



Fort HealthCare
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Fort Atkinson, WI 53538
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Charges for 75 Most Common Hospitalizations in Wisconsin: October 2015 - September 2016

(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+	\$3,741	\$2,245	\$898
2	560	Vaginal Delivery	\$9,133	\$5,480	\$2,192
3	720	Blood Infection/Septicemia	\$12,130	\$7,278	\$2,911
4	302	Knee Replacement	\$34,057	\$20,434	\$8,174
5	540	Cesarean Delivery	\$15,103	\$9,062	\$3,625
6	194	Heart Failure	\$18,293	\$10,976	\$4,390
7	301	Hip Replacement	\$40,312	\$24,187	\$9,675
8	139	Pneumonia	\$9,639	\$5,783	\$2,313
9	751	Psychoses	0	0	0
10	753	Bipolar Disorders	0	0	0
11	775	Alcohol Abuse/Dependence	\$9,004	\$5,402	\$2,161
12	201	Heart Abnormal Rhythm and Conduction Disorders	\$12,712	\$7,627	\$3,051
13	140	Chronic Obstructive Pulmonary Disease	\$8,386	\$5,032	\$2,013
14	383	Cellulitis and Other Bacterial Skin Infections	\$7,921	\$4,753	\$1,901
15	045	Stroke and Precerebral Occlusion with Infarct	\$25,815	\$15,489	\$6,196
16	460	Renal Failure	0	0	0
17	133	Pulmonary Edema/Respiratory Failure	0	0	0
18	463	Kidney/Urinary Tract Infection	\$11,601	\$6,961	\$2,784
19	221	Major Bowel Procedures	\$28,248	\$16,949	\$6,780
20	754	Depression	0	0	0
21	174	Angioplasty with Heart Attack	0	0	0
22	750	Schizophrenia	0	0	0
23	420	Diabetes	0	0	0
24	247	Intestinal Obstruction without Surgery	\$9,725	\$5,835	\$2,334
25	282	Disorders of Pancreas Except Malignancy	\$12,537	\$7,522	\$3,009
26	812	Poisoning of Medicinal Agents	\$7,504	\$4,502	\$1,801

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
27	254	Other Digestive System Diagnoses	0	0	0
28	710	Infectious & parasitic diseases including HIV w O.R. procedure	\$32,394	\$19,436	\$7,775
29	304	Dorsal and Lumbar Fusion Without Principal Diagnosis of Back Curvature	0	0	0
30	190	Circulatory Disorders with Heart Attack	0	0	0
31	773	Opioid Abuse/Dependence	0	0	0
32	173	Other Vascular Procedures	0	0	0
33	137	Respiratory Infections and Inflammations	0	0	0
34	053	Seizure	\$8,736	\$5,242	\$2,097
35	058	Other Disorders of Nervous System	\$13,439	\$8,063	\$3,225
36	308	Hip/Thigh Surgery with Trauma Diagnosis	\$29,847	\$17,908	\$7,163
37	263	Laparoscopic Cholecystectomy	0	0	0
38	134	Pulmonary Embolism	\$23,683	\$14,210	\$5,684
39	315	Shoulder/Upper Arm, Forearm Surgery	\$22,650	\$13,590	\$5,436
40	175	Angioplasty without Heart Attack	0	0	0
41	249	Gastroenteritis	\$7,541	\$4,525	\$1,810
42	244	Diverticulitis & Diverticulosis	\$13,635	\$8,181	\$3,272
43	861	Signs & Symptoms	0	0	0
44	347	Other Back/Neck Disorders, Fractures, Injuries	0	0	0
45	253	Other and Unspecified Gastrointestinal Hemorrhage	\$8,222	\$4,933	\$1,973
46	313	Other Knee/Lower Leg Surgery	\$27,417	\$16,450	\$6,580
47	862	Other Factors Influencing Health Status	0	0	0
48	191	Cardiac Catheterization without Principal Diagnosis of Ischemic Heart Disease	0	0	0
49	351	Other Musculoskeletal System and Connective Tissue Diagnoses	\$10,776	\$6,466	\$2,586
50	241	Peptic Ulcer/Gastritis	0	0	0
51	425	Other Electrolyte Disorders	0	0	0
52	248	Major G.I. Bacterial Infections	0	0	0
53	663	Red Blood Cell Disorders Except Sickle Cell Anemia Crisis	\$14,164	\$8,498	\$3,399
54	466	Malfunction, reaction, complic of genitourinary device or proc	0	0	0
55	024	Extracranial Vascular Procedures	0	0	0

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
56	950	Extensive Procedure Unrelated to Principal Diagnosis	0	0	0
57	951	Moderately Extensive Procedure Unrelated to Diagnosis	\$19,137	\$11,482	\$4,593
58	693	Chemotherapy	0	0	0
59	021	Craniotomy Except For Trauma	0	0	0
60	566	Other Antepartum Diagnoses	0	0	0
61	197	Peripheral and Other Vascular Disorders	0	0	0
62	220	Major Stomach/Esophagus/Duodenum Procedures	\$33,953	\$20,372	\$8,149
63	422	Hypovolemia	0	0	0
64	225	Appendectomy	\$24,742	\$14,845	\$5,938
65	052	Nontraumatic stupor & coma	0	0	0
66	321	Upper Spinal Fusion	0	0	0
67	141	Asthma	\$6,545	\$3,927	\$1,571
68	755	Neuroses Other Than Depression	0	0	0
69	192	Cardiac Catheterization with Principal Diagnosis of Ischemic Heart Disease	0	0	0
70	055	Head trauma w coma >1 hr or hemorrhage	0	0	0
71	721	Postoperative and Post-Traumatic Infections	0	0	0
72	163	Heart Valve Procedures without Cardiac Catheterization	0	0	0
73	204	Fainting and Collapse	0	0	0
74	639	Neonate Birthwt >2499g with Other Significant Condition	\$4,724	\$2,834	\$1,134
75	756	Acute Adjust React Psychosocial Dysfunction	0	0	0

Fort HealthCare is proud of its mission to 'Improve the Health and Well-being of Our 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: October 2015 - September 2016

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*
Cataract Surgery with Intraocular Lens - Stage 1 (66984)	\$8,389	\$5,033	\$2,013	\$9,352	\$5,611	\$2,244
Colonoscopy and Biopsy (45380)	\$4,326	\$2,596	\$1,038	\$7,408	\$4,445	\$1,778
Lesion Removal Colonoscopy by Snare Technique (45385)	\$5,150	\$3,090	\$1,236	\$5,484	\$3,291	\$1,316
Upper GI Endoscopy with Biopsy (43239)	\$3,929	\$2,358	\$943	\$5,740	\$3,444	\$1,378
Diagnostic Colonoscopy (45378)	\$3,719	\$2,232	\$893	\$6,578	\$3,947	\$1,579
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)	\$549	\$329	\$132	\$971	\$583	\$233
Colorectal Cancer Screening; Colonoscopy, Not High Risk (G0121)	\$3,731	\$2,238	\$895	\$6,423	\$3,854	\$1,542
Colorectal Cancer Screening ; Colonoscopy, High Risk (G0105)	\$3,725	\$2,235	\$894	\$6,714	\$4,028	\$1,611
Carpal Tunnel Surgery (64721)	\$6,554	\$3,933	\$1,573	\$6,788	\$4,073	\$1,629
Knee Arthroscopy/Surgery with Medial or Lateral Meniscectomy (29881)	\$16,931	\$10,159	\$4,064	\$17,074	\$10,244	\$4,098
Destruction by Neurolytic Agent w Imaging, Lumbar or Sacral (64635)	NR	NR	NR	NR	NR	NR
Uppr GI Endoscopy- Diagnostic (43235)	\$3,056	\$1,833	\$733	\$6,938	\$4,163	\$1,665
Lesion Removal Colonoscopy by Hot Biopsy or Cautery (45384)	\$4,292	\$2,575	\$1,030	\$6,055	\$3,633	\$1,453
Creation of Eardrum Opening (69436)	\$6,600	\$3,960	\$1,584	\$7,466	\$4,480	\$1,792
Left Heart Artery/Ventricle Angiography (93458)	NR	NR	NR	NR	NR	NR
Unlisted Dental Surgery Procedure (41899)	\$8,158	\$4,895	\$1,958	NR	NR	NR
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

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 Cholecystectomy (47562)	\$16,086	\$9,651	\$3,861	\$21,521	\$12,913	\$5,165
Biopsy, Breast w/Ultrasound Image; 1 Lesion (19083)	NR	NR	NR	\$9,047	\$5,428	\$2,171
ABD Paracentesis w/Imaging (49083)	\$2,012	\$1,207	\$483	NR	NR	NR
Removal of Tonsils And Adenoids - < Age 12 (42820)	\$7,786	\$4,672	\$1,869	\$8,154	\$4,893	\$1,957
Cataract Surgery- Complex (66982)	\$9,751	\$5,851	\$2,340	NR	NR	NR
Esophageal Endoscopy with Dilation (43249)	\$5,320	\$3,192	\$1,277	\$6,094	\$3,656	\$1,463
Arthroscopic Rotator Cuff Repair (29827)	\$24,449	\$14,670	\$5,868	\$24,244	\$14,547	\$5,819
Hysteroscopy with Biopsy (58558)	\$9,456	\$5,674	\$2,269	NR	NR	NR
Biopsy Skin and Subcutaneous Tissue; 1 Lesion (11100)	\$524	\$314	\$126	\$1,310	\$786	\$314
Cystourethroscopy with Lithotripsy and Stent (52356)	\$14,849	\$8,909	\$3,564	\$15,161	\$9,097	\$3,639
Repair Initial Inguinal Hernia, > = 5 years, Reducible (49505)	\$13,364	\$8,018	\$3,207	\$14,825	\$8,895	\$3,558
Incision of Finger Tendon Sheath (26055)	\$6,477	\$3,886	\$1,554	\$6,683	\$4,010	\$1,604
Laparoscopic Hernia Repair - Initial (49650)	NR	NR	NR	NR	NR	NR
Unlisted Cystourethoscopy (52000)	\$791	\$475	\$190	\$7,625	\$4,575	\$1,830
Laparoscopic Cholecystectomy w X-ray of Liver and Bile Duct (47563)	\$17,637	\$10,582	\$4,233	\$19,008	\$11,405	\$4,562
Removal of Support Implant (barred wire, pin, screw, metal band, nail, rod) (20680)	\$8,773	\$5,264	\$2,105	\$15,889	\$9,534	\$3,813
Uppr GI Endoscopy with Guide Wire (43248)	NR	NR	NR	NR	NR	NR
Destruction by neurolytic agent w imaging, cervical or thoracic (64633)	NR	NR	NR	NR	NR	NR
Destruction of Premalignant Lesion (17000)	\$292	\$175	\$70	\$227	\$136	\$54
Knee Arthroscopy/Surgery w Medical and Lateral Meniscectomy (29880)	\$16,996	\$10,198	\$4,079	\$17,261	\$10,357	\$4,143

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 Appendectomy (44970)	\$18,189	\$10,913	\$4,365	\$23,345	\$14,007	\$5,603
Destruction of Benign Lesions up to 14 Lesions (17110)	\$193	\$116	\$46	\$256	\$154	\$61
Biopsy breast w/stereotactic image; 1 lesion (19081)	NR	NR	NR	NR	NR	NR
Cystourethroscopy with Stent (52332)	\$7,143	\$4,286	\$1,714	\$12,368	\$7,421	\$2,968
Removal of Tonsils (42826)	\$8,623	\$5,174	\$2,070	\$15,716	\$9,430	\$3,772
Laparoscopy - Removal of Adnexal Structures (58661)	\$13,923	\$8,354	\$3,342	\$14,685	\$8,811	\$3,524
Injections; Single or Multiple Trigger Points, 1 or 2 Muscles (20552)	NR	NR	NR	NR	NR	NR
Repair Umbilical Hernia, > = 5 Yrs - Reducible (49585)	\$14,994	\$8,996	\$3,598	\$15,878	\$9,527	\$3,811
Mastectomy, Partial (19301)	\$8,246	\$4,947	\$1,979	\$14,295	\$8,577	\$3,431
Knee Arthroscopy/Surgery with Anterior Cruciate Ligament Repair (29888)	\$26,158	\$15,695	\$6,278	\$29,669	\$17,801	\$7,121
Low Back Disk Surgery (63030)	NR	NR	NR	NR	NR	NR
Repair of Nasal Septum (30520)	\$8,493	\$5,096	\$2,038	\$9,456	\$5,674	\$2,270
Fragmenting of Kidney Stone (50590)	\$28,069	\$16,842	\$6,737	NR	NR	NR
Laparoscopy, Removal of Tubes & Ovaries (58571)	\$15,512	\$9,307	\$3,723	NR	NR	NR
Needle Biopsy of Liver (47000)	\$9,651	\$5,790	\$2,316	NR	NR	NR
Aspirate Pleura with Imaging (32555)	NR	NR	NR	NR	NR	NR
Coronary Artery Angio S&I (93454)	NR	NR	NR	NR	NR	NR
Debridement Skin/Tissue (11042)	\$3,689	\$2,213	\$885	NR	NR	NR
Wrist Endoscopy/Surgery (29848)	NR	NR	NR	NR	NR	NR
Hysteroscopy with Ablation (58563)	\$13,582	\$8,149	\$3,260	\$15,322	\$9,193	\$3,677
Transluminal balloon angioplasty, percutaneous, venous (35476)	NR	NR	NR	NR	NR	NR
Bone Marrow Biopsy (38221)	NR	NR	NR	NR	NR	NR
Diagnostic Laryngoscopy (31575)	\$643	\$386	\$154	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*
Correction of Bunion (28296)	\$9,136	\$5,482	\$2,193	\$10,087	\$6,052	\$2,421
Remove Impacted Ear Wax (69210)	\$242	\$145	\$58	NR	NR	NR
Shoulder Arthroscopy/Surgery (29824)	NR	NR	NR	\$20,097	\$12,058	\$4,823
Apheresis Plasma (36514)	NR	NR	NR	NR	NR	NR
Right and Left Heart Artery/Ventricle Angiography (93460)	NR	NR	NR	NR	NR	NR
Biopsy of lung or mediastinum, percutaneous w/needle (32405)	\$6,984	\$4,190	\$1,676	NR	NR	NR
Removal of Adenoids (42830)	\$7,197	\$4,318	\$1,727	\$7,697	\$4,618	\$1,847
Electro-Uroflowmetry - First (51741)	NR	NR	NR	NR	NR	NR
Removal of Central Venous Device w Port or Pump (36590)	\$1,329	\$797	\$319	NR	NR	NR
Ablation therapy of first vein of extremity (36475)	\$7,614	\$4,568	\$1,827	NR	NR	NR
Injection of chemical agent into muscles near face/neck (64615)	NR	NR	NR	NR	NR	NR
Debridement, Open Wound <= 20 Square Centimeters (97597)	NR	NR	NR	NR	NR	NR