

<p><i>At Augusta University Health System, we strive to provide the information you need to understand every aspect of your care. In keeping with this promise, AUHS is providing this price list for our services. Augusta University Health System charges the same for all patients but depending on payment plans negotiated with individual health insurers your responsibility may vary. Additionally, if a patient is uninsured or underinsured one of our financial counselors can help determine eligibility for discounts by calling (706) 721-8954</i></p>	
<p>Room and Board - Per Day Charges</p>	
<p>Room and board charges include the use of a hospital room, meals, routine supplies (such as soap, toothpaste, tissues and other personal care items) and the nursing care received during your stay. Medications, medical supplies, diagnostic studies, treatment procedures and physician's' services, etc. are billed separately.</p>	
<p><i>Children's Hospital of Georgia</i></p>	
Neonatal ICU Level 1	\$ 495.00
Neonatal ICU Level 2	\$ 1,717.00
Neonatal ICU Level 3	\$ 2,669.00
Neonatal ICU Level 4	\$ 3,887.00
Medical/Surgical Units	\$ 941.00
Intermediate Care	\$ 3,203.00
Pediatric ICU	\$ 3,887.00
Epilepsy- Diagnostic	\$ 1,488.00
Epilepsy- External Electrode	\$ 1,808.00
Epilepsy - Internal Electrode	\$ 2,059.00
<p><i>AUMC</i></p>	
Nursery	\$ 495.00
Continuing Care Nursery	\$ 1,717.00
Medical/Surgical Units	\$ 792.00
Cardiac Level 1	\$ 1,604.00
Cardiac Level 2	\$ 1,832.00
Cardiac Level 3	\$ 2,175.00
Intensive Care Units	\$ 2,174.00

	Trauma Units	\$ 3,431.00
Labor and Delivery Charges		
<p>The delivery prices represent average gross charges for an uncomplicated delivery for the mother’s stay. Because each delivery is unique, charges may be higher or lower depending on the needs of the patient. The charges for normal newborn deliveries are based on a well-baby, single birth. These charges are averages only and do not include physician services.</p>		
	Uncomplicated Normal Delivery	\$ 12,889.59
	Uncomplicated Cesarean Section	\$ 21,167.35
	Normal Newborn Care	\$ 3,123.40
Physical and Occupational Therapy Charges		
<p>These charges represent our most common services offered by our Physical and Occupational Therapy Departments. Depending on the unique aspects of each treatment patients may encounter additional charges.</p>		
	PT Evaluation Low Complexity	\$ 301.00
	PT Evaluation Moderate Complexity	\$ 361.00
	PT Evaluation High Complexity	\$ 421.00
	OT Evaluation Low Complexity	\$ 275.00
	OT Evaluation Moderate Complexity	\$ 325.00
	OT Evaluation High Complexity	\$ 375.00
	Therapeutic Activity Each 15 minutes	\$ 143.00
	Neuromuscular Re-education each 15 minutes	\$ 116.00
	Therapeutic exercise each 15 minutes	\$ 137.00
	Gait Training each 15 minutes	\$ 129.00
	Self Care Management Each 15 minutes	\$ 145.00
X-Ray and Imaging Charges		

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	The following charges represent our most common imaging procedures. These prices do not include the charges for radiological contrast material or the radiologist's interpretation of the exam.	
CT HEAD Without Contrast	\$	1,889.00
CT Abdomen and Pelvis With and Without Contrast	\$	5,321.00
CT Abdomen and Pelvis with Contrast	\$	4,715.00
CT Abdomen and Pelvis Without Contrast	\$	4,341.00
CT Angiography Chest With And Without Contrast	\$	957.00
CT Cervical Spine without Contrast	\$	2,660.00
CT Chest with Contrast	\$	2,583.00
CT Chest Without Contrast	\$	2,283.00
CT FACE Without Contrast	\$	1,992.00
Mammography Screening Bilateral Digital Breast Tomosynthesis	\$	90.00
Mammography diagnostic with Digital Breast Tomosynthesis	\$	90.00
Mammography including Computer Aided Detection	\$	152.00
MRI Brain With and Without Contrast	\$	4,692.00
MRI Brain Without Contrast	\$	3,034.00
MRI Cervical Spine without Contrast	\$	3,065.00
MRI Lower Extremity any Joint Without Contrast	\$	2,901.00
MRI Lumbar Spine without Contrast	\$	3,127.00
PET Myocardial Perfusion Imaging Studies at Rest	\$	7,623.00
PET Scan from Skull to Thigh	\$	5,554.00
US Gallbladder	\$	725.00
US Limited Breast	\$	332.00
US Retroperitoneal (renal, Aorta, lymphatic nodes)	\$	650.00
US Thyroid	\$	719.00
Xray Abdomen 1 View	\$	399.00
Xray Ankle 3 views	\$	335.00
Xray Both Knees (standing view)	\$	284.00
Xray Cervical Spine 2 or 3 Views	\$	388.00
Xray Chest 2Views	\$	353.00

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Xray Chest One View	\$ 314.00
Xray Elbow 1 View	\$ 296.00
Xray Elbow 3 Views	\$ 370.00
XRAY Entire Spine 2-3 Views	\$ 287.00
XRAY Femur 2 Views	\$ 174.00
Xray Foot 3 Views	\$ 329.00
Xray Forearm	\$ 346.00
Xray Hand 3 Views	\$ 372.00
XRAY Hip Unilateral 2-3 Views	\$ 174.00
Xray Knee 1-2 Views	\$ 299.00
Xray Knee 3 or more views	\$ 429.00
Xray Lumbar Spine 1 View	\$ 496.00
Xray Pelvis 1 View	\$ 316.00
Xray Shoulder 2 Views	\$ 348.00
Xray Tibula/Fibula	\$ 343.00
Xray Wrist 3 Views	\$ 364.00
Laboratory Charges	
The following charges represent our most common laboratory procedures. Some tests may also have a physician interpretation of the test which can be billed separately.	
3635015 - CBC COMPLETE AUTO W-DIFF WBC COUNT	\$ 111.00
Comprehensive Metabolic Panel	\$ 187.00
Basic Metabolic Panel	\$ 117.00
Glucose by Monitoring Device	\$ 111.00
TSH Highly Sensitive	\$ 167.00
Dipstick Urinalysis Automated	\$ 80.00
Prothrombin Time	\$ 111.00
Hemoglobin A1C	\$ 111.00
Magnesium	\$ 111.00
Lipid Panel	\$ 135.00

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Complete Blood Count	\$ 111.00
Urine Culture	\$ 124.00
Phosphorus	\$ 21.00
PTT Activated	\$ 111.00
T4 FREE Thyroid	\$ 152.00
Vitamin D2 D3 25 HYDROXY	\$ 299.00
Lipase	\$ 132.00
Sedimentation Rate	\$ 130.00
Outpatient Procedures	
The following charges represent common outpatient procedures and will vary based on the intensity and complexity of the case and include the room, personnel, resources and equipment. Medications, medical supplies, and extended anesthesia can be additional cost.	
Fine Needle Aspiration with imaging Guidance	\$ 8,002.67
Biopsy of the skin 1 lesion	\$ 2,245.75
Intralesional Injection up to 7 lesions	\$ 3,024.56
Destruction of premalignant lesion	\$ 805.32
Destruction of Benign lesions up to 14 lesions	\$ 518.30
Mohs's Procedure 1st Stage (5 Blocks)	\$ 1,688.82
Trigger Point Injection 1-2 Muscles	\$ 1,359.07
Aspiration or Injection of Major Joint (without imaging guidance)	\$ 1,610.24
Removal of Deep Implant (wire, rod, plate, etc.	\$ 16,656.24
Closed Treatment of Distal Radial Fracture	\$ 1,425.01
Diagnostic Nasal Endoscopy	\$ 1,062.88
Nasal/sinus Endoscopy with Biopsy, Polypectomy or debridement	\$ 5,169.59
Diagnostic Flexible Laryngoscopy	\$ 1,527.65
Telescopic Flexible Laryngoscopy	\$ 1,827.69
Placement of Catheter internal carotid artery with angiography	\$ 36,870.27
Insertion of Tunneled Centrally inserted central venous access device	\$ 11,010.47
Diagnostic Bone Marrow Biopsy	\$ 11,862.72

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Diagnostic Bone Marrow Biopsy and Aspiration	\$ 12,024.00
Dentoalveolar Structure Procedure	\$ 7,944.35
Tonsillectomy and Adenoidectomy less than age 12	\$ 8,294.91
Adenoidectomy less than age 12	\$ 8,334.21
EGD	\$ 6,823.69
EGD with Biopsy	\$ 7,668.54
Change of Gastrostomy Tube	\$ 1,055.43
Colonoscopy with Biopsy	\$ 6,116.93
Colonoscopy with Polypectomy (Snare Technique)	\$ 6,486.45
Abdominal Paracentesis	\$ 4,823.52
Injection for Bladder Xray	\$ 5,135.69
Change of Cystostomy Tube	\$ 564.64
Bladder Instillation	\$ 7,679.43
Post Voiding residual Measurement	\$ 667.25
Cystourethroscopy	\$ 4,819.06
Adult Circumcision	\$ 4,689.99
Colposcopy	\$ 1,273.69
Insertion of Intrauterine Device	\$ 4,301.95
Hysterosalpingogram	\$ 1,054.95
Parathyroidectomy	\$ 16,585.93
Injection of Steroid or Anesthetic Lumbar or Sacral Spine	\$ 5,100.08
Injection of Lower of Sacral Spine Facet Joint With Imaging Guidance	\$ 6,813.72
Injection of Chemical for Destruction of Nerve Muscles on one Side of Face	\$ 1,801.13
Injection of Chemical for Destruction of Nerve Muscles on Both Sides of Face	\$ 2,382.59
Injection of Chemical for Destruction of Nerve Muscles on one Side of Neck	\$ 3,635.77
Cataract Removal and Insertion of Lens	\$ 11,741.66
Destruction of retinal growth by heat or freezing	\$ 10,716.82
Removal of impacted ear wax (one ear)	\$ 936.79
Tympanostomy - create Eardrum opening	\$ 5,025.56
Catheter Placement in Left coronary with angiography	\$ 31,194.00
Insertion of Catheters for 3D mapping of electrical impulses of heart muscles	\$ 116,062.21

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Screening Colonoscopy - Individuals at high risk	\$ 3,703.95
Screening Colonoscopy	\$ 3,611.51
Inpatient Procedures	
<p>The following charges represent common inpatient DRG's and will vary based on the intensity, complexity and length of stay. Included in the average charge is the room rate, personnel, resources, medications and supplies during the hospital stay. The representative charges, when not indicated otherwise, are based on DRG assignment for procedures without complications or comorbidities.</p>	
AUMC	
Autologous Bone marrow TrB178:C196ansplant	\$ 174,268.11
Spinal Procedures	\$ 71,348.94
Intracranial Hemorrhage or Cerebral Infarction	\$ 27,359.54
Dental and Oral Diseases	\$ 16,800.64
Pulmonary Embolism	\$ 31,613.12
Pulmonary Edema and Respiratory Failure	\$ 31,328.87
Simple Pneumonia and Pleurisy	\$ 10,931.77
Pneumothorax	\$ 16,531.18
Bronchitis and Asthma	\$ 10,510.50
Heart Failure and Shock	\$ 13,364.46
Peripheral Vascular Disorders	\$ 25,898.32
Complicated Appendectomy	\$ 30,421.10
G.I. Hemorrhage	\$ 19,180.35
G.I. Obstruction	\$ 13,780.56
Gall Bladder Removal (Open Procedure)	\$ 37,009.34
Gall Bladder Removal (laparoscopic Procedure)	\$ 41,275.79
Lumbar and Sacral Spinal Fusion	\$ 166,738.67
Revision of Hip or Knee Replacement	\$ 79,712.53
Skin Graft excision for Skin Ulcer or Cellulitis	\$ 37,016.07
Breast Biopsy	\$ 64,058.10

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Cellulitis	\$ 13,446.07
Thyroid procedures	\$ 32,163.74
Kidney Transplant	\$ 285,055.91
Newborn Delivery with Sterialization	\$ 23,127.19
HIV With Major Related Condition	\$ 22,588.50
<i>Roosevelt Warm Springs Hospital</i>	
Spinal disorders and Injuries	\$ 68,500.18
Degenerative Nervous System Disorders	\$ 73,650.44
Intracranial Hemorrhage or Cerebral Infarction	\$ 57,450.68
Intracranial Hemorrhage or Cerebral Infarction with TPA	\$ 62,500.43
Other disorders of the Nervous System with MCC	\$ 84,230.02
Other disorders of the Nervous System with CC	\$ 87,600.66
Other Respiratory System procedures	\$ 55,400.39
Pulmonary Edema and Respiratory Failure	\$ 107,450.10
Ventilator Support greater than 96 hours or Peripheral ECMO	\$ 198,650.98
Respirator System Disorder with Ventilator Support Greater than 96 hours	\$ 122,500.71
Peripheral Vascular Disorders	\$ 67,800.59
Fractures of Hip & Pelvis	\$ 84,100.82
Skin Ulcers	\$ 54,780.75
Rehabilitation	\$ 35,500.00