

Price Transparency

January 1, 2018

The prices below are estimates, based on billed charges and length of stay (LOS), and do not include discounts that may be applied. The actual charges for the health care service are dependent on the circumstances at the time the service is rendered.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided at Craig Hospital. If you are not covered by health insurance, you are strongly encouraged to contact the Admissions Department at 303-789-8344 for Inpatient payment options, or 303-789-8601 for Outpatient payment options, prior to receiving a health care service from Craig Hospital. Posted health care prices may not reflect the actual amount of your financial responsibility.

Inpatient

DRG	Description	Ave. Charges	Ave. LOS
52	SPINAL DISORDERS & INJURIES W CC/MCC	\$311,000	65
82	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	\$257,475	53
83	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	\$155,380	33
987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRIN. DIAG. W MCC	\$403,740	75
981	EXT. O.R. PROCEDURE UNRELATED TO PRIN. DIAG. W MCC	\$428,420	74
963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	\$318,150	62
40	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	\$674,600	101
86	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	\$196,475	40
85	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	\$190,000	43
56	DEGENERATIVE NERV. SYSTEM DISORDERS W MCC	\$263,890	57
964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	\$242,425	52

Outpatient

CPT	Ave Charge	Description
97112	\$106.50	NEUROMUSCULAR REEDUCATION PER 15 MINUTES
97755	\$106.50	ASSISTIVE TECHNOLOGY PER 15 MINUTES
97110	\$106.50	THERAPEUTIC EXERCISE PER 15 MINUTES
97750	\$158.50	PHYSICAL PERFORMANCE TESTING PER 15 MINUTES
97530	\$106.50	THERAPEUTIC ACTIVITIES PER 15 MINUTES

97535	\$106.50	SELF-CARE/HOME MANAGEMENT PER 15 MINUTES
97116	\$106.50	GAIT TRAINING PER 15 MINUTES
97140	\$106.50	MANUAL THERAPY PER 15 MINUTES
96152	\$126.00	HEALTH AND BEHAVIOR INTERVENTION INDIVIDUAL PER 15 MINUTES
99214	\$231.00	OFFICE VISIT DETAILED ESTABLISHED PATIENT
99213	\$169.50	OFFICE VISIT EXPANDED ESTABLISHED PATIENT
98960	\$106.50	EDUCATION AND TRAINING FOR PATIENT SELF MANAGEMENT PER 15 MINUTES
97533	\$106.50	SENSORY INTEGRATIVE TECHNIQUES PER 15 MINUTES
92507	\$106.50	TREATMENT OF SPEECH PER 15 MINUTES
97032	\$106.50	ELECTRICAL STIMULATION PER 15 MINUTES
97542	\$106.50	WHEELCHAIR MANAGEMENT PER 15 MINUTES
99366	\$106.50	MEDICAL TEAM CONFERENCE PER 30 MINUTES
99215	\$494.50	OFFICE VISIT COMPREHENSIVE ESTABLISHED PATIENT
97537	\$106.50	COMMUNITY/WORK REINTEGRATION PER 15 MINUTES
96150	\$126.00	HEALTH AND BEHAVIOR ASSESSMENT PER 15 MINUTES
96118	\$126.00	NEUROPSYCHOLOGICAL TESTING PER 15 MINUTES
96154	\$126.00	HEALTH AND BEHAVIOR INTERVENTION PATIENT AND FAMILY PER 15 MINUTES
97163	\$827.75	PHYSICAL THERAPY EVALUATION COMPLEX
52000	\$1,349.50	CYSTOSCOPY
95831	\$158.50	MUSCLE TESTING PER 15 MINUTES
