

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

Room and Board -- Per Day Charges

		Charges	CDM#
Coronary care	Level 1	\$5,021.96	21000001 *
	Level 2	\$7,058.96	21006321 *
Intensive care	Level 1	\$5,021.90	21000001 *
	Level 2	\$5,021.96	
Nursery	Level 1	\$1,764.16	17100001 *
	Level 2	\$2,838.04	17200001 *
	Level 3	\$3,773.18	17300001 *
	Level 4	\$4,885.54	17400001 *
Oncology		\$1,789.81	12100001 *
Psychiatric care		\$1,712.85	12400001 *
Routine care		\$1,789.81	12100001 *

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, and will be billed separately by your physician.

		Charges	CDM#
Normal Delivery		\$5,299.40	72200001 *
Cesarean Section Delivery		\$9,830.34	72200004 *
Amniocentesis		\$683.36	36159000 *
Fetal Monitor per hour		Not separately charged.	
Labor Room per hour		Not separately charged.	

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, who will bill separately for their services.

		Charges	CDM#
Level 1		\$233.98	45099281
Level 2		\$430.06	45099282
Level 3		\$750.56	45099283
Level 4		\$1,017.85	45099284
Level 5		\$1,695.57	45099285
Trauma care		N/A	
Critical care		\$2,070.17 Initial 75-minutes	45099291

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 an additional charge for each 15 minutes while the operation is being performed.

		1st Half hr	Additional 15-Minute Charge	CDM#
Level 1		\$ 4,170.96	\$ 816.02	36000001 36000002
Level 2		\$ 5,421.97	\$ 1,198.68	36000004 36000005

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.

		Charge	CDM#
Outpatient			
Physical Therapy High Complexity		\$ 282.74	42497163 *
Physical Therapy Moderate Complexity		\$ 253.21	42497162 *
Physical Therapy Low Evaluation		\$ 221.56	42497161 *
Therapeutic Exercise Per 15 Min		\$ 210.98	42097110 *
Manual Therapy Per 15 Min		\$ 165.51	42000140 *
PT Gait Training		\$ 187.80	42097116 *
Ultrasound		\$ 164.34	42097035 *
Neuromuscular Re-education		\$ 153.44	42097112 *

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.

		Charge	CDM#
Outpatient			
Occupational Therapy High Complexity		\$278.53	43497167 *
Occupational Therapy Moderate Complexity		\$246.88	43497166 *
Occupational Therapy Low Complexity		\$215.22	43497165 *
Therapeutic Exercise Per 15 Min		\$210.98	43097110 *
OT Additional Self Care 15 Min		\$122.09	43097535 *
Manual therapy		\$165.51	43097140 *
Sensory Integration		\$160.44	43097533 *

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.

		Charge	CDM#
Breathing Treatment Initial		\$ 157.86	41094640 *
BIPAP/CPAP Daily Management		\$ 946.87	41094660 *
EKG		\$ 258.15	73093005 *

X-Ray and Radiological Charges

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

Description	Charge	CDM#
Chest- one view	\$232.45	32471010
Lumbar Spine - Min 4 Views	\$313.10	32072110 *
Knee 3 View	\$250.00	32073562 *
Foot - Min 3 Views	\$250.00	32073630 *
Shoulder Min 2 Views	\$232.45	32073030 *
Ankle - 3 Views	\$250.00	32073610 *
Hand Min 3 Views	\$250.00	32073130 *
Abdomen One View	\$232.45	32074000 *
Hip unilateral with Pelvis 2-3 Views	\$313.10	32073502 *
Wrist-3 views	\$250.00	32073110 *
CT head w/o Contrast	\$ 1,590.53	35170450 *
CT ABD-Pelvis w/Contrast	\$3,715.48	35274177 *
CT Abdomen - Pelvis w/o Contrast	\$3,231.80	35274176 *
CT Chest W/O Contrast	\$1,997.63	35071250 *
CT Chest W/Contrast	\$2,295.73	35271260 *
CT 3D Interpret No Postprocess	\$505.54	35076376 *
CT Thorac Spine W/O Contrast	\$2,241.28	35272128 *
CT Maxillofacial W/O Contrast	\$1,683.33	35070486 *
CT ADB - Pelvis W & or W/O Contrast	\$6,522.87	35274178 *
CT Lumbar Spine W/O Contrast	\$2,241.28	35272131 *
MRI Cervical Spine w/o contrast	\$4,062.68	61272141 *
MRI Lumbar Spine w/o contrast	\$4,062.67	61272148 *
MRI Brain w/o contrast	\$3,167.35	61170551 *
MRI Brain w/ w/o contrast	\$4,325.39	61170553 *
MRI Lower Ext Joint w/o contrast	\$3,244.02	61073721 *
US Retroperitoneum - Limited	\$842.71	40276775 *

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures. This is for Outpatient pricing.

Description	Charge	CDM#
Lab Draw/Venipuncture	\$ 6.90	30036415
Cholesterol Profile	\$ 30.80	30100005
Metaboloc Panel	\$ 24.29	30100003
CBC With Auto Diff	\$ 17.87	30500909
TSH	\$ 38.64	30100243
Chem 8	\$ 19.46	30100001
Hemogram & Platelet Count	\$ 14.88	30500007
Glycohemoglobin	\$ 22.33	30100339
Protine	\$ 9.87	30500017
Routine Culture Urine	\$ 18.56	30600031
Renal Panel	\$ 19.96	30100006
ALT	\$ 12.19	30100702
Thin Prep Pap Test, Screen	\$ 61.20	31100916
AST	\$ 11.91	30100255
T4 Free	\$ 20.75	30100227
Liver Panel - Hepatic	\$ 18.79	30100008
SED Rate	\$ 6.21	30500901
Creatinine	\$ 11.78	30100226
Urinalysis	\$ 7.29	30700902
Vitamin B12	\$ 34.68	30100250
C-Reactive Protein	\$ 11.91	30200010
Creatinine, Random Urine	\$ 8.44	30100234
Strep A Amplified Probe	\$ 80.71	30600952
Chlamydia - Amplified Probe	\$ 80.71	30600839
Microalbumin	\$ 13.29	30105008
GC - Amplified Probe	\$ 80.71	30600073
Sensitivity/MIC	\$ 19.90	30600056
Urinalysis Reflux Culture	\$ 7.29	30700005
Hepatitis C	\$ 32.82	30200160
HPV Amplified Probe	\$ 80.71	30600953

**If positive, additional charges will be added for ID & sensitivity.

Hospital Billing Policies

Genesis HealthCare submits bills on behalf of the patient to the insurance based on information provided by the patient. Co-payments and deductibles, if applicable, are billed to the patient based on the explanation of benefits received from the insurance company or government payer. Genesis does not charge interest on balances remaining after the insurance payment. Charges for anesthesiologists, radiologists, pathologists, and emergency room physicians are not included in the hospital charges submitted to the insurance. Any questions regarding these charges should be directed to the specific office or company.

