

MEDICAL CENTER NAVICENT HEALTH
 AVERAGE CHARGE PER CASE BY DRG
 INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
1	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	\$762,065.15
2	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	\$552,519.55
3	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	\$561,237.90
4	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	\$385,920.26
11	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	\$183,533.18
12	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	\$142,238.54
13	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC	\$54,878.63
20	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	\$272,674.82
21	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	\$193,124.83
22	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	\$109,091.52
23	CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPILEPSY W NEURO	\$194,776.32
24	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	\$109,149.97
25	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	\$140,002.61
26	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	\$90,276.21
27	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	\$64,766.68
28	SPINAL PROCEDURES W MCC	\$193,474.88
29	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	\$94,008.42
30	SPINAL PROCEDURES W/O CC/MCC	\$74,654.37
31	VENTRICULAR SHUNT PROCEDURES W MCC	\$97,047.57
32	VENTRICULAR SHUNT PROCEDURES W CC	\$54,562.76
33	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	\$44,857.61
34	CAROTID ARTERY STENT PROCEDURE W MCC	\$153,952.27
35	CAROTID ARTERY STENT PROCEDURE W CC	\$52,777.38
36	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	\$33,358.47
37	EXTRACRANIAL PROCEDURES W MCC	\$169,807.09
38	EXTRACRANIAL PROCEDURES W CC	\$68,505.33
39	EXTRACRANIAL PROCEDURES W/O CC/MCC	\$34,242.43
40	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	\$100,451.96
41	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	\$69,281.57
42	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	\$61,832.16
52	SPINAL DISORDERS & INJURIES W CC/MCC	\$43,139.37
53	SPINAL DISORDERS & INJURIES W/O CC/MCC	\$36,627.94
54	NERVOUS SYSTEM NEOPLASMS W MCC	\$41,639.24
55	NERVOUS SYSTEM NEOPLASMS W/O MCC	\$33,688.82
56	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	\$59,558.10
57	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	\$34,564.05
58	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	\$82,310.17
59	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	\$43,852.83
60	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	\$40,047.55
61	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	\$91,313.69
62	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	\$67,246.87
63	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	\$56,756.18
64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	\$68,336.75
65	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	\$41,038.17
66	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	\$34,082.93
67	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	\$43,988.77
68	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	\$30,989.90

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69	TRANSIENT ISCHEMIA W/O THROMBOLYTIC	\$24,657.13
70	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	\$70,062.05
71	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	\$34,807.92
72	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	\$14,632.53
73	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	\$42,169.88
74	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	\$28,855.42
75	VIRAL MENINGITIS W CC/MCC	\$36,301.05
76	VIRAL MENINGITIS W/O CC/MCC	\$8,397.64
77	HYPERTENSIVE ENCEPHALOPATHY W MCC	\$76,778.45
78	HYPERTENSIVE ENCEPHALOPATHY W CC	\$41,739.27
80	NONTRAUMATIC STUPOR & COMA W MCC	\$31,255.82
81	NONTRAUMATIC STUPOR & COMA W/O MCC	\$18,613.43
82	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	\$69,336.45
83	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	\$46,117.25
84	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	\$30,899.13
85	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	\$69,829.74
86	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	\$42,021.84
87	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	\$22,018.10
88	CONCUSSION W MCC	\$56,957.69
89	CONCUSSION W CC	\$35,974.26
90	CONCUSSION W/O CC/MCC	\$26,748.74
91	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	\$54,665.03
92	OTHER DISORDERS OF NERVOUS SYSTEM W CC	\$26,239.40
93	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	\$22,343.48
94	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	\$141,878.17
95	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	\$62,401.43
96	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	\$66,206.26
97	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	\$109,023.18
98	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	\$109,238.51
99	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	\$30,928.26
100	SEIZURES W MCC	\$58,113.06
101	SEIZURES W/O MCC	\$22,042.74
102	HEADACHES W MCC	\$26,412.26
103	HEADACHES W/O MCC	\$23,680.80
113	ORBITAL PROCEDURES W CC/MCC	\$24,557.85
114	ORBITAL PROCEDURES W/O CC/MCC	\$81,213.57
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	\$31,695.31
116	INTRAOCULAR PROCEDURES W CC/MCC	\$47,341.33
122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	\$37,212.59
123	NEUROLOGICAL EYE DISORDERS	\$26,946.30
124	OTHER DISORDERS OF THE EYE W MCC	\$40,478.08
125	OTHER DISORDERS OF THE EYE W/O MCC	\$23,343.39
129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	\$55,793.42
130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	\$31,518.82
131	CRANIAL/FACIAL PROCEDURES W CC/MCC	\$50,495.02
132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	\$34,358.86
133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	\$55,050.59

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DRG	DRG Description	Avg. Charge per Case (DRG)
134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	\$22,395.65
136	SINUS & MASTOID PROCEDURES W/O CC/MCC	\$45,756.39
137	MOUTH PROCEDURES W CC/MCC	\$20,727.46
138	MOUTH PROCEDURES W/O CC/MCC	\$20,062.93
146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	\$42,802.89
147	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	\$23,262.04
148	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	\$7,931.84
149	DYSEQUILIBRIUM	\$21,325.33
150	EPISTAXIS W MCC	\$32,346.80
151	EPISTAXIS W/O MCC	\$12,260.48
152	OTITIS MEDIA & URI W MCC	\$30,211.68
153	OTITIS MEDIA & URI W/O MCC	\$12,918.95
154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	\$34,349.97
155	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	\$15,309.44
156	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	\$13,036.15
157	DENTAL & ORAL DISEASES W MCC	\$35,314.56
158	DENTAL & ORAL DISEASES W CC	\$23,740.08
159	DENTAL & ORAL DISEASES W/O CC/MCC	\$15,879.85
163	MAJOR CHEST PROCEDURES W MCC	\$125,831.26
164	MAJOR CHEST PROCEDURES W CC	\$64,577.22
165	MAJOR CHEST PROCEDURES W/O CC/MCC	\$57,997.13
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	\$118,200.19
167	OTHER RESP SYSTEM O.R. PROCEDURES W CC	\$65,366.58
168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	\$47,674.75
175	PULMONARY EMBOLISM W MCC	\$45,085.84
176	PULMONARY EMBOLISM W/O MCC	\$26,873.55
177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	\$50,290.46
178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	\$32,301.58
179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	\$20,024.47
180	RESPIRATORY NEOPLASMS W MCC	\$63,887.99
181	RESPIRATORY NEOPLASMS W CC	\$39,774.65
182	RESPIRATORY NEOPLASMS W/O CC/MCC	\$46,823.30
183	MAJOR CHEST TRAUMA W MCC	\$39,632.26
184	MAJOR CHEST TRAUMA W CC	\$41,510.30
185	MAJOR CHEST TRAUMA W/O CC/MCC	\$28,521.65
186	PLEURAL EFFUSION W MCC	\$31,497.49
187	PLEURAL EFFUSION W CC	\$33,245.65
188	PLEURAL EFFUSION W/O CC/MCC	\$17,987.69
189	PULMONARY EDEMA & RESPIRATORY FAILURE	\$44,579.94
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	\$35,943.33
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	\$25,611.44
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	\$19,305.36
193	SIMPLE PNEUMONIA & PLEURISY W MCC	\$40,029.61
194	SIMPLE PNEUMONIA & PLEURISY W CC	\$25,940.88
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	\$14,879.10
196	INTERSTITIAL LUNG DISEASE W MCC	\$42,846.24
197	INTERSTITIAL LUNG DISEASE W CC	\$25,887.58

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198	INTERSTITIAL LUNG DISEASE W/O CC/MCC	\$24,381.57
199	PNEUMOTHORAX W MCC	\$55,906.53
200	PNEUMOTHORAX W CC	\$29,357.77
201	PNEUMOTHORAX W/O CC/MCC	\$15,174.74
202	BRONCHITIS & ASTHMA W CC/MCC	\$20,238.02
203	BRONCHITIS & ASTHMA W/O CC/MCC	\$10,676.83
204	RESPIRATORY SIGNS & SYMPTOMS	\$22,477.89
205	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	\$28,049.02
206	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	\$31,713.42
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	\$167,597.57
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	\$69,724.93
215	OTHER HEART ASSIST SYSTEM IMPLANT	\$257,764.35
216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	\$268,116.01
217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	\$184,890.74
219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	\$274,611.69
220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	\$145,018.16
221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	\$128,023.54
222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	\$168,234.96
223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	\$117,635.22
224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	\$150,745.63
225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	\$124,671.03
226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	\$127,199.66
227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	\$105,812.58
228	OTHER CARDIOTHORACIC PROCEDURES W MCC	\$152,918.02
229	OTHER CARDIOTHORACIC PROCEDURES W/O MCC	\$134,368.55
231	CORONARY BYPASS W PTCA W MCC	\$204,929.83
232	CORONARY BYPASS W PTCA W/O MCC	\$179,782.54
233	CORONARY BYPASS W CARDIAC CATH W MCC	\$204,722.42
234	CORONARY BYPASS W CARDIAC CATH W/O MCC	\$150,815.40
235	CORONARY BYPASS W/O CARDIAC CATH W MCC	\$208,732.37
236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	\$112,927.09
239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	\$107,640.43
240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	\$69,155.49
241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	\$34,888.08
242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	\$110,219.34
243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	\$66,905.97
244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	\$45,947.59
245	AICD GENERATOR PROCEDURES	\$134,745.26
246	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W DRUG-ELUTING STENT W MCC OR 4+ ARTERIES OR STENTS	\$120,528.45
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	\$78,907.50
248	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W NON-DRUG-ELUTING STENT W MCC OR 4+ ARTERIES OR STENTS	\$116,343.19
249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	\$73,666.13
250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	\$107,980.91
251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	\$85,191.85
252	OTHER VASCULAR PROCEDURES W MCC	\$94,763.28
253	OTHER VASCULAR PROCEDURES W CC	\$87,875.90
254	OTHER VASCULAR PROCEDURES W/O CC/MCC	\$55,863.04

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DRG	DRG Description	Avg. Charge per Case (DRG)
255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	\$106,212.52
256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	\$54,097.54
258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	\$63,951.55
259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	\$37,189.40
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	\$83,718.65
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	\$44,446.39
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	\$39,626.25
263	VEIN LIGATION & STRIPPING	\$7,981.92
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	\$104,839.95
265	AICD LEAD PROCEDURES	\$58,918.41
266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC	\$166,339.83
267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC	\$151,136.85
268	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	\$180,327.19
269	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	\$132,744.23
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	\$167,893.01
271	OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	\$99,902.00
272	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	\$117,586.84
273	PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	\$110,901.95
274	PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	\$86,291.12
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	\$68,723.99
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	\$41,928.05
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	\$39,649.68
283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	\$90,087.33
284	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	\$33,674.53
285	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	\$24,927.07
286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	\$65,719.51
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	\$46,125.06
288	ACUTE & SUBACUTE ENDOCARDITIS W MCC	\$83,486.20
291	HEART FAILURE & SHOCK W MCC	\$36,526.92
292	HEART FAILURE & SHOCK W CC	\$22,264.82
293	HEART FAILURE & SHOCK W/O CC/MCC	\$20,829.52
296	CARDIAC ARREST, UNEXPLAINED W MCC	\$38,469.45
297	CARDIAC ARREST, UNEXPLAINED W CC	\$13,182.76
298	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	\$43,559.58
299	PERIPHERAL VASCULAR DISORDERS W MCC	\$62,179.25
300	PERIPHERAL VASCULAR DISORDERS W CC	\$29,486.27
301	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	\$22,922.14
302	ATHEROSCLEROSIS W MCC	\$30,127.43
303	ATHEROSCLEROSIS W/O MCC	\$48,035.44
304	HYPERTENSION W MCC	\$27,583.64
305	HYPERTENSION W/O MCC	\$22,348.79
306	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	\$51,439.75
307	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	\$20,549.00
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	\$54,982.56
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	\$27,325.35
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	\$24,718.51
311	ANGINA PECTORIS	\$29,154.74

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DRG	DRG Description	Avg. Charge per Case (DRG)
312	SYNCOPE & COLLAPSE	\$24,149.14
313	CHEST PAIN	\$20,625.31
314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	\$56,007.31
315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	\$30,452.19
316	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	\$21,227.17
326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	\$170,351.56
327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	\$61,319.32
328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	\$40,002.84
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	\$134,463.04
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	\$70,198.25
331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	\$46,110.06
333	RECTAL RESECTION W CC	\$49,300.12
334	RECTAL RESECTION W/O CC/MCC	\$42,410.29
335	PERITONEAL ADHESIOLYSIS W MCC	\$215,452.39
336	PERITONEAL ADHESIOLYSIS W CC	\$54,729.94
337	PERITONEAL ADHESIOLYSIS W/O CC/MCC	\$38,840.00
338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	\$96,629.54
339	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	\$66,277.22
340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	\$33,636.45
342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	\$35,394.67
343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	\$20,825.02
344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	\$55,700.53
345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	\$51,100.10
346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	\$31,217.16
348	ANAL & STOMAL PROCEDURES W CC	\$28,894.01
349	ANAL & STOMAL PROCEDURES W/O CC/MCC	\$22,916.23
350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	\$55,741.99
351	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	\$36,373.49
352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	\$15,954.96
353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	\$76,896.41
354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	\$52,613.68
355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	\$33,624.78
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	\$120,368.93
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	\$60,297.68
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	\$30,754.68
368	MAJOR ESOPHAGEAL DISORDERS W MCC	\$118,802.36
369	MAJOR ESOPHAGEAL DISORDERS W CC	\$40,953.11
370	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	\$30,024.76
371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	\$45,484.36
372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	\$34,096.48
373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	\$23,730.74
374	DIGESTIVE MALIGNANCY W MCC	\$58,284.10
375	DIGESTIVE MALIGNANCY W CC	\$37,603.88
376	DIGESTIVE MALIGNANCY W/O CC/MCC	\$39,315.92
377	G.I. HEMORRHAGE W MCC	\$73,870.97
378	G.I. HEMORRHAGE W CC	\$32,918.00
379	G.I. HEMORRHAGE W/O CC/MCC	\$19,809.63

MEDICAL CENTER NAVICENT HEALTH
 AVERAGE CHARGE PER CASE BY DRG
 INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
380	COMPLICATED PEPTIC ULCER W MCC	\$72,050.96
381	COMPLICATED PEPTIC ULCER W CC	\$35,940.91
382	COMPLICATED PEPTIC ULCER W/O CC/MCC	\$20,480.76
383	UNCOMPLICATED PEPTIC ULCER W MCC	\$61,047.15
384	UNCOMPLICATED PEPTIC ULCER W/O MCC	\$27,412.74
385	INFLAMMATORY BOWEL DISEASE W MCC	\$52,850.40
386	INFLAMMATORY BOWEL DISEASE W CC	\$36,629.92
387	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	\$40,400.30
388	G.I. OBSTRUCTION W MCC	\$56,672.86
389	G.I. OBSTRUCTION W CC	\$24,617.21
390	G.I. OBSTRUCTION W/O CC/MCC	\$20,741.12
391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	\$31,263.64
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	\$24,011.27
393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	\$56,667.43
394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	\$30,287.34
395	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	\$21,408.14
405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	\$164,651.78
406	PANCREAS, LIVER & SHUNT PROCEDURES W CC	\$87,645.78
407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	\$68,459.37
408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	\$163,065.34
409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	\$95,689.80
410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	\$49,085.55
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	\$85,321.36
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	\$102,471.45
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	\$23,816.17
417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	\$55,566.56
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	\$50,935.30
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	\$38,415.16
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	\$114,276.25
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	\$74,295.56
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	\$48,154.98
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	\$189,830.08
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	\$24,978.92
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	\$57,021.15
433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	\$31,959.47
434	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	\$15,605.37
435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC	\$67,190.37
436	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC	\$36,751.94
437	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC	\$9,014.65
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	\$60,994.19
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	\$28,957.22
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	\$18,510.01
441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W MCC	\$88,627.97
442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W CC	\$27,697.10
443	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W/O CC/MCC	\$29,851.89
444	DISORDERS OF THE BILIARY TRACT W MCC	\$45,976.98
445	DISORDERS OF THE BILIARY TRACT W CC	\$36,638.31

MEDICAL CENTER NAVICENT HEALTH
 AVERAGE CHARGE PER CASE BY DRG
 INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
446	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	\$30,701.12
453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	\$367,866.62
454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	\$177,106.20
455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	\$107,307.97
456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	\$220,216.27
457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	\$163,868.63
458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	\$154,178.83
459	SPINAL FUSION EXCEPT CERVICAL W MCC	\$220,246.69
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	\$104,238.65
462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	\$79,459.53
463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	\$151,126.79
464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	\$115,660.32
465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	\$63,418.72
466	REVISION OF HIP OR KNEE REPLACEMENT W MCC	\$98,879.90
467	REVISION OF HIP OR KNEE REPLACEMENT W CC	\$87,360.73
468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	\$67,816.25
469	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REPLACE	\$91,633.90
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	\$55,035.83
471	CERVICAL SPINAL FUSION W MCC	\$200,828.19
472	CERVICAL SPINAL FUSION W CC	\$83,694.91
473	CERVICAL SPINAL FUSION W/O CC/MCC	\$65,576.33
474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	\$118,937.11
475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	\$36,688.97
476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	\$27,717.37
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	\$96,679.57
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	\$72,754.01
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	\$66,052.81
480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	\$92,923.81
481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	\$66,866.61
482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	\$48,484.55
483	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	\$50,617.64
485	KNEE PROCEDURES W PDX OF INFECTION W MCC	\$223,729.65
486	KNEE PROCEDURES W PDX OF INFECTION W CC	\$55,655.08
487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	\$41,476.55
488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	\$76,769.82
489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	\$53,265.09
492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC	\$96,115.54
493	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	\$72,627.42
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	\$45,089.09
495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	\$66,233.44
496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	\$44,615.52
497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	\$34,470.49
498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	\$41,551.41
499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	\$26,397.77
500	SOFT TISSUE PROCEDURES W MCC	\$167,302.63
501	SOFT TISSUE PROCEDURES W CC	\$52,909.21
502	SOFT TISSUE PROCEDURES W/O CC/MCC	\$39,861.84

MEDICAL CENTER NAVICENT HEALTH
AVERAGE CHARGE PER CASE BY DRG
INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
503	FOOT PROCEDURES W MCC	\$124,767.47
504	FOOT PROCEDURES W CC	\$64,402.87
505	FOOT PROCEDURES W/O CC/MCC	\$46,905.11
506	MAJOR THUMB OR JOINT PROCEDURES	\$31,288.14
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	\$77,181.09
510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	\$66,848.31
511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	\$57,760.89
512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	\$42,207.59
513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	\$81,793.02
514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	\$22,063.18
515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	\$95,407.59
516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	\$63,180.96
517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	\$53,134.21
518	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	\$119,903.55
519	BACK & NECK PROC EXC SPINAL FUSION W CC	\$69,738.05
520	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	\$53,185.35
533	FRACTURES OF FEMUR W MCC	\$38,906.82
534	FRACTURES OF FEMUR W/O MCC	\$15,756.49
535	FRACTURES OF HIP & PELVIS W MCC	\$46,680.77
536	FRACTURES OF HIP & PELVIS W/O MCC	\$30,135.73
538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	\$33,956.09
539	OSTEOMYELITIS W MCC	\$123,215.73
540	OSTEOMYELITIS W CC	\$97,876.60
541	OSTEOMYELITIS W/O CC/MCC	\$36,329.30
542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	\$74,796.61
543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	\$51,252.73
544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	\$22,935.65
545	CONNECTIVE TISSUE DISORDERS W MCC	\$67,445.10
546	CONNECTIVE TISSUE DISORDERS W CC	\$93,563.28
547	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	\$24,766.89
548	SEPTIC ARTHRITIS W MCC	\$33,666.88
549	SEPTIC ARTHRITIS W CC	\$39,971.49
550	SEPTIC ARTHRITIS W/O CC/MCC	\$17,559.98
551	MEDICAL BACK PROBLEMS W MCC	\$70,878.29
552	MEDICAL BACK PROBLEMS W/O MCC	\$34,066.09
553	BONE DISEASES & ARTHROPATHIES W MCC	\$38,930.66
554	BONE DISEASES & ARTHROPATHIES W/O MCC	\$45,239.80
555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	\$5,245.94
556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	\$23,729.38
557	TENDONITIS, MYOSITIS & BURSITIS W MCC	\$60,088.82
558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	\$18,068.88
559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	\$91,001.00
560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	\$34,783.91
561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	\$32,485.52
562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	\$34,050.83
563	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	\$29,416.87
564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	\$41,849.06

MEDICAL CENTER NAVICENT HEALTH
 AVERAGE CHARGE PER CASE BY DRG
 INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	\$33,836.42
566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	\$18,180.44
570	SKIN DEBRIDEMENT W MCC	\$120,634.62
571	SKIN DEBRIDEMENT W CC	\$42,410.95
572	SKIN DEBRIDEMENT W/O CC/MCC	\$63,266.61
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	\$143,029.78
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	\$181,792.80
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	\$121,253.77
579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	\$79,391.31
580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	\$42,614.43
581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	\$42,234.62
582	MASTECTOMY FOR MALIGNANCY W CC/MCC	\$52,588.85
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	\$74,731.97
584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	\$147,256.76
585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	\$125,907.11
592	SKIN ULCERS W MCC	\$29,415.75
593	SKIN ULCERS W CC	\$16,765.06
594	SKIN ULCERS W/O CC/MCC	\$11,501.90
595	MAJOR SKIN DISORDERS W MCC	\$32,212.12
596	MAJOR SKIN DISORDERS W/O MCC	\$17,367.32
597	MALIGNANT BREAST DISORDERS W MCC	\$36,853.94
598	MALIGNANT BREAST DISORDERS W CC	\$85,255.85
599	MALIGNANT BREAST DISORDERS W/O CC/MCC	\$67,461.90
600	NON-MALIGNANT BREAST DISORDERS W CC/MCC	\$20,483.21
601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	\$4,947.69
602	CELLULITIS W MCC	\$37,374.61
603	CELLULITIS W/O MCC	\$18,116.46
604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	\$57,818.34
605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	\$27,949.08
606	MINOR SKIN DISORDERS W MCC	\$19,820.90
607	MINOR SKIN DISORDERS W/O MCC	\$13,466.66
614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	\$141,196.58
615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	\$41,052.21
616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	\$128,308.76
617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	\$51,559.36
618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	\$38,765.31
619	O.R. PROCEDURES FOR OBESITY W MCC	\$66,235.98
620	O.R. PROCEDURES FOR OBESITY W CC	\$53,852.35
621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	\$42,881.37
622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	\$100,798.78
623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	\$42,059.25
625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	\$83,139.17
626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	\$49,947.93
627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	\$34,916.18
628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	\$147,965.36
629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	\$49,688.18
630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	\$81,887.68

MEDICAL CENTER NAVICENT HEALTH
 AVERAGE CHARGE PER CASE BY DRG
 INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
637	DIABETES W MCC	\$41,193.13
638	DIABETES W CC	\$21,452.83
639	DIABETES W/O CC/MCC	\$14,119.73
640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	\$28,617.79
641	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	\$22,224.07
642	INBORN AND OTHER DISORDERS OF METABOLISM	\$27,193.47
643	ENDOCRINE DISORDERS W MCC	\$61,550.91
644	ENDOCRINE DISORDERS W CC	\$30,890.66
645	ENDOCRINE DISORDERS W/O CC/MCC	\$19,858.05
654	MAJOR BLADDER PROCEDURES W CC	\$90,514.60
656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	\$56,610.58
657	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	\$54,507.15
658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	\$48,436.40
659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	\$99,333.69
660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	\$49,057.33
661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	\$42,813.30
662	MINOR BLADDER PROCEDURES W MCC	\$29,731.78
663	MINOR BLADDER PROCEDURES W CC	\$35,013.53
664	MINOR BLADDER PROCEDURES W/O CC/MCC	\$25,705.56
666	PROSTATECTOMY W CC	\$34,699.97
667	PROSTATECTOMY W/O CC/MCC	\$16,385.83
668	TRANSURETHRAL PROCEDURES W MCC	\$75,715.35
669	TRANSURETHRAL PROCEDURES W CC	\$24,060.11
670	TRANSURETHRAL PROCEDURES W/O CC/MCC	\$24,433.44
673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	\$79,998.51
674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	\$58,963.95
675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	\$60,080.51
682	RENAL FAILURE W MCC	\$42,404.00
683	RENAL FAILURE W CC	\$27,565.64
684	RENAL FAILURE W/O CC/MCC	\$19,856.64
685	ADMIT FOR RENAL DIALYSIS	\$39,192.24
686	KIDNEY & URINARY TRACT NEOPLASMS W MCC	\$57,843.77
687	KIDNEY & URINARY TRACT NEOPLASMS W CC	\$30,592.73
688	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	\$33,525.06
689	KIDNEY & URINARY TRACT INFECTIONS W MCC	\$33,345.83
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	\$20,334.50
693	URINARY STONES W/O ESW LITHOTRIPSY W MCC	\$26,066.27
694	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	\$24,264.76
696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	\$15,330.37
697	URETHRAL STRICTURE	\$23,168.27
698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	\$51,752.61
699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	\$31,026.45
700	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	\$24,721.68
707	MAJOR MALE PELVIC PROCEDURES W CC/MCC	\$53,682.35
708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	\$49,112.57
709	PENIS PROCEDURES W CC/MCC	\$99,938.70
710	PENIS PROCEDURES W/O CC/MCC	\$24,858.53

MEDICAL CENTER NAVICENT HEALTH
 AVERAGE CHARGE PER CASE BY DRG
 INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
711	TESTES PROCEDURES W CC/MCC	\$172,030.67
712	TESTES PROCEDURES W/O CC/MCC	\$21,920.52
713	TRANSURETHRAL PROSTATECTOMY W CC/MCC	\$69,741.17
714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	\$17,756.55
715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	\$57,131.92
717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	\$65,808.34
722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	\$88,069.36
723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	\$44,620.07
724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	\$47,171.66
725	BENIGN PROSTATIC HYPERTROPHY W MCC	\$16,062.87
726	BENIGN PROSTATIC HYPERTROPHY W/O MCC	\$22,273.19
727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	\$78,333.34
728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	\$27,853.81
729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	\$93,089.91
730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	\$28,199.26
734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	\$54,644.40
735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	\$45,178.29
736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	\$180,809.33
737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	\$75,655.75
738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	\$65,698.68
739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	\$183,776.66
740	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	\$75,156.82
741	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	\$41,970.42
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	\$50,302.62
743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	\$29,543.39
744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	\$65,997.76
745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	\$22,251.90
746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	\$94,713.32
747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	\$24,504.95
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	\$28,195.11
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	\$95,395.12
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	\$44,361.31
754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	\$48,313.17
755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	\$59,811.29
756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	\$36,714.98
757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	\$42,785.46
758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	\$23,722.41
759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	\$15,827.38
760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	\$39,768.30
761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	\$18,518.65
765	CESAREAN SECTION W CC/MCC	\$31,257.44
766	CESAREAN SECTION W/O CC/MCC	\$23,305.40
767	VAGINAL DELIVERY W STERILIZATION &/OR D&C	\$31,186.67
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	\$62,880.91
769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	\$7,015.72
770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	\$19,313.05
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	\$22,041.14

MEDICAL CENTER NAVICENT HEALTH
AVERAGE CHARGE PER CASE BY DRG
INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	\$18,447.38
776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	\$13,840.79
777	ECTOPIC PREGNANCY	\$32,755.06
778	THREATENED ABORTION	\$9,199.48
779	ABORTION W/O D&C	\$13,408.34
780	FALSE LABOR	\$7,384.58
781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	\$18,467.72
782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	\$15,720.38
789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	\$140,704.94
790	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	\$182,444.82
791	PREMATURITY W MAJOR PROBLEMS	\$110,695.80
792	PREMATURITY W/O MAJOR PROBLEMS	\$14,998.21
793	FULL TERM NEONATE W MAJOR PROBLEMS	\$30,660.53
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	\$7,576.68
795	NORMAL NEWBORN	\$3,398.79
799	SPLENECTOMY W MCC	\$121,635.35
801	SPLENECTOMY W/O CC/MCC	\$39,830.81
803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	\$83,455.06
804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	\$37,162.94
808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	\$76,628.76
809	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	\$29,527.98
810	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	\$17,814.89
811	RED BLOOD CELL DISORDERS W MCC	\$35,003.62
812	RED BLOOD CELL DISORDERS W/O MCC	\$20,814.40
813	COAGULATION DISORDERS	\$34,579.39
814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	\$51,807.34
815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	\$17,462.19
816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	\$15,532.79
820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	\$237,907.78
821	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	\$79,520.15
822	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	\$43,269.46
823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	\$134,539.58
824	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	\$83,105.51
825	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	\$37,283.45
826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	\$136,938.91
827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	\$91,110.59
828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	\$49,428.44
829	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	\$120,619.36
830	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	\$70,927.64
834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	\$189,447.14
835	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	\$102,301.47
836	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	\$33,639.34
837	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	\$183,891.19
838	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	\$227,026.64
839	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	\$54,031.22
840	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	\$64,457.91
841	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	\$39,952.56

MEDICAL CENTER NAVICENT HEALTH
 AVERAGE CHARGE PER CASE BY DRG
 INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
842	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	\$33,385.95
843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	\$287,479.21
844	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	\$30,614.97
845	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	\$36,123.40
846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	\$40,825.25
847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	\$26,832.70
848	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	\$25,972.39
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	\$181,147.60
854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	\$91,835.28
856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	\$123,342.46
857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	\$78,492.19
858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	\$32,900.74
862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	\$49,546.83
863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	\$29,912.42
864	FEVER	\$20,147.04
865	VIRAL ILLNESS W MCC	\$27,590.57
866	VIRAL ILLNESS W/O MCC	\$11,796.99
867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	\$93,022.68
868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	\$14,607.03
869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	\$43,862.84
870	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	\$196,337.05
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	\$67,504.52
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	\$30,923.98
876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	\$94,958.59
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	\$20,620.41
881	DEPRESSIVE NEUROSES	\$18,753.24
882	NEUROSES EXCEPT DEPRESSIVE	\$10,263.44
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	\$64,651.28
884	ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	\$38,886.07
885	PSYCHOSES	\$24,583.51
887	OTHER MENTAL DISORDER DIAGNOSES	\$28,354.58
894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	\$12,292.03
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	\$68,020.01
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	\$17,552.74
901	WOUND DEBRIDEMENTS FOR INJURIES W MCC	\$89,126.51
902	WOUND DEBRIDEMENTS FOR INJURIES W CC	\$50,955.43
903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	\$23,713.77
904	SKIN GRAFTS FOR INJURIES W CC/MCC	\$117,405.01
905	SKIN GRAFTS FOR INJURIES W/O CC/MCC	\$16,574.46
906	HAND PROCEDURES FOR INJURIES	\$33,646.27
907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	\$86,327.71
908	OTHER O.R. PROCEDURES FOR INJURIES W CC	\$69,102.77
909	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	\$50,992.42
913	TRAUMATIC INJURY W MCC	\$46,963.41
914	TRAUMATIC INJURY W/O MCC	\$26,501.38
915	ALLERGIC REACTIONS W MCC	\$50,044.87
916	ALLERGIC REACTIONS W/O MCC	\$16,806.56

MEDICAL CENTER NAVICENT HEALTH
 AVERAGE CHARGE PER CASE BY DRG
 INPATIENT DATA AT DISCHARGE

DRG	DRG Description	Avg. Charge per Case (DRG)
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	\$52,671.79
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	\$17,157.50
919	COMPLICATIONS OF TREATMENT W MCC	\$46,010.75
920	COMPLICATIONS OF TREATMENT W CC	\$22,993.43
921	COMPLICATIONS OF TREATMENT W/O CC/MCC	\$24,779.85
922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	\$49,597.38
923	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	\$14,899.01
928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	\$70,274.14
935	NON-EXTENSIVE BURNS	\$44,251.36
939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	\$337,777.43
940	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	\$122,747.11
941	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	\$108,176.38
947	SIGNS & SYMPTOMS W MCC	\$30,060.23
948	SIGNS & SYMPTOMS W/O MCC	\$24,587.15
949	AFTERCARE W CC/MCC	\$40,804.63
950	AFTERCARE W/O CC/MCC	\$13,560.86
951	OTHER FACTORS INFLUENCING HEALTH STATUS	\$11,558.46
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	\$187,559.22
956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	\$220,732.42
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	\$214,715.26
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	\$138,889.35
959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	\$94,420.90
963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	\$151,083.79
964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	\$56,736.59
965	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	\$29,743.68
969	HIV W EXTENSIVE O.R. PROCEDURE W MCC	\$163,022.04
970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	\$41,713.25
974	HIV W MAJOR RELATED CONDITION W MCC	\$72,317.77
975	HIV W MAJOR RELATED CONDITION W CC	\$60,196.97
976	HIV W MAJOR RELATED CONDITION W/O CC/MCC	\$39,512.63
977	HIV W OR W/O OTHER RELATED CONDITION	\$39,333.61
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	\$141,831.15
982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	\$76,473.34
983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	\$47,121.19
987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	\$105,730.49
988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	\$50,411.76
989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	\$40,056.13
999	UNGROUPABLE	\$72,186.00