



**University of Cincinnati Medical 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

| | <u>Private</u> | <u>Semi-Private</u> |
|------------------------------------|-----------------------|----------------------------|
| Medical/Surgical Room | 1,390.00 | 1,325.00 |
| Labor & Delivery | | 1,383.00 |
| Psychiatric/Chemical Dependency | | 1,933.00 |
| Stepdown - Medical/Surgical | | 4,321.00 |
| Stepdown - Cardiac | | 4,625.00 |
| Medical Intensive Care Unit (ICU) | | 9,704.00 |
| Surgical Intensive Care Unit (ICU) | | 9,704.00 |
| Cardiac Intensive Care Unit (ICU) | | 9,919.00 |
| Burn Intensive Care Unit (ICU) | | 11,094.00 |
| Neuroscience Intensive Care (ICU) | | 9,515.00 |

| | |
|----------------------------------|-----------|
| Trauma Intensive Care Unit (ICU) | 11,401.00 |
| Newborn - Normal | 2,300.00 |
| Newborn - Continuing Care | 5,630.00 |
| Newborn - Intermediate | 9,454.00 |

OBSERVATION RATES

| | |
|------------------------------------|----------------------------|
| | <u>Semi-Private</u> |
| Observation Initial Hour | 1144.00 |
| Observation - Each Additional Hour | 73.00 |

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 | 377.00 |
| Emergency Unit (EU) - Level 2 | 806.00 |
| Emergency Unit (EU) - Level 3 | 1,610.00 |
| Emergency Unit (EU) - Level 4 | 2,535.00 |
| Emergency Unit (EU) - Level 5 | 3,729.00 |
| Emergency Unit (EU) - Critical Care | 6,895.00 |
| Emergency Unit (EU) - Trauma Consult | 11,252.00 |
| Emergency Unit (EU) - Trauma Response | 14,467.00 |

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 | 8,034.00 |
| Operating Room-Major Procedure-1st Half Hour | 9,328.00 |
| Operating Room-Major Procedure-Each Additional Minute | 205.00 |
| Operating Room-Complex Procedure-1st Half Hour | 9,798.00 |
| Operating Room-Complex Procedure-Each Additional Minute | 230.00 |
| Operating Room-Trauma Procedure-1st Half Hour | 12,393.00 |
| Operating Room-Trauma Procedure-Each Additional Minute | 249.00 |

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 | 12,517.00 |
| Vaginal Delivery | 10,005.00 |

RADIOLOGY CHARGES

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

| | CPT | Diagnostic Outpatient | Inpatient |
|--------------------------------------|------------|----------------------------------|------------------|
| C Spine - 2 or 3 views | 72040 | 455.00 | 792.00 |
| LS Spine - AP & Lateral | 72100 | 476.00 | 825.00 |
| Pelvis 1 or 2 view | 72170 | 408.00 | 707.00 |
| Shoulder - min 2 views | 73030 | 476.00 | 825.00 |
| Wrist - Minimum 3 views | 73110 | 415.00 | 723.00 |
| Hand - Minimum 3 views | 73130 | 446.00 | 777.00 |
| Knee - up to 2 views | 73560 | 377.00 | 654.00 |
| Ankle - Minimum 3 views | 73610 | 442.00 | 733.00 |
| Foot - Minimum 3 views | 73630 | 415.00 | 722.00 |
| Abdomen - Flat, Up/Decub & P | 74022 | 403.00 | 730.00 |
| Fluoro up to 1 hour | 76000 | 743.00 | 1,279.00 |
| DXA Scan Axial Skelton | 77080 | 768.00 | 1,339.00 |
| Abdomen - Single view | 74018 | 285.00 | 436.00 |
| Abdomen - 2 Views | 74019 | 329.00 | 577.00 |
| Chest - Single view | 71045 | 283.00 | 406.00 |
| Chest - 2 Views | 71046 | 325.00 | 440.00 |
| Bone Imaging Whole Body | 78306 | 2,054.00 | 3,488.00 |
| CT - Head (without contrast) | 70450 | 1,480.00 | 1,349.00 |
| CT - Chest (with contrast) | 71260 | 1,395.00 | 1,760.00 |
| CT - C Spine (without contrast) | 72125 | 1,352.00 | 1,706.00 |
| CT - L Spine (without contrast) | 72131 | 1,519.00 | 1,919.00 |
| CT - Pelvis (with contrast) | 72193 | 1,472.00 | 1,931.00 |
| CT - Abdomen (without contrast) | 74150 | 1,300.00 | 1,642.00 |
| CT - Abdomen (with contrast) | 74160 | 1,607.00 | 2,030.00 |
| Mammography Diagnostic including CAD | 77066 | 368.00 | 496.00 |
| US - Abdomen (complete) | 76700 | 986.00 | 2,099.00 |
| US - OB Re-Eval Abnormality | 76816 | | 1,203.00 |

| | | | |
|--|-------|----------|----------|
| US - Guide Needle Placement | 76942 | 940.00 | 2,184.00 |
| US - Breast | 76641 | 633.00 | 1,348.00 |
| Mammography Screening including CAD | 77067 | 364.00 | 491.00 |
| MRI - Head (with and without contrast) | 70553 | 2,510.00 | 3,610.00 |
| MRI - L Spine (without contrast) | 72148 | 1,960.00 | 3,117.00 |

LABORATORY CHARGES

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

| | CPT | |
|--|------------|--------|
| 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 | - |
| 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, automated | 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.

| | | |
|-----------------------------|------------|--------|
| | CPT | |
| Physical Therapy Evaluation | 97162 | 295.00 |
| Gait Training - 15 minutes | 97116 | 138.00 |

| | | |
|--|-------|--------|
| Neuromuscular Reeducation | 97112 | 138.00 |
| Therapeutic Exercise - 15 minutes | 97110 | 138.00 |
| Therapeutic Activities - 15 minutes | 97530 | 146.00 |
| Electrical Stimulation (attended) - 15 minutes | 97032 | 126.00 |

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 | 146.00 |
| Therapeutic Exercise - 15 minutes | 97110 | 138.00 |
| Self Care / ADL 15 minutes | 97535 | 166.00 |

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 | 1,604.00 |
| Ventilator - Assist and Manage - Addt'l day | 94003 | 1,361.00 |
| Oximetry - Continuous | 94762 | 663.00 |
| Hand Held Nebulizer Treatment | 94640 | 463.00 |