

Price Transparency

January 1, 2020

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	Avg. Charges	Avg. LOS
40	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	\$724,136	92
52	SPINAL DISORDERS & INJURIES W CC/MCC	\$321,449	55
56	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	\$338,842	61
57	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	\$255,038	50
82	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	\$353,760	65
83	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	\$231,722	43
86	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	\$210,202	40
963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	\$309,822	54
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	\$531,371	86

Outpatient

CPT	Average Charge	Description
52000	\$1516.50	CYSTOURETHROSCOPY
92507	\$488.00	TREATMENT OF SPEECH
95831	\$187.25	MUSCLE TESTING PER 15 MINUTES
96150	\$729.00	HEALTH AND BEHAVIOR ASSESSMENT
96152	\$182.25	HEALTH AND BEHAVIOR INTERVENTION INDIVIDUAL PER 15 MINUTES
96154	\$182.25	HEALTH AND BEHAVIOR INTERVENTION PATIENT AND FAMILY PER 15 MINUTES
97032	\$135.00	ELECTRICAL STIMULATION PER 15 MINUTES
97110	\$130.00	THERAPEUTIC EXERCISE PER 15 MIN
97112	\$131.00	NEUROMUSCULAR REEDUCATION PER 15 MIN
97116	\$130.00	GAIT TRAINING PER 15 MINUTES
97140	\$131.00	MANUAL THERAPY PER 15 MINUTES
97163	\$950.00	PHYSICAL THERAPY EVALUATION COMPLEX
97167	\$977.00	OCCUPATIONAL THERAPY EVALUATION
97530	\$131.00	THERAPEUTIC ACTIVITIES PER 15 MINUTES
97533	\$148.00	SENSORY INTEGRATIVE TECHNIQUES PER 15 MINUTES
97535	\$131.00	SELF CARE/HOME MANAGEMENT PER 15 MINUTES
97537	\$129.00	COMMUNITY/WORK REINTEGRATION PER 15 MINUTES
97542	\$131.00	WHEELCHAIR MANAGEMENT PER 15 MINUTES
97750	\$187.25	PHYSICAL PERFORMANCE TESTING PER 15 MINUTES
97755	\$149.00	ASSISTIVE TECHNOLOGY PER 15 MIN
97760	\$127.00	ORTHOTICS MANAGEMENT AND TRAINING PER 15 MINUTES
98960	\$120.00	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT PER 15 MINUTES
99213	\$165.00	OFFICE VISIT EXPANDED ESTABLISHED PATIENT
99214	\$302.00	OFFICE VISIT DETAILED ESTABLISHED PATIENT
99215	\$487.50	OFFICE VISIT COMPREHENSIVE ESTABLISHED PATIENT