



VALLEY VIEW PROCEDURE CHARGES

At Valley View, we aspire to provide superior customer service to our patients with intelligence and empathy while staying true to the Valley View mission. We provide information regarding admissions, billing, and financial issues to ensure a positive patient experience and stay.

Procedure prices are current as of December 31, 2019. Dollars listed are average numbers. Actual amount can be higher or lower depending on patient and doctor

needs. Procedures listed include the top 30 lab charges, 25 high volume performed tests or procedures, 5 high volume orthopaedic procedures and the top 50 inpatient procedures.

If you have a question about your bill or need help understanding the process, we are here to help you navigate this sometimes confusing process. Email us at vvhcs@vvh.org or call **970.384.6890**.

LAB PROCEDURES	AVERAGE CHARGE	CPT CODE
Abo Group	\$68	86900
Antibody Screen	\$102	86850
Basic Metabolic Panel	\$75	80048
Blood Culture	\$154	87040
C Reactive Protein	\$96	86140
CBC	\$61	85025
Comprehensive Metabolic Panel	\$102	80053
Glucose Blood Reagent Strip	\$45	82948
Hematocrit Not Spun	\$27	85014
Hemoglobin @	\$27	85018
Hemoglobin A 1 C	\$84	83036
Lactic Acid @	\$175	83605
Ldl Cholesterol Direct Msrmt	\$61	83721
Lipase	\$109	83690
Lipid Panel	\$50	80061
Magnesium	\$55	83735
Psa Total Screen Only	\$104	84153
Pt Prothrombin Time @	\$34	85610
Rh Type	\$68	86901
Sedimentation Rate Auto	\$44	85652
Special Stain Group II	\$248	88313
Troponin I	\$275	84484
Tsh @	\$96	84443
Urine Culture	\$136	87086
Urine Dipstick	\$34	81003
Vitamin D 25 Hydroxy	\$118	82306
Phlebotomy	\$43	36415

HIGH VOLUME PROCEDURES	AVERAGE CHARGE	CPT CODE
Esophagogastroduodenoscopy w biopsy	\$2,763	43239
Colonoscopy w biopsy	\$2,369	45380
Echo 2D	\$1,673	93306
Physical Therapy Activity 15 minutes	\$93	97530
Occupational Therapy Activity 15 minutes	\$93	97530
Speech Therapy Treatment	\$243	92507
Chest Xray 1 view	\$409	71010
Chest Xray 2 views	\$409	71020
Xray Flouro Guided Spine Injection	\$807	77003
Xray Spine Lumbar 2 or 3 views	\$613	72100
Fluorodeoxyglucose	\$620	A9552
Ultrasound Abdominal Single Organ	\$422	76705
Ultrasound Transvaginal Non OB	\$422	76830
Ultrasound OB 1st Trimester	\$422	76805
Ultrasound Breast	\$224	76642
MRI Lumbar Spine	\$885	72148
MRI Brain wo Contrast	\$885	70551
MRI Brain w and wo Contrast	\$885	70553
CT Head wo Contrast	\$885	70450
CT Sinus wo Contrast	\$885	70486
CT Thorax wo Contrast	\$885	71250
CT Abdomen & pelvis w Contrast	\$885	74177
CTA Chest PE Protocol	\$885	71275
Ultrasound Breast w biopsy Perc Needle Core	\$1,616	19083
Ultrasound Thyroid	\$422	76536

OUTPATIENT ORTHOPEDIC PROCEDURES	AVERAGE CHARGE	CPT CODE
Arthroplasty, Knee, Condyle & Plateau Medial & Lateral Compartments	\$12,932	27447
Arthroscopy, Shoulder Surgical Debridement Extensive	\$9,135	29823
Arthroscopy, Shoulder w/ Coracoacromial Ligament Release	\$6,680	29826
Arthroscopy, Shoulder Rotator Cuff Repair	\$7,321	29827
Arthroscopy Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction	\$7,448	29888

Asterix indicates cost listed is the average cost of the procedure.

With (w) or without (wo) is in reference to and major complications or comorbidities.

INPATIENT PROCEDURES	AVERAGE CHARGE	DRG CODE/TYPE
Neonate birthwt >2499g, normal newborn or neonate w other problem	\$6,153.49	640/APR-DRG
Vaginal delivery	\$14,574.33	560/APR-DRG
Normal newborn	\$5,080.92	795/MS-DRG
Vaginal delivery w/o sterilization/D&C w/o CC/MCC	\$14,239.09	807/MS-DRG
Major hip and knee joint replacement or reattachment of lower extremity	\$77,897.79	470/MS-DRG
Neonate w other significant problems	\$7,840.93	794/MS-DRG
Septicemia or severe sepsis w/o MV >96 hours w MCC	\$51,409.40	871/MS-DRG
Cesarean delivery	\$39,508.65	540/APR-DRG
Alcohol & drug dependence w rehab or rehab/detox therapy	\$50,673.63	772/APR-DRG
Major joint/limb reattachment procedure of upper extremities	\$82,858.94	483/MS-DRG
Perc cardiovasc proc w drug-eluting stent w/o MCC	\$91,191.51	247/MS-DRG
Combined anterior/posterior spinal fusion w/o CC/MCC	\$165,950.05	455/MS-DRG
Pulmonary edema & respiratory failure	\$40,687.22	189/MS-DRG
Cesarean section w/o sterilization w/o CC/MCC	\$35,539.33	788/MS-DRG
Vaginal delivery w/o sterilization/D&C w CC	\$17,366.79	806/MS-DRG
Septicemia or severe sepsis w/o MV >96 hours w/o MCC	\$30,684.79	872/MS-DRG
Combined anterior/posterior spinal fusion w CC	\$231,406.06	454/MS-DRG
Heart failure & shock w MCC	\$44,626.12	291/MS-DRG
G.I. Hemorrhage w CC	\$30,494.83	378/MS-DRG
Esophagitis, gastroent & misc digest disorders w/o MCC	\$25,592.79	392/MS-DRG
Vaginal delivery w sterilization &/or D&C	\$30,723.82	541/APR-DRG
Septicemia & disseminated infections	\$48,980.92	720/APR-DRG
Circulatory disorders except ami, w card cath w/o MCC	\$39,123.92	287/MS-DRG
Simple pneumonia & pleurisy w MCC	\$41,409.45	193/MS-DRG
Alcohol abuse & dependence	\$23,044.25	775/APR-DRG
Cardiac arrhythmia & conduction disorders w/o CC/MCC	\$22,535.72	310/MS-DRG
Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	\$21,642.49	897/MS-DRG
Kidney & urinary tract infections w/o MCC	\$27,375.83	690/MS-DRG
Poisoning & toxic effects of drugs w MCC	\$52,821.52	917/MS-DRG
Cesarean section w/o sterilization w CC	\$38,535.46	787/MS-DRG
Full term neonate w major problems	\$14,131.67	793/MS-DRG
Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4	\$140,846.57	246/MS-DRG
Cirrhosis & alcoholic hepatitis w MCC	\$57,080.93	432/MS-DRG
Misc disorders of nutrition, metabolism, fluids/electrolytes w/o MCC	\$23,568.55	641/MS-DRG
Other factors influencing health status	\$13,053.25	951/MS-DRG
Neonate birthwt >2499g w other significant condition	\$21,854.00	639/APR-DRG
Simple pneumonia & pleurisy w CC	\$27,163.14	194/MS-DRG
Combined anterior/posterior spinal fusion w MCC	\$344,125.70	453/MS-DRG
Vaginal delivery w/o sterilization/D&C w MCC	\$15,568.72	805/MS-DRG
Spinal fusion except cervical w/o MCC	\$143,398.06	460/MS-DRG
Cellulitis w/o MCC	\$24,255.96	603/MS-DRG
Renal failure w CC	\$22,741.35	683/MS-DRG
Intracranial hemorrhage or cerebral infarction w CC or TPA in 24 hrs	\$38,292.34	65/MS-DRG
Pulmonary embolism w/o MCC	\$26,181.80	176/MS-DRG
Misc disorders of nutrition, metabolism, fluids/electrolytes w MCC	\$22,947.18	640/MS-DRG
Pulmonary embolism w MCC or acute cor pulmonale	\$39,200.69	175/MS-DRG
Chronic obstructive pulmonary disease w MCC	\$41,174.03	190/MS-DRG
Heart failure & shock w CC	\$25,334.19	292/MS-DRG
Cardiac arrhythmia & conduction disorders w MCC	\$64,902.46	308/MS-DRG
Cardiac arrhythmia & conduction disorders w CC	\$29,556.27	309/MS-DRG

Dollars listed are average numbers. Actual amount can be higher or lower depending on Patient and Doctor needs. With (w) or without (wo) is in reference to and major complications or comorbidities.