

MRH COMMON CHARGES as of January 1, 2018

Prices subject to change



Description

***ROOM AND BOARD***

Private Room	\$3,551.00
Special Care Unit	\$5,302.00
Observation - 1st hr	\$1,435.00
Observation - ea add'l hr	\$92.00
Swingbed	\$3,987.00

**CPT** ***MOST COMMON X-RAY PROCEDURES***

70450	CT Head w/o Contrast	\$1,513.00
70486	CT Sinuses	\$1,577.00
72193	CT Pelvis w/contrast	\$1,340.00
74170	CT Abdomen w&w/o Contrast	\$1,717.00
74022	Acute Abdomonal Series X-ray	\$553.00
73600	Ankle X-ray 2 views	\$374.00
73610	Ankle Xray 3-views	\$480.00
73620	Foot X-ray 2-views	\$306.00
73630	Foot X-ray-3-views	\$357.00
72170	Pelvis x-ray 1-2 views	\$353.00
72190	Pelvis x-ray 3+views	\$434.00
77067	Screening Mammogram	\$406.00
76700	Ultrasound Abdomen (complete)	\$850.00
76705	Ultrasound Gall Bladder	\$690.00
70553	MRI Brain w&w/o contrast	\$3,412.00
73723	MRI Knee w&w/o contrast	\$4,346.00
78013	Nuclear Medicine Thyroid Uptake	\$1,058.00
71045	Portable Chest X-ray (single view)	\$310.00
70470	CT Head w&w/o Contrast	\$1,292.00
71260	CT Chest w/contrast (Thorax)	\$1,950.00
74160	CT Abdomen w/contrast	\$1,340.00
74018	Abdomen 1 view	\$299.00
71046	Chest X-ray 2 views	\$325.00
73140	Fingers X-ray	\$343.00
73521	Hip and Pelvis Bilateral X-ray, 2 views	\$382.00
73522	Hip and Pelvis Bilateral X-ray, 3-4 views	\$442.00
73523	Hip and Pelvis Bilateral X-ray, 5+ views	\$474.00
73501	Pelvis Unilateral Hip, 1 view	\$252.00
73502	Pelvis Unilateral Hip, 2-3 views	\$313.00
73503	Pelvis Unilateral Hip, 4+ views	\$352.00
72100	Lumbar Spine X-ray AP and lateral, 2-3 views	\$404.00
72110	Lumbar Spine X-ray AP and lateral, 4+ views	\$585.00
74246	Modified Barium Swallow	\$767.00
76881	Ultrasound Extremity Non-Vas	\$584.00
93880	Ultrasound Carotid Duplex Bilat	\$1,018.00

70552	MRI Brain w/contrast	\$1,759.00
72148	MRI Lumbar Spine w/o contrast	\$2,474.00
78306	Nuclear Medicine Total Bone Scan	\$1,652.00
78452, 93017	Nuclear Medicine Heart (Stress + Rest)	\$5,542.00

***MOST COMMON OUT PATIENT LAB PROCEDURES***

36415	Venipuncture	\$31.00
80061	Lipid Panel	\$54.00
80051	Electrolytes Panel	\$100.00
82565	Creatinine Blood	\$67.00
84153	PSA - TOTAL	\$166.00
82247	Bilirubin, Total	\$46.00
86592	Syphilis Test	\$55.00
85651	Sedimentation Rate	\$71.00
85018	Hemoglobin	\$33.00
84520	Urea Nitrogen Quantitative	\$63.00
84132	Potassium Serum	\$65.00
83615	LDH	\$72.00
80048	Basic Metabolic Panel	\$34.00
82977	Gamma GT	\$90.00
84075	Phosphatase, Alkaline	\$53.00
83874	Myoglobin	\$199.00
80305	Urine Drug Screen	\$175.00
84550	Uric Acid Blood	\$21.00
87086	Culture, Urine with Organism ID	\$33.00
80076	Hepatic Panel	\$33.00
81001	Routine Urinalysis with Microscope	\$73.00
82947	Glucose	\$62.00
82150	Amylase	\$89.00
82310	Calcium	\$72.00
85610	Prothrombin Time	\$52.00
85730	PTT	\$89.00
85049	Platelet Count	\$53.00
84443	TSH	\$68.00
84295	Sodium Serum	\$58.00
84484	Troponon I	\$163.00
83735	Magnesium	\$88.00
83036	HEMOGLOBIN A1C	\$39.00
80053	Comprehensive Metabolic Panel	\$43.00
83540	Iron Serum	\$81.00
84100	Phosphours, Serum	\$65.00
84439	Thyroxine, Free T4	\$48.00
84450	AST (SGOT)	\$68.00
84460	ALT (SGPT)	\$46.00
85025	CBC w/auto diff	\$33.00
87181	Sensitivity MIC	\$109.00

***EMERGENCY ROOM SERVICES***

	<i>Physician</i>	<i>Facility</i>
Emergency Service Limited	\$189.00	\$354.00
Emergency Service Level 2	\$407.00	\$407.00
Emergency Service Level 3	\$612.00	\$727.00
Emergency Service Level 4	\$1,060.00	\$1,313.00
Emergency Service Level 5	\$1,521.00	\$1,806.00

***PHYSICAL THERAPY***

97110	Therapeutic Exercise, each 15 min	\$102.00
97116	Gait Training, each 15 min	\$90.00
97162	PT Evaluation - Moderate	\$172.00
97032	Electrical Stimulation	\$67.00
97140	Manual Therapy	\$119.00

***OCCUPATIONAL THERAPY***

97110	Therapeutic Activity, each 15 min	\$102.00
97530	Therapeutic Procedure, each 15 min	\$110.00
97166	OT Evaluation - Moderate	\$172.00

***OPERATING ROOM SERVICES***

OR Level 1, First 15 min	\$1,119.00
OR Level 1, additional 15 min	\$676.00
OR Level 2, First 30 min	\$3,681.00
OR Level 2, additional 30 min	\$2,228.00
OR Level 3, First 30 min	\$4,321.00
OR Level 3, additional 30 min	\$2,806.00
PACU Phase 1, First 30 min	\$741.00
PACU Phase 1, additional 15 min	\$161.00
PACU Phase 2, First 60 min	\$845.00
PACU Phase 2, additional 30 min	\$264.00
OR Service - Stretta	\$8,480.00
OR Service - Bravo/PH Monitoring	\$3,180.00
OR Service - Manometry w/Impedance	\$875.00
Colonoscopy	\$4,579.00
Manometry w/Impedance >1hr	\$1,000.00
Colonoscopy & EGD, Therapeutic	\$8,586.00
Colonoscopy & EGD, Diagnostic	\$6,869.00
EGD, Therapeutic	\$4,579.00
EGD, Diagnostic	\$4,007.00

\* ***SURGICAL PROCEDURES***

\* *Please call 970-826-3122 to obtain an estimate for surgical procedures.*

\* *The pricing for all surgical procedures, both inpatient and outpatient, are quoted in a cost*

\* *These procedures vary in price dependant on the surgical provider (surgeon) of the service*

\* *These prices do not include your physician's fees. Your surgeon and anesthesiologist may/*

\* *The amount of time in the operating room may vary due to many factors, including the pa or the physician's approach to the particular procedure.*

\* *Please obtain as much information from your surgeon as possible before calling the hospital*





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