

PATIENT FEES

In compliance with state law, Knox Community Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. Charges for physician, pathologist and anesthesiologist services are not included in the prices below.

Charges for physician, pathologist and anesthesiologist services are not included in the prices below. 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 billing staff to determine whether they qualify for discounts.

To obtain pricing information for services not listed below, please call one of the following:

- Financial Counselors 740.399.3831, 740.393.9631 or 740.393.9639.
- Financial Counselors Supervisor 740.326.3368

Room and Board Charges	
ICU	\$2,793.13
PCU	\$1,973.01
Routine Nursery	\$1,364.15
Routine Care	\$1,087.74

Labor & Delivery Charges	
Fees for physician services or anesthesia administration are also not reflected, and will be billed separately.	
Normal vaginal delivery (mom & baby)	TBD
C-Section delivery (mom & baby)	TBD
Circumcision newborn (CPT 54150)	\$5,256.65
Fetal Monitor (CPT 76827)	\$522.72

Emergency Room 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.	
Level 1	\$420.54
Level 2	\$612.28
Level 3	\$952.16
Level 4	\$1,444.90
Level 5	\$2,105.46
Critical Care 1st Hour	\$3,069.70

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services and or supplies that are used.

Therapeutic Rom Strength Endr (CPT 97110)	\$167.82
Aquatic Therapy (CPT 97113)	\$177.92
Manual Therapy (CPT 97140)	\$154.61
PT Eval Low Complex (CPT 97161)	\$351.62
PT Eval Mod Complex (CPT 97162)	\$375.12
PT Eval High Complex (CPT 97163)	\$398.22
Therapeutic Activities (CPT 97530)	\$170.97
Therapeutic Neurologic Re-Edu (CPT 97112)	\$160.00
Work Conditioning (15 Minutes) (CPT W0710)	\$18.35

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 and/or supplies that are used.

OT Paraffin Bath (CPT 97018)	\$132.32
OT Therapeutic Exercise (CPT 97110)	\$167.82
OT Neurological Re-education (CPT 97112)	\$160.00
OT Manual Therapy (CPT 97140)	\$154.61
OT Eval Low Complex (CPT 97165)	\$346.29
OT Eval Mod Complex (CPT 97166)	\$359.19
OT Eval High Complex (CPT 97167)	\$406.70
OT Self Care Home Mgmt Training (CPT 97535)	\$181.96

Pulmonary Therapy Charges

Physical Therapy Charges

PATIENT FEES

The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.

Arterial Blood Gas (CPT 82803)	\$206.48
EKG (CPT 93005)	\$198.85
PFT Study (CPT 94060)	\$964.47
Polysomnogram (CPT 95810)	\$4,570.75

X-Rays and Radiological Charges

The following charges reflect the hospital's most common x-ray and radiological procedures. The following list does not include charges for drugs. Additionally, there may be charges for supplies specific to your treatment. Fees for the radiologist readings are also not reflected, and will be billed separately.

Abdomen (CPT 74018)	\$384.44
Abdominal Series (CPT 74022)	\$629.73
Ankle (CPT 73610)	\$442.91
Cervical Spine (CPT 72040)	\$556.78
Chest 1-view (CPT 71045)	\$304.05
Chest 2-views (CPT 71046)	\$371.61
Elbow (CPT 73070)	\$419.93
Foot (CPT 73630)	\$531.67
Hand (CPT 73130)	\$509.58
Hip (CPT 73502)	\$683.86
Humerus (CPT 73060)	\$388.02
Knee (CPT 73560)	\$428.44
Lumbar Spine (CPT 72100)	\$595.02
Pelvis (CPT 72170)	\$384.73
Sacrum and Coccyx (CPT 72220)	\$500.70
Shoulder (CPT 73030)	\$539.21

CT SCANS

CT Chest (with contrast) (CPT 71260)	\$2,123.85
CT Head (without contrast) (CPT 70450)	\$1,393.33
CT Head (with & without contrast) (CPT 70470)	\$1,856.15
CT Sinuses (CPT 70486)	\$1,522.99

NUCLEAR MEDICINE

Cardiolite Stress Test (total facility) (CPT 78452)	\$5,420.97
---	------------

ULTRASOUND

Ultrasound Abdomen (CPT 76705)	\$931.27
Ultrasound Renal (CPT 76770)	\$1,023.45
Ultrasound Pelvis (CPT 76856)	\$1,066.02

MRI

MRI Lumbar Spine (w/out contrast) (CPT 72148)	\$2,809.30
MRI Brain (without contrast) (CPT 70551)	\$2,452.30

These prices are correct as of January 1, 2023.

OTHER

DEXA (bone density scan) (CPT 77080)	\$879.25
DX Mammogram Bilateral (CPT 77066)	\$933.63
Screening Mammogram- Bilateral (CPT 77067)	\$390.91

LABORATORY CHARGES

The following charges reflect the hospital's most common laboratory procedures. These prices are based on specimens drawn in our facility.

A1C-Glycated Hemoglobin (CPT 83036)	\$73.35
Amylase (CPT 82150)	\$80.85
Blood Culture (CPT 87040)	\$225.09
Basic Metabolic Panel (CPT 80048)	\$84.00
Brain Natriuretic Peptide (CPT 83880)	\$204.00
Complete Blood Count (CPT 85025)	\$65.28
Comprehensive metabolic panel (CPT 80053)	\$120.00
C-Reactive Protein (CPT 86140)	\$79.28
Creatine (CPT 82540)	\$43.26
COVID-19 Lab Test (CPT U0002)	\$116.51
D Dimer (CPT 85379)	\$109.60
Electrolyte Panel (CPT 80051)	\$56.00
ESR- Sedimentation Rate (CPT 85652)	\$42.92
Free T4 (CPT 84439)	\$102.62
Glucose (CPT 82947)	\$34.06
HCG- (blood) (CPT 84702)	\$135.00
Hepatic Function Panel (CPT 80076)	\$80.00
Lipid Panel (CPT 80061)	\$80.00
Lipase (CPT 83690)	\$90.00
Myoglobin (CPT 83874)	\$146.47
Prothrombin Time (CPT 85610)	\$38.40
PSA (CPT 84153)	\$123.00
Rapid Strep (CPT 87880)	\$104.51
Troponin I (CPT 84484)	\$146.00
TSH- Thyroid Stimulating Hormone (CPT 84443)	\$81.11
Venipuncture (CPT 36415)	\$20.00

TIME BASED PROCEDURES

Operating Room charges are based on the complexity of a particular operation and the amount of time the surgery takes to complete. This does not include charges for anesthesia, drugs or supplies required for a particular procedure. Fees for physician services and anesthesia administration are not reflected below, and will be billed separately.

Level 1 (Endo) Initial 15 min	\$2,225.00
Level 2 - Initial 15 min	\$3,974.00
Level 3 - Initial 15 min	\$5,614.00
Level 4 - Initial 15 min	\$7,251.00