



**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

| ROOM and BOARD - Per Day Charges | |
|--------------------------------------|----------------------------|
| | <u>Semi-Private</u> |
| 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.

| | CPT | Diagnostic Outpatient | Inpatient |
|------------------------------------|------------|----------------------------------|------------------|
| 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.

| | CPT | | |
|---|------------|----|-----------|
| 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 PCO2 | 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.

| | | | |
|--|------------|----|--------|
| | CPT | | |
| 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.

| | CPT | | |
|--|------------|----|--------|
| 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.

| | CPT | | |
|---|------------|----|----------|
| 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 |