



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

**Charges for 75 Most Common Hospitalizations in Wisconsin: July 2017 - June 2018**

**(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+	\$7,506	\$4,203	\$1,726
2	560	Vaginal Delivery	\$7,872	\$4,408	\$1,810
3	720	Blood Infection/Septicemia	\$7,982	\$4,470	\$1,836
4	302	Knee Replacement	\$32,271	\$18,072	\$7,422
5	194	Heart Failure	\$11,797	\$6,606	\$2,713
6	540	Cesarean Delivery	\$13,271	\$7,432	\$3,052
7	751	Psychoses	0	0	0
8	301	Hip Replacement	\$30,158	\$16,889	\$6,936
9	139	Pneumonia	0	0	0
10	753	Bipolar Disorders	0	0	0
11	140	Chronic Obstructive Pulmonary Disease	\$20,931	\$11,721	\$4,814
12	201	Heart Abnormal Rhythm and Conduction Disorders	\$11,920	\$6,675	\$2,742
13	775	Alcohol Abuse/Dependence	\$5,281	\$2,958	\$1,215
14	133	Respiratory failure	0	0	0
15	045	Stroke and Precerebral Occlusion with Infarct	\$29,493	\$16,516	\$6,783
16	469	Acute Kidney Injury	\$11,074	\$6,202	\$2,547
17	383	Cellulitis & other skin infections	\$11,684	\$6,543	\$2,687
18	463	Kidney/Urinary Tract Infection	0	0	0
19	174	Percutaneous coronary intervention w AMI	0	0	0
20	420	Diabetes	\$16,632	\$9,314	\$3,825
21	750	Schizophrenia	0	0	0
22	282	Disorders of Pancreas Except Malignancy	\$7,537	\$4,221	\$1,734
23	247	Intestinal Obstruction without Surgery	\$11,294	\$6,325	\$2,598
24	754	Depression	0	0	0
25	308	Hip & femur fracture repair	\$26,364	\$14,764	\$6,064
26	053	Seizure	0	0	0

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
27	175	Percutaneous coronary intervention w/o AMI	0	0	0
28	254	Other Digestive System Diagnoses	\$8,947	\$5,010	\$2,058
29	190	Circulatory Disorders with Heart Attack	0	0	0
30	304	Dorsal and Lumbar Fusion Without Principal Diagnosis of Back Curvature	0	0	0
31	137	Respiratory Infections and Inflammations	0	0	0
32	263	Laparoscopic Cholecystectomy	\$21,742	\$12,176	\$5,001
33	192	Cardiac catheterization for other non-coronary conditions	0	0	0
34	058	Other Disorders of Nervous System	0	0	0
35	113	Epiglottitis, Ear Infection, URI and Laryngotracheitis	0	0	0
36	134	Pulmonary Embolism	0	0	0
37	244	Diverticulitis & Diverticulosis	\$11,898	\$6,663	\$2,737
38	773	Opioid Abuse/Dependence	0	0	0
39	249	Other gastroenteritis, nausea & vomiting	0	0	0
40	241	Peptic Ulcer/Gastritis	\$11,971	\$6,704	\$2,753
41	710	Infectious & parasitic diseases including HIV w O.R. procedure	0	0	0
42	466	Malfunction, reaction, complic of genitourinary device or proc	0	0	0
43	231	Major large bowel procedures	\$25,324	\$14,181	\$5,825
44	812	Poisoning of Medicinal Agents	0	0	0
45	861	Signs & Symptoms	0	0	0
46	347	Other Back/Neck Disorders, Fractures, Injuries	\$25,252	\$14,141	\$5,808
47	253	Other and Unspecified Gastrointestinal Hemorrhage	0	0	0
48	313	Other Knee/Lower Leg Surgery	\$68,992	\$38,636	\$15,868
49	024	Extracranial Vascular Procedures	0	0	0
50	315	Shoulder, upper arm & forearm procedures except joint replacement	0	0	0
51	248	Major G.I. Bacterial Infections	0	0	0
52	351	Other Musculoskeletal System and Connective Tissue Diagnoses	0	0	0
53	181	Lower Extremity Arterial Procedures	0	0	0
54	021	Craniotomy Except For Trauma	0	0	0
55	862	Other Factors Influencing Health Status	0	0	0

NR = No Cases Reported

Rank	APR-DRG*	Description	Median Charge*	Estimated Insurance Payments *	
				Private Insurance	Medicare
56	663	Red Blood Cell Disorders Except Sickle Cell Anemia Crisis	\$15,424	\$8,638	\$3,548
57	166	Coronary bypass w/o AMI or complex PDX	0	0	0
58	052	Nontraumatic stupor & coma	0	0	0
59	566	Other Antepartum Diagnoses	\$3,124	\$1,750	\$719
60	721	Postoperative and Post-Traumatic Infections	0	0	0
61	230	Major small bowel procedures	\$31,261	\$17,506	\$7,190
62	055	Head trauma w coma >1 hr or hemorrhage	\$17,337	\$9,708	\$3,987
63	321	Upper Spinal Fusion	0	0	0
64	425	Other Electrolyte Disorders	\$16,676	\$9,339	\$3,836
65	197	Peripheral and Other Vascular Disorders	0	0	0
66	141	Asthma	\$5,593	\$3,132	\$1,287
67	951	Moderately Extensive Procedure Unrelated to Diagnosis	\$44,281	\$24,798	\$10,185
68	755	Neuroses Other Than Depression	0	0	0
69	143	Other respiratory diagnoses except signs, symptoms & minor diagnoses	\$13,403	\$7,506	\$3,083
70	199	Hypertension	\$17,142	\$9,599	\$3,943
71	426	Non-hypovolemic sodium disorders	\$8,225	\$4,606	\$1,892
72	171	Pacemaker Implant without Heart Attack, Heart Failure or Shock	0	0	0
73	696	Other Chemotherapy	0	0	0
74	207	Other Circulatory System Diagnoses	0	0	0
75	204	Fainting and Collapse	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: July 2017 - June 2018**

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)	\$9,076	\$5,083	\$2,088	\$9,300	\$5,208	\$2,139
Colonoscopy and Biopsy (45380)	\$4,885	\$2,735	\$1,123	\$7,754	\$4,342	\$1,783
Lesion Removal Colonoscopy by Snare Technique (45385)	\$5,841	\$3,271	\$1,344	\$9,233	\$5,171	\$2,124
Upper GI Endoscopy with Biopsy (43239)	\$4,333	\$2,427	\$997	\$6,639	\$3,718	\$1,527
Diagnostic Colonoscopy (45378)	\$4,251	\$2,381	\$978	\$7,274	\$4,074	\$1,673
Injection into Lumbar or Sacral Area, Single Level (64483)	NR	NR	NR	NR	NR	NR
Inj/Drainage or Aspiration, Spine/Spinal Cord w/ Img Guidance (62323)	NR	NR	NR	NR	NR	NR
Injection into Paravertebral Facet Joint w Image Guidance, Lumbar or Sacral (64493)	NR	NR	NR	NR	NR	NR
Colorectal Cancer Screening; Colonoscopy, Not High Risk (G0121)	\$4,277	\$2,395	\$984	\$7,325	\$4,102	\$1,685
Drain/Inject Major Joint or Bursa (20610)	\$586	\$328	\$135	\$979	\$548	\$225
Colorectal Cancer Screening ; Colonoscopy, High Risk (G0105)	\$4,287	\$2,401	\$986	\$6,597	\$3,694	\$1,517
Carpal Tunnel Surgery (64721)	\$7,089	\$3,970	\$1,630	\$10,237	\$5,733	\$2,355
Destruction by Neurolytic Agent w Imaging, Lumbar or Sacral (64635)	NR	NR	NR	NR	NR	NR
Knee Arthroscopy/Surgery with Medial or Lateral Meniscectomy (29881)	\$18,032	\$10,098	\$4,147	\$29,042	\$16,264	\$6,680
Uppr GI Endoscopy- Diagnostic (43235)	\$3,310	\$1,854	\$761	\$7,528	\$4,215	\$1,731
Inj/Drainage or Aspiration, Spine/Spinal Cord w/o Img Guidance (62321)	NR	NR	NR	NR	NR	NR
Creation of Eardrum Opening (69436)	\$10,441	\$5,847	\$2,401	\$10,668	\$5,974	\$2,454
Left Heart Artery/Ventricle Angiography (93458)	NR	NR	NR	NR	NR	NR
Unlisted Dental Surgery Procedure (41899)	\$8,649	\$4,843	\$1,989	NR	NR	NR
Lesion Removal Colonoscopy by Hot Biopsy or Cautery (45384)	\$4,840	\$2,711	\$1,113	\$8,110	\$4,542	\$1,865

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
Laparoscopic Cholecystectomy (47562)	\$17,407	\$9,748	\$4,004	\$20,945	\$11,729	\$4,817
Esophageal Endoscopy with Dilation (43249)	\$5,605	\$3,139	\$1,289	\$7,694	\$4,309	\$1,770
Arthroscopic Rotator Cuff Repair (29827)	\$24,263	\$13,587	\$5,581	\$37,988	\$21,273	\$8,737
ABD Paracentesis w/Imaging (49083)	NR	NR	NR	NR	NR	NR
Removal of Tonsils And Adenoids - < Age 12 (42820)	\$8,185	\$4,584	\$1,883	\$11,890	\$6,658	\$2,735
Hysteroscopy with Biopsy (58558)	\$13,436	\$7,524	\$3,090	\$14,570	\$8,159	\$3,351
Cataract Surgery- Complex (66982)	\$10,229	\$5,728	\$2,353	\$13,239	\$7,414	\$3,045
Cystourethroscopy with Lithotripsy and Stent (52356)	\$15,803	\$8,850	\$3,635	\$18,737	\$10,493	\$4,309
Biopsy, Breast w/Ultrasound Image; 1 Lesion (19083)	NR	NR	NR	NR	NR	NR
Uppr GI Endoscopy with Guide Wire (43248)	NR	NR	NR	NR	NR	NR
Laparoscopic Hernia Repair - Initial (49650)	NR	NR	NR	NR	NR	NR
Incision of Finger Tendon Sheath (26055)	\$6,980	\$3,909	\$1,605	\$10,634	\$5,955	\$2,446
Removal of Support Implant (barred wire, pin, screw, metal band, nail, rod) (20680)	\$10,178	\$5,700	\$2,341	\$15,153	\$8,486	\$3,485
Repair Initial Inguinal Hernia, > = 5 years, Reducible (49505)	\$13,778	\$7,716	\$3,169	\$29,117	\$16,305	\$6,697
Destruction of Premalignant Lesion (17000)	\$238	\$133	\$55	\$270	\$151	\$62
Destruction by neurolytic agent w imaging, cervical or thoracic (64633)	NR	NR	NR	NR	NR	NR
Unlisted Cystourethroscopy (52000)	\$841	\$471	\$193	\$1,502	\$841	\$345
Cystourethroscopy with Stent (52332)	\$7,296	\$4,086	\$1,678	\$12,460	\$6,978	\$2,866

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 w X-ray of Liver and Bile Duct (47563)	\$19,216	\$10,761	\$4,420	\$24,758	\$13,864	\$5,694
Biopsy Skin and Subcutaneous Tissue; 1 Lesion (11100)	\$521	\$292	\$120	\$690	\$386	\$159
Laparoscopy - Removal of Adnexal Structures (58661)	\$15,607	\$8,740	\$3,590	\$19,430	\$10,881	\$4,469
Laparoscopic Appendectomy (44970)	\$19,879	\$11,132	\$4,572	\$23,753	\$13,302	\$5,463
Laparoscopy, Removal of Tubes & Ovaries (58571)	NR	NR	NR	NR	NR	NR
Knee Arthroscopy/Surgery w Medical and Lateral Meniscectomy (29880)	\$17,998	\$10,079	\$4,140	\$20,894	\$11,701	\$4,806
Mastectomy, Partial (19301)	\$11,561	\$6,474	\$2,659	\$22,795	\$12,765	\$5,243
Total Knee Arthroscopy (27447)	\$31,365	\$17,565	\$7,214	\$33,899	\$18,983	\$7,797
Biopsy breast w/stereotactic image; 1 lesion (19081)	NR	NR	NR	NR	NR	NR
Removal of Tonsils (42826)	\$7,703	\$4,313	\$1,772	\$13,723	\$7,685	\$3,156
Low Back Disk Surgery (63030)	NR	NR	NR	NR	NR	NR
Repair Umbilical Hernia, > = 5 Yrs - Reducible (49585)	\$15,487	\$8,673	\$3,562	\$17,825	\$9,982	\$4,100
Coronary Artery Angio S&I (93454)	NR	NR	NR	NR	NR	NR
Wrist Endoscopy/Surgery (29848)	\$6,593	\$3,692	\$1,516	\$7,994	\$4,477	\$1,839
Knee Arthroscopy/Surgery with Anterior Cruciate Ligament Repair (29888)	\$24,489	\$13,714	\$5,633	\$44,379	\$24,852	\$10,207
Repair of Nasal Septum (30520)	\$8,820	\$4,939	\$2,029	\$15,797	\$8,846	\$3,633
Fragmenting of Kidney Stone (50590)	\$29,359	\$16,441	\$6,752	NR	NR	NR
Angioplasty - peripheral segment of the dialysis circuit (36902)	NR	NR	NR	NR	NR	NR
Debridement Skin/Tissue (11042)	\$290	\$162	\$67	\$10,977	\$6,147	\$2,525
Destruction of Benign Lesions up to 14 Lesions (17110)	\$207	\$116	\$48	NR	NR	NR
Hysteroscopy with Ablation (58563)	\$13,319	\$7,459	\$3,063	\$15,902	\$8,905	\$3,658
Right and Left Heart Artery/Ventricle Angiography (93460)	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*
Injections; Single or Multiple Trigger Points, 1 or 2 Muscles (20552)	NR	NR	NR	NR	NR	NR
Removal of Adenoids (42830)	\$5,592	\$3,132	\$1,286	\$12,125	\$6,790	\$2,789
Decompression of Ulnar Nerve at Elbow (64718)	\$10,194	\$5,709	\$2,345	\$13,326	\$7,463	\$3,065
Shoulder Arthroscopy/Surgery (29824)	\$19,365	\$10,844	\$4,454	\$24,453	\$13,694	\$5,624
Implant Neuroelectrodes (63650)	NR	NR	NR	NR	NR	NR
Injection of chemical agent into muscles near face/neck (64615)	NR	NR	NR	NR	NR	NR
Biopsy of lung or mediastinum, percutaneous w/needle (32405)	NR	NR	NR	NR	NR	NR
SHOULDER ARTHROSCOPY/SURGERY (29823)	\$18,250	\$10,220	\$4,198	\$21,212	\$11,879	\$4,879
Repair of wrist joints (25447)	\$10,228	\$5,728	\$2,352	\$10,617	\$5,946	\$2,442
Aspirate Pleura with Imaging (32555)	NR	NR	NR	NR	NR	NR
Needle Biopsy of Liver (47000)	NR	NR	NR	NR	NR	NR
Upper GI Endoscopy w Removal of Foreign Body (43247)	\$3,754	\$2,102	\$863	\$6,822	\$3,821	\$1,569
Mohs Micrographic Tissue Removal (17311)	NR	NR	NR	NR	NR	NR