

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 \$756

Basic Per Diem ICU Bed Charge \$1,532

MS DRG	Procedure	Average Charge	Uninsured Self Pay Charge
Childbirth Related			
765	Caesarean Section when there are complications	\$10,882	\$6,529
766	Normal Cesarean Section (Mother)	\$10,021	\$6,013
774	Normal Vaginal Delivery (with complicating diagnosis)	\$8,137	\$4,882
775	Normal Vaginal Delivery (Mother)	\$7,564	\$4,538
794	Neonate with other significant problems(Baby)	\$2,362	\$1,417
795	Normal Newborn (Baby)	\$1,796	\$1,078
Medical/Other			
190	Chronic obstructive pulmonary disease w MCC	\$27,825	\$16,695
191	Chronic obstructive pulmonary disease w CC	\$22,612	\$13,567
192	Chronic obstructive pulmonary disease w/o CC/MCC	\$15,176	\$9,106
194	Simple pneumonia & pleurisy w CC	\$20,950	\$12,570
291	Heart failure & shock w MCC	\$27,741	\$16,645
392	Esophagitis, Gastroenteritis& Misc Digest Disorders w/o MCC	\$15,642	\$9,385
470	Major joint replacement or reattachment of lower extremity w/o MCC	\$39,213	\$23,528
603	Cellulitis w/o MCC	\$12,193	\$7,316
683	Renal failure w CC	\$16,712	\$10,027
690	Kidney & urinary tract infections w/o MCC	\$16,085	\$9,651
871	Septicemia or severe sepsis w/o MV 96+ hours w MCC	\$28,797	\$17,278
Psychoses or Drug Related			
881	Depressive neuroses	\$7,126	\$4,276
884	Organic Disturbances & Intellectual Disability	\$11,239	\$6,743
885	Psychoses	\$9,993	\$5,996
Emergency Room (excludes physician fee)*			
	Procedure		Charge
	Level 1 (least critical)		\$198
	Level 2		\$316
	Level 3		\$516
	Level 4		\$872
	Level 5 (most critical)		\$1,188

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

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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.

Radiology Procedures

	Charge	Uninsured Self Pay Charge	
X-Ray			
71046	X-Ray Chest	\$291	\$175
73564	X-Ray Knee	\$373	\$224
74018	X-Ray Abdomen	\$152	\$91
CT			
70450	CT Head	\$1,287	\$772
71250	CT Thorax	\$1,422	\$853
74176	CT Abdomen/Pelvis	\$2,296	\$1,378
MRI			
70553	MRI Brain	\$2,606	\$1,564
72148	MRI Spine Lumbar	\$2,820	\$1,692
73721	MRI LE Joint	\$2,820	\$1,692
Ultrasound			
76536	Ultrasound Head/Neck	\$639	\$383
76705	Ultrasound Abdomen	\$770	\$462
76775	Ultrasound Kidney	\$711	\$427

The above 2019 charge estimates are based on historical patient visits during calendar year 2018, 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.