

# MaineGeneral Medical Center Price List

MaineGeneral 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. To receive copies of our price lists or an estimate for a procedure at MaineGeneral, please call [621-5397](tel:621-5397) or email [price.estimate@mainegeneral.org](mailto:price.estimate@mainegeneral.org).

## Inpatient Charges

Per Day Room and Board Charges as of 7/1/22

| Description                                 | Charge  |
|---|---------|
| Adult involuntary                           | \$4,062 |
| Critical Care (CCU)                         | \$5,442 |
| Maternal/Child Health                       | \$3,012 |
| Maternal/Child Health continuous monitoring | \$3,512 |
| Medical/Surgical                            | \$2,347 |
| Mental Health & Substance Abuse             | \$3,607 |
| Newborn Level 1                             | \$2,176 |
| Newborn Level 2                             | \$7,682 |
| Pediatric                                   | \$2,636 |
| Rehab                                       | \$2,347 |
| Telemetry                                   | \$3,512 |

## Most Common Inpatient Services

| Description   | DRG | Avg. charge | Avg. length of stay |
|---|-----|-------------|---------------------|
| Alcohol/drug abuse or dependence without rehabilitation therapy                 | 897 | \$22,400    | 5.5                 |
| Chest pain  | 313 | \$16,117    | 1.8                 |
| Chronic obstructive pulmonary disease with MCC                                  | 190 | \$30,151    | 5.7                 |
| Degenerative nervous system disorders without MCC*                              | 57  | \$63,872    | 16.3                |
| Depressive neuroses   | 881 | \$53,853    | 13.4                |
| Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC* | 392 | \$19,044    | 3.8                 |
| G.I. hemorrhage with CC*  | 378 | \$25,703    | 4.1                 |
| Heart attack discharged alive with CC*  | 281 | \$29,002    | 3.6                 |
| Heart attack discharged alive without CC*                                       | 282 | \$19,183    | 2.2                 |
| Heart attack with complications   | 280 | \$38,226    | 5.7                 |
| Heart failure and shock with MCC*   | 291 | \$37,887    | 7.1                 |
| Major bowel procedures with CC*   | 330 | \$84,693    | 7.0                 |
| Respiratory infections & inflammations with MCC*                                | 177 | \$52,382    | 9.6                 |
| Neonate (newborn) with other significant problems                               | 794 | \$8,244     | 2.1                 |
| Normal newborn  | 795 | \$4,729     | 1.6                 |
| OR procedures for obesity without CC/MCC*                                       | 621 | \$42,329    | 1.0                 |
| Psychoses   | 885 | \$45,453    | 11.4                |
| Septicemia or severe sepsis without mechanical ventilation 96+ hours with MCC*  | 871 | \$58,332    | 9.2                 |
| Simple pneumonia and pleurisy with CC*  | 194 | \$23,304    | 4.8                 |
| Vaginal delivery without complicating diagnoses                                 | 807 | \$14,399    | 2.0                 |

\*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 | \$30,461    |
| Bronchoscopy with imaging & ultrasound guidance      | 31652 | \$14,488    |
| Carpal tunnel surgery                                | 64721 | \$10,147    |
| Cataract surgery with IOL 1 stage                    | 66984 | \$14,323    |
| Colonoscopy and biopsy                               | 45380 | \$7,089     |
| Colonoscopy with lesion removal                      | 45385 | \$6,394     |
| Colorectal cancer screening                          | G0121 | \$3,894     |
| Colorectal cancer screening; high risk               | G0105 | \$3,942     |
| Create eardrum opening                               | 69436 | \$7,480     |
| Cystourethroscopy with ureteroscopy and lithotripsy  | 52356 | \$22,910    |
| Diagnostic colonoscopy                               | 45378 | \$5,314     |
| EGD biopsy single/multiple                           | 43239 | \$7,299     |
| EGD diagnostic brush wash                            | 43235 | \$5,231     |
| EGD guide wire insertion                             | 43248 | \$7,087     |
| EGD remove foreign body                              | 43247 | \$4,460     |
| Esophagus EGD dilation                               | 43249 | \$7,492     |
| Fragmenting of kidney stone                          | 50590 | \$10,068    |
| Hysteroscopy biopsy                                  | 58558 | \$15,078    |
| Knee arthroscopy/surgery                             | 29881 | \$16,795    |
| Laparoscopic cholecystectomy                         | 47562 | \$24,835    |
| Laparoscopy inguinal hernia repair                   | 49650 | \$26,690    |
| Laparoscopy remove appendix                          | 44970 | \$21,699    |
| Laparoscopy remove ovaries                           | 58661 | \$27,584    |
| Laparoscopy with total hysterectomy and tube removal | 58571 | \$36,951    |
| Tonsils and adenoid glands removal                   | 42820 | \$20,364    |

## Most Common Outpatient Diagnostic Imaging Tests

| Description                            | CPT   | Charge  |
|--|-------|---------|
| Abdominal ultrasound                   | 76705 | \$526   |
| Breast tomosynthesis                   | 77063 | \$54    |
| Chest X-ray, 1 view                    | 71045 | \$371   |
| Chest X-ray, 2 views                   | 71046 | \$371   |
| CT scan, abdomen/pelvis, with contrast | 74177 | \$2,417 |
| CT scan, head                          | 70450 | \$715   |
| Dexa bone density, axial               | 77080 | \$500   |
| Foot X-rays                            | 73630 | \$371   |
| Knee X-rays, 4 or more views           | 73564 | \$500   |
| Screening mammogram, digital           | 77067 | \$425   |
| Shoulder X-rays, 2 views               | 73030 | \$371   |

### Most Common Outpatient Lab Services

| Description                            | CPT   | Charge |
|--|-------|--------|
| Blood coagulation test                 | 85610 | \$12   |
| Blood draw, venous                     | 36415 | \$19   |
| Complete blood count                   | 85025 | \$22   |
| Drug screen                            | 80307 | \$28   |
| Lipid panel                            | 80061 | \$38   |
| Metabolic panel, basic (calcium total) | 80048 | \$24   |
| Metabolic panel, comprehensive         | 80053 | \$30   |
| Thyroid-stimulating hormone            | 84443 | \$47   |
| Tissue exam by pathologist             | 88305 | \$129  |
| Urinalysis with microscopy             | 81001 | \$9    |

### Emergency Department Services

| Facility & Provider | CPT   | Charge  |
|---------------------|-------|---------|
| Level 1             | 99281 | \$458   |
| Level 2             | 99282 | \$767   |
| Level 3             | 99283 | \$1,643 |
| Level 4             | 99284 | \$2,601 |
| Level 5             | 99285 | \$4,103 |

### Office Visits (Facility & Provider)

| Description                       | CPT   | Charge |
|-----------------------------------|-------|--------|
| OV new straightforward PR         | 99202 | \$164  |
| OV new low PR                     | 99203 | \$197  |
| OV new moderate PR                | 99204 | \$270  |
| OV new high PR                    | 99205 | \$336  |
| OV established minimal PR         | 99211 | \$110  |
| OV established straightforward PR | 99212 | \$133  |
| OV established low PR             | 99213 | \$162  |
| OV established moderate PR        | 99214 | \$197  |
| OV established high PR            | 99215 | \$235  |

### COVID-19 Specimen Collection and Testing

| Description  | CPT   | Charge |
|--|-------|--------|
| COVID-19 specimen collection                           | C9803 | \$48   |
| <b>Rapid Antigen Test (performed at point of care)</b> |       |        |
| Bd Veritor COVID-19 Antigen Test                       | 87246 | \$65   |
| BinaxNOW COVID-19 Antigen Test                         | 87811 | \$65   |
| LumiraDx Rapid Antigen Test                            | 87426 | \$65   |

## COVID-19 Specimen Collection and Testing (cont.)

| Description   | CPT   | Charge |
|---|-------|--------|
| <b><i>PCR Tests (performed in the hospital lab)</i></b> |       |        |
| Antibody Sars COVID-19 FC                               | 86769 | \$119  |
| COVID-19 Flu A Flu B RSV FC                             | 0241U | \$285  |
| DNA RNA COVID-19 Amp Probe                              | 87635 | \$146  |
| DNA RNA 21 COVID-19 Amp Probe                           | 0225U | \$300  |