



**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, 2023

ROOM and BOARD - Per Day Charges

Semi-Private

Medical/Surgical Room	3260.00
Drake Skilled/Transitional Care Unit	807.00
Drake Medically Complex	4368.00
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	1,445.00	2,019.00
CT - Head (without contrast)	70450	1,644.00	1,769.00
CT - Pelvis (with contrast)	72193	1,636.00	2,285.00
CT - Chest (with contrast)	71260	1,550.00	2,164.00
CT - C Spine (without contrast)	72125	1,502.00	2,098.00
CT - L Spine (without contrast)	72131	1,688.00	2,360.00
US - Abdomen (complete)	76700	986.00	1,143.00
US Retroperitoneal	76770	818.00	947.00
US Duplex Extremity Vein Bilateral	93970	1,463.00	1,661.00
US - Guide Needle Placement	76942	940.00	941.00
Abdomen - 2 views	74019	366.00	419.00
Abdomen - Flat, Up/Decub & P	74022	448.00	475.00
Abdomen - Single view	74018	317.00	257.00
Ankle - Minimum 3 views	73610	384.00	393.00
C Spine - 2 or 3 views	72040	396.00	424.00
Chest - 2 views	71046	325.00	398.00
Chest - Single view	71045	283.00	551.00
Flouro up to 1 hour	76000	646.00	737.00
Foot - 2 views	73620	333.00	356.00
Foot - Minimum 3 views	73630	361.00	385.00
Hand - Minimum 3 views	73130	388.00	416.00
DIAG HIP 2-3 VIEWS INCL AP PELVIS	73502	503.00	539.00
Knee - up to 2 views	73560	328.00	350.00
Knee - Minimum 3 views	73562	434.00	464.00
Modified Barium Swallow	74230	683.00	619.00
LS Spine - AP & Lateral	72100	414.00	442.00
T Spine - 2 views	72070	442.00	474.00
Pelvis 1 or 2 view	72170	355.00	380.00

Shoulder - min 2 views	73030	414.00	442.00
Wrist - Minimum 3 views	73110	361.00	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, aut	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	82962	0.00
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	4,226.00
Ventilator - Assist and Manage - Addt'l day	94003	3,695.00
Oximetry - Continuous	94762	824.00
Hand Held Nebulizer Treatment	94640	309.00