



SELF-PAY PRICES

for Common Outpatient Charges

All prices effective as of 1/1/18. Prices subject to change.

The prices quoted below for the Emergency Department and Out-patient Services are the hospital's "list prices" or standard charges for specific services. Those quoted for Common Inpatient Charges represent the average aggregate of charges for the services that have been provided to patients who have been treated in our hospital over the past year for these conditions or procedures.

Actual services required may differ from the average depending on a number of factors, including the patient's health condition or the physician's approach to a particular procedure. For example, surgeons may use different equipment or implants in a joint replacement procedure. Certain services required are not billed by the hospital and are not included in these amounts, including private physicians, anesthesia, radiologist interpretation of tests, and certain lab and pathology results.

The actual amounts that a patient will be required to pay are generally lower than these charges. Patients who are not covered by Medicaid, Medicare or private insurance are offered a 15% discount from the charges, provided that they pay the amounts due in a timely manner. Patients who are covered by private insurance will have discounts applied to the charges depending on the rates that have been negotiated with their insurance providers. In these cases, the patient's actual financial responsibility will depend on individual

factors such as the status of their deductibles for the year and the required amount of coinsurance.

We strongly encourage you to contact either your insurance company or our Patient Financial Services Department (719-530-2475) for an estimate of your financial obligation before receiving health care services at the hospital. For patients covered by Medicare or Medicaid, the amounts due will be the deductible, coinsurance or copayment requirements. Where these are based on the hospital's charges, the calculation would reflect a significant discount from these standard rates based on the hospital's expected reimbursements from Medicare or Medicaid. If you are a Medicare patient with supplemental or gap insurance, we recommend that you contact your insurance company to find out if they will pay any amounts not paid by Medicare in full.

If in any circumstance you believe you will have difficulty in meeting your financial obligation, whether it results from deductibles and copays or from your lack of insurance coverage, you should contact our Billing Office at 719-530-2475 to discuss payment options or discounts that may be available. See also our Financial Assistance Policy for information on discounts that may be available depending on your family size and income level.

HRRMC EMERGENCY DEPARTMENT FACILITY CHARGE

Level of care (1-5) is based on patient acuity and the resources needed to care for that patient. These prices do not include any additional services, such as blood tests or imaging tests that may be ordered for you.

	COST	CPT CODE
Level 1	\$262	99281
Level 2	\$385	99282
Level 3	\$469	99283
Level 4	\$555	99284
Level 5	\$667	99285

HRRMC EMERGENCY DEPARTMENT PHYSICIAN CHARGE

Level 1	\$171	99281
Level 2	\$231	99282
Level 3	\$382	99283
Level 4	\$554	99284
Level 5	\$801	99285

COST CPT CODE

EMERGENCY DEPARTMENT PROCEDURES

Hydration first hour	\$294	96360
Hydration additional hour	\$104	96361
IV drug injection, initial	\$143	96374
IV drug injection, each additional drug	\$152	96375
IV drug infusion, first hour	\$501	96365
IV drug infusion, additional hour	\$104	96366
ER laceration simple repair	\$469	12002
ER I&D abscess	\$286	10060
Foreign body removal	\$302	10120
EKG	\$353	93005

LABORATORY

	COST	CPT CODE
Urinalysis Micro	\$24	81015
C-Reactive Protein	\$83	86140
CBC	\$74	85025
Thyroid Stimulating Hormone (TSH)	\$100	84443
Prothrombin Time	\$56	85610
Hemoglobin A1c	\$95	83036
Sedimentation Rate	\$51	85652
Venipuncture (Lab Draw)	\$19	36415

(HRRMC offers discounted Direct Access Lab Testing for 23 common tests and panels. Call 719-530-2260 for more info.)

IMAGING/RADIOLOGY**CT Exams**

CT single body part without contrast	\$1361	73700
CT single body part with contrast	\$1612	73701
CT abdomen/pelvis without contrast	\$2723	74176
CT abdomen/pelvis with contrast	\$3353	74177

MRI Exams

MRI single body part without contrast	\$1870	73721
MRI single body part with and without contrast	\$2245	73723

Ultrasound Exams

Ultrasound abdomen	\$557	76705
Ultrasound breast	\$317	76641
Ultrasound veins single leg	\$498	93971
Ultrasound transvaginal scan	\$324	76830
Ultrasound thyroid	\$390	76536

X-ray Exams

	COST	CPT CODE
X-ray chest 2 views	\$280	71020
X-ray foot 3 views	\$259	73630
X-ray foot bilateral 3 views	\$488	7363050
Bone Density Scan (DEXA)	\$533	77080
Mammogram screening	\$431	77067
Mammogram screening with tomography	\$509	77063

(HRRMC offers cash-based pricing for MRI and CT scans. Call 719-530-2475 for more info.)

REHABILITATION

Speech therapy evaluation	\$308	92521
Speech treatment	\$219	92507
Occupational therapy evaluation level 2	\$339	97166
Physical therapy evaluation	\$337	97162
Physical therapy exercise (15 minutes)	\$85	97110
Physical therapy therapeutic activities (15 minutes)	\$91	97530
Neuromuscular re-education (15 minutes)	\$91	97112
Manual therapy (15 minutes)	\$91	97140
Physical therapy gait training (15 minutes)	\$91	97116
Physical aquatic therapy (15 minutes)	\$85	97113

SELF-PAY PRICES for Common Inpatient Charges

All prices shown are an estimate of average charges for the below diagnoses and procedures. Call our Patient Financial Services Department at 719-530-2475 for a customized quote on a specific procedure.

COMMON INPATIENT CHARGES

	COST	DIAGNOSIS CODE (DRG)
COPD with major complications or comorbidities (COPD with MCC*)	\$17,602	190
Simple pneumonia and pleurisy with MCC*	\$18,333	193
Simple pneumonia and pleurisy with complicating or comorbid condition (CC**)	\$15,564	194
Heart failure and shock with MCC*	\$22,010	291
Heart failure and shock with CC**	\$10,209	292
Esophagitis gastroenteritis and miscellaneous digestive disorders without MCC*	\$10,839	392
Medical back problems without MCC*	\$16,215	552
Cellulitis without MCC*	\$11,436	603
Kidney and urinary tract infections without MCC*	\$9,868	690
Normal newborn	\$3,076	795
Septicemia or severe sepsis without mechanical ventilation (MV) > 96 hours with MCC*	\$20,495	871
Septicemia or severe sepsis without mechanical ventilation (MV) > 96 hours without MCC*	\$16,166	872
Poisoning and toxic effect of drugs without MCC*	\$6,570	918

COMMON INPATIENT PROCEDURES

	<u>COST</u>	<u>DIAGNOSIS CODE (DRG)</u>
Major small and large bowel procedures with CC **	\$44,030	330
Major joint replacement or reattachment of lower extremity	\$71,194	470
Major joint replacement or reattachment of upper extremity	\$76,869	483
C-Section with MCC * or CC **	\$23,651	540
C-Section without MCC * or CC **	\$19,507	766
Vaginal delivery with MCC * or CC **	\$11,090	560
Vaginal delivery without MCC * or CC **	\$9,324	775

*MCC - Major complications or comorbidities

**CC - Complicating or comorbid condition

SURGICAL PROCEDURES

- Please call 719-530-2475 to obtain an estimate for a surgical procedure.
- The pricing for all surgical procedures, both inpatient and outpatient, are quoted in a cost range.
- These prices do not include your physician's fees. Your surgeon and anesthesia provider will bill you separately.
- Surgeons use different equipment and implants (hip, knee and other replacement joints made by various manufacturers), and take different amounts of time to perform the same procedure.
- The amount of time in the operating room may vary due to many factors, including the patient's health condition or the physician's approach to the particular procedure. Please obtain as much information from your surgeon as possible before calling the hospital to obtain an estimate.

Disclaimer: All prices provided above are estimates only.