\$ 12,405	2.00	\$ 6,202

Newborn				
DRG	Description	Average Charge	Average Length of Stay	Average Charge Per Day
795	NORMAL NEWBORN	\$ 2,187	1.92	\$ 1,142

Outpatient

Surgery		
CPT Code	Description	Average Charge
97597	RMVL DEVITAL TIS 20 CM/<	\$ 1,206
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$ 9,030
52356	CYSTO/URETERO W/LITHOTRIPSY	\$ 1,278
45378	DIAGNOSTIC COLONOSCOPY	\$ 2,442
43239	EGD BIOPSY SINGLE/MULTIPLE	\$ 3,576
45380	COLONOSCOPY AND BIOPSY	\$ 3,348
92960	CARDIOVERSION ELECTRIC EXT	\$ 715
36561	INSERT TUNNELED CV CATH	\$ 4,552
19301	PARTIAL MASTECTOMY	\$ 8,324
58558	HYSTEROSCOPY BIOPSY	\$ 4,468

Diagnostic Radiology		
CPT Code	Description	Average Charge
71045	CHEST 1 VIEW	\$ 109
71046	CHEST 2 VIEWS	\$ 162
93971	UNILATERAL VENOUS DOPPLER	\$ 760
73562	KNEE 3 VIEWS	\$ 190
76705	US ABDOMEN, LIMITED	\$ 491
73630	FOOT 3+ VIEWS	\$ 163
73030	SHOULDER 2+ VIEWS	\$ 136
73610	ANKLE 3+ VIEWS	\$ 162
93976	ABD/PEL VEN-ART BLOODFLOW	\$ 951
76816	US OB RE-EVALUATION, 1 GEST	\$ 546

Nuclear Medicine		
CPT Code	Description	Average Charge
78582	LUNG SCAN VENT/PERFUSION	\$ 1,018
78452	CARDIAC REST SAME DAY	\$ 1,409
78306	BONE SCAN WHOLE BODY	\$ 762
78451	CARDIAC STRESS/REST TEST	\$ 1,013
78315	BONE SCAN 3 PHASE STUDY	\$ 1,099
78227	HEPATO-BILIARY SCAN W CCK	\$ 1,451
78014	THYROID SCAN W/UPTAKE	\$ 786
78580	PULMONARY PERFUSION IMAGING	\$ 743
78226	HEPATO-BILIARY SCAN W/O CCK	\$ 1,055
78195	LYMPHOSCINTIGRAPHY (SCAN)	\$ 1,109

Cat Scan		
CPT Code	Description	Average Charge
74176	CT ABDOMEN & PELVIS W/O	\$ 171
74177	CT ABDOMEN & PELVIS W	\$ 332
71275	CT ANGIO CHEST WITH CONTRAST	\$ 315
70450	CT,HEAD;W/O CONTRAST	\$ 112
72125	CT,CERVICAL SPINE;WO/CONTRAST	\$ 198
71250	CT, THORAX; WO/CONTRAST	\$ 193
70498	CT ANGIO NECK WITH CONTRAST	\$ 309
70496	CT ANGIO HEAD WITH CONTRAST	\$ 314
72131	CT, LUMBAR SPINE; WO/CONTRAST	\$ 193
74174	CT ANGIO ABD & PELVIS W/CONT	\$ 418

Magnetic Resonance Imaging (MRI)		
CPT Code	Description	Average Charge
70551	MRI HEAD/BRAIN W/O	\$ 341
72148	MRI L-SPINE W/O	\$ 316
70544	MRI ANGIO HEAD W/O CONTRAST	\$ 729
70553	MRI HEAD/BRAIN W/O & W	\$ 581
72141	MRI C-SPINE W/O	\$ 320
74181	MRI ABDOMEN W/O	\$ 569
72146	MRI T-SPINE W/O	\$ 312
70547	MRI ANGIO NECK W/O CONTRAST	\$ 752
74183	MRI ABD W/O & WITH CONTRAST	\$ 891
70549	MRI ANGIO NECK W&W/O CONTRAST	\$ 1,084

Laboratory Services		
CPT Code	Description	Average Charge
85025	CBC-COMplete	\$ 44
80053	COMPREHENSIVE METABOLIC PANEL	\$ 66
84484	TROPONIN, QUANTITATIVE	\$ 120
83735	MAGNESIUM-SERUM/URINE	\$ 28
82948	WHOLE BLOOD GLUCOSE	\$ 19
87635	COVID-19	\$ 75
81001	URINALYSIS AUTO W/MICRO	\$ 42
83690	LIPASE	\$ 38
84703	BETA HCG-QUALITATIVE	\$ 48
80048	BASIC METABOLIC PANEL	\$ 49