

## CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

### HOSPITAL PRICE DISCLOSURE

Pursuant to Section 3727.42 of Ohio Revised Code you are entitled, upon request, to a list of the usual and customary charges for room and board, and the usual and customary charges for a selected number of x-ray, laboratory, emergency room, operating room, delivery room, physical therapy, occupational therapy and respiratory therapy services. Cincinnati Children's Hospital Medical Center's charges at July 1, 2009 are as follows for the required sections.

#### **(B) (1)**

#### **ROOM CHARGES**

ROUTINE	\$ 1500.00
CRC	\$ 1500.00
ICU/CCU	\$ 1500.00
NEONATAL ICU	\$ 1500.00
MENTAL HEALTH	\$ 1050.00
PSYCHE RESIDENTIAL	\$ 812.00

#### **(B) (2)**

#### **SPECIAL PATIENT CARE – (NURSING) CHARGES**

SPC – NEONATE ICU	\$ 2096.62
SPC – FETAL CARE CENTER	\$ 1412.93
NURSING ACUITY – LVL 1	\$ 244.21
NURSING ACUITY – LVL 2	\$ 244.21
NURSING ACUITY – LVL 3	\$ 404.29
NURSING ACUITY – LVL 4	\$ 945.47
NURSING ACUITY – LVL 5	\$ 945.47
NURSING ACUITY – LVL 6	\$ 1412.93
NURSING ACUITY – LVL 7	\$ 1412.93
NURSING ACUITY – LVL 9	\$ 1412.93
NURSING ACUITY – LVL 10	\$ 404.29
SPC – PICU/CCU	\$ 2096.62
SPC – PSYCH	\$ 372.82
SPC – BMT	\$ 2471.06
SPC - HEMATOLOGY	\$ 1751.79

(B) (3) (a)

**RADIOLOGY PROCEDURES**

**PRO FEES**

CHEST 2 VIEWS	\$ 143.63	\$ 75.23
CHEST 1 VIEW	\$ 111.71	\$ 54.71
ABDOMEN 2 POSITION	\$ 166.43	\$ 78.65
ABDOMEN 1 POSITION	\$ 127.67	\$ 64.98
ULT RETROPERITONEAL (REN,AORT)	\$ 489.01	\$ 237.10
WRIST – 2 VIEWS	\$ 120.83	\$ 64.98
CT HEAD W/O CONTRAST	\$ 1041.87	\$ 427.46
FOOT 3+ VIEWS	\$ 141.35	\$ 78.65
RADIUS/ULNA 2 VIEWS (FOREARM)	\$ 129.95	\$ 64.98
ANKLE 3+ VIEWS	\$ 142.49	\$ 78.65
SCOLIOSIS LIMITED (THORA-LUMB)	\$ 167.56	\$ 101.45
MRI BRAIN W/O CONTRAST	\$ 2190.89	\$ 583.63
ELBOW – 2 VIEWS	\$ 120.83	\$ 64.98
HAND – 3 VIEWS	\$ 141.35	\$ 71.81
HIPS BILATERAL W/ AP PELVIS	\$ 193.78	\$ 107.15
TIBIA/FIBULA – 2 VIEWS	\$ 137.93	\$ 64.98
ULT SINGLE QUADRANT	\$ 503.83	\$ 329.43
FINGER 2-3 VIEWS	\$ 103.73	\$ 50.16
KNEE 1-2 VIEWS	\$ 141.35	\$ 64.98
FLUOROSCOPY – UP TO 1 HOUR	\$ 494.72	\$ 141.35
RAD EXAM, NECK SOFT TISSUE	\$ 142.49	\$ 64.98
BONE AGE STUDIES	\$ 143.63	\$ 90.05
CT ABDOMEN W/ CONTRAST	\$ 1454.51	\$ 511.81
CT PELVIS W/ CONTRAST	\$ 1293.79	\$ 486.74
ULT ABDOMEN ROUTINE	\$ 503.83	\$ 242.80
MRI BRAIN W/WO CONTRAST	\$ 3031.00	\$ 673.69
CYSTOURETHROGRAPHY (VOIDING)	\$ 329.43	\$ 142.49
FEMUR – 2 VIEWS	\$ 150.47	\$ 64.98
LUMBAR SPINE 2 OR 3 VIEWS	\$ 165.29	\$ 64.98
FLURO GUIDE VASCULAR ACCESS	\$ 430.89	\$ 152.75

**(B) (3) (b) LABORATORIES**

RENAL PL/NA	\$ 18.72
RENAL PL/K	\$ 18.72
RENAL PL/CL	\$ 18.72
RENAL PL/CO2	\$ 18.72
RENAL PL/BUN	\$ 18.72
RENAL PL/CREAT	\$ 18.72
GLUCOSE;STRIP	\$ 30.57
MAGNESIUM SERUM	\$ 30.57
PHOSPHORUS SERUM	\$ 30.57
COMPLETE BLOOD COUNT ONLY	\$ 33.31
ROUTINE VENIPUNCTURE	\$ 18.58
CBC W/AUTO DIFFERENTIAL	\$ 33.31
DIFFERENTIAL	\$ 18.66
LIVER BASE/ALB	\$ 16.39
LIVER BASE/GGT	\$ 27.74
LIVER BASE/ASPARTATE AMINO T	\$ 16.39
LIVER BASE/ALANINE AMINO T	\$ 16.39
LIVER BASE/TOTAL PROTEIN	\$ 16.39
LIVER BASE/ALK PHOS	\$ 16.39
LIVER BASE/CONJUGATED BILI	\$ 16.39
LIVER BASE/UNCONJUGATED BILI	\$ 16.39
URINALYSIS CHEMICAL	\$ 32.34
CALCIUM BLOOD	\$ 30.57
URINALYSIS-AUTO W/MICRO	\$ 24.88
URINE CULTURE	\$ 135.16
BLOOD GASES	\$ 166.22
SODIUM	\$ 33.25
POTASSIUM	\$ 33.25
IONIZED CALCIUM	\$ 44.45
HEMATOCRIT	\$ 7.43

(B) (3) (c)

**EMERGENCY DEPARTMENT SERVICES**

**PRO FEES**

BRIEF-LEVEL 1	\$ 112.00	\$ 93.00
LIMITED-LEVEL 2	\$ 190.00	\$ 186.00
INTERMEDIATE-LEVEL 3	\$ 218.00	\$ 417.00
EXTENDED-LEVEL 4	\$ 411.00	\$ 652.00
COMPREHENSIVE-LEVEL 5	\$ 747.00	\$1020.00

(B) (3) (d)

**OPERATING ROOM SERVICES**

OR BASE CHARGE-MINOR	\$ 879.00
OR BASE CHARGE-MAJOR	\$ 1486.00
OR ADDITIONAL 15 MIN-MINOR	\$ 334.00
OR ADDITIONAL 15 MIN-MAJOR	\$ 513.00

(B) (3) (e)

**DELIVERY SERVICES**

(B) (3) (f)

**RESPIRATORY AND PULMONARY THERAPY**

HHN TX	\$ 66.62
OXIMETRY SPOT CHECK	\$ 79.91
SUBSEQUENT VENTILATOR DAY	\$1199.84
CHEST PERCUSSION	\$ 47.55
OXIMETRY	\$ 351.90
INITIAL VENTILATOR DAY	\$ 1378.92
CPAP	\$ 826.43

(B) (3) (f)

**PHYSICAL THERAPY**

PT THERAPEUTIC ACTIV EA 15 MIN	\$ 51.30
PT EVALUATION	\$ 296.37
PT TESTS/MEASUREMENT EA 15 MIN	\$ 99.17
PT HUBBARD TANK EA 15 MIN	\$ 70.67
PT E-STIM (MANUAL) EA 15 MIN	\$ 61.55

(B) (3) (f)

**OCCUPATIONAL THERAPY**

OT THERAPEUTIC ACTIV EA 15 MIN	\$ 51.30
OT EVALUATION	\$ 296.37
OT TESTS/MEASUREMENT EA 15 MIN	\$ 99.17
OT GROUP, TWO OR MORE	\$ 103.73

**PRICES DO NOT INCLUDE PHYSICIAN FEES.**

**\*\*SELECTED PRICES BASED UPON VOLUME.**