



Divine Savior Healthcare
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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+	\$2,783	\$1,698	\$751
2	560	Vaginal Delivery	\$8,806	\$5,372	\$2,378
3	720	Blood Infection/Septicemia	\$15,151	\$9,242	\$4,091
4	302	Knee Replacement	\$31,629	\$19,294	\$8,540
5	194	Heart Failure	\$16,902	\$10,310	\$4,564
6	540	Cesarean Delivery	\$17,189	\$10,485	\$4,641
7	751	Psychoses	0	0	0
8	301	Hip Replacement	\$43,537	\$26,558	\$11,755
9	139	Pneumonia	\$16,891	\$10,304	\$4,561
10	753	Bipolar Disorders	0	0	0
11	140	Chronic Obstructive Pulmonary Disease	\$10,803	\$6,590	\$2,917
12	201	Heart Abnormal Rhythm and Conduction Disorders	\$9,638	\$5,879	\$2,602
13	775	Alcohol Abuse/Dependence	\$10,736	\$6,549	\$2,899
14	133	Respiratory failure	0	0	0
15	045	Stroke and Precerebral Occlusion with Infarct	\$19,496	\$11,893	\$5,264
16	469	Acute Kidney Injury	\$10,137	\$6,183	\$2,737
17	383	Cellulitis & other skin infections	\$11,535	\$7,037	\$3,115
18	463	Kidney/Urinary Tract Infection	\$10,406	\$6,348	\$2,810
19	174	Percutaneous coronary intervention w AMI	0	0	0
20	420	Diabetes	\$10,805	\$6,591	\$2,917
21	750	Schizophrenia	0	0	0
22	282	Disorders of Pancreas Except Malignancy	\$15,980	\$9,748	\$4,315
23	247	Intestinal Obstruction without Surgery	\$15,363	\$9,371	\$4,148
24	754	Depression	0	0	0
25	308	Hip & femur fracture repair	\$43,234	\$26,372	\$11,673
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	\$19,707	\$12,021	\$5,321
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	\$13,214	\$8,061	\$3,568
32	263	Laparoscopic Cholecystectomy	\$37,561	\$22,912	\$10,141
33	192	Cardiac catheterization for other non-coronary conditions	0	0	0
34	058	Other Disorders of Nervous System	\$17,525	\$10,690	\$4,732
35	113	Epiglottitis, Ear Infection, URI and Laryngotracheitis	\$11,443	\$6,980	\$3,090
36	134	Pulmonary Embolism	\$16,247	\$9,911	\$4,387
37	244	Diverticulitis & Diverticulosis	\$18,760	\$11,444	\$5,065
38	773	Opioid Abuse/Dependence	0	0	0
39	249	Other gastroenteritis, nausea & vomiting	\$12,516	\$7,635	\$3,379
40	241	Peptic Ulcer/Gastritis	\$17,701	\$10,798	\$4,779
41	710	Infectious & parasitic diseases including HIV w O.R. procedure	\$62,978	\$38,417	\$17,004
42	466	Malfunction, reaction, complic of genitourinary device or proc	0	0	0
43	231	Major large bowel procedures	\$43,171	\$26,334	\$11,656
44	812	Poisoning of Medicinal Agents	\$8,368	\$5,104	\$2,259
45	861	Signs & Symptoms	\$11,174	\$6,816	\$3,017
46	347	Other Back/Neck Disorders, Fractures, Injuries	\$13,270	\$8,095	\$3,583
47	253	Other and Unspecified Gastrointestinal Hemorrhage	\$17,129	\$10,448	\$4,625
48	313	Other Knee/Lower Leg Surgery	\$37,673	\$22,981	\$10,172
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	\$20,361	\$12,420	\$5,498
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	\$20,048	\$12,229	\$5,413
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	0	0	0
60	721	Postoperative and Post-Traumatic Infections	0	0	0
61	230	Major small bowel procedures	\$30,579	\$18,653	\$8,256
62	055	Head trauma w coma >1 hr or hemorrhage	0	0	0
63	321	Upper Spinal Fusion	0	0	0
64	425	Other Electrolyte Disorders	\$13,781	\$8,407	\$3,721
65	197	Peripheral and Other Vascular Disorders	0	0	0
66	141	Asthma	\$8,309	\$5,069	\$2,244
67	951	Moderately Extensive Procedure Unrelated to Diagnosis	\$17,338	\$10,576	\$4,681
68	755	Neuroses Other Than Depression	0	0	0
69	143	Other respiratory diagnoses except signs, symptoms & minor diagnoses	0	0	0
70	199	Hypertension	0	0	0
71	426	Non-hypovolemic sodium disorders	0	0	0
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	\$23,284	\$14,203	\$6,287
75	204	Fainting and Collapse	0	0	0

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Charges for 75 Most Common Types of Outpatient Surgical Procedures in Wisconsin: July 2017 - June 2018

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)	\$7,803	\$4,760	\$2,107	\$10,075	\$6,146	\$2,720
Colonoscopy and Biopsy (45380)	\$3,719	\$2,269	\$1,004	\$5,601	\$3,416	\$1,512

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*
Lesion Removal Colonoscopy by Snare Technique (45385)	\$3,869	\$2,360	\$1,045	\$5,490	\$3,349	\$1,482
Upper GI Endoscopy with Biopsy (43239)	\$2,772	\$1,691	\$748	\$5,654	\$3,449	\$1,526
Diagnostic Colonoscopy (45378)	\$3,542	\$2,161	\$956	\$5,507	\$3,359	\$1,487
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)	\$3,521	\$2,148	\$951	\$5,657	\$3,451	\$1,527
Drain/Inject Major Joint or Bursa (20610)	NR	NR	NR	NR	NR	NR
Colorectal Cancer Screening ; Colonoscopy, High Risk (G0105)	\$3,573	\$2,180	\$965	\$5,415	\$3,303	\$1,462
Carpal Tunnel Surgery (64721)	\$4,272	\$2,606	\$1,153	\$8,719	\$5,318	\$2,354
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)	\$10,113	\$6,169	\$2,731	\$12,636	\$7,708	\$3,412
Uppr GI Endoscopy- Diagnostic (43235)	\$2,435	\$1,485	\$657	\$3,027	\$1,846	\$817
Inj/Drainage or Aspiration, Spine/Spinal Cord w/o Img Guidance (62321)	NR	NR	NR	NR	NR	NR
Creation of Eardrum Opening (69436)	\$5,081	\$3,099	\$1,372	\$7,672	\$4,680	\$2,071
Left Heart Artery/Ventricle Angiography (93458)	NR	NR	NR	NR	NR	NR
Unlisted Dental Surgery Procedure (41899)	NR	NR	NR	NR	NR	NR
Lesion Removal Colonoscopy by Hot Biopsy or Cautery (45384)	\$3,892	\$2,374	\$1,051	\$4,078	\$2,488	\$1,101
Injection into Paravertebral Facet Joint w Image Guidance, Cervical or Thor (64490)	NR	NR	NR	NR	NR	NR
After Cataract Laser Surgery	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*
Laparoscopic Cholecystectomy (47562)	\$13,976	\$8,526	\$3,774	\$16,598	\$10,125	\$4,481
Esophageal Endoscopy with Dilation (43249)	\$2,978	\$1,817	\$804	\$3,133	\$1,911	\$846
Arthroscopic Rotator Cuff Repair (29827)	\$22,800	\$13,908	\$6,156	\$20,587	\$12,558	\$5,559
ABD Paracentesis w/Imaging (49083)	NR	NR	NR	NR	NR	NR
Removal of Tonsils And Adenoids - < Age 12 (42820)	\$7,938	\$4,842	\$2,143	NR	NR	NR
Hysteroscopy with Biopsy (58558)	\$6,906	\$4,213	\$1,865	\$6,260	\$3,818	\$1,690
Cataract Surgery- Complex (66982)	\$9,632	\$5,875	\$2,601	NR	NR	NR
Cystourethroscopy with Lithotripsy and Stent (52356)	NR	NR	NR	NR	NR	NR
Biopsy, Breast w/Ultrasound Image; 1 Lesion (19083)	\$12,582	\$7,675	\$3,397	\$13,380	\$8,162	\$3,613
Uppr GI Endoscopy with Guide Wire (43248)	\$2,494	\$1,521	\$673	\$2,894	\$1,765	\$781
Laparoscopic Hernia Repair - Initial (49650)	\$15,390	\$9,388	\$4,155	\$17,831	\$10,877	\$4,814
Incision of Finger Tendon Sheath (26055)	\$4,330	\$2,642	\$1,169	\$5,353	\$3,265	\$1,445
Removal of Support Implant (barred wire, pin, screw, metal band, nail, rod) (20680)	\$9,888	\$6,032	\$2,670	\$13,725	\$8,372	\$3,706
Repair Initial Inguinal Hernia, > = 5 years, Reducible (49505)	\$13,202	\$8,053	\$3,564	\$18,495	\$11,282	\$4,994
Destruction of Premalignant Lesion (17000)	NR	NR	NR	NR	NR	NR
Destruction by neurolytic agent w imaging, cervical or thoracic (64633)	NR	NR	NR	NR	NR	NR
Unlisted Cystourethroscopy (52000)	NR	NR	NR	NR	NR	NR
Cystourethroscopy with Stent (52332)	NR	NR	NR	NR	NR	NR
Laparoscopic Cholecystectomy w X-ray of Liver and Bile Duct (47563)	NR	NR	NR	NR	NR	NR
Biopsy Skin and Subcutaneous Tissue; 1 Lesion (11100)	NR	NR	NR	NR	NR	NR
Laparoscopy - Removal of Adnexal Structures (58661)	\$15,218	\$9,283	\$4,109	\$15,474	\$9,439	\$4,178

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
Laparoscopic Appendectomy (44970)	\$19,933	\$12,159	\$5,382	\$21,147	\$12,900	\$5,710
Laparoscopy, Removal of Tubes & Ovaries (58571)	NR	NR	NR	NR	NR	NR
Knee Arthroscopy/Surgery w Medical and Lateral Meniscectomy (29880)	\$10,345	\$6,311	\$2,793	\$18,232	\$11,122	\$4,923
Mastectomy, Partial (19301)	\$11,004	\$6,712	\$2,971	\$24,879	\$15,176	\$6,717
Total Knee Arthroscopy (27447)	NR	NR	NR	NR	NR	NR
Biopsy breast w/stereotactic image; 1 lesion (19081)	NR	NR	NR	\$13,351	\$8,144	\$3,605
Removal of Tonsils (42826)	\$8,402	\$5,125	\$2,269	NR	NR	NR
Low Back Disk Surgery (63030)	NR	NR	NR	NR	NR	NR
Repair Umbilical Hernia, > = 5 Yrs - Reducible (49585)	\$10,054	\$6,133	\$2,714	NR	NR	NR
Coronary Artery Angio S&I (93454)	NR	NR	NR	NR	NR	NR
Wrist Endoscopy/Surgery (29848)	\$5,514	\$3,363	\$1,489	NR	NR	NR
Knee Arthroscopy/Surgery with Anterior Cruciate Ligament Repair (29888)	\$29,539	\$18,019	\$7,975	\$29,330	\$17,891	\$7,919
Repair of Nasal Septum (30520)	NR	NR	NR	\$12,414	\$7,572	\$3,352
Fragmenting of Kidney Stone (50590)	\$14,676	\$8,952	\$3,962	NR	NR	NR
Angioplasty - peripheral segment of the dialysis circuit (36902)	NR	NR	NR	NR	NR	NR
Debridement Skin/Tissue (11042)	\$5,790	\$3,532	\$1,563	\$11,945	\$7,286	\$3,225
Destruction of Benign Lesions up to 14 Lesions (17110)	\$6,598	\$4,025	\$1,781	NR	NR	NR
Hysteroscopy with Ablation (58563)	\$10,963	\$6,687	\$2,960	\$10,809	\$6,594	\$2,918
Right and Left Heart Artery/Ventricle Angiography (93460)	NR	NR	NR	NR	NR	NR
Injections; Single or Multiple Trigger Points, 1 or 2 Muscles (20552)	NR	NR	NR	NR	NR	NR
Removal of Adenoids (42830)	\$7,400	\$4,514	\$1,998	NR	NR	NR
Decompression of Ulnar Nerve at Elbow (64718)	\$7,945	\$4,846	\$2,145	\$11,057	\$6,745	\$2,985

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*
Shoulder Arthroscopy/Surgery (29824)	NR	NR	NR	\$24,805	\$15,131	\$6,697
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)	\$15,974	\$9,744	\$4,313	\$22,752	\$13,879	\$6,143
Repair of wrist joints (25447)	\$13,828	\$8,435	\$3,734	\$11,047	\$6,739	\$2,983
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)	\$5,543	\$3,381	\$1,497	\$5,555	\$3,388	\$1,500
Mohs Micrographic Tissue Removal (17311)	NR	NR	NR	NR	NR	NR