



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
32099157	HC MODERATE SEDATION EA ADD'L	\$ 121.00
32099156	HC MODERATE SEDATION >5 YEARS	\$ 242.00
32099155	HC MODERATE SEDATION <5 YEARS	\$ 282.00
32064447	HC FEMORAL BLOCK	\$ 1,300.00
32064445	HC CONT SCIATIC NERVE BLOCK	\$ 1,424.00
01240964	HC ANESTHESIA ADMINISTRATION	\$ 330.00
01240010	HC IV SEDATION EA ADD 30 MINS	\$ 300.00
01240009	HC IV SEDATION INITIAL HOUR	\$ 601.00
01240008	HC MONITORED ANESTH EA ADD 30 MNS	\$ 137.00
01240007	HC MONITORED ANESTH INITIAL HOUR	\$ 276.00
01240006	HC LOCAL ANESTH EA ADD 30 MNS	\$ 122.00
01240005	HC LOCAL ANESTH INITIAL HOUR	\$ 239.00
01240004	HC REGIONAL ANESTH EA ADD 30 MNS	\$ 164.00
01240003	HC REGIONAL ANESTH INITIAL HOUR	\$ 330.00
01240002	HC GENERAL ANESTH EA ADD 30 MNS	\$ 502.00
01240001	HC GENERAL ANESTH INITIAL HOUR	\$ 1,002.00
00410671	HC PROTHROMBIN TIME	\$ 49.00
01682018	HC FOLEY CATHETER INSERTION	\$ 194.00
01609063	HC CARDIAC REHAB II; 1-36	\$ 139.00
01603797	HC CARDIAC REHB W/O CONT ECG	\$ 119.00
01639452	HC HEART SCAN SPECT MULTIPLE	\$ 2,542.00
01639451	HC HEART SCAN SPECT SINGLE	\$ 1,094.00
21663706	HC CTA-LOWER EXTREMITY W/WO CON B	\$ 3,132.00
21663702	HC CT LOWER EXT W/WO CONTRAST BI	\$ 3,132.00
21663701	HC CT LOWER EXT W/CONTRAST BI	\$ 2,805.00
21663700	HC CT LOWER EXT W/O CONTRAST BI	\$ 1,960.00
21663206	HC CTA-UPPER EXTREMITY W/WO CON B	\$ 1,935.00
21663202	HC CT UPPER EXT W/WO CONTRAST BI	\$ 2,902.00
21663201	HC CT UPPER EXT W/CONTRAST BI	\$ 2,715.00
21663200	HC CT UPPER EXT W/O CONTRAST BI	\$ 1,903.00
11663706	HC CTA-LOWER EXTREMITY W/WO CON R	\$ 3,132.00
11663702	HC CT LOWER EXT W/WO CONTRAST RT	\$ 3,132.00
11663701	HC CT LOWER EXT W/CONTRAST RT	\$ 2,805.00
11663700	HC CT LOWER EXT W/O CONTRAST RT	\$ 1,960.00
11663206	HC CTA-UPPER EXTREMITY W/WO CON R	\$ 1,935.00
11663202	HC CT UPPER EXT W/WO CONTRAST RT	\$ 2,902.00
11663201	HC CT UPPER EXT W/CONTRAST RT	\$ 2,715.00
11663200	HC CT UPPER EXT W/O CONTRAST RT	\$ 1,903.00
01669174	HC CTA ABD & PELV W/O & W/CONTRAS	\$ 4,060.00
01668032	HC CT LUNG CANCER SCREENING	\$ 99.00
01667360	HC CT GUID FOR FIDUCIAL PLACEMENT	\$ 3,211.00
01666361	HC CT GUIDE BIOPSY COMP	\$ 2,062.00
01665635	HC CTA-AORTA/BILAT LEG W/WO CON	\$ 5,025.00
01665175	HC CTA-ABDOMEN W/WO CONTRAST	\$ 4,850.00
01665001	HC CT STONE PROTOCOL	\$ 2,828.00
01664178	HC CT ABD & PELVIS W/WO CONTRAST	\$ 2,828.00
01664177	HC CT ABD & PELVIS W/CONTRAST	\$ 2,828.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01664176	HC CT ABD & PELVIS W/O CONTRAST	\$ 2,828.00
01664170	HC CT ABDOMEN W/WO CONTRAST	\$ 1,472.00
01664160	HC CT ABDOMEN W CONTRAST	\$ 1,472.00
01664150	HC CT ABDOMEN W/O CONTRAST	\$ 1,472.00
01663706	HC CTA-LOWER EXTREMITY W/WO CON L	\$ 3,132.00
01663702	HC CT LOWER EXT W/WO CONTRAST LT	\$ 3,132.00
01663701	HC CT LOWER EXT W/CONTRAST LT	\$ 2,805.00
01663700	HC CT LOWER EXT W/O CONTRAST LT	\$ 1,960.00
01663450	HC CT HEAD ATTN FACE W/O CON	\$ 1,425.00
01663206	HC CTA-UPPER EXTREMITY W/WO CON L	\$ 1,935.00
01663202	HC CT UPPER EXT W/WO CONTRAST LT	\$ 2,902.00
01663201	HC CT UPPER EXT W/CONTRAST LT	\$ 2,715.00
01663200	HC CT UPPER EXT W/O CONTRAST LT	\$ 1,903.00
01662470	HC CT HEAD ATTN IAC W/WO CON	\$ 2,442.00
01662405	HC CT BIOPSY LUNG	\$ 513.00
01662194	HC CT PELVIS W/WO CONTRAST	\$ 1,472.00
01662193	HC CT PELVIS W/CONTRAST	\$ 1,472.00
01662192	HC CT PELVIS W/O CONTRAST	\$ 1,472.00
01662150	HC CT LUMBAR SPINE-ANGLES W/CON	\$ 2,805.00
01662149	HC CT THORACIC SPINE W/O CONTRAST	\$ 1,960.00
01662148	HC CT CERVICAL SPINE W/O CONTRAST	\$ 1,597.00
01662145	HC CT LUMBAR SPINE-ANGLES W/O CON	\$ 1,994.00
01662139	HC CT LUMBAR SPINE-ANGLS W/WO CON	\$ 3,132.00
01662130	HC CT THORACIC SPINE W/WO CONTRST	\$ 3,132.00
01662129	HC CT THORACIC SPINE W/CONTRAST	\$ 2,715.00
01662127	HC CT CERVICAL SPINE W/WO CON	\$ 3,132.00
01662126	HC CT CERVICAL SPINE W/CONTRAST	\$ 2,715.00
01661275	HC CTA-CHEST W/WO CONTRAST	\$ 1,862.00
01661270	HC CT CHEST W/WO CONTRAST	\$ 2,923.00
01661260	HC CT CHEST W/CONTRAST	\$ 2,849.00
01661250	HC CT CHEST W/O CONTRAST	\$ 1,636.00
01660498	HC CTA-NECK W/WO CONTRAST	\$ 3,481.00
01660496	HC CTA-HEAD W/WO CONTRAST	\$ 4,644.00
01660482	HC CT ORBIT W/WO CONTRAST	\$ 2,806.00
01660481	HC CT ORBIT W/CONTRAST	\$ 2,367.00
01660480	HC CT ORBIT W/O CONTRAST	\$ 1,960.00
01660475	HC CT NECK W/WO CONTRAST	\$ 3,229.00
01660473	HC CT FACE W/WO CONTRAST	\$ 2,805.00
01660470	HC CT HEAD SCAN W/WO CONTRAST	\$ 2,442.00
01660465	HC CT NECK W/CONTRAST	\$ 2,803.00
01660463	HC CT FACE W/CONTRAST	\$ 2,367.00
01660460	HC CT HEAD SCAN W/CONTRAST	\$ 2,157.00
01660455	HC CT NECK W/O CONTRAST	\$ 1,960.00
01660453	HC CT FACE W/O CONTRAST	\$ 1,714.00
01660450	HC CT HEAD SCAN W/O CONTRAST	\$ 1,425.00
01706479	HC DRUG AEROSOL	\$ 66.00
00868929	HC 2D&M-MODE WPECTRL & CFDP W/CON	\$ 1,790.90



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
00863352	HC ADMIN STRESS ECHO CONTRAS	\$ 163.00
00863350	HC STRESS ECHO	\$ 829.00
00863325	HC COLOR FLOW DOPPLER	\$ 385.00
00863321	HC CARDIAC DOPPLER - LIMITED	\$ 194.00
00863320	HC CARDIAC DOPPLER	\$ 444.00
00863308	HC ECHO - 2-D & M-MODE - LIMITED	\$ 451.00
00863306	HC 2D&M-MODE W/SPCTRL & CF DPLR	\$ 1,418.00
01529534	HC CONT EEG EACH 24 HOURS 16/>CHANNELS	\$ 523.00
01525819	HC EEG AWAKING/ASLEEP	\$ 702.00
01525813	HC EEG OVER 1 HOUR	\$ 432.00
01525812	HC EEG EXTENDED 41-60 MIN	\$ 337.00
01523383	HC EEG AWAKE & DROWSY	\$ 318.00
40393010	HC EKG INTERPRETATION ONLY	\$ 21.00
40393000	HC EKG WITH INTER & REPORT	\$ 222.00
01505069	HC EXT ECG MONIT/REPR 12-48 HRS	\$ 493.00
01503935	HC EKG STRESS TEST	\$ 1,036.00
01503271	HC EVENT TRANSMISSION & ANALYSIS	\$ 561.00
01503270	HC EVENT RECORDING	\$ 40.00
01503215	HC ELECTROCARDIOGRAM	\$ 201.00
32390471	HC FLU SHOT ADMIN FEE	\$ 17.00
32309090	HC TELEHEALTH CARE JAIL	\$ 29.00
01299612	HC ED CATHETERIZATION FOR URINE SPECIMEN COLLECTION	\$ 77.51
01299285	HC ED LEVEL 5	\$ 742.00
01299157	HC MOD SED OTHER PHYS/QHP EA ADD'L 15 MIN	\$ 127.00
01299156	HC MOD SED OTH PHYS/QHP 5/>YRS INIT 15 MIN	\$ 254.00
01299155	HC MOD SED OTH PHYS/QHP <5 YRS INIT 15 MIN	\$ 295.00
01299000	HC ED NO CHARGE VISIT	\$ -
01297974	HC ED CRITICAL CARE:EA ADD 30 MIN	\$ 310.00
01297973	HC ED CRITICAL CARE:INIT 30-74 MN	\$ 620.00
01295003	HC NON DOT PREEMPLOYMENT PHYSICAL	\$ 96.01
01294944	HC ED LEVEL 4	\$ 517.00
01294943	HC ED LEVEL 3	\$ 387.00
01294942	HC ED LEVEL 2	\$ 258.00
01294941	HC ED LEVEL 1	\$ 162.00
01293044	HC ED CARDIAC MONITORING > 3 HRS	\$ 240.00
01293043	HC ED CARDIAC MONITORING 2-3 HRS	\$ 206.00
01293042	HC ED CARDIAC MONITORING 1-2 HRS	\$ 170.00
01293041	HC ED CARDIAC MONITORING < 1 HR	\$ 138.00
01291784	HC ED IV PUSH EA ADDITIONAL DRUG	\$ 124.00
01291703	HC CATH TEMP BLADDER CMLX	\$ 290.00
01291702	HC FOLEY CATHETER INSERTION	\$ 194.00
01291701	HC CATH NON-INDWELL BLADDER	\$ 155.00
01291503	HC ED MAJOR SURG PROC	\$ 210.00
01291502	HC ED INTERM SURG PROC	\$ 139.00
01291501	HC ED MINOR SURG PROC	\$ 70.00
01291440	HC CRITICAL TEAM RESPONSE<30 MIN	\$ 742.00
01290784	HC ED IV PUSH INITIAL	\$ 137.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01290776	HC ED IV PUSH EA ADD SAME DRUG	\$ 44.00
01290768	HC ED IV INF CONCURRENT 16+ MIN	\$ 103.00
01290767	HC ED IV INF SEQUENTIAL 16-60 MIN	\$ 137.00
01290766	HC ED IV INF THER EA ADD 31-60 MN	\$ 101.00
01290765	HC ED IV INF THER INIT 16-60 MINS	\$ 215.00
01290761	HC ED IV INF HYD EA ADD 31-60 MIN	\$ 75.00
01290760	HC ED IV INF HYD INIT 31-60 MINS	\$ 247.00
01290215	HC VISIT EST LEVEL 5 UC	\$ 152.00
01290214	HC VISIT EST LEVEL 4 UC	\$ 127.00
01290213	HC VISIT EST LEVEL 3 UC	\$ 101.00
01290212	HC VISIT EST LEVEL 2 UC	\$ 152.00
01290211	HC VISIT EST LEVEL 1 UC	\$ 50.00
01290205	HC VISIT NEW LEVEL 5 UC	\$ 202.00
01290204	HC VISIT NEW LEVEL 4 UC	\$ 176.00
01290203	HC VISIT NEW LEVEL 3 UC	\$ 151.00
01290202	HC VISIT NEW LEVEL 2 UC	\$ 125.00
01290201	HC VISIT NEW LEVEL 1 UC	\$ 99.00
01290011	HC TREATMENT ROOM	\$ 51.00
00520372	HC ED SQ/IM INJECTION	\$ 71.00
21616073	HC SHOULDER ARTHROGRAM BI	\$ 1,745.00
21616072	HC KNEE ARTHROGRAM BI	\$ 2,529.00
11616073	HC SHOULDER ARTHROGRAM RT	\$ 1,745.00
11616072	HC KNEE ARTHROGRAM RT	\$ 2,529.00
11615820	HC X-RAY-VENOGRAM RT LOWER UNILAT	\$ 2,298.00
01616073	HC SHOULDER ARTHROGRAM LT	\$ 1,745.00
01616072	HC KNEE ARTHROGRAM LT	\$ 2,529.00
01615822	HC X-RAY-VENOGRAM LOWER BILAT	\$ 2,982.00
01615820	HC X-RAY-VENOGRAM LT LOWER UNILAT	\$ 2,298.00
01614741	HC HYSTEROSALPINGOGRAM	\$ 2,480.00
01614456	HC VOIDING CYSTOGRAM	\$ 903.00
01614451	HC CYSTOGRAM	\$ 950.00
01614290	HC X-RAY-GALLBLADDER	\$ 552.00
01614275	HC X-RAY-COLON DOUBLE CONTRAST	\$ 1,534.00
01614270	HC X-RAY-COLON(BE)	\$ 1,094.00
01614250	HC X-RAY-SMALL BOWEL ONLY	\$ 912.00
01614245	HC X-RAY-ESD WITH SMALL BOWEL	\$ 1,830.00
01614241	HC X-RAY UPPER GI DOUBLE CONTRAST W/O KUB	\$ 1,145.00
01614221	HC X-RAY-REHAB ESOPHOGRAM	\$ 870.00
01614220	HC X-RAY-ESOPHAGUS ONLY	\$ 575.00
01612266	HC LUMBOSACRAL MYELOGRAM	\$ 1,473.00
01611050	HC X-RAY-CHEST-FLUORO ONLY	\$ 613.00
01610391	HC SIALOGRAPHY	\$ 1,893.00
01689113	HC SQ/IM INJECTION	\$ 71.00
01689109	HC IV PUSH EA ADDITIONAL DRUG	\$ 124.00
01689108	HC IV PUSH EA ADD SAME DRUG	\$ 44.00
01689107	HC IV PUSH INITIAL	\$ 137.00
01689106	HC IV INF THER INIT 16-60 MINS	\$ 215.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01689105	HC IV INF THER EA ADD 31-60 MN	\$ 101.00
01689104	HC IV INF SEQUENTIAL 16-60 MINS	\$ 137.00
01689103	HC IV INF HYD INIT 31-60 MINS	\$ 247.00
01689102	HC IV INF HYD EA ADD 31-60 MIN	\$ 75.00
01689100	HC IV INFUSION CONCURRENT	\$ 103.00
01298953	HC OP CHEMO IV PUSH INITIAL	\$ 310.00
01296521	HC REFILL/MAINT PORTABLE PUMP	\$ 202.00
01296416	HC CHEMO PROLONG 8+ HRS INFUSE W/PUMP	\$ 486.00
01296411	HC OP CHEMO IV PUSH EA ADD DRUG	\$ 204.00
01291372	HC OP SQ/IM INJECTION	\$ 71.00
00526417	HC OP CHEMO INFUS SEQ 16-60 MIN	\$ 273.00
00526412	HC OP CHEMO INF EA ADDL 31-60 MIN	\$ 97.00
00526410	HC OP CHEMO INFUS INIT 16-60 MIN	\$ 374.00
00521786	HC OP IV PUSH EA ADDITIONAL DRUG	\$ 124.00
00521784	HC OP IV PUSH INITIAL	\$ 137.00
00520776	HC OP IV PUSH EA ADD SAME DRUG	\$ 44.00
00520768	HC OP IV INF CONCURRENT 16+ MIN	\$ 103.00
00520767	HC OP IV INF SEQUENTIAL 16-60 MIN	\$ 137.00
00520766	HC OP IV INF THER EA ADD 31-60 MN	\$ 101.00
00520765	HC OP IV INF THER INIT 16-60 MINS	\$ 215.00
00520761	HC OP IV INF HYD EA ADD 31-60 MNS	\$ 75.00
00520760	HC OP IV INF HYD INIT 31-60 MINS	\$ 247.00
30200001	HC EMS TRANSFER	\$ -
10010051	HC ACUTE CARE ROOM	\$ 814.00
10010038	HC RESPITE CARE LEVEL III	\$ 402.00
10010037	HC RESPITE CARE LEVEL II	\$ 317.00
10010036	HC RESPITE CARE LEVEL 1	\$ 229.00
10010029	HC SNF ROOM	\$ 294.00
11615821	HC X-RAY-VENOGRAM RT UPPER UNILAT	\$ 2,298.00
01615821	HC X-RAY-VENOGRAM LT UPPER UNILAT	\$ 2,298.00
06078004	HC ISOLATION AIRBORNE & CONTACT	\$ -
06078003	HC ISOLATION AIRBORNE W/HEPA	\$ 90.00
06078002	HC ISOLATION DROPLET & CONTACT	\$ -
06078001	HC ISOLATION DROPLET	\$ 90.00
06078000	HC ISOLATION CONTACT	\$ 90.00
00956523	HC OP CVAD IRRIGATION	\$ 74.00
01376906	HC RH PHENOTYPE-ARC	\$ 252.00
01375321	HC ARC SPECIAL TYPE	\$ 119.00
01375156	HC PLATELETPHERESIS	\$ 962.98
01371018	HC PLATELET CONCENTRATE CMV NEG	\$ 148.96
01370802	HC IRRADIATE A SPLIT PACKED RBC 1 UNIT	\$ 104.00
01370745	HC POOLING PLATLET/CRYO	\$ 92.00
01370151	HC FRESH FROZEN PLASMA	\$ 88.12
01370017	HC RED CELL - LEUKOREduced	\$ 440.58
40197140	HC HERPES SIMPLEX VIRUS TYPE 2	\$ 39.00
40196793	HC Y. ENTEROCOLITICA AB, IGM	\$ 75.00
40190377	HC QUEST D5 PANEL 3927IN	\$ 71.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
40189051	HC DIFFERENTIAL BODY FLUID	\$ 21.70
40188307	HC ETHANOL BLOOD	\$ 155.00
40188185	HC FLOW CYTOMETRY EA ADD-ON	\$ 55.00
40188142	HC PAP SCREEN SUREPATH	\$ 65.00
40187899	HC STEP PNEUMO AG URINE	\$ 106.00
40187801	HC RSV RNA	\$ 209.00
40187661	HC TRICHOMONAS VAGINALIS BY TMA	\$ 126.95
40187651	HC STREP A NUCLEIC ACID	\$ 101.00
40187641	HC MRSA QUALITATIVE PCR	\$ 111.00
40187633	HC RESPIRATORY PANEL PCR	\$ 713.00
40187624	HC HUMAN PAPILLOMA VIRUS (HPV) TYPE DETECT 3.0	\$ 137.00
40187581	HC M PNEUMONIAE	\$ 53.00
40187507	HC GASTROINTESTINAL PANEL PCR	\$ 716.00
40187502	HC INFLUENZA A/B RNA	\$ 209.00
40187486	HC C PNEUMONIAE	\$ 53.00
40187140	HC HERPES SIMPLEX VIRUS TYPE 1	\$ 39.00
40187081	HC CULTURE FLUOROQUINOLONE RESISTANT ORGANISM	\$ 69.00
40187015	HC AFB CONCENTRATION	\$ 14.00
40186803	HC HF HEPATITIS C SCREEN	\$ 15.00
40186793	HC Y. ENTEROCOLITICA AB, IGG	\$ 75.00
40186698	HC HISTOPLASMA AB/CF	\$ 43.00
40186677	HC H PYLORI IGA	\$ 59.00
40186606	HC ASPERGILLUS	\$ 20.00
40186317	HC SPN23 - STREP PNEUMO AB TYPES	\$ 499.10
40186256	HC SMA TITER IGG IFA	\$ 103.00
40186255	HC PHOSPHOLIPASE A2 REC AB,IGG W/REF TITER	\$ 354.00
40186009	HC BACTERIUM NOT ELSEWHERE SPECIFIED	\$ 20.00
40186008	HC CASEIN IGE ALLERGEN	\$ 20.00
40186001	HC ALLERGEN SPECIFIC IGG QUANT OR SEMIQUAN EA ALLERGEN	\$ 20.00
40185810	HC VISCOSITY	\$ 39.00
40184443	HC HF THYROID SCREEN	\$ 15.00
40184153	HC HF PSA	\$ 20.00
40184145	HC PROCALCITONIN	\$ 354.00
40184140	HC PROGNEOLONE	\$ 61.00
40183993	HC CALPROTECTIN, FECES	\$ 371.00
40183992	HC PHENCYCLIDINE (PCP)	\$ 7.00
40183883	HC LIVERFIBROSIS, CHRONIC VIRAL HEPATITIS (FIBRO METER VIRUS)	\$ 244.00
40183785	HC MANGANESE, WHOLE BLOOD	\$ 86.00
40183630	HC LACTOFERRIN FECES	\$ 52.00
40183516	HC MYELOPEROXIDASE AB IGG	\$ 92.00
40183036	HC HF HEMOGLOBIN A1C	\$ 15.00
40182570	HC CREATININE	\$ 7.00
40182542	HC PTH RELATED PEPTIDE	\$ 210.00
40182495	HC CHROMIUM SERUM	\$ 48.00
40182306	HC HF VITAMIN D	\$ 20.00
40181270	HC JAK2(V617F) MUTATION ANALYSIS	\$ 383.00
40181240	HC FACTOR II GENE MUTATION	\$ 75.95



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
40181207	HC BCR/ABL GENE MINOR/PCR	\$ 284.00
40181206	HC BCR/ABL GENE MAJOR/PCR	\$ 228.00
40180400	HC ACTH STIMULATION PANEL	\$ 62.00
40180377	HC DRUG/SUBSTANCE NOS 7/MORE	\$ 7.00
40180373	HC TRAMADOL	\$ 7.00
40180372	HC TAPENTADOL	\$ 7.00
40180371	HC STIMULANTS, SYNTHETIC	\$ 7.00
40180370	HC SKELETAL MUSCLE RELAXANTS; 3 OR MORE	\$ 7.00
40180368	HC SEDATIVE HYPNOTICS, NON-BENZODIAZEPINES	\$ 7.00
40180367	HC PROPOXYPHENE	\$ 7.00
40180366	HC PREGABALIN	\$ 7.00
40180365	HC OXYCODONE	\$ 7.00
40180364	HC OPIOIDS AND OPIATE ANALOGS; 5 OR MORE	\$ 7.00
40180361	HC OPIATES; 1 OR MORE	\$ 7.00
40180360	HC METHYLPHENIDATE	\$ 7.00
40180359	HC METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, MDMA)	\$ 7.00
40180358	HC METHADONE	\$ 7.00
40180357	HC KETAMINE AND NORKETAMINE	\$ 7.00
40180355	HC GABAPENTIN, NON-BLOOD	\$ 7.00
40180354	HC FENTANYL	\$ 7.00
40180353	HC COCAINE	\$ 7.00
40180348	HC BUPRENORPHINE	\$ 7.00
40180346	HC BENZODIAZEPINES; 1-12	\$ 7.00
40180344	HC ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	\$ 7.00
40180341	HC ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	\$ 7.00
40180338	HC ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	\$ 7.00
40180337	HC ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE	\$ 7.00
40180334	HC ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 OR MORE	\$ 7.00
40180331	HC ANALGESICS, NON-OPIOID; 6 OR MORE (INCLUDES ACETAMINOPHEN)	\$ 7.00
40180326	HC AMPHETAMINES; 5 OR MORE	\$ 7.00
40180307	HC PAIN MANAGEMENT DRUG PANEL	\$ 212.00
40180302	HC SALICYLATE	\$ 7.00
40180301	HC THC, BARBITURATES AND ETHYL ALCOHOL	\$ 7.00
40180164	HC VALPROIC ACID	\$ 79.00
40180053	HC HF COMPREHENSIVE HEALTH PN	\$ 30.00
40106255	HC SMOOTH MUSCLE AB(SMA), IGG SCREEN	\$ 354.00
40105001	HC ACETAMINOPHEN	\$ 139.00
40105000	HC SALICYLATES	\$ 139.00
40102542	HC DIHYDROTESTOSTERONE 5-A	\$ 68.36
40100358	HC METHADONE AND METABOLITE QUANT SERUM PLASMA	(blank)
40100326	HC AMPHETAMINES QUANT SERUM PLASMA	(blank)
04017899	HC HIV P24 AG	\$ 106.00
04017150	HC CULTURE TYPING, DNA/RNA PROBE	\$ 75.00
01452762	HC STREP B - DIRECT	\$ 138.00
01450051	HC C-REACTIVE PROTEIN	\$ 77.00
01429021	HC IMMUNOFIX ELECTRO URINE 1	\$ 62.00
01429020	HC RPR	\$ 63.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01429019	HC URINE MICROSCOPIC ONLY	\$ 44.00
01429018	HC URINE DRUG COLLECTION	\$ 27.00
01429017	HC URINE COLLECT FEE-PHARM	\$ 37.00
01429016	HC RSV(RESP SYN VIRUS)QUICK	\$ 205.00
01429015	HC NIDA/DOT DRUG SCREEN	\$ 65.00
01429014	HC KOH PREP	\$ 42.00
01429013	HC IMMUNOFIX ELECTRO URINE 1	\$ 64.00
01429012	HC GLUCOSE-FINGERSTICK METER	\$ 14.00
01429011	HC GLUCOSE - ISTAT	\$ 25.00
01429010	HC ELECTROLYLE-ISTAT	\$ 69.00
01429009	HC DRUG SCREEN 5	\$ 41.00
01429008	HC DRUG SCREEN - MEDICAL	\$ 101.00
01429007	HC DRUG SCREEN	\$ 43.00
01429006	HC CSF PRO EL	\$ 112.00
01429005	HC CREATINIE-ISTAT	\$ 41.00
01429004	HC C DIFFICLE (STOOL SPECIM	\$ 141.00
01429003	HC BUN-ISTAT	\$ 41.00
01429002	HC ANTIBODY IDENT ABSORPTIO	\$ 92.00
01429001	HC ACETONE	\$ 56.00
01426565	HC ETHANOL (ALCOHOL); BREATH	\$ 33.00
01424560	HC FLUID URIC ACID	\$ 43.00
01424210	HC ONSITE DRUG SCREEN	\$ 15.00
01424100	HC FLUID PHOSPHOROUS	\$ 64.00
01420150	HC AMIKACIN	\$ 155.00
01420101	HC T PROTEIN/AG RATIO	\$ 46.00
00926022	HC PLATELET ANTIBODIES, INDIRECT	\$ 136.00
00919932	HC HAIR 5 PNL	\$ 54.00
00919931	HC HAIR 5 PNL W/EX OPI	\$ 63.00
00919375	HC DIPHENHYDRAMINE	\$ 118.00
00919306	HC ST2, SOLUBLE	\$ 323.00
00919147	HC CULTURE TYPING, LA	\$ 16.00
00919137	HC GAMMAGLOBULIN (IMMUNOGLOBULIN) EACH	\$ 31.00
00919136	HC BART HENSELAE IGG/IGM	\$ 110.00
00919135	HC RPR	\$ 63.00
00919134	HC ACETYLCHOL RECEPT BIN AB	\$ 247.00
00919133	HC WEST NILES SERUM BY PCR	\$ 540.00
00919132	HC WEST NILES IGM-CSF	\$ 98.00
00919131	HC WEST NILES IGG-CSF	\$ 98.00
00919130	HC VORICONAZOLE, SERUM	\$ 168.00
00919129	HC VON WILLEBRAND PANEL-3	\$ 310.00
00919128	HC VON WILLEBRAND PANEL-1	\$ 235.00
00919127	HC VON WILLEBRAND MULTIMERS	\$ 210.00
00919126	HC VIRAL AG/AB I/II	\$ 110.00
00919125	HC VARICELLA ZOSTER PCR	\$ 540.00
00919124	HC VAP-2	\$ 113.00
00919123	HC VAP-1	\$ 156.00
00919122	HC TRYPSIN LIKE ACTIVITY	\$ 247.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
00919121	HC TOXO IGA AB	\$ 63.00
00919120	HC TORCH IGG 86694	\$ 64.00
00919119	HC TETANUS AB IGG	\$ 177.00
00919118	HC T-CELLS, CD4 ONLY BY FLOW	\$ 188.00
00919117	HC SYPHILIS AB QUANT IGM	\$ 126.00
00919116	HC SYPHILIS AB QUANT IGG	\$ 126.00
00919115	HC STREP PNEUMO AB 23 SEROTY	\$ 1,630.00
00919113	HC SACCHAROMYCES SER AB IGA	\$ 166.00
00919112	HC SACCHAROMYCES CER AB IGG	\$ 166.00
00919111	HC RSV AB (SERUM)	\$ 75.00
00919110	HC RITALIN(METHYLPHENIDATE)	\$ 210.00
00919109	HC RISPERDOL	\$ 154.00
00919108	HC RICKETTSIA RICKETTSII IGM	\$ 93.00
00919107	HC RICKETTSIA RICKETTSII IGG	\$ 93.00
00919106	HC RHYTHMOL(PROPAFENONE)	\$ 168.00
00919105	HC RETIC COUNT	\$ 25.00
00919104	HC REDUCING SUB-FECAL	\$ 23.00
00919103	HC PROINSULIN	\$ 176.00
00919102	HC PROCOLLAGEN TYPE I INTACT	\$ 247.00
00919101	HC PORPHYRINS	\$ 157.00
00919100	HC POLIOVIRUS - 3	\$ 206.00
00919099	HC POLIOVIRUS - 2	\$ 206.00
00919098	HC POLIOVIRUS - 1	\$ 206.00
00919097	HC PARIETAL CELL IGG AB	\$ 354.00
00919096	HC PARAPROTIEN-2	\$ 64.00
00919095	HC PARAPROTEIN-4	\$ 245.00
00919094	HC PARAPROTEIN-3	\$ 245.00
00919093	HC PARAPROTEIN-1	\$ 46.00
00919092	HC OSMOLALITY, FECES	\$ 55.00
00919090	HC NMR LIPO	\$ 512.00
00919089	HC NEUT CYTOPLASMIC AB IGG	\$ 354.00
00919088	HC NEISSERIA GON AB	\$ 332.00
00919087	HC MYCOPHENLIC ACID	\$ 250.00
00919086	HC MANUAL MORPHOMETRIC ANALY	\$ 310.00
00919085	HC MANGANESE	\$ 86.00
00919084	HC LYME DISEASE	\$ 112.00
00919083	HC LUPUS ANTICOAG 85730	\$ 56.00
00919082	HC LUPUS ANTICOAG 85705	\$ 82.00
00919081	HC LUPUS ANTICOAG 85613	\$ 82.00
00919080	HC LUPUS ANTICOAG 85610	\$ 49.00
00919079	HC LUPUS ANTI COAG.W/REFLUX	\$ 308.00
00919078	HC LIQUID PAPSMEAR-BCCP	\$ 59.00
00919077	HC LEPTIN	\$ 131.00
00919076	HC LDH ISOENZYMES	\$ 107.00
00919075	HC LACOSAMIDE(VIMPAT)	\$ 168.00
00919073	HC INSITU MORPHOMETRIC ANALY	\$ 398.00
00919072	HC INF BOWEL 86671-2	\$ 166.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
00919071	HC INF BOWEL 86671-1	\$ 166.00
00919070	HC INF BOWEL 86255	\$ 354.00
00919069	HC IGG SYNTHESIS RATE - 4	\$ 31.00
00919068	HC IGG SYNTHESIS RATE - 3	\$ 31.00
00919067	HC IGG SYNTHESIS RATE - 2	\$ 30.00
00919066	HC IGG SYNTHESIS RATE - 1	\$ 41.00
00919065	HC HUNTINGTON DISEASE DNA	\$ 773.00
00919064	HC HIV-1 GENOTYPING	\$ 1,939.00
00919063	HC HERPES SIMP AB I/II IGM	\$ 92.00
00919062	HC HERPES SIMP AB I/II IGG	\$ 64.00
00919061	HC HERPES CULTURE I/II PCR	\$ 135.00
00919060	HC HEPATITIS E IGM	\$ 304.00
00919059	HC HEPATITIS E IGG/IGM	\$ 304.00
00919058	HC HEPATITIS E IGG	\$ 304.00
00919057	HC HEP E IGM	\$ 304.00
00919056	HC HEP E IGG	\$ 304.00
00919055	HC HEP D(DELTA)	\$ 110.00
00919054	HC HEP D AB	\$ 540.00
00919053	HC HEAVY METALS URINE (PRF1)	\$ 181.00
00919052	HC HEAVY METALS U-CD (24 HOUR)	\$ 51.00
00919051	HC HE4, OVARIAN CANCER MONIT	\$ 465.00
00919050	HC H. INFLUENZA AB-TITER	\$ 177.00
00919049	HC GONADOTROPIN	\$ 1,439.00
00919048	HC GHB GC/MS UA	\$ 210.00
00919047	HC GAD AB	\$ 149.00
00919046	HC FIBRI DEGRADATION PROD	\$ 178.00
00919045	HC FACTOR VIII INHIBITOR	\$ 217.00
00919044	HC FACTOR INHIBITOR	\$ 217.00
00919042	HC EOSINOPHIL SMEAR URINE	\$ 41.00
00919041	HC ENDOMYSIAL AB IGG	\$ 103.00
00919040	HC ENDOMYSIAL AB IGA	\$ 103.00
00919039	HC DRUG ABUSE SCREEN	\$ 182.00
00919038	HC DIPHTHERIA IGG AB	\$ 177.00
00919036	HC CYTOPATHOLOGY SCREENING	\$ 66.19
00919035	HC CYTOPATHOLOGY INTERPRETAT	\$ 147.56
00919034	HC CYCLOSPORINE	\$ 312.00
00919033	HC CYANIDE BLOOD	\$ 181.00
00919032	HC CULTURE-STOOL-5	\$ 28.00
00919031	HC COXSACKIE B AB	\$ 206.00
00919030	HC COXSACKIE A9 AB	\$ 206.00
00919029	HC COUNT, KARYOTYPE W/BANDI	\$ 303.80
00919028	HC COMPLEMENT-AH50	\$ 40.00
00919027	HC COLD AGGLUTININ	\$ 41.00
00919026	HC CHROMATIN IGGAB	\$ 86.00
00919025	HC CENTRO MERE BIGAB	\$ 86.00
00919024	HC CELIAC 86256	\$ 103.00
00919023	HC CANDIDA ALB IGM	\$ 126.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
00919022	HC CANDIDA ALB IGG	\$ 126.00
00919021	HC CANDIDA ALB IGA	\$ 126.00
00919020	HC CA 15-3	\$ 95.00
00919019	HC BORDETELLA PERT IGA	\$ 119.00
00919018	HC BK VIRUS, QUANT, PCR	\$ 516.00
00919017	HC B PERT PCR	\$ 540.00
00919016	HC AUTOIMMUNE PANEL-9	\$ 86.00
00919015	HC AUTOIMMUNE PANEL-8	\$ 86.00
00919014	HC ASO TITER	\$ 63.00
00919013	HC ANTI-MITOCHONDRIAL AB	\$ 103.00
00919012	HC ANTI SMOOTH MUSCLE	\$ 103.00
00919011	HC ANTI PLT AB IGM	\$ 243.00
00919010	HC ANTI PLT AB IGG	\$ 243.00
00919009	HC ANTI DS DNA	\$ 103.00
00919008	HC AMIODARONE	\$ 168.00
00919007	HC ALLERGEN INDIVIDUAL	\$ 20.00
00919006	HC ALK PHOSPHATASE, BONE SP	\$ 75.00
00919005	HC ACETYLCHOL RECEPT MOD AB	\$ 92.00
00919004	HC ACETYLCHOL RECEPT BLO AB	\$ 92.00
00919002	HC 5 HIAA URINE,RANDOM	\$ 74.00
00918161	HC G & M SURG PATH TOUCH PREP	\$ 66.00
00917806	HC HIV-1 AG W HIV1/2 AB	\$ 46.00
00913924	HC MITOCHONDRIAL M2 AB	\$ 92.00
00913923	HC F-ACTIN, AB IGA	\$ 247.00
00913922	HC F-ACTIN, AB IGG	\$ 92.00
00911056	HC VITAMIN B3 (NIACIN)	\$ 450.00
00910328	HC OCCULT BLOOD, ICT	\$ 28.00
00910169	HC ETHOSUXIMIDE	\$ 29.00
01449552	HC IMMUNOPEROXIDASE	\$ 126.00
01448360	HC IMMUNOHISTOCHEMISTRY TUMOR	\$ 136.00
01446889	HC SPEC STAINS-GROUP I	\$ 132.00
01445115	HC CYTOLOGY CONCENTRATN TECHNIQUE	\$ 105.00
01445114	HC SPEC STAINS-GROUP II	\$ 105.00
01443993	HC STONE ANALYSIS; INFRARED SPECT	\$ 63.00
01441064	HC DECALCIFICATION	\$ 13.00
01441063	HC G&M SURG PATH-LEVEL VI	\$ 844.00
01441059	HC G&M SURG PATH-LEVEL V	\$ 303.00
01441058	HC G&M SURG PATH-LEVEL IV	\$ 136.00
01441057	HC G&M SURG PATH-LEVEL III	\$ 99.00
01441056	HC G&M SURG PATH-LEVEL II	\$ 97.00
01440190	HC G&M SURG PATH-LEVEL I	\$ 46.00
01483964	HC G 6 PD-QUANT	\$ 102.00
01465715	HC FAT FECAL QUAL.	\$ 39.00
01464069	HC URINALYSIS MISC HOLD	\$ -
01456464	HC MYCOPLASMA IGG AB	\$ 36.00
01454015	HC FACTOR XII ASSAY	\$ 235.00
01454014	HC FACTOR XI ASSAY	\$ 235.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01453630	HC FACTOR X ASSAY	\$ 235.00
01453629	HC FACTOR IX ASSAY	\$ 235.00
01453628	HC FACTOR VIII ASSAY	\$ 235.00
01453627	HC FACTOR VII ASSAY	\$ 235.00
01453626	HC FACTOR V ASSAY	\$ 235.00
01452689	HC FACTOR II ASSAY	\$ 235.00
01450198	HC VDRL CSF QUAL	\$ 63.00
01429882	HC BETA 2 MICROGLOBULIN	\$ 93.00
01429880	HC T4 FREE DIALYSIS	\$ 113.00
01429709	HC AMITRIPTYLINE	\$ 77.00
01429460	HC MYOGLOBIN URINE	\$ 98.00
01429000	HC FLOW CYTOMETRY HOLD	\$ -
01428712	HC ANGIOTENSIN CONV ENZ	\$ 107.00
01428709	HC CATECHOL FRAC PLASMA	\$ 167.00
01428706	HC ANTI-DIURETIC HORMONE	\$ 140.00
01427365	HC ANTITHROMBIN III ACTIVITY	\$ 233.00
01426901	HC CORTISOL FREE URINE	\$ 77.00
01426899	HC METANEPHRINES	\$ 141.00
01426803	HC HEPATITIS C IGG	\$ 59.00
01426465	HC CLONAZEPAM (CLONOPIN)	\$ 186.00
01426304	HC PRIMIDONE	\$ 195.00
01425713	HC CERULOPLASMIN	\$ 88.00
01425709	HC CALCITONIN	\$ 139.00
01425700	HC COMPLEMENT TOTAL	\$ 40.00
01425650	HC ALDOSTERONE UR	\$ 176.00
01425648	HC ACID PHOS PROSTATIC	\$ 43.00
01425257	HC AMINO ACID QUANT-URINE	\$ 437.00
01425191	HC 17-HYDROXYCORTICO.	\$ 233.00
01425170	HC ACTH	\$ 306.00
01425165	HC OXALATE URINE	\$ 76.00
01425136	HC HLA B27	\$ 284.00
01424081	HC SEROTONIN BLOOD	\$ 315.00
01424066	HC ALDOLASE	\$ 93.00
01424037	HC ERYTHROPOIETIN	\$ 235.00
01423998	HC GASTRIN	\$ 124.00
01423986	HC GROWTH HORMONE	\$ 115.00
01423977	HC LEAD BLOOD	\$ 48.00
01423976	HC COPPER SERUM	\$ 77.00
01423967	HC CAROTENE	\$ 43.00
01423961	HC ARSENIC	\$ 181.00
01423200	HC ALDOSTERONE SERUM	\$ 176.00
01422857	HC ZINC	\$ 110.00
01422847	HC 25-HYDROXY VITAMIN D	\$ 112.00
01422846	HC 1 25 DIHYRDOXY VITAMIN D	\$ 162.00
01422842	HC VITAMIN C	\$ 82.00
01422834	HC VITAMIN B1 - BLOOD	\$ 115.00
01422833	HC VITAMIN A	\$ 92.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01422832	HC THYROXINE-BINDING GLOBULIN	\$ 49.00
01422828	HC SOMATOMEDIN C	\$ 260.00
01422818	HC PROTEIN S FREE	\$ 524.00
01422815	HC PORPHOBILINOGEN QUANT	\$ 159.00
01422813	HC NORTRIPTYLINE	\$ 77.00
01422806	HC LEGIONELLA ANTIBODIES	\$ 65.00
01422803	HC 17-ALPHA-HYDROXYPROGESTERONE	\$ 130.00
01422789	HC ESTROGEN TOTAL	\$ 204.00
01422777	HC COPPER URINE	\$ 77.00
01422773	HC CATECHOLAMINE FRACT - URINE	\$ 167.00
01422768	HC CARDIOLIPIN	\$ 46.00
01420694	HC PROTEIN C FUNCTIONAL ACTIVITY	\$ 484.00
01420221	HC V.M.A. URINE	\$ 80.00
01420218	HC 17 KETOSTEROIDS	\$ 171.00
01412878	HC VIRAL CULTURE	\$ 252.00
01412491	HC OXCARBAZEPINE (TRILEPTAL)	\$ 258.00
00919114	HC SEX HORM BINDING GLOB	\$ 138.00
00919074	HC LACOSAMIDE	\$ 154.00
00918955	HC VARICELLA ZOSTER IGM	\$ 98.00
00918953	HC THYROGLOBULIN SERUM	\$ 66.00
00918943	HC IGGSB-IGG SUBCLASS 4	\$ 87.00
00918942	HC IGGSB-IGG SUBCLASS 3	\$ 87.00
00918941	HC IGGSB-IGG SUBCLASS 2	\$ 87.00
00918940	HC IGGSB-IGG SUBCLASS 1	\$ 87.00
00918502	HC TR2A-MATERNALTRIPLE SCREEN	\$ 54.00
00918500	HC XQUAD- MATERNAL QUAD SCREEN INHIBIN A	\$ 135.00
00918441	HC FECAL ELASTASE	\$ 845.00
00917181	HC OVPA OVA&PARASITES DIRECT	\$ 61.00
00917178	HC VASOACTIVE INTESTINAL PEPTIDE	\$ 156.00
00917163	HC APS PHOSPHATIDYLSERINE IGA	\$ 115.00
00917162	HC APS PHOSPHATIDYLSERINE IGM	\$ 115.00
00917161	HC APS PHOSPHATIDYLSERINE IGG	\$ 115.00
00917157	HC APS IGA CARDIOLIPIN	\$ 46.00
00917153	HC TRYPTASE	\$ 149.00
00917145	HC RTPCR -HIV-1 RNA QN RT BY PCR	\$ 743.00
00917141	HC ZONEGRAN/ZONISAMIDE	\$ 518.00
00917140	HC ESTRONE	\$ 115.00
00917138	HC LIPOPROTEIN A	\$ 98.00
00917116	HC ARSENIC WHOLE BLOOD	\$ 181.00
00917115	HC LEAD WHOLE BLOOD	\$ 48.00
00917114	HC MERCURY WHOLE BLOOD	\$ 51.00
00917112	HC DNA AUTOABS SINGL STRANDED DNA	\$ 146.00
00917111	HC CYTOMEGALOVIRUS DNA ULTRAQUANT	\$ 235.00
00917110	HC HISTOPLASMA URINE	\$ 526.00
00917109	HC HEP C VIRUS SUBTYPE	\$ 494.00
00917085	HC EBVPN-EBV NUCLEAR ANTIBODY	\$ 81.00
00917084	HC EBVPN-EBV CAPSID ANTIBODY IGM	\$ 81.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
00917083	HC EBVPN-EBV CAPSID ANTIBODY IGG	\$ 81.00
00917075	HC ANTI-FACTOR XA ACTIVITY - SLI	\$ 273.00
00917072	HC 9790-RNDM HVY METAL CREATININE	\$ 74.00
00917066	HC ALBUMIN FLUID	\$ 30.00
00917064	HC 9510-OLIGOCLONAL IGG BANDS	\$ 144.00
00917063	HC 9510-MYELIN BASIC PROTEIN	\$ 49.00
00917058	HC 9470-C3 COMPLEMENT	\$ 92.00
00917056	HC 9470-SS-B IGG AUTOABS	\$ 86.00
00917053	HC 9470-SS-A IGG AUTOABS	\$ 86.00
00917052	HC 9470-SCL-70 IGG AUTOABS	\$ 86.00
00917051	HC 9470-SM IGG AUTOABS	\$ 86.00
00917049	HC 9470-NRNP IGG AUTOABS	\$ 86.00
00917048	HC 9470-DNA ANTIBODY DBL STRANDED	\$ 86.00
00917031	HC 9537-PARVOVIRUS IGM	\$ 122.00
00917030	HC 9537-PARVOVIRUS IGG	\$ 122.00
00917012	HC 9635-ENA RNP ANTIBODY	\$ 86.00
00917011	HC 9635-ENA SM ANTIBODY	\$ 86.00
00917010	HC 9625-SJOGRENS SSB ANTIBODY	\$ 86.00
00917009	HC 9625-SJOGRENS SSA ANTIBODY	\$ 86.00
00917007	HC 9483-LYME IGG	\$ 145.00
00917004	HC 9327-HEAVY METAL ARSENIC	\$ 181.00
00917003	HC 9327-HEAVY METAL LEAD	\$ 48.00
00917002	HC 9327-HEAVY METAL MERCURY	\$ 51.00
00916708	HC HEP A - TOTAL ANTIBODIES	\$ 145.00
00916679	HC CRYQ-CRYOGLOBULIN QUAL	\$ 40.00
00916677	HC H. PYLORI 1GM ABS	\$ 59.00
00916664	HC EBVPN-EB EA (D) ANTIBODY IGG	\$ 81.00
00916245	HC VONWILLEBRAND PAN RIS COFACTOR	\$ 309.00
00916235	HC JO-1 IGG AUTOANTIBODIES	\$ 86.00
00916148	HC CARDIOLIPIN IGM	\$ 46.00
00916022	HC ANTI NEUTROPHIL-PROTEINASE-3	\$ 461.00
00915246	HC VONWILLEBRAND: ANTIGEN	\$ 310.00
00915245	HC RISTOCETIN COFACTOR FUNCTION	\$ 309.00
00914597	HC VITAMIN K	\$ 321.00
00914478	HC LIPOPROTEIN ELEPHR TRIGLYCERID	\$ 113.00
00914446	HC VITA. E (ALPHA-TOCOPHEROL)	\$ 92.00
00914244	HC RENIN ACTIVITY	\$ 89.00
00914093	HC ACID PHOSPHATASE TOTAL	\$ 48.00
00914050	HC PLASMA HGB	\$ 51.00
00913992	HC DRUX-PHENCYCLIDINE CONFIRM	\$ 210.00
00913915	HC CELR-GLIADIN IGA AB	\$ 92.00
00913914	HC CELR-GLIADIN IGG AB	\$ 92.00
00913913	HC CELR-TRANSLUT IGA AUTAB RIA	\$ 92.00
00913889	HC NICOTINE-SERUM	\$ 126.00
00913885	HC FREE LAMBDA SERUM	\$ 245.00
00913884	HC FREE KAPPA SERUM	\$ 245.00
00913835	HC METANEPHRINES PLASMA	\$ 141.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
00913531	HC TRANSGLUTAMINASE IGA	\$ 92.00
00913530	HC TRANSGLUTAMINASE IGG	\$ 92.00
00913529	HC ANTIGLIADIN IGA	\$ 92.00
00913526	HC INSULN GRWTH FCT BND PROTEIN	\$ 131.00
00913520	HC ANTIGLIADIN IGG	\$ 92.00
00913334	HC LABORATORY II	\$ -
00913003	HC HEMC HEMOCHROMATOSIS GENOTYPR	\$ 535.00
00912606	HC CDFE2 ENDO C DIFF AMPLIFIED PROBE	\$ 171.00
00912545	HC DRUX-CANNABINOID CONFIRMATION	\$ 201.00
00912520	HC DRUX-COCAINE CONFIRMATION	\$ 201.00
00912491	HC LEVETIRACETAM (KEPPRA)	\$ 426.00
00912145	HC DRUX-AMPHETAMINE CONFIRMATION	\$ 49.00
00911444	HC BTM B PERTUSSIS IGM	\$ 119.00
00911442	HC BTPG1 B PERTUSSIS FHA IGG	\$ 119.00
00911365	HC NTX COLLAGEN X-LINK	\$ 215.00
00911358	HC HTLVR HTLVI/II WEST.BLOT	\$ 184.00
00911357	HC HTLVR HTLVI/II ANTIBODY	\$ 304.00
00911354	HC DHEA SULFATE	\$ 148.00
00911210	HC B2GP BETA-2 IGA	\$ 93.00
00911209	HC B2GP BETA-2 IGM	\$ 93.00
00911208	HC ISLET CELL AB IGG	\$ 143.00
00911201	HC TRAB THYROTROPIN RCPT AB RIA	\$ 247.00
00911193	HC B2GP BETA-2 IGG	\$ 93.00
00911170	HC LIVER-KIDNEY IGG MICROSOMAL	\$ 89.00
00911168	HC ACYLCARNITINE QUANT PLASMA	\$ 345.00
00911167	HC OSTEOCALCIN	\$ 168.00
00911166	HC SIROLIMUS	\$ 390.00
00911160	HC 9400-DESIPRAMINE	\$ 77.00
00911092	HC GHCF GLYCOHGB CONFIRM CONFIRM	\$ 124.00
00911087	HC PROGRAF/TACROLIMUS	\$ 312.00
00911086	HC H. PYLORI AG STOOL	\$ 411.00
00911082	HC ALPHA FETOPROTEIN - TM	\$ 135.00
00911081	HC CA 19-9	\$ 95.00
00911059	HC VIB2 VITAMIN B2	\$ 992.00
00911058	HC MAGR RBC MAGNESIUM	\$ 41.00
00911055	HC VIB5 VITAMIN B5 PANTHOTENIC	\$ 450.00
00911039	HC CORTISOL FREE SERUM	\$ 77.00
00911032	HC DPD (N-TELOPEPTIDE)	\$ 215.00
00911026	HC CCTX - COLLAGEN TYPE 1C	\$ 215.00
00911025	HC DHEU - DHEA UNCONJUGATED	\$ 118.00
00910647	HC SPN14-STREP PNEUMO AB TYPES	\$ 177.00
00910639	HC PARA- HU AB TITER	\$ 103.00
00910626	HC QGOLD-QUANTIFERON GOLD	\$ 77.00
00910617	HC 5NUC 5NUCLEOTIDASE	\$ 88.00
00910614	HC PCAG PROTEIN C AG	\$ 73.00
00910600	HC A3AG ANTITHROMBIN III AG	\$ 265.00
00910597	HC PSAG- PROTEIN S TOTAL AG	\$ 73.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
00910594	HC APCR - ACT.PROTEIN C RESIST	\$ 130.00
00910592	HC SELW - SELENIUM WHOLEBLOOD	\$ 38.00
00910588	HC ALKALINE PHOSPHATASE ISOENZYME	\$ 75.00
00910551	HC CKISO CK ISOENZYMES	\$ 139.00
00910550	HC V1B6 VITAMIN B6	\$ 89.00
00910536	HC PSA FREE (SLI)	\$ 65.00
00910531	HC MYCOPLASMA PNEUMONIAE IGM	\$ 36.00
00910524	HC APOLIPOPROTEIN B	\$ 73.00
00910523	HC MUMPS IGG ANTIBODIES	\$ 69.00
00910502	HC METHYLMALONIC ACID SERUM	\$ 288.00
00910499	HC METHYLMALONIC ACID URINE	\$ 288.00
00910441	HC LAMOTRIGINE CHROMATOGRAPHY	\$ 239.00
00910440	HC 5HIAA	\$ 74.00
00910426	HC HIV AB CONFIRMATION	\$ 184.00
00910422	HC CARNITINE TOTAL & FREE	\$ 61.00
00910413	HC ANDROSTENEDIONE	\$ 118.00
00910412	HC HEP C CONF RIBA II	\$ 614.00
00910411	HC TESTOSTERONE FREE	\$ 331.00
00910395	HC GABAPENTINE CHROMATOGRAPHY	\$ 230.00
00910392	HC CLOZARIL (CLOZAPINE)	\$ 131.00
00910382	HC COMPLEMENT C2	\$ 92.00
00910381	HC INTRINSIC FACTOR ANTIBODIES	\$ 146.00
00910379	HC HEPATITIS C RNA QUANT	\$ 203.00
00910376	HC DIAZEPAM/NORDIAZEPAM	\$ 186.00
00910369	HC MUMPS IGM ANTIBODIES	\$ 69.00
00910361	HC CADMIUM SERUM	\$ 51.00
00910349	HC T3 REVERSE	\$ 48.00
00910211	HC AAPS AMINO AC. PLASMA	\$ 437.00
00910201	HC TOPIRAMATE	\$ 194.00
00910174	HC 9400-IMIPRAMINE	\$ 77.00
00910164	HC VALPROIC ACID FREE	\$ 105.00
00910094	HC HEPATITIS C-RNA BY PCR	\$ 203.00
00910080	HC ALPRAZOLAM (XANAX)	\$ 186.00
00910074	HC HCG TUMOR MARKER	\$ 112.00
00910072	HC CITRIC ACID URINE	\$ 42.00
00910060	HC HEP B CORE AB	\$ 124.00
00910052	HC SCLERODERMA ANTIBODY (SCL-70)	\$ 86.00
00910045	HC FAT FECAL QUANT	\$ 411.00
01450346	HC BLEEDING TIME (SIMPLATE)	\$ 48.00
01261050	HC URINE VOLUME MEASUREMENT	\$ 21.00
01261010	HC BREATH H. PYLORI DRUG ADMIN	\$ 146.00
01260751	HC CAPILLARY DRAW	\$ 14.00
01260750	HC VENIPUNCTURE	\$ 29.00
50280055	HC OBSTETRIC PANEL	\$ 98.00
01499954	HC RH	\$ 37.00
01499953	HC ABO	\$ 51.00
01496927	HC FFP THAW	\$ 8.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01496922	HC CROSSMATCH-AHG	\$ 98.00
01496860	HC ANTIBODY ELUTION	\$ 203.00
01495403	HC MENINGITIS N. MEN/ECOLI	\$ 81.00
01495379	HC D-DIMER QUANTITATIVE	\$ 347.00
01495159	HC KLEIHAUER-BETKE	\$ 233.00
01494403	HC MENINGITIS N. MENIN ACY	\$ 81.00
01493707	HC ANTIBODY SCREEN	\$ 62.00
01493403	HC MENINGITIS S. PNEUMO	\$ 81.00
01492403	HC MENINGITIS H. INFLU B	\$ 81.00
01491403	HC MENINGITIS STREP B	\$ 81.00
01490234	HC BLOOD BANK	\$ -
01490210	HC COOMBS DIRECT	\$ 126.00
01490111	HC CROSSMATCH IMMEDIATE SPIN	\$ 85.00
01489569	HC HCG QUANTITATIVE - SERUM	\$ 112.00
01489170	HC VANCOMYCIN ASSAY	\$ 169.00
01489169	HC CEA	\$ 77.00
01487796	HC ANTI-HBC IGM	\$ 244.00
01487795	HC ANTI-HAV IGM	\$ 226.00
01487794	HC HEP B SURF AG	\$ 41.00
01487695	HC THY STIM HORMONE	\$ 168.00
01487581	HC COMPLEMENT C4	\$ 92.00
01486333	HC HCG QUALITATIVE - SERUM	\$ 56.00
01486251	HC TOBRAMICIN ASSAY	\$ 130.00
01486250	HC GENTAMICIN	\$ 143.00
01486249	HC T-3 TOTAL	\$ 141.00
01486248	HC PROCAINAMIDE W/NAPA	\$ 93.00
01485717	HC SICKLE-QUIK SCREEN	\$ 28.00
01485624	HC IGM	\$ 31.00
01485623	HC IGA	\$ 31.00
01485622	HC IGG	\$ 31.00
01485245	HC HDL	\$ 62.00
01485149	HC BENZODIAZEPINE SCREEN	\$ 23.00
01485147	HC OPIATES SCREEN URINE	\$ 23.00
01485145	HC PHENYTOIN DILANTIN	\$ 93.00
01485143	HC PHENOBARBITAL	\$ 156.00
01485142	HC TEGRETOL ASSAY	\$ 153.00
01485116	HC THEOPHYLLINE ASSAY	\$ 99.00
01484968	HC ELECTROPHOR URINE	\$ 61.00
01484223	HC T-4 TOTAL	\$ 91.00
01484178	HC IMMUNOFIXATION ELEC SERUM	\$ 141.00
01483971	HC CORTISOL RANDOM	\$ 61.00
01483959	HC ALPHA I ANTI TRYP	\$ 88.00
01483954	HC IMMUNOFIXATION ELEC URINE	\$ 64.00
01483951	HC DIGOXIN	\$ 118.00
01481622	HC COCAINE SCR.	\$ 23.00
01481267	HC FERRITIN	\$ 105.00
01480940	HC CKMB ISOENZYME	\$ 93.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01480292	HC SERUM HOMOCYSTEINE	\$ 305.00
01480288	HC ELECTROPHOR HGB	\$ 61.00
01480287	HC QUINIDINE PLASMA	\$ 47.00
01480284	HC LIPID PROFILE	\$ 179.00
01480282	HC PROTEIN URINE	\$ 46.00
01480088	HC T-3 UPTAKE	\$ 92.00
01480087	HC ELECTROPHOR SERUM	\$ 112.00
01480074	HC ACUTE HEPATITIS PANEL	\$ 271.00
01465252	HC CRYSTALS FLUID OR TISSUE	\$ 34.00
01465246	HC SP. GRAVITY FLUID	\$ 8.00
01465208	HC STOOL FOR WBC	\$ 46.00
01462907	HC URINALYSIS	\$ 5.00
01462904	HC URINALYSIS (WITH MICRO)	\$ 55.00
01460921	HC PH FLUID	\$ 9.00
01460028	HC URINE PREG BY COLOR COMPARISON	\$ 62.00
01459511	HC HIV 1&2 ANTIBODY	\$ 110.00
01456624	HC RA TITER	\$ 41.00
01456623	HC ANA TITER	\$ 107.00
01456295	HC ANTI-V. ZOSTER	\$ 98.00
01454028	HC CYTOMEGALOVIRUS IGG	\$ 64.00
01452759	HC STREP A - DIRECT	\$ 124.00
01452687	HC RHEUMATOID FACTOR SCREEN	\$ 100.00
01452684	HC ANA SCREEN	\$ 50.00
01451069	HC TOXO IGM	\$ 189.00
01451068	HC HERPES TYPE 1&2 IGM AB	\$ 64.00
01451066	HC RUBEOLA IGG AB	\$ 40.00
01450759	HC RUBELLA SCREEN	\$ 64.00
01450697	HC CYTOMEGALOVIRUS IGM	\$ 65.00
01450330	HC FTA/ABS	\$ 111.00
01450326	HC MONOSCREEN	\$ 269.00
01450289	HC HAPTOGLOBIN QUANT	\$ 88.00
01450046	HC APTT	\$ 56.00
01450040	HC FIBRINOGEN LEVEL ACTIVITY	\$ 159.00
01450039	HC PROTHROMBIN TIME	\$ 49.00
01439310	HC SEMEN ANALYSIS POST VASECTOMY	\$ 87.00
01439051	HC FLUID CELL COUNT W/DIFF	\$ 22.00
01436636	HC HEMAGRAM W/PLATELETS	\$ 62.00
01435095	HC BONE MARROW BIOPSY-ASPIRATION	\$ 175.00
01434025	HC SEMEN ANALYSIS; COMPLETE	\$ 135.00
01434022	HC EOS COUNT NASAL	\$ 41.00
01433015	HC SED RATE AUTOMATED	\$ 67.00
01433007	HC HEMATOCRIT	\$ 20.00
01432998	HC HEMOGLOBIN	\$ 20.00
01432924	HC RED BLOOD COUNT	\$ 22.00
01432902	HC WHITE BLOOD COUNT	\$ 22.00
01432899	HC PLATELET COUNT (PROF)	\$ 34.00
01432892	HC CELL COUNT FLUID	\$ 74.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule	
01432273	HC GASTROCCULT	\$	34.00
01430747	HC HEMAGRAM/AUTO DIFFERENTIAL	\$	98.00
01430732	HC PERIPHERAL SCAN	\$	41.00
01430116	HC CLOTEST	\$	69.00
01429879	HC T3 FREE DIALYSIS	\$	91.00
01429465	HC FETAL FIBRONECTIN	\$	373.00
01429463	HC ALBUMIN	\$	41.00
01429461	HC HEP B SURFACE AB	\$	37.00
01429457	HC CA 27.29	\$	95.00
01428704	HC CA 125	\$	95.00
01428053	HC COMPREHENSIVE METABOLIC PANEL	\$	204.00
01427449	HC RAPID FLU INFLU A&B	\$	38.00
01426777	HC TOXOPLASMOSIS IGG	\$	63.00
01426762	HC RUBELLA IGM	\$	64.00
01426618	HC LYME SCREEN IGG/IGM	\$	112.00
01426463	HC LACTIC ACID	\$	118.00
01426318	HC WEST NILE IGM ANTIBODY	\$	334.00
01426317	HC WEST NILE IGG ANTIBODY	\$	98.00
01426306	HC MAGNESIUM	\$	41.00
01426141	HC ULTRASENSITIVE CRP	\$	135.00
01425705	HC IGE-QUANT	\$	95.00
01425671	HC ACETAMINOPHEN	\$	139.00
01425652	HC INSULIN LEVEL TOTAL	\$	115.00
01425647	HC LH	\$	55.00
01425322	HC GLYCOSYLATED HGB	\$	124.00
01425251	HC PROTEIN TOTAL SERUM	\$	46.00
01425250	HC PROTEIN FLUID	\$	46.00
01425247	HC GLUCOSE FLUID	\$	51.00
01425211	HC T 4 FREE	\$	113.00
01425189	HC ESTRADIOL S	\$	119.00
01425182	HC PROLACTIN	\$	86.00
01425163	HC CREATININE URINE	\$	74.00
01425137	HC CHLORIDE URINE	\$	39.00
01424333	HC KETONE BLOOD QUANT	\$	42.00
01424065	HC UREA URINE	\$	51.00
01424058	HC CARBON MONOXIDE QUANT	\$	29.00
01424011	HC PHOSPHORUS URINE	\$	51.00
01424010	HC CALCIUM URINE RANDOM	\$	64.00
01424006	HC ETHANOL BLOOD	\$	155.00
01423996	HC TRANSFERRIN	\$	88.00
01423994	HC TESTOSTERONE TOTAL	\$	91.00
01423992	HC PROGESTERONE	\$	55.00
01423983	HC FSH	\$	61.00
01423974	HC RBC FOLATE	\$	77.00
01423973	HC FOLIC ACID	\$	158.00
01423946	HC LIVER PROFILE	\$	178.00
01423943	HC OSMOLALITY URINE	\$	55.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01423941	HC POTASSIUM URINE	\$ 38.00
01423940	HC SODIUM URINE	\$ 34.00
01423871	HC G.G.T.P.	\$ 103.00
01423644	HC AMMONIA BLOOD	\$ 190.00
01423641	HC SALICYLATES	\$ 139.00
01423550	HC TOTAL IRON BINDING CAPACITY	\$ 95.00
01423520	HC B-TYPE NATRIURETIC PEPTIDE BNP	\$ 537.00
01423516	HC CYCLIC CITRIC PEPTIDE	\$ 150.00
01423001	HC FV LEIDEN GENOTYPE	\$ 72.00
01423000	HC FACTOR II GENE MUTATION	\$ 76.00
01422810	HC MYOGLOBIN	\$ 98.00
01422703	HC DIRECT MEASURE LDL CHOL	\$ 150.00
01422697	HC BILIRUBIN TOTAL	\$ 42.00
01422644	HC TROPONIN I QUANT	\$ 124.00
01422518	HC GLUCOSE TOL-EACH ADDL SPECIMEN	\$ 22.00
01422517	HC GLUCOSE TOL-FIRST 3 SPECIMENS	\$ 157.00
01422310	HC INTACT PTH	\$ 180.00
01422270	HC HEMOCULT- POC	\$ 34.00
01422248	HC BILIRUBIN DIRECT	\$ 9.00
01422044	HC MICROALBUMIN RANDOM URINE	\$ 63.00
01422040	HC FLUID ALBUMIN	\$ 30.00
01421023	HC ABID 1 ADD'L CELL PANEL	\$ 141.00
01421007	HC WBC ABSOLUT NEUTROPHIL CNT	\$ 53.00
01420399	HC PSA SCREEN	\$ 67.00
01420398	HC PSA - FREE	\$ 65.00
01420280	HC OSMOLALITY SERUM	\$ 61.00
01420277	HC C K	\$ 137.00
01420273	HC LITHIUM	\$ 118.00
01420230	HC CHEMISTRY	\$ -
01420223	HC CREATININE CLEAR	\$ 137.00
01420200	HC GLUCOSE CSF	\$ 51.00
01420196	HC PROTEIN CSF	\$ 46.00
01420189	HC FREE PHENYTONIN-DILANTIN	\$ 89.00
01420185	HC CO2	\$ 51.00
01420184	HC CHLORIDES	\$ 46.00
01420183	HC POTASSIUM BLOOD	\$ 41.00
01420182	HC SODIUM BLOOD	\$ 46.00
01420181	HC ELECTROLYTES	\$ 69.00
01420113	HC IONIZED CALCIUM	\$ 107.00
01420103	HC URIC ACID	\$ 76.00
01420102	HC B.U.N.	\$ 41.00
01420099	HC ALT (SGPT)	\$ 92.00
01420098	HC AST (SGOT)	\$ 42.00
01420094	HC PHOSPHATASE ALK	\$ 41.00
01420092	HC LIPASE	\$ 87.00
01420091	HC LD	\$ 64.00
01420089	HC GLUCOSE	\$ 25.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01420086	HC CREATININE	\$ 41.00
01420085	HC CHOLESTEROL	\$ 42.00
01420083	HC CALCIUM TOTAL	\$ 40.00
01420070	HC AMYLASE BLOOD	\$ 105.00
01420069	HC RENAL FUNCTION PANEL	\$ 179.00
01420053	HC VITAMIN B12	\$ 137.00
01420048	HC BASIC METABOLIC PANEL	\$ 159.00
01420031	HC AHG EXTRA RED CELL EACH	\$ 60.00
01420020	HC IRON	\$ 64.00
01420019	HC CALCIUM URINE 24 HR	\$ 64.00
01420013	HC PSA-PROSTATE-SPECIFIC ANTIGEN	\$ 67.00
01420010	HC GLUCOSE 1HR POST 50GMS GLUCOSE	\$ 51.00
01419206	HC ROTAVIRUS ANTIGEN	\$ 82.00
01417591	HC GONORRHEA RNA PROBE	\$ 67.00
01417491	HC CHLAMYDIA RNA PROBE	\$ 67.00
01417451	HC LATEX CRYPTOCOCCAL ANTIGEN	\$ 81.00
01417329	HC GIARDIA EXAM (EIA)	\$ 29.00
01417328	HC CRYPTOSPORIDIUM EXAM (EIA)	\$ 29.00
01417278	HC CLOSTRIDIUM DIFFICILE TOXIN	\$ 77.00
01417220	HC KOH SKIN HAIR OR NAILS	\$ 39.00
01417206	HC MAFB (MAF STAIN)	\$ 61.00
01417184	HC KBI/KIRBY BAUER SUSCEPTIBILITY	\$ 77.00
01417172	HC PINWORM	\$ 76.00
01417169	HC MACROSCOPIC ID PARASITE	\$ 41.00
01417107	HC IDENTIFICATION MOLD	\$ 94.00
01417076	HC ORGANISM ID ANAEROBIC ID	\$ 72.00
01417048	HC CULTURE ENTERIC CAMPYLOBACTER	\$ 28.00
01417046	HC CULTURE ENTERIC ECOLI 0157	\$ 28.00
01416336	HC GRAM STAIN	\$ 46.00
01412757	HC ORGANISM ID URINE PRESUMP EACH	\$ 34.00
01412743	HC CULTURE URINE	\$ 48.00
01412733	HC HOMOGENIZATION OF TISSUE	\$ 23.00
01412732	HC CULTURE NOSE	\$ 76.00
01412730	HC CULTURE ANAEROBE W/PRESUMP ID	\$ 61.00
01412726	HC CULTURE MISC.	\$ 76.00
01412721	HC IDENTIFICATION YEAST	\$ 80.00
01412720	HC CULTURE FUNGUS SKIN	\$ 56.00
01412719	HC CULTURE FUNGUS	\$ 56.00
01412717	HC CULTURE BLOOD FUNGAL	\$ 181.00
01412716	HC CULTURE BLOOD	\$ 77.00
01412715	HC ORGANISM ID AEROBIC DEFINITIVE	\$ 36.00
01412713	HC SUSCEPTIBILITY (MIC) TEST	\$ 91.00
01412707	HC ACID FAST SMEAR EXAM	\$ 46.00
01412705	HC ACID FAST CULTURE	\$ 77.00
01411040	HC SALINE PREP	\$ 42.00
01410107	HC OCCULT BLOOD (FECAL) SCREEN	\$ 34.00
01410058	HC CULTURE STOOL	\$ 28.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01410016	HC CULTURE MRSA SCREEN	\$ 69.00
01399703	HC FLOW SURFACE MARKER-FIRST MARK	\$ 115.00
01261020	HC BREATH H. PYLORI TEST	\$ 146.00
00911165	HC VAG-TRICHOMONAS PROBE	\$ 41.00
00911164	HC VAG-GARDNERELLA PROBE	\$ 41.00
00911163	HC VAG-CANDIDA PROBE	\$ 41.00
00911161	HC SHIGA-TOXIN	\$ 28.00
00911080	HC LEGIONELLA AG URINE	\$ 28.00
00910616	HC CLOSTRIDIUM DIFFICILE DNA	\$ 171.00
00910378	HC H. PYLORI IGG	\$ 59.00
00910359	HC C-PEPTIDE	\$ 38.00
00910352	HC PREALBUMIN SERUM	\$ 54.00
00910069	HC ANTI-THYROGLOBULIN ANTIBODIES	\$ 141.00
00910068	HC ANTI-MICROSOMAL ANTIBODIES	\$ 89.00
01619281	HC PLCMT BREAST DEV FIRST LES W/ MAMMO GUID	\$ 2,307.00
01616806	HC MAMMO-DUCTOGRAM SINGLE	\$ 1,804.00
01613202	HC MAMMOGRAM SCREENING INCL CAD UNILATERAL	\$ 216.00
01610206	HC MAMMOGRAM DX INCL CAD UNILATERAL	\$ 317.00
01610204	HC MAMMOGRAM DX INCL CAD BILATERAL	\$ 435.00
01610202	HC MAMMOGRAM SCREENING INCL CAD BILATERAL	\$ 216.00
21574723	HC MRI-LOWER EXT JOINT W/VO CON B	\$ 2,723.00
21574722	HC MRI-LOWER EXT JOINT W/CON BI	\$ 2,723.00
21574222	HC MRI-UPPER EXT JOINT W/CON BI	\$ 2,723.00
21574220	HC MRI-UPPER EXTREMITY W/VO CON B	\$ 2,723.00
21573721	HC MRI-LOWER EXT JOINT W/O CON BI	\$ 2,723.00
21573720	HC MRI-LOWER EXTREMITY W/O CON BI	\$ 2,615.00
21573719	HC MRI-LOWER EXTREMITY W/CON BI	\$ 3,053.00
21573718	HC MRI-LOWER EXTREMITY W/VO CON B	\$ 2,723.00
21573223	HC MRI-UPPER EXT JOINT W/VO CON B	\$ 2,723.00
21573221	HC MRI-UPPER EXT JOINT W/O CON BI	\$ 2,723.00
21573220	HC MRI-UPPER EXTREMITY W/O CON BI	\$ 2,723.00
21573219	HC MRI-UPPER EXTREMITY W/CON BI	\$ 2,723.00
11574723	HC MRI-LOWER EXT JOINT W/VO CON R	\$ 2,723.00
11574722	HC MRI-LOWER EXT JOINT W/CON RT	\$ 2,723.00
11574222	HC MRI-UPPER EXT JOINT W/CON RT	\$ 2,723.00
11574220	HC MRI-UPPER EXTREMITY W/VO CON R	\$ 2,723.00
11573721	HC MRI-LOWER EXT JOINT W/O CON RT	\$ 2,723.00
11573720	HC MRI-LOWER EXTREMITY W/O CON RT	\$ 2,615.00
11573719	HC MRI-LOWER EXTREMITY W/CON RT	\$ 3,053.00
11573718	HC MRI-LOWER EXTREMITY W/VO CON R	\$ 2,723.00
11573223	HC MRI-UPPER EXT JOINT W/VO CON R	\$ 2,723.00
11573221	HC MRI-UPPER EXT JOINT W/O CON RT	\$ 2,723.00
11573220	HC MRI-UPPER EXTREMITY W/O CON RT	\$ 2,723.00
11573219	HC MRI-UPPER EXTREMITY W/CON RT	\$ 2,723.00
01578911	HC MRA-CHEST W/VO CONTRAST	\$ 4,167.96
01578910	HC MRA-CHEST W/O CONTRAST	\$ 3,942.66
01578909	HC MRA-CHEST W/CONTRAST	\$ 4,055.31



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01578900	HC MRA-ABDOMEN W/CONTRAST	\$ 4,483.37
01577543	HC MRI- IAC W/WO CON	\$ 4,942.00
01576666	HC MRI-BRAIN & CSF FLOW STUDY W/O CONTRAST	\$ 3,130.00
01575556	HC MRI-CERV SPINE & CSF FLOW STUDY W/WO CON	\$ 4,960.00
01575555	HC MRI-CERV SPINE & CSF FLOW STUDY W/O CON	\$ 3,890.00
01575182	HC MRI-ABDOMEN W/CONTRAST	\$ 4,450.00
01574723	HC MRI-LOWER EXT JOINT W/WO CON L	\$ 2,723.00
01574722	HC MRI-LOWER EXT JOINT W/CON LT	\$ 2,723.00
01574222	HC MRI-UPPER EXT JOINT W/CON LT	\$ 2,723.00
01574220	HC MRI-UPPER EXTREMITY W/WO CON L	\$ 2,723.00
01574185	HC MRA ABDOMEN W OR W/O CONTRAST	\$ 4,098.98
01574183	HC MRI-ABDOMEN W/WO CONTRAST	\$ 4,855.00
01574181	HC MRI-ABDOMEN W/O CONTRAST	\$ 3,998.00
01573721	HC MRI-LOWER EXT JOINT W/O CON LT	\$ 2,723.00
01573720	HC MRI-LOWER EXTREMITY W/O CON LT	\$ 2,615.00
01573719	HC MRI-LOWER EXTREMITY W/CON LT	\$ 3,053.00
01573718	HC MRI-LOWER EXTREMITY W/WO CON L	\$ 2,723.00
01573225	HC MRA-UPPER EXT W OR W/O CON LT	\$ 3,880.00
01573223	HC MRI-UPPER EXT JOINT W/WO CON L	\$ 2,723.00
01573221	HC MRI-UPPER EXT JOINT W/O CON LT	\$ 2,723.00
01573220	HC MRI-UPPER EXTREMITY W/O CON LT	\$ 2,723.00
01573219	HC MRI-UPPER EXTREMITY W/CON LT	\$ 2,723.00
01573196	HC MRI-PELVIS W/CONTRAST	\$ 5,108.00
01572551	HC MRI-CHEST W/CONTRAST	\$ 5,108.00
01572197	HC MRI-PELVIS W/WO CONTRAST	\$ 4,855.00
01572196	HC MRI-PELVIS W/O CONTRAST	\$ 3,890.00
01572158	HC MRI-LUMBAR SPINE W/WO CONTRAST	\$ 4,960.00
01572157	HC MRI-THORACIC SPINE W/WO CON	\$ 4,855.00
01572156	HC MRI-CERVICAL SPINE W/WO CON	\$ 4,960.00
01572149	HC MRI-LUMBAR SPINE W/CONTRAST	\$ 4,947.00
01572148	HC MRI-LUMBAR SPINE W/O CONTRAST	\$ 3,440.00
01572147	HC MRI-THORACIC SPINE W/CON	\$ 5,108.00
01572146	HC MRI-THORACIC SPINE W/O CON	\$ 3,890.00
01572142	HC MRI-CERVICAL SPINE W/CON	\$ 4,810.00
01572141	HC MRI-CERVICAL SPINE W/O CON	\$ 3,890.00
01571552	HC MRI-CHEST W/WO CONTRAST	\$ 4,947.00
01571550	HC MRI-CHEST W/O CONTRAST	\$ 3,880.00
01570553	HC MRI-BRAIN W/WO CONTRAST	\$ 4,942.00
01570552	HC MRI-BRAIN W/CONTRAST	\$ 4,059.00
01570551	HC MRI-BRAIN W/O CONTRAST	\$ 3,130.00
01570549	HC MRA-NECK W/WO CONTRAST	\$ 4,717.00
01570548	HC MRA-NECK W/CONTRAST	\$ 4,718.00
01570547	HC MRA-NECK W/O CONTRAST	\$ 3,518.00
01570546	HC MRA-HEAD W/WO CONTRAST	\$ 4,569.00
01570545	HC MRA-HEAD W/CONTRAST	\$ 4,717.00
01570544	HC MRA-HEAD W/O CONTRAST	\$ 3,515.00
01570543	HC MRI-ORBIT FACE & NECK W/WO CON	\$ 4,855.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01570542	HC MRI-ORBIT FACE & NECK W/CON	\$ 5,108.00
01570540	HC MRI-ORBIT FACE & NECK W/O CON	\$ 3,880.00
01570336	HC MRI-TMJ	\$ 3,892.00
01638761	HC TESTICULAR SCAN	\$ 1,142.00
01638701	HC KIDNEY IMAGING MORPHOLOGY WITH FLOW	\$ 1,161.33
01638582	HC LUNG VENTILAT&PERFUS IMAGING	\$ 1,880.00
01638463	HC RENAL FLOW WITH INTERVENTION	\$ 1,273.00
01638460	HC GI BLEEDING	\$ 1,544.00
01638453	HC GASTRIC EMPTYING	\$ 1,544.00
01638452	HC GATED HEART STUDY-SINGLE STUDY	\$ 1,399.00
01638450	HC MECKLES SCAN	\$ 1,139.00
01638360	HC LUNG SCAN PERFUSION	\$ 1,063.00
01638351	HC LIVER SPLEEN SCAN	\$ 1,367.00
01638345	HC RENAL SCAN	\$ 981.00
01638320	HC BONE IMAGING (SPECT)	\$ 2,199.00
01638315	HC BONE SCAN - THREE PHASE	\$ 2,301.00
01638306	HC BONE SCAN - WHOLE BODY	\$ 1,690.00
01638305	HC BONE SCAN - MULTIPLE AREAS	\$ 1,593.00
01638227	HC HEPATOBIL SYST IMAGE W/DRUG	\$ 2,601.00
01638226	HC HEPATOBILIARY SYSTEM IMAGING	\$ 2,366.00
01638205	HC LIVER IMAGING (SPECT)	\$ 451.00
01638195	HC LYMPHOSCINTIGRAPHY	\$ 828.00
01638080	HC THYROID UPTAKE & SCAN W/BLD FL	\$ 1,303.00
01638070	HC PARATHYROID PLANAR IMAGING	\$ 1,107.00
04307802	HC NUTRITION THERAPY INITL/15 MIN	\$ 40.00
01689220	HC INTL OBSERV LEVEL 3	\$ 365.00
01689219	HC INTL OBSERV LEVEL 2	\$ 290.00
01689218	HC INTL OBSERV LEVEL 1	\$ 213.00
01681010	HC OBS HR	\$ 33.13
21737995	HC OT SUB OT D/C STATUS 100%	\$ 0.01
21737994	HC OT SUB OT GOAL STATUS 100%	\$ 0.01
21737993	HC OT SUB OT CURRENT STATUS 100%	\$ 0.01
21737992	HC OT OTHER OT D/C STATUS 100%	\$ 0.01
21737991	HC OT OTHER OT GOAL STATUS 100%	\$ 0.01
21737990	HC OT OTHR OT CURRENT STATUS 100%	\$ 0.01
21737989	HC OT SELF CARE D/C STATUS 100%	\$ 0.01
21737988	HC OT SELF CARE GOAL STATUS 100%	\$ 0.01
21737987	HC OT SELF CARE CURRNT STATUS 100%	\$ 0.01
21737986	HC OT CARRY D/C STATUS 100%	\$ 0.01
21737985	HC OT CARRY GOAL STATUS 100%	\$ 0.01
21737984	HC OT CARRY CURRENT STATUS 100%	\$ 0.01
21737983	HC OT BODY POS D/C STATUS 100%	\$ 0.01
21737982	HC OT BODY POS GOAL STATUS 100%	\$ 0.01
21737981	HC OT BODY POS CURENT STATUS 100%	\$ 0.01
21737980	HC OT MOBILITY D/C STATUS 100%	\$ 0.01
21737979	HC OT MOBILITY GOAL STATUS 100%	\$ 0.01
21737978	HC OT MOBILITY CURRNT STATUS 100%	\$ 0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21736995	HC OT SUB OT D/C STATUS 80-99%	\$ 0.01
21736994	HC OT SUB OT GOAL STATUS 80-99%	\$ 0.01
21736993	HC OT SUB OT CURRNT STATUS 80-99%	\$ 0.01
21736992	HC OT OTHER OT D/C STATUS 80-99%	\$ 0.01
21736991	HC OT OTHER OT GOAL STATUS 80-99%	\$ 0.01
21736990	HC OT OTHR OT CURNT STATUS 80-99%	\$ 0.01
21736989	HC OT SELF CARE D/C STATUS 80-99%	\$ 0.01
21736988	HC OT SELF CAR GOAL STATUS 80-99%	\$ 0.01
21736987	HC OT SELF CAR CRNT STATUS 80-99%	\$ 0.01
21736986	HC OT CARRY D/C STATUS 80-99%	\$ 0.01
21736985	HC OT CARRY GOAL STATUS 80-99%	\$ 0.01
21736984	HC OT CARRY CURRENT STATUS 80-99%	\$ 0.01
21736983	HC OT BODY POS D/C STATUS 80-99%	\$ 0.01
21736982	HC OT BODY POS GOAL STATUS 80-99%	\$ 0.01
21736981	HC OT BODY POS CRNT STATUS 80-99%	\$ 0.01
21736980	HC OT MOBILITY D/C STATUS 80-99%	\$ 0.01
21736979	HC OT MOBILITY GOAL STATUS 80-99%	\$ 0.01
21736978	HC OT MOBILITY CRNT STATUS 80-99%	\$ 0.01
21735995	HC OT SUB OT D/C STATUS 60-79%	\$ 0.01
21735994	HC OT SUB OT GOAL STATUS 60-79%	\$ 0.01
21735993	HC OT SUB OT CURRNT STATUS 60-79%	\$ 0.01
21735992	HC OT OTHER OT D/C STATUS 60-79%	\$ 0.01
21735991	HC OT OTHER OT GOAL STATUS 60-79%	\$ 0.01
21735990	HC OT OTHR OT CURNT STATUS 60-79%	\$ 0.01
21735989	HC OT SELF CARE D/C STATUS 60-79%	\$ 0.01
21735988	HC OT SELF CAR GOAL STATUS 60-79%	\$ 0.01
21735987	HC OT SELF CAR CRNT STATUS 60-79%	\$ 0.01
21735986	HC OT CARRY D/C STATUS 60-79%	\$ 0.01
21735985	HC OT CARRY GOAL STATUS 60-79%	\$ 0.01
21735984	HC OT CARRY CURRENT STATUS 60-79%	\$ 0.01
21735983	HC OT BODY POS D/C STATUS 60-79%	\$ 0.01
21735982	HC OT BODY POS GOAL STATUS 60-79%	\$ 0.01
21735981	HC OT BODY POS CRNT STATUS 60-79%	\$ 0.01
21735980	HC OT MOBILITY D/C STATUS 60-79%	\$ 0.01
21735979	HC OT MOBILITY GOAL STATUS 60-79%	\$ 0.01
21735978	HC OT MOBILITY CRNT STATUS 60-79%	\$ 0.01
21734995	HC OT SUB OT D/C STATUS 40-59%	\$ 0.01
21734994	HC OT SUB OT GOAL STATUS 40-59%	\$ 0.01
21734993	HC OT SUB OT CURRNT STATUS 40-59%	\$ 0.01
21734992	HC OT OTHER OT D/C STATUS 40-59%	\$ 0.01
21734991	HC OT OTHER OT GOAL STATUS 40-59%	\$ 0.01
21734990	HC OT OTHE OT CURNT STATUS 40-59%	\$ 0.01
21734989	HC OT SELF CARE D/C STATUS 40-59%	\$ 0.01
21734988	HC OT SELF CAR GOAL STATUS 40-59%	\$ 0.01
21734987	HC OT SELF CAR CRNT STATUS 40-59%	\$ 0.01
21734986	HC OT CARRY D/C STATUS40-59%	\$ 0.01
21734985	HC OT CARRY GOAL STATUS40-59%	\$ 0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21734984	HC OT CARRY CURRENT STATUS 40-59%	\$ 0.01
21734983	HC OT BODY POS D/C STATUS 40-59%	\$ 0.01
21734982	HC OT BODY POS GOAL STATUS 40-59%	\$ 0.01
21734981	HC OT BODY POS CRNT STATUS 40-59%	\$ 0.01
21734980	HC OT MOBILITY D/C STATUS 40-59%	\$ 0.01
21734979	HC OT MOBILITY GOAL STATUS 40-59%	\$ 0.01
21734978	HC OT MOBILITY CRNT STATUS 40-59%	\$ 0.01
21733995	HC OT SUB OT D/C STATUS 20-39%	\$ 0.01
21733994	HC OT SUB OT GOAL STATUS 20-39%	\$ 0.01
21733993	HC OT SUB OT CURRNT STATUS 20-39%	\$ 0.01
21733992	HC OT OTHER OT D/C STATUS 20-39%	\$ 0.01
21733991	HC OT OTHER OT GOAL STATUS 20-39%	\$ 0.01
21733990	HC OT OTHR OT CURNT STATUS 20-39%	\$ 0.01
21733989	HC OT SELF CARE D/C STATUS 20-39%	\$ 0.01
21733988	HC OT SELF CAR GOAL STATUS 20-39%	\$ 0.01
21733987	HC OT SELF CAR CRNT STATUS 20-39%	\$ 0.01
21733986	HC OT CARRY D/C STATUS 20-39%	\$ 0.01
21733985	HC OT CARRY GOAL STATUS 20-39%	\$ 0.01
21733984	HC OT CARRY CURRENT STATUS 20-39%	\$ 0.01
21733983	HC OT BODY POS D/C STATUS 20-39%	\$ 0.01
21733982	HC OT BODY POS GOAL STATUS 20-39%	\$ 0.01
21733981	HC OT BODY POS CRNT STATUS 20-39%	\$ 0.01
21733980	HC OT MOBILITY D/C STATUS 20-39%	\$ 0.01
21733979	HC OT MOBILITY GOAL STATUS 20-39%	\$ 0.01
21733978	HC OT MOBILITY CRNT STATUS 20-39%	\$ 0.01
21732995	HC OT SUB OT D/C STATUS 1-19%	\$ 0.01
21732994	HC OT SUB OT GOAL STATUS 1-19%	\$ 0.01
21732993	HC OT SUB OT CURRENT STATUS 1-19%	\$ 0.01
21732992	HC OT OTHER OT D/C STATUS 1-19%	\$ 0.01
21732991	HC OT OTHER OT GOAL STATUS 1-19%	\$ 0.01
21732990	HC OT OTHR OT CURRNT STATUS 1-19%	\$ 0.01
21732989	HC OT SELF CARE D/C STATUS 1-19%	\$ 0.01
21732988	HC OT SELF CARE GOAL STATUS 1-19%	\$ 0.01
21732987	HC OT SELF CARE CRNT STATUS 1-19%	\$ 0.01
21732986	HC OT CARRY D/C STATUS 1-19%	\$ 0.01
21732985	HC OT CARRY GOAL STATUS 1-19%	\$ 0.01
21732984	HC OT CARRY CURRENT STATUS 1-19%	\$ 0.01
21732983	HC OT BODY POS D/C STATUS 1-19%	\$ 0.01
21732982	HC OT BODY POS GOAL STATUS 1-19%	\$ 0.01
21732981	HC OT BODY POS CRRNT STATUS 1-19%	\$ 0.01
21732980	HC OT MOBILITY D/C STATUS 1-19%	\$ 0.01
21732979	HC OT MOBILITY GOAL STATUS 1-19%	\$ 0.01
21732978	HC OT MOBILITY CRRNT STATUS 1-19%	\$ 0.01
21731995	HC OT SUB OT D/C STATUS 0% ILR	\$ 0.01
21731994	HC OT SUB OT GOAL STATUS 0% ILR	\$ 0.01
21731993	HC OT SUB OT CURRNT STATUS 0% ILR	\$ 0.01
21731992	HC OT OTHER OT D/C STATUS 0% ILR	\$ 0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21731991	HC OT OTHER OT GOAL STATUS 0% ILR	\$ 0.01
21731990	HC OT OTHR OT CURNT STATUS 0% ILR	\$ 0.01
21731989	HC OT SELF CARE D/C STATUS 0%	\$ 0.01
21731988	HC OT SELF CARE GOAL STATUS 0%	\$ 0.01
21731987	HC OT SELF CARE CURRENT STATUS 0%	\$ 0.01
21731986	HC OT CARRY D/C STATUS 0% ILR	\$ 0.01
21731985	HC OT CARRY GOAL STATUS 0% ILR	\$ 0.01
21731984	HC OT CARRY CURRENT STATUS 0% ILR	\$ 0.01
21731983	HC OT BODY POS D/C STATUS 0% ILR	\$ 0.01
21731982	HC OT BODY POS GOAL STATUS 0% ILR	\$ 0.01
21731981	HC OT BODY POS CRNT STATUS 0% ILR	\$ 0.01
21731980	HC OT MOBILITY D/C STATUS 0% ILR	\$ 0.01
21731979	HC OT MOBILITY GOAL STATUS 0% ILR	\$ 0.01
21731978	HC OT MOBILITY CRRNT STATUS 0%	\$ 0.01
11738071	HC SPLINT; FINGER L 2 DYNAMIC-OT	\$ 72.00
01738095	HC DEBRIDE NON SEL/DRSG-15 MIN-OT	\$ 82.00
01738094	HC WORK HARD/COND/INIT 2 HRS-OT	\$ 382.00
01738093	HC WORK HARD/COND/ADD'L HOUR-OT	\$ 155.00
01738092	HC WHIRLPOOL-OT	\$ 155.00
01738089	HC ULTRASOUND/15 MIN-OT	\$ 159.00
01738087	HC THER ACTIVITIES/15 MIN-OT	\$ 106.00
01738082	HC THER PROCED GRP-15 MIN-OT	\$ 62.00
01738080	HC THER EXERCISE/15 MIN-OT	\$ 120.00
01738074	HC SPLINT; SHORT ARM DYNAMIC I-OT	\$ 95.00
01738073	HC SPLINT; LONG ARM-OT-LT	\$ 303.00
01738067	HC SENSORY INTEGRATION/15 MIN-OT	\$ 135.00
01738065	HC ROM-HAND-OT	\$ 159.00
01738064	HC ROM-EXT/TRUNK-OT	\$ 159.00
01738063	HC OT PROSTHETIC TRAINJ 1ST ENC /15 MIN	\$ 94.00
01738062	HC PHYS PERF TEST W/RPT-15 MIN-OT	\$ 114.00
01738060	HC PARAFFIN BATH-OT	\$ 91.00
01738050	HC OT ORTHOTIC MGMT&TRAINJ 1ST ENC /15 MIN	\$ 119.00
01738049	HC OT ORTHC/PROSTC MGMT SBSQ ENC /15 MIN	\$ 127.00
01738045	HC IONTOPHORESIS/15 MIN-OT	\$ 116.00
01738041	HC NEUROMUSCLE RE-ED/15 MIN-OT	\$ 116.00
01738035	HC MASSAGE/15 MIN-OT	\$ 114.00
01738033	HC MANUAL THERAPY/15 MIN-OT	\$ 142.00
01738029	HC HOT PACK-OT	\$ 53.00
01738023	HC EVAL DRIVERS PERFORM/15 MIN-OT	\$ 114.00
01738017	HC E STIM:MANUAL/15 MIN-OT	\$ 116.00
01738012	HC CONTRAST BATH/15 MIN-OT	\$ 49.00
01738010	HC COMM/WORK REINT/JOB ANAL/15-OT	\$ 91.00
01738008	HC COLD PACK-OT	\$ 53.00
01738000	HC ADL/SELF CARE/15 MIN-OT	\$ 91.00
01737168	HC OT RE-EVAL EST PLAN CARE	\$ 97.00
01737167	HC OT EVAL HIGH COMPLEX 60 MIN	\$ 284.00
01737166	HC OT EVAL MOD COMPLEX 45 MIN	\$ 284.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01737165	HC OT EVAL LOW COMPLEX 30 MIN	\$ 284.00
01737116	HC AMBULATION OT	\$ 104.00
01737039	HC ICE MASSAGE OT	\$ 79.00
01737026	HC OT-LIGHT THERAPY	\$ 55.00
01737014	HC EMS OT	\$ 105.00
01737012	HC TRACTION OT	\$ 105.00
01735127	HC THER IVNTJ W/FOCUS COG FUNCJ 75 MIN - OT	\$ 694.00
01734550	HC APP/INST TENS UNIT OT	\$ 126.00
01734127	HC THER IVNTJ W/FOCUS COG FUNCJ 60 MIN - OT	\$ 556.00
01733127	HC THER IVNTJ W/FOCUS COG FUNCJ 45 MIN - OT	\$ 417.00
01732127	HC THER IVNTJ W/FOCUS COG FUNCJ 30 MIN - OT	\$ 278.00
01731127	HC THER IVNTJ W/FOCUS COG FUNCJ 15 MIN - OT	\$ 139.00
01299211	HC LEVEL 1 VISIT	\$ 51.00
01296523	HC PORT IRRIGATION	\$ 74.00
00529195	HC THERAPEUTIC PHLEBOTOMY	\$ 143.00
00526435	HC BLOOD TRANSFUSION	\$ 179.00
00520001	HC INFUSAPORT DRAW	\$ 101.00
01700501	HC OXYGEN PER DAY	\$ 10.00
43820123	HC UNLISTED NERVOUS SYSTEM SURGERY IN CLINIC	\$ 592.00
43820122	HC CHEMODENERV TRUNK MUSC 1-5 IN CLINIC	\$ 1,300.00
43820121	HC CHEMODENERV 1 EXTREMITY 1-4 IN CLINIC	\$ 1,300.00
43820120	HC CHEMODENERV MUSC MIGRAINE IN CLINIC	\$ 571.00
43820119	HC CHEMODENERV MUSC NECK DYSTON IN CLINIC	\$ 571.00
43820118	HC N BLOCK OTHER PERIPHERAL IN CLINIC	\$ 1,300.00
43820117	HC N BLOCK INJ OCCIPITAL IN CLINIC	\$ 571.00
43820116	HC N BLOCK INJ FACIAL IN CLINIC	\$ 676.00
43820115	HC N BLOCK INJ TRIGEMINAL IN CLINIC	\$ 571.00
43820114	HC INJECT TRIGGER POINTS 3/> IN CLINIC	\$ 571.00
43820113	HC INJ TRIGGER POINT 1/2 MUSCL IN CLINIC	\$ 571.00
43820112	HC INJ TENDON SHEATH/LIGAMENT IN CLINIC	\$ 571.00
43820111	HC DRAIN/INJ MAJOR JOINT/BURSA W/US BIL IN CLINIC	\$ 571.00
43820110	HC DRAIN/INJ MAJOR JOINT/BURSA W/US RT IN CLINIC	\$ 286.00
43820109	HC DRAIN/INJ MAJOR JOINT/BURSA W/US LT IN CLINIC	\$ 286.00
43820108	HC DRAIN/INJ MAJOR JOINT/BURSA W/O US BIL IN CLINIC	\$ 465.00
43820107	HC DRAIN/INJ MAJOR JOINT/BURSA W/O US RT IN CLINIC	\$ 232.00
43820106	HC DRAIN/INJ MAJOR JOINT/BURSA W/O US LT IN CLINIC	\$ 232.00
43820105	HC DRAIN/INJ INTER JOINT/BURSA W/US BIL IN CLINIC	\$ -
43820104	HC DRAIN/INJ INTER JOINT/BURSA W/US RT IN CLINIC	\$ -
43820103	HC DRAIN/INJ INTER JOINT/BURSA W/US LT IN CLINIC	\$ -
43820102	HC DRAIN/INJ INTER JOINT/BURSA W/O US BIL IN CLINIC	\$ 400.00
43820101	HC DRAIN/INJ INTER JOINT/BURSA W/O US RT IN CLINIC	\$ 200.00
43820100	HC DRAIN/INJ INTER JOINT/BURSA W/O US LT IN CLINIC	\$ 200.00
43820099	HC DRAIN/INJ SMALL JOINT/BURSA W/US BIL IN CLINIC	\$ -
43820098	HC DRAIN/INJ SMALL JOINT/BURSA W/US RT IN CLINIC	\$ -
43820097	HC DRAIN/INJ SMALL JOINT/BURSA W/US LT IN CLINIC	\$ -
43820096	HC DRAIN/INJ SMALL JOINT/BURSA W/O US BIL IN CLINIC	\$ 387.00
43820095	HC DRAIN/INJ SMALL JOINT/BURSA W/O US RT IN CLINIC	\$ 194.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule	
43820094	HC DRAIN/INJ SMALL JOINT/BURSA W/O US LT IN CLINIC	\$	194.00
43820093	HC OFFICE/OUTPATIENT VISIT NEW LEVEL 5	\$	202.00
43820092	HC OFFICE/OUTPATIENT VISIT NEW LEVEL 4	\$	176.00
43820091	HC OFFICE/OUTPATIENT VISIT NEW LEVEL 3	\$	151.00
43820090	HC OFFICE/OUTPATIENT VISIT NEW LEVEL 2	\$	125.00
43820089	HC OFFICE/OUTPATIENT VISIT EST LEVEL 5	\$	152.00
43820088	HC OFFICE/OUTPATIENT VISIT EST LEVEL 4	\$	127.00
43820087	HC OFFICE/OUTPATIENT VISIT EST LEVEL 3	\$	101.00
43820086	HC OFFICE/OUTPATIENT VISIT EST LEVEL 2	\$	75.00
43820085	HC OFFICE/OUTPATIENT VISIT EST LEVEL 1	\$	50.00
43820084	HC CHEMODENERV TRUNK MUSC 1-5 IN OR	\$	1,300.00
43820083	HC CHEMODENERV 1 EXTREMITY 1-4 IN OR	\$	1,300.00
43820082	HC CHEMODENERV MUSC MIGRAINE IN OR	\$	571.00
43820081	HC CHEMODENERV MUSC NECK DYSTON IN OR	\$	571.00
43820080	HC N BLOCK INJ CELIAC PELUS IN OR	\$	1,637.00
43820079	HC N BLOCK LUMBAR/THORACIC IN OR	\$	1,637.00
43820078	HC N BLOCK STELLATE GANGLION IN OR	\$	1,637.00
43820077	HC N BLOCK OTHER PERIPHERAL IN OR	\$	1,300.00
43820076	HC N BLOCK INJ ILIO-ING/HYPOGI IN OR	\$	1,300.00
43820075	HC N BLOCK INJ INTERCOST MLT IN OR	\$	1,637.00
43820074	HC N BLOCK INJ INTERCOST SNG IN OR	\$	1,300.00
43820073	HC N BLOCK INJ SUPRASCAPULAR IN OR	\$	1,300.00
43820072	HC N BLOCK INJ BRACHIAL PLEXUS IN OR	\$	1,637.00
43820071	HC N BLOCK INJ CERVICAL PLEXUS IN OR	\$	1,300.00
43820070	HC INJECTION TREATMENT OF NERVE IN OR	\$	1,637.00
43820069	HC DESTROY L/S FACET JNT ADDL BILATERAL IN OR	\$	3,526.00
43820068	HC DESTROY L/S FACET JNT ADDL RT IN OR	\$	1,763.00
43820067	HC DESTROY L/S FACET JNT ADDL LT IN OR	\$	1,763.00
43820066	HC DESTROY LUMB/SAC FACET JNT BILATERAL IN OR	\$	8,013.00
43820065	HC DESTROY LUMB/SAC FACET JNT RT IN OR	\$	4,006.00
43820064	HC DESTROY LUMB/SAC FACET JNT LT IN OR	\$	4,006.00
43820063	HC INJ FORAMEN EPIDURAL ADD-ON BILATERAL IN OR	\$	1,586.00
43820062	HC INJ FORAMEN EPIDURAL ADD-ON LT IN OR	\$	793.00
43820061	HC INJ FORAMEN EPIDURAL ADD-ON LT IN OR	\$	793.00
43820060	HC INJ FORAMEN EPIDURAL L/S BILATERAL IN OR	\$	3,275.00
43820059	HC INJ FORAMEN EPIDURAL L/S RT IN OR	\$	1,637.00
43820058	HC INJ FORAMEN EPIDURAL L/S LT IN OR	\$	1,637.00
43820057	HC INJ PARAVERT F JNT L/S 3 LEV BILATERAL IN OR	\$	496.00
43820056	HC INJ PARAVERT F JNT L/S 3 LEV RT IN OR	\$	248.00
43820055	HC INJ PARAVERT F JNT L/S 3 LEV LT IN OR	\$	248.00
43820054	HC INJ PARAVERT F JNT L/S 2 LEV BILATERAL IN OR	\$	496.00
43820053	HC INJ PARAVERT F JNT L/S 2 LEV RT IN OR	\$	248.00
43820052	HC INJ PARAVERT F JNT L/S 2 LEV LT IN OR	\$	248.00
43820051	HC INJ PARAVERT F JNT L/S 1 LEV BILATERAL IN OR	\$	1,637.00
43820050	HC INJ PARAVERT F JNT L/S 1 LEV RT IN OR	\$	819.00
43820049	HC INJ PARAVERT F JNT L/S 1 LEV LT IN OR	\$	819.00
43820048	HC NJX INTERLAMINAR LMBR/SAC IN OR	\$	1,300.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
43820047	HC NJX INTERLAMINAR LMBR/SAC IN OR	\$ 1,300.00
43820046	HC NEEDLE LOCALIZATION BY XRAY	\$ 308.00
43820045	HC FLUOROGUIDE FOR SPINE INJECT	\$ 308.00
43820044	HC ECHO GUIDE FOR BIOPSY	\$ 2,684.00
43820043	HC UNLISTED NERVOUS SYSTEM SURGERY IN OR	\$ 592.00
43820042	HC INJECT SACROILIAC JOINT BILATERAL IN OR	\$ 1,827.00
43820041	HC INJECT SACROILIAC JOINT RT IN OR	\$ 914.00
43820040	HC INJECT SACROILIAC JOINT LT IN OR	\$ 914.00
43820039	HC INJECT TRIGGER POINTS 3/> IN OR	\$ 571.00
43820038	HC INJ TRIGGER POINT 1/2 MUSCL IN OR	\$ 571.00
43820037	HC INJ TENDON SHEATH/LIGAMENT IN OR	\$ 571.00
43820036	HC DRAIN/INJ MAJOR JOINT/BURSA W/US BIL IN OR	\$ 571.00
43820035	HC DRAIN/INJ MAJOR JOINT/BURSA W/US RT IN OR	\$ 286.00
43820034	HC DRAIN/INJ MAJOR JOINT/BURSA W/US LT IN OR	\$ 286.00
43820033	HC DRAIN/INJ MAJOR JOINT/BURSA W/O US BIL IN OR	\$ 465.00
43820032	HC DRAIN/INJ MAJOR JOINT/BURSA W/O US RT IN OR	\$ 232.00
43820031	HC DRAIN/INJ MAJOR JOINT/BURSA W/O US LT IN OR	\$ 232.00
43820030	HC DRAIN/INJ INTER JOINT/BURSA W/US BIL IN OR	\$ -
43820029	HC DRAIN/INJ INTER JOINT/BURSA W/US RT IN OR	\$ -
43820028	HC DRAIN/INJ INTER JOINT/BURSA W/US LT IN OR	\$ -
43820027	HC DRAIN/INJ INTER JOINT/BURSA W/O US BIL IN OR	\$ 400.00
43820026	HC DRAIN/INJ INTER JOINT/BURSA W/O US RT IN OR	\$ 200.00
43820025	HC DRAIN/INJ INTER JOINT/BURSA W/O US LT IN OR	\$ 200.00
43820024	HC DRAIN/INJ SMALL JOINT/BURSA W/US BIL IN OR	\$ -
43820023	HC DRAIN/INJ SMALL JOINT/BURSA W/US RT IN OR	\$ -
43820022	HC DRAIN/INJ SMALL JOINT/BURSA W/US LT IN OR	\$ -
43820021	HC DRAIN/INJ SMALL JOINT/BURSA W/O US BIL IN OR	\$ 387.00
43820020	HC DRAIN/INJ SMALL JOINT/BURSA W/O US RT IN OR	\$ 194.00
43820019	HC DRAIN/INJ SMALL JOINT/BURSA W/O US LT IN OR	\$ 194.00
43820018	HC INJ FORAMEN EPIDURAL ADD-ON IN OR	\$ 793.00
43820017	HC INJ FORAMEN EPIDURAL C/T IN OR	\$ 1,637.00
43820016	HC DESTROY C/TH FACET JNT ADDL IN OR	\$ 1,763.00
43820015	HC DESTROY CERV/THOR FACET JNT IN OR	\$ 4,006.00
43820014	HC INJ PARAVERT F JNT C/T 3 LEV BILATERAL IN OR	\$ 993.00
43820013	HC INJ PARAVERT F JNT C/T 3 LEV RT IN OR	\$ 496.00
43820012	HC INJ PARAVERT F JNT C/T 3 LEV LT IN OR	\$ 496.00
43820011	HC INJ PARAVERT F JNT C/T 2 LEV BILATERAL IN OR	\$ 993.00
43820010	HC INJ PARAVERT F JNT C/T 2 LEV RT IN OR	\$ 496.00
43820009	HC INJ PARAVERT F JNT C/T 2 LEV LT IN OR	\$ 496.00
43820008	HC INJ PARAVERT F JNT C/T 1 LEV BILATERAL IN OR	\$ 3,275.00
43820007	HC INJ PARAVERT F JNT C/T 1 LEV RT IN OR	\$ 1,637.00
43820006	HC INJ PARAVERT F JNT C/T 1 LEV LT IN OR	\$ 1,637.00
43820005	HC NJX INTERLAMINAR CRV/THRC IN OR	\$ 1,300.00
43820004	HC NJX INTERLAMINAR CRV/THRC IN OR	\$ 1,300.00
43820003	HC N BLOCK INJ OCCIPITAL IN OR	\$ 571.00
43820002	HC N BLOCK INJ FACIAL IN OR	\$ 676.00
43820001	HC N BLOCK INJ TRIGEMINAL IN OR	\$ 571.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule	
40900001	HC PRE EMPLOYMENT PHYSICAL ASSESSMENT CAPACITY	\$	142.00
21727995	HC PT SUB PT D/C STATUS 100%	\$	0.01
21727994	HC PT SUB PT GOAL STATUS 100%	\$	0.01
21727993	HC PT SUB PT CURRENT STATUS 100%	\$	0.01
21727992	HC PT OTHER PT D/C STATUS 100%	\$	0.01
21727991	HC PT OTHER PT GOAL STATUS 100%	\$	0.01
21727990	HC PT OTHR PT CURRENT STATUS 100%	\$	0.01
21727989	HC PT SELF CARE D/C STATUS 100%	\$	0.01
21727988	HC PT SELF CARE GOAL STATUS 100%	\$	0.01
21727987	HC PT SELF CARE CURNT STATUS 100%	\$	0.01
21727986	HC PT CARRY D/C STATUS 100%	\$	0.01
21727985	HC PT CARRY GOAL STATUS 100%	\$	0.01
21727984	HC PT CARRY CURRENT STATUS 100%	\$	0.01
21727983	HC PT BODY POS D/C STATUS 100%	\$	0.01
21727982	HC PT BODY POS GOAL STATUS 100%	\$	0.01
21727981	HC PT BODY POS CURENT STATUS 100%	\$	0.01
21727980	HC PT MOBILITY D/C STATUS 100%	\$	0.01
21727979	HC PT MOBILITY GOAL STATUS 100%	\$	0.01
21727978	HC PT MOBILITY CURRNT STATUS 100%	\$	0.01
21726995	HC PT SUB PT D/C STATUS 80-99%	\$	0.01
21726994	HC PT SUB PT GOAL STATUS 80-99%	\$	0.01
21726993	HC PT SUB PT CURRNT STATUS 80-99%	\$	0.01
21726992	HC PT OTHER PT D/C STATUS 80-99%	\$	0.01
21726991	HC PT OTHER PT GOAL STATUS 80-99%	\$	0.01
21726990	HC PT OTHR PT CURNT STATUS 80-99%	\$	0.01
21726989	HC PT SELF CARE D/C STATUS 80-99%	\$	0.01
21726988	HC PT SELF CAR GOAL STATUS 80-99%	\$	0.01
21726987	HC PT SELF CAR CRNT STATUS 80-99%	\$	0.01
21726986	HC PT CARRY D/C STATUS 80-99%	\$	0.01
21726985	HC PT CARRY GOAL STATUS 80-99%	\$	0.01
21726984	HC PT CARRY CURRENT STATUS 80-99%	\$	0.01
21726983	HC PT BODY POS D/C STATUS 80-99%	\$	0.01
21726982	HC PT BODY POS GOAL STATUS 80-99%	\$	0.01
21726981	HC PT BODY POS CRNT STATUS 80-99%	\$	0.01
21726980	HC PT MOBILITY D/C STATUS 80-99%	\$	0.01
21726979	HC PT MOBILITY GOAL STATUS 80-99%	\$	0.01
21726978	HC PT MOBILITY CRNT STATUS 80-99%	\$	0.01
21725995	HC PT SUB PT D/C STATUS 60-79%	\$	0.01
21725994	HC PT SUB PT GOAL STATUS 60-79%	\$	0.01
21725993	HC PT SUB PT CURRNT STATUS 60-79%	\$	0.01
21725992	HC PT OTHER PT D/C STATUS 60-79%	\$	0.01
21725991	HC PT OTHER PT GOAL STATUS 60-79%	\$	0.01
21725990	HC PT OTHR PT CURNT STATUS 60-79%	\$	0.01
21725989	HC PT SELF CARE D/C STATUS 60-79%	\$	0.01
21725988	HC PT SELF CAR GOAL STATUS 60-79%	\$	0.01
21725987	HC PT SELF CAR CRNT STATUS 60-79%	\$	0.01
21725986	HC PT CARRY D/C STATUS 60-79%	\$	0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21725985	HC PT CARRY GOAL STATUS 60-79%	\$ 0.01
21725984	HC PT CARRY CURRENT STATUS 60-79%	\$ 0.01
21725983	HC PT BODY POS D/C STATUS 60-79%	\$ 0.01
21725982	HC PT BODY POS GOAL STATUS 60-79%	\$ 0.01
21725981	HC PT BODY POS CRNT STATUS 60-79%	\$ 0.01
21725980	HC PT MOBILITY D/C STATUS 60-79%	\$ 0.01
21725979	HC PT MOBILITY GOAL STATUS 60-79%	\$ 0.01
21725978	HC PT MOBILITY CRNT STATUS 60-79%	\$ 0.01
21724995	HC PT SUB PT D/C STATUS 40-59%	\$ 0.01
21724994	HC PT SUB PT GOAL STATUS 40-59%	\$ 0.01
21724993	HC PT SUB PT CURRNT STATUS 40-59%	\$ 0.01
21724992	HC PT OTHER PT D/C STATUS 40-59%	\$ 0.01
21724991	HC PT OTHER PT GOAL STATUS 40-59%	\$ 0.01
21724990	HC PT OTHE PT CURNT STATUS 40-59%	\$ 0.01
21724989	HC PT SELF CARE D/C STATUS 40-59%	\$ 0.01
21724988	HC PT SELF CAR GOAL STATUS 40-59%	\$ 0.01
21724987	HC PT SELF CAR CRNT STATUS 40-59%	\$ 0.01
21724986	HC PT CARRY D/C STATUS40-59%	\$ 0.01
21724985	HC PT CARRY GOAL STATUS40-59%	\$ 0.01
21724984	HC PT CARRY CURRENT STATUS 40-59%	\$ 0.01
21724983	HC PT BODY POS D/C STATUS 40-59%	\$ 0.01
21724982	HC PT BODY POS GOAL STATUS 40-59%	\$ 0.01
21724981	HC PT BODY POS CRNT STATUS 40-59%	\$ 0.01
21724980	HC PT MOBILITY D/C STATUS 40-59%	\$ 0.01
21724979	HC PT MOBILITY GOAL STATUS 40-59%	\$ 0.01
21724978	HC PT MOBILITY CRNT STATUS 40-59%	\$ 0.01
21723995	HC PT SUB PT D/C STATUS 20-39%	\$ 0.01
21723994	HC PT SUB PT GOAL STATUS 20-39%	\$ 0.01
21723993	HC PT SUB PT CURRNT STATUS 20-39%	\$ 0.01
21723992	HC PT OTHER PT D/C STATUS 20-39%	\$ 0.01
21723991	HC PT OTHER PT GOAL STATUS 20-39%	\$ 0.01
21723990	HC PT OTHR PT CURNT STATUS 20-39%	\$ 0.01
21723989	HC PT SELF CARE D/C STATUS 20-39%	\$ 0.01
21723988	HC PT SELF CAR GOAL STATUS 20-39%	\$ 0.01
21723987	HC PT SELF CAR CRNT STATUS 20-39%	\$ 0.01
21723986	HC PT CARRY D/C STATUS 20-39%	\$ 0.01
21723985	HC PT CARRY GOAL STATUS 20-39%	\$ 0.01
21723984	HC PT CARRY CURRENT STATUS 20-39%	\$ 0.01
21723983	HC PT BODY POS D/C STATUS 20-39%	\$ 0.01
21723982	HC PT BODY POS GOAL STATUS 20-39%	\$ 0.01
21723981	HC PT BODY POS CRNT STATUS 20-39%	\$ 0.01
21723980	HC PT MOBILITY D/C STATUS 20-39%	\$ 0.01
21723979	HC PT MOBILITY GOAL STATUS 20-39%	\$ 0.01
21723978	HC PT MOBILITY CRNT STATUS 20-39%	\$ 0.01
21722995	HC PT SUB PT D/C STATUS 1-19%	\$ 0.01
21722994	HC PT SUB PT GOAL STATUS 1-19%	\$ 0.01
21722993	HC PT SUB PT CURRENT STATUS 1-19%	\$ 0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21722992	HC PT OTHER PT D/C STATUS 1-19%	\$ 0.01
21722991	HC PT OTHER PT GOAL STATUS 1-19%	\$ 0.01
21722990	HC PT OTHR PT CURRNT STATUS 1-19%	\$ 0.01
21722989	HC PT SELF CARE D/C STATUS 1-19%	\$ 0.01
21722988	HC PT SELF CARE GOAL STATUS 1-19%	\$ 0.01
21722987	HC PT SELF CARE CRNT STATUS 1-19%	\$ 0.01
21722986	HC PT CARRY D/C STATUS 1-19%	\$ 0.01
21722985	HC PT CARRY GOAL STATUS 1-19%	\$ 0.01
21722984	HC PT CARRY CURRENT STATUS 1-19%	\$ 0.01
21722983	HC PT BODY POS D/C STATUS 1-19%	\$ 0.01
21722982	HC PT BODY POS GOAL STATUS 1-19%	\$ 0.01
21722981	HC PT BODY POS CRRNT STATUS 1-19%	\$ 0.01
21722980	HC PT MOBILITY D/C STATUS 1-19%	\$ 0.01
21722979	HC PT MOBILITY GOAL STATUS 1-19%	\$ 0.01
21722978	HC PT MOBILITY CRRNT STATUS 1-19%	\$ 0.01
21721995	HC PT SUB PT D/C STATUS 0% ILR	\$ 0.01
21721994	HC PT SUB PT GOAL STATUS 0% ILR	\$ 0.01
21721993	HC PT SUB PT CURRNT STATUS 0% ILR	\$ 0.01
21721992	HC PT OTHER PT D/C STATUS 0% ILR	\$ 0.01
21721991	HC PT OTHER PT GOAL STATUS 0% ILR	\$ 0.01
21721990	HC PT OTHR PT CURNT STATUS 0% ILR	\$ 0.01
21721989	HC PT SELF CARE D/C STATUS 0%	\$ 0.01
21721988	HC PT SELF CARE GOAL STATUS 0%	\$ 0.01
21721987	HC PT SELF CARE CURRENT STATUS 0%	\$ 0.01
21721986	HC PT CARRY D/C STATUS 0% ILR	\$ 0.01
21721985	HC PT CARRY GOAL STATUS 0% ILR	\$ 0.01
21721984	HC PT CARRY CURRENT STATUS 0% ILR	\$ 0.01
21721983	HC PT BODY POS D/C STATUS 0% ILR	\$ 0.01
21721982	HC PT BODY POS GOAL STATUS 0% ILR	\$ 0.01
21721981	HC PT BODY POS CRNT STATUS 0% ILR	\$ 0.01
21721980	HC PT MOBILITY D/C STATUS 0% ILR	\$ 0.01
21721979	HC PT MOBILITY GOAL STATUS 0% ILR	\$ 0.01
21721978	HC PT MOBILITY CRRNT STATUS 0%	\$ 0.01
01729912	HC TRACT MECHANICAL DYNATRON	\$ 105.00
01728094	HC PT ORTHC/PROSTC MGMT SBSQ ENC /15 MIN	\$ 127.00
01728093	HC WORK HARD/COND/INITIAL 2HRS-PT	\$ 382.00
01728090	HC WHIRLPOOL-PT	\$ 155.00
01728088	HC VASOPNEUMATIC DEVICES-PT	\$ 91.00
01728087	HC ULTRASOUND/15 MIN-PT	\$ 159.00
01728078	HC THER EXERCISE/15 MIN-PT	\$ 120.00
01728077	HC THERAPEUTIC ACTIV/15 MIN-PT	\$ 106.00
01728074	HC THER PROCED GRP-15 MIN-PT	\$ 62.00
01728065	HC PT PROSTHETIC TRAINJ 1ST ENC /15 MIN	\$ 94.00
01728062	HC PARAFFIN BATH-PT	\$ 91.00
01728060	HC PT ORTHOTIC MGMT&TRAINJ 1ST ENC /15 MIN	\$ 119.00
01728055	HC NEUROMUSCLE RE-ED/15 MIN-PT	\$ 116.00
01728053	HC MMT-EXT/TRUNK-PT	\$ 111.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule	
01728048	HC MASSAGE/15 MIN-PT	\$	114.00
01728046	HC MANUAL THERAPY/15 MIN-PT	\$	142.00
01728045	HC IONTOPHORESIS/15 MIN-PT	\$	116.00
01728041	HC HOT PACK-PT	\$	53.00
01728036	HC GAIT TRAINING/15 MIN-PT	\$	104.00
01728022	HC E STIM:MANUAL/15 MIN-PT	\$	116.00
01728015	HC DEBRIDE NON SEL/DRSG-15 MIN-PT	\$	82.00
01728012	HC CONTRAST BATH/15 MIN-PT	\$	49.00
01728010	HC COMM/WORK REINT/JOB ANAL/15-PT	\$	91.00
01728008	HC COLD PACK-PT	\$	53.00
01728007	HC CAST; SHORT LEG-PT	\$	288.00
01728000	HC ADL/SELF CARE/15 MIN-PT	\$	91.00
01727788	HC APPLICATION/REMOVAL CAST	\$	-
01727612	HC TRACT MECHL-PT TM-300 PERFORMA	\$	105.00
01727597	HC DEBRIDE-SHARP<20 SQCM-15 MIN	\$	137.00
01727164	HC PT RE-EVAL EST PLAN CARE	\$	97.00
01727163	HC PT EVAL HIGH COMPLEX 45 MIN	\$	284.00
01727162	HC PT EVAL MOD COMPLEX 30 MIN	\$	284.00
01727161	HC PT EVAL LOW COMPLEX 20 MIN	\$	284.00
01727039	HC ICE MASSAGE	\$	79.00
01727026	HC LIGHT THERAPY	\$	55.00
01727014	HC PHYS-THER EMS	\$	105.00
01724550	HC APP/INST TENS UNIT PT	\$	126.00
01721011	HC JOB SITE STUDY/3HR MAX	\$	293.00
01721010	HC PHYSICAL THERAPY	\$	-
01696000	HC PRE SURGICAL CARE	\$	783.00
01216003	HC RECOVERY PHASE 2 EA ADD 30 MIN	\$	392.00
01216002	HC RECOVERY PHASE 2 INITIAL HOUR	\$	783.00
01209212	HC CANCELLED PROCEDURE-LEVEL 1	\$	78.00
01706489	HC PFT SPIROMETRY	\$	89.00
01704729	HC CO DIFFUSE CAPACITY	\$	145.00
01704726	HC PULM FUNCT TST PLETHYSMOGRAP	\$	219.00
01704060	HC BRONCHOSPASM EVAL; SPIROMETRY	\$	124.00
01604664	HC AEROSOL/MDI INSTRUCTION	\$	94.00
01600239	HC THER PROC GROUP-RESP FUNCTION	\$	129.00
21619070	HC X-RAY-ELBOW 2 VIEWS BI	\$	643.00
21618560	HC X-RAY-KNEE SINGLE VIEW BI	\$	643.00
21613660	HC X-RAY-TOE 2+ VIEWS BI	\$	643.00
21613650	HC X-RAY-OSCALCIS (HEEL) 2+ VIEWS BI	\$	643.00
21613631	HC X-RAY-FOOT 2 VIEWS BI	\$	643.00
21613630	HC X-RAY-FOOT 3 OR MORE VIEWS BI	\$	643.00
21613610	HC X-RAY-ANKLE MIN 3 VIEWS BI	\$	854.00
21613600	HC X-RAY-ANKLE 2 VIEWS BI	\$	643.00
21613592	HC X-RAY-LOWER EXT AP&LAT INF BI	\$	623.00
21613590	HC X-RAY-TIBIA-FIBULA 2 VIEWS BI	\$	417.00
21613581	HC X-RAY-KNEE THREE VIEWS BI	\$	768.00
21613564	HC X-RAY-KNEE - 4 VWS OR MORE BI	\$	1,092.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21613560	HC X-RAY-KNEE TWO VIEWS BI	\$ 643.00
21613551	HC X-RAY-FEMUR 1 VIEW BILATERAL	\$ 607.00
21613550	HC X-RAY-FEMUR 2 VIEWS BI	\$ 854.00
21613140	HC X-RAY-FINGER 2+ VIEWS BI	\$ 643.00
21613130	HC X-RAY-HAND MIN 3 VIEWS BI	\$ 854.00
21613120	HC X-RAY-HAND 2 VIEWS BI	\$ 643.00
21613110	HC X-RAY-WRIST 3 VIEWS BI	\$ 854.00
21613100	HC X-RAY-WRIST 2 VIEWS BI	\$ 643.00
21613092	HC X-RAY-UPPER EXT AP&LAT INF BI	\$ 623.00
21613090	HC X-RAY-FOREARM 2 VIEWS BI	\$ 854.00
21613070	HC X-RAY-ELBOW MIN 3 VIEWS BI	\$ 854.00
21613060	HC X-RAY-HUMERUS MIN 2 VIEWS BI	\$ 854.00
21613059	HC X-RAY-CARPAL SERIES 3+ VIEWS BIL	\$ 854.00
21613031	HC X-RAY-SHOULDER MIN 2 VIEWS BI	\$ 647.00
21613020	HC X-RAY-SHOULDER SINGLE VIEW BI	\$ 607.00
21613010	HC X-RAY-SCAPULA BI	\$ 474.00
21613000	HC X-RAY-CLAVICLE BI	\$ 426.00
11619070	HC X-RAY-ELBOW 2 VIEWS RT	\$ 322.00
11618560	HC X-RAY-KNEE SINGLE VIEW RT	\$ 322.00
11613660	HC X-RAY-TOE 2+ VIEWS RT	\$ 322.00
11613650	HC X-RAY-OSCALCIS (HEEL) 2+ VIEWS RT	\$ 322.00
11613631	HC X-RAY-FOOT 2 VIEWS RT	\$ 322.00
11613630	HC X-RAY-FOOT 3 OR MORE VIEWS RT	\$ 322.00
11613610	HC X-RAY-ANKLE MIN 3 VIEWS RT	\$ 426.00
11613600	HC X-RAY-ANKLE 2 VIEWS RT	\$ 322.00
11613592	HC X-RAY-LOWER EXT AP&LAT INF RT	\$ 311.00
11613590	HC X-RAY-TIBIA-FIBULA 2 VIEWS RT	\$ 417.00
11613581	HC X-RAY-KNEE THREE VIEWS RT	\$ 384.00
11613564	HC X-RAY-KNEE - 4 VWS OR MORE RT	\$ 545.00
11613560	HC X-RAY-KNEE TWO VIEWS RT	\$ 322.00
11613551	HC X-RAY-FEMUR 1 VIEW RT	\$ 304.00
11613550	HC X-RAY-FEMUR 2 VIEWS RT	\$ 426.00
11613510	HC X-RAY EXAM HIP UNI 2-3 VIEWS RT	\$ 322.00
11613500	HC X-RAY-HIP AP ONLY RT	\$ 301.00
11613140	HC X-RAY-FINGER 2+ VIEWS RT	\$ 322.00
11613130	HC X-RAY-HAND MIN 3 VIEWS RT	\$ 426.00
11613120	HC X-RAY-HAND 2 VIEWS RT	\$ 322.00
11613110	HC X-RAY-WRIST 3 VIEWS RT	\$ 426.00
11613100	HC X-RAY-WRIST 2 VIEWS RT	\$ 322.00
11613092	HC X-RAY-UPPER EXT AP&LAT INF RT	\$ 311.00
11613090	HC X-RAY-FOREARM 2 VIEWS RT	\$ 426.00
11613070	HC X-RAY-ELBOW MIN 3 VIEWS RT	\$ 426.00
11613060	HC X-RAY-HUMERUS MIN 2 VIEWS RT	\$ 426.00
11613059	HC X-RAY-CARPAL SERIES 3+ VIEWS RT	\$ 426.00
11613031	HC X-RAY-SHOULDER MIN 2 VIEWS RT	\$ 323.00
11613020	HC X-RAY-SHOULDER SINGLE VIEW RT	\$ 304.00
11613010	HC X-RAY-SCAPULA RT	\$ 474.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule	
11613000	HC X-RAY-CLAVICLE RT	\$	426.00
11611101	HC X-RAY-RIBS UNILAT W/PA CHEST R 3+ VIEWS	\$	598.00
11611100	HC X-RAY-RIBS 2 VIEWS UNILATERAL RT	\$	474.00
01619070	HC X-RAY-ELBOW 2 VIEWS LT	\$	322.00
01619010	HC X-RAY -NOSE-RECTUM FB CHILD	\$	322.00
01618606	HC X-RAY-SPINE SINGLE VIEW	\$	322.00
01618560	HC X-RAY-KNEE SINGLE VIEW LT	\$	322.00
01617040	HC X-RAY-BONE LENGTH STUDY	\$	399.00
01617020	HC X-RAY-ORBITS MIN 4 VIEWS	\$	626.00
01616321	HC FLUORO FOR LINE PLACEMENT	\$	383.00
01616307	HC X-RAY-FLUORO ASSIST UP TO 1 HR	\$	613.00
01616098	HC BREAST SPECIMEN RADIOGRAPH	\$	311.00
01616076	HC DEXA-BONE DENSITY PERIPHERAL	\$	407.00
01616065	HC X-RAY-OSSEOUS SURVEY INFANT	\$	322.00
01616060	HC X-RAY-OSSEOUS SURVEY LIMITED	\$	505.00
01616040	HC X-RAY-OSSEOUS SURVEY COMPLETE	\$	1,317.00
01616020	HC X-RAY-BONE AGE	\$	306.00
01616001	HC X-RAY-FLUORO ASSIST > 1 HR	\$	889.00
01616000	HC FLUORO FOR SPINAL INJ/BLOCK	\$	308.00
01614431	HC CYSTOSCOPY WITH FILMS	\$	1,187.00
01614400	HC X-RAY-IVP WITH TOMO	\$	1,830.00
01614300	HC X-RAY-SURGICAL CHOLANGIOGRAM	\$	1,147.00
01614021	HC X-RAY EXAM ABDOMEN 3+ VIEWS	\$	646.00
01614020	HC X-RAY-ACUTE ABDOMINAL	\$	531.00
01614018	HC X-RAY EXAM ABDOMEN 1 VIEW	\$	215.00
01614010	HC X-RAY EXAM ABDOMEN 2 VIEWS	\$	431.00
01614001	HC IVP	\$	1,621.00
01613660	HC X-RAY-TOE 2+ VIEWS LT	\$	322.00
01613650	HC X-RAY-OSCALCIS (HEEL) 2+ VIEWS LT	\$	322.00
01613631	HC X-RAY-FOOT 2 VIEWS LT	\$	322.00
01613630	HC X-RAY-FOOT 3 OR MORE VIEWS LT	\$	322.00
01613610	HC X-RAY-ANKLE MIN 3 VIEWS LT	\$	426.00
01613600	HC X-RAY-ANKLE 2 VIEWS LT	\$	322.00
01613592	HC X-RAY-LOWER EXT AP&LAT INF LT	\$	311.00
01613590	HC X-RAY-TIBIA-FIBULA 2 VIEWS LT	\$	417.00
01613581	HC X-RAY-KNEE THREE VIEWS LT	\$	384.00
01613565	HC X-RAY-KNEES-STANDING AP	\$	387.00
01613564	HC X-RAY-KNEE - 4 VWS OR MORE LT	\$	545.00
01613560	HC X-RAY-KNEE TWO VIEWS LT	\$	322.00
01613551	HC X-RAY-FEMUR 1 VIEW LT	\$	304.00
01613550	HC X-RAY-FEMUR 2 VIEWS LT	\$	426.00
01613523	HC X-RAY EXAM HIPS BI 5/> VIEWS	\$	358.00
01613522	HC X-RAY EXAM HIPS BI 3-4 VIEWS	\$	695.00
01613521	HC X-RAY EXAM HIPS BI 2 VIEWS	\$	671.00
01613510	HC X-RAY EXAM HIP UNI 2-3 VIEWS LT	\$	322.00
01613503	HC X-RAY EXAM HIP UNI 4/> VIEWS	\$	246.00
01613500	HC X-RAY-HIP AP ONLY LT	\$	301.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01613140	HC X-RAY-FINGER 2+ VIEWS LT	\$ 322.00
01613130	HC X-RAY-HAND MIN 3 VIEWS LT	\$ 426.00
01613120	HC X-RAY-HAND 2 VIEWS LT	\$ 322.00
01613110	HC X-RAY-WRIST 3 VIEWS LT	\$ 426.00
01613100	HC X-RAY-WRIST 2 VIEWS LT	\$ 322.00
01613092	HC X-RAY-UPPER EXT AP&LAT INF LT	\$ 311.00
01613090	HC X-RAY-FOREARM 2 VIEWS LT	\$ 426.00
01613070	HC X-RAY-ELBOW MIN 3 VIEWS LT	\$ 426.00
01613060	HC X-RAY-HUMERUS MIN 2 VIEWS LT	\$ 426.00
01613059	HC X-RAY-CARPAL SERIES 3+ VIEWS LT	\$ 426.00
01613050	HC X-RAY-ACROMIOCLAVICULAR JOINTS	\$ 510.00
01613031	HC X-RAY-SHOULDER MIN 2 VIEWS LT	\$ 323.00
01613020	HC X-RAY-SHOULDER SINGLE VIEW LT	\$ 304.00
01613015	HC TREADMILL	\$ 2,708.00
01613010	HC X-RAY-SCAPULA LT	\$ 474.00
01613000	HC X-RAY-CLAVICLE LT	\$ 426.00
01612221	HC X-RAY-SACRUM / COCCYX 2+ VIEWS	\$ 474.00
01612202	HC X-RAY-SACROILIAC JOINTS 3+ VIEWS	\$ 474.00
01612190	HC X-RAY-PELVIS MIN 3 VIEWS	\$ 626.00
01612175	HC X-RAY-PELVIS RADIUM 1-2 VIEWS	\$ 371.00
01612170	HC X-RAY-PELVIS 1 OR 2 VIEWS	\$ 371.00
01612110	HC X-RAY-LS SPINE MIN 4 VIEWS	\$ 588.00
01612105	HC X-RAY-LS SPINE W/FLEX & EXT 6+ VIEWS	\$ 839.00
01612100	HC X-RAY-LS SPINE 2 OR 3 VIEWS	\$ 431.00
01612084	HC X-RAY EXAM ENTIRE SPI 6/> VW	\$ 700.00
01612083	HC X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 567.00
01612080	HC X-RAY-THORACOLUMBAR 2 VIEWS	\$ 399.00
01612070	HC X-RAY-THORACIC SPINE 3 VIEWS	\$ 545.00
01612052	HC X-RAY-CERV SP COMP W FLEX/EXT 6+ VIEWS	\$ 787.00
01612050	HC X-RAY-CERVICAL SPINE MIN 4-5 VIEWS	\$ 718.00
01612040	HC X-RAY-CERV SPINE 2 OR 3 VIEWS	\$ 474.00
01612015	HC X-RAY-SPINE ENTIRE 1 VIEW	\$ 321.00
01612010	HC X-RAY-SPINE ENTIRE 2-3 VIEWS	\$ 445.00
01611130	HC X-RAY-STERNO CLAVICULAR JOINTS 3+ VIEWS	\$ 426.00
01611120	HC X-RAY-STERNUM 2+ VIEWS	\$ 426.00
01611111	HC X-RAY-RIBS BILATERL W/PA CHEST 4+ VIEWS	\$ 762.00
01611110	HC X-RAY-RIBS 3 VIEWS BILATERAL	\$ 648.00
01611101	HC X-RAY-RIBS UNILAT W/PA CHEST L 3+ VIEWS	\$ 598.00
01611100	HC X-RAY-RIBS 2 VIEWS UNILATERAL LT	\$ 474.00
01611047	HC X-RAY EXAM CHEST 3 VIEWS	\$ 413.00
01611046	HC X-RAY EXAM CHEST 2 VIEWS	\$ 275.00
01611039	HC X-RAY EXAM CHEST 4+ VIEWS	\$ 550.00
01611010	HC X-RAY EXAM CHEST 1 VIEW	\$ 138.00
01610360	HC X-RAY-NECK (SOFT TISSUE)	\$ 426.00
01610330	HC X-RAY-TEMPOROMANDIBULAR JOINTS BILATERAL	\$ 655.00
01610328	HC TMJ TOMOGRAPHY	\$ 754.00
01610261	HC X-RAY-SKULL 3 OR LESS VIEWS	\$ 426.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01610260	HC X-RAY-SKULL 4 OR MORE VIEWS	\$ 626.00
01610220	HC X-RAY-PARANASAL SINUSES MIN 3 VIEWS	\$ 626.00
01610210	HC X-RAY-SINUSES(2 VIEWS OR LESS)	\$ 425.00
01610160	HC X-RAY-NASAL BONES 3+ VIEWS	\$ 426.00
01610150	HC X-RAY-FACIAL BONES 3+ VIEWS	\$ 626.00
01610130	HC X-RAY-MASTOIDS 3+ VIEWS	\$ 627.00
01610110	HC X-RAY-MANDIBLE MIN 4 VIEWS	\$ 626.00
01610030	HC X-RAY-EYE-FOREIGN BODY	\$ 425.00
00740063	HC DEXA-BONE MINERAL ANALYSIS	\$ 553.00
01216001	HC RECOVERY PHASE 1 EA ADD 30 MIN	\$ 783.00
01216000	HC RECOVERY PHASE 1 INITIAL HOUR	\$ 1,568.00
31793224	HC HOLTER WITH REPORT	\$ 478.00
01709889	HC VOLUME STUDIES	\$ 44.00
01709887	HC OXIMETER SINGLE DETERMINATION	\$ 52.00
01706485	HC ABG DRAW	\$ 64.00
01706476	HC CPPD - INITIAL	\$ 58.00
01706457	HC MECHANICAL VENT SUB DAYS	\$ 309.00
01704668	HC CPPD - SUBSEQUENT	\$ 53.00
01704660	HC CPAP-BIPAP PER DAY	\$ 390.00
01704645	HC CONT BRONCHODILATOR EA ADD HOU	\$ 29.00
01704644	HC CONT BRONCHODILATOR INIT HOUR	\$ 177.00
01703050	HC MET HEMOGLOBIN	\$ 39.00
01702810	HC O2 HEMOGLOBIN	\$ 51.00
01702803	HC BLOOD GAS ANALYSIS	\$ 120.00
01702800	HC PH ANALYSIS	\$ 56.00
01702375	HC CO HEMOGLOBIN	\$ 29.00
01702075	HC BREATH ALCOHOL ANALYSIS	\$ 43.00
01701500	HC INTUB ENDOTRACH EMERG	\$ 413.00
01701421	HC MECHANICAL VENT 1ST DAY	\$ 390.00
01701292	HC METERED DOSE INHALER	\$ 66.00
01700001	HC MEDICATION ORDER REVIEW	(blank)
01520012	HC MSLT 4+ NAP RECORDINGS	\$ 4,809.00
01520011	HC SLP STUDY 6/>YRS CPAP 4/> PARM 6+ HRS RECORDING	\$ 5,673.00
01520010	HC SLEEP STUDY 6/> YRS 4/> PARAM 6+ HRS RECORDING	\$ 5,608.00
01365810	HC BASELINE POLYSOMNOGRAPHY	\$ 5,208.00
01365806	HC HOME SLEEP STUDY	\$ 634.00
40992523	HC EVAL OF LANG COMPRESSION AND EXPRESSION	\$ 422.07
21747999	HC SP MOTOR SPECH CRT STAT 100%	\$ 0.01
21747998	HC SP SWALLOW D/C STATUS 100%	\$ 0.01
21747997	HC SP SWALLOW GOAL STATUS 100%	\$ 0.01
21747996	HC SP SWALLOW CURRENT STATUS 100%	\$ 0.01
21747186	HC SP MOTOR SPEECH GOAL STAT 100%	\$ 0.01
21747176	HC SP SPEECH LANG D/C STATUS 100%	\$ 0.01
21747175	HC SP SPECH LANG GOAL STATUS 100%	\$ 0.01
21747174	HC SP SPECH LANG CRNT STAT 100%	\$ 0.01
21747173	HC SP VOICE D/C STATUS 100%	\$ 0.01
21747172	HC SP VOICE GOAL STATUS 100%	\$ 0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21747171	HC SP VOICE CURRENT STATUS 100%	\$ 0.01
21747170	HC SP MEMORY D/C STATUS 100%	\$ 0.01
21747169	HC SP MEMORY GOAL STATUS 100%	\$ 0.01
21747168	HC SP MEMORY CURENT STATUS 100%	\$ 0.01
21747167	HC SP ATTEN D/C STATUS 100%	\$ 0.01
21747166	HC SP ATTEN GOAL STATUS 100%	\$ 0.01
21747165	HC SP ATTEN CURRENT STATUS 100%	\$ 0.01
21747164	HC SP LANG EXPRESS D/C STATS 100%	\$ 0.01
21747163	HC SP LANG EXPRESS GOAL STAT 100%	\$ 0.01
21747162	HC SP LANG EXPRES CRT STAT 100%	\$ 0.01
21747161	HC SP LANG COMP D/C STATUS 100%	\$ 0.01
21747160	HC SP LANG COMP GOAL STATUS 100%	\$ 0.01
21747159	HC SP LANG COMP CURRENT STAT 100%	\$ 0.01
21747158	HC SP MOTOR SPECH D/C STAT 100%	\$ 0.01
21746999	HC SP MOTOR SPECH CRT STAT 80-99%	\$ 0.01
21746998	HC SP SWALLOW D/C STATUS 80-99%	\$ 0.01
21746997	HC SP SWALLOW GOAL STATUS 80-99%	\$ 0.01
21746996	HC SP SWALLOW CURNT STATUS 80-99%	\$ 0.01
21746186	HC SP MOTOR SPCH GOAL STAT 80-99%	\$ 0.01
21746176	HC SP SPEECH LANG D/C STAT 80-99%	\$ 0.01
21746175	HC SP SPECH LANG GOAL STAT 80-99%	\$ 0.01
21746174	HC SP SPECH LANG CRNT STAT 80-99%	\$ 0.01
21746173	HC SP VOICE D/C STATUS 80-99%	\$ 0.01
21746172	HC SP VOICE GOAL STATUS 80-99%	\$ 0.01
21746171	HC SP VOICE CURRENT STATUS 80-99%	\$ 0.01
21746170	HC SP MEMORY D/C STATUS 80-99%	\$ 0.01
21746169	HC SP MEMORY GOAL STATUS 80-99%	\$ 0.01
21746168	HC SP MEMORY CURENT STATUS 80-99%	\$ 0.01
21746167	HC SP ATTEN D/C STATUS 80-99%	\$ 0.01
21746166	HC SP ATTEN GOAL STATUS 80-99%	\$ 0.01
21746165	HC SP ATTEN CURRENT STATUS 80-99%	\$ 0.01
21746164	HC SP LANG EXPRES D/C STAT 80-99%	\$ 0.01
21746163	HC SP LANG EXPRES GOAL STA 80-99%	\$ 0.01
21746162	HC SP LANG EXPRES CRT STAT 80-99%	\$ 0.01
21746161	HC SP LANG COMP D/C STATUS 80-99%	\$ 0.01
21746160	HC SP LANG COMP GOAL STATS 80-99%	\$ 0.01
21746159	HC SP LANG COMP CURNT STAT 80-99%	\$ 0.01
21746158	HC SP MOTOR SPECH D/C STAT 80-99%	\$ 0.01
21745999	HC SP MOTOR SPECH CRT STAT 60-79%	\$ 0.01
21745998	HC SP SWALLOW D/C STATUS 60-79%	\$ 0.01
21745997	HC SP SWALLOW GOAL STATUS 60-79%	\$ 0.01
21745996	HC SP SWALLOW CURNT STATUS 60-79%	\$ 0.01
21745186	HC SP MOTOR SPCH GOAL STAT 60-79%	\$ 0.01
21745176	HC SP SPEECH LANG D/C STAT 60-79%	\$ 0.01
21745175	HC SP SPECH LANG GOAL STAT 60-79%	\$ 0.01
21745174	HC SP SPECH LANG CRNT STAT 60-79%	\$ 0.01
21745173	HC SP VOICE D/C STATUS 60-79%	\$ 0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21745172	HC SP VOICE GOAL STATUS 60-79%	\$ 0.01
21745171	HC SP VOICE CURRENT STATUS 60-79%	\$ 0.01
21745170	HC SP MEMORY D/C STATUS 60-79%	\$ 0.01
21745169	HC SP MEMORY GOAL STATUS 60-79%	\$ 0.01
21745168	HC SP MEMORY CURENT STATUS 60-79%	\$ 0.01
21745167	HC SP ATTEN D/C STATUS 60-79%	\$ 0.01
21745166	HC SP ATTEN GOAL STATUS 60-79%	\$ 0.01
21745165	HC SP ATTEN CURRENT STATUS 60-79%	\$ 0.01
21745164	HC SP LANG EXPRES D/C STAT 60-79%	\$ 0.01
21745163	HC SP LANG EXPRES GOAL STA 60-79%	\$ 0.01
21745162	HC SP LANG EXPRES CRT STAT 60-79%	\$ 0.01
21745161	HC SP LANG COMP D/C STATUS 60-79%	\$ 0.01
21745160	HC SP LANG COMP GOAL STATS 60-79%	\$ 0.01
21745159	HC SP LANG COMP CURNT STAT 60-79%	\$ 0.01
21745158	HC SP MOTOR SPECH D/C STAT 60-79%	\$ 0.01
21744999	HC SP MOTOR SPECH CRT STAT 40-59%	\$ 0.01
21744998	HC SP SWALLOW D/C STATUS 40-59%	\$ 0.01
21744997	HC SP SWALLOW GOAL STATUS 40-59%	\$ 0.01
21744996	HC SP SWALLOW CURNT STATUS 40-59%	\$ 0.01
21744186	HC SP MOTOR SPCH GOAL STAT 40-59%	\$ 0.01
21744176	HC SP SPEECH LANG D/C STAT 40-59%	\$ 0.01
21744175	HC SP SPECH LANG GOAL STAT 40-59%	\$ 0.01
21744174	HC SP SPECH LANG CRNT STAT 40-59%	\$ 0.01
21744173	HC SP VOICE D/C STATUS 40-59%	\$ 0.01
21744172	HC SP VOICE GOAL STATUS 40-59%	\$ 0.01
21744171	HC SP VOICE CURRENT STATUS 40-59%	\$ 0.01
21744170	HC SP MEMORY D/C STATUS 40-59%	\$ 0.01
21744169	HC SP MEMORY GOAL STATUS 40-59%	\$ 0.01
21744168	HC SP MEMORY CURENT STATUS 40-59%	\$ 0.01
21744167	HC SP ATTEN D/C STATUS 40-59%	\$ 0.01
21744166	HC SP ATTEN GOAL STATUS 40-59%	\$ 0.01
21744165	HC SP ATTEN CURRENT STATUS 40-59%	\$ 0.01
21744164	HC SP LANG EXPRES D/C STAT 40-59%	\$ 0.01
21744163	HC SP LANG EXPRES GOAL STA 40-59%	\$ 0.01
21744162	HC SP LANG EXPRES CRT STAT 40-59%	\$ 0.01
21744161	HC SP LANG COMP D/C STATUS 40-59%	\$ 0.01
21744160	HC SP LANG COMP GOAL STATS 40-59%	\$ 0.01
21744159	HC SP LANG COMP CURNT STAT 40-59%	\$ 0.01
21744158	HC SP MOTOR SPECH D/C STAT 40-59%	\$ 0.01
21743999	HC SP MOTOR SPECH CRT STAT 20-39%	\$ 0.01
21743998	HC SP SWALLOW D/C STATUS 20-39%	\$ 0.01
21743997	HC SP SWALLOW GOAL STATUS 20-39%	\$ 0.01
21743996	HC SP SWALLOW CURNT STATUS 20-39%	\$ 0.01
21743186	HC SP MOTOR SPCH GOAL STAT 20-39%	\$ 0.01
21743176	HC SP SPEECH LANG D/C STAT 20-39%	\$ 0.01
21743175	HC SP SPECH LANG GOAL STAT 20-39%	\$ 0.01
21743174	HC SP SPECH LANG CRNT STAT 20-39%	\$ 0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21743173	HC SP VOICE D/C STATUS 20-39%	\$ 0.01
21743172	HC SP VOICE GOAL STATUS 20-39%	\$ 0.01
21743171	HC SP VOICE CURRENT STATUS 20-39%	\$ 0.01
21743170	HC SP MEMORY D/C STATUS 20-39%	\$ 0.01
21743169	HC SP MEMORY GOAL STATUS 20-39%	\$ 0.01
21743168	HC SP MEMORY CURENT STATUS 20-39%	\$ 0.01
21743167	HC SP ATTEN D/C STATUS 20-39%	\$ 0.01
21743166	HC SP ATTEN GOAL STATUS 20-39%	\$ 0.01
21743165	HC SP ATTEN CURRENT STATUS 20-39%	\$ 0.01
21743164	HC SP LANG EXPRES D/C STAT 20-39%	\$ 0.01
21743163	HC SP LANG EXPRES GOAL STA 20-39%	\$ 0.01
21743162	HC SP LANG EXPRES CRT STAT 20-39%	\$ 0.01
21743161	HC SP LANG COMP D/C STATUS 20-39%	\$ 0.01
21743160	HC SP LANG COMP GOAL STATS 20-39%	\$ 0.01
21743159	HC SP LANG COMP CURRNT STAT 20-39%	\$ 0.01
21743158	HC SP MOTOR SPECH D/C STAT 20-39%	\$ 0.01
21742999	HC SP MOTOR SPEECH CRT STAT 1-19%	\$ 0.01
21742998	HC SP SWALLOW D/C STATUS 1-19%	\$ 0.01
21742997	HC SP SWALLOW GOAL STATUS 1-19%	\$ 0.01
21742996	HC SP SWALLOW CURRNT STATUS 1-19%	\$ 0.01
21742186	HC SP MOTOR SPECH GOAL STAT 1-19%	\$ 0.01
21742176	HC SP SPEECH LANG D/C STATS 1-19%	\$ 0.01
21742175	HC SP SPEECH LANG GOAL STAT 1-19%	\$ 0.01
21742174	HC SP SPEECH LANG CRNT STAT 1-19%	\$ 0.01
21742173	HC SP VOICE D/C STATUS 1-19%	\$ 0.01
21742172	HC SP VOICE GOAL STATUS 1-19%	\$ 0.01
21742171	HC SP VOICE CURRENT STATUS 1-19%	\$ 0.01
21742170	HC SP MEMORY D/C STATUS 1-19%	\$ 0.01
21742169	HC SP MEMORY GOAL STATUS 1-19%	\$ 0.01
21742168	HC SP MEMORY CURRENT STATUS 1-19%	\$ 0.01
21742167	HC SP ATTEN D/C STATUS 1-19%	\$ 0.01
21742166	HC SP ATTEN GOAL STATUS 1-19%	\$ 0.01
21742165	HC SP ATTEN CURRENT STATUS 1-19%	\$ 0.01
21742164	HC SP LANG EXPRESS D/C STAT 1-19%	\$ 0.01
21742163	HC SP LANG EXPRES GOAL STAT 1-19%	\$ 0.01
21742162	HC SP LANG EXPRESS CRT STAT 1-19%	\$ 0.01
21742161	HC SP LANG COMP D/C STATUS 1-19%	\$ 0.01
21742160	HC SP LANG COMP GOAL STATUS 1-19%	\$ 0.01
21742159	HC SP LANG COMP CURRNT STAT 1-19%	\$ 0.01
21742158	HC SP MOTOR SPEECH D/C STAT 1-19%	\$ 0.01
21741999	HC SP MOTOR SPEECH CRNT STATUS 0%	\$ 0.01
21741998	HC SP SWALLOW D/C STATUS 0%	\$ 0.01
21741997	HC SP SWALLOW GOAL STATUS 0%	\$ 0.01
21741996	HC SP SWALLOW CURRENT STATUS 0%	\$ 0.01
21741186	HC SP MOTOR SPEECH GOAL STATUS 0%	\$ 0.01
21741176	HC SP SPEECH LANG D/C STATUS 0%	\$ 0.01
21741175	HC SP SPEECH LANG GOAL STATUS 0%	\$ 0.01



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
21741174	HC SP SPEECH LANG CURRENT STAT 0%	\$ 0.01
21741173	HC SP VOICE D/C STATUS 0%	\$ 0.01
21741172	HC SP VOICE GOAL STATUS 0%	\$ 0.01
21741171	HC SP VOICE CURRENT STATUS 0%	\$ 0.01
21741170	HC SP MEMORY D/C STATUS 0%	\$ 0.01
21741169	HC SP MEMORY GOAL STATUS 0%	\$ 0.01
21741168	HC SP MEMORY CURRENT STATUS 0%	\$ 0.01
21741167	HC SP ATTEN D/C STATUS 0%	\$ 0.01
21741166	HC SP ATTEN GOAL STATUS 0%	\$ 0.01
21741165	HC SP ATTEN CURRENT STATUS 0%	\$ 0.01
21741164	HC SP LANG EXPRESS D/C STATUS 0%	\$ 0.01
21741163	HC SP LANG EXPRESS GOAL STAT 0%	\$ 0.01
21741162	HC SP LANG EXPRESS CURRNT STAT 0%	\$ 0.01
21741161	HC SP LANG COMP D/C STATUS 0%	\$ 0.01
21741160	HC SP LANG COMP GOAL STATUS 0%	\$ 0.01
21741159	HC SP LANG COMP CURRENT STATUS 0%	\$ 0.01
21741158	HC SP MOTOR SPEECH D/C STATUS 0%	\$ 0.01
01748069	HC REHAB SWALLOW STUDY (MBS)-SP	\$ 434.00
01748054	HC INDIV THERAPY-15 MIN-SP	\$ 144.00
01748025	HC DYSPHAGIA TREATMENT-15 MIN-SP	\$ 144.00
01748012	HC CLINICL SWALLOW EVAL-45 MIN-SP	\$ 434.00
01748011	HC CLINICL SWALLOW EVAL-30 MIN-SP	\$ 434.00
01748010	HC CLINICL SWALLOW EVAL-15 MIN-SP	\$ 434.00
01746521	HC SPEECH/LANGUAGE EVAL	\$ 422.07
01745127	HC THER IVNTJ W/FOCUS COG FUNCJ 75 MIN - ST	\$ 694.00
01744127	HC THER IVNTJ W/FOCUS COG FUNCJ 60 MIN - ST	\$ 556.00
01743127	HC THER IVNTJ W/FOCUS COG FUNCJ 45 MIN - ST	\$ 417.00
01742127	HC THER IVNTJ W/FOCUS COG FUNCJ 30 MIN - ST	\$ 278.00
01741127	HC THER IVNTJ W/FOCUS COG FUNCJ 15 MIN - ST	\$ 139.00
01205972	HC ELE ANAL INS PULSE GEN 1ST HR	\$ 76.00
01201047	HC OR ORTHO LEVEL 4 EA ADD 30 MIN	\$ 12,482.00
01201046	HC OR ORTHO LEVEL 4 INITIAL HOUR	\$ 24,964.00
01201041	HC OR GENERAL LVL 4 EA ADD 30 MIN	\$ 7,089.00
01201040	HC OR GENERAL LEVEL 4 INIT'L HOUR	\$ 14,174.00
01201039	HC OR MINOR PROCED LEVEL 1 EA ADD 15 MIN	\$ 1,470.00
01201030	HC OR ORTHO LEVEL 3 EA ADD 30 MIN	\$ 12,482.00
01201029	HC OR ORTHO LEVEL 3 INITIAL HOUR	\$ 24,964.00
01201028	HC OR ORTHO LEVEL 2 EA ADD 30 MIN	\$ 7,089.00
01201027	HC OR ORTHO LEVEL 2 INITIAL HOUR	\$ 14,174.00
01201026	HC OR ORTHO LEVEL 1 EA ADD 30 MIN	\$ 1,470.00
01201025	HC OR ORTHO LEVEL 1 INITIAL HOUR	\$ 2,939.00
01201006	HC OR GENERAL LEV 3 EA ADD 30 MIN	\$ 7,089.00
01201005	HC OR GENERAL LEVEL 3 INIT'L HOUR	\$ 14,174.00
01201004	HC OR GENERAL LEV 2 EA ADD 30 MIN	\$ 7,089.00
01201003	HC OR GENERAL LEVEL 2 INIT'L HOUR	\$ 14,174.00
01201002	HC OR GENERAL LVL 1 EA ADD 30 MIN	\$ 1,470.00
01201001	HC OR GENERAL LEVEL 1 INIT'L HOUR	\$ 2,939.00



The information provided is a comprehensive list of charges for each inpatient and outpatient service or item provided by a hospital, also known as a chargemaster. It is not a helpful tool for patients to comparison shop between hospitals or to estimate what health care services are going to cost them out of their own pocket. For more information about the cost of your care, please contact our patient financial services staff at (419) 399-1158.

procedure master #	procedure name	PCH Fee Schedule
01201000	HC OR MINOR PROCED LEVEL 1 INITIAL 30 MIN	\$ 2,939.00
30200100	HC TELEHEALTH FACILITY FEE	\$ 29.00
01950195	HC TELEMETRY MONITORING PER DAY	\$ 170.00
21646880	HC U/S EXTREMITY NON-VASCULAR	\$ 667.00
21646642	HC ULTRASOUND BREAST LIMITED RT	\$ 285.00
21646641	HC ULTRASOUND BREAST COMPLETE RT	\$ 379.00
11646880	HC U/S EXTR NON-VASC LMTD RT	\$ 667.00
01649642	HC U/S VENOUS IMAGING LOW EXT UNI	\$ 758.00
01647999	HC ULTRASOUND SOFT TISSUE	\$ 303.00
01647811	HC U/S MATERNITY LEVEL III INITIAL GESTATION	\$ 1,422.00
01647801	HC U/S MATERNITY < 14 WEEKS INITIAL GESTATION	\$ 1,241.00
01646943	HC U/S GUIDANCE FOR NEEDLE PLCMNT	\$ 2,684.00
01646905	HC U/S CAROTID DOPPLER LIMITED	\$ 873.00
01646900	HC U/S CAROTID DOPPLER BILATERAL	\$ 1,182.00
01646880	HC U/S EXTR NON-VASC LMTD LT	\$ 667.00
01646857	HC U/S SOFT TISSUE PELVIS	\$ 791.00
01646830	HC U/S TRANSVAGINAL NON-MATERNITY	\$ 1,127.00
01646818	HC FETAL BIOPHYSICAL PROFILE W/ NON-STRESS TESTING	\$ 1,657.00
01646817	HC U/S TRANSVAGINAL MATERNITY	\$ 1,052.00
01646816	HC U/S MATERNITY RE-EVAL PER FETUS	\$ 1,081.00
01646815	HC U/S MATERNITY LIMITED 1 OR MORE FETUS(S)	\$ 1,324.00
01646812	HC U/S MATERNITY LEVEL III EA ADD GESTATION	\$ 1,428.00
01646811	HC U/S MATERNITY > 14 WKS EA ADD GESTATION	\$ 1,665.00
01646810	HC U/S AMNIOCENTESIS GUIDANCE	\$ 1,880.00
01646802	HC U/S MATERNITY < 14 WKS EA ADD GESTATION	\$ 1,278.00
01646801	HC U/S SPINAL CANAL/CONTENTS	\$ 296.00
01646800	HC U/S MATERNITY > 14 WEEKS INITIAL GESTATION	\$ 1,177.00
01646775	HC U/S RETROPERITONEAL LIMITED	\$ 968.00
01646770	HC U/S RETROPERITONEAL COMPLETE	\$ 1,369.00
01646715	HC U/S PELVIC	\$ 1,324.00
01646706	HC U/S CHEST WALL	\$ 727.00
01646705	HC U/S ABDOMEN LIMITED	\$ 992.00
01646700	HC U/S ABDOMEN COMPLETE	\$ 1,509.00
01646642	HC ULTRASOUND BREAST LIMITED LT	\$ 285.00
01646641	HC ULTRASOUND BREAST COMPLETE LT	\$ 379.00
01646536	HC U/S NECK - SOFT TISSUE	\$ 1,044.00
01646530	HC U/S THYROID	\$ 1,044.00
01644705	HC U/S PELVIC LIMITED	\$ 791.00
01643979	HC U/S VENOUS IMAGING LWR EXT BIL	\$ 1,504.00
01643932	HC U/S CLR FL ART LWR EXT UNI LTD	\$ 760.00
01643923	HC U/S PULSE VOL RECORD W/O EXER	\$ 674.00
01643922	HC U/S ANKLE/BRACHIAL INDEX	\$ 342.00
01642999	HC UNLISTED PROCEDURE	\$ 1,288.98
01640001	HC U/S TESTICULAR	\$ 1,044.00