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 | |
| Dutpatient 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 | |
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| 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 * | |
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