



**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, 2024**

**ROOM and BOARD - Per Day Charges**

**Semi-Private**

Medical/Surgical Room	3423.00
Drake Skilled/Transitional Care Unit	807.00
Drake Medically Complex	5137.00
Drake PCU Level 7	5,000.00

**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	424.00
T Spine - 2 views	72070	508.00	474.00
LS Spine - AP & Lateral	72100	476.00	442.00
Pelvis 1 or 2 view	72170	408.00	380.00
Shoulder - min 2 views	73030	476.00	442.00
Wrist - Minimum 3 views	73110	415.00	386.00
Hand - Minimum 3 views	73130	446.00	416.00
Knee - up to 2 views	73560	377.00	350.00
Knee - Minimum 3 views	73562	499.00	464.00
Ankle - Minimum 3 views	73610	442.00	393.00
Foot - 2 views	73620	383.00	356.00
Foot - Minimum 3 views	73630	415.00	385.00
Abdomen - Flat, Up/Decub & P	74022	403.00	475.00
Modified Barium Swallow	74230	615.00	619.00
Flouro up to 1 hour	76000	743.00	737.00
DIAG HIP 2-3 VIEWS INCL AP PELVIS	73502	578.00	539.00
Abdomen - Single view	74018	285.00	257.00
Abdomen - 2 views	74019	329.00	419.00
Chest - Single view	71045	283.00	551.00
Chest - 2 views	71046	325.00	398.00
CT - Head (without contrast)	70450	1,480.00	1,769.00
CT - Chest (with contrast)	71260	1,395.00	2,164.00
CT - C Spine (without contrast)	72125	1,352.00	2,098.00
CT - L Spine (without contrast)	72131	1,519.00	2,360.00
CT - Pelvis (with contrast)	72193	1,472.00	2,285.00
CT - Abdomen (without contrast)	74150	1,300.00	2,019.00
US - Abdomen (complete)	76700	986.00	1,143.00
US Retroperitoneal	76770	818.00	947.00

US - Guide Needle Placement	76942	940.00	941.00
US Duplex Extremity Vein Bilateral	93970	1,463.00	1,661.00

### LABORATORY CHARGES

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

	<b>CPT</b>	
ABO Type	86900	36.00
Phlebotomy	36415	28.00
Thyroid Stimulating Hormone	83520	141.00
Antibody Screen, ea incubation	86850	70.00
Crossmatch, Electronic	86923	183.00
ANALGESICS NON-OPIOID 3-5	80330	77.00
Basic Metabolic Panel	80048	84.00
Comprehensive Metabolic Panel	80053	122.00
Lipid Profile	80061	146.00
Renal Function Panel	80069	100.00
Bilirubin- Direct	82248	44.00
POC Chloride	82435	50.00
CK (CPK)	82550	72.00
POC Creatinine	82565	56.00
POC PCO2	82803	211.00
Blood Gas	82805	312.00
POC Glucose Quant Blood except reg strip	82947	42.00
POC Glucose Monitoring	82962	0.00
Magnesium, Serum	83735	64.00
Phosphorus, Serum	84100	51.00
POC Potassium	84132	50.00
POC Sodium	84295	52.00
Troponin	84484	108.00
POC Urea Nitrogen, quant	84520	42.00

Lactic Acid, Blood	83605	117.00
Complete Blood Count (CBC) - With differential, aut	85025	90.00
Complete Blood Count (CBC) - Without differential	85027	74.00
Prothrombin Time (PT)	85610	45.00
Partial Thromboplastin Time (PTT)	85730	70.00
RH Factor	86430	68.00
Culture, Blood	87040	150.00
Culture, Urine	87086	99.00
Urinalysis- With Microscopic	81001	40.00
POC Urinalysis	81003	30.00
POC HCG- Qualitative, Urine	81025	80.00

#### 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>	
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.*

	<b>CPT</b>	
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.*

	<b>CPT</b>	
Hand Held Nebulizer Treatment	94640	324.00
Ventilator - Assist and Manage - Initial	94002	4,437.00
Ventilator - Assist and Manage - Addt'l day	94003	3,880.00
Oximetry - Continuous	94762	865.00