

**Table 2.** Direct costs based on actual patients treated in financial year 2010 at the University of California San Francisco.

<b>Individual Service Rendered</b>	<b>Cost (\$)</b>	<b>Pyeloplasty No Stent</b>	<b>Pyeloplasty External Stent</b>	<b>Pyeloplasty Internal Stent</b>	<b>Pyeloplasty Re-do(Failure)</b>	<b>Outpatient Complication</b>	<b>Complication with admission</b>	<b>Additional Intervention</b>
Routine pyeloplasty <sup>a</sup>	5219	X <sup>g</sup>	X	X	X			
Internal double J stent <sup>b</sup>	159			X	X			X
30 minutes outpatient operative time <sup>d</sup>	2472			X	X			XX
External stent <sup>c</sup>	6		X					
Chemistry panel	40					x	X	X
Hematology panel	36					x	X	X
Urine culture	75					x	X	X
1 day in-patient stay	1014						XX	XX
Emergency room visit <sup>e</sup>	427					x	X	X
Renal Ultrasound	109				X	x	X	X
Outpatient clinic visit <sup>f</sup>	67				X	x		
<b>Total Direct Cost</b>		5219	5225	7850	8026	377	2715	5103

<sup>a</sup>Global cost for entire procedure and hospital stay including surgical and anesthetic fees, operating room time and equipment, post-operative in-patient stay averaging 2.7 days, and post-operative clinic visit

<sup>b</sup>4.8 french pediatric double J stent

<sup>c</sup>Silicone 6fr foley used as a nephrostomy. Commercially available stents, such as the KISS or Pippe-Salle externalized stents by Cook Medical are not available at our institution. Assuming a cost of \$200 for such supplies for externalized stents does not substantively change the results of analysis.

<sup>d</sup>Calculated from level “B” care for 30 minutes of operative time including anesthetic and equipment costs and 1 hour of post-operative unit care

<sup>e</sup>Emergency room visit for CPT 99284 “high severity...but do not pose an immediate significant threat to life or physiologic function”

<sup>f</sup> Direct costs were not available for this input, thus the charge is based on average cost to charge ratio for the UCSF urology clinic (30%). The billed charge computed was CPT 99213 (detailed low comprehensive, established patient)

<sup>g</sup>Upper-case “X” denotes individual service was used in the calculation of the total service listed. Double upper-case “XX” denotes the individual service charge was counted two times for that total service. Lower-case “x” denotes the charge was counted at 50% for that total service. Individual services were counted at 50% when used to calculate the cost of an outpatient complication as patients at our institution are seen both in the clinic and in the emergency room. We assumed that patients would be seen in the clinic half the time and in the emergency room half the time. When seen in the emergency room, the patient would undergo the checked laboratory studies and renal ultrasound.