



## Estimated Charges for Common Procedures

Revised: January 1, 2023

The file posted here reflects average charges for items and services provided by Mercy Medical Center as of January 1, 2023. This type of file is commonly referred to as the hospital's "representative charge list." In Maryland, the average rate for hospital services are regulated by the Maryland Health Services Cost Review Commission (HSCRC), a state regulatory agency. The HSCRC sets average hospital rates on January 1 and July 1 every year.

Hospital charges do not include charges for physician services, commonly referred to as professional fees, which are separate from the hospital bill. Though the state sets hospital rates as of a certain date, hospital charges are allowed to fluctuate during the course of the year, and, detailed charges for certain items may be different than the average approved rate that covers a larger group of services. Charges on individual hospital bills may be different than the charges posted here because they change during the course of the year. This is both allowable and normal as hospitals adjust charges frequently to comply with other regulations. Rates are set on average, and the underlying service charges may vary because they are components of that average.

If you have any questions about this file or need an estimate for services please contact the Mercy Customer Service department at 410-951-1700.

Estimated Charges for Common Laboratory Procedures as of January 1, 2023		
Procedure	CPT	Estimated Charge
ANTIBODY SCREEN	86850	\$ 40
BASIC METABOLIC PANEL	80048	\$ 36
BLOOD GAS	82803	\$ 103
BLOOD TYPING, ABO TYPE	86900	\$ 13
BLOOD TYPING, RH TYPE	86901	\$ 13
COLLECT VENOUS BLOOD VENIPUNCTURE	36415	\$ 27
COMPLETE (CBC) WITH AUTOMATED DIFFERENTIAL	85025	\$ 33
COMPLETE (CBC) WITHOUT DIFFERENTIAL	85027	\$ 27
COMPREHENSIVE METABOLIC PANEL	80053	\$ 50
CREATINE KINASE (CPK)	82550	\$ 20
HC CORONAVIRUS (COVID-19)	U0002	\$ 51
HCG QUAL PREGNANCY TEST	84703	\$ 33
HEPATIC PANEL	80076	\$ 36
MAGNESIUM	83735	\$ 20
MB FRACTION ONLY	82553	\$ 50
MICROSCOPIC URINALYSIS	81015	\$ 17
PHOSPHORUS	84105	\$ 33
PROTHROMBIN TIME (PT)	85610	\$ 27
THROMBOPLASTIN TIME, PARTIAL (PTT)	85730	\$ 27
TROPONIN	84484	\$ 83
URINALYSIS AUTO WITHOOUT SCOPE	81003	\$ 13

Estimated Charges for Common Radiology Procedures as of January 1, 2023		
Procedure	CPT	Estimated Charge
BREAST ULTRASOUND COMPLETE	76641	\$ 515
BREAST ULTRASOUND LIMITED	76642	\$ 386
COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS WITH CONTRAST	74177	\$ 636
COMPUTED TOMOGRAPHY, ABDOMEN WITH CONTRAST	74160	\$ 483
COMPUTED TOMOGRAPHY, CHEST, THORAX WITH CONTRAST	71260	\$ 483
COMPUTED TOMOGRAPHY, HEAD SCAN WITHOUT CONTRAST	70450	\$ 216
COMPUTED TOMOGRAPHY, PELVIC/SACRUM WITH CONTRAST	72193	\$ 483
ECHOCARDIOGRAPHY TRANSTHORACIC WITH DOPPLER & COLOR FLOW	93306	\$ 446
EXTREMITY ARTERIAL STUDY, BILATERAL SEGMENT ARTERIAL	93923	\$ 824
EXTREMITY VENOUS STUDY, UNILATERAL OR LIMITED VENOUS DUPLEX	93971	\$ 721
HC DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	77066	\$ 875
MAMMOGRAM SCREENING DIGITAL	77067	\$ 721
MAMMOGRAM UNILATERAL DIGITAL	77065	\$ 669
PELVIC - TRANSVAGINAL ULTRASOUND	76830	\$ 644
RADIOLOGIC EXAMINATION, ABDOMEN (1 VIEW)	74018	\$ 103
RADIOLOGIC EXAMINATION, CHEST (1 VIEW)	71045	\$ 103
RADIOLOGIC EXAMINATION, CHEST (2 VIEWS)	71046	\$ 129
RADIOLOGIC EXAMINATION, FOOT MINIMUM 3 VIEWS	73630	\$ 154
RADIOLOGIC EXAMINATION, HAND MIN 3 VIEWS	73130	\$ 154
ULTRASOUND PELVIC NON OBSTETRIC	76856	\$ 541

Estimated Charges for Outpatient Surgical Procedures as of January 1, 2023		
Procedure	CPT	Estimated Charge
ARTHRODESIS	28750	\$ 16,908
ARTHROSCOPY KNEE WITH MENISECTOMY	29881	\$ 4,654
BIOPSY LIVER	47000	\$ 3,774
BIOPSY ULTRASOUND GUIDED PROSTATE	55700	\$ 3,728
BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	51720	\$ 2,138
BREAST BIOPSY	19125	\$ 7,468
CHOLECYSTECTOMY LAPAROSCOPIC	47562	\$ 9,460
COLONOSCOPY	45378	\$ 2,983
COLONOSCOPY WITH BIOPSY	45380	\$ 3,934
CYSTOSCOPY	52000	\$ 1,972
DAVINCI SALPINGECTOMY OOPHERECTOMY	58661	\$ 10,138
ENDOSCOPY, UPPER GASTROINTESTINAL (EGD)	43242	\$ 7,825
EXTRA CORPORAL SHOCKWAVE LITHOTRIPSY	50590	\$ 6,988
HYSTEROSCOPY	58558	\$ 5,098
INSERTION PORTACATH	36561	\$ 4,193
LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOMY	58571	\$ 12,611
LEEP PROCEDURE	57522	\$ 4,462
MASTECTOMY PARTIAL	19301	\$ 12,087
PELVISCOPY	58662	\$ 10,578
REPAIR HERNIA INGUINAL LAPAROSCOPIC	49650	\$ 10,146

Estimated Charges for Common Inpatient Medical/Surgical Procedures as of January 1, 2023		
Federal DRG Description	Federal DRG	Estimated Charge
CERVICAL SPINAL FUSION	473	\$ 23,813
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	454	\$ 46,367
ESOPHOGITIS, GASTROENTEROLOGY & MISC	392	\$ 15,143
LAPAROSCOPIC CHOLECYSTECTOMY	419	\$ 12,862
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	470	\$ 38,823
MAJOR SMALL & LARGE BOWEL PROCEDURES	330	\$ 42,298
MASTECTOMY FOR MALIGNANCY	583	\$ 35,652
OTHER SKIN, TISSUE & BREAST PROCEDURES	581	\$ 43,745
PANCREAS, LIVER & SHUNT PROCEDURES	406	\$ 42,798
REVISION OF HIP OR KNEE REPLACEMENT	467	\$ 39,241
SPINAL FUSION EXCEPT CERVICAL	460	\$ 39,838
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	627	\$ 18,725
UTERINE/ADNEXA PROCEDURES WITH COMPLICATIONS	742	\$ 18,957
UTERINE/ADNEXA PROCEDURES WITHOUT COMPLICATIONS	743	\$ 13,674
VASCULAR PROCEDURES	253	\$ 33,487

Estimated Charges for Common Inpatient Mother/Baby Procedures as of January 1, 2023		
Federal DRG Description	Federal DRG	Estimated Charge
CESAREAN SECTION WITHOUT STERILIZATION WITH CC	787	\$ 14,138
CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	786	\$ 15,403
CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	788	\$ 12,440
FULL TERM NEONATE WITH MAJOR PROBLEMS	793	\$ 7,670
NEONATE WITH OTHER SIGNIFICANT PROBLEMS	794	\$ 2,783
NORMAL NEWBORN	795	\$ 2,467
OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH CC	818	\$ 13,141
OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH MCC	817	\$ 24,142
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH CC	832	\$ 16,433
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH MCC	831	\$ 12,809
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC	833	\$ 9,275
PREMATURITY WITHOUT MAJOR PROBLEMS	792	\$ 4,993
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	806	\$ 10,956
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH MCC	805	\$ 12,037
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	807	\$ 10,402