



***The Drake Center  
Patient Price Information List***

*In compliance with state law, UC Health is providing this price list containing our room and board, emergency room, operating room, delivery, physical therapy, observation and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with a hospital financial counselor to determine if they qualify for discounts.*

***Effective July 1, 2018***

<b>ROOM and BOARD - Per Day Charges</b>	<b><u>Semi-Private</u></b>
Medical/Surgical Room	\$ 2,092.00
Drake Skilled/Transitional Care Unit	\$ 807.00
Drake Medically Complex	\$ 3,139.00
Drake PCU Level 7	\$ 5,000.00

## RADIOLOGY CHARGES

*The following list reflects the hospital's 30 most common radiological procedures.*

	<b>CPT</b>	<b>Diagnostic Outpatient</b>	<b>Inpatient</b>
CT - Abdomen (without contrast)	74150	\$ 1,784.00	\$ 2,019.00
CT - Head (without contrast)	70450	\$ 1,722.00	\$ 1,769.00
CT - Pelvis (with contrast)	72193	\$ 2,020.00	\$ 2,285.00
CT - Chest (with contrast)	71260	\$ 1,913.00	\$ 2,164.00
CT - C Spine (without contrast)	72125	\$ 1,854.00	\$ 2,098.00
CT - L Spine (without contrast)	72131	\$ 2,085.00	\$ 2,360.00
US - Abdomen (complete)	76700	\$ 932.00	\$ 1,143.00
US Retroperitoneal	76770	\$ 773.00	\$ 947.00
US Duplex Extremity Vein Bilateral	93970	\$ 1,383.00	\$ 1,661.00
US - Guide Needle Placement	76942	\$ 838.00	\$ 941.00
Abdomen - 2 views	74019	\$ 343.00	\$ 419.00
Abdomen - Flat, Up/Decub & P	74022	\$ 420.00	\$ 475.00
Abdomen - Single view	74018	\$ 297.00	\$ 257.00
Ankle - Minimum 3 views	73610	\$ 348.00	\$ 393.00
C Spine - 2 or 3 views	72040	\$ 359.00	\$ 424.00
Chest - 2 views	71046	\$ 325.00	\$ 354.00
Chest - Single view	71045	\$ 283.00	\$ 398.00
Flouro up to 1 hour	76000	\$ 529.00	\$ 737.00
Foot - 2 views	73620	\$ 302.00	\$ 356.00
Foot - Minimum 3 views	73630	\$ 326.00	\$ 385.00
Hand - Minimum 3 views	73130	\$ 352.00	\$ 416.00
DIAG HIP 2-3 VIEWS INCL AP PELVIS	73502	\$ 456.00	\$ 539.00
Knee - up to 2 views	73560	\$ 297.00	\$ 350.00
Knee - Minimum 3 views	73562	\$ 393.00	\$ 464.00
Modified Barium Swallow	74230	\$ 603.00	\$ 619.00
LS Spine - AP & Lateral	72100	\$ 375.00	\$ 442.00
T Spine - 2 views	72070	\$ 401.00	\$ 474.00

Pelvis 1 or 2 view	72170	\$ 321.00	\$ 380.00
Shoulder - min 2 views	73030	\$ 375.00	\$ 442.00
Wrist - Minimum 3 views	73110	\$ 326.00	\$ 386.00

### **LABORATORY CHARGES**

*The following list reflects the hospital's 30 most common laboratory procedures.*

	<b>CPT</b>		
ABO Type	86900	\$ 36.00	
Antibody Screen, ea incubation	86850	\$ 70.00	
Basic Metabolic Panel	80048	\$ 84.00	
Bilirubin- Direct	82248	\$ 44.00	
Blood Gas	82805	\$ 312.00	
CK (CPK)	82550	\$ 72.00	
Complete Blood Count (CBC) - With differential, automated	85025	\$ 90.00	
Complete Blood Count (CBC) - Without differential	85027	\$ 74.00	
Comprehensive Metabolic Panel	80053	\$ 122.00	
Crossmatch, Electronic	86923	\$ 183.00	
Culture, Blood	87040	\$ 150.00	
Culture, Urine	87086	\$ 99.00	
Lactic Acid, Blood	83605	\$ 117.00	
Lipid Profile	80061	\$ 146.00	
Magnesium, Serum	83735	\$ 64.00	
Partial Thromboplastin Time (PTT)	85730	\$ 70.00	
Phosphorus, Serum	84100	\$ 51.00	
POC PC02	82803	\$ 211.00	
POC Chloride	82435	\$ 50.00	
POC Creatinine	82565	\$ 56.00	
POC Glucose Monitoring	#N/A	no charge	
POC Glucose Quant Blood except reg strip	82947	\$ 42.00	
POC HCG- Qualitative, Urine	81025	\$ 80.00	

POC Potassium	84132	\$	50.00
POC Sodium	84295	\$	52.00
POC Urea Nitrogen, quant	84520	\$	42.00
POC Urinalysis	81003	\$	30.00
Prothrombin Time (PT)	85610	\$	45.00
Renal Function Panel	80069	\$	100.00
RH Factor	86430	\$	68.00
ANALGESICS NON-OPIOID 3-5	80330	\$	77.00
Thyroid Stimulating Hormone	83520	\$	141.00
Troponin	84484	\$	108.00
Urinalysis- With Microscopic	81001	\$	40.00
Phlebotomy	36415	\$	28.00

#### PHYSICAL THERAPY CHARGES

*The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.*

	<b>CPT</b>		
PT EVAL MOD COMP 30MIN	97162	\$	355.00
Gait Training - 15 minutes	97116	\$	165.00
Neuromuscular Reeducation	97112	\$	165.00
Therapeutic Exercise - 15 minutes	97110	\$	165.00
Therapeutic Activities - 15 minutes	97530	\$	174.00
Electrical Stimulation (attended) - 15 minutes	97032	\$	152.00

## OCCUPATIONAL THERAPY CHARGES

*The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.*

	<b>CPT</b>		
Therapeutic Activities - 15 minutes	97530	\$	174.00
Occupational Therapy Evaluation 30 minutes	97165	\$	320.00
Therapeutic Exercise - 15 minutes	97110	\$	165.00
Self Care / ADL 15 minutes	97535	\$	165.00

## RESPIRATORY THERAPY

*The following charges reflect the most common services offered by our Respiratory Therapy department. Patients may have additional charges, depending on the services performed.*

	<b>CPT</b>		
Ventilator - Assist and Manage - Initial	94002	\$	2,712.00
Ventilator - Assist and Manage - Addt'l day	94003	\$	2,371.00
Oximetry - Continuous	94762	\$	529.00
Hand Held Nebulizer Treatment	94640	\$	198.00