



Patient Price Information as of October 1, 2016

For Common Services Provided at Inland Hospital

To help our patients make informed healthcare decisions, Inland Hospital and our medical practices provide pricing information for common visits. The actual price of a visit and the amount owed for the visit may vary due to a number of circumstances including, but not limited to, the following:

- Additional testing, medications, services or procedures may be ordered
- The procedure planned may not be the procedure performed based on your provider’s findings
- Pre-existing health conditions which may impact medical needs

If you have insurance, your insurance type, deductibles, coinsurance and/or out-of-pocket limits will determine your final bill. If you need pricing information for a service not displayed below, please call the appropriate billing office. For services provided at the hospital - call (207) 861-3304. For services provided at the practice - call (207) 861-3339.

A visit with your provider is assigned a “Level” based on a number of factors, such as time spent with the provider and the complexity of the services provided. The level of care is assigned after the visit by certified coders using standardized coding guidelines. Any level or price quote by office staff is only an estimate and may not reflect the final bill. Prices may be subject to change and additional costs may be incurred by non-Inland Providers such as:

- Radiology exams are read by Spectrum Medical. Patients will receive a separate bill for those services.
- Some lab tests are sent to Dahl Chase. Patients will receive a separate bill for those services.

Room and Board – Daily Rates

Description	Hospital Charge
Coronary Care	N/A
Intensive Care (Adult and Pediatric)	2345
Medical/Surgical	1136
Rehabilitation	n/a
Nursery (Well Baby)	750
Neonatal Intensive Care	n/a

Emergency Department Visit Charges

CPT	Description	Hospital Facility Charge
99281	Emergency Dept. Visit Level I	99
99282	Emergency Dept. Visit Level II	193
99283	Emergency Dept. Visit Level III	395
99284	Emergency Dept. Visit Level IV	594
99285	Emergency Dept. Visit Level V	1031
99291	Emergency Critical Care, first 30 min.	1402
99292	Emergency Critical Care, each add'l 30 min.	195

CPT	Description	Emergency Physician/ Provider Charge
99281	Emergency Dept. Visit Level I	70
99282	Emergency Dept. Visit Level II	118
99283	Emergency Dept. Visit Level III	233
99284	Emergency Dept. Visit Level IV	310
99285	Emergency Dept. Visit Level V	435
99291	Emergency Critical Care, first 30 min.	461
99292	Emergency Critical Care, each add'l 30 min.	233

Physical Therapy Charges

CPT Code	Description	Hospital Charge
97001	Physical Therapy Evaluation and Report (30 min)	334
97110	Therapeutic Exercise per 15 minutes	96
97116	Gait Training	61
97150	Therapeutic Procedure - Group	74

Occupational Therapy Charges

CPT Code	Description	Hospital Charge
97003	Occupational Therapy Evaluation and Report (45 min)	295
97110	Therapeutic Exercise per 15 minutes	96
97150	Therapeutic Procedure - Group	74

Respiratory Therapy/ Pulmonary Function Testing Charges

CPT Code	Description	Hospital Charge
94640	Nebulizer Treatment	90
94010 TC	Spirometry	163
94060 TC	Spirometry with Bronchodilator	238
94729 TC	CO Diffusion Capacity	218
94727 TC	Functional Residual Capacity	200
94726 TC	Thoracic Gas Volume	N/A
94070 TC	Provocation Challenge Testing	N/A

X-Ray and Other Imaging Charges

CPT Code	Description	Hospital Charge
77080 TC	Bone Density Study DXA, Axial	494
74150 TC	CT Abdomen without Contrast	964
74160 TC	CT Abdomen with Contrast	1411
74177 TC	CT Abdomen/Pelvis with Contrast	2822
70450 TC	CT Brain without Contrast	633
71250 TC	CT Chest without Contrast	969
71260 TC	CT Chest with Contrast	1486
72193 TC	CT Pelvis with Contrast	1411
70553 TC	MRI Head with & without Contrast	1929
G0204/77051TC	Diagnostic Digital Mammogram Bilateral (includes computer-assisted detection processing (CAD))	398
G0202/77052TC	Screening Digital Mammogram Bilateral (includes computer-assisted detection processing (CAD))	336
76705 TC	Ultrasound Abdomen, Limited	538
76642TC	Ultrasound Breast (unilateral or bilateral)	476
76942 TC	Ultrasound Guidance for Needle Placement	490
76770 TC	Ultrasound Retroperitoneal Abdomen	528
76830 TC	Ultrasound Transvaginal (non OB)	456
74241 TC	X-Ray Abdomen (Upper GI Tract) with KUB	728
73610 TC	X-Ray Ankle 3 Views	255
71020 TC	X-Ray Chest PA & Lateral	302
71010 TC	X-Ray Chest Portable	126
73630 TC	X-Ray Foot 3 Views Minimum	254
73130 TC	X-Ray Hand 3 Views Minimum	255
73502 TC	X-Ray Hip 2 Views Minimum	255
73560 TC	X-Ray Knee 1-2 Views	202
73564 TC	X-Ray Knee 4 Views	258
72170 TC	X-Ray Pelvis 1-2 Views	177
73030 TC	X-Ray Shoulder 2 Views	295
72100 TC	X-Ray Spine Lumbosacral 2 or 3 Views	323

Laboratory Charges

CPT Code	Description	Hospital Charge
36415	Lab Blood Draw	15
86850	Antibody Screen, Routine	77
80048	Basic Metabolic Panel (BMP)	63
82803	Blood Gases (ABGs)	138
86900	Blood Typing ABO	44
86901	Blood Typing Rh	44
82375	Carboxyhemoglobin	100
85027	Complete Blood Count (Hemogram)	19
85025	Complete Blood Count with Differential (CBC w/Diff)	56
80053	Comprehensive Metabolic Panel (CMP)	101
82550	Creatine Kinase, Total (CK)	55
82947	Glucose, Blood Quantitative	35
82951	Glucose Tolerance Test-Gestational	124
83036	Hemoglobin A1C	57
85018	Hemoglobin	16
83050	Hemoglobin, Methemoglobin	N/A
82330	Ionized Calcium level	116
83540	Iron, Serum	68
83550	Iron Binding Capacity (IBC)	68
83605	Lactic Acid level	83
80061	Lipid Panel (HDL Profile II)	85
83735	Magnesium level	33
85730	Partial Thromboplastin Time (PTT)	68
84100	Phosphorus, Serum level	23
85049	Platelet Count	26
84132	Potassium level	43
85610	Prothrombin Time (PT)	29
G0103	PSA Annual Screening	69
87880	Rapid Strep Screen	65
84295	Sodium level	34
88305 TC	Surgical Pathology, Level 4	181
84443	Thyroid Stimulating Hormone (TSH)	100
87088	Urine Culture	49
81015	Urinalysis, Microscopic	22
81003	Urine Screen	50
81025	Urine Pregnancy Test	47
84520	Urea Nitrogen (BUN)	43
82306	Vitamin D, 25 Hydroxy level	120