

MaineGeneral Medical Center Price List 2022

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.

Inpatient Charges

Per Day Room and Board Charges as of 12/27/21

Description	Charge
Adult involuntary	\$3,869
Critical Care (CCU)	\$5,183
Maternal/Child Health	\$2,510
Maternal/Child Health continuous monitoring	\$3,345
Medical/Surgical	\$2,235
Mental Health & Substance Abuse	\$3,435
Newborn Level 1	\$1,813
Newborn Level 2	\$6,402
Pediatric	\$2,510
Rehab	\$2,235
Telemetry	\$3,345

Most Common Inpatient Services

Description	DRG	Avg. charge	Avg. length of stay
Alcohol/drug abuse or dependence without rehabilitation therapy	897	\$15,137	4.8
Chest pain	313	\$12,284	1.7
Chronic obstructive pulmonary disease with MCC	190	\$29,100	5.7
Degenerative nervous system disorders without MCC*	57	\$55,468	14.4
Depressive neuroses	881	\$15,915	5.5
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC*	392	\$17,825	3.8
G.I. hemorrhage with CC*	378	\$26,044	4.3
Heart attack discharged alive with CC*	281	\$23,544	3.7
Heart attack discharged alive without CC*	282	\$17,818	2.2
Heart attack with complications	280	\$38,272	6.1
Heart failure and shock with MCC*	291	\$38,292	8.1
Major bowel procedures with CC*	330	\$77,576	7.4
Major joint replacement or reattachment of lower extremity without MCC*	470	\$43,224	2.6
Neonate (newborn) with other significant problems	794	\$5,783	2.1
Normal newborn	795	\$3,559	1.6
OR procedures for obesity without CC/MCC*	621	\$40,218	1.0
Psychoses	885	\$27,784	9.8
Septicemia or severe sepsis without mechanical ventilation 96+ hours with MCC*	871	\$52,457	9.0
Simple pneumonia and pleurisy with CC*	194	\$17,645	4.0
Vaginal delivery without complicating diagnoses	807	\$12,306	1.9

*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	\$33,711
Bronchoscopy with imaging & ultrasound guidance	31652	\$15,331
Carpal tunnel surgery	64721	\$8,291
Cataract surgery with IOL 1 stage	66984	\$13,154
Colonoscopy and biopsy	45380	\$6,285
Colonoscopy with lesion removal	45385	\$5,643
Colorectal cancer screening	G0121	\$3,429
Colorectal cancer screening; high risk	G0105	\$3,469
Create eardrum opening	69436	\$6,894
Cystourethroscopy with ureteroscopy and lithotripsy	52356	\$20,428
Diagnostic colonoscopy	45378	\$4,627
EGD biopsy single/multiple	43239	\$6,598
EGD diagnostic brush wash	43235	\$4,482
EGD guide wire insertion	43248	\$7,182
EGD remove foreign body	43247	\$5,478
Esophagus EGD dilation	43249	\$7,029
Fragmenting of kidney stone	50590	\$9,756
Hysteroscopy biopsy	58558	\$12,956
Knee arthroscopy/surgery	29881	\$14,620
Laparoscopic cholecystectomy	47562	\$20,722
Laparoscopy inguinal hernia repair	49650	\$23,891
Laparoscopy remove appendix	44970	\$16,975
Laparoscopy remove ovaries	58661	\$20,597
Laparoscopy with total hysterectomy and tube removal	58571	\$23,142
Tonsils and adenoid glands removal	42820	\$9,889

Most Common Outpatient Diagnostic Imaging Tests

Description	CPT	Charge
Abdominal ultrasound	76705	\$495
Breast tomosynthesis	77063	\$119
Chest X-ray, 1 view	71045	\$371
Chest X-ray, 2 views	71046	\$371
CT scan, abdomen/pelvis, with contrast	74177	\$2,276
CT scan, head	70450	\$673
Dexa bone density, axial	77080	\$500
Foot X-rays	73630	\$371
Knee X-rays, 4 or more views	73564	\$500
Screening mammogram, digital	77067	\$468
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	\$122
Urinalysis with microscopy	81001	\$9

Emergency Department Services

Facility & Provider	CPT	Charge
Level 1	99281	\$435
Level 2	99282	\$728
Level 3	99283	\$1,557
Level 4	99284	\$2,467
Level 5	99285	\$3,893

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
Rapid Antigen Test (performed at point of care)		
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
PCR Tests (performed in the hospital lab)		
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