



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 January 1, 2018. 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, 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	\$66	86900
Antibody Screen	\$99	86850
Basic Metabolic Panel	\$73	80048
Blood Culture	\$149	87040
C Reactive Protein	\$93	86140
CBC	\$59	85025
Comprehensive Metabolic Panel	\$99	80053
Glucose Blood Reagent Strip	\$44	82948
Hematocrit Not Spun	\$26	85014
Hemoglobin @	\$26	85018
Hemoglobin A 1 C	\$81	83036
Lactic Acid @	\$170	83605
Ldl Cholesterol Direct Msrmt	\$59	83721
Lipase	\$106	83690
Lipid Panel	\$48	80061
Magnesium	\$53	83735
Psa Total Screen Only	\$101	84153
Pt Prothrombin Time @	\$33	85610
Rh Type	\$66	86901
Sedimentation Rate Auto	\$43	85652
Special Stain Group II	\$240	88313
Troponin I	\$267	84484
Tsh @	\$93	84443
Urine Culture	\$132	87086
Urine Dipstick	\$33	81003
Vitamin D 25 Hydroxy	\$114	82306
Phlebotomy	\$42	

HIGH VOLUME PROCEDURES	AVERAGE CHARGE	CPT CODE
Esophagogastroduodenoscopy w biopsy	\$5,141	43239
Colonoscopy w biopsy	\$4,277	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	\$995	72148
MRI Brain wo Contrast	\$995	70551
MRI Brain w and wo Contrast	\$995	70553
CT Head wo Contrast	\$995	70450
CT Sinus wo Contrast	\$995	70486
CT Thorax wo Contrast	\$995	71250
CT Abdomen & pelvis w Contrast	\$995	74177
CTA Chest PE Protocol	\$995	71275
Ultrasound Breast w biopsy Perc Needle Core	\$1,616	19083
Ultrasound Thyroid	\$422	76536

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
----------------------	----------------	----------

Pulmonary Embolism w/o MCC	\$37,627	175
Pulmonary Edema and Respiratory Failure	\$54,160	189
Chronic Obstructive Pulmonary Disease w MCC	\$39,966	190
Simple Pneumonia & Pleurisy w MCC	\$47,875	193
Simple Pneumonia & Pleurisy w CC	\$37,712	194
Perc Cardiovasc Proc w Drug Eluting Stent w/o MCC	\$81,926	247
Perc Cardiovasc Proc w Non Drug Eluting Stent w/o MCC	\$73,113	249
Circulatory Disorders except AMI w Card Cath w/o MCC	\$38,275	287
Heart Failure & Shock w MCC	\$43,028	291
Cardiac Arrhythmia & Conduction Disorders w MCC	\$50,466	308
Cardiac Arrhythmia & Conduction Disorders w CC	\$27,583	309
Cardiac Arrhythmia & Conduction Disorders w/o CC/MCC	\$25,702	310
Major Small & Large bowel Procedures w/o CC/MCC	\$79,060	331
G I Hemorrhage w CC	\$29,966	378
Esophagitis, Gastroent & Misc Digestive Disorders w/o MCC	\$31,261	392
Spinal Fusion Except Cervical w/o MCC	\$133,880	460
Bilat or Multiple Major Joint Porcedures of Lower Extremity w/o MCC	\$109,918	462
Major Joint Replacement or Reattachment of Lower Extremity w/o MCC	\$64,492	470
Cervical Spinal Fusion w/o CC/MCC	\$84,025	473
Hip & Femur Procedures Except Major Joint w CC	\$71,395	481
Major Joint/Limb ReattachmentProcedures of Upper Extremities	\$91,223	483
Other Musculoskelet Sys & Conn Tissue OR Proc w/o CC/MCC	\$47,319	517
Medical Back Problems w/o MCC	\$27,527	552
Cellulitis w/o MCC	\$36,013	603
Misc Disorders of Nutrition, Metabolism,Fluids, Electrolytes w MCC	\$17,784	640
Misc Disorders of Nutrition, Metabolism,Fluids, Electrolytes w/o MCC	\$22,545	641
Major Male Pelvic Procedures w/o CC/MCC	\$63,955	708
Uterine & Adnexa Proc for Non Malignancy w/o CC/MCC	\$57,696	743
Cesarean Section w CC/MCC	\$34,570	765
Cesarean Section w/o CC/MCC	\$31,464	766
Vaginal Delivery w Complicating Diagnoses	\$15,521	774
Vaginal Delivery w/o Complicating Diagnoses	\$12,932	775
Prematurity w/o Major Problems	\$11,339	792
Full Term Neonate w Major Problems	\$28,732	793
Neonate w Other Significant Problems	\$9,812	794
Normal Newborn	\$4,813	795
Infectious & Parasitic Diseases WOR Procedure w MCC	\$138,860	853
Septicemia or Severe Sepsis w/o MV> 96 hrs w MCC	\$60,353	871
Septicemia or Severe Sepsis w/o MV >96 hrs w/o MCC	\$32,894	872
Signs & Symptoms w/o MCC	\$24,229	948

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.