

SUMMA WESTERN RESERVE HOSPITAL
USUAL AND CUSTOMARY CHARGES
FOR SELECTED PROCEDURES

As of January 1, 2010

Room and Board Charges	
Description	Rate
DIRECT ADMIT TO OBSERVATION	\$151.25
ICU OBSERVATION - MODERATE PER HOUR	\$93.25
ICU STEPDOWN CHARGE	\$3,122.25
INTENSIVE CARE	\$3,855.50
OBSERVATION - LOW PER HOUR	\$70.25
OBSERVATION - MODERATE PER HOUR	\$102.50
PRIVATE ROOM	\$1,743.25
SEMI PRIVATE ROOM	\$1,685.00

Operating Room Charges	
Description	Rate
ANESTHESIA-GEN ASA1-1ST 30 MIN	\$594.00
ANESTHESIA-GEN ASA1-EACH ADDL 15 MIN	\$38.75
ANESTHESIA-GEN ASA2-1ST 30 MIN	\$653.50
ANESTHESIA-GEN ASA2-EACH ADDL 15 MIN	\$38.75
ANESTHESIA-GEN ASA3-1ST 30 MIN	\$718.75
ANESTHESIA-GEN ASA3-EACH ADDL 15 MIN	\$38.75
ANESTHESIA-GEN ASA4-1ST 30 MIN	\$790.75
ANESTHESIA-GEN ASA4-EACH ADDL 15 MIN	\$38.75
ANESTHESIA-GEN ASA5-1ST 30 MIN	\$869.75
ANESTHESIA-GEN ASA5-EACH ADDL 15 MIN	\$38.75
MAJOR 1ST HOUR	\$5,469.00
MAJOR COMPLEX 1ST HOUR	\$6,383.25
MAJOR COMPLEX EACH ADDL MIN	\$27.75
MAJOR EACH ADDL MIN	\$24.00
MINOR 1ST HOUR	\$2,042.75
MINOR COMPLEX 1ST HOUR	\$4,919.25
MINOR COMPLEX EACH ADDL MIN	\$25.25
MINOR EACH ADDL MIN	\$22.75
PACU 1 - 1ST 30 MIN	\$836.50
PACU 1 - EACH ADDL 15 MIN	\$60.00
PACU 2 - 1ST 30 MIN	\$918.50
PACU 2 - EACH ADDL 15 MIN	\$66.00
PACU 3 - 1ST 30 MIN	\$1,012.25
PACU 3 - EACH ADDL 15 MIN	\$71.75
PACU 4 - 1ST 30 MIN	\$1,112.00
PACU 4 - EACH ADDL 15 MIN	\$79.25
PACU 5 - 1ST 30 MIN	\$1,125.50
PACU 5 - EACH ADDL 15 MIN	\$87.25

Emergency Department Charges	
Description	Rate
ADMINISTRATION IMMUNE 1 VACCINE	\$66.00
DRUG INFUSION 1ST HOUR	\$597.50
EMERGENCY SERVICE - LEVEL 1	\$333.50
EMERGENCY SERVICE LEVEL 2	\$432.50
EMERGENCY SERVICE LEVEL 3	\$714.25
EMERGENCY SERVICE LEVEL 4	\$1,251.75
EMERGENCY SERVICE LEVEL 5	\$1,822.00
INJ IM OR SUBSEQUENT	\$236.75
INJ IV PUSH EACH DIFFERENT DRUG	\$320.75
INJ IV PUSH INITIAL DRUG	\$320.75
IV INFUSION HYDRATION EACH ADDL HR	\$409.00
IV INFUSION HYDRATION 1ST HR	\$596.75
IV INJECT SAME DRUG	\$320.75
IV SOLUTION 1000CC	\$27.00
PULSE OXIMETRY - SINGLE	\$132.25

Respiratory Therapy Charges	
Description	Rate
ACETYLESTINE 10% SOLUTION	\$14.00
ALBUTEROL SOLUTION	\$13.00
ART PUN WITHDRAW BLOOD DX	\$558.50
ATROVENT SOLUTION	\$13.00
DEMO EVALUATION OF AEROSOL DEVICE	\$208.25
INHALATION TX, OP	\$278.25
INHALATION TX, IP	\$278.25
MANIP CHEST WALL, SUBSEQUENT	\$127.00
METHACHOLINE EACH DILUTION	\$41.00
VENT ASSIST/MGT, SUBSEQUENT	\$1,111.75

Physical Therapy Charges	
Description	Rate
BTE EVALUATION 15 MIN	\$140.25
ELECTRICAL STIMULATION UA	\$123.75
MANUAL THERAPY, 15 MIN	\$136.75
PHYSICAL THERAPY EVALUATION	\$280.25
PHYSICAL THERAPY RE-EVALUATION	\$280.25
PHYSICAL THERAPY TX GAIT TRAIN Q 15	\$111.00
PHYSICAL THERAPY TX PROCEDURE NEURO Q 15	\$136.75
THERAPEUTIC PROCEDURE 15 MINUTE	\$111.00
TRACTION MECHANICAL	\$125.25
ULTRASOUND, 15 MIN	\$106.75

Occupational Therapy	
Description	Rate
ELECTRICAL STIMULATION-UA	\$123.75
FLUIDOTHERAPY	\$198.25
FUNCTIONAL CAPACITY EVALUATION Q15	\$140.25
OCCUPATIONAL THERAPY EVALUATION	\$301.50
PARAFFIN BATH THERAPY	\$110.00
SELF/HOME MGT Q15	\$110.50
THERAPEUTIC PROCEDURE Q15	\$111.00
TX ACTIVITY FUNCTION Q15	\$136.75
ULTRASOUND Q15	\$106.75

Pain Management	
Description	Rate
IM INJECTION	\$183.50
IMPLANT REFILL PUMP	\$672.00
INJ ANESTHESIA AGNT LUM/SACR SING UN	\$1,034.50
INJ ANESTHESIA AGNT LUM/SCR UNI 2ND	\$828.25
INJ CERI/THORAC EPIDURAL	\$2,387.75
INJ LUMB/CAUDAL EPIDURAL	\$2,387.75
INJ MAJOR JOINT BILATERAL	\$1,702.25
INJ MAJOR JOINT UNILATERAL	\$851.25
LUMBAR TRANSFORAMINAL INJ UNI	\$2,170.75
OV EST PT LEVEL 1	\$105.50
OV EST PT LEVEL 2	\$124.00
OV EST PT LEVEL 3	\$204.25
OV NEW PT LEVEL 2	\$269.50
OV NEW PT LEVEL 3	\$328.75
PUMP ANALYSIS W/REPROGRAM	\$710.50
RFA EACH ADDL LEV LUMB & SACRA	\$656.25
TRANSF INJ EACH ADDL LEV L/S UNI	\$828.00

Charges are for services provided to patients by Summa Western Reserve Hospital. Charges do not include services from physicians such as Radiologists, Anesthesiologists or Emergency physicians. These services are billed by the respective physicians.

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X-Ray and Radiological Charges		Laboratory Charges	
Description	Rate	Description	Rate
CR 1-EXT VENOUS DUPLEX	\$802.50	BASIC METABOLIC PROFILE	\$134.25
CR BILATERAL VENOUS DUPLEX	\$1,420.75	CBC WITH DIFFERENTIAL	\$78.75
CR ECHO COMPLETE STUDY	\$3,363.75	CBC WITHOUT DIFFERENTIAL	\$94.25
CR EKG	\$289.75	CK-MB SCREEN	\$139.25
CT ABDOMEN W/ENHANCE	\$2,572.00	COMPREHENSIVE METABOLIC PANEL	\$182.25
CT ABDOMEN WO/ENHANCE	\$1,993.50	CULTURE, URINE (MICRO IF INDICATED)	\$152.25
CT BRAIN WO/ENHANCE	\$1,991.50	CULTURE, BLOOD (MICRO IF INDICATED)	\$311.75
CT PELVIS W/ENHANCE	\$2,268.75	DRUG ABUSE SCREEN QUAL	\$36.50
CT PELVIS WO/ENHANCE	\$1,991.50	DRUG CLASS AMPHETAMINES	\$36.50
MRI SPIN CANAL LUMB WO CONTRAST	\$2,839.75	DRUG CLASS COCAINE	\$36.50
NM NONPROCCHG TETROFOSMIN/DOSE	\$463.75	DRUG CLASS METHADONE	\$36.50
NR NCT WITH F WAVE	\$753.25	DRUG CLASS OPIATES	\$36.50
NR NERVE COND. SENSORY	\$378.50	DRUG CLASS PROPOXYPHENE	\$36.50
US ECHO ABD W/IMAGE DOC LTD	\$701.25	DRUG CLASS-THC	\$36.50
US ULTRASOUND TRANSVAGINAL	\$757.00	HEMATOCRIT	\$44.50
XRAY ABDOMEN SINGLE AP VIEW	\$265.75	HEMOGLOBIN	\$43.50
XRAY ACUTE ABDOMEN W/PA CHEST	\$548.25	HEMOGLOBIN A1C	\$132.00
XRAY ANKLE 3+ VIEWS UNILATERAL	\$559.75	LD-LACTATE DEHYDROGENASE (TOTAL)	\$93.25
XRAY CHEST PA & LATERAL	\$369.25	LIPASE	\$139.25
XRAY FLOURO GUID/LOC SPINE INJ	\$772.50	LIPID PROFILE	\$162.50
XRAY FLUORO-TIME >1HR-NON RAD MD	\$1,248.50	LIVER/HEPATIC PROFILE	\$132.00
XRAY FOOT COMPLETE 3+ VIEWS UNILATERAL	\$559.75	MAGNESIUM (MG)	\$77.25
XRAY HAND 3+ VIEWS UNILATERAL	\$373.00	PARTIAL THROMBOPLASTIN TIME -PTT	\$91.00
XRAY HIP 2+ VIEWS UNILATERAL	\$355.50	PROTHROMBIN TIME (PT)	\$63.00
XRAY KNEE COMPLETE 4+ VIEWS UNILATERAL	\$642.50	SINGLE DRUG CLASS SCRIN OXYCOD	\$36.50
XRAY MOBILE CHEST	\$312.25	SINGLE DRUG CLASS SCRIN PCP	\$36.50
XRAY SHOULDER 2+ VIEWS UNILATERAL	\$343.50	SPECIMEN COLLECTION - CHARGE ONLY	\$22.75
XRAY SPINE CERV COMP INC OBL/FLE	\$602.75	TROPONIN I (SERUM)	\$190.75
XRAY SPINE L-S 4+ VIEWS	\$642.50	TSH-THYROID STIMULATING HORMONE	\$123.25
XRAY WRIST COMPLETE 3+ VIEWS UNILATERAL	\$376.00	URINALYSIS WITH MICRO	\$79.50

Charges listed reflect the 30 most common Radiology and Laboratory procedures performed at Summa Western Reserve Hospital

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