

# Hospital Patient Cost

## Inpatient case rate

### Obstetrics (OB) Delivery Service

Vaginal

C-cesction

### Emergency Services

#### Total Emergency Services Total Patient Payment

### Ancillary Services

Radiology  
(per series)

Interventional Radiology

CT Scan

Dexa Scan

Nuclear Medicine

Ultra Sound Internal Organ:

Organ

Ultra Sound- Fetal

MRI Service

Inhouse Test

Lab Tier 1 Genotype and HIV \$500

Lab Tier 2 - Chromosome, Marker, DNA \$850

Lab Tier 3 - respiratory virus PCR, stratify JCV \$1,400

Lab Tier 4 - Onatal advanced \$1,995

Lab Send Out

Physical Therapy

Occupational Therapy

Infusion Chemo Therapy-Admin

Infusion Chemo Drug

### Same Day Surgery

Case Rate

### GI

colonoscopy - \$575

### Services not listed Above

	Program 1 0% - 100% FPL	Program 2 100.01% - 138% FPL	Program 3 138.01% to 150% FPL	Program 4 150.01% - 200% FPL	Program 5 200.01% - 350% FPL	Program 6 > 350% FPL
	\$2,520	\$2,940	\$3,360	\$3,780	\$4,200	\$4,600
	\$2,700	\$3,150	\$3,600	\$4,050	\$4,500	\$9,000
	\$3,800	\$4,400	\$5,100	\$5,800	\$6,400	\$12,800
	\$150	\$170	\$190	\$210	\$230	\$460
	\$878	\$1,024	\$1,170	\$1,316	\$1,463	\$1,950
	\$194	\$226	\$258	\$290	\$323	\$430
	\$38	\$45	\$51	\$57	\$64	\$85
	\$49	\$57	\$66	\$74	\$82	\$110
	\$65	\$76	\$87	\$98	\$109	\$145
	\$65	\$76	\$87	\$98	\$109	\$145
	\$359	\$419	\$479	\$539	\$599	\$798
	\$15	\$15	\$15	\$15	\$15	\$14
	\$300	\$350	\$400	\$450	\$500	\$1,000
	\$510	\$595	\$680	\$765	\$850	\$1,700
	\$840	\$980	\$1,120	\$1,260	\$1,400	\$2,800
	\$1,197	\$1,397	\$1,596	\$1,796	\$1,995	\$3,990
	\$15	\$15	\$15	\$15	\$15	\$14
	\$27	\$31	\$36	\$40	\$45	\$60
	\$27	\$31	\$36	\$40	\$45	\$60
	\$49	\$57	\$66	\$74	\$82	\$110
	\$376	\$438	\$501	\$564	\$626	\$835
	\$1,312	\$1,531	\$1,750	\$1,968	\$2,187	\$4,375
	\$500	\$600	\$650	\$750	\$850	\$1,200
	\$345	\$403	\$460	\$518	\$575	\$1,150

\$21,000 After 5 Days  
switch to DRG

Discount Rate calculated on a case-by-case basis; will not exceed 100% of the MediCal reimbursement rate pursuant to Health and Safety code sections 127400 through 127446  
0% to 100% FPL (60% of total M-Cal reimbursement)  
100.01% to 138% FPL (70% of total M-Cal reimbursement)  
138.01% to 150% FPL (80% of total M-Cal reimbursement)  
150.01% to 200% FPL (90% of total M-Cal reimbursement)  
200.01% to 350% FPL (100% of total M-Cal reimbursement)

Discount Rate calculated on a case-by-case basis; will not exceed 50% of billed charges and not less than 150% of the Medical reimbursement