

**Charges for 75 Most Common Hospitalizations in Wisconsin: January 2015 - December 2015**

**(Uncomplicated Cases Only)**

1. These data represent the median charges and payments for the least complicated cases. Individual variations may lead to charges that are greater than the amounts displayed here. Severely ill patients, or patients with additional medical conditions will require greater levels of medical care, and therefore will incur higher charges than reported here.
2. In most cases, Medicare payments are less than UW Hospital's cost of providing the care.
3. The charge information is for hospital services only. It does not include your doctors' fees.
4. It is important to understand that due to variations in individual physician practice patterns as well as individual patient differences, and the potential for unforeseen complications, this information should not be considered a price quote, but only an estimate. We encourage you to call our PriceLine staff at 608-263-1507 for more customized information regarding your specific case, and any other financial counseling we can provide. These staff can also provide you with estimates of physician fees for services at UW Hospital.
5. For comparative information on the quality of care at UW Hospital and Clinics, please see the Wisconsin Collaborative for Healthcare Quality's website at [www.wchq.org](http://www.wchq.org).

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
1	640	Normal Newborn, Birthweight 2500g+	\$5,597	\$3,190	\$1,847
2	560	Vaginal Delivery	0	0	0
3	720	Blood Infection/Septicemia	\$14,167	\$8,075	\$4,675
4	302	Knee Replacement	\$33,979	\$19,368	\$11,213
5	540	Cesarean Delivery	0	0	0
6	194	Heart Failure	\$16,624	\$9,476	\$5,486
7	301	Hip Replacement	\$42,327	\$24,126	\$13,968
8	139	Pneumonia	\$8,825	\$5,030	\$2,912
9	751	Psychoses	\$9,605	\$5,475	\$3,170
10	753	Bipolar Disorders	\$11,005	\$6,273	\$3,632
11	140	Chronic Obstructive Pulmonary Disease	\$13,354	\$7,612	\$4,407
12	201	Heart Abnormal Rhythm and Conduction Disorders	\$13,889	\$7,917	\$4,583
13	775	Alcohol Abuse/Dependence	\$9,830	\$5,603	\$3,244
14	460	Renal Failure	\$18,556	\$10,577	\$6,123
15	383	Cellulitis and Other Bacterial Skin Infections	\$11,158	\$6,360	\$3,682
16	045	Stroke and Precerebral Occlusion with Infarct	\$24,779	\$14,124	\$8,177
17	133	Pulmonary Edema/Respiratory Failure	\$14,044	\$8,005	\$4,635

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
18	221	Major Bowel Procedures	\$38,734	\$22,078	\$12,782
19	463	Kidney/Urinary Tract Infection	\$10,947	\$6,240	\$3,613
20	174	Angioplasty with Heart Attack	\$47,987	\$27,353	\$15,836
21	860	Rehabilitation	\$26,925	\$15,347	\$8,885
22	247	Intestinal Obstruction without Surgery	\$14,090	\$8,031	\$4,650
23	750	Schizophrenia	\$8,888	\$5,066	\$2,933
24	282	Disorders of Pancreas Except Malignancy	\$11,926	\$6,798	\$3,936
25	420	Diabetes	\$10,094	\$5,754	\$3,331
26	754	Depression	\$8,670	\$4,942	\$2,861
27	254	Other Digestive System Diagnoses	\$12,054	\$6,871	\$3,978
28	249	Gastroenteritis	\$8,954	\$5,104	\$2,955
29	812	Poisoning of Medicinal Agents	\$8,923	\$5,086	\$2,945
30	304	Dorsal and Lumbar Fusion Without Principal Diagnosis of Back Curvature	\$57,476	\$32,761	\$18,967
31	137	Respiratory Infections and Inflammations	\$15,450	\$8,807	\$5,099
32	053	Seizure	\$13,288	\$7,574	\$4,385
33	173	Other Vascular Procedures	\$64,758	\$36,912	\$21,370
34	134	Pulmonary Embolism	\$15,365	\$8,758	\$5,070
35	190	Circulatory Disorders with Heart Attack	\$24,609	\$14,027	\$8,121
36	308	Hip/Thigh Surgery with Trauma Diagnosis	\$43,827	\$24,981	\$14,463
37	263	Laparoscopic Cholecystectomy	\$32,036	\$18,261	\$10,572
38	244	Diverticulitis & Diverticulosis	\$12,669	\$7,221	\$4,181
39	315	Shoulder/Upper Arm, Forearm Surgery	\$32,065	\$18,277	\$10,581
40	175	Angioplasty without Heart Attack	\$53,629	\$30,569	\$17,698
41	425	Other Electrolyte Disorders	\$13,397	\$7,636	\$4,421
42	861	Signs & Symptoms	\$14,355	\$8,182	\$4,737
43	241	Peptic Ulcer/Gastritis	\$12,806	\$7,299	\$4,226
44	773	Opioid Abuse/Dependence	\$13,114	\$7,475	\$4,328
45	710	Infectious & parasitic diseases including HIV w O.R. procedure	\$42,357	\$24,143	\$13,978
46	347	Other Back/Neck Disorders, Fractures, Injuries	\$21,245	\$12,110	\$7,011
47	253	Other and Unspecified Gastrointestinal Hemorrhage	\$12,315	\$7,020	\$4,064
48	313	Other Knee/Lower Leg Surgery	\$39,128	\$22,303	\$12,912

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
49	351	Other Musculoskeletal System and Connective Tissue Diagnoses	\$13,516	\$7,704	\$4,460
50	248	Major G.I. Bacterial Infections	\$14,302	\$8,152	\$4,720
51	191	Cardiac Catheterization without Principal Diagnosis of Ischemic Heart Disease	\$28,893	\$16,469	\$9,535
52	663	Red Blood Cell Disorders Except Sickle Cell Anemia Crisis	\$14,425	\$8,222	\$4,760
53	466	Malfunction, reaction, complic of genitourinary device or proc	\$9,480	\$5,404	\$3,128
54	024	Extracranial Vascular Procedures	\$55,188	\$31,457	\$18,212
55	693	Chemotherapy	\$27,268	\$15,543	\$8,998
56	141	Asthma	\$10,616	\$6,051	\$3,503
57	321	Upper Spinal Fusion	\$35,395	\$20,175	\$11,680
58	721	Postoperative and Post-Traumatic Infections	\$14,605	\$8,325	\$4,820
59	197	Peripheral and Other Vascular Disorders	\$17,604	\$10,034	\$5,809
60	058	Other Disorders of Nervous System	\$21,454	\$12,229	\$7,080
61	021	Craniotomy Except For Trauma	\$72,181	\$41,143	\$23,820
62	225	Appendectomy	\$25,754	\$14,680	\$8,499
63	566	Other Antepartum Diagnoses	\$11,328	\$6,457	\$3,738
64	144	Respiratory System Signs, Symptoms and Minor Diagnoses	\$11,926	\$6,798	\$3,936
65	163	Heart Valve Procedures without Cardiac Catheterization	\$106,246	\$60,560	\$35,061
66	055	Head trauma w coma >1 hr or hemorrhage	\$19,802	\$11,287	\$6,535
67	755	Neuroses Other Than Depression	\$6,887	\$3,926	\$2,273
68	113	Epiglottitis, Ear Infection, URI and Laryngotracheitis	\$9,163	\$5,223	\$3,024
69	192	Cardiac Catheterization with Principal Diagnosis of Ischemic Heart Disease	\$24,957	\$14,225	\$8,236
70	143	Other respiratory diagnoses except signs, symptoms & minor diagnoses	\$11,358	\$6,474	\$3,748
71	052	Nontraumatic stupor & coma	\$16,788	\$9,569	\$5,540
72	204	Fainting and Collapse	\$20,047	\$11,427	\$6,616
73	422	Hypovolemia	\$7,627	\$4,347	\$2,517
74	639	Neonate Birthwt >2499g with Other Significant Condition	\$15,697	\$8,947	\$5,180
75	310	Back/Neck Procedures Except Dorsal and Lumbar Fusion	\$26,711	\$15,225	\$8,815

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 2015 - December 2015**

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)	\$6,668	\$3,801	\$2,200	\$13,273	\$7,566	\$4,380
Colonoscopy and Biopsy (45380)	\$3,836	\$2,187	\$1,266	\$6,896	\$3,931	\$2,276
Upper GI Endoscopy with Biopsy (43239)	\$2,999	\$1,709	\$990	\$6,315	\$3,600	\$2,084
Lesion Removal Colonoscopy by Snare Technique (45385)	\$3,700	\$2,109	\$1,221	\$6,786	\$3,868	\$2,239
Diagnostic Colonoscopy (45378)	\$2,989	\$1,703	\$986	\$7,567	\$4,313	\$2,497
Injection into Lumbar or Sacral Area, Single Level (64483)	\$1,500	\$855	\$495	\$2,889	\$1,647	\$953
Injection into Paravertebral Facet Joint w Image Guidance, Lumbar or Sacral (64493)	\$2,031	\$1,158	\$670	\$3,907	\$2,227	\$1,289
Drain/Inject Major Joint or Bursa (20610)	\$1,015	\$579	\$335	\$1,876	\$1,069	\$619
Colorectal Cancer Screening; Colonoscopy, Not High Risk (G0121)	\$3,302	\$1,882	\$1,090	NR	NR	NR
Colorectal Cancer Screening ; Colonoscopy, High Risk (G0105)	\$3,302	\$1,882	\$1,090	NR	NR	NR
Carpal Tunnel Surgery (64721)	\$3,139	\$1,789	\$1,036	\$29,512	\$16,822	\$9,739
Knee Arthroscopy/Surgery with Medial or Lateral Meniscectomy (29881)	\$7,578	\$4,320	\$2,501	\$19,223	\$10,957	\$6,344
Destruction by Neurolytic Agent w Imaging, Lumbar or Sacral (64635)	NR	NR	NR	NR	NR	NR
Uppr GI Endoscopy- Diagnostic (43235)	\$2,592	\$1,478	\$855	\$5,437	\$3,099	\$1,794
Lesion Removal Colonoscopy by Hot Biopsy or Cautery (45384)	NR	NR	NR	NR	NR	NR
Left Heart Artery/Ventricle Angiography (93458)	\$15,896	\$9,061	\$5,246	\$23,349	\$13,309	\$7,705
Creation of Eardrum Opening (69436)	\$2,584	\$1,473	\$853	\$14,830	\$8,453	\$4,894
Unlisted Dental Surgery Procedure (41899)	\$8,763	\$4,995	\$2,892	\$12,775	\$7,282	\$4,216

NR = No Cases Reported

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)	\$1,954	\$1,114	\$645	\$2,820	\$1,608	\$931
Laparoscopic Cholecystectomy (47562)	\$13,232	\$7,542	\$4,367	\$14,177	\$8,081	\$4,679
After Cataract Laser Surgery (66821)	\$770	\$439	\$254	\$1,045	\$596	\$345
Biopsy, Breast w/Ultrasound Image; 1 Lesion (19083)	\$2,769	\$1,579	\$914	\$8,235	\$4,694	\$2,718
Cataract Surgery- Complex (66982)	\$9,341	\$5,324	\$3,082	\$14,614	\$8,330	\$4,823
ABD Paracentesis w/Imaging (49083)	\$2,353	\$1,341	\$777	\$5,981	\$3,409	\$1,974
Removal of Tonsils And Adenoids - < Age 12 (42820)	\$7,187	\$4,097	\$2,372	\$7,904	\$4,505	\$2,608
Arthroscopic Rotator Cuff Repair (29827)	NR	NR	NR	\$16,243	\$9,258	\$5,360
Hysteroscopy with Biopsy (58558)	\$6,328	\$3,607	\$2,088	NR	NR	NR
Repair Initial Inguinal Hernia, >= 5 years, Reducible (49505)	\$10,846	\$6,182	\$3,579	\$10,594	\$6,038	\$3,496
Biopsy Skin and Subcutaneous Tissue; 1 Lesion (11100)	\$782	\$446	\$258	\$1,562	\$890	\$515
Esophageal Endoscopy with Dilation (43249)	\$3,800	\$2,166	\$1,254	\$6,937	\$3,954	\$2,289
Unlisted Cystourethoscopy (52000)	\$958	\$546	\$316	\$7,501	\$4,276	\$2,475
Incision of Finger Tendon Sheath (26055)	\$2,764	\$1,575	\$912	\$4,404	\$2,510	\$1,453
Cystourethrosopy with Lithotripsy and Stent (52356)	\$10,677	\$6,086	\$3,523	\$21,354	\$12,172	\$7,047
Laparoscopic Hernia Repair - Initial (49650)	\$12,449	\$7,096	\$4,108	\$15,199	\$8,663	\$5,016
Removal of Support Implant (barred wire, pin, screw, metal band, nail, rod) (20680)	\$8,425	\$4,802	\$2,780	\$14,085	\$8,028	\$4,648
Laparoscopic Cholecystectomy w X-ray of Liver and Bile Duct (47563)	\$15,495	\$8,832	\$5,113	\$10,308	\$5,876	\$3,402
Knee Arthroscopy/Surgery w Medical and Lateral Meniscectomy (29880)	\$8,338	\$4,752	\$2,751	\$20,205	\$11,517	\$6,668
Uppr GI Endoscopy with Guide Wire (43248)	\$4,296	\$2,449	\$1,418	\$7,407	\$4,222	\$2,444

NR = No Cases Reported

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*
Destruction of Premalignant Lesion (17000)	\$216	\$123	\$71	\$352	\$200	\$116
Destruction by neurolytic agent w imaging, cervical or thoracic (64633)	NR	NR	NR	NR	NR	NR
Destruction of Benign Lesions up to 14 Lesions (17110)	\$222	\$127	\$73	\$406	\$231	\$134
Laparoscopic Appendectomy (44970)	\$21,256	\$12,116	\$7,014	NR	NR	NR
Biopsy breast w/stereotactic image; 1 lesion (19081)	\$4,237	\$2,415	\$1,398	\$8,325	\$4,745	\$2,747
Injections; Single or Multiple Trigger Points, 1 or 2 Muscles (20552)	\$663	\$378	\$219	\$1,554	\$886	\$513
Cystourethroscopy with Stent (52332)	\$6,381	\$3,637	\$2,106	\$10,184	\$5,805	\$3,361
Removal of Tonsils (42826)	\$8,679	\$4,947	\$2,864	\$19,243	\$10,968	\$6,350
Repair of Nasal Septum (30520)	\$10,484	\$5,976	\$3,460	\$15,217	\$8,674	\$5,022
Low Back Disk Surgery (63030)	\$12,961	\$7,387	\$4,277	\$20,415	\$11,636	\$6,737
Fragmenting of Kidney Stone (50590)	NR	NR	NR	NR	NR	NR
Knee Arthroscopy/Surgery with Anterior Cruciate Ligament Repair (29888)	\$18,615	\$10,611	\$6,143	\$19,337	\$11,022	\$6,381
Repair Umbilical Hernia, >= 5 Yrs - Reducible (49585)	\$7,524	\$4,289	\$2,483	\$15,459	\$8,811	\$5,101
Mastectomy, Partial (19301)	\$7,003	\$3,992	\$2,311	\$18,473	\$10,530	\$6,096
Laparoscopy - Removal of Adnexal Structures (58661)	\$16,540	\$9,428	\$5,458	\$16,123	\$9,190	\$5,321
Debridement Skin/Tissue (11042)	\$1,201	\$685	\$396	\$8,518	\$4,855	\$2,811
Needle Biopsy of Liver (47000)	\$3,670	\$2,092	\$1,211	\$7,104	\$4,049	\$2,344
Coronary Artery Angio S&I (93454)	\$17,884	\$10,194	\$5,902	\$33,271	\$18,965	\$10,979
Laparoscopy, Removal of Tubes & Ovaries (58571)	\$31,706	\$18,072	\$10,463	\$34,846	\$19,862	\$11,499
Remove Impacted Ear Wax (69210)	\$256	\$146	\$84	\$425	\$242	\$140
Aspirate Pleura with Imaging (32555)	\$2,415	\$1,377	\$797	\$4,058	\$2,313	\$1,339
Hysteroscopy with Ablation (58563)	\$8,126	\$4,632	\$2,682	NR	NR	NR

NR = No Cases Reported

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 Laryngoscopy (31575)	\$469	\$267	\$155	\$1,482	\$845	\$489
Apheresis Plasma (36514)	NR	NR	NR	NR	NR	NR
Debridement, Open Wound <= 20 Square Centimeters (97597)	\$5,235	\$2,984	\$1,727	\$3,000	\$1,710	\$990
Right and Left Heart Artery/Ventricle Angiography (93460)	\$17,279	\$9,849	\$5,702	\$24,887	\$14,186	\$8,213
Transluminal balloon angioplasty, percutaneous, venous (35476)	NR	NR	NR	\$20,149	\$11,485	\$6,649
Wrist Endoscopy/Surgery (29848)	\$4,735	\$2,699	\$1,563	\$7,096	\$4,045	\$2,342
Shoulder Arthroscopy/Surgery (29824)	\$11,438	\$6,520	\$3,774	\$13,514	\$7,703	\$4,459
Electro-Uroflowmetry - First (51741)	\$421	\$240	\$139	\$951	\$542	\$314
Bone Marrow Biopsy (38221)	\$4,682	\$2,669	\$1,545	\$8,884	\$5,064	\$2,932
Correction of Bunion (28296)	\$7,825	\$4,460	\$2,582	NR	NR	NR
Removal of Adenoids (42830)	\$5,016	\$2,859	\$1,655	\$5,276	\$3,007	\$1,741
Electronic analysis of implantable pump spine w/reprogram/refill (62369)	\$4,164	\$2,374	\$1,374	\$10,402	\$5,929	\$3,433
Ablation therapy of first vein of extremity (36475)	NR	NR	NR	NR	NR	NR
Repair of Hammertoe (28285)	\$5,899	\$3,362	\$1,947	\$11,213	\$6,392	\$3,700
Removal of Central Venous Device w Port or Pump (36590)	\$5,113	\$2,914	\$1,687	\$11,589	\$6,606	\$3,824