

## Kittson Healthcare Charge Disclosure

December 20, 2018

Beginning January 1, 2019, the U.S. Department of Health & Human Services and Centers for Medicare & Medicaid Services are requiring hospitals and health systems to post their “current, standard charges.” To be compliant with these services, Kittson Healthcare has included their current charge charges for all services.

Hospital charges are the amount a hospital bills an insurer for a service. For most patients, hospitals are reimbursed at a level well below charges. Patients covered by commercial insurance products have negotiated rates with hospitals. Patients covered by Medicare or Medicaid programs have hospital reimbursement rates determined by federal and state governments.

Hospital charges may include bundled procedures, personnel, services, and supplies. An example would be room rates that include the space, equipment, nursing personnel, and supplies.

When a patient has the opportunity to shop for medical services, he or she should contact his or her own insurance carrier to understand which costs will be covered and which will be the patient’s responsibility.

In order to compare prices to other facilities, please click on the link below.

<https://www.mnhospitals.org/data-reporting/minnesota-hospital-price-check/hospital-report>

Patients should contact the hospital directly for any further details. To contact the hospital please call (218)843-3612 and ask for Taylor Hartje, Derek Holt, or Tawnya Sorenson.

Kittson Healthcare thanks you for your continued support and we hope to see you in the future.

### **Emergency Room**

Level 1 Visit	\$166.00
Level 2 Visit	\$266.00
Level 3 Visit	\$403.21
Level 4 Visit	\$672.02
Level 5 Visit	\$1082.00

\*\*The level of the emergency room care charges are decided by specific guidelines according to severity of the visit.\*\*

### **Room & Board**

Semi-private Room	\$1699.25/ day
Semi-Private Room Level 2 (isolation or cardiac monitoring)	\$2267.19/ day
Skilled Swing Bed Room	\$1699.25/ day

### **Outpatient Procedures**

Colonoscopy	\$1771.53
Colonoscopy with Additional Procedure	\$500.00
Cataract Surgery	\$4334.74
OR Time per Minute	\$87.00
Anesthesia 0-60 Minutes	\$42.62
Anesthesia 61-75 Minutes	\$52.53
Anesthesia Professional Fee Initial 15 Minutes	\$371.53
IV Hydration 31-60 minutes	\$500.00
Blood Administration	\$1016.24
Sleep Study	\$3731.66
Cardiac Rehabilitation	\$217.45
<b>Laboratory</b>	
Complete Blood Count with Differential	\$152.99
Basic Metabolic Panel	\$177.03
Comprehensive Metabolic Panel	\$240.40
Lipid Panel	\$156.26
Prottime/INR	\$77.58
Glycated Hemoglobin	\$48.08
Urine Dip, Reflex to Microscopic, Reflex to Culture*	\$74.00
TSH	\$162.81
Urinalysis, Reflex to Culture*	\$52.00
C - reactive protein (inflammation)	\$102.71

\*Reflexed tests may generate other charges

**CT, MRI, Mammography, & XRAY**

CT Abdomen Pelvis with Contrast	\$2001.04
CT Chest Pulmonary Embolism	\$2483.78
CT Chest with Contrast	\$1933.84
CT Chest without Contrast	\$1538.78
CT Kidney Stone Protocol	\$2776.62

Ct Sinus	\$1407.85
Dexa Scan	\$647.98
MRI Extremity Joint Shoulder	\$2394.53
MRI Spine Cervical without Contrast	\$2424.76
MRI Spine Lumbar without Contrast	\$2799.57
Mammography Screen Bilateral	\$293.94
Xray Abdomen 1 View	\$309.24
Xray Abdomen 2 Views	\$449.11
Xray Abdomen Complete with Pa Chest	\$560.57
Xray Ankle Minimum 3 Views	\$297.22
Xray Chest Pa and Lateral	\$336.56
<b>Physical Therapy</b>	
Patient Evaluation Low Complexity	\$254.15
Patient Evaluation Moderate Complexity	\$259.56
Patient Evaluation High Complexity	\$252.35
Patient Reevaluation to Establish Plan of Care	\$201.16
<b>Occupational Therapy</b>	
Evaluation Oral & Pharyngeal Swallow	\$352.80
Evaluation Low Complexity	\$249.83
Evaluation Moderate Complexity	\$255.23
Evaluation High Complexity	\$260.64
Self-Care Home Management Training 15 minutes	\$113.64
<b>Ambulance</b>	
Residence to Hospital	\$2103.50
Hospital to Hospital	\$2208.68
Scene to Hospital	\$2103.50
Ground Ambulance per Mile	\$31.00