



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 on July 1, 2024 are as follows for the required sections.

(B)(1) ROOM CHARGES

ROUTINE	\$6,580.00
CCU	\$11,888.00
ICU	\$11,888.00
NICU	\$11,888.00
HEM/ONC	\$10,872.00
BMT	\$11,815.00
MENTAL HEALTH	\$3,257.00
PSYCH RESIDENTIAL	\$1,888.00
TELEMETRY	\$10,556.00

**** (B)(3)(a) RADIOLOGY PROCEDURES**

		<u>PRO FEES</u>
CHEST X-RAY, SINGLE VIEW	\$214.00	\$45.00
CHEST X-RAY, TWO VIEWS	\$271.00	\$54.00
ABDOMEN X-RAY, ONE VIEW	\$226.00	\$43.00
ABDOMEN ULTRASOUND, LIMITED/SINGLE QUADRANT	\$739.00	\$137.00
WRIST X-RAY, ONE OR TWO VIEWS	\$189.00	\$46.00
RETROPERITONEAL ULTRASOUND, COMPLETE	\$867.00	\$174.00
FOREARM X-RAY, TWO VIEWS	\$210.00	\$51.00
HEAD CT, WITHOUT CONTRAST	\$1,990.00	\$199.00
FOOT X-RAY, THREE OR MORE VIEWS	\$219.00	\$51.00
ABDOMEN X-RAY, TWO VIEWS	\$280.00	\$53.00
BRAIN MRI, WITHOUT CONTRAST	\$4,031.00	\$347.00
ANKLE X-RAY, THREE OR MORE VIEWS	\$234.00	\$52.00
FINGER X-RAY, TWO OR MORE VIEWS	\$176.00	\$33.00
ELBOW X-RAY, ONE OR TWO VIEWS	\$194.00	\$40.00
TIBIA/FIBULA X-RAY, TWO VIEWS	\$213.00	\$53.00
NECK X-RAY, SOFT TISSUE	\$208.00	\$43.00
GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT	\$530.00	\$244.00
BRAIN MRI, WITHOUT AND WITH CONTRAST	\$5,284.00	\$536.00
HIP X-RAY BILATERAL, TWO VIEWS	\$274.00	\$66.00
KNEE X-RAY, ONE OR TWO VIEWS	\$213.00	\$56.00
DOPPLER VELOCIMETRY FETAL, UMBILICAL ARTERY	\$692.00	\$117.00
PROTON TREATMENT DELIVERY, INTERMEDIATE	\$5,955.00	N/A
SPINE X-RAY COMPLETE, ONE VIEW	\$312.00	\$62.00
SPINE X-RAY COMPLETE, TWO OR THREE VIEWS	\$473.00	\$75.00
HAND X-RAY, THREE OR MORE VIEWS	\$239.00	\$46.00
BONE AGE STUDIES	\$246.00	\$45.00
FETAL DOPPLER, COMPLETE	\$853.00	\$137.00
ABDOMEN/PELVIS CT, WITH CONTRAST	\$3,848.00	\$426.00
HEAD, ULTRASOUND	\$767.00	\$151.00
PELVIS XRAY, ONE OR TWO VIEWS	\$213.00	\$58.00

**** (B)(3)(b) LABORATORY TESTS - PERFORMED ON-SITE**

COMPLETE BLOOD COUNT, AUTOMATED, WITH AUTOMATED DIFFERENTIAL	\$65.00
MEASUREMENT OF ANTIBODY (IgE) TO ALLERGIC SUBSTANCE	\$43.00
MAGNESIUM LEVEL	\$74.00
RENAL FUNCTION PANEL	\$135.00
BLOOD SODIUM LEVEL	\$65.00
BLOOD GLUCOSE, QUANTITATIVE	\$64.00
BLOOD POTASSIUM LEVEL	\$75.00
IONIZED CALCIUM LEVEL	\$226.00
BLOOD GLUCOSE, REAGENT STRIP	\$65.00
BLOOD GASES	\$242.00
COMPREHENSIVE METABOLIC PANEL	\$133.00

COVID-19 DETECTION, AMPLIFIED PROBE TECHNIQUE	\$58.00	
PHOSPHATE LEVEL	\$41.00	
LACTIC ACID LEVEL	\$216.00	
HEPATIC FUNCTION PANEL	\$103.00	
BASIC METABOLIC PANEL	\$106.00	
STREP GROUP A, AMPLIFIED PROBE	\$70.00	
HEMATOCRIT	\$27.00	
BLOOD GASES WITH O2 SATURATION	\$326.00	
THYROID STIMULATING HORMONE	\$142.00	
ASSAY OF GGT	\$51.00	
TISSUE EXAM LEVEL IV	\$972.00	
URINALYSIS, AUTOMATED WITHOUT MICROSCOPY	\$43.00	
C-REACTIVE PROTEIN	\$97.00	
THROMBOPLASTIN TIME, PARTIAL (PTT)	\$303.00	
VITAMIN D 25 OH	\$551.00	
HEMOGLOBIN (A1C)	\$161.00	
URINE CULTURE, QUANTITATIVE COLONY COUNT	\$107.00	
FERRITIN	\$163.00	
LIPID PANEL	\$128.00	
VENIPUNCTURE	\$44.00	
(B)(3)(c) <u>EMERGENCY DEPARTMENT SERVICES</u>		PRO FEES
LEVEL 1	\$270.00	\$151.00
LEVEL 2	\$536.00	\$244.00
LEVEL 3	\$883.00	\$420.00
LEVEL 4	\$1,544.00	\$648.00
LEVEL 5	\$2,578.00	\$1,062.00
(B)(3)(d) <u>OPERATING ROOM SERVICES</u>		
OR BASE CHARGE - MINOR FIRST 15 MIN	\$3,469.00	
OR BASE CHARGE - MAJOR FIRST 15 MIN	\$5,156.00	
OR BASE CHARGE - ROBOTIC FIRST 15 MIN	\$9,334.00	
OR ADDITIONAL 15 MIN - MINOR	\$1,092.00	
OR ADDITIONAL 15 MIN - MAJOR	\$1,587.00	
OR ADDITIONAL 15 MIN - ROBOTIC	\$1,587.00	
(B)(3)(e) <u>DELIVERY SERVICES</u>		
VAGINAL DELIVERY - SINGLE GESTATION	\$3,463.00	
VAGINAL DELIVERY - MULTIPLE GESTATION	\$3,761.00	
DELIVERY OF PLACENTA ONLY	\$2,713.00	
(B)(3)(f) <u>RESPIRATORY AND PULMONARY THERAPY</u>		
HHN TX	\$142.00	
SUBSEQUENT VENTILATOR DAY	\$2,560.00	
CHEST PERCUSSION, INITIAL	\$101.00	
INITIAL VENTILATOR DAY	\$2,939.00	
(B)(3)(f) <u>PHYSICAL THERAPY</u>		
PT THERAPEUTIC PROC EA 15	\$80.00	
PT EVALUATION MOD COMPLEX	\$362.00	
PT TESTS / MEASUREMENT EA 15 MIN	\$120.00	
PT HUBBARD TANK EA 15 MIN	\$112.00	
PT E-STIM (MANUAL) EA 15 MIN	\$112.00	
(B)(3)(f) <u>OCCUPATIONAL THERAPY</u>		
OT THERAPEUTIC PROC EA 15 MIN	\$80.00	
OT EVALUATION MOD COMPLEX	\$362.00	
OT TESTS / MEASUREMENT EA 15 MIN	\$120.00	
OT GROUP, TWO OR MORE, THERAPEUTIC PROC	\$170.00	

PRICES DO NOT INCLUDE PHYSICIAN FEES.
****SELECTED PROCEDURES BASED UPON VOLUME.**