



WAYNE HEALTHCARE  
 835 Sweitzer Street  
 Greenville, OH 45331  
 937-548-1141

## SHOPPABLE & ANCILLARY SERVICES

EFFECTIVE 1/1/2025

### OUTPATIENT

**AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICE. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.**

**AVERAGE PRICES ARE BASED ON ALL CHARGES FOR THE PREVIOUS YEAR.  
 NOTE THAT THESE ARE AVERAGE PRICING FOR BASIC SERVICES WHICH MAY BE MORE OR LESS DEPENDING ON THE SPECIFIC PROCEDURES PROVIDED AT THE TIME OF SERVICE FOR EACH PATIENT.**

N/A = NOT APPLICABLE/NOT PROVIDED AT HOSPITAL

#### EVALUATION & MANAGEMENT SERVICES

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
90832	PSYCHOTHERAPY 30 MIN <b>NOT AVAILABLE</b>		OUTPATIENT			N/A
90834	PSYCHOTHERAPY 45 MIN <b>NOT AVAILABLE</b>		OUTPATIENT			N/A
90837	PSYCHOTHERAPY 60 MIN <b>NOT AVAILABLE</b>		OUTPATIENT			N/A
90846	FAMILY PSYCHOTHERAPY 50 MN <b>NOT AVAILABLE</b>		OUTPATIENT			N/A
90847	FAMILY PSYCOHY W/PT 50 MN <b>NOT AVAILABLE</b>		OUTPATIENT			N/A
90853	GROUP PSYCHOTHERAPY <b>NOT AVAILABLE</b>		OUTPATIENT			N/A
99203	NEW PATIENT OFFICE 30 MIN (Level 3)		OUTPATIENT			\$ 380.00
99204	NEW PATIENT OFFICE 45 MIN (Level 4)		OUTPATIENT			\$ 419.00
99205	NEW PATIENT OFFICE 60 MIN		OUTPATIENT			\$ 420.00
99385	INITIAL NEW PT 18-39 YEARS		OUTPATIENT			\$ 260.00
99386	INITIAL NEW PT 40-64 YEARS		OUTPATIENT			\$ 248.00

#### LABORATORY & PATHOLOGY

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
80048	BASIC METABOLIC PANEL		OUT PATIENT			\$ 46.00
80053	COMP METABOLIC PANEL		OUT PATIENT			\$ 109.00
80055	OBSTETRIC PANEL		OUT PATIENT			\$ 893.00
80061	LIPID PANEL		OUT PATIENT			\$ 70.00
80069	RENAL FUNCTION PANEL		OUT PATIENT			\$ 45.00
80076	HEPATIC FUNCTION PANEL		OUT PATIENT			\$ 44.00
81001	81001 URINALYSIS W/MICRO		OUT PATIENT			\$ 18.00
81003	URINALYSIS		OUT PATIENT			\$ 10.00
84153	PSA SCREEN		OUT PATIENT			\$ 72.00
84153	PSA TOTAL		OUT PATIENT			\$ 72.00
84154	PSA FREE		OUT PATIENT			\$ 92.00
84443	THYROID STIMULATING HORMONE		OUT PATIENT			\$ 86.00
85025	CBC AND DIFFERENTIAL, AUTO		OUT PATIENT			\$ 107.00
85027	CBC AUTOMATED		OUT PATIENT			\$ 63.00
85610	EX PROTIME		OUT PATIENT			\$ 18.00
85730	PART THROMBIN TIME		OUT PATIENT			\$ 33.00

#### RADIOLOGY SERVICES

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
70450	CT HEAD W/O CONTRAST		OUT PATIENT			\$ 1,358.00
70553	MRI BRAIN W/O+W CON		OUT PATIENT			\$ 3,913.00
72110	SPINE, L/S MIN 4 VIEWS		OUT PATIENT			\$ 699.00
72148	MRI SPINE LUMBAR W/O CONT		OUT PATIENT			\$ 1,965.00
72193	CT PELVIS W CONTRAST		OUT PATIENT			\$ 2,560.00
74177	CHG CT ABDOMEN AND PELVIS WITH CONTRAST		OUT PATIENT			\$ 5,364.00
76700	US - ABDOMEN COMPLETE		OUT PATIENT			\$ 1,183.00
76805	US-PREG >=14 WKS FIRST GESTATION		OUT PATIENT			\$ 1,172.00
76830	US NON-OB TRANSVAGINAL		OUT PATIENT			\$ 1,159.00
77065	DIGITAL MAMMO DIAG UNILATERAL INCLUDING CAD		OUT PATIENT			\$ 385.00
77066	DIGITAL MAMMO DIAG BILATERAL INCLUDING CAD		OUT PATIENT			\$ 484.00
77067	DIGITAL MAMMO SCREEN INCLUDING CAD		OUT PATIENT			\$ 87.00
73721LT	MRI LOW EXTRM JOINT W/O CONT LT		OUT PATIENT			\$ 2,387.00
73721RT	MRI LOW EXTRM JOINT W/O CONT RT		OUT PATIENT			\$ 2,387.00

**AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICES. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.**

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
----------	-------------------	-----	----------------------------	---------------------	--------------------------	--------------------------------------

**MEDICINE & SURGERY SERVICES**

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
216	CARDIAC VLVE/MJRCARPTH PRC <b>NOT AVAILABLE</b>	216	OUTPATIENT			N/A
460	SPINAL FUSN EXCPT CERVICAL <b>NOT AVAILABLE</b>	460	OUTPATIENT			N/A
470	MAJOR JT REPLACEMENT KNEE/HIP DRG 470	470	OUTPATIENT			\$ 47,881.00
473	CERVICAL SPINAL FUSION <b>NOT AVAILABLE</b>	473	OUTPATIENT			N/A
743	UTERINE & ADNEXA PROCEDURE <b>NOT AVAILABLE</b>	743	OUTPATIENT			N/A
19120	REMOVAL BRST GROWTH		OUTPATIENT			\$ 16,373.00
19301	PARTIAL MASTECTOMY (LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY)		OUTPATIENT			\$ 31,981.00
	SUPPLY IMPLANTS				\$1,692.00	
	OR SERVICES				\$7,425.00	
	MED SURG SUPPLIES NON ST				\$120.00	
	MED SURG SUPPLIES				\$625.00	
	OR/MINOR				\$2,305.00	
	LAB PATH				\$10,311.00	
	LAB OTHER				\$109.00	
	ANESTHESIA				\$2,862.00	
	RADIOLOGY				\$2,802.00	
	PHARMACY				\$339.00	
	DIAG RADIOPHARM				\$255.00	
	DRUGS				\$256.00	
	RECOVERY ROOM				\$2,880.00	
27447	UNILATERAL KNEE JOINT REPLACEMENT		OUTPATIENT			\$ 48,894.00
	SUPPLY IMPLANTS				\$ 16,568.00	
	OR SERVICES				\$ 14,623.00	
	MED SURG SUPPLIES NON ST				\$ 344.00	
	MED SURG SUPPLIES				\$ 4,628.00	
	LAB GENERAL				\$ 219.00	
	LAB CHEMISTRY				\$ 67.00	
	LAB HEMA				\$ 67.00	
	ANESTHESIA				\$ 3,315.00	
	OCCUP THERP VISIT				\$ 190.00	
	OCCUP THERP EVAL				\$ 332.00	
	RADIOLOGY				\$ 502.00	
	PHARMACY				\$ 455.00	
	RESP THER				\$ 353.00	
	PHYS THER VISIT				\$ 376.00	
	PHYS THER EVAL				\$ 329.00	
	DRUGS				\$ 602.00	
	RECOVERY ROOM				\$ 5,924.00	
29822	ROTATOR CUFF REPAIR		OUTPATIENT			\$ 21,340.00
	SUPPLY IMPLANTS				\$659.00	
	OR SERVICES				\$11,425.00	
	MED SURG SUPPLIES NON ST				\$202.00	
	MED SURG SUPPLIES				\$1,247.00	
	LAB CHEMISTRY				\$109.00	
	ANESTHESIA				\$3,203.00	
	PHARMACY				\$495.00	
	DRUGS				\$342.00	
	RECOVERY ROOM				\$3,658.00	

**AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICES. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.**

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
29826	SHAVING OF SHOULDER BONE		OUTPATIENT			\$ 36,436.00
	SUPPLY IMPLANTS				\$9,707.00	
	OR SERVICES				\$15,159.00	
	MED SURG SUPPLIES NON ST				\$189.00	
	MED SURG SUPPLIES				\$1,960.00	
	LAB GENERAL				\$35.00	
	LAB CHEMISTRY				\$46.00	
	LAB HEMOTOLOGY				\$63.00	
	ANESTHESIA				\$3,843.00	
	PHARMACY				\$1,233.00	
	DRUGS				\$740.00	
	RECOVERY ROOM				\$3,461.00	
29880	KNEE REPAIR MENISCUS MEDIAL DISC		OUTPATIENT			\$ 13,707.00
	OR SERVICES				\$6,736.00	
	MED SURG SUPPLIES NON ST				\$149.00	
	MED SURG SUPPLIES				\$1,261.00	
	ANESTHESIA				\$1,709.00	
	PHARMACY				\$231.00	
	DRUGS				\$253.00	
	RECOVERY ROOM				\$3,356.00	
	SUPPLIES PHARMACY				\$12.00	
29881	REMOV KNEE CART ENDOSCOPE		OUTPATIENT			\$ 10,934.00
	OR SERVICES				\$5,317.00	
	MED SURG SUPPLIES NON ST				\$156.00	
	MED SURG SUPPLIES				\$569.00	
	ANESTHESIA				\$1,593.00	
	PHARMACY				\$209.00	
	DRUGS				\$222.00	
	RECOVERY ROOM				\$2,823.00	
	LAB CHEMISTRY				\$45.00	
36430	BLOOD TRANSFUSION		OUTPATIENT			\$ 6,685.00
	MED SURG SUPPLIES				\$191.00	
	IV THERAPY				\$1,216.00	
	LABORATORY - GENERAL				\$282.00	
	LAB OTHER				\$825.00	
	DRUGS				\$134.00	
	SUPPLIES PHARMACY				\$48.00	
	BLOOD STORAGE AND PROCESSING – BLOOD ADMINISTRATION				\$1,652.00	
	BLOOD STORAGE AND PROCESSING – GENERAL				\$2,337.00	
42820	REMOV TONSILS ADENOIDS		OUTPATIENT			\$ 20,629.00
43235	EGD / UPPER GI		OUTPATIENT			\$ 5,806.00
	LABORATORY - CHEMISTRY				\$ 23.00	
	LABORATORY - UROLOGY				\$ 36.00	
	LABORATORY - PATHOLOGICAL				\$ 295.00	
	ANESTHESIA				\$ 733.00	
	PHARMACY				\$ 65.00	
	RECOVERY ROOM				\$ 1,003.00	
	GASTRO INST SVS				\$ 3,490.00	
	DRUGS				\$ 161.00	
43239	EXAM ESOPHAGUS SCOPE		OUTPATIENT			\$ 8,033.00
	LAB PATH				\$ 1,740.00	
	LAB CHEMISTRY				\$ 185.00	
	ANESTHESIA				\$ 927.00	
	PHARMACY				\$ 125.00	
	RECOVERY ROOM				\$ 1,183.00	
	DRUGS				\$ 156.00	
	GASTRO INST SVS				\$ 3,717.00	

**AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICES. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.**

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
44970	APPENDICITIS LAPAROSCOPY		OUTPATIENT			\$ 32,115.00
	EMERGENCY ROOM				\$ 3,458.00	
	OR SERVICES				\$ 8,825.00	
	MED SURG SUPPLIES NON ST				\$ 248.00	
	MED SURG SUPPLIES				\$ 3,484.00	
	SUPPLY IMPLANTS				\$ 252.00	
	IV THERAPY				\$ 958.00	
	LAB IMMUNO				\$ 29.00	
	LAB GENERAL				\$ 68.00	
	LAB CHEMISTRY				\$ 244.00	
	LAB HEMA				\$ 134.00	
	LAB UROLOGY				\$ 26.00	
	LAB OTHER				\$ 92.00	
	LAB PATH				\$ 300.00	
	ANESTHESIA				\$ 2,676.00	
	CT SCAN				\$ 4,950.00	
	PHARMACY				\$ 618.00	
	OBSERVATION RM				\$ 2,791.00	
	DRUGS				\$ 612.00	
	RECOVERY ROOM				\$ 2,350.00	
45378	COLONOSCOPY DIAGNOSTIC		OUTPATIENT			\$ 5,157.00
	LAB CHEMISTRY				\$ 23.00	
	ANESTHESIA				\$ 805.00	
	PHARMACY				\$ 51.00	
	DRUGS				\$ 101.00	
	RECOVERY ROOM				\$ 1,205.00	
	GASTRO INST SVS				\$ 2,971.00	
45380	BIOPSY BOWEL W SCOPE		OUTPATIENT			\$ 6,977.00
	LAB CHEMISTRY				\$21.00	
	LAB PATH				\$2,071.00	
	ANESTHESIA				\$1,048.00	
	PHARMACY				\$30.00	
	DRUGS				\$111.00	
	RECOVERY ROOM				\$1,011.00	
	GASTRO INST SVS				\$2,685.00	
45385	REMOVAL POLYPS OF LARGE BOWEL WITH ENDOSCOPE		OUT PATIENT			\$ 7,399.00
	MED SURG SUPPLIES				\$783.00	
	LAB CHEMISTRY				\$35.00	
	LAB PATH				\$1,262.00	
	ANESTHESIA				\$960.00	
	PHARMACY				\$50.00	
	DRUGS				\$113.00	
	RECOVERY ROOM				\$1,134.00	
	GASTRO INST SVS				\$3,062.00	
45391	ULTRASOUND LOWER LARGE BOWEL ENDOSCOPE		OUTPATIENT		NOT AVAILABLE	
47562	REMOVAL GALLBLADDER (SURGICAL LAPAROSCOPY, CHOLECYSTECTOMY)		OUTPATIENT			\$ 21,315.00
	SUPPLY IMPLANTS				\$230.00	
	OR SERVICES				\$8,945.00	
	MED SURG SUPPLIES NON ST				\$175.00	
	MED SURG SUPPLIES				\$1,862.00	
	LAB GENERAL				\$184.00	
	LAB CHEMISTRY				\$264.00	
	LAB HEMATOLOGY				\$202.00	
	LAB UROLOGY				\$34.00	
	LAB PATH				\$317.00	
	ANESTHESIA				\$2,869.00	
	PHARMACY				\$629.00	
	DRUGS				\$576.00	
	RECOVERY ROOM				\$5,028.00	

AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICES. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
49505	UNILATERAL INGUINAL HERNIA		OUTPATIENT			\$ 17,173.00
	SUPPLY IMPLANTS				\$474.00	
	OR SERVICES				\$8,523.00	
	MED SURG SUPPLIES NON ST				\$120.00	
	MED SURG SUPPLIES				\$102.00	
	LAB PATHOLOGY				\$175.00	
	LAB CHEMISTRY				\$30.00	
	ANESTHESIA				\$3,111.00	
	PHARMACY				\$274.00	
	DRUGS				\$232.00	
	RECOVERY ROOM				\$4,132.00	
49560	INCISIONAL HERNIA		OUTPATIENT			\$ 13,576.00
	SUPPLY IMPLANTS				\$ 1,863.00	
	OR SERVICES				\$ 6,020.00	
	MED SURG SUPPLIES NON ST				\$ 206.00	
	MED SURG SUPPLIES				\$ 492.00	
	IV SOLUTIONS				\$ 58.00	
	ANESTHESIA				\$ 1,935.00	
	PHARMACY				\$ 254.00	
	DRUGS				\$ 336.00	
	RECOVERY ROOM				\$ 2,402.00	
	SUPPLIES PHARMACY				\$ 10.00	
49585	UMBILICAL HERNIA		OUTPATIENT			\$ 16,566.00
	SUPPLY IMPLANTS				\$ 1,575.00	
	OR SERVICES				\$ 7,301.00	
	MED SURG SUPPLIES NON ST				\$ 126.00	
	MED SURG SUPPLIES				\$ 414.00	
	LAB CHEMISTRY				\$ 61.00	
	ANESTHESIA				\$ 2,549.00	
	PHARMACY				\$ 483.00	
	DRUGS				\$ 303.00	
	RECOVERY ROOM				\$ 3,754.00	
49587	INCISIONAL UMBILICAL HERNIA		OUTPATIENT			\$ 10,913.00
55700	BIOPSY PROSTATE GLAND		OUTPATIENT			\$ 7,539.00
55866	SURGICAL REMOVAL PROSTATE NOT AVAILABLE		OUTPATIENT		NOT AVAILABLE	
58563	D & C UTERUS		OUTPATIENT			\$ 13,942.00
	OR SERVICES				\$4,888.00	
	MED SURG SUPPLIES				\$3,970.00	
	LAB GENERAL				\$523.00	
	LAB CHEMISTRY				\$61.00	
	LAB HEMA				\$63.00	
	LAB URIN				\$36.00	
	LAB PATH				\$295.00	
	ANESTHESIA				\$1,793.00	
	PHARMACY				\$119.00	
	DRUGS				\$202.00	
	RECOVERY ROOM				\$1,992.00	
58570	HYSTERECTOMY TOTAL		OUTPATIENT			\$ 36,456.00
58671	TUBAL LIGATION		OUTPATIENT			\$ 16,231.00
59025	FETAL NON STRESS TEST		OUTPATIENT			\$ 1,616.00
	CLINIC - GENERAL				\$ 280.00	
	CHG FETAL NON-STRESS TEST (NON STRESS)				\$ 1,336.00	
59400	VAGINAL DELIVERY GLOBAL		OUTPATIENT			\$ 16,800.00
59400	WHC OBGYN PHYSICIANS		OUTPATIENT			\$ 4,762.00
59510	C SECTION		OUTPATIENT			\$ 26,563.00
59510	WHC OBGYN PHYSICIANS		OUTPATIENT			\$ 5,279.00
59610	VBAC DELIVERY		OUTPATIENT			\$ 13,791.00

**AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICES. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.**

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
62323	INJECT OF SUB SPINAL CANAL LUMBAR OR SACRAL EPIDURAL W IMG GUIDANCE FLUORO SPINE INJECTION CLINIC - GENERAL		OUTPATIENT		\$ 2,108.00 \$ 1,013.00 \$ 352.00	\$ 3,278.00
64483	INJECTION OF ANESTHESIA INTO SPINAL CANAL FORAMEN EPIDURAL INJ. LUMBAR OR SAC NR FLUORO SPINE INJECTION		OUTPATIENT OUTPATIENT OUTPATIENT		\$2,606.00 \$1,013.00	\$ 3,651.00
64721	CARPAL TUNNEL SYNDROME REPAIR OR SERVICES MED SURG SUPPLIES NON ST MED SURG SUPPLIES LAB CHEMISTRY ANESTHESIA PHARMACY DRUGS/ DETAIL CODE RECOVERY ROOM		OUTPATIENT		\$ 2,895.00 \$ 122.00 \$ 1,799.00 \$ 30.00 \$ 721.00 \$ 77.00 \$ 139.00 \$ 1,156.00	\$ 6,939.00
66821	REMOVAL RECUR CATRACT LENS <b>NOT AVAILABLE</b>		OUTPATIENT		<b>NOT AVAILABLE</b>	
66982	CATARACT LENS REPLACEMENT INTRA OCLENS OR SERVICES MED SURG SUPPLIES NON ST MED SURG SUPPLIES IV SOLUTIONS LAB CHEMISTRY ANESTHESIA PHARMACY DRUGS RECOVERY ROOM		OUTPATIENT		\$ 301.00 \$ 3,686.00 \$ 202.00 \$ 611.00 \$ 49.00 \$ 20.00 \$ 388.00 \$ 164.00 \$ 358.00 \$ 592.00	\$ 6,371.00
66984	CATARACT LENS REPLACEMENT INTRA OCLENS OR SERVICES MED SURG SUPPLIES NON ST MED SURG SUPPLIES IV SOLUTIONS LAB CHEMISTRY ANESTHESIA PHARMACY RECOVERY ROOM DRUGS		OUTPATIENT		\$ 512.00 \$ 4,118.00 \$ 232.00 \$ 630.00 \$ 51.00 \$ 22.00 \$ 552.00 \$ 380.00 \$ 796.00 \$ 130.00	\$ 7,423.00
78452	STRESS TEST NUCLEAR MEDICINE MEDICAL/SURGICAL SUPPLIES AND DEVICES – STERILE SUPPLY NUCLEAR MEDICINE – DIAGNOSTIC NUCLEAR MEDICINE-RADIOPHARMACEUTICALS CARDIOLOGY STRESS TEST DRUGS		OUTPATIENT		\$ 10.00 \$ 5,886.00 \$ 1,566.00 \$ 426.00 \$ 188.00 \$ 115.00	\$ 8,191.00
92960	RESTORE CARDIAC RHYTHM OR SERVICES MED SURG SUPPLIES NON ST LAB CHEMISTRY ANESTHESIA PHARMACY RECOVERY ROOM DRUGS EKG/ EEG		OUTPATIENT		\$ 2,922.00 \$ 112.00 \$ 39.00 \$ 538.00 \$ 6.00 \$ 1,419.00 \$ 101.00 \$ 351.00	\$ 5,488.00
93000	ELECTROCARDIOGRAM, COMPLETE		OUTPATIENT			\$ 351.00
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACI		OUTPATIENT			\$ 351.00
93452	INSERTION CATH LFT HEART <b>NOT AVAILABLE</b>		OUTPATIENT		<b>NOT AVAILABLE</b>	

**AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICES. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.**

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	OUTPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
95810	POLYSOMNOGRAPHY		OUTPATIENT			\$ 4,981.00
97110GP	PT THER EXERCISE 15 MIN		OUTPATIENT			\$ 120.00
G0105	COLON SCREENING		OUTPATIENT			\$ 6,605.00
G0121	DRUGS				\$ 117.00	
	LAB CHEMISTRY				\$ 32.00	
	LAB PATH GENERAL				\$ 1,414.00	
	ANESTHESIA				\$ 845.00	
	PHARMACY				\$ 58.00	
	RECOVERY ROOM				\$ 1,160.00	
	GASTRO INST SVS				\$ 2,979.00	

### INPATIENT

**AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICE. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.**

AVERAGE PRICES ARE BASED ON ALL CHARGES FOR THE PREVIOUS YEAR.  
 NOTE THAT THESE ARE AVERAGE PRICING FOR BASIC SERVICES WHICH MAY BE MORE OR LESS DEPENDING ON THE SPECIFIC PROCEDURES PROVIDED AT THE TIME OF SERVICE FOR EACH PATIENT.

N/A = NOT APPLICABLE/NOT PROVIDED AT HOSPITAL

### MEDICINE & SURGERY SERVICES

CPT CODE	PROCEDURE/SERVICE	DRG	INPATIENT OR OUTPATIENT	AVE IP DAYS STAY	INPATIENT PRICE EACH	HOSPITAL ONLY AVERAGE TOTAL PRICE
23240	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	INPATIENT	2	N/A	\$ 58,046.00
27122	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	480	INPATIENT	3	N/A	\$ 57,551.00
27447	EXTREMITY W/O MCC	462	INPATIENT	1	N/A	\$ 43,981.00
44970	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	339	INPATIENT	5	N/A	\$ 49,269.00
47562	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	INPATIENT	3	N/A	\$ 50,152.00
59400	VAGINAL DELIVERY GLOBAL		INPATIENT	1	N/A	\$ 16,674.00
59510	C SECTION		INPATIENT	2	N/A	\$ 26,563.00
59409	NORMAL NEWBORN	795	INPATIENT	2	N/A	\$ 3,071.00

**AVERAGE PRICE DOES NOT INCLUDE PHYSICIAN, ANESTHESIA, PATHOLOGY, READING/INTERPRETATION OF RESULTS -SERVICES. YOU MAY BE BILLED SEPARATELY FOR THESE SERVICES.**