



**Fort HealthCare**  
**611 East Sherman Avenue**  
**Fort Atkinson, WI 53538**  
**920-568-5000**

**Charges for 75 Most Common Types of Hospitalizations in Wisconsin: July 2010 - June 2011**

**(Uncomplicated Cases Only)**

**NR = No Cases Reported**

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
1	640	Normal Newborn, Birthweight 2500g+	\$2,536	\$1,674	\$761
2	560	Vaginal Delivery	\$6,370	\$4,204	\$1,911
3	302	Knee Replacement	\$31,180	\$20,579	\$9,354
4	540	Cesarean Delivery	\$9,967	\$6,578	\$2,990
5	139	Pneumonia	\$4,076	\$2,690	\$1,223
6	194	Heart Failure	\$12,463	\$8,226	\$3,739
7	720	Blood Infection/Septicemia	\$9,976	\$6,584	\$2,993
8	301	Hip Replacement	\$32,170	\$21,232	\$9,651
9	753	Bipolar Disorders	0	0	0
10	140	Chronic Obstructive Pulmonary Disease	\$10,408	\$6,869	\$3,122
11	751	Psychoses	0	0	0
12	201	Heart Abnormal Rhythm and Conduction Disorders	\$10,781	\$7,115	\$3,234
13	775	Alcohol Abuse/Dependence	\$3,582	\$2,364	\$1,075
14	383	Cellulitis and Other Bacterial Skin Infections	\$6,418	\$4,236	\$1,925
15	463	Kidney/Urinary Tract Infection	\$3,817	\$2,519	\$1,145
16	860	Rehabilitation	0	0	0
17	221	Major Bowel Procedures	\$20,439	\$13,490	\$6,132
18	460	Renal Failure	0	0	0
19	045	Stroke and Precerebral Occlusion with Infarct	\$17,142	\$11,314	\$5,143
20	249	Gastroenteritis	\$10,934	\$7,216	\$3,280
21	750	Schizophrenia	0	0	0
22	254	Other Digestive System Diagnoses	\$7,931	\$5,234	\$2,379
23	513	Uterine Procedures without Tumor	\$17,198	\$11,351	\$5,159
24	175	Angioplasty without Heart Attack	0	0	0
25	174	Angioplasty with Heart Attack	0	0	0
26	137	Respiratory Infections and Inflammations	\$20,774	\$13,711	\$6,232

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
27	754	Depression	0	0	0
28	247	Intestinal Obstruction without Surgery	\$5,444	\$3,593	\$1,633
29	282	Disorders of Pancreas Except Malignancy	\$6,706	\$4,426	\$2,012
30	420	Diabetes	\$6,469	\$4,270	\$1,941
31	812	Poisoning of Medicinal Agents	\$7,260	\$4,792	\$2,178
32	263	Laparoscopic Cholecystectomy	\$19,570	\$12,916	\$5,871
33	304	Dorsal and Lumbar Fusion Without Principal Diagnosis of Back Curvature	0	0	0
34	133	Pulmonary Edema/Respiratory Failure	0	0	0
35	225	Appendectomy	\$12,082	\$7,974	\$3,625
36	347	Other Back/Neck Disorders, Fractures, Injuries	\$8,336	\$5,502	\$2,501
37	190	Circulatory Disorders with Heart Attack	\$4,761	\$3,142	\$1,428
38	861	Signs & Symptoms	\$4,624	\$3,052	\$1,387
39	134	Pulmonary Embolism	\$18,257	\$12,050	\$5,477
40	313	Other Knee/Lower Leg Surgery	\$23,164	\$15,288	\$6,949
41	241	Peptic Ulcer/Gastritis	\$10,631	\$7,016	\$3,189
42	308	Hip/Thigh Surgery with Trauma Diagnosis	\$24,784	\$16,357	\$7,435
43	053	Seizure	\$10,569	\$6,976	\$3,171
44	173	Other Vascular Procedures	0	0	0
45	244	Diverticulitis & Diverticulosis	\$10,388	\$6,856	\$3,116
46	425	Other Electrolyte Disorders	\$8,859	\$5,847	\$2,658
47	310	Back/Neck Procedures Except Dorsal and Lumbar Fusion	0	0	0
48	315	Shoulder/Upper Arm, Forearm Surgery	\$7,468	\$4,929	\$2,240
49	198	Chest Pain with Angina Pectoris or Coronary Atherosclerosis	\$7,812	\$5,156	\$2,344
50	663	Red Blood Cell Disorders Except Sickle Cell Anemia Crisis	\$16,751	\$11,056	\$5,025
51	204	Fainting and Collapse	\$7,793	\$5,143	\$2,338
52	141	Asthma	\$4,741	\$3,129	\$1,422
53	351	Other Musculoskeletal System and Connective Tissue Diagnoses	\$1,153	\$761	\$346
54	197	Peripheral and Other Vascular Disorders	\$6,169	\$4,072	\$1,851
55	192	Cardiac Catheterization with Principal Diagnosis of Ischemic Heart Disease	0	0	0
56	422	Hypovolemia	0	0	0

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
57	253	Other and Unspecified Gastrointestinal Hemorrhage	\$7,014	\$4,629	\$2,104
58	024	Extracranial Vascular Procedures	0	0	0
59	321	Upper Spinal Fusion	0	0	0
60	248	Major G.I. Bacterial Infections	\$6,851	\$4,522	\$2,055
61	721	Postoperative and Post-Traumatic Infections	\$11,450	\$7,557	\$3,435
62	693	Chemotherapy	0	0	0
63	144	Respiratory System Signs, Symptoms and Minor Diagnoses	\$13,693	\$9,037	\$4,108
64	191	Cardiac Catheterization without Principal Diagnosis of Ischemic Heart Disease	0	0	0
65	755	Neuroses Other Than Depression	0	0	0
66	566	Other Antepartum Diagnoses	0	0	0
67	773	Opioid Abuse/Dependence	0	0	0
68	251	Abdominal Pain	\$9,583	\$6,325	\$2,875
69	203	Chest Pain	\$8,298	\$5,477	\$2,489
70	466	Malfunctions, Reactions & Comp Of Gu Device, Graft Or Transplant	0	0	0
71	047	Transient Ischemia	\$15,145	\$9,996	\$4,544
72	143	Pneumothorax & Pleural Effusion	0	0	0
73	165	Coronary Bypass with Cardiac Catheterization	0	0	0
74	058	Other Disorders of Nervous System	\$6,420	\$4,237	\$1,926
75	021	Craniotomy Except For Trauma	0	0	0

Fort HealthCare is proud of its mission to 'Improve the Health of the Community'. We strive to offer exceptional care at reasonable cost to patients and payors and believe that concerns over payment of a medical bill should never get in the way of a patient receiving excellent healthcare. Our goal is to work with each individual and offer financial aid options such as the Community Care Program and self pay discounts. For more information, please contact the Fort HealthCare Business Office at (866) 927-5493.

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**Charges for 75 Most Common Types of Outpatient Surgical Procedures in Wisconsin: July 2010 - June 2011**

Principal Procedure	With No Other Procedures			With 1 or More Additional Procedures		
	Median Charge	Average Commercial Insurance Payment	Average Medicare Insurance Payment*	Median Charge	Average Commercial Insurance Payment	Average Medicare Insurance Payment*
Diagnostic Colonoscopy (45378)	\$2,781	\$1,835	\$834	\$4,532	\$2,991	\$1,360
Cataract Surgery with Intraocular Lens - Stage 1 (66984)	\$6,524	\$4,306	\$1,957	\$6,968	\$4,599	\$2,090
Upper GI Endoscopy with Biopsy (43239)	\$2,749	\$1,814	\$825	\$4,844	\$3,197	\$1,453
Colonoscopy and Biopsy (45380)	\$3,238	\$2,137	\$971	\$5,110	\$3,373	\$1,533
Lesion Removal Colonoscopy by Snare Technique (45385)	\$3,762	\$2,483	\$1,129	\$4,033	\$2,662	\$1,210
Injection into Lumbar or Sacral Area, Single Level (64483)	NR	NR	NR	NR	NR	NR
Drain/Inject Major Joint or Bursa (20610)	NR	NR	NR	NR	NR	NR
Knee Arthroscopy/Surgery with Medial or Lateral Meniscectomy (29881)	\$12,870	\$8,494	\$3,861	\$13,068	\$8,625	\$3,920
Injection into Paravertebral Facet Joint w Image Guidance, Lumbar or Sacral (64493)	NR	NR	NR	NR	NR	NR
Carpal Tunnel Surgery (64721)	\$4,904	\$3,237	\$1,471	\$7,951	\$5,247	\$2,385
Lesion Removal Colonoscopy by Hot Biopsy or Cautery (45384)	\$3,163	\$2,088	\$949	\$3,995	\$2,636	\$1,198
Creation of Eardrum Opening (69436)	\$5,519	\$3,643	\$1,656	\$7,281	\$4,805	\$2,184
Uppr GI Endoscopy- Diagnostic (43235)	\$2,247	\$1,483	\$674	\$4,925	\$3,250	\$1,477
Colorectal Cancer Screening; Colonoscopy, Not High Risk (G0121)	\$2,781	\$1,835	\$834	\$2,171	\$1,433	\$651
Colorectal Cancer Screening ; Colonoscopy, High Risk (G0105)	\$2,802	\$1,850	\$841	NR	NR	NR
Removal of Tonsils And Adenoids - < Age 12 (42820)	\$4,987	\$3,291	\$1,496	\$8,487	\$5,601	\$2,546
Laparoscopic Cholecystectomy (47562)	\$13,272	\$8,759	\$3,982	\$14,994	\$9,896	\$4,498
Repair Initial Inguinal Hernia, > = 5 years, Reducible (49505)	\$5,590	\$3,689	\$1,677	\$7,064	\$4,662	\$2,119
Left Heart Catheterization (93510)	NR	NR	NR	NR	NR	NR
Unlisted Dental Surgery Procedure (41899)	NR	NR	NR	NR	NR	NR
Destruction by Neurolytic Agent, Nerve of Lumbar or Sacral Area, Single Lev (64622)	NR	NR	NR	NR	NR	NR

NR = No Cases Reported	With No Other Procedures			With 1 or More Additional Procedures		
	Median Charge	Average Commercial Insurance Payment	Average Medicare Insurance Payment*	Median Charge	Average Commercial Insurance Payment	Average Medicare Insurance Payment*
Injection into Paravertebral Facet Joint w Image Guidance, Cervical or Thor (64490)	NR	NR	NR	NR	NR	NR
After Cataract Laser Surgery (66821)	NR	NR	NR	NR	NR	NR
Unlisted Cystourethoscopy (52000)	\$3,989	\$2,633	\$1,197	\$5,078	\$3,352	\$1,523
Shoulder Arthroscopy/Surgery with Decompression (29826)	\$13,746	\$9,072	\$4,124	\$14,697	\$9,700	\$4,409
Percutaneous Breast Biopsy with Device and Imaging (19103)	NR	NR	NR	NR	NR	NR
Hysteroscopy with Biopsy (58558)	\$7,814	\$5,158	\$2,344	\$7,729	\$5,101	\$2,319
Laparoscopic Cholecystectomy w X-ray of Liver and Bile Duct (47563)	\$13,990	\$9,234	\$4,197	\$14,869	\$9,813	\$4,461
Left Heart Artery/Ventricle Angiography (93458)	NR	NR	NR	NR	NR	NR
Cataract Surgery- Complex (66982)	\$6,516	\$4,301	\$1,955	\$7,174	\$4,735	\$2,152
Knee Arthroscopy/Surgery w Medical and Lateral Meniscectomy (29880)	\$13,201	\$8,713	\$3,960	\$12,937	\$8,539	\$3,881
Colonoscopy with Lesion Removal (45383)	\$3,112	\$2,054	\$934	\$3,732	\$2,463	\$1,120
Repair of Nasal Septum (30520)	\$6,324	\$4,174	\$1,897	\$8,773	\$5,790	\$2,632
Removal of Support Implant (barred wire, pin, screw, metal band, nail, rod) (20680)	\$6,398	\$4,223	\$1,919	\$9,097	\$6,004	\$2,729
Esophageal Endoscopy with Dilation (43249)	\$2,880	\$1,901	\$864	\$3,212	\$2,120	\$964
Uppr GI Endoscopy with Guide Wire (43248)	NR	NR	NR	NR	NR	NR
Removal of Tonsils (42826)	\$5,027	\$3,318	\$1,508	\$8,702	\$5,743	\$2,611
Arthroscopic Rotator Cuff Repair (29827)	\$18,480	\$12,197	\$5,544	\$15,834	\$10,450	\$4,750
Hysteroscopy with Ablation (58563)	\$9,173	\$6,054	\$2,752	\$13,812	\$9,116	\$4,144
Incision of Finger Tendon Sheath (26055)	\$3,691	\$2,436	\$1,107	\$3,785	\$2,498	\$1,135
Percutaneous Breast Biopsy with Imaging (19102)	\$2,345	\$1,548	\$703	\$2,162	\$1,427	\$649
Knee Arthroscopy/Surgery with Anterior Cruciate Ligament Repair (29888)	\$16,843	\$11,116	\$5,053	\$19,621	\$12,950	\$5,886

Principal Procedure	With No Other Procedures			With 1 or More Additional Procedures		
	Median Charge	Average Commercial Insurance Payment	Average Medicare Insurance Payment*	Median Charge	Average Commercial Insurance Payment	Average Medicare Insurance Payment*
Laparoscopic Hernia Repair - Initial (49650)	NR	NR	NR	NR	NR	NR
Repair Umbilical Hernia, > = 5 Yrs - Reducible (49585)	\$6,091	\$4,020	\$1,827	\$6,549	\$4,322	\$1,965
Correction of Bunion (28296)	\$6,540	\$4,316	\$1,962	\$10,489	\$6,923	\$3,147
Cystourethroscopy with Lithotripsy (52353)	\$9,570	\$6,316	\$2,871	\$10,849	\$7,160	\$3,255
Removal of Adenoids (42830)	\$4,561	\$3,010	\$1,368	\$7,357	\$4,855	\$2,207
Low Back Disk Surgery (63030)	NR	NR	NR	NR	NR	NR
Laparoscopic Appendectomy (44970)	\$11,730	\$7,742	\$3,519	\$15,060	\$9,940	\$4,518
Cystourethroscopy with Stent (52332)	\$5,570	\$3,676	\$1,671	\$10,468	\$6,909	\$3,141
Removal of Fluid in Abdominal Cavity (49080)	NR	NR	NR	NR	NR	NR
Needle Biopsy of Liver (47000)	\$3,696	\$2,439	\$1,109	\$5,148	\$3,398	\$1,544
Removal of Breast Lesion (19120)	\$3,980	\$2,627	\$1,194	\$6,593	\$4,351	\$1,978
Injections; Single or Multiple Trigger Points, 1 or 2 Muscles (20552)	NR	NR	NR	NR	NR	NR
Fragmenting of Kidney Stone (50590)	\$18,799	\$12,407	\$5,640	\$24,101	\$15,906	\$7,230
Repair Bladder Defect (57288)	\$6,611	\$4,363	\$1,983	\$12,368	\$8,163	\$3,710
Mastectomy, Partial (19301)	NR	NR	NR	\$7,192	\$4,747	\$2,158
Excision Breast Lesion with Preoperative Placement Radiological Marker (19125)	\$5,298	\$3,496	\$1,589	\$6,328	\$4,177	\$1,898
Biopsy Skin and Subcutaneous Tissue; 1 Lesion (11100)	\$2,067	\$1,364	\$620	NR	NR	NR
Destruction of Premalignant Lesion (17000)	NR	NR	NR	NR	NR	NR
Knee Arthroscopy/Surgery with Shaving of Cartilage (29877)	\$13,043	\$8,609	\$3,913	NR	NR	NR
Laparoscopy - Removal of Adnexal Structures (58661)	\$14,574	\$9,619	\$4,372	\$15,225	\$10,048	\$4,567
Mohs Micrographic Tissue Removal (17311)	NR	NR	NR	NR	NR	NR
Laparoscopy- Excision of Lesions of Ovary or Pelvic Area (58662)	NR	NR	NR	\$14,751	\$9,736	\$4,425

Principal Procedure	With No Other Procedures			With 1 or More Additional Procedures		
	Median Charge	Average Commercial Insurance Payment	Average Medicare Insurance Payment*	Median Charge	Average Commercial Insurance Payment	Average Medicare Insurance Payment*
Insertion of Central Venous Catheter >= 5 years (36569)	\$6,455	\$4,260	\$1,936	\$7,975	\$5,263	\$2,392
Repair of Hammertoe (28285)	\$5,557	\$3,668	\$1,667	\$5,799	\$3,828	\$1,740
Remove Tonsils and Adenoids >= Age 12 (42821)	\$5,481	\$3,618	\$1,644	\$9,280	\$6,125	\$2,784
Repair Rotator Cuff, Chronic (23412)	NR	NR	NR	\$16,473	\$10,872	\$4,942
Bone Marrow Biopsy (38221)	NR	NR	NR	NR	NR	NR
Placement of Drug Eluting Stent, Single Vessel (G0290)	NR	NR	NR	NR	NR	NR
Destruction by Neurolytic Agent, Nerve of Thoracic or Cervical Area, Single (64626)	NR	NR	NR	\$4,940	\$3,260	\$1,482
Diagnostic Sigmoidoscopy (45330)	\$2,313	\$1,527	\$694	NR	NR	NR
Biopsy of Prostate (55700)	NR	NR	NR	NR	NR	NR
Debridement, Open Wound <= 20 Square Centimeters (97597)	NR	NR	NR	NR	NR	NR
Removal Tunneled Central Venous Device with Subcutaneous Port/Pump (36590)	\$5,249	\$3,464	\$1,575	NR	NR	NR

Information about quality and safety of care for Fort HealthCare may be found at <http://www.wicheckpoint.org>

\* “Estimated Insurance Payments” based on average percent of billed charges collected.

\* An “APR-DRG” (All Patient Refined Diagnosis Related Group) is a way to describe the reason for hospitalization based on the patient’s medical condition, procedures performed (if any), and, in some cases, the age and/or sex of the patient.

\* “Median charge” means the charge is at the 50th percentile. In other words, half of the patients in this category had charges below this amount and half had charges above this amount.