

## Highlands Health System Estimated Charges for Selected Procedures

Reimbursement to the hospital (and the patients' financial responsibility) will also vary based on the term of any insurance coverage, contractual reimbursement rates, deductible, copay, and coinsurance.

Inpatient (Top 20 Admissions)

Basic Per Diem Med/Surg Bed Charge \$720

Basic Per Diem ICU Bed Charge \$1,459

MS DRG	Procedure	Average Charge	Uninsured Self Pay Charge
<b>Childbirth Related</b>			
765	Caesarean Section when there are complications	\$10,833	\$6,500
766	Normal Cesarean Section (Mother)	\$9,625	\$5,775
774	Normal Vaginal Delivery (with complicating diagnosis)	\$7,942	\$4,765
775	Normal Vaginal Delivery (Mother)	\$7,506	\$4,504
794	Neonate with other significant problems(Baby)	\$2,231	\$1,339
795	Normal Newborn (Baby)	\$1,768	\$1,061
<b>Medical/Other</b>			
57	Degenerative nervous system disorder w/o MCC	\$10,130	\$6,078
190	Chronic obstructive pulmonary disease w MCC	\$22,928	\$13,757
191	Chronic obstructive pulmonary disease w CC	\$18,413	\$11,048
192	Chronic obstructive pulmonary disease w/o CC/MCC	\$14,992	\$8,995
194	Simple pneumonia & pleurisy w CC	\$18,614	\$11,169
195	Simple pneumonia & pleurisy w/o CC/MCC	\$10,656	\$6,394
203	Bronchitis & asthma w/o CC/MCC	\$10,679	\$6,407
392	Esophagitis, Gastroenteritis& Misc Digest Disorders w/o MCC	\$15,112	\$9,067
470	Major joint replacement or reattachment of lower extremity w/o MCC	\$37,752	\$22,651
603	Cellulitis w/o MCC	\$11,764	\$7,058
641	Misc Disorders of Nutrition, Metabolism, Fluids/Electrolytes w/o MCC	\$10,952	\$6,571
683	Renal failure w CC	\$15,324	\$9,194
690	Kidney & urinary tract infections w/o MCC	\$13,172	\$7,903
<b>Psychoses or Drug Related</b>			
885	Psychoses	\$11,842	\$7,105

The above 2018 charge estimates are based on historical patient visits during calendar year 2017, including Mental Health and Substance Abuse services. Charges for specific patients will depend on many factors including the physician, the condition of the patient, unexpected complications, or additional procedures required. These charges are to be considered estimates only and are not a guarantee of final costs. These are hospital charges only except where indicated. Other fees and charges are not included such as surgeon or other physician fees, radiologist, and other non-facility fees.

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### Emergency Room (excludes physician fee)\*

#### Procedure

Level 1 (least critical)	\$189
Level 2	\$301
Level 3	\$491
Level 4	\$830
Level 5 (most critical)	\$1,131

\*Charges shown are for basic facility and professional fees and do not include any additional services that may be performed in the Emergency Department.

### Physician Practices

	Procedure	Range	Uninsured Self Pay Range
99201	New Patient Level 1	\$103 - \$235	\$82 - \$162
99202	New Patient Level 2	\$176 - \$438	\$141 - \$298
99203	New Patient Level 3	\$255 - \$579	\$246 - \$579
99204	New Patient Level 4	\$390 - \$1,086	\$312 - \$908
99205	New Patient Level 5	\$492 - \$1,350	\$394 - \$908
99211	Established Patient Level 1	\$38 - \$354	\$30 - \$222
99212	Established Patient Level 2	\$82 - \$424	\$66 - \$275
99213	Established Patient Level 3	\$138 - \$495	\$110 - \$332
99214	Established Patient Level 4	\$204 - \$711	\$163 - \$478
99215	Established Patient Level 5	\$275 - \$844	\$220 - \$575

\*\* Charges shown are for basic facility and professional fees and do not include any additional services that may be performed in the facility, practice or in any other non-primary care physician practice.

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