



**University of Cincinnati Medical 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**

**ROOM and BOARD - Per Day Charges**

	<b><u>Private</u></b>	<b><u>Semi-Private</u></b>
Medical/Surgical Room	\$ 1,825.00	\$ 1,739.00
Labor & Delivery		\$ 1,814.00
Psychiatric/Chemical Dependency		\$ 2,536.00
Stepdown - Medical/Surgical		\$ 3,452.00
Stepdown - Cardiac		\$ 3,695.00
Medical Intensive Care Unit (ICU)		\$ 7,752.00
Surgical Intensive Care Unit (ICU)		\$ 7,752.00
Cardiac Intensive Care Unit (ICU)		\$ 7,924.00
Burn Intensive Care Unit (ICU)		\$ 8,863.00
Neuroscience Intensive Care (ICU)		\$ 7,600.00
Trauma Intensive Care Unit (ICU)		\$ 9,107.00

Newborn - Normal	\$ 3,750.00
Newborn - Continuing Care	\$ 3,902.00
Newborn - Intermediate	\$ 5,653.00
Newborn Intensive Care (NICU)	\$ 9,492.00

#### OBSERVATION RATES

	<b><u>Semi-Private</u></b>
Observation Initial Hour	\$ 1,502.00
Observation - Each Additional Hour	\$ 96.00

#### EMERGENCY ROOM SERVICES

*Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the personnel resources, the intensity of care and the amount of time needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, who will bill separately for their services.*

Emergency Unit (EU) - Level 1	\$ 330.00
Emergency Unit (EU) - Level 2	\$ 707.00
Emergency Unit (EU) - Level 3	\$ 1,410.00
Emergency Unit (EU) - Level 4	\$ 2,219.00
Emergency Unit (EU) - Level 5	\$ 3,266.00
Emergency Unit (EU) - Critical Care	\$ 6,039.00
Emergency Unit (EU) - Trauma Consult	\$ 5,846.00
Emergency Unit (EU) - Trauma Response	\$ 7,775.00

## OPERATING ROOM SERVICES

*The following list does not include charges for anesthesia, drugs, or supplies required for a particular operating room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.*

Operating Room-Minor Procedure-1st Half Hour	\$ 7,074.00
Operating Room-Major Procedure-1st Half Hour	\$ 8,214.00
Operating Room-Major Procedure-Each Additional Minute	\$ 180.00
Operating Room-Complex Procedure-1st Half Hour	\$ 8,628.00
Operating Room-Complex Procedure-Each Additional Minute	\$ 203.00
Operating Room-Trauma Procedure-1st Half Hour	\$ 10,913.00
Operating Room-Trauma Procedure-Each Additional Minute	\$ 219.00

## DELIVERY ROOM

*The following list does not include charges for anesthesia, drugs, or supplies required for a delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.*

Cesarean Section Delivery	\$ 11,812.00
Vaginal Delivery	\$ 9,707.00

## RADIOLOGY CHARGES

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

		<b>Diagnostic</b>	
	<b>CPT</b>	<b>Outpatient</b>	<b>Inpatient</b>
MRI - Head (with and without contrast)	70553	\$ 3,486.00	\$ 5,000.00
MRI - L Spine (without contrast)	72148	\$ 2,420.00	\$ 3,645.00
CT - Abdomen (without contrast)	74150	\$ 1,784.00	\$ 2,246.00
CT - Head (without contrast)	70450	\$ 1,722.00	\$ 1,846.00
CT - Abdomen (with contrast)	74160	\$ 2,206.00	\$ 2,778.00

CT - Pelvis (with contrast)	72193	\$ 2,020.00	\$ 2,642.00
CT - Chest (with contrast)	71260	\$ 1,913.00	\$ 2,407.00
CT - C Spine (without contrast)	72125	\$ 1,854.00	\$ 2,334.00
CT - L Spine (without contrast)	72131	\$ 2,085.00	\$ 2,625.00
US - Abdomen (complete)	76700	\$ 932.00	\$ 1,464.00
US - OB Re-Eval Abnormality	76816	\$ 839.00	\$ 839.00
US - Breast	76641	\$ 598.00	\$ 940.00
US - Guide Needle Placement	76942	\$ 838.00	\$ 1,523.00
Mammography Screening including CAD	77067	\$ 364.00	\$ 438.00
Mammography Diagnostic including CAD	77066	\$ 368.00	\$ 443.00
Abdomen - 2 Views	74019	\$ 343.00	\$ 496.00
Abdomen - Flat, Up/Decub & P	74022	\$ 420.00	\$ 628.00
Abdomen - Single view	74018	\$ 297.00	\$ 376.00
Ankle - Minimum 3 views	73610	\$ 348.00	\$ 498.00
C Spine - 2 or 3 views	72040	\$ 359.00	\$ 539.00
Chest - 2 Views	71046	\$ 325.00	\$ 392.00
Chest - Single view	71045	\$ 283.00	\$ 362.00
Fluoro up to 1 hour	76000	\$ 529.00	\$ 824.00
Foot - Minimum 3 views	73630	\$ 326.00	\$ 491.00
Hand - Minimum 3 views	73130	\$ 352.00	\$ 529.00
Knee - up to 2 views	73560	\$ 295.00	\$ 445.00
LS Spine - AP & Lateral	72100	\$ 375.00	\$ 561.00
Pelvis 1 or 2 view	72170	\$ 321.00	\$ 482.00
Shoulder - min 2 views	73030	\$ 375.00	\$ 561.00
Wrist - Minimum 3 views	73110	\$ 326.00	\$ 492.00
Bone Imaging Whole Body	78306	\$ 1,984.00	\$ 2,487.00
DXA Scan Axial Skelton	77080	\$ 605.00	\$ 911.00

## LABORATORY CHARGES

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

	<b>CPT</b>		
ABO Type	86900	\$	32.00
Antibody Screen, ea incubation	86850	\$	63.00
Basic Metabolic Panel	80048	\$	112.00
Bilirubin- Direct	82248	\$	54.00
Blood Gas	82805	\$	382.00
CK (CPK)	82550	\$	88.00
Complete Blood Count (CBC) - With differential, automated	85025	\$	120.00
Complete Blood Count (CBC) - Without differential	85027	\$	99.00
Comprehensive Metabolic Panel	80053	\$	161.00
Crossmatch, Electronic	86923	\$	164.00
Culture, Blood	87040	\$	173.00
Culture, Urine	87086	\$	114.00
Lactic Acid, Blood	83605	\$	143.00
Lipid Profile	80061	\$	194.00
Magnesium, Serum	83735	\$	80.00
Partial Thromboplastin Time (PTT)	85730	\$	93.00
Phosphorus, Serum	84100	\$	63.00
POC PC02	82803	\$	258.00
POC Chloride	82435	\$	62.00
POC Creatinine	82565	\$	68.00
POC Glucose Monitoring	N/A		no charge
POC Glucose Quant Blood except reg strip	82947	\$	53.00
POC HCG- Qualitative, Urine	81025	\$	99.00
POC Potassium	84132	\$	62.00
POC Sodium	84295	\$	65.00
POC Urea Nitrogen, quant	84520	\$	53.00
POC Urinalysis	81003	\$	38.00
Prothrombin Time (PT)	85610	\$	59.00
Renal Function Panel	80069	\$	132.00

RH Factor	86430	\$	83.00
Thyroid Stimulating Hormone	83520	\$	174.00
Troponin	84484	\$	133.00
Urinalysis- With Microscopic	81001	\$	49.00
Phlebotomy	36415	\$	37.00

### 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>		
Physical Therapy Evaluation	97162	\$	345.00
Gait Training - 15 minutes	97116	\$	161.00
Neuromuscular Reeducation	97112	\$	161.00
Therapeutic Exercise - 15 minutes	97110	\$	161.00
Therapeutic Activities - 15 minutes	97530	\$	170.00
Electrical Stimulation (attended) - 15 minutes	97032	\$	147.00

### 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	\$	170.00
Occupational Therapy Evaluation	97003	\$	345.00
Therapeutic Exercise - 15 minutes	97110	\$	161.00
Self Care / ADL 15 minutes	97535	\$	195.00

## 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	\$	1,456.00
Ventilator - Assist and Manage - Addt'l day	94003	\$	1,235.00
Oximetry - Continuous	94762	\$	497.00
Hand Held Nebulizer Treatment	94640	\$	282.00