



## **West Chester Hospital 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, 2024**

### **ROOM and BOARD - Per Day Charges**

	<b><u>Semi-Private</u></b>	<b><u>Private</u></b>
Medical/Surgical Room	1,229.00	1,229.00
Surgical Intensive Care Unit (ICU)	8,818.00	
Medical Intensive Care Unit (ICU)	8,818.00	
Stepdown - Medical/Surgical	3,927.00	
Trauma Intensive Care Unit (ICU)	10,359.00	

## OBSERVATION RATES

Observation Initial Hour	1072.00
Observation - Each Additional Hour	67.00

## 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	465.00
Emergency Unit (EU) - Level 2	738.00
Emergency Unit (EU) - Level 3	1,332.00
Emergency Unit (EU) - Level 4	2,117.00
Emergency Unit (EU) - Level 5	3,260.00
Emergency Unit (EU) - Critical Care	5,762.00
Trauma 3 Consult Activation	8,037.00
Trauma 3 Response Activation	11,252.00

## 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	6,949.00
Operating Room-Major Procedure-1st Half Hour	8,264.00
Operating Room-Major Procedure-Each Additional Minute	180.00
Operating Room-Complex Procedure-1st Half Hour	8,685.00
Operating Room-Complex Procedure-Each Additional Minute	205.00
Operating Room-Trauma Procedure-1st Half Hour	10,984.00
Operating Room-Trauma Procedure-Each Additional Minute	220.00

## 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	10,537.00
Vaginal Delivery	6,785.00

## RADIOLOGY CHARGES

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

	<b>CPT</b>	<b>Diagnostic Outpatient</b>	<b>Inpatient</b>
C Spine - 2 or 3 views	72040	455.00	650.00
LS Spine - AP & Lateral	72100	476.00	680.00
Pelvis 1 or 2 view	72170	408.00	586.00
Shoulder - min 2 views	73030	476.00	680.00
Wrist - Minimum 3 views	73110	415.00	592.00
Hand - Minimum 3 views	73130	446.00	641.00
Knee - up to 2 views	73560	377.00	538.00
Ankle - Minimum 3 views	73610	442.00	606.00
Foot - Minimum 3 views	73630	415.00	591.00
Abdomen - Flat, Up/Decub & P	74022	403.00	766.00
Flouro up to 1 hour	76000	743.00	990.00
DXA Scan Axial Skelton	77080	768.00	1,158.00
Abdomen - Single view	74018	285.00	415.00
Abdomen - 2 Views	74019	329.00	674.00
Chest - Single View	71045	283.00	374.00
Chest - 2 Views	71046	325.00	405.00
Bone Imaging Whole Body	78306	2,054.00	2,873.00
CT - Head (without contrast)	70450	1,480.00	1,198.00
CT - Chest (with contrast)	71260	1,395.00	1,567.00
CT - C Spine (without contrast)	72125	1,352.00	1,519.00
CT - L Spine (without contrast)	72131	1,519.00	1,708.00
CT - Pelvis (with contrast)	72193	1,472.00	1,654.00
CT - Abdomen (without contrast)	74150	1,300.00	1,461.00
CT - Abdomen (with contrast)	74160	1,607.00	1,807.00
Mammography Bilateral Diagnostic	77066	368.00	493.00

US - Abdomen (complete)	76700	986.00	1,919.00
US - Guide Needle Placement	76942	940.00	1,576.00
US - Breast(s)	76641	633.00	1,231.00
Mammography Screening Direct Digital	77067	364.00	488.00
MRI - Head (with and without contrast)	70553	2,510.00	2,851.00
MRI - L Spine (without contrast)	72148	1,960.00	2,542.00

### LABORATORY CHARGES

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

	<b>CPT</b>		
Phlebotomy	36415	33.00	
Thyroid Stimulating Hormone	83520	192.00	
Antibody Screen, ea incubation	86850	77.00	
ABO Type	86900	38.00	
Crossmatch, Electronic	86923	199.00	
Basic Metabolic Panel	80048	143.00	
Comprehensive Metabolic Panel	80053	205.00	
Lipid Profile	80061	248.00	
Renal Function Panel	80069	168.00	
Bilirubin- Direct	82248	58.00	
POC Chloride	82435	68.00	
CK (CPK)	82550	97.00	
POC Creatinine	82565	75.00	
POC PCO2	82803	284.00	
Blood Gas	82805	421.00	
POC Glucose Quant Blood except reg strip	82947	58.00	
POC Glucose Monitoring	82962	-	no charge
Magnesium, Serum	83735	88.00	

Phosphorus, Serum	84100	70.00
POC Potassium	84132	68.00
POC Sodium	84295	72.00
Troponin	84484	147.00
POC Urea Nitrogen, quant	84520	58.00
Partial Thromboplastin Time (PTT)	85730	176.00
Lactic Acid, Blood	83605	158.00
Complete Blood Count (CBC) - With differential, autor	85025	134.00
Complete Blood Count (CBC) - Without differential	85027	111.00
Prothrombin Time (PT)	85610	66.00
RH Factor	86430	102.00
Culture, Blood	87040	176.00
Culture, Urine	87086	116.00
Urinalysis- With Microscopic	81001	62.00
POC Urinalysis	81003	48.00
POC HCG- Qualitative, Urine	81025	126.00

### 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	306.00
Gait Training - 15 minutes	97116	128.00
Neuromuscular Reeducation	97112	128.00
Therapeutic Exercise - 15 minutes	97110	128.00
Therapeutic Activities - 15 minutes	97530	136.00

## 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	136.00
Occupational Therapy Evaluation 30 Minutes	97165	256.00
Therapeutic Exercise - 15 minutes	97110	128.00
Self Care / ADL 15 minutes	97535	157.00

## 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	1,641.00
Ventilator - Assist and Manage - Addt'l day	94003	1,436.00
Oximetry - Continuous	94762	483.00
Hand Held Nebulizer Treatment	94640	407.00

