



Shea - Inpatient - Average Patient Price List

DRG Code	DRG Type	Procedure Description	Prompt Pay Price <sup>(1)</sup>	Direct Pay Price <sup>(2)</sup>	Average Total Price <sup>(3)</sup>
795	MS-DRG V39 (FY 2022)	NORMAL NEWBORN	\$3,327	\$4,325	\$6,654
177	MS-DRG V39 (FY 2022)	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	\$39,629	\$51,518	\$79,258
621	MS-DRG V39 (FY 2022)	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	\$40,741	\$52,963	\$81,481
794	MS-DRG V39 (FY 2022)	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	\$4,737	\$6,158	\$9,474
640	APR-DRG V38 (FY 2021)	NEONATE BIRTH WEIGHT > 2499 GRAMS, NORMAL NEWBORN OR NEONATE WITH OTHER PROBLEM	\$3,174	\$4,127	\$6,349
807	MS-DRG V39 (FY 2022)	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	\$8,649	\$11,244	\$17,298
871	MS-DRG V39 (FY 2022)	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	\$44,815	\$58,259	\$89,630
291	MS-DRG V39 (FY 2022)	HEART FAILURE AND SHOCK WITH MCC	\$34,484	\$44,829	\$68,968
788	MS-DRG V39 (FY 2022)	CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	\$14,290	\$18,577	\$28,580
274	MS-DRG V39 (FY 2022)	PERCUTANEOUS AND OTHER INTRACARDIAC PROCEDURES WITHOUT MCC	\$61,828	\$80,376	\$123,656
792	MS-DRG V39 (FY 2022)	PREMATURITY WITHOUT MAJOR PROBLEMS	\$5,450	\$7,086	\$10,901
560	APR-DRG V38 (FY 2021)	VAGINAL DELIVERY	\$8,619	\$11,205	\$17,238
331	MS-DRG V39 (FY 2022)	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	\$56,482	\$73,427	\$112,965
682	MS-DRG V39 (FY 2022)	RENAL FAILURE WITH MCC	\$47,502	\$61,753	\$95,005
455	MS-DRG V39 (FY 2022)	COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION WITHOUT CC/MCC	\$135,986	\$176,782	\$271,972
690	MS-DRG V39 (FY 2022)	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	\$20,998	\$27,298	\$41,997
683	MS-DRG V39 (FY 2022)	RENAL FAILURE WITH CC	\$28,807	\$37,450	\$57,615
247	MS-DRG V39 (FY 2022)	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITHOUT MCC	\$55,855	\$72,612	\$111,710
392	MS-DRG V39 (FY 2022)	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	\$13,285	\$17,270	\$26,569
193	MS-DRG V39 (FY 2022)	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	\$29,248	\$38,022	\$58,496
603	MS-DRG V39 (FY 2022)	CELLULITIS WITHOUT MCC	\$19,814	\$25,758	\$39,627
330	MS-DRG V39 (FY 2022)	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	\$95,446	\$124,080	\$190,892
229	MS-DRG V39 (FY 2022)	OTHER CARDIOTHORACIC PROCEDURES WITHOUT MCC	\$71,414	\$92,838	\$142,828
220	MS-DRG V39 (FY 2022)	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH CC	\$149,931	\$194,910	\$299,862
378	MS-DRG V39 (FY 2022)	GASTROINTESTINAL HEMORRHAGE WITH CC	\$17,462	\$22,701	\$34,924
768	MS-DRG V39 (FY 2022)	VAGINAL DELIVERY WITH O.R. PROCEDURES EXCEPT STERILIZATION AND/OR D&C	\$10,474	\$13,616	\$20,947
308	MS-DRG V39 (FY 2022)	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH MCC	\$37,676	\$48,979	\$75,353
793	MS-DRG V39 (FY 2022)	FULL TERM NEONATE WITH MAJOR PROBLEMS	\$20,080	\$26,104	\$40,160
286	MS-DRG V39 (FY 2022)	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION WITH MCC	\$38,933	\$50,613	\$77,866
480	MS-DRG V39 (FY 2022)	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH MCC	\$74,897	\$97,367	\$149,795
481	MS-DRG V39 (FY 2022)	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	\$57,288	\$74,475	\$114,577
470	MS-DRG V39 (FY 2022)	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	\$55,361	\$71,969	\$110,722
872	MS-DRG V39 (FY 2022)	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	\$24,306	\$31,598	\$48,612
178	MS-DRG V39 (FY 2022)	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC	\$13,394	\$17,413	\$26,789



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552	MS-DRG V39 (FY 2022)	MEDICAL BACK PROBLEMS WITHOUT MCC	\$16,489	\$21,435	\$32,977
809	MS-DRG V39 (FY 2022)	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS WITH CC	\$24,330	\$31,630	\$48,661
267	MS-DRG V39 (FY 2022)	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITHOUT MCC	\$133,337	\$173,338	\$266,674
287	MS-DRG V39 (FY 2022)	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION WITHOUT MCC	\$27,807	\$36,149	\$55,614
310	MS-DRG V39 (FY 2022)	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITHOUT CC/MCC	\$18,281	\$23,765	\$36,561
540	APR-DRG V38 (FY 2021)	CESAREAN SECTION WITHOUT STERILIZATION	\$19,627	\$25,515	\$39,254
305	MS-DRG V39 (FY 2022)	HYPERTENSION WITHOUT MCC	\$13,642	\$17,735	\$27,285
065	MS-DRG V39 (FY 2022)	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	\$25,634	\$33,324	\$51,267
246	MS-DRG V39 (FY 2022)	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITH MCC OR 4+ ARTERIES OR STENTS	\$76,383	\$99,298	\$152,766
390	MS-DRG V39 (FY 2022)	GASTROINTESTINAL OBSTRUCTION WITHOUT CC/MCC	\$11,944	\$15,528	\$23,889
482	MS-DRG V39 (FY 2022)	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT CC/MCC	\$41,060	\$53,378	\$82,120
418	MS-DRG V39 (FY 2022)	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC	\$52,781	\$68,615	\$105,562
312	MS-DRG V39 (FY 2022)	SYNCOPE AND COLLAPSE	\$16,606	\$21,588	\$33,212
445	MS-DRG V39 (FY 2022)	DISORDERS OF THE BILIARY TRACT WITH CC	\$25,849	\$33,604	\$51,698
194	MS-DRG V39 (FY 2022)	SIMPLE PNEUMONIA AND PLEURISY WITH CC	\$20,194	\$26,252	\$40,388
641	MS-DRG V39 (FY 2022)	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITHOUT MCC	\$20,553	\$26,718	\$41,105

The above prices do not include physicians' fees, which may be charged by your surgeon, anesthesiologist, pathologist or radiologist. Please contact your physicians' offices and health insurance provider directly for price information.

(1) **Prompt Pay Price** is the average price a self-pay patient will pay when paid-in-full in advance of having this procedure.

(2) **Direct Pay Price** is the average price a self-pay patient will pay when having this procedure. Arrangements can be made to pay over time.

(3) **Average (Estimated) Total Price** is the estimated average total charges a person will experience when having this procedure