



Estimated Charges for Common Procedures

Revised: October 27, 2020

The file posted here reflects average charges for items and services provided by Mercy Medical Center as of October 27, 2020. 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 October 27, 2020		
Procedure	CPT	Estimated Charge
ANTIBODY SCREEN	86850	\$ 43
BASIC METABOLIC PANEL	80048	\$ 39
BLOOD GAS	82803	\$ 110
BLOOD TYPING, ABO TYPE	86900	\$ 14
BLOOD TYPING, RH TYPE	86901	\$ 14
COLLECT VENOUS BLOOD VENIPUNCTURE	36415	\$ 29
COMPLETE (CBC) WITH AUTOMATED DIFFERENTIAL	85025	\$ 36
COMPLETE (CBC) WITHOUT DIFFERENTIAL	85027	\$ 29
COMPREHENSIVE METABOLIC PANEL	80053	\$ 53
CREATINE KINASE (CPK)	82550	\$ 21
HC CORONAVIRUS (COVID-19)	87635	\$ 51
HCG QUAL PREGNANCY TEST	84703	\$ 36
HEPATIC PANEL	80076	\$ 39
MAGNESIUM	83735	\$ 21
MB FRACTION ONLY	82553	\$ 53
MICROSCOPIC URINALYSIS	81015	\$ 18
PHOSPHORUS	84105	\$ 36
PROTHROMBIN TIME (PT)	85610	\$ 29
THROMBOPLASTIN TIME, PARTIAL (PTT)	85730	\$ 29
TROPONIN	84484	\$ 89
URINALYSIS AUTO WITHOOUT SCOPE	81003	\$ 14

Estimated Charges for Common Radiology Procedures as of October 27, 2020

Procedure	CPT	Estimated Charge
BREAST ULTRASOUND COMPLETE	76641	\$ 610
BREAST ULTRASOUND LIMITED	76642	\$ 460
COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS WITH CONTRAST	74177	\$ 840
COMPUTED TOMOGRAPHY, ABDOMEN WITH CONTRAST	74160	\$ 630
COMPUTED TOMOGRAPHY, CHEST, THORAX WITH CONTRAST	71260	\$ 630
COMPUTED TOMOGRAPHY, HEAD SCAN WITHOUT CONTRAST	70450	\$ 280
COMPUTED TOMOGRAPHY, PELVIC/SACRUM WITH CONTRAST	72193	\$ 630
ECHOCARDIOGRAPHY TRANSTHORACIC WITH DOPPLER & COLOR FLOW	93306	\$ 260
EXTREMITY ARTERIAL STUDY, BILATERAL SEGMENT ARTERIAL	93923	\$ 980
EXTREMITY VENOUS STUDY, UNILATERAL OR LIMITED VENOUS DUPLEX	93971	\$ 860
FLUOROSCOPY, GREATER THAN 1 HOUR	76001	\$ 270
HC DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	77066	\$ 1,000
MAMMOGRAM SCREENING DIGITAL	77067	\$ 860
MAMMOGRAM UNILATERAL DIGITAL	77065	\$ 800
PELVIC - TRANSVAGINAL ULTRASOUND	76830	\$ 770
RADIOLOGIC EXAMINATION, ABDOMEN (1 VIEW)	74018	\$ 120
RADIOLOGIC EXAMINATION, CHEST (1 VIEW)	71045	\$ 120
RADIOLOGIC EXAMINATION, CHEST (2 VIEWS)	71046	\$ 150
RADIOLOGIC EXAMINATION, FOOT MINIMUM 3 VIEWS	73630	\$ 180
RADIOLOGIC EXAMINATION, HAND MIN 3 VIEWS	73130	\$ 180
ULTRASOUND PELVIC NON OBSTETRIC	76856	\$ 640

Estimated Charges for Outpatient Surgical Procedures as of October 27, 2020

Procedure	CPT	Estimated Charge
ARTHRODESIS	28750	\$ 11,500
ARTHROSCOPY KNEE WITH MENISECTOMY	29881	\$ 4,000
BIOPSY LIVER	47000	\$ 3,500
BIOPSY ULTRASOUND GUIDED PROSTATE	55700	\$ 3,500
BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	51720	\$ 2,300
BREAST BIOPSY	19125	\$ 6,300
CHOLECYSTECTOMY LAPAROSCOPIC	47562	\$ 8,600
COLONOSCOPY	45378	\$ 2,500
COLONOSCOPY WITH BIOPSY	45380	\$ 3,200
CYSTOSCOPY	52000	\$ 2,300
DAVINCI SALPINGECTOMY OOPHERECTOMY	58661	\$ 9,300
ENDOSCOPY, UPPER GASTROINTESTINAL (EGD)	43242	\$ 3,900
EXTRA CORPORAL SHOCKWAVE LITHOTRIPSY	50590	\$ 3,200
HYSTEROSCOPY	58558	\$ 4,400
INSERTION PORTACATH	36561	\$ 4,100
LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOMY	58571	\$ 10,800
LEEP PROCEDURE	57522	\$ 3,600
MASTECTOMY PARTIAL	19301	\$ 6,100
PELVISCOPY	58662	\$ 8,700
REPAIR HERNIA INGUINAL LAPAROSCOPIC	49650	\$ 9,100

Estimated Charges for Common Inpatient Medical/Surgical Procedures as of October 27, 2020

Federal DRG Description	Federal DRG	Average Charge
ESOPHOGITIS, GASTROENTEROLOGY & MISC	392	\$ 10,800
CHEST PAIN	313	\$ 11,100
CERVICAL SPINAL FUSION	473	\$ 21,700
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	454	\$ 41,500
LAPAROSCOPIC CHOLECYSTECTOMY	419	\$ 15,000
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	470	\$ 17,700
MAJOR SMALL & LARGE BOWEL PROCEDURES	330	\$ 39,800
MASTECTOMY FOR MALIGNANCY	583	\$ 37,500
OTHER SKIN, TISSUE & BREAST PROCEDURES	581	\$ 34,500
PANCREAS, LIVER & SHUNT PROCEDURES	406	\$ 38,500
REVISION OF HIP OR KNEE REPLACEMENT	467	\$ 32,700
SPINAL FUSION EXCEPT CERVICAL	460	\$ 37,900
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	627	\$ 16,200
UTERINE/ADNEXA PROCEDURES WITHOUT COMPLICATIONS	743	\$ 13,400
UTERINE/ADNEXA PROCEDURES WITH COMPLICATIONS	742	\$ 16,600
VASCULAR PROCEDURES	253	\$ 29,500

Estimated Charges for Common Inpatient Mother/Baby Procedures as of October 27, 2020

Federal DRG Description	Federal DRG	Average Charge
CESAREAN SECTION WITH COMPLICATION	765	\$ 14,400
CESAREAN SECTION WITHOUT COMPLICATION	766	\$ 13,000
FULL TERM NEONATE WITH MAJOR PROBLEMS	793	\$ 7,500
NEONATE WITH OTHER SIGNIFICANT PROBLEMS	794	\$ 2,400
NORMAL NEWBORN	795	\$ 1,900
OTHER ANTEPARTUM DIAGNOSIS WITH MEDICAL COMPLICATION	781	\$ 15,800
OTHER ANTEPARTUM DIAGNOSIS WITHOUT MEDICAL COMPLICATION	782	\$ 11,400
PREMATURITY WITHOUT MAJOR PROBLEMS	792	\$ 6,500
VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS	774	\$ 11,400
VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSIS	775	\$ 10,200