



Estimated Charges for Common Procedures
Revised: November 8, 2019

The file posted here reflects average charges for items and services provided by Mercy Medical Center as of November 8, 2019. 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.

Charges for Common <u>Lab</u> Procedures			
Procedure	CPT	Average Charge	
ANTIBODY SCREEN	86850	\$	33
BASIC METABOLIC PANEL	80048	\$	31
BLOOD GAS	82803	\$	86
BLOOD TYPING, ABO TYPE	86900	\$	11
BLOOD TYPING, RH TYPE	86901	\$	11
COLLECT VENOUS BLOOD VENIPUNCTURE	36415	\$	22
COMPLETE (CBC) WITH AUTOMATED DIFFERENTIAL	85025	\$	28
COMPLETE (CBC) WITHOUT DIFFERENTIAL	85027	\$	22
COMPREHENSIVE METABOLIC PANEL	80053	\$	42
CREATINE KINASE (CPK)	82550	\$	17
HCG QUALITATIVE PREGNANCY TEST	84703	\$	28
HEPATIC PANEL	80076	\$	31
MAGNESIUM	83735	\$	17
MB FRACTION ONLY	82553	\$	42
MICROSCOPIC URINALYSIS	81015	\$	14
PHOSPHORUS	84105	\$	28
PROTHROMBIN TIME (PT)	85610	\$	22
THROMBOPLASTIN TIME, PARTIAL (PTT)	85730	\$	22
TROPONIN	84484	\$	70
URINALYSIS AUTO WITHOUT SCOPE	81003	\$	11

Charges for Common Radiology Procedures

Procedure	CPT	Average Charge
BREAST ULTRASOUND COMPLETE	76641	\$ 450
BREAST ULTRASOUND LIMITED	76642	\$ 340
COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS WITH CONTRAST	74177	\$ 660
COMPUTED TOMOGRAPHY, ABDOMEN WITH CONTRAST	74160	\$ 500
COMPUTED TOMOGRAPHY, CHEST, THORAX WITH CONTRAST	71260	\$ 500
COMPUTED TOMOGRAPHY, HEAD SCAN WITHOUT CONTRAST	70450	\$ 220
COMPUTED TOMOGRAPHY, PELVIC/SACRUM WITH CONTRAST	72193	\$ 500
ECHOCARDIOGRAPHY TRANSTHORACIC WITH DOPPLER & COLOR FLOW	93306	\$ 200
EXTREMITY ARTERIAL STUDY, BILATERAL SEGMENT ARTERIAL	93923	\$ 720
EXTREMITY VENOUS STUDY, UNILATERAL OR LIMITED VENOUS DUPLEX	93971	\$ 630
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED BILATERAL	77066	\$ 770
MAMMOGRAM SCREENING DIGITAL	77067	\$ 630
MAMMOGRAM UNILATERAL DIGITAL	77065	\$ 590
PELVIC - TRANSVAGINAL ULTRASOUND	76830	\$ 560
RADIOLOGIC EXAMINATION, ABDOMEN (1 VIEW)	74018	\$ 90
RADIOLOGIC EXAMINATION, CHEST (1 VIEW)	71045	\$ 90
RADIOLOGIC EXAMINATION, CHEST (2 VIEWS)	71046	\$ 110
RADIOLOGIC EXAMINATION, FOOT MINIMUM 3 VIEWS	73630	\$ 140
RADIOLOGIC EXAMINATION, HAND MINIMUM 3 VIEWS	73130	\$ 140
ULTRASOUND PELVIC NON OBSTETRIC	76856	\$ 470

Charges for Common Outpatient Surgical Procedures

Procedure	CPT	Average Charge
ARTHRODESIS	28750	\$ 11,200
ARTHROSCOPY KNEE WITH MENISECTOMY	29881	\$ 3,800
BIOPSY LIVER	47000	\$ 3,200
BIOPSY ULTRASOUND GUIDED PROSTATE	55700	\$ 3,200
BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	51720	\$ 2,700
BREAST BIOPSY	19125	\$ 6,000
CHOLECYSTECTOMY LAPAROSCOPIC	47562	\$ 7,800
COLONOSCOPY	45378	\$ 2,400
COLONOSCOPY WITH BIOPSY	45380	\$ 3,100
CYSTOSCOPY	52000	\$ 2,400
DAVINCI SALPINGECTOMY OOPHERECTOMY	58661	\$ 7,600
ENDOSCOPY, UPPER GASTROINTESTINAL (EGD)	43242	\$ 6,400
EXTRA CORPORAL SHOCKWAVE LITHOTRIPSY	50590	\$ 4,500
HYSTEROSCOPY	58558	\$ 4,100
INSERTION PORTACATH	36561	\$ 3,900
LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOMY	58571	\$ 9,500
LEEP PROCEDURE	57522	\$ 3,600
MASTECTOMY PARTIAL	19301	\$ 6,300
PELVISCOPY	58662	\$ 7,800
REPAIR HERNIA INGUINAL LAPAROSCOPIC	49650	\$ 8,900

Charges for Common Inpatient Medical/Surgical Procedures

Federal DRG Description	Federal DRG	Median Charge
ESOPHOGITIS, GASTROENTEROLOGY & MISCELLANEOUS	392	\$ 7,800
CHEST PAIN	313	\$ 6,800
CERVICAL SPINAL FUSION	473	\$ 16,400
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	454	\$ 33,900
LAPAROSCOPIC CHOLECYSTECTOMY	419	\$ 13,800
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	470	\$ 16,300
MAJOR SMALL & LARGE BOWEL PROCEDURES	330	\$ 29,200
MASTECTOMY FOR MALIGNANCY	583	\$ 32,100
OTHER SKIN, TISSUE & BREAST PROCEDURES	581	\$ 31,600
PANCREAS, LIVER & SHUNT PROCEDURES	406	\$ 31,900
REVISION OF HIP OR KNEE REPLACEMENT	467	\$ 22,800
SPINAL FUSION EXCEPT CERVICAL	460	\$ 31,100
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	627	\$ 9,800
UTERINE/ADNEXA PROCEDURES WITHOUT COMPLICATIONS	743	\$ 10,900
UTERINE/ADNEXA PROCEDURES WITH COMPLICATIONS	742	\$ 14,100
VASCULAR PROCEDURES	253	\$ 27,400

Charges for Common Inpatient Mother/Baby Procedures

Federal DRG Description	Federal DRG	Median Charge
CESAREAN SECTION WITH COMPLICATION	765	\$ 11,200
CESAREAN SECTION WITHOUT COMPLICATION	766	\$ 9,100
FULL TERM NEONATE WITH MAJOR PROBLEMS	793	\$ 4,300
NEONATE WITH OTHER SIGNIFICANT PROBLEMS	794	\$ 1,900
NORMAL NEWBORN	795	\$ 1,800
OTHER ANTEPARTUM DIAGNOSIS WITH MEDICAL COMPLICATION	781	\$ 9,000
OTHER ANTEPARTUM DIAGNOSIS WITHOUT MEDICAL COMPLICATION	782	\$ 10,700
PREMATURITY WITHOUT MAJOR PROBLEMS	792	\$ 2,800
VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS	774	\$ 9,100
VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSIS	775	\$ 8,400