

Hospital Top 50 DRGs and Prices (Charges) For Self Pay

PROCEDURE	SELF-PAY RANGE
DRG 470 - Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity without Complications	\$24,877 - \$29,646
DRG 795 - Normal Newborn	\$1,670 - \$2,549
DRG 775 - Vaginal Delivery without Complications	\$6,436 - \$8,930
DRG 885 - Psychoses	\$10,000 - \$31,642
DRG 871 - Septicemia or Severe Sepsis without Mechanical Ventilation Greater than 96 Hours with Major Complication	\$15,151 - \$36,562
DRG 460 - Spinal Fusion Except Cervical without Complications	\$64,644 - \$101,855
DRG 392 - Esophagitis, Gastroenteritis & Miscellaneous Digestive Disorders with Major Complications	\$10,379 - \$15,776
DRG 766 - Cesarean Section without Complications	\$11,918 - \$15,095
DRG 794 - Neonate with Other Significant Problems	\$1,854 - \$4,490
DRG 603 - Cellulitis without Major Complications	\$10,117 - \$19,946
DRG 193 - Simple Pneumonia & Pleurisy with Major Complications	\$11,304 - \$23,681
DRG 872 - Septicemia or Severe Sepsis without Mechanical Ventilation Greater Than 96 Hours without Complication	\$12,600 - \$22,774
DRG 640 - Miscellaneous Disorders of Nutrition, Metabolism, Fluids/ Electrolytes with Major Complications	\$12,056 - \$22,479
DRG 287 - Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Cath	\$23,495 - \$31,668
DRG 291 - Heart Failure & Shock with Major Complications	\$15,970 - \$27,696
DRG 247 - Percutaneous Cardiovascular Procedures with Drug-Eluting Stent without Major Complications	\$48,697 - \$66,388
DRG 378 - Gastrointestinal Hemorrhage with Complications	\$10,844 - \$19,646
DRG 641 - Miscellaneous Disorders of Nutrition, Metabolism, Fluids/Electrolytes without Complications	\$8,922 - \$18,358
DRG 57 - Degenerative Nervous System Disorders without Major Complications	\$18,404 - \$44,159
DRG 774 - Vaginal Delivery with Complications	\$7,312 - \$10,509
DRG 897 - Alcohol/Drug Abuse or Dependence without Rehabilitation Therapy	\$8,343 - \$17,990
DRG 189 - Pulmonary Edema & Respiratory Failure	\$10,702 - \$24,812
DRG 310 - Cardiac Arrhythmia & Conduction Disorders without Complications	\$8,734 - \$17,741
DRG 190 - Chronic Obstructive Pulmonary Disease with Major Complications	\$9,374 - \$18,221
DRG 552 - Medical Back Problems without Major Complications	\$12,861 - \$23,120
DRG 853 - Infectious & Parasitic Diseases with Surgery with Major Complications	\$46,037 - \$104,650
DRG 765 - Cesarean Section with Complications	\$12,686 - \$17,072
DRG 292 - Heart Failure & Shock with Complications	\$14,137 - \$23,427
DRG 482 - Hip & Femur Procedures Except Major Joints without Complications	\$25,510 - \$48,598

PROCEDURE	SELF-PAY RANGE
DRG 194 - Simple Pneumonia & Pleurisy with Complications	\$8,720 - \$18,196
DRG 683 - Renal Failure with Complications	\$9,905 - \$18,779
DRG 690 - Kidney & Urinary Tract Infections without Major Complications	\$9,373 - \$18,480
DRG 481 - Hip & Femur Procedures Except Major Joints with Complications	\$28,220 - \$40,289
DRG 330 - Major Small & Large Bowel Procedures with Complications	\$32,650 - \$65,414
DRG 313 - Chest Pain	\$11,980 - \$19,250
DRG 949 - Aftercare with Major Complications	\$21,256 - \$37,210
DRG 202 - Bronchitis & Asthma with Major Complications	\$10,255 - \$16,691
DRG 483 - Major Joint/Limb Reattachment Procedure of Upper Extremities	\$34,891 - \$42,759
DRG 563 - Fracture, Sprain, Strain & Dislocation Except Femur, Hip, Pelvis & Thigh with Complications	\$11,151 - \$20,818
DRG 682 - Renal Failure with Major Complications	\$14,748 - \$40,470
DRG 948 - Signs & Symptoms without Major Complications	\$12,327 - \$19,430
DRG 390 - Gastrointestinal Obstruction without Complications	\$8,992 - \$11,752
DRG 439 - Disorders of Pancreas Except Malignancy with Major Complications	\$11,580 - \$28,051
DRG 175 - Pulmonary Embolism with Major Complications	\$15,884 - \$29,401
DRG 65 - Intracranial Hemorrhage or Cerebral Infarction with Complications	\$19,714 - \$26,864
DRG 27 - Craniotomy & Endovascular Intracranial Procedures with Major Complications	\$43,266 - \$57,944
DRG 473 - Cervical Spinal Fusion without Complications	\$37,350 - \$49,491
DRG 176 - Pulmonary Embolism without Major Complications	\$13,402 - \$20,773
DRG 331 - Major Small & Large Bowel Procedures without Complications	\$24,783 - \$34,862
DRG 220 - Cardiac Valve & Other Major Cardiothoracic Procedures without Cardiac Cath	\$75,040 - \$100,303
DRG 309 - Cardiac Arrhythmia & Conduction Disorders with Complications	\$10,595 - \$16,299
DRG 312 - Syncope & Collapse	\$11,417 - \$20,625
DRG 494 - Lower Extremities & Humerus Procedures Except Hip, Foot, Femur without Complications	\$23,159 - \$32,959
DRG 880 - Acute Adjustment Reaction & Psychosocial Dysfunction	\$7,412 - \$13,832

Hospital Top CPTs

PROCEDURE	SELF-PAY RANGE
CPT 36415 - VENIPUNCTURE	\$5
CPT 85025 - CBC	\$10
CPT 80053 - COMPREHENSIVE METABOLIC PANEL	\$15
CPT 84443 - TSH (ULTRA SENSITIVE)	\$24
CPT 80061 - LIPID PANEL	\$19
CPT 80048 - BASIC METABOLIC PANEL	\$12
CPT 77052 - COMP SCREEN MAMMOGRAM ADD-ON	\$200
CPT 77057 - MAMMOGRAM SCREENING	\$200
CPT 77067 - DIGITAL SCREENING BILAT MAMMO	\$200
CPT 83036 - HEMOGLOBIN A1C	\$14
CPT 82306 - VITAMIN D	\$42
CPT 81003 - URINALYSIS	\$4
CPT 85610 - PROTINE (PT)	\$6
CPT 84439 - T4, FREE	\$12
CPT 87086 - CULTURE, URINE COLONY CT	\$12
CPT 80076 - LIVER FUNCTION PANEL	\$12
CPT 84153 - PSA,TOTAL, DIAGNOSTIC	\$27
CPT 81015 - URINE MICROSCOPIC	\$5
CPT 82728 - FERRITIN	\$20
CPT 85027 - HEMOGRAM AND PLATELET COUNT	\$8
CPT 71020 - CHEST XRAY 2 VIEW	\$70
CPT 99285 - Emergency Room Visit LEVEL V	\$2,184 - \$2,362
CPT 77080 - DEXA	\$240
CPT 99283 - Emergency Room Visit LEVEL III	\$748 - 809
CPT 77063 - BREAST TOMOSYTHESIS	\$10
CPT 87491 - CHLAMYDIA,AMPLIFD PROBE REFERD	\$40
CPT 87591 - NAISSERIA GONORRHOEAE AMP PROB	\$40
CPT 87651 - GROUP A STREP DNA (THROAT)	\$48
CPT 99284 - Emergency Room Visit LEVEL IV	\$1,206 - \$1,304

Clinic/Physician/Professional Services

SERVICE AND CODES	RANGE OF CHARGES
Evaluation and Management Office Visits or Consults for New patients (99201-99205, 99241-99245)	\$68 - \$352
Evaluation and Management Office Visits for Established patients (99212-99215)	\$69 - \$218
Comprehensive age-specific Preventive Medicine History and Physical Exam for New Patients (99381-99387)	\$174 - \$261
Comprehensive age-specific Preventive Medicine History and Physical Exam for Established Patients (99391-99397)	\$157 - \$214
Evaluation and Management Initial Hospital Visits (admissions/consults) (99218-99220, 99221-99223, 99251-99255)	\$158 - \$320
Evaluation and Management Subsequent Hospital Visits (99231-99233, 99224-99226)	\$63 - \$166
Evaluation and Management Hospital Discharge Services (99217, 99238-99239)	\$115 - \$169
Blood Draw by Venipuncture in an office (36415)	\$15
Immunization Administration Fee (90471, 90472)	\$20 - \$40
Vaccine/Immunization (for the product itself), per dose	\$13 - \$355
Cardiac Device Check, both in-person and remote checks (93279-93298)	\$42 - \$147
EKG/ECG (Electrocardiogram) physician interpretation and report (93010)	\$15
EKG/ECG (Electrocardiogram) technical component in hospital outpatient department (Boulder Heart Diagnostics) (93005)	\$443
EKG/ECG (Electrocardiogram) complete in an office setting (93000)	\$42
Echocardiogram physician interpretation and report (93306, 93307, 93308, 93312, 93314, 93315, 93317, 93318, 93320, 93321, 93350)	\$68 - \$225
Echocardiogram technical component in hospital outpatient department (Boulder Heart Diagnostics) (93306, 93308, 93350)	\$1,561 - \$5,442
Urinalysis lab test in office (81003)	\$10
Cardiovascular Stress Test physician interpretation and report (93016 and 93018)	\$66
Cardiovascular Stress Test technical component in hospital outpatient department (Boulder Heart Diagnostics) (93017)	\$2,433
In-Office Strep A testing (87880, 87651)	\$26 - \$75
Therapeutic drug/medicine administration by injection (96372)	\$40

*The health care price for any given health care service is an estimate. The actual charges for the health care service is an estimate. The actual charges for the health care service are dependent on the circumstances at the time the service is rendered. If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided at a BCH health care facility. If you are not covered by health insurance, you are strongly encouraged to contact our Patient Financial Services professionals (hospital charges) at 303-415-4700 or CMA Physicians of BCH (physician clinic charges) 303-415-4766 to discuss payment options prior to receiving a health care service from a BCH health care facility since posted health care prices may not reflect the actual amount of your financial responsibility.