



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

Charges for 75 Most Common Types of Hospitalizations in Wisconsin: January 2012 - December 2012

(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+	\$3,032	\$1,850	\$1,061
2	560	Vaginal Delivery	\$6,350	\$3,874	\$2,223
3	302	Knee Replacement	\$32,323	\$19,717	\$11,313
4	540	Cesarean Delivery	\$9,983	\$6,090	\$3,494
5	720	Blood Infection/Septicemia	\$5,610	\$3,422	\$1,964
6	139	Pneumonia	\$6,066	\$3,700	\$2,123
7	194	Heart Failure	\$9,315	\$5,682	\$3,260
8	301	Hip Replacement	\$38,877	\$23,715	\$13,607
9	751	Psychoses	0	0	0
10	753	Bipolar Disorders	0	0	0
11	201	Heart Abnormal Rhythm and Conduction Disorders	\$11,804	\$7,200	\$4,131
12	140	Chronic Obstructive Pulmonary Disease	\$8,590	\$5,240	\$3,007
13	775	Alcohol Abuse/Dependence	\$5,781	\$3,526	\$2,023
14	383	Cellulitis and Other Bacterial Skin Infections	\$10,030	\$6,118	\$3,511
15	463	Kidney/Urinary Tract Infection	\$10,457	\$6,379	\$3,660
16	460	Renal Failure	0	0	0
17	860	Rehabilitation	0	0	0
18	045	Stroke and Precerebral Occlusion with Infarct	\$24,638	\$15,029	\$8,623
19	221	Major Bowel Procedures	\$27,111	\$16,538	\$9,489
20	175	Angioplasty without Heart Attack	0	0	0
21	750	Schizophrenia	0	0	0
22	254	Other Digestive System Diagnoses	\$10,030	\$6,118	\$3,511
23	174	Angioplasty with Heart Attack	0	0	0
24	249	Gastroenteritis	\$7,375	\$4,499	\$2,581
25	247	Intestinal Obstruction without Surgery	\$8,854	\$5,401	\$3,099
26	754	Depression	0	0	0

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
27	812	Poisoning of Medicinal Agents	\$6,947	\$4,238	\$2,431
28	133	Pulmonary Edema/Respiratory Failure	0	0	0
29	304	Dorsal and Lumbar Fusion Without Principal Diagnosis of Back Curvature	0	0	0
30	420	Diabetes	\$3,956	\$2,413	\$1,385
31	282	Disorders of Pancreas Except Malignancy	\$12,857	\$7,843	\$4,500
32	137	Respiratory Infections and Inflammations	\$16,702	\$10,188	\$5,846
33	263	Laparoscopic Cholecystectomy	\$17,727	\$10,813	\$6,204
34	053	Seizure	\$10,318	\$6,294	\$3,611
35	134	Pulmonary Embolism	\$13,237	\$8,075	\$4,633
36	861	Signs & Symptoms	\$10,015	\$6,109	\$3,505
37	308	Hip/Thigh Surgery with Trauma Diagnosis	\$25,005	\$15,253	\$8,752
38	347	Other Back/Neck Disorders, Fractures, Injuries	\$9,525	\$5,810	\$3,334
39	190	Circulatory Disorders with Heart Attack	0	0	0
40	173	Other Vascular Procedures	0	0	0
41	225	Appendectomy	\$23,974	\$14,624	\$8,391
42	244	Diverticulitis & Diverticulosis	\$13,869	\$8,460	\$4,854
43	241	Peptic Ulcer/Gastritis	\$11,411	\$6,961	\$3,994
44	313	Other Knee/Lower Leg Surgery	\$16,140	\$9,845	\$5,649
45	192	Cardiac Catheterization with Principal Diagnosis of Ischemic Heart Disease	0	0	0
46	425	Other Electrolyte Disorders	\$6,301	\$3,844	\$2,205
47	513	Uterine Procedures without Tumor	\$19,273	\$11,757	\$6,746
48	315	Shoulder/Upper Arm, Forearm Surgery	\$16,214	\$9,891	\$5,675
49	198	Chest Pain with Angina Pectoris or Coronary Atherosclerosis	\$5,994	\$3,656	\$2,098
50	204	Fainting and Collapse	\$24,642	\$15,032	\$8,625
51	351	Other Musculoskeletal System and Connective Tissue Diagnoses	\$10,939	\$6,673	\$3,829
52	141	Asthma	\$7,333	\$4,473	\$2,567
53	663	Red Blood Cell Disorders Except Sickle Cell Anemia Crisis	\$9,873	\$6,023	\$3,456
54	248	Major G.I. Bacterial Infections	\$6,591	\$4,021	\$2,307
55	197	Peripheral and Other Vascular Disorders	\$6,246	\$3,810	\$2,186
56	253	Other and Unspecified Gastrointestinal Hemorrhage	\$12,534	\$7,646	\$4,387

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
57	191	Cardiac Catheterization without Principal Diagnosis of Ischemic Heart Disease	0	0	0
58	310	Back/Neck Procedures Except Dorsal and Lumbar Fusion	0	0	0
59	321	Upper Spinal Fusion	0	0	0
60	024	Extracranial Vascular Procedures	0	0	0
61	721	Postoperative and Post-Traumatic Infections	\$2,217	\$1,352	\$776
62	144	Respiratory System Signs, Symptoms and Minor Diagnoses	\$9,227	\$5,628	\$3,229
63	773	Opioid Abuse/Dependence	0	0	0
64	693	Chemotherapy	0	0	0
65	566	Other Antepartum Diagnoses	0	0	0
66	422	Hypovolemia	0	0	0
67	203	Chest Pain	\$9,221	\$5,625	\$3,227
68	755	Neuroses Other Than Depression	0	0	0
69	047	Transient Ischemia	\$12,353	\$7,535	\$4,324
70	251	Abdominal Pain	\$12,787	\$7,800	\$4,475
71	466	Malfunctions, Reactions & Comp Of Gu Device, Graft Or Transplant	0	0	0
72	021	Craniotomy Except For Trauma	0	0	0
73	710	Infectious & parasitic diseases including HIV w O.R. procedure	0	0	0
74	143	Pneumothorax & Pleural Effusion	0	0	0
75	058	Other Disorders of Nervous System	\$9,497	\$5,793	\$3,324

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: January 2012 - December 2012

NR = No Cases Reported	With No Other Procedures			With 1 or More Additional Procedures			
	Principal Procedure	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)	\$6,568	\$4,007	\$2,299	\$7,516	\$4,585	\$2,631
	Diagnostic Colonoscopy (45378)	\$3,145	\$1,918	\$1,101	\$5,215	\$3,181	\$1,825
	Colonoscopy and Biopsy (45380)	\$3,687	\$2,249	\$1,290	\$5,748	\$3,506	\$2,012
	Upper GI Endoscopy with Biopsy (43239)	\$3,189	\$1,946	\$1,116	\$5,625	\$3,431	\$1,969
	Lesion Removal Colonoscopy by Snare Technique (45385)	\$4,333	\$2,643	\$1,516	\$4,700	\$2,867	\$1,645
	Injection into Lumbar or Sacral Area, Single Level (64483)	NR	NR	NR	NR	NR	NR
	Drain/Inject Major Joint or Bursa (20610)	\$618	\$377	\$216	NR	NR	NR
	Injection into Paravertebral Facet Joint w Image Guidance, Lumbar or Sacral (64493)	NR	NR	NR	NR	NR	NR
	Knee Arthroscopy/Surgery with Medial or Lateral Meniscectomy (29881)	\$14,329	\$8,741	\$5,015	\$14,504	\$8,848	\$5,077
	Colorectal Cancer Screening; Colonoscopy, Not High Risk (G0121)	\$3,063	\$1,868	\$1,072	NR	NR	NR
	Carpal Tunnel Surgery (64721)	\$5,369	\$3,275	\$1,879	\$5,589	\$3,409	\$1,956
	Colorectal Cancer Screening ; Colonoscopy, High Risk (G0105)	\$3,092	\$1,886	\$1,082	NR	NR	NR
	Uppr GI Endoscopy- Diagnostic (43235)	\$2,592	\$1,581	\$907	\$5,319	\$3,245	\$1,862
	Lesion Removal Colonoscopy by Hot Biopsy or Cautery (45384)	\$3,673	\$2,240	\$1,286	\$4,636	\$2,828	\$1,622
	Creation of Eardrum Opening (69436)	\$5,306	\$3,237	\$1,857	\$6,104	\$3,723	\$2,136
	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)	\$13,002	\$7,931	\$4,551	\$13,539	\$8,259	\$4,739
	Removal of Tonsils And Adenoids - < Age 12 (42820)	\$6,346	\$3,871	\$2,221	\$6,677	\$4,073	\$2,337
	Unlisted Dental Surgery Procedure (41899)	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*
Injection into Paravertebral Facet Joint w Image Guidance, Cervical or Thor (64490)	NR	NR	NR	\$3,318	\$2,024	\$1,161
Repair Initial Inguinal Hernia, > = 5 years, Reducible (49505)	\$10,483	\$6,395	\$3,669	\$11,320	\$6,905	\$3,962
Unlisted Cystourethrosopy (52000)	\$4,712	\$2,874	\$1,649	\$5,694	\$3,473	\$1,993
After Cataract Laser Surgery (66821)	NR	NR	NR	NR	NR	NR
Percutaneous Breast Biopsy with Device and Imaging (19103)	NR	NR	NR	\$4,924	\$3,004	\$1,723
Cataract Surgery- Complex (66982)	\$7,711	\$4,704	\$2,699	NR	NR	NR
Arthroscopic Rotator Cuff Repair (29827)	\$24,744	\$15,094	\$8,661	\$20,759	\$12,663	\$7,266
Knee Arthroscopy/Surgery w Medical and Lateral Meniscectomy (29880)	\$14,288	\$8,716	\$5,001	\$13,740	\$8,381	\$4,809
Hysteroscopy with Biopsy (58558)	\$9,272	\$5,656	\$3,245	\$11,103	\$6,773	\$3,886
Laparoscopic Cholecystectomy w X-ray of Liver and Bile Duct (47563)	\$13,831	\$8,437	\$4,841	\$14,687	\$8,959	\$5,140
Esophageal Endoscopy with Dilation (43249)	\$4,324	\$2,638	\$1,513	\$4,627	\$2,823	\$1,620
Uppr GI Endoscopy with Guide Wire (43248)	NR	NR	NR	\$4,464	\$2,723	\$1,563
ABD Paracentesis w/Imaging (49083)	\$1,681	\$1,025	\$588	NR	NR	NR
Removal of Support Implant (barred wire, pin, screw, metal band, nail, rod) (20680)	\$7,236	\$4,414	\$2,533	\$7,485	\$4,566	\$2,620
Incision of Finger Tendon Sheath (26055)	\$5,243	\$3,199	\$1,835	\$5,519	\$3,367	\$1,932
Cystourethrosopy with Lithotripsy (52353)	\$10,374	\$6,328	\$3,631	\$13,145	\$8,018	\$4,601
Repair of Nasal Septum (30520)	\$6,493	\$3,961	\$2,273	\$7,716	\$4,707	\$2,701
Destruction of Premalignant Lesion (17000)	NR	NR	NR	NR	NR	NR
Laparoscopic Hernia Repair - Initial (49650)	NR	NR	NR	NR	NR	NR
Removal of Tonsils (42826)	\$6,369	\$3,885	\$2,229	\$7,888	\$4,811	\$2,761
Destruction of Benign Lesions up to 14 Lesions (17110)	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*
Hysteroscopy with Ablation (58563)	\$11,344	\$6,920	\$3,970	\$15,756	\$9,611	\$5,515
Knee Arthroscopy/Surgery with Anterior Cruciate Ligament Repair (29888)	\$21,327	\$13,009	\$7,464	\$23,064	\$14,069	\$8,073
Correction of Bunion (28296)	\$6,969	\$4,251	\$2,439	\$7,514	\$4,583	\$2,630
Percutaneous Breast Biopsy with Imaging (19102)	\$4,777	\$2,914	\$1,672	NR	NR	NR
Cystourethroscopy with Stent (52332)	\$5,435	\$3,315	\$1,902	\$10,632	\$6,486	\$3,721
Repair Umbilical Hernia, > = 5 Yrs - Reducible (49585)	\$10,678	\$6,513	\$3,737	\$12,781	\$7,796	\$4,473
Fragmenting of Kidney Stone (50590)	NR	NR	NR	\$28,412	\$17,331	\$9,944
Colonoscopy with Lesion Removal (45383)	\$3,589	\$2,189	\$1,256	NR	NR	NR
Low Back Disk Surgery (63030)	NR	NR	NR	NR	NR	NR
Injections; Single or Multiple Trigger Points, 1 or 2 Muscles (20552)	NR	NR	NR	NR	NR	NR
Laparoscopic Appendectomy (44970)	\$15,766	\$9,618	\$5,518	\$19,631	\$11,975	\$6,871
Destruction by neurolytic agent , cervical/thoracic nerve area, single lev (64633)	NR	NR	NR	NR	NR	NR
Needle Biopsy of Liver (47000)	NR	NR	NR	NR	NR	NR
Mohs Micrographic Tissue Removal (17311)	NR	NR	NR	NR	NR	NR
Mastectomy, Partial (19301)	NR	NR	NR	\$10,659	\$6,502	\$3,731
Bone Marrow Biopsy (38221)	NR	NR	NR	NR	NR	NR
Removal of Adenoids (42830)	\$5,342	\$3,259	\$1,870	\$5,718	\$3,488	\$2,001
Removal of Breast Lesion (19120)	\$5,900	\$3,599	\$2,065	\$5,082	\$3,100	\$1,779
Excision Breast Lesion with Preoperative Placement Radiological Marker (19125)	\$8,768	\$5,348	\$3,069	\$8,394	\$5,120	\$2,938
Shoulder Arthroscopy/Surgery with Decompression (29826)	\$232	\$141	\$81	\$17,596	\$10,734	\$6,159
Remove Impacted Ear Wax (69210)	\$5,017	\$3,060	\$1,756	NR	NR	NR
Biopsy Skin and Subcutaneous Tissue; 1 Lesion (11100)	NR	NR	NR	\$9,209	\$5,618	\$3,223

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*
Laparoscopy - Removal of Adnexal Structures (58661)	\$12,594	\$7,683	\$4,408	\$16,728	\$10,204	\$5,855
Insertion of Central Venous Catheter >= 5 years (36569)	NR	NR	NR	NR	NR	NR
Right and Left Heart Artery/Ventricle Angiography (93460)	NR	NR	NR	NR	NR	NR
Laparoscopy- Excision of Lesions of Ovary or Pelvic Area (58662)	\$13,086	\$7,982	\$4,580	\$13,500	\$8,235	\$4,725
Placement of Drug Eluting Stent, Single Vessel (G0290)	NR	NR	NR	NR	NR	NR
Diagnostic Laryngoscopy (31575)	NR	NR	NR	NR	NR	NR
Knee Arthroscopy/Surgery with Shaving of Cartilage (29877)	\$13,495	\$8,232	\$4,723	NR	NR	NR
Repair Rotator Cuff, Chronic (23412)	NR	NR	NR	\$18,748	\$11,436	\$6,562
Repair of Hammertoe (28285)	\$5,921	\$3,612	\$2,072	\$8,211	\$5,009	\$2,874
Removal of Central Venous Device w Port or Pump (36590)	\$4,253	\$2,594	\$1,489	NR	NR	NR
Endovenous Treatment of Incompetent Vein, First Vein (36475)	NR	NR	NR	NR	NR	NR
Diagnostic Sigmoidoscopy (45330)	\$1,487	\$907	\$521	\$3,388	\$2,067	\$1,186

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.