



**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, 2022

ROOM and BOARD - Per Day Charges

	<u>Semi-Private</u>	<u>Private</u>
Medical/Surgical Room	1,418.00	1,418.00
Stepdown - Medical/Surgical	3,596.00	
Medical Intensive Care Unit (ICU)	8,075.00	
Surgical Intensive Care Unit (ICU)	8,075.00	
Trauma Intensive Care Unit (ICU)	9,487.00	

OBSERVATION RATES

Observation Initial Hour	1,237.00
Observation - Each Additional Hour	78.00

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	404.00
Emergency Unit (EU) - Level 2	642.00
Emergency Unit (EU) - Level 3	1,158.00
Emergency Unit (EU) - Level 4	1,841.00
Emergency Unit (EU) - Level 5	2,835.00
Emergency Unit (EU) - Critical Care	5,010.00
Trauma 3 Consult Activation	6,077.00
Trauma 3 Response Activation	8,508.00

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	6,618.00
Operating Room-Major Procedure-1st Half Hour	7,870.00
Operating Room-Major Procedure-Each Additional Minute	171.00
Operating Room-Complex Procedure-1st Half Hour	8,271.00
Operating Room-Complex Procedure-Each Additional Minute	195.00
Operating Room-Trauma Procedure-1st Half Hour	10,461.00
Operating Room-Trauma Procedure-Each Additional Minute	210.00

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	9,446.22
Vaginal Delivery	6,631.00

RADIOLOGY CHARGES

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

	CPT	Diagnostic Outpatient	Inpatient
MRI - Head (with and without contrast)	70553	3,137.00	3,564.00
MRI - L Spine (without contrast)	72148	2,178.00	2,824.00
CT - Abdomen (without contrast)	74150	1,606.00	1,803.00
CT - Head (without contrast)	70450	1,827.00	1,479.00
CT - Abdomen (with contrast)	74160	1,985.00	2,231.00
CT - Pelvis (with contrast)	72193	1,818.00	2,042.00
CT - Chest (with contrast)	71260	1,722.00	1,934.00
CT - C Spine (without contrast)	72125	1,669.00	1,875.00
CT - L Spine (without contrast)	72131	1,876.00	2,109.00
US - Abdomen (complete)	76700	932.00	1,814.00
US - Breast(s)	76641	598.00	1,164.00
US - Guide Needle Placement	76942	889.00	1,490.00
Mammography Screening Direct Digital	77067	364.00	488.00
Mammography Bilateral Diagnostic	77066	368.00	493.00
Abdomen - 2 Views	74019	343.00	702.00
Abdomen - Flat, Up/Decub & P	74022	420.00	798.00
Abdomen - Single view	74018	297.00	432.00
Ankle - Minimum 3 views	73610	369.00	506.00
C Spine - 2 or 3 views	72040	380.00	543.00
Chest - 2 Views	71046	325.00	405.00
Chest - Single View	71045	283.00	374.00
Flouro up to 1 hour	76000	562.00	749.00
Foot - Minimum 3 views	73630	347.00	494.00

Hand - Minimum 3 views	73130	373.00	535.00
Knee - up to 2 views	73560	315.00	450.00
LS Spine - AP & Lateral	72100	398.00	568.00
Pelvis 1 or 2 view	72170	341.00	490.00
Shoulder - min 2 views	73030	398.00	568.00
Wrist - Minimum 3 views	73110	347.00	495.00
Bone Imaging Whole Body	78306	1,984.00	2,776.00
DXA Scan Axial Skelton	77080	642.00	967.00

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	72.00
Basic Metabolic Panel	80048	138.00
Bilirubin- Direct	82248	63.00
Blood Gas	82805	452.00
CK (CPK)	82550	104.00
Complete Blood Count (CBC) - With differential, autor	85025	134.00
Complete Blood Count (CBC) - Without differential	85027	111.00
Comprehensive Metabolic Panel	80053	198.00
Crossmatch, Electronic	86923	186.00
Culture, Blood	87040	173.00
Culture, Urine	87086	114.00
Lactic Acid, Blood	83605	169.00
Lipid Profile	80061	239.00
Magnesium, Serum	83735	95.00

Partial Thromboplastin Time (PTT)	85730	176.00	
Phosphorus, Serum	84100	75.00	
POC PCO2	82803	305.00	
POC Chloride	82435	73.00	
POC Creatinine	82565	80.00	
POC Glucose Monitoring	82962	\$	- no charge
POC Glucose Quant Blood except reg strip	82947	62.00	
POC HCG- Qualitative, Urine	81025	122.00	
POC Potassium	84132	73.00	
POC Sodium	84295	77.00	
POC Urea Nitrogen, quant	84520	62.00	
POC Urinalysis	81003	47.00	
Prothrombin Time (PT)	85610	66.00	
Renal Function Panel	80069	163.00	
RH Factor	86430	102.00	
Thyroid Stimulating Hormone	83520	206.00	
Troponin	84484	157.00	
Urinalysis- With Microscopic	81001	60.00	
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.

	CPT	
Physical Therapy Evaluation	97162	378.00
Gait Training - 15 minutes	97116	158.00
Neuromuscular Reeducation	97112	158.00
Therapeutic Exercise - 15 minutes	97110	158.00

Therapeutic Activities - 15 minutes	97530	168.00
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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	168.00
Occupational Therapy Evaluation 30 Minutes	97165	317.00
Therapeutic Exercise - 15 minutes	97110	158.00
Self Care / ADL 15 minutes	97535	193.00

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	1,585.00
Ventilator - Assist and Manage - Addt'l day	94003	1,388.00
Oximetry - Continuous	94762	462.00
Hand Held Nebulizer Treatment	94640	325.00