

2017 Patient Pricelist

Attached are the most frequent charges at St. Elizabeth Healthcare. All patients are charged the same irrespective of one's ability to pay. The patient's responsibility may vary depending upon the co-pays, coinsurance and non covered service of each insurance policy.

Uninsured or underinsured patients should contact our Financial Counselors at (859) 301-2104 to determine the percentage of discount available as per the St. Elizabeth Healthcare policy. The charges listed on this price list do not include charges for physician's fees unless otherwise noted.

The attached pricing is current as of January 1, 2017



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Room and Board

Per Day Charges

Room and Board charges include routine nursing services, routine supplies and meals.

| Room and Board | <u>Charge (per day)</u> |
|---|-------------------------|
| Cardiac Surgery Recovery | \$7,310.93 |
| Intensive Care | \$7,006.31 |
| TCU Private | \$3,454.43 |
| TCU Semi-Private | \$3,454.43 |
| PACU Recovery Room - First two Hours | \$911.49 |
| PACU Recovery Room – Each Additional Hour | \$222.57 |
| Labor and Delivery Private | \$1,661.41 |
| Newborn Care per Day Level 1 | \$1,736.93 |
| OB Private | \$1,661.41 |
| Med Surg Private | \$1,661.41 |
| Med Surg Semi-Private | \$1,661.41 |
| Behavioral Health | \$2,416.59 |
| Behavioral Health Semi-Private | \$2,416.59 |
| Observation First Hour | \$365.00 |
| Observation Each Hour | \$50.00 |
| SDS Post Service Charge 4 Hours | \$508.74 |
| SDS Post Service charge Add Hour | \$194.75 |
| Skilled Nursing Private R&B | \$1,661.41 |
| Hospice Inpatient Private | \$1,661.41 |



Labor and Delivery Charges

The charges listed are for the actual procedure. Room and board, anesthesia, pharmacy items, and supplies are additional.

| Procedure | СРТ | Charge |
|---|-------|------------|
| C-Section LDRP (Base Fee includes first 30 minutes) | | \$7,125.00 |
| C-Section LDRP (Additional Per Minute Charge) | | \$137.50 |
| Fetal Monitor/Telemetry | 59050 | \$284.80 |
| Vaginal Delivery | 59409 | \$5,335.98 |
| Fetal Non Stress Test | 59025 | \$403.08 |
| Pregnant Uterus Ultrasound Follow-up | 76816 | \$263.97 |



Operating Room Charges

The Operating Room charges are based on the complexity level for the particular procedure. All procedure charges include the first 30 minutes of OR time. There is an additional per minute charge after the first 30 minutes. Anesthesia, Pharmacy items and supplies are also additional.

| Procedure | Charge |
|----------------------------|------------|
| Minor Surgical Procedure | \$5,250.00 |
| Major Surgical Procedure | \$6,125.00 |
| Complex Surgical Procedure | \$7,125.00 |
| Minor Per Minute Charge | \$97.50 |
| Major Per Minute Charge | \$127.50 |
| Complex Per Minute Charge | \$137.50 |



Emergency Department Charges

The Emergency Department charges are based on the complexity level for the services provided. Physician charges, Pharmacy items and supplies are additional.

| Procedure | СРТ | Charge |
|---------------|-------|------------|
| Level 1 | 99281 | \$326.57 |
| Level 2 | 99282 | \$557.00 |
| Level 3 | 99283 | \$1,004.19 |
| Level 4 | 99284 | \$1,640.83 |
| Level 5 | 99285 | \$2,177.13 |
| Critical Care | 99291 | \$2,336.57 |



Laboratory Charges

Laboratory charges reflect the most commonly performed procedures. Additional charges may be added as necessary.

| Procedure | CPT | Charge |
|---------------------------|-------|---------|
| Amylase Serum | 82150 | \$26.49 |
| Basic Metabolic Panel | 80048 | \$27.39 |
| Bilirubin Total | 82247 | \$20.49 |
| B-12 | 82607 | \$61.62 |
| C.B.C. | 85025 | \$31.77 |
| Calcium | 82310 | \$21.09 |
| Comp Metabolic Panel | 80053 | \$34.35 |
| Free T4 | 84439 | \$36.84 |
| Glucose | 82947 | \$16.05 |
| Glycohemoglobin | 83036 | \$39.66 |
| Hematocrit | 85014 | \$8.70 |
| Hemoglobin | 85018 | \$8.70 |
| Hemogram | 85027 | \$26.43 |
| Hepatic Panel | 80076 | \$27.39 |
| Lipase | 83690 | \$28.14 |
| Lipid Panel (Reflex) | 80061 | \$46.53 |
| Lipid Panel (Screening) | 80061 | \$46.53 |
| Magnesium | 83735 | \$27.36 |
| Phosphorus | 84100 | \$19.38 |
| Potassium | 84132 | \$18.78 |
| Prothrombin Time (PT/INR) | 85610 | \$16.08 |
| PSA Total (Screening) | 84153 | \$75.18 |
| PTT | 85730 | \$24.54 |
| Renal Functional Panel | 80069 | \$27.39 |
| TSH | 84443 | \$68.67 |
| TSH Reflexive | 84443 | \$68.67 |
| Troponin | 84484 | \$40.20 |
| Urinalysis Routine | 81001 | \$12.96 |
| | | |



Laboratory Charges (continued)

Laboratory charges reflect the most commonly performed procedures. Additional charges may be added as necessary.

| Procedure | СРТ | Charge |
|----------------------|-------|---------------|
| Urine Culture | 87086 | \$33.00 |
| Vitamin D 25 Hydroxy | 82306 | \$111.69 |
| OP Venous Collection | 36415 | \$9.00 |



X-Ray and Other Radiological Procedures

These Radiological charges reflect the most commonly performed procedures. Procedures requiring contrast will result in an additional charge. Physician charges are additional.

| Procedure | СРТ | Charge |
|---|-------|------------|
| MRI Brain With and Without Contrast | 70553 | \$1,302.54 |
| MRI Brain Without Contrast | 70551 | \$784.23 |
| MRI Lumbar Spine Without Contrast | 72148 | \$784.23 |
| MRI Abdomen Without Contrast | 74181 | \$784.23 |
| MRI Lumbar With and Without Contrast | 72158 | \$1,302.54 |
| MRI Abdomen With and Without Contrast | 74183 | \$1,302.54 |
| MRI Cervical Spine With and Without Contrast | 72156 | \$1,302.54 |
| MRI Low Ext Any Joint With and Without Contrast | 73723 | \$1,302.54 |
| CT Head Without Contrast | 70450 | \$322.50 |
| CT Pelvis With Contrast | 72193 | \$679.08 |
| CT Abdomen With Contrast | 74160 | \$679.08 |
| CT Abdomen Without Contrast | 74150 | \$322.50 |
| CT Pelvis Without Contrast | 72192 | \$322.50 |
| CT Abdomen & Pelvis Without Contrast | 74176 | \$550.38 |
| CT Abdomen & Pelvis With Contrast | 74177 | \$996.90 |
| CT Abdomen & Pelvis With and Without Contrast | 74178 | \$996.90 |
| CT Chest With Contrast | 71260 | \$679.08 |
| CT Limited Sinus | 76380 | \$174.30 |
| CT Chest Without Contrast | 71250 | \$322.50 |
| CT Cervical Spine Without Contrast | 72125 | \$322.50 |
| CTA Chest Non Coronary | 71275 | \$679.08 |
| Gallbladder Ultrasound | 76705 | \$440.31 |
| Renal Ultrasound | 76775 | \$440.31 |
| Head/Neck Ultrasound | 76536 | \$440.31 |
| Testicular Ultrasound | 76870 | \$440.31 |
| Abdominal Ultrasound | 76700 | \$440.31 |
| Limited Abdominal Ultrasound Scan | 76705 | \$440.31 |
| Carotid Artery Duplex Scan | 93880 | \$440.31 |



X-Ray and Other Radiological Procedures (continued)

| Procedure | СРТ | Charge |
|--------------------------------|-------|------------|
| Hysterosonography | 76831 | \$440.31 |
| Chest PA & Lateral X-Ray | 71020 | \$174.30 |
| Abdomen X-Ray | 74000 | \$174.30 |
| Lumbosacral Spine X-Ray | 72100 | \$288.69 |
| Ankle X-Ray | 73610 | \$174.30 |
| Foot and Toes X-Ray | 73630 | \$174.30 |
| Hand and Finger X-Ray | 73130 | \$174.30 |
| Knee X-Ray 4 Views | 73564 | \$288.69 |
| Cervical Spine X-Ray 4/5 Views | 72050 | \$288.69 |
| Wrist X-Ray | 73110 | \$174.30 |
| Shoulder X-Ray | 73030 | \$174.30 |
| Elbow X-Ray | 73080 | \$174.30 |
| Lower Leg Tibia-Fibula X-Ray | 73590 | \$174.30 |
| Chest X-Ray – 1 View | 71010 | \$174.30 |
| Ribs Unilateral X-Ray | 71101 | \$288.69 |
| Forearm X-Ray | 73090 | \$174.30 |
| Knee X-Ray – 3 Views | 73562 | \$174.30 |
| Pelvis X-Ray | 72170 | \$288.69 |
| Ribs X-Ray Bilateral | 71111 | \$288.69 |
| Myocardial Spect Multiple | 78452 | \$3,177.93 |
| Barium Swallow | 74220 | \$288.69 |
| Colon (Barium Enema) | 74270 | \$288.69 |
| Cystogram | 74430 | \$550.38 |
| IVP | 74400 | \$550.38 |
| Small Bowel | 74250 | \$288.69 |
| Stomach/Esophagus | 74241 | \$288.69 |
| Stomach/Esophagus with Air | 74247 | \$288.69 |



| Procedure | СРТ | Charge |
|---|-------|-----------|
| Voiding Cystogram | 74455 | \$1008.36 |
| Colon with Air | 74280 | \$550.38 |
| Chest X-Ray with Obliques | 71022 | \$174.30 |
| Clavicle | 73000 | \$174.30 |
| Pediatric Bone Survey | 77076 | \$288.69 |
| Bone Age (Hand and Wrist) | 77072 | \$288.69 |
| Oscalcis | 73650 | \$174.30 |
| Osseous Survey Complete | 77075 | \$288.69 |
| Humerus | 73060 | \$174.30 |
| Nasal Bones | 70160 | \$174.30 |
| Sacroiliac Joints | 72202 | \$288.69 |
| Dorsal (Thoracic) Spine | 72072 | \$288.69 |
| NM Total Body Bone Scan | 78306 | \$953.70 |
| NM Three Phase Bone Scan | 78315 | \$953.70 |
| Pelvic Mass Sonography | 76856 | \$440.31 |
| Intravaginal Sonogram | 76830 | \$440.31 |
| Screening Mammography Digital Bilateral | G0202 | \$292.31 |
| Diagnostic Mammography Digital Bilateral | G0204 | \$347.57 |
| Diagnostic Mammography Digital Unilateral | G0206 | \$278.24 |
| Computer Aided Detection (CAD) Screening | 77052 | \$32.00 |
| Computer Aided Detection (CAD) Diagnostic | 77051 | \$32.00 |
| Breast Tomosynthesis Bilateral | G0279 | \$60.00 |
| Breast Ultrasound Unilateral Complete | 76641 | \$263.97 |
| Breast Ultrasound Limited | 76642 | \$263.97 |
| Dexa Bone Density Scan | 77080 | \$288.69 |



Respiratory Therapy/Pulmonary Services Charges

These Respiratory Therapy/Pulmonary Service charges reflect the most commonly performed procedures.

| Procedure | СРТ | <u>Charge</u> |
|---|-------|---------------|
| 1 st Day of Mechanical Ventilation | 94002 | \$1,310.52 |
| Pulse Oximetry Check | 94760 | \$54.00 |
| Pulmonary Rehab Includes Exercise One Hour | G0424 | \$160.38 |
| Pulmonary Rehab Group | G0239 | \$87.48 |
| Bronchodilation Responsiveness Spirometry | 94060 | \$631.74 |
| Pulmonary Function Testing Plethysmography | 94726 | \$631.74 |
| Diffusing Capacity CO2 Membrane | 94729 | \$281.12 |



Sleep Disorders Center

These Sleep Disorders Center Therapy charges reflect the most commonly performed procedures.

| Procedure | СРТ | Charge |
|-------------------------------|-------|------------|
| Polysomnogram with CPAP Trial | 95811 | \$2,455.41 |
| Polysomnogram | 95810 | \$2,455.41 |
| Multiple Sleep Latency Test | 95805 | \$2,455.41 |
| Sleep Study Unattended | 95806 | \$372.00 |
| Home Sleep Test | G0399 | \$372.00 |



Physical Therapy Charges

These Physical Therapy charges reflect the most commonly performed procedures.

| Procedure | CPT | Charge |
|---------------------------------------|-------|----------|
| PT-Gait Training – 15 Minutes | 97116 | \$80.37 |
| PT-Manual Therapy – 15 Minutes | 97140 | \$84.51 |
| PT-Phys Therapy – 15 Minutes | 97110 | \$91.26 |
| PT-Moderate Complex 30 Min Evaluation | 97162 | \$229.77 |
| PT-Functional Activities | 97530 | \$97.77 |
| PT Neuromuscular Reeducation | 97112 | \$95.01 |



Speech and Audiology Charges

These Speech and Audiology Therapy charges reflect the most commonly performed procedures.

| Procedure | СРТ | <u>Charge</u> |
|----------------------------------|-------|---------------|
| Audiological Assessment | 92557 | \$372.00 |
| Dysphagia Treatment - 30 Minutes | 92526 | \$245.61 |
| Otoacoustic Emission | 92587 | \$631.74 |
| Speech Therapy – 45 Minutes | 92507 | \$226.35 |
| Speech Evaluation | 92523 | \$552.51 |
| Video Swallowing Evaluation | 92611 | \$248.10 |



Non Invasive Cardiology Charges

These Non Invasive Cardiology charges reflect the most commonly performed procedures. The test fee may not include the Cardiologist's interpretation.

| Procedure | СРТ | Charge |
|--|-------|------------|
| EKG | 93005 | \$160.38 |
| Holter Monitor Record | 93225 | \$261.42 |
| Holter Monitor Analysis | 93226 | \$261.42 |
| Event Monitor Record | 93270 | \$96.39 |
| Event Monitor Analysis | 93271 | \$305.16 |
| Ambulatory Blood Pressure Monitor Record | 93786 | \$261.42 |
| Ambulatory Blood Pressure Monitor Analysis | 93788 | \$261.42 |
| EEG | 95819 | \$631.74 |
| Stress Test (Regular or Pharmalogical) | 93017 | \$631.74 |
| ECHO 2D M Doppler | 93307 | \$1,194.96 |
| Stress ECHO | 93350 | \$1,194.96 |
| ECHO Complete | 93306 | \$1,194.96 |