

Patient Pricing

Below represents hospital charge information effective January 1, 2019. These charges do not include charges for physician services that occur during a visit to the Hospital. If you need information on a specific charge procedure please call Patient Financial Services at (315)349-5532.

Emergency Department Charges - *The following represents the hospital charges for each level of emergency care provided to patients. The charges below do not include the fees for drugs, supplies or additional procedures that may be rendered during the emergency department visit such as laboratory and radiology.*

<u>Description</u>	<u>Charge</u>	<u>CPT Code</u>
ER VISIT SIMPLE DX	\$ 209.00	99281
ER VISIT EXP PROB FOCUSED	\$ 330.00	99282
ER VISIT URGENT	\$ 445.00	99283
ER VISIT EMERGENT	\$ 635.00	99284
ED VISIT COMPLEX	\$ 665.00	99285

*The average total charges for patients in the Emergency department are \$1,145.**

Urgent Care Clinic Charges - *The following represents the hospital charges for each level of urgent care clinic services provided to patients. The charges below do not include the fees for drugs, supplies or additional procedures that may be rendered during the urgent care clinic visit such as laboratory and radiology.*

<u>Description</u>	<u>Charge</u>	<u>CPT Code</u>
URGENT CARE LEVEL 1 ESTAB	\$ 129.00	99211
URGENT CARE LEVEL 2 ESTAB	\$ 147.00	99212
URGENT CARE LEVEL 3 ESTAB	\$ 164.00	99213
URGENT CARE LEVEL 4 ESTAB	\$ 201.00	99214
URGENT CARE LEVEL 5 ESTAB	\$ 244.00	99215
URGENT CARE RABIES 1ST VISIT	\$ 73.00	99203
URGENT CARE RABIES SUBSQ VISIT	\$ 31.00	99212
URGENT CARE RESCUSITATION/CPR	\$ 272.00	92950
UC NEW PT LEVEL 1 PROBLEM FOC	\$ 141.00	99201
UC NEW PT LEVEL 2 EXPAND PROB	\$ 154.00	99202
UC NEW PT LEVEL 3 DETAILED FOC	\$ 189.00	99203
UC NEW PT LEVEL 4 MODERATE COM	\$ 223.00	99204
UC NEW PT LEVEL 5 HIGH COMPLEX	\$ 339.00	99205

*The average total charges for patients in the Urgent Care clinic are \$292.**

Behavioral Health Clinic Charges – *The following represents the hospital charges for services provided in the outpatient behavioral health clinic. The charges below do not include the fees for drugs or supplies that may be rendered during the clinic visit.*

<u>Description</u>	<u>Charge</u>	<u>CPT Code</u>
30MINS PSYCHO THPY (ADD-ON) MD	161.7	90833
45MINS PSY THPY ADD/O MD,NP,PA	272.6	90836
ACT FULL MONTH SVC	1684	90899
ACT INPATIENT	680.4	90899
ACT PART MONTH SVC	842	90899
AFTER HRS & WEEKENDS SVC	32	99051
ARTICLE 730 EVAL ADULT	350	90791
BH HCBS	78	H0002
COM CARE MD,NP,PHD,LCSW	127	90882
COM CARE 5 MIN MD,NP,PHD,LCSW	206	90882
COMP CARE MGT LMSW,RN	94	90882
COMP CARE MGT 5 MINS LMSW,RN	103	90882
COMPLEX CARE MGT 10 MIN MD	127	90882
CRISIS EA ADD 30MINS	84	90840
CRISIS PSYCHOTHERAPY 60 MINS	150	90839
CRISIS PSYCHOTHERAPY 60M LCSW	253.9	90839
DIAG EVALW/O MED PHD OFF SITE	237	90791
EXPERT TESTIMONY	160	90899
FAM PSY THER W/PT OFFSIT LMSW	166	90847
FAM THER PHD W/PT PHD OFFSITE	194	90847
FAM THER W/PT MD,NP,PHD,LCSW	242.2	90847
FAM THERAPY WO PT OFFSITE LMSW	217	90846
FAM/COL TH PHD W/O PT PHD OFSI	181	90846
FAMILY PSYCHOTHER W PT LMSW	203.1	90847
FAMILY THERAPY W/O PT	265	90846
FAMILY THERAPY W/O PT LMSW	217	90846
GROUP THERAPY LMSW	119.2	90853
GROUP THERAPY MD,NP,PHD,LCSW	240	90853
HARP ASSESSMENT	75	90899
HLTH MON GRP 60MIN MD,NP,PHD	220	99412
HLTH MONI GRP 30MIN MD,NP,PHD	110	99411
HLTH MONITOING PER 15MIN NURSE	56	99401
HLTH MONITOING PER 30MIN NURSE	100	99402
HLTH MONITOING PER 45MIN NURSE	145	99403
HLTH MONITOING PER 60MIN NURSE	189	99404
HLTH MONITOR GRP 30 MIN NURSE	54	99411
HLTH MONITOR GRP 60 MIN NURSE	60	99412
I/P MEDICAL EVAL NP	104	99231
I/P NEUROPSY TEST	232.4	96118
ICM STEPDOWN STATUS	177.2	H0002
INITIAL HSP CARE LOW COMPLX NP	248.1	99221
INPATIENT CONSULT LEVEL 1	121	99251
INPATIENT CONSULT LEVEL 2	121	99252
INPATIENT CONSULT LEVEL 3	121	99253
INPATIENT CONSULT LEVEL 4	121	99254
INPATIENT CONSULT LEVEL 5	121	99255

INT HSP CARE E&M HI COMPLX MD	520	99223
INT HSP CARE E&M LOW COMPLX MD	263.1	99221
INT HSP CARE E&M MOD COMPLX MD	350	99222
INTENS SMOKE CESS >10 LMSW,NUR	43	99407
INTENSIVE CASE MANAGEMENT	947.7	90899
INTER COMPLEX MD,NP,PHD,LCSW	120	90785
INTERACTIVE COMPLEXITY	144	90785
IPT HSP CARE E&M MOD COMP NP	263	99222
IPT HSP CARE E&M HI COMPLX NP	442	99223
IPT HSP CARE E&M HI COMPLX NP	90	99231
IPT SUB HSP CARE HI COMPLX MD	274.7	99233
IPT SUB HSP CARE LOW COMPLX MD	105	99231
IPT SUB HSP CARE MOD COMPLX MD	192.9	99232
MD ADMIT/DC SAMEDAY-LOW OBS/IP	145	99234
MD ADMIT/DC SAMEDAY-MOD OBS/IP	181	99235
MD ADMT/DC SAMEDAY-COMP OBS/IP	235	99236
MD E/M EST PT HIGH COMPLEXITY	319.7	99215
MD E/M EST PT LOW COMPLEXITY	130.1	99213
MD E/M EST PT MODERATE COMPLEX	251.5	99214
MD E/M EST PT STRAIGHTFORWARD	101	99212
MD E/M NEW PT HIGH COMPLEXITY	179	99205
MD E/M NEW PT LOW COMPLEXITY	178	99203
MD E/M NEW PT MODERATE COMPLEX	271	99204
MD E/M NEW PT STRAIGHTFORWARD	127	99202
MD HOSP D/C MANAGEMENT >30MIN	126	99239
MD HOSP DC DAY < OR = 30 MINS	79	99238
MD INPT CONSULT HIGH COMPLEXIT	208	99223
MD INPT CONSULT LOW COMPLEX	104	99221
MD INPT CONSULT MODERATE COMPL	142	99222
MD INPT PSYCHOTHERAPY 45 MINS	254	90834
MD INPT PSYCHOTHERAPY 60 MINS	270.8	90837
MD IPT 30M PSYCHOTHER (ADD-ON)	161.7	90833
MUL FAM GP THER MD,NP,PHD,LCSW	185.9	90849
MULTI FAMILY GROUP THERAP LMSW	148.7	90849
NP ADMIT/DC SAMEDAY-LOW OBS/IP	123	99234
NP ADMIT/DC SAMEDAY-MOD OBS/IP	154	99235
NP ADMT/DC SAMEDAY-COMP OBS/IP	199	99236
NP HOSP DC DAY MGT >30MIN	108	99239
NP HOSP DC DAY < OR = 30 MINS	65	99238
NP INPT PSYCHOTHERAPY 45 MINS	254	90834
NP INPT PYSCHOTHERAPY 60 MINS	230	90837
NP IPT 30M PSYCHOTHER (ADD-ON)	161.7	90833
OBS CONSULTATION LEVEL 1	121	99241
OBS CONSULTATION LEVEL 2	121	99242
OBS CONSULTATION LEVEL 3	121	99243
OBS CONSULTATION LEVEL 4	121	99244
OBS CONSULTATION LEVEL 5	121	99245

OP PSYCH TEST ADULT	225	96101
OUTPT CONSULT HIGH COMP	285	99215
OUTPT CONSULT LOW COMPLEXIT	127	99213
OUTPT CONSULT MODERATE COMP	179	99214
OUTPT CONSULT STRAIGHTFORWA	101	99212
PA ADMIT/DC SAMEDAY-LOW OBS/IP	145	99234
PA INPT CONSULT HIGH COMPLEXIT	209	99223
PA INPT CONSULT LOW COMPLEX	104	99221
PA INPT CONSULT MODERATE COMPL	142	99222
PA IPT SUB HSP CARE HI COMPLX	107	99233
PA IPT SUB HSP CARE LOW COMPLX	40	99231
PA IPT SUB HSP CARE MOD COMPLX	74	99232
PSY 30MIN W/PT&/OR FAMILY LMSW	104	90832
PSY 30MIN W/PT/FAM MD,NP,LCSW	134	90832
PSY 30MINSW/PT&/OR FAMILY LMSW	104	90832
PSY DIAG EVAL W/MED MD,NP,LCSW	147	90792
PSY EVA W/O MED MD,NP,PHD,LCSW	237	90791
PSY THPY 45MINS MD,NP,PHD,LCSW	254	90834
PSY THPY 60MINS MD,NP,PHD,LCSW	319.7	90837
PSYCH 30 MINS W/PT&/OR FAM PHD	134	90832
PSYCHO THPY 45MINS PHD OFFSITE	254	90834
PSYCHOTHERAPY 45 MINS LMSW	243.56	90834
PYS 60MIN AD/O MD/NP,PHD,LCSW	161	90838
PYSCHOTHERAPY 60 MINS LMSW	254	90837
REPORT PREP	78	90889
SMOKE CESSATI 3-10 M MD,NP,PHD	35	99406
SMOKE CESSATI>10 MIN MD,NP,PHD	48	99407
SMOKING CESSATION COUN 3-10 MI	33	99406
SNF CONSULT HIGH	312	99306
SNF CONSULT LOW	181	99304
SNF CONSULT MOD	260	99305
SUBS HSP CARE E&M MOD CMLPX NP	164	99232
SUBS HSP CARE HI CMLPX NP	274.7	99233
THERAPEUTIC INJECTION	97	96372
THERAPUTIC INJ MED MON&ED RN	97	96372

Operating Room Charges - *The following represents the hospital charges for each level of surgery that is provided at our hospital. The following list does not include charges for anesthesia, drugs, supplies or implants/devices for services rendered.*

<u>Description</u>	<u>Charge</u>
OR MAJOR PROCEDURE BASE RATE	\$ 2,466.00
OR MINOR PROCEDURE BASE RATE	\$ 1,256.00
OR MAJOR PROCEDURE PER 30 MINS	\$ 841.00
OR MINOR PROCEDURE PER 30 MINS	\$ 421.00
OR INTERMEDIATE PROCEDURE BASE R	\$ 1,630.00
OR INTERMEDIATE PER 30 MINS	\$ 764.00

*The following represents average total charges for outpatient surgery by specialty:**

<u>Specialty</u>	<u>Average Charge</u>
BARIATRICS	\$ 2,403.39
CARDIOLOGY	\$ 1,208.66
ENT	\$ 4,290.08
GASTROENTEROLOGY	\$ 2,515.96
GENERAL SURGERY	\$ 5,760.49
OB/GYN	\$ 6,174.20
ORTHOPEDIC	\$ 5,945.15
UROLOGY	\$ 7,391.44

**Data compiled for the period January 1, 2018 - October 31, 2018.*

Radiology Charges - The following charges represent the hospital's top 40 most common radiology procedures.**

<u>Description</u>	<u>Charges</u>	<u>CPT Code</u>
INS PICC PORT PUMP WO 5 YRS/>	\$1,874.00	36569
MG MAMMARY DUCTOGRAM SINGLE	\$523.00	77001
MG MAMMARY DUCTOGRAM SINGLE	\$523.00	77053
VENOGRAM EXTREMITY; UNILAT LT	\$1,004.00	75820
XR ABD SURGICAL WITH PA CHEST	\$272.00	74022
XR ANKLE >=3V MIN COMP LEFT	\$170.00	73610
XR ANKLE >=3V MIN COMP RIGHT	\$170.00	73610
XR ANKLE 2V BILAT	\$170.00	73600
XR ANKLE 2V LEFT	\$85.00	73600
XR ANKLE 2V RIGHT	\$140.70	73600
XR ANKLE ARTHOGRAM LEFT	\$565.00	73615
XR BARIUM SWALLOW MODIFIED	\$331.00	74230
XR CHEST FRONTAL SINGLE VIEW	\$117.00	71010
XR CLAVICLE RIGHT COMPLETE	\$133.00	73000
XR CYSTOGRAM MIN 3 VIEWS	\$350.00	74430
XR DEXA HIPS PELVIS SPINE	\$441.00	77080
XR ELBOW COM MIN 2V RIGHT	\$166.00	73070
XR EXAM UNI RIBS/CHEST >=3V	\$274.00	71101
XR FLUORO GUIDE NEEDLE ANKLE	\$211.00	77002
XR FLUORO GUIDE NEEDLE WRIST	\$211.00	77002
XR FLUORO GUIDE NEEDLE SHO RIG	\$211.00	77002
XR FOOT >=3V MIN COMP LEFT	\$198.00	73630
XR FOOT 2 VIEWS BILAT	\$170.00	73620
XR FOOT 2 VIEWS LEFT	\$85.00	73620
XR Foot 3V Min Comp Right	\$198.00	73630
XR FOREARM AP LAT 2V RIGHT	\$166.00	73090
XR HAND MIN >=3 VIEWS LEFT	\$166.00	73130
XR HAND MIN >=3 VIEWS RIGHT	\$166.00	73130
XR HEELS CALCANEUS >=2V BILAT	\$266.00	73650
XR HIP ARTHOGRAM LEFT	\$749.00	73525
XR HIP ARTHROGRAPHY RIGHT	\$749.00	73525
XR HIP W PEL 2 OR 3 VWS	\$133.00	73502
XR HUMERUS MIN >=2V LEFT	\$198.00	73060
XR INFANT LOWER EXT LEFT	\$155.00	73592
XR IVP W/WO TOMO/KUB	\$400.00	74400
XR KNEE >=4 VIEW MIN BILAT	\$395.00	73564
XR KNEE >=4V OR MORE LEFT	\$198.00	73564
XR KNEE 1-2 VIEWS LEFT	\$124.00	73560
XR KNEE 1-2 VIEWS RIGHT	\$124.00	73560
XR KNEE 3 VIEWS LEFT	\$151.00	73562
XR KNEE ARTHROGRAM RIGHT	\$689.00	73580
XR KNEE BOTH/KNEES STAND AP	\$124.00	73565
XR PELVIS 1 TO 2 VIEWS	\$216.00	72170
XR RETROGRADE PYELOGRAM LEFT	\$569.00	74420
XR RETROGRADE PYELOGRAM RIGHT	\$569.00	74420
XR SHOULDER COM >=2V LEFT	\$196.00	73030
XR SPINE LUMBAR COMP W OBL	\$389.00	72110
XR TIBIA AND FIBULA LT 2 VIEWS	\$148.00	73590
XR TIBIA AND FIBULA RT 2 VIEWS	\$148.00	73590
XR UPPER GI W SM BOWEL	\$632.00	74245
XR VENOGRAM UNILAT RT	\$1,004.00	75820
XR WRIST COMPLETE >= 3V LEFT	\$198.00	73110
X-RAY EXAM KNEE >=4 VIEWS	\$198.00	73564
X-RAY EXAM OF SHOULDER 1 VIEW	\$196.00	73020
X-RAY EXAM OF TOE(S) 2+ VIEWS	\$162.05	73660
X-RAY EXAM OF WRIST >=3VIEWS	\$198.00	73110

Laboratory Charges - The following charges represent the hospital's top 40 most common laboratory procedures.**

Description	Charges	CPT Code
AB; ASPERGILLUS	\$39.00	86606
AB; EB VCA	\$46.00	86665
AB; FUNGUS NES	\$36.60	86671
AMP NA PROBE NOS EACH AGENT	\$260.00	87798
ANALGESICS NON-OPIOID 1 OR 2	\$62.00	80329
ANDROSTENEDIONE SERUM	\$134.00	82157
ANTIDEPRESSANT TRICYCLIC 1/2	\$68.00	80335
ARC RH TYPE BLOOD SEROLOGIC	\$26.00	86901
ASSAY OF IGE GAMMAGLOBULIN	\$79.60	82785
AUTOM URINE DIP W MICRO	\$45.00	81001
BENCE JONES PROT ELE PH	\$102.00	86334
BLOOD TYPING RBC ANTIGENS	\$168.00	86905
BLOOD TYPING SEROLOGIC ABO	\$60.00	86900
BRAIN NATRIURETIC PEPTIDE	\$215.00	83880
CEA	\$97.50	82378
CHLORIDE SERUM	\$35.00	82435
COOMBS TEST DIRECT EACH	\$64.00	86880
CREATININE; NOT BLOOD	\$49.84	82570
CRYOGLOBULIN - QUAL/SEMI QUAN	\$71.00	82595
DNA AB; NATIVE OR DS	\$79.60	86225
DRUG QUANT NES THERAPEUTIC	\$520.00	80299
ENA ANY METHOD ANTI EA	\$109.70	86235
FLUORESCENT AB; SCR N EA AB	\$67.20	86255
FLUORESCENT AB; TITER EA AB	\$35.00	86256
GASTRIN PLASMA	\$90.00	82941
HEPATITIS C - DNA OR RNA GENO	\$729.00	87902
HGB FRACT & QUAN; EP	\$77.00	83020
HIV-1 QUANT&REVRSE TRNSCRPJ	\$241.00	87536
HPV TYPES 16 & 18 ONLY	\$110.00	87623
HPV TYPES 16 & 18 ONLY	\$91.00	87625
IA INFECTIOUS AGENT AB QUAN	\$668.90	86317
IA QUANT; CA 125	\$91.40	86304
IEP; NOT SERUM	\$96.00	86325
IMMUNIFIX E-PHORSIS/URINE/CSF	\$84.00	86335
IMMUNOELECTROPHORESIS SERUM	\$104.00	86320
LIPID PANEL	\$108.00	80061
METABOLIC PANEL IONIZED CA	\$79.00	80047
MICROBE SUSCEPTIBLE MIC	\$77.55	87186
OCCULT BLD DET FHG QUAL 1-3	\$46.00	82274
OCHD PAP EARLY DET	\$32.00	88142
PLT AGGREGATION 1 SPEC AGENT	\$94.30	85576
PROTEIN E-PHORESIS/URINE/CSF	\$51.00	84166
PROTEIN; EP FRACT&QUAN SERUM	\$68.00	84165
PROTHROMBIN TIME;	\$47.00	85610
PSA SCREENING	\$99.70	84153
PSA; FREE	\$17.00	84154
PSA; TOTAL	\$93.50	84153
RBC AB SCR N EA TECHIQ	\$100.00	86850
SMEAR SPECIAL STAIN	\$35.00	87207
THYROID STIMULATING HORMONE	\$140.00	84443
TRYPSIN; FECES QUAN 24 HOURS	\$91.00	84490
URINE AUTOMATED W/O MICRO	\$21.00	81003

**Data compiled for the period January 1, 2018 - October 31, 2018.