



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 October 1, 2021 are as follows for the required sections.

(B)(1)	<u>ROOM CHARGES</u>		
	ROUTINE		\$5,767.00
	CCU		\$10,419.00
	ICU		\$10,419.00
	NICU		\$10,419.00
	HEM/ONC		\$9,528.00
	BMT		\$10,354.00
	MENTAL HEALTH		\$2,854.00
	PSYCH RESIDENTIAL		\$1,654.00
	TELEMETRY		\$9,251.00
** (B)(3)(a)	<u>RADIOLOGY PROCEDURES</u>		<u>PRO FEES</u>
	CHEST X-RAY, SINGLE VIEW	\$188.00	\$43.00
	ABDOMEN X-RAY, ONE VIEW	\$198.00	\$42.00
	CHEST X-RAY, TWO VIEWS	\$238.00	\$54.00
	WRIST X-RAY, ONE OR TWO VIEWS	\$166.00	\$57.00
	ABDOMEN ULTRASOUND, LIMITED/SINGLE QUADRANT	\$648.00	\$136.00
	RETROPERITONEAL ULTRASOUND, COMPLETE	\$760.00	\$157.00
	FOREARM X-RAY, TWO VIEWS	\$184.00	\$49.00
	FOOT X-RAY, THREE OR MORE VIEWS	\$192.00	\$49.00
	BRAIN MRI, WITHOUT CONTRAST	\$3,532.00	\$320.00
	ANKLE X-RAY, THREE OR MORE VIEWS	\$205.00	\$50.00
	ABDOMEN X-RAY, TWO VIEWS	\$245.00	\$52.00
	HEAD CT, WITHOUT CONTRAST	\$1,743.00	\$196.00
	ELBOW X-RAY, ONE OR TWO VIEWS	\$170.00	\$54.00
	TIBIA/FIBULA X-RAY, TWO VIEWS	\$187.00	\$51.00
	FINGER X-RAY, TWO OR MORE VIEWS	\$155.00	\$31.00
	BRAIN MRI, WITHOUT AND WITH CONTRAST	\$4,631.00	\$488.00
	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT	\$465.00	\$246.00
	SPINE X-RAY COMPLETE, ONE VIEW	\$273.00	\$57.00
	KNEE X-RAY, ONE OR TWO VIEWS	\$187.00	\$54.00
	HIP X-RAY BILATERAL, TWO VIEWS	\$240.00	\$66.00
	SPINE X-RAY COMPLETE, TWO OR THREE VIEWS	\$414.00	\$69.00
	DOPPLER VELOCIMETRY FETAL, UMBILICAL ARTERY	\$606.00	\$107.00
	PROTON TREATMENT DELIVERY, INTERMEDIATE	\$5,219.00	N/A
	FETAL HEART ULTRASOUND, COMPLETE	\$747.00	\$129.00
	HAND X-RAY, THREE OR MORE VIEWS	\$209.00	\$44.00
	BONE AGE STUDIES	\$216.00	\$45.00
	NECK X-RAY, SOFT TISSUE	\$182.00	\$39.00
	ABDOMEN ULTRASOUND, COMPLETE	\$761.00	\$172.00
	ABDOMEN/PELVIS CT, WITH CONTRAST	\$3,373.00	\$411.00
	ULT PELVIS COMPLETE	\$670.00	\$148.00
** (B)(3)(b)	<u>LABORATORY TESTS - PERFORMED ON-SITE</u>		
	COVID-19 DETECTION, AMPLIFIED PROBE TECHNIQUE		\$56.00
	COMPLETE BLOOD COUNT, AUTOMATED, WITH AUTOMATED DIFFERENTIAL		\$57.00
	FLOW CYTOMETRY, CELL SURFACE, EACH ADDITIONAL MARKER		\$89.00
	MAGNESIUM LEVEL		\$65.00
	RENAL FUNCTION PANEL		\$118.00
	BLOOD GLUCOSE, REAGENT STRIP		\$57.00
	BLOOD GLUCOSE, QUANTITATIVE		\$56.00
	IONIZED CALCIUM LEVEL		\$198.00
	BLOOD SODIUM LEVEL		\$57.00

BLOOD POTASSIUM LEVEL	\$66.00
MEASUREMENT OF ANTIBODY (IgE) TO ALLERGIC SUBSTANCE	\$38.00
LACTIC ACID LEVEL	\$190.00
HEPATIC FUNCTION PANEL	\$91.00
BASIC METABOLIC PANEL	\$93.00
PHOSPHATE LEVEL	\$36.00
BLOOD GASES	\$212.00
BLOOD GASES WITH O2 SATURATION	\$286.00
COMPREHENSIVE METABOLIC PANEL	\$116.00
HEMATOCRIT	\$24.00
THYROID STIMULATING HORMONE	\$124.00
ASSAY OF GGT	\$45.00
TISSUE EXAM LEVEL IV	\$852.00
URINALYSIS, AUTOMATED WITH MICROSCOPY	\$65.00
C-REACTIVE PROTEIN	\$85.00
HEMOGLOBIN	\$22.00
ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)	\$106.00
URINALYSIS, AUTOMATED WITHOUT MICROSCOPY	\$38.00
URINE CULTURE, QUANTITATIVE COLONY COUNT	\$94.00
PROTHROMBIN TIME	\$57.00
VITAMIN D 25 OH	\$499.00
VENIPUNCTURE	\$39.00

(B)(3)(c) EMERGENCY DEPARTMENT SERVICES

BRIEF - LEVEL 1	\$237.00	PRO FEES \$145.00
LIMITED - LEVEL 2	\$464.00	\$240.00
INTERMEDIATE - LEVEL 3	\$763.00	\$423.00
EXTENDED - LEVEL 4	\$1,335.00	\$649.00
COMPREHENSIVE - LEVEL 5	\$2,228.00	\$1,073.00

(B)(3)(d) OPERATING ROOM SERVICES

OR BASE CHARGE - MINOR FIRST 15 MIN	\$3,041.00
OR BASE CHARGE - MAJOR FIRST 15 MIN	\$4,519.00
OR BASE CHARGE - ROBOTIC FIRST 15 MIN	\$8,180.00
OR ADDITIONAL 15 MIN - MINOR	\$957.00
OR ADDITIONAL 15 MIN - MAJOR	\$1,391.00
OR ADDITIONAL 15 MIN - ROBOTIC	\$1,391.00

(B)(3)(e) DELIVERY SERVICES

VAGINAL DELIVERY - SINGLE GESTATION	\$3,035.00
VAGINAL DELIVERY - MULTIPLE GESTATION	\$3,296.00
DELIVERY OF PLACENTA ONLY	\$2,378.00

(B)(3)(f) RESPIRATORY AND PULMONARY THERAPY

HHN TX	\$124.00
SUBSEQUENT VENTILATOR DAY	\$2,243.00
CHEST PERCUSSION, INITIAL	\$89.00
INITIAL VENTILATOR DAY	\$2,576.00

(B)(3)(f) PHYSICAL THERAPY

PT THERAPEUTIC PROC EA 15	\$71.00
PT EVALUATION MOD COMPLEX	\$318.00
PT TESTS / MEASUREMENT EA 15 MIN	\$106.00
PT HUBBARD TANK EA 15 MIN	\$98.00
PT E-STIM (MANUAL) EA 15 MIN	\$98.00

(B)(3)(f) OCCUPATIONAL THERAPY

OT THERAPEUTIC PROC EA 15 MIN	\$71.00
OT EVALUATION MOD COMPLEX	\$318.00
OT TESTS / MEASUREMENT EA 15 MIN	\$106.00
OT GROUP, TWO OR MORE	\$149.00

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