



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

**Charges for 75 Most Common Types of Hospitalizations in Wisconsin: October 2012 - September 2013**

**(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+	\$3,374	\$1,586	\$1,620
2	560	Vaginal Delivery	\$7,570	\$3,558	\$3,634
3	302	Knee Replacement	\$32,266	\$15,165	\$15,488
4	720	Blood Infection/Septicemia	\$27,386	\$12,871	\$13,145
5	540	Cesarean Delivery	\$11,901	\$5,593	\$5,712
6	139	Pneumonia	\$6,002	\$2,821	\$2,881
7	194	Heart Failure	\$14,405	\$6,770	\$6,914
8	301	Hip Replacement	\$37,923	\$17,824	\$18,203
9	751	Psychoses	0	0	0
10	140	Chronic Obstructive Pulmonary Disease	\$8,985	\$4,223	\$4,313
11	753	Bipolar Disorders	0	0	0
12	201	Heart Abnormal Rhythm and Conduction Disorders	\$9,788	\$4,600	\$4,698
13	383	Cellulitis and Other Bacterial Skin Infections	\$10,096	\$4,745	\$4,846
14	775	Alcohol Abuse/Dependence	\$6,535	\$3,071	\$3,137
15	460	Renal Failure	0	0	0
16	463	Kidney/Urinary Tract Infection	\$6,569	\$3,087	\$3,153
17	045	Stroke and Precerebral Occlusion with Infarct	\$6,082	\$2,859	\$2,919
18	860	Rehabilitation	0	0	0
19	221	Major Bowel Procedures	\$25,383	\$11,930	\$12,184
20	175	Angioplasty without Heart Attack	0	0	0
21	174	Angioplasty with Heart Attack	0	0	0
22	750	Schizophrenia	0	0	0
23	254	Other Digestive System Diagnoses	\$11,982	\$5,632	\$5,751
24	133	Pulmonary Edema/Respiratory Failure	0	0	0
25	249	Gastroenteritis	\$12,200	\$5,734	\$5,856
26	247	Intestinal Obstruction without Surgery	\$8,783	\$4,128	\$4,216

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
27	420	Diabetes	\$7,402	\$3,479	\$3,553
28	754	Depression	0	0	0
29	812	Poisoning of Medicinal Agents	\$6,339	\$2,979	\$3,043
30	282	Disorders of Pancreas Except Malignancy	\$11,490	\$5,400	\$5,515
31	304	Dorsal and Lumbar Fusion Without Principal Diagnosis of Back Curvature	0	0	0
32	137	Respiratory Infections and Inflammations	\$11,390	\$5,353	\$5,467
33	053	Seizure	\$5,474	\$2,573	\$2,628
34	263	Laparoscopic Cholecystectomy	\$15,977	\$7,509	\$7,669
35	134	Pulmonary Embolism	\$14,460	\$6,796	\$6,941
36	308	Hip/Thigh Surgery with Trauma Diagnosis	\$25,129	\$11,811	\$12,062
37	173	Other Vascular Procedures	0	0	0
38	241	Peptic Ulcer/Gastritis	\$13,134	\$6,173	\$6,304
39	861	Signs & Symptoms	\$14,670	\$6,895	\$7,042
40	244	Diverticulitis & Diverticulosis	\$11,496	\$5,403	\$5,518
41	190	Circulatory Disorders with Heart Attack	\$3,881	\$1,824	\$1,863
42	425	Other Electrolyte Disorders	\$10,321	\$4,851	\$4,954
43	347	Other Back/Neck Disorders, Fractures, Injuries	\$21,938	\$10,311	\$10,530
44	313	Other Knee/Lower Leg Surgery	\$16,579	\$7,792	\$7,958
45	315	Shoulder/Upper Arm, Forearm Surgery	\$22,738	\$10,687	\$10,914
46	225	Appendectomy	\$22,649	\$10,645	\$10,872
47	192	Cardiac Catheterization with Principal Diagnosis of Ischemic Heart Disease	0	0	0
48	663	Red Blood Cell Disorders Except Sickle Cell Anemia Crisis	\$10,587	\$4,976	\$5,082
49	141	Asthma	\$9,315	\$4,378	\$4,471
50	351	Other Musculoskeletal System and Connective Tissue Diagnoses	\$5,448	\$2,561	\$2,615
51	253	Other and Unspecified Gastrointestinal Hemorrhage	\$11,898	\$5,592	\$5,711
52	513	Uterine Procedures without Tumor	\$20,904	\$9,825	\$10,034
53	198	Chest Pain with Angina Pectoris or Coronary Atherosclerosis	0	0	0
54	191	Cardiac Catheterization without Principal Diagnosis of Ischemic Heart Disease	0	0	0
55	204	Fainting and Collapse	0	0	0

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
56	248	Major G.I. Bacterial Infections	\$7,056	\$3,316	\$3,387
57	321	Upper Spinal Fusion	0	0	0
58	024	Extracranial Vascular Procedures	0	0	0
59	197	Peripheral and Other Vascular Disorders	\$8,496	\$3,993	\$4,078
60	144	Respiratory System Signs, Symptoms and Minor Diagnoses	\$7,505	\$3,527	\$3,602
61	773	Opioid Abuse/Dependence	0	0	0
62	721	Postoperative and Post-Traumatic Infections	\$5,953	\$2,798	\$2,857
63	310	Back/Neck Procedures Except Dorsal and Lumbar Fusion	0	0	0
64	693	Chemotherapy	0	0	0
65	566	Other Antepartum Diagnoses	\$5,282	\$2,483	\$2,535
66	113	Epiglottitis, Ear Infection, URI and Laryngotracheitis	\$879	\$413	\$422
67	422	Hypovolemia	0	0	0
68	710	Infectious & parasitic diseases including HIV w O.R. procedure	0	0	0
69	021	Craniotomy Except For Trauma	0	0	0
70	466	Malfunctions, Reactions & Comp Of Gu Device, Graft Or Transplant	0	0	0
71	047	Transient Ischemia	0	0	0
72	143	Pneumothorax & Pleural Effusion	\$8,738	\$4,107	\$4,194
73	755	Neuroses Other Than Depression	0	0	0
74	055	Head trauma w coma >1 hr or hemorrhage	0	0	0
75	163	Heart Valve Procedures without Cardiac Catheterization	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.

This report was produced in part by using computer software created, owned and licensed by the 3M Company. All copyrights in and to the 3M™ APR DRG Software, and to the 3M™ APR DRG Classification System(s) (including the selection, coordination and arrangement of all codes) are owned by 3M. All rights reserved.

**Charges for 75 Most Common Types of Outpatient Surgical Procedures in Wisconsin: October 2012 - September 2013**

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*
Cataract Surgery with Intraocular Lens - Stage 1 (66984)	\$6,722	\$3,159	\$3,227	\$7,496	\$3,523	\$3,598
Colonoscopy and Biopsy (45380)	\$3,838	\$1,804	\$1,842	\$6,278	\$2,951	\$3,013
Diagnostic Colonoscopy (45378)	\$3,278	\$1,541	\$1,573	\$5,642	\$2,652	\$2,708
Upper GI Endoscopy with Biopsy (43239)	\$3,440	\$1,617	\$1,651	\$6,089	\$2,862	\$2,923
Lesion Removal Colonoscopy by Snare Technique (45385)	\$4,520	\$2,124	\$2,170	\$4,887	\$2,297	\$2,346
Injection into Lumbar or Sacral Area, Single Level (64483)	NR	NR	NR	NR	NR	NR
Injection into Paravertebral Facet Joint w Image Guidance, Lumbar or Sacral (64493)	NR	NR	NR	NR	NR	NR
Drain/Inject Major Joint or Bursa (20610)	\$618	\$290	\$297	NR	NR	NR
Colorectal Cancer Screening; Colonscopy, Not High Risk (G0121)	\$3,304	\$1,553	\$1,586	\$5,854	\$2,751	\$2,810
Knee Arthroscopy/Surgery with Medial or Lateral Meniscectomy (29881)	\$14,756	\$6,935	\$7,083	\$15,103	\$7,098	\$7,249
Carpal Tunnel Surgery (64721)	\$5,778	\$2,716	\$2,773	\$6,220	\$2,923	\$2,986
Uppr GI Endoscopy- Diagnostic (43235)	\$2,696	\$1,267	\$1,294	\$5,087	\$2,391	\$2,442
Colorectal Cancer Screening ; Colonoscopy, High Risk (G0105)	\$3,304	\$1,553	\$1,586	NR	NR	NR
Lesion Removal Colonoscopy by Hot Biopsy or Cautery (45384)	\$3,839	\$1,804	\$1,843	\$4,920	\$2,312	\$2,362
Creation of Eardrum Opening (69436)	\$5,618	\$2,641	\$2,697	\$6,223	\$2,925	\$2,987
Left Heart Artery/Ventricle Angiography (93458)	NR	NR	NR	NR	NR	NR
Destruction by Neurolytic Agent w Imaging, Lumbar or Sacral (64635)	NR	NR	NR	NR	NR	NR
Laparoscopic Cholecystectomy (47562)	\$13,486	\$6,338	\$6,473	\$14,004	\$6,582	\$6,722
Unlisted Dental Surgery Procedure (41899)	NR	NR	NR	NR	NR	NR
Injection into Paravertebral Facet Joint w Image Guidance, Cervical or Thor (64490)	NR	NR	NR	NR	NR	NR

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*
After Cataract Laser Surgery (66821)	NR	NR	NR	NR	NR	NR
Removal of Tonsils And Adenoids - < Age 12 (42820)	\$6,539	\$3,073	\$3,139	\$6,721	\$3,159	\$3,226
Repair Initial Inguinal Hernia, >= 5 years, Reducible (49505)	\$10,724	\$5,040	\$5,147	\$12,927	\$6,076	\$6,205
Percutaneous Breast Biopsy with Device and Imaging (19103)	\$5,120	\$2,406	\$2,458	\$5,012	\$2,355	\$2,406
Unlisted Cystourethrosopy (52000)	\$5,245	\$2,465	\$2,518	\$5,186	\$2,437	\$2,489
Cataract Surgery- Complex (66982)	\$8,100	\$3,807	\$3,888	\$8,847	\$4,158	\$4,247
Arthroscopic Rotator Cuff Repair (29827)	\$23,842	\$11,206	\$11,444	\$21,578	\$10,142	\$10,357
Hysteroscopy with Biopsy (58558)	\$9,875	\$4,641	\$4,740	NR	NR	NR
Esophageal Endoscopy with Dilation (43249)	\$4,380	\$2,059	\$2,103	\$5,118	\$2,405	\$2,457
Laparoscopic Cholecystectomy w X-ray of Liver and Bile Duct (47563)	\$14,619	\$6,871	\$7,017	\$14,758	\$6,936	\$7,084
Knee Arthroscopy/Surgery w Medical and Lateral Meniscectomy (29880)	\$14,866	\$6,987	\$7,136	\$15,379	\$7,228	\$7,382
ABD Paracentesis w/Imaging (49083)	\$5,889	\$2,768	\$2,827	NR	NR	NR
Removal of Support Implant (barred wire, pin, screw, metal band, nail, rod) (20680)	\$5,929	\$2,787	\$2,846	NR	NR	NR
Incision of Finger Tendon Sheath (26055)	\$5,658	\$2,659	\$2,716	\$5,971	\$2,806	\$2,866
Uppr GI Endoscopy with Guide Wire (43248)	NR	NR	NR	NR	NR	NR
Cystourethrosopy with Lithotripsy (52353)	\$10,900	\$5,123	\$5,232	\$12,846	\$6,038	\$6,166
Destruction of Benign Lesions up to 14 Lesions (17110)	NR	NR	NR	NR	NR	NR
Laparoscopic Hernia Repair - Initial (49650)	NR	NR	NR	NR	NR	NR
Destruction of Premalignant Lesion (17000)	NR	NR	NR	NR	NR	NR
Repair of Nasal Septum (30520)	\$7,111	\$3,342	\$3,413	\$7,872	\$3,700	\$3,779
Cystourethrosopy with Stent (52332)	\$5,472	\$2,572	\$2,626	\$9,215	\$4,331	\$4,423

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*
Removal of Tonsils (42826)	\$7,045	\$3,311	\$3,381	\$7,235	\$3,400	\$3,473
Percutaneous Breast Biopsy with Imaging (19102)	\$4,777	\$2,245	\$2,293	\$5,302	\$2,492	\$2,545
Knee Arthroscopy/Surgery with Anterior Cruciate Ligament Repair (29888)	\$22,359	\$10,509	\$10,732	\$25,258	\$11,871	\$12,124
Fragmenting of Kidney Stone (50590)	\$23,127	\$10,870	\$11,101	\$26,003	\$12,222	\$12,482
Repair Umbilical Hernia, > = 5 Yrs - Reducible (49585)	\$12,020	\$5,649	\$5,770	\$11,505	\$5,407	\$5,522
Laparoscopic Appendectomy (44970)	\$14,666	\$6,893	\$7,040	\$20,422	\$9,598	\$9,802
Hysteroscopy with Ablation (58563)	\$11,295	\$5,309	\$5,422	\$13,408	\$6,302	\$6,436
Correction of Bunion (28296)	\$7,572	\$3,559	\$3,635	\$7,961	\$3,742	\$3,821
Low Back Disk Surgery (63030)	NR	NR	NR	NR	NR	NR
Destruction by neurolytic agent w imaging, cervical or thoracic (64633)	NR	NR	NR	NR	NR	NR
Injections; Single or Multiple Trigger Points, 1 or 2 Muscles (20552)	NR	NR	NR	NR	NR	NR
Colonoscopy with Lesion Removal (45383)	\$3,733	\$1,754	\$1,792	NR	NR	NR
Needle Biopsy of Liver (47000)	NR	NR	NR	NR	NR	NR
Mastectomy, Partial (19301)	NR	NR	NR	\$13,179	\$6,194	\$6,326
Remove Impacted Ear Wax (69210)	\$5,501	\$2,585	\$2,640	NR	NR	NR
Mohs Micrographic Tissue Removal (17311)	NR	NR	NR	NR	NR	NR
Bone Marrow Biopsy (38221)	NR	NR	NR	NR	NR	NR
Biopsy Skin and Subcutaneous Tissue; 1 Lesion (11100)	\$6,114	\$2,873	\$2,934	\$459	\$216	\$220
Laparoscopy - Removal of Adnexal Structures (58661)	\$13,247	\$6,226	\$6,359	\$20,436	\$9,605	\$9,809
Insertion of Central Venous Catheter >= 5 years (36569)	NR	NR	NR	NR	NR	NR
Diagnostic Laryngoscopy (31575)	NR	NR	NR	NR	NR	NR
Coronary Artery Angio S&I (93454)	NR	NR	NR	NR	NR	NR

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*
Right and Left Heart Artery/Ventricle Angiography (93460)	NR	NR	NR	NR	NR	NR
Excision Breast Lesion with Preoperative Placement Radiological Marker (19125)	NR	NR	NR	\$9,433	\$4,434	\$4,528
Removal of Breast Lesion (19120)	\$6,462	\$3,037	\$3,102	\$7,969	\$3,745	\$3,825
Debridement, Open Wound <= 20 Square Centimeters (97597)	\$6,821	\$3,206	\$3,274	NR	NR	NR
Destruction (therapeutic injection) of muscles; extremity /trunk (64614)	NR	NR	NR	NR	NR	NR
Electro-Uroflowmetry - First (51741)	NR	NR	NR	NR	NR	NR
Removal of Adenoids (42830)	\$6,116	\$2,875	\$2,936	\$6,751	\$3,173	\$3,241
Removal of Central Venous Device w Port or Pump (36590)	NR	NR	NR	NR	NR	NR
Laparoscopy- Excision of Lesions of Ovary or Pelvic Area (58662)	\$13,704	\$6,441	\$6,578	\$10,793	\$5,073	\$5,181
Repair Rotator Cuff, Chronic (23412)	NR	NR	NR	NR	NR	NR
Knee Arthroscopy/Surgery with Shaving of Cartilage (29877)	\$12,695	\$5,967	\$6,094	\$15,756	\$7,405	\$7,563
Surgical Removal of Subcutaneous Tissue, <= 20 sq. cm. (11042)	NR	NR	NR	\$7,405	\$3,480	\$3,555

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.