

# MaineGeneral Price List 2020-2021

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](mailto:price.estimate@mainegeneral.org).

## Inpatient Charges

Per Day Room and Board Charges as of 7/1/20

Description	Charge
Adult involuntary	\$2,211
Critical Care (CCU)	\$4,256
Maternal/Child Health	\$2,061
Maternal/Child Health continuous monitoring	\$2,747
Medical/Surgical	\$1,835
Mental Health & Substance Abuse	\$1,963
Newborn Level 1	\$1,036
Newborn Level 2	\$3,658
Pediatric	\$2,061
Rehab	\$1,835
Telemetry	\$2,747

## Most Common Inpatient Services

Description	DRG	Avg. charge	Avg. length of stay
Alcohol/drug abuse or dependence without rehabilitation therapy	897	\$14,837	5.2
Chest pain	313	\$14,660	2.3
Chronic obstructive pulmonary disease with MCC	190	\$26,190	6
Degenerative nervous system disorders without MCC*	57	\$50,455	13.3
Depressive neuroses	881	\$14,087	5.6
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC*	392	\$15,923	3.6
G.I. hemorrhage with CC*	378	\$23,948	4.4
Heart attack discharged alive with CC*	281	\$21,815	3.4
Heart attack discharged alive without CC*	282	\$15,786	2
Heart attack with complications	280	\$35,191	6.1
Heart failure and shock with MCC*	291	\$28,184	5.9
Major bowel procedures with CC*	330	\$82,855	7.9
Major joint replacement or reattachment of lower extremity without MCC*	470	\$45,901	2.6
Neonate (newborn) with other significant problems	794	\$5,929	2.3
Normal newborn	795	\$3,650	1.8
OR procedures for obesity without CC/MCC*	621	\$42,876	1.1
Psychoses	885	\$23,993	9.2
Septicemia or severe sepsis without mechanical ventilation 96+ hours with MCC*	871	\$48,853	8.4
Simple pneumonia and pleurisy with CC*	194	\$20,424	4.6
Vaginal delivery without complicating diagnoses	775	\$11,677	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	\$31,838
Bronchoscopy with imaging & ultrasound guidance	31652	\$13,963
Carpal tunnel surgery	64721	\$6,427
Cataract surgery with IOL 1 stage	66984	\$13,220
Colonoscopy and biopsy	45380	\$5,830
Colonoscopy with lesion removal	45385	\$6,059
Colorectal cancer screening	G0121	\$3,115
Colorectal cancer screening; high risk	G0105	\$3,161
Create eardrum opening	69436	\$5,134
Cystourethroscopy with ureteroscopy and lithotripsy	52356	\$20,226
Diagnostic colonoscopy	45378	\$5,039
EGD biopsy single/multiple	43239	\$5,113
EGD diagnostic brush wash	43235	\$3,537
EGD guide wire insertion	43248	\$5,685
EGD remove foreign body	43247	\$4,383
Esophagus EGD dilation	43249	\$6,014
Fragmenting of kidney stone	50590	\$9,620
Hysteroscopy biopsy	58558	\$11,048
Knee arthroscopy/surgery	29881	\$12,563
Laparoscopic cholecystectomy	47562	\$19,582
Laparoscopy inguinal hernia repair	49650	\$24,351
Laparoscopy remove appendix	44970	\$16,606
Laparoscopy remove ovaries	58661	\$21,582
Laparoscopy with total hysterectomy and tube removal	58571	\$25,473
Tonsils and adenoid glands removal	42820	\$9,230

## Most Common Outpatient Diagnostic Imaging Tests

Description	CPT	Charge
Abdominal ultrasound	76705	\$940
Breast tomosynthesis	77063	\$112
Chest X-ray, 1 view	71045	\$337
Chest X-ray, 2 views	71046	\$337
CT scan, abdomen/pelvis, with contrast	74177	\$3,577
CT scan, head	70450	\$1,043
Dexa bone density, axial	77080	\$610
Foot X-rays	73630	\$337
Knee X-rays, 4 or more views	73564	\$610
Screening mammogram, digital	77067	\$440
Shoulder X-rays, 2 views	73030	\$337

## Most Common Outpatient Lab Services

Description	CPT	Charge
Blood coagulation test	85610	\$28
Blood draw, venous	36415	\$19
Complete blood count	85025	\$54
Drug screen	80307	\$28
Lipid panel	80061	\$92
Metabolic panel, basic (calcium total)	80048	\$58
Metabolic panel, comprehensive	80053	\$73
Thyroid-stimulating hormone	84443	\$115
Tissue exam by pathologist	88305	\$308
Urinalysis with microscopy	81001	\$22

## Emergency Department Services

Facility & Provider	CPT	Charge
Level 1	99281	\$279
Level 2	99282	\$556
Level 3	99283	\$803
Level 4	99284	\$1,175
Level 5	99285	\$1,616

## 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