

MaineGeneral Price List 2019-2020

MaineGeneral Medical Center has price lists for many inpatient and outpatient services, including Emergency Department visits, which show the average charge for many services. Some physician services, but not all, are included in these prices. Fees for radiologists, anesthesiologists, pathologists and other specialty physicians are billed separately. You also will be charged separately for other care you receive such as tests, medications and special supplies. For copies of our lists or an estimate for a procedure at MaineGeneral, please call [621-5397](tel:621-5397) or email price.estimate@mainegeneral.org.

Inpatient Charges

Per Day Room and Board Charges as of 7/1/19

Description	Charge
Adult involuntary	\$2,145
Critical care (CCU)	\$4,130
Maternal/Child Health	\$2,000
Maternal/Child Health continuous monitoring	\$2,665
Medical/surgical	\$1,780
Mental Health & Substance Abuse	\$1,905
Newborn Level 1	\$1,005
Newborn Level 2	\$3,550
Pediatric	\$2,000
Rehab	\$1,780
Telemetry	\$2,665

Most Common Inpatient Services

Description	DRG	Avg. charge	Avg. length of stay
Alcohol/drug abuse or dependence without rehabilitation therapy	897	\$12,170	4.5
Chest pain	313	\$11,893	1.7
Chronic obstructive pulmonary disease with MCC	190	\$20,274	4.4
Degenerative nervous system disorders without MCC*	57	\$48,484	12.6
Depressive neuroses	881	\$13,785	5.7
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC*	392	\$14,177	3.6
G.I. hemorrhage with CC*	378	\$22,191	4.1
Heart attack discharged alive with CC*	281	\$19,645	3.5
Heart attack discharged alive without CC*	282	\$15,402	2
Heart attack with complications	280	\$32,728	6
Heart failure and shock with MCC*	291	\$27,795	5.9
Major bowel procedures with CC*	330	\$78,939	7.5
Major joint replacement or reattachment of lower extremity without MCC*	470	\$45,007	2
Neonate (newborn) with other significant problems	794	\$5,359	2.2
Normal newborn	795	\$3,539	1.9
OR procedures for obesity without CC/MCC*	621	\$41,754	1.1
Psychoses	885	\$22,912	9
Septicemia or severe sepsis without mechanical ventilation 96+ hours with MCC*	871	\$43,918	7.7
Simple pneumonia and pleurisy with CC*	194	\$20,913	4.9
Vaginal delivery without complicating diagnoses	775	\$10,786	2.1

*CC means complication/comorbidity; MCC means major complication/comorbidity

Outpatient Charges

Most Common Outpatient Procedures

Description	CPT	Avg. charge
Arthroscopy shoulder rotator cuff repair	29827	\$31,072
Bronchoscopy with imaging & ultrasound guidance	31652	\$11,239
Carpal tunnel surgery	64721	\$7,530
Cataract surgery with IOL 1 stage	66984	\$11,649
Colonoscopy and biopsy	45380	\$4,326
Colonoscopy with lesion removal	45385	\$4,456
Colorectal cancer screening	G0121	\$3,183
Colorectal cancer screening; high risk	G0105	\$3,270
Create eardrum opening	69436	\$4,667
Cystourethroscopy with ureteroscopy and lithotripsy	52356	\$20,506
Diagnostic colonoscopy	45378	\$4,198
EGD biopsy single/multiple	43239	\$3,855
EGD diagnostic brush wash	43235	\$3,276
EGD guide wire insertion	43248	\$4,157
EGD remove foreign body	43247	\$3,462
Esophagus EGD dilation	43249	\$4,917
Fragmenting of kidney stone	50590	\$8,979
Hysteroscopy biopsy	58558	\$12,773
Knee arthroscopy/surgery	29881	\$14,060
Laparoscopic cholecystectomy	47562	\$17,217
Laparoscopy inguinal hernia repair	49650	\$24,175
Laparoscopy remove appendix	44970	\$14,882
Laparoscopy remove ovaries	58661	\$18,538
Laparoscopy with total hysterectomy and tube removal	58571	\$26,002
Tonsils and adenoid glands removal	42820	\$8,869

Most Common Outpatient Diagnostic Imaging Tests

Description	CPT	Charge
Abdominal ultrasound	76705	\$912
Breast tomosynthesis	77063	\$108
Chest X-ray, 1 views	71045	\$327
Chest X-ray, 2 views	71046	\$327
CT scan, abdomen/pelvis, with contrast	74177	\$3,471
CT scan, head	70450	\$1,012
Dexa bone density, axial	77080	\$592
Foot X-rays	73630	\$327
Knee X-rays, 4 or more views	73564	\$592
Screening mammogram, digital	77067	\$427
Shoulder X-rays, 2 views	73030	\$327

Most Common Outpatient Lab Services

Description	CPT	Charge
Blood coagulation test	85610	\$27
Blood draw, venous	36415	\$18
Complete blood count	85025	\$52
Drug screen	80307	\$27
Lipid panel	80061	\$89
Metabolic panel, basic (calcium total)	80048	\$56
Metabolic panel, comprehensive	80053	\$70
Thyroid-stimulating hormone	84443	\$111
Tissue exam by pathologist	88305	\$298
Urinalysis with microscopy	81001	\$21

Emergency Department Services

Facility & Provider	CPT	Charge
Level 1	99281	\$272
Level 2	99282	\$542
Level 3	99283	\$784
Level 4	99284	\$1,149
Level 5	99285	\$1,583

Office Visits (Facility & Provider)

Description	CPT	Charge
Ov new focused	99201	\$133
Ov new expanded PR	99202	\$164
Ov new detailed PR	99203	\$197
Ov new comp moderate PR	99204	\$270
Ov new comp high PR	99205	\$336
Ov established minimal PR	99211	\$110
Ov established focused PR	99212	\$133
Ov established expanded PR	99213	\$162
Ov established detailed PR	99214	\$197
Ov established comp high PR	99215	\$235