



**Estimated Charges for Common Procedures**

Revised: January 1, 2021

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 January 1, 2021			
Procedure	CPT	Estimated Charge	
ANTIBODY SCREEN	86850	\$	32
BASIC METABOLIC PANEL	80048	\$	29
BLOOD GAS	82803	\$	82
BLOOD TYPING, ABO TYPE	86900	\$	11
BLOOD TYPING, RH TYPE	86901	\$	11
COLLECT VENOUS BLOOD VENIPUNCTURE	36415	\$	21
COMPLETE (CBC) WITH AUTOMATED DIFFERENTIAL	85025	\$	27
COMPLETE (CBC) WITHOUT DIFFERENTIAL	85027	\$	21
COMPREHENSIVE METABOLIC PANEL	80053	\$	40
CREATINE KINASE (CPK)	82550	\$	16
HC CORONAVIRUS (COVID-19)	U0002	\$	51
HCG QUAL PREGNANCY TEST	84703	\$	27
HEPATIC PANEL	80076	\$	29
MAGNESIUM	83735	\$	16
MB FRACTION ONLY	82553	\$	40
MICROSCOPIC URINALYSIS	81015	\$	13
PHOSPHORUS	84105	\$	27
PROTHROMBIN TIME (PT)	85610	\$	21
THROMBOPLASTIN TIME, PARTIAL (PTT)	85730	\$	21
TROPONIN	84484	\$	67
URINALYSIS AUTO WITHOOUT SCOPE	81003	\$	11

Estimated Charges for Common Radiology Procedures as of January 1, 2021		
Procedure	CPT	Estimated Charge
BREAST ULTRASOUND COMPLETE	76641	\$ 501
BREAST ULTRASOUND LIMITED	76642	\$ 376
COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS WITH CONTRAST	74177	\$ 733
COMPUTED TOMOGRAPHY, ABDOMEN WITH CONTRAST	74160	\$ 556
COMPUTED TOMOGRAPHY, CHEST, THORAX WITH CONTRAST	71260	\$ 556
COMPUTED TOMOGRAPHY, HEAD SCAN WITHOUT CONTRAST	70450	\$ 248
COMPUTED TOMOGRAPHY, PELVIC/SACRUM WITH CONTRAST	72193	\$ 556
ECHOCARDIOGRAPHY TRANSTHORACIC WITH DOPPLER & COLOR FLOW	93306	\$ 257
EXTREMITY ARTERIAL STUDY, BILATERAL SEGMENT ARTERIAL	93923	\$ 802
EXTREMITY VENOUS STUDY, UNILATERAL OR LIMITED VENOUS DUPLEX	93971	\$ 702
HC DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	77066	\$ 852
MAMMOGRAM SCREENING DIGITAL	77067	\$ 702
MAMMOGRAM UNILATERAL DIGITAL	77065	\$ 652
PELVIC - TRANSVAGINAL ULTRASOUND	76830	\$ 627
RADIOLOGIC EXAMINATION, ABDOMEN (1 VIEW)	74018	\$ 100
RADIOLOGIC EXAMINATION, CHEST (1 VIEW)	71045	\$ 100
RADIOLOGIC EXAMINATION, CHEST (2 VIEWS)	71046	\$ 125
RADIOLOGIC EXAMINATION, FOOT MINIMUM 3 VIEWS	73630	\$ 150
RADIOLOGIC EXAMINATION, HAND MIN 3 VIEWS	73130	\$ 150
ULTRASOUND PELVIC NON OBSTETRIC	76856	\$ 526

Estimated Charges for Outpatient Surgical Procedures as of January 1, 2021		
Procedure	CPT	Estimated Charge
ARTHRODESIS	28750	\$ 14,392
ARTHROSCOPY KNEE WITH MENISECTOMY	29881	\$ 4,322
BIOPSY LIVER	47000	\$ 3,971
BIOPSY ULTRASOUND GUIDED PROSTATE	55700	\$ 3,333
BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	51720	\$ 1,694
BREAST BIOPSY	19125	\$ 7,452
CHOLECYSTECTOMY LAPAROSCOPIC	47562	\$ 9,684
COLONOSCOPY	45378	\$ 2,929
COLONOSCOPY WITH BIOPSY	45380	\$ 3,722
CYSTOSCOPY	52000	\$ 2,135
DAVINCI SALPINGECTOMY OOPHERECTOMY	58661	\$ 10,252
ENDOSCOPY, UPPER GASTROINTESTINAL (EGD)	43242	\$ 4,724
EXTRA CORPORAL SHOCKWAVE LITHOTRIPSY	50590	\$ 6,344
HYSTEROSCOPY	58558	\$ 4,915
INSERTION PORTACATH	36561	\$ 4,510
LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOMY	58571	\$ 12,328
LEEP PROCEDURE	57522	\$ 3,811
MASTECTOMY PARTIAL	19301	\$ 11,478
PELVISCOPY	58662	\$ 10,976
REPAIR HERNIA INGUINAL LAPAROSCOPIC	49650	\$ 10,057

<b>Estimated Charges for Common Inpatient Medical/Surgical Procedures as of January 1, 2021</b>		
<b>Federal DRG Description</b>	<b>Federal DRG</b>	<b>Estimated Charge</b>
CERVICAL SPINAL FUSION	473	\$ 22,194
CHEST PAIN	313	\$ 20,447
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	454	\$ 43,783
ESOPHOGITIS, GASTROENTEROLOGY & MISC	392	\$ 12,291
LAPAROSCOPIC CHOLECYSTECTOMY	419	\$ 16,997
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	470	\$ 18,643
MAJOR SMALL & LARGE BOWEL PROCEDURES	330	\$ 42,253
MASTECTOMY FOR MALIGNANCY	583	\$ 43,065
OTHER SKIN, TISSUE & BREAST PROCEDURES	581	\$ 39,880
PANCREAS, LIVER & SHUNT PROCEDURES	406	\$ 44,979
REVISION OF HIP OR KNEE REPLACEMENT	467	\$ 34,444
SPINAL FUSION EXCEPT CERVICAL	460	\$ 39,310
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	627	\$ 16,157
UTERINE/ADNEXA PROCEDURES WITH COMPLICATIONS	742	\$ 17,324
UTERINE/ADNEXA PROCEDURES WITHOUT COMPLICATIONS	743	\$ 14,368
VASCULAR PROCEDURES	253	\$ 30,060

<b>Estimated Charges for Common Inpatient Mother/Baby Procedures as of January 1, 2021</b>		
<b>Federal DRG Description</b>	<b>Federal DRG</b>	<b>Estimated Charge</b>
CESAREAN SECTION WITHOUT STERILIZATION WITH CC	787	\$ 13,792
CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	786	\$ 17,313
CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	788	\$ 13,001
FULL TERM NEONATE WITH MAJOR PROBLEMS	793	\$ 8,538
NEONATE WITH OTHER SIGNIFICANT PROBLEMS	794	\$ 2,906
NORMAL NEWBORN	795	\$ 2,412
OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH CC	818	\$ 11,818
OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH MCC	817	\$ 12,516
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH CC	832	\$ 13,062
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH MCC	831	\$ 21,281
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC	833	\$ 11,911
PREMATURITY WITHOUT MAJOR PROBLEMS	792	\$ 7,096
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	806	\$ 11,043
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH MCC	805	\$ 12,173
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	807	\$ 10,155