

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

DRG PROCEDURE	SELF-PAY RANGE
795 Normal Newborn	\$958 - \$13,997
885 Psychoses	\$3,237 - \$172,545
807 Vaginal Delivery without Sterilization or D&C without CC/MCC	\$5,773 - \$35,648
470 Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity without MCC	\$24,464 - \$90,740
871 Septicemia or Severe Sepsis without MV >96 Hours with MCC	\$8,257 - \$196,102
794 Neonate with Other Significant Problems	\$1,606 - \$47,509
177 Respiratory Infections and Inflammations with MCC	\$9,607 - \$126,266
872 Septicemia or Severe Sepsis without MV >96 Hours without MCC	\$6,305 - \$81,905
291 Heart Failure and Shock with MCC	\$9,855 - \$136,620
788 Cesarean Section without Sterilization without CC/MCC	\$10,563 - \$47,386
392 Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders without MCC	\$6,610 - \$82,527
603 Cellulitis without MCC	\$6,919 - \$72,306
455 Combined Anterior and Posterior Spinal Fusion without CC/MCC	\$71,552 - \$230,454
193 Simple Pneumonia and Pleurisy with MCC	\$10,271 - \$95,676
460 Spinal Fusion Except Cervical without MCC	\$10,696 - \$368,664
806 Vaginal Delivery without Sterilization or D&C with CC	\$9,916 - \$25,175
516 Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC	\$25,803 - \$126,100
897 Alcohol, Drug Abuse or Dependence without Rehabilitation Therapy without MCC	\$7,089 - \$86,421
247 Percutaneous Cardiovascular Procedures with Drug-Eluting Stent without MCC	\$16,508 - \$112,918
853 Infectious and Parasitic Diseases with O.R. Procedures with MCC	\$16,526 - \$490,878
881 Depressive Neuroses	\$5,214 - \$25,945
641 Miscellaneous Disorders Of Nutrition, Metabolism, Fluids and Electrolytes without MCC	\$6,353 - \$109,071
481 Hip and Femur Procedures Except Major Joint with CC	\$32,338 - \$110,271
640 Miscellaneous Disorders of Nutrition, Metabolism, Fluids and Electrolytes with MCC	\$9,219 - \$68,148
330 Major Small and Large Bowel Procedures with CC	\$23,427 - \$164,868
312 Syncope and Collapse	\$12,506 - \$142,778
383 Uncomplicated Peptic Ulcer with MCC	\$7,137 - \$55,825
552 Medical Back Problems without MCC	\$3,938 - \$154,631
267 Endovascular Cardiac Valve Replacement and Supplement Procedures without MCC	\$90,886 - \$195,307

DRG PROCEDURE		SELF-PAY RANGE
287	Circulatory Disorders Except Ami, with Cardiac Catheterization without MCC	\$17,856 - \$98,968
310	Cardiac Arrhythmia and Conduction Disorders without CC/MCC	\$5,754 - \$39,848
175	Pulmonary Embolism with MCC or Acute Cor Pulmonale	\$15,387 - \$135,722
378	Gastrointestinal Hemorrhage with CC	\$13,760 - \$63,976
690	Kidney and Urinary Tract Infections without MCC	\$10,760 - \$47,456
189	Pulmonary Edema and Respiratory Failure	\$10,641 - \$132,610
190	Chronic Obstructive Pulmonary Disease with MCC	\$10,555 - \$114,959
793	Full Term Neonate with Major Problems	\$2,927 - \$36,919
454	Combined Anterior and Posterior Spinal Fusion with CC	\$81,757 - \$375,127
194	Simple Pneumonia and Pleurisy with CC	\$6,430 - \$85,946
292	Heart Failure and Shock with CC	\$10,021 - \$114,022
536	Fractures Of Hip and Pelvis without MCC	\$8,888 - \$69,756
220	Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with CC	\$18,636 - \$237,247
331	Major Small and Large Bowel Procedures without CC/MCC	\$26,613 - \$94,666
274	Percutaneous and Other Intracardiac Procedures without MCC	\$51,966 - \$164,157
483	Major Joint or Limb Reattachment Procedures Of Upper Extremities	\$5,222 - \$82,244
682	Renal Failure with MCC	\$12,584 - \$125,312
176	Pulmonary Embolism without MCC	\$18,364 - \$63,233
309	Cardiac Arrhythmia and Conduction Disorders with CC	\$10,727 - \$125,446
219	Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with MCC	\$128,855 - \$398,209
027	Craniotomy and Endovascular Intracranial Procedures without CC/MCC	\$37,203 - \$137,150
896	Alcohol, Drug Abuse or Dependence without Rehabilitation Therapy with MCC	\$10,355 - \$118,117
065	Intracranial Hemorrhage or Cerebral Infarction with CC or TPA In 24 Hours	\$13,116 - \$70,317
066	Intracranial Hemorrhage or Cerebral Infarction without CC/MCC	\$13,112 - \$79,657
308	Cardiac Arrhythmia and Conduction Disorders with MCC	\$15,213 - \$76,837
482	Hip and Femur Procedures Except Major Joint without CC/MCC	\$27,119 - \$99,068
517	Other Musculoskeletal System and Connective Tissue O.R. Procedures without Cc/Mcc	\$39,159 - \$150,424
563	Fracture, Sprain, Strain and Dislocation Except Femur, Hip, Pelvis and Thigh without MCC	\$4,374 - \$73,564

# Hospital Top CPTs

DRG PROCEDURE	SELF-PAY RANGE
CPT 36415 Routine Venipuncture	\$5.00
CPT 71046 X-Ray Exam Chest 2 Views	\$70.00
CPT 77063 Mammo Breast Screening Tomosynthesis	\$10.00
CPT 77067 Scr Mammo Bi Incl Cad	\$219.00
CPT 80048 Metabolic Panel Total Ca	\$12.00
CPT 80053 Comprehen Metabolic Panel	\$15.00
CPT 80061 Lipid Panel	\$19.00
CPT 81001 Urinalysis Auto w/Scope	\$4.00
CPT 81003 Urinalysis Auto w/o Scope	\$4.00
CPT 82248 Bilirubin Direct	\$8.00
CPT 82306 Vitamin D 25 Hydroxy	\$42.00
CPT 82607 Vitamin B-12	\$22.00
CPT 82728 Assay of Ferritin	\$20.00
CPT 83036 Glycosylated Hemoglobin Test	\$14.00
CPT 83540 Assay of Iron	\$13.00
CPT 84075 Assay Alkaline Phosphatase	\$8.00
CPT 84153 Assay of PSA Total	\$27.00
CPT 84439 Assay Of Free Thyroxine	\$12.00
CPT 84443 Assay Thyroid Stim Hormone	\$24.00
CPT 85025 Complete CBC w/Auto Diff WBC	\$10.00
CPT 85027 Complete CBC Automated	\$8.00
CPT 85610 Prothrombin Time	\$7.00
CPT 86003 Allergen Specific IgE Crude XTRC EA	\$7.00
CPT 87086 Urine Culture/Colony Count	\$12.00
CPT 87491 Chylmd Trach DNA Amp Probe	\$40.00
CPT 87591 N.gonorrhoeae DNA Amp Prob	\$40.00
CPT 87635 SARS-CoV-2 Covid-19 Amp	\$106.00
CPT 93005 Electrocardiogram Tracing	\$280.00
CPT 99281 Emergency Dept Visit Level 1	\$341.50
CPT 99282 Emergency Dept Visit Level 2	\$655.50
CPT 99283 Emergency Dept Visit Level 3	\$1,357.00
CPT 99284 Emergency Dept Visit Level 4	\$2,187.50
CPT 99285 Emergency Dept Visit Level 5	\$3,959.50

# 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.