## 2021 Patient Price Information List



In compliance with state law, Genesis Healthcare System 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 consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of 1/1/2021

oronary care		Room and Board Per Day Charges <u>Charges</u>	CDM#	
tensive care	Level 1 Level 2	\$5,021.96 \$7,058.96	21000001 * 21006321 *	
	Level 1 Level 2	\$5,021.90 \$5,021.96	21000001 *	
ursery	Level I Level 2	\$1,764.16 \$2,838.04	17100001 * 17200001 *	
noology	Level 3 Level 4	\$3,773.18 \$4,885.54	17300001 * 17400001 * 12100001 *	
ncology sychiatric care outine care		\$1,789.81 \$1,712.85 \$1,789.81	12100001 * 12400001 * 12100001 *	
		Labor and Delivery Charges		
e following list does not include c es for physician services or anes	harges for anesthesia, drugs, thesia administration are also	or supplies required for a particular delivery room proc not reflected, and will be billed separately by your phy	cedure. sician.	
		<u>Charges</u>		
ormal Delivery esarean Section Delivery mniocentesis		\$5,299.40 \$9,830.34 \$683.36	72200001 * 72200004 * 36159000 *	
etal Monitor per hour abor Room per hour		Not separately charged.           Not separately charged.		
		Emergency Department Charges		
presenting basic emergency care,	, reflect the type of accommod	ency care provided to our patients. The levels, with lev lations needed, the personnel resources, the intensity g charges do not include fees for drugs, supplies or ad	of care	
ncillary procedures that may be re- epartment physicians, who will bill	quired for a particular emerge	ncy treatment. They also do not include fees for Emerg	gency	
evel 1 evel 2		<u>Charges</u> \$233.98 \$430.06	45099281 45099282	
evel 3 evel 4 evel 5		\$750.56 \$1,017.85 \$1,695.57	45099283 45099284 45099285	
rauma care		N/A           \$2,070.17         Initial 75-mi		
perating Room charges are based	l on the complexity level, with	Operating Room Charges level 1 being the most basic, for a particular operation	. There is	
initial, set-up charge as well as a	n additional charge for each 1	5 minutes while the operation is being performed.		
	1st Ha	Additional f hr 15-Minute		
evel 1	\$ 4,170	Charge 0.96 \$ 816.02	36000001 36000002	
evel 2	\$ 5,42	Physical Therapy Charges	36000004 36000005	
ne following charges reflect the mo Iditional charges, depending on th		y our Physical Therapy department. Patients may hav	e	
<b>Dutpatient</b> Physical Therapy High Comp	lexity	<u>Charge</u> \$ 282.74	42497163 *	
hysical Therapy High Comp hysical Therapy Moderate C hysical Therarpy Low Evalu	Complexity	\$ 253.21 \$ 221.56	42497163       42497162       42497161	
herapeutic Exercise Per 15 Ianual Therapy Per 15 Min		\$ 210.98 \$ 165.51	42097110 * 42000140 *	
T Gait Training Itrasound euromuscular Re-education		\$ 187.80 \$ 164.34 \$ 153.44	42097116 * 42097035 * 42097112 *	
		Occupational Therapy Charges		
ne following charges reflect the mo Iditional charges, depending on th		y our Occupational Therapy department. Patients ma	y have	
utpatient occupational Therapy High C occupational Therapy Moder	, ,	<u>Charge</u> \$278.53 \$246.88	43497167 * 43497166 *	
ccupational Therapy Low C herapeutic Exercise Per 15	omplexity Min	\$215.22 \$210.98	43497165 * 43097110 *	
DT Additional Self Care 15 M Ianual therapy ensory Integration		\$122.09 \$165.51 \$160.44	43097535 * 43097140 * 43097533 *	
	ost common sonicos offored l	Pulmonary Therapy Charges		
dditional charges, depending on th				
reathing Treatment Initial IPAP/CPAP Daily Managem	lent	Charge           \$ 157.86           \$ 946.87	41094640 * 41094660 *	
KG		\$ 258.15 X-Ray and Radiological Charges	73093005 *	
		y and radiological procedures.		
he following charges reflect the ho	spital's 30 most common x-ra			
he following charges reflect the ho Description	spitai s 30 most common x-ra	Charge \$232.45	32471010	
escription hest- one view umbar Spine - Min 4 Views nee 3 View	spitai s 30 most common x-ra	\$232.45 \$313.10 \$250.00	32471010 32072110 * 32073562 *	
escription hest- one view umbar Spine - Min 4 Views nee 3 View oot - Min 3 Views houlder Min 2 Views		\$232.45 \$313.10 \$250.00 \$250.00 \$232.45	32072110       *         32073562       *         32073630       *         32073030       *	
escription hest- one view umbar Spine - Min 4 Views nee 3 View oot - Min 3 Views houlder Min 2 Views nkle - 3 Views and Min 3 Views bdomen One View		\$232.45 \$313.10 \$250.00 \$250.00 \$232.45 \$250.00 \$250.00 \$250.00 \$232.45	32072110       *         32073562       *         32073630       *         32073030       *         32073610       *         32073130       *         32074000       *	Image: second
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escription thest- one view umbar Spine - Min 4 Views nee 3 View oot - Min 3 Views houlder Min 2 Views nkle - 3 Views and Min 3 Views bdomen One View ip unilateral with Pelvis 2-3 /rist-3 views T head w/o Contrast T ABD-Pelvis w/Contrast T Abdomen - Pelvis w/o Contrast T Abdomen - Pelvis w/o Contrast T Chest W/O Contrast T Chest W/O Contrast T Chest W/O Contrast T ADB - Pelvis W & or W/O T Lumbar Spine W/O Contrast IRI Cervical Spine w/o contrast IRI Lumbar Spine w/o contrast IRI Lumbar Spine w/o contrast IRI Brain w/ w/o contrast IRI Brain w/ w/o contrast IRI I Lower Ext Joint w/o contrast IRI Lower Ext Joint w/o contrast IRI Brain w/ w/o contrast IRI brain brain Draw/Venipuncture holesterol Profile Ietaboloc Panel BC With Auto Diff SH hem 8 emogram & Platelet Count ilycohemoglobin rotime outine Culture Urine teratinne rinalysis itamin B12 -Reactive Protein reatinne, Random Urine trep A Amplified Probe hlamydia - Amplified Probe hlamydia - Amplified Probe ensitivity/MIC rinalysis Reflux Culture Imit w/ w/o contrast IRI brain brai	Views	\$232.45           \$313.10           \$250.00           \$250.00           \$222.45           \$250.00           \$250.00           \$2232.45           \$313.10           \$250.00           \$2232.45           \$313.10           \$250.00           \$232.45           \$313.10           \$250.00           \$1,590.53           \$3,715.48           \$3,231.80           \$1,997.63           \$2,295.73           \$505.54           \$2,241.28           \$1,683.33           \$6,522.87           \$2,241.28           \$4,062.68           \$4,062.67           \$3,167.35           \$4,325.39           \$3,244.02           \$842.71           Laboratory Charges           mon laboratory procedures. This is for Outpatient pricin           \$30.80           \$24.29           \$30.80           \$24.29           \$17.87           \$38.64           \$19.46           \$19.46           \$19.46           \$19.46           \$19.87<	32072110         *           32073562         *           32073630         *           32073630         *           32073630         *           32073610         *           32073100         *           32073502         *           32073100         *           32073110         *           32073110         *           32073110         *           32073110         *           32073110         *           32073110         *           35274176         *           35271280         *           3527128         *           3527128         *           3527128         *           3527131         *           61170551         *           61170553         *           61170551         *           61170553         *           61170553         *           30100005         *           30100005         *           30100005         *           30100005         *           30100005         *      30100005         *	111
escription hest- one view imbar Spine - Min 4 Views hee 3 View bot - Min 3 Views houlder Min 2 Views hale - 3 Views and Min 3 Views botomen One View p unilateral with Pelvis 2-3 rist-3 views T head w/o Contrast T ABD-Pelvis w/Contrast T Abdomen - Pelvis w/o Contrast T Chest W/O Contrast T Chest W/C Contrast T Chest W/C Contrast T Chest W/C Contrast T ADB - Pelvis W & or W/O T Lumbar Spine W/O Contra T Maxxillofacial W/O Contra T Maxxillofacial W/O Contra T Maxxillofacial W/O Contra T ADB - Pelvis W & or W/O T Lumbar Spine W/O Contra RI Cervical Spine w/o contra RI Brain w/o contrast RI Brain w/ wo contrast RI Brain w/ wo contrast RI Brain w/ wo contrast RI Brain w/ wo contrast RI Lower Ext Joint w/o contra S Retroperitonium - Limited <i>The following charges refle</i> escription ab Draw/Venipuncture holesterol Profile etaboloc Panel BC With Auto Diff SH herm 8 emogram & Platelet Count tycohemoglobin rotime putine Culture Urine enal Panel T in Prep Pap Test, Screen ST 4 Free ver Panel - Hepatic ED Rate reatinne, Random Urine rep A Amplified Probe harydia - Amplified Probe harydia - Amplified Probe ensitivity/MIC		\$232.45           \$313.10           \$250.00           \$250.00           \$250.00           \$250.00           \$250.00           \$250.00           \$250.00           \$250.00           \$250.00           \$232.45           \$313.10           \$250.00           \$250.00           \$250.00           \$250.00           \$1,590.53           \$3,715.48           \$3,231.80           \$1,997.63           \$2,295.73           \$505.54           \$2,241.28           \$1,683.33           \$6,522.87           \$2,241.28           \$4,062.67           \$3,167.35           \$4,325.39           \$3,244.02           \$842.71           Laboratory Charges           mon laboratory procedures. This is for Outpatient prici           \$30.80           \$24.29           \$37.87           \$38.64           \$19.46           \$14.88           \$22.33           \$9.87           \$18.79           \$18.79           \$18.79	32072110         *           32073562         *           32073630         *           32073630         *           32073630         *           32073610         *           32073100         *           32073502         *           32073100         *           32073110         *           32073110         *           32073110         *           32073110         *           32073110         *           32073110         *           35274176         *           35271260         *           3527128         *           3527128         *           3527128         *           35272131         *           61170553         *           61170553         *           61170553         *           61170553         *           61170553         *           30100005            30100005            30100005            30100005            30100005            30100005       <	111