

Hospital Fees

In compliance with state law, The Ohio State University Wexner Medical Center is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should learn more about the financial aid options available on the Medical Center's website.

ROOM AND BOARD — PER DAY CHARGES	CHARGE
MEDICAL SURGICAL	
SEMI-PRIVATE	\$1,911.00
PRIVATE	\$1,911.00
REHABILITATION	\$1,958.00
INTERMEDIATE (STEP DOWN)	\$3,633.00
ICU	\$5,331.00
PSYCHIATRIC CARE	
ADULT PSYCHIATRIC	\$3,269.00
CHILD/ADOLESCENT PSYCHIATRIC	\$3,269.00
NURSERY	
GENERAL NURSERY	\$2,432.00
NEONATAL INTENSIVE CARE	\$4,520.00

Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs or supplies required for a particular delivery-room procedure. Fees for physician services or anesthesia administration are also not reflected.

LABOR AND DELIVERY	CHARGE
NORMAL DELIVERY	
VAGINAL BIRTH	\$3,920.00
AMNIOCENTESIS	
AMNIOCENTESIS	\$969.00

Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the personnel resources, the intensity of care and the amount of time needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians.

EMERGENCY DEPARTMENT	CHARGE
EMER RM SERV-LEV 1	\$273.00
EMER RM SERV-LEV 2	\$533.00
EMER RM SERV-LEV 3	\$797.00
EMER RM SERV-LEV 4	\$1,512.00
EMER RM SERV-LEV 5	\$2,231.00
CRITICAL CARE	\$2,877.00

Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. There is an initial, set-up charge as well as additional charges for additional time while the operation is being performed.

OPERATING ROOM	CHARGE
ANES 1ST 30 MINUTES	\$390.00
ANES EACH ADDL 15 MINUTES	\$196.00
OR LEVEL I 0-30 MIN	\$2,887.00
OR LEVEL I EA ADDL 15 MIN	\$1,443.00
OR LEVEL II 0-30 MIN	\$3,559.00
OR LEVEL II EA ADDL 15 MIN	\$1,779.00
OR LEVEL III 0-30 MIN	\$4,271.00
OR LEVEL III EA ADDL 15 MIN	\$2,135.00
OR LEVEL IV 0-30 MIN	\$6,003.00
OR LEVEL IV EA ADDL 15 MIN	\$3,001.00
OR LEVEL V 0-30 MIN	\$6,338.00
OR LEVEL V EA ADDL 15 MIN	\$3,169.00

Physical Therapy Charges

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

PHYSICAL THERAPY	CPT CODE	CHARGE
PT EVALUATION LOW COMPLEXITY	97161	\$270.00
PT EVALUATION MODERATE COMPLEXITY	97162	\$300.00
THERAPEUTIC ACTIVITIES DIRECT EACH 15 MIN	97530	\$160.00
NEUROMUSCULAR RE-EDUCATION EACH 15 MIN	97112	\$137.00
MANUAL THERAPY TECHNIQUES EACH 15 MIN	97140	\$154.00
THERAPEUTIC EXERCISES ROM & FLEXIBILITY EACH 15 MIN	97110	\$137.00

Occupational Therapy Charges

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

OCCUPATIONAL THERAPY	CPT CODE	CHARGE
SELF CARE/HOME MANAGEMENT DIRECT EACH 15 MIN BY OT	97535	\$136.00
THERAPEUTIC ACTIVITIES DIRECT EACH 15 MIN BY OT	97530	\$160.00
THERAPEUTIC EXERCISES ROM AND FLEXIBILITY EACH 15 MIN BY OT	97110	\$137.00
OT EVALUATION LOW COMPLEXITY	97165	\$237.00
OT EVALUATION MODERATE COMPLEXITY	97166	\$264.00
NEUROMUSCULAR REEDUCATION EACH 15 MIN BY OT	97112	\$137.00

Pulmonary Therapy Charges

The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.

RESPIRATORY / PULMONARY	CPT CODE	CHARGE
DIFFUSING CAPACITY	94729	\$455.00
PULMONARY FUNCTION TEST PLETHYSMOGRAPHY	94726	\$383.00
SPIROMETRY VITAL CAPACITY W/ OR W/O MAXIMAL VOLUNTARY VENTILATION	94010	\$625.00

PULMONARY STRESS TEST SIMPLE (6 MIN WALK)	94620	\$503.00
VITAL CAPACITY TOTAL	94150	\$153.00
PULSE OXIMETRY FOR O2 SAT CONTINUOUS	94762	\$227.00

X-ray and Radiological Charges

The following charges reflect the hospital's 30 most common X-ray and radiological procedures.

RADIOLOGY PROCEDURES	CPT CODE	CHARGE
RADIOLOGY EXAM ABDOMEN COMPLETE- W/ DECUBITUS OR ERECT VIEWS	74020	\$538.00
RADIOLOGY EXAM ABDOMEN SINGLE AP VIEWS	74000	\$379.00
RADIOLOGY EXAM ANKLE COMPLETE- MIN 3 VIEWS	73610	\$446.00
RADIOLOGY EXAM CERVICAL SPINE 2 OR 3 VIEWS	72040	\$535.00
RADIOLOGY EXAM CERVICAL SPINE 4 OR 5 VIEWS	72050	\$655.00
RADIOLOGY EXAM CERVICAL SPINE 6 OR MORE VIEWS	72052	\$765.00
RADIOLOGY EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	\$593.00
RADIOLOGY EXAM ELBOW COMPLETE- MIN 3 VIEWS	73080	\$464.00
RADIOLOGY EXAM ESOPHAGUS	74220	\$731.00
RADIOLOGY EXAM FEMUR MINIMUM 2 VIEWS	73552	\$365.00
RADIOLOGY EXAM FOOT COMPLETE- MIN 3 VIEWS	73630	\$437.00
RADIOLOGY EXAM FOREARM 2 VIEWS	73090	\$290.00
RADIOLOGY EXAM HAND 2 VIEWS	73120	\$205.00
RADIOLOGY EXAM HAND MIN 3 VIEWS	73130	\$219.00
RADIOLOGY EXAM HIP W/ PELVIS WHEN PERFORMED UNILATERAL 2 -3 VIEWS	73502	\$356.00
RADIOLOGY EXAM HUMERUS MIN 2 VIEWS	73060	\$457.00
RADIOLOGY EXAM KNEE 1 OR 2 VIEWS	73560	\$316.00
RADIOLOGY EXAM KNEE 3 VIEWS	73562	\$391.00
RADIOLOGY EXAM KNEE COMPLETE- 4 OR MORE VIEWS	73564	\$456.00
RADIOLOGY EXAM LUMBOSACRAL SPINE 2 OR 3 VIEWS	72100	\$208.00
RADIOLOGY EXAM LUMBOSACRAL SPINE MIN 4 VIEWS	72110	\$289.00
RADIOLOGY EXAM PELVIS 1 OR 2 VIEWS	72170	\$455.00
RADIOLOGY EXAM PELVIS COMPLETE- MIN 3 VIEWS	72190	\$551.00
RADIOLOGY EXAM RIBS UNILATERAL 2 VIEWS	71100	\$466.00
RADIOLOGY EXAM SHOULDER COMPLETE- MIN 2 VIEWS	73030	\$467.00
RADIOLOGY EXAM SPINE ENTIRE THORACIC AND LUMBAR 2 OR 3 VIEWS	72082	\$196.00
RADIOLOGY EXAM THORACIC SPINE 2 VIEWS	72070	\$206.00
RADIOLOGY EXAM THORACIC SPINE 3 VIEWS	72072	\$619.00
RADIOLOGY EXAM TIBIA FIBULA 2 VIEWS	73590	\$384.00
RADIOLOGY EXAM WRIST COMPLETE- MIN 3 VIEWS	73110	\$241.00

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures.

LAB PROCEDURES	CPT CODE	CHARGE
AEROB BACTERIAL BLOOD CULTURE	87040	\$177.00
BLOOD TYPING; ABO	86900	\$162.00
BLOOD GAS; MIXED WO O2 SAT	82803	\$241.00
CALCIUM; IONIZED	82330	\$123.00
CALCIUM; TOTAL	82310	\$51.00
CBC & PLATELET	85027	\$66.00
CBC EDIFF & PLATELET	85025	\$89.00
COMPATIBILITY TEST; ELECTRIC	86923	\$152.00
COMPREHEN METABOLIC PANEL	80053	\$405.00
CREATININE; BLOOD	82565	\$39.00

ELECTROLYTE PANEL	80051	\$155.00
FLOW CYTOMETRY EA ADDL MARKER	88185	\$157.00
GLUCOSE; QUAN BLOOD	82947	\$48.00
HEMOGLOBIN	85018	\$37.00
HEPATIC FUNCTION PANEL	80076	\$223.00
HGB; GLYCOSYLATED (A1C)	83036	\$54.00
LACTATE DEHYDROGENASE (LD) (LDH)	83615	\$94.00
LIPID PANEL	80061	\$47.00
MAGNESIUM	83735	\$69.00
METABOLIC PANEL TOTAL CA	80048	\$279.00
PHOSPHATE INORGANIC	84100	\$52.00
PROTHOMBIN TIME	85610	\$71.00
PTT; PLASMA OR WHOLE BLOOD	85730	\$84.00
RBC AB SCRIN; EA TECHIQ	86850	\$268.00
SURG PATH LEVEL IV EXCEPT PROSTATE NEEDLE BIOPSY	88305	\$403.00
THYROID STIMULATING HORMONE	84443	\$74.00
TROPONIN QUAN	84484	\$50.00
UREA NITROGEN; QUAN	84520	\$39.00
URINALYSIS TOTAL AUTOMATED W/ MICRO	81001	\$67.00
VENIPUNCTURE	36415	\$50.00