



## **2020 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, 2020*



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## Room and Board

### Per Day Charges

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

<b>Room and Board</b>	<b>Charge (per day)</b>
Cardiac Surgery Recovery	\$7,822.70
<i>Intensive Care</i>	\$7,496.75
<i>TCU Private</i>	\$3,696.24
<i>TCU Semi-Private</i>	\$3,696.24
<i>PACU Recovery Room - First Two Hours</i>	\$911.49
<i>PACU Recovery Room – Each Additional Hour</i>	\$222.57
<i>Labor and Delivery Private</i>	\$1,777.71
<i>Newborn Care per Day Level 1</i>	\$1,858.52
OB Private	\$1,777.71
Med Surg Private	\$1,777.71
Med Surg Semi-Private	\$1,777.71
Observation First Hour	\$450.00
Observation Each Hour	\$57.75
SDS Post Service Charge 4 Hours	\$508.74
SDS Post Service Charge Add Hour	\$194.75
Skilled Nursing Private R&B	\$1,777.71
Hospice Inpatient Private	\$1,777.71



## Labor and Delivery Charges

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

<b><u>Procedure</u></b>	<b><u>CPT</u></b>	<b><u>Charge</u></b>
C-Section LDRP (Base Fee includes first 30 minutes)		\$7,766.25
C-Section LDRP (Additional Per Minute Charge)		\$149.88
Fetal Monitor/Telemetry	59050	\$359.17
Vaginal Delivery	59409	\$5,335.98
Fetal Non-Stress Test	59025	\$474.00
Pregnant Uterus Ultrasound Follow-up	76816	\$321.39



## 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 implants are also additional.

<b><u>Procedure</u></b>	<b><u>Charge</u></b>
Minor Surgical Procedure	\$5,722.50
Major Surgical Procedure	\$6,676.25
Complex Surgical Procedure	\$7,766.25
Minor Per Minute Charge	\$106.28
Major Per Minute Charge	\$138.98
Complex Per Minute Charge	\$149.88



## Emergency Department Charges

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

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
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.

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
Amylase Serum	82150	\$21.60
Basic Metabolic Panel	80048	\$28.20
Bilirubin Total	82247	\$16.71
B-12	82607	\$50.25
C.B.C.	85025	\$25.89
Calcium	82310	\$17.19
Comp Metabolic Panel	80053	\$35.22
Free T4	84439	\$30.06
Glucose	82947	\$13.11
Glycohemoglobin	83036	\$32.37
Hematocrit	85014	\$7.89
Hemoglobin	85018	\$7.89
Hemogram	85027	\$21.54
Hepatic Panel	80076	\$27.24
Lipase	83690	\$22.95
Lipid Panel (Reflex)	80061	\$44.64
Lipid Panel (Screening)	80061	\$44.64
Magnesium	83735	\$22.32
Phosphorus	84100	\$15.81
Potassium	84132	\$15.33
Prothrombin Time (PT/INR)	85610	\$13.11
PSA Total (Screening)	84153	\$61.32
PTT	85730	\$20.01
Renal Functional Panel	80069	\$28.95
TSH	84443	\$56.01
TSH Reflexive	84443	\$56.01
Troponin	84484	\$37.41
Urinalysis Routine	81001	\$10.56



### Laboratory Charges (continued)

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

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
Urine Culture	87086	\$26.91
Vitamin D 25 Hydroxy	82306	\$98.67
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.

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
MRI Brain With and Without Contrast	70553	\$1,102.29
MRI Brain Without Contrast	70551	\$658.59
MRI Lumbar Spine Without Contrast	72148	\$658.59
MRI Abdomen Without Contrast	74181	\$658.59
MRI Lumbar With and Without Contrast	72158	\$1,102.29
MRI Abdomen With and Without Contrast	74183	\$1,102.29
MRI Cervical Spine With and Without Contrast	72156	\$1,102.29
MRI Low Ext Any Joint With and Without Contrast	73723	\$1,102.29
CT Head Without Contrast	70450	\$321.39
CT Pelvis With Contrast	72193	\$576.27
CT Abdomen With Contrast	74160	\$576.27
CT Abdomen Without Contrast	74150	\$321.39
CT Pelvis Without Contrast	72192	\$321.39
CT Abdomen & Pelvis Without Contrast	74176	\$658.59
CT Abdomen & Pelvis With Contrast	74177	\$1,102.29
CT Abdomen & Pelvis With and Without Contrast	74178	\$1,102.29
CT Chest With Contrast	71260	\$576.27
CT Limited Sinus	76380	\$177.96
CT Chest Without Contrast	71250	\$321.39
CT Cervical Spine Without Contrast	72125	\$321.39
CTA Chest Non Coronary	71275	\$576.27
Gallbladder Ultrasound	76705	\$321.39
Renal Ultrasound	76775	\$321.39
Head/Neck Ultrasound	76536	\$321.39
Testicular Ultrasound	76870	\$321.39
Abdominal Ultrasound	76700	\$321.39
Limited Abdominal Ultrasound Scan	76705	\$321.39



Carotid Artery Duplex Scan 93880 \$658.59

**X-Ray and Other Radiological Procedures (*continued*)**

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
Hysterosonography	76831	\$658.59
Chest PA & Lateral X-Ray	71046	\$177.96
Abdomen X-Ray	74018	\$177.96
Lumbosacral Spine X-Ray	72100	\$321.39
Ankle X-Ray	73610	\$177.96
Foot and Toes X-Ray	73630	\$177.96
Hand and Finger X-Ray	73130	\$177.96
Knee X-Ray 4 Views	73564	\$321.39
Cervical Spine X-Ray 4/5 Views	72050	\$321.39
Wrist X-Ray	73110	\$177.96
Shoulder X-Ray	73030	\$177.96
Elbow X-Ray	73080	\$177.96
Lower Leg Tibia-Fibula X-Ray	73590	\$177.96
Chest X-Ray – 1 View	71045	\$177.96
Ribs Unilateral X-Ray	71101	\$321.39
Forearm X-Ray	73090	\$177.96
Knee X-Ray – 3 Views	73562	\$177.96
Pelvis X-Ray	72170	\$321.39
Ribs X-Ray Bilateral	71111	\$321.39
Myocardial Spect Multiple	78452	\$3,511.77
Barium Swallow	74220	\$576.27
Colon (Barium Enema)	74270	\$576.27
Cystogram	74430	\$1,102.29
IVP	74400	\$576.27
Small Bowel	74250	\$321.39



## **X-Ray and Other Radiological Procedures (*continued*)**

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
Voiding Cystogram	74455	\$658.59
Colon with Air	74280	\$576.27
Clavicle	73000	\$177.96
Pediatric Bone Survey	77076	\$321.39
Bone Age (Hand and Wrist)	77072	\$321.39
Oscalcis	73650	\$177.96
Osseous Survey Complete	77075	\$321.39
Humerus	73060	\$177.96
Nasal Bones	70160	\$177.96
Sacroiliac Joints	72202	\$321.39
Dorsal (Thoracic) Spine	72072	\$321.39
NM Total Body Bone Scan	78306	\$1,009.77
NM Three Phase Bone Scan	78315	\$1,009.77
Pelvic Mass Sonography	76856	\$321.39
Intravaginal Sonogram	76830	\$321.39
Screening Mammography Digital Bilateral	77067	\$267.96
Diagnostic Mammography Digital Bilateral	77066	\$324.03
Diagnostic Mammography Digital Unilateral	77065	\$253.68
Breast Tomosynthesis Bilateral	G0279	\$60.00
Breast Ultrasound Unilateral Complete	76641	\$321.39
Breast Ultrasound Limited	76642	\$177.96
Dexa Bone Density Scan	77080	\$321.39



## **Respiratory Therapy/Pulmonary Services Charges**

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

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
1 <sup>st</sup> Day of Mechanical Ventilation	94002	\$1,456.74
Pulse Oximetry Check	94760	\$77.00
Pulmonary Rehab Includes Exercise One Hour	G0424	\$159.69
Pulmonary Rehab Group	G0239	\$91.74
Bronchodilation Responsiveness Spirometry	94060	\$720.72
Pulmonary Function Testing Plethysmography	94726	\$720.72
Diffusing Capacity CO2 Membrane	94729	\$332.64



## **Sleep Disorders Center**

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

<b><u>Procedure</u></b>	<b><u>CPT</u></b>	<b><u>Charge</u></b>
Polysomnogram with CPAP Trial	95811	\$2,607.42
Polysomnogram	95810	\$2,607.42
Multiple Sleep Latency Test	95805	\$1,300.50
Sleep Study Unattended	95806	\$388.35
Home Sleep Test	G0399	\$388.35



## Physical Therapy Charges

These Physical Therapy charges reflect the most commonly performed procedures.

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
PT-Gait Training – 15 Minutes	97116	\$87.54
PT-Manual Therapy – 15 Minutes	97140	\$80.67
PT-Phys Therapy – 15 Minutes	97110	\$88.47
PT-Moderate Complex 30 Min Evaluation	97162	\$243.60
PT-Functional Activities	97530	\$113.10
PT Neuromuscular Reeducation	97112	\$100.56



## Speech and Audiology Charges

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

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
Audiological Assessment	92557	\$388.35
Dysphagia Treatment - 30 Minutes	92526	\$249.21
Otoacoustic Emission	92587	\$720.72
Speech Therapy – 45 Minutes	92507	\$228.72
Speech Evaluation	92523	\$565.29
Video Swallowing Evaluation	92611	\$259.47



## 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.

<b>Procedure</b>	<b>CPT</b>	<b>Charge</b>
EKG	93005	\$159.69
Holter Monitor Record	93225	\$304.17
Holter Monitor Analysis	93226	\$304.17
Event Monitor Record	93270	\$106.14
Event Monitor Analysis	93271	\$335.76
Ambulatory Blood Pressure Monitor Record	93786	\$329.52
Ambulatory Blood Pressure Monitor Analysis	93788	\$329.52
EEG	95819	\$720.72
Stress Test (Regular or Pharmacological)	93017	\$780.78
ECHO 2D M Doppler	93307	\$713.47
Stress ECHO	93350	\$1,539.53
ECHO Complete	93306	\$1,539.53