



Estimated Charges for Common Procedures

Revised: January 1, 2024

The file posted here reflects average charges for items and services provided by Mercy Medical Center as of January 1, 2024. 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, 2024			
Procedure	CPT	Estimated Charge	
ANTIBODY SCREEN	86850	\$	32
BASIC METABOLIC PANEL	80048	\$	29
BLOOD GAS	82803	\$	83
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)	87635	\$	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, 2024		
Procedure	CPT	Estimated Charge
BREAST ULTRASOUND COMPLETE	76641	\$ 419
BREAST ULTRASOUND LIMITED	76642	\$ 314
COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS WITH CONTRAST	74177	\$ 330
COMPUTED TOMOGRAPHY, ABDOMEN WITH CONTRAST	74160	\$ 250
COMPUTED TOMOGRAPHY, CHEST, THORAX WITH CONTRAST	71260	\$ 250
COMPUTED TOMOGRAPHY, HEAD SCAN WITHOUT CONTRAST	70450	\$ 112
COMPUTED TOMOGRAPHY, PELVIC/SACRUM WITH CONTRAST	72193	\$ 250
ECHOCARDIOGRAPHY TRANSTHORACIC WITH DOPPLER & COLOR FLOW	93306	\$ 375
EXTREMITY ARTERIAL STUDY, BILATERAL SEGMENT ARTERIAL	93923	\$ 670
EXTREMITY VENOUS STUDY, UNILATERAL OR LIMITED VENOUS DUPLEX	93971	\$ 586
HC DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	77066	\$ 712
MAMMOGRAM SCREENING DIGITAL	77067	\$ 586
MAMMOGRAM UNILATERAL DIGITAL	77065	\$ 545
PELVIC - TRANSVAGINAL ULTRASOUND	76830	\$ 524
RADIOLOGIC EXAMINATION, ABDOMEN (1 VIEW)	74018	\$ 84
RADIOLOGIC EXAMINATION, CHEST (1 VIEW)	71045	\$ 84
RADIOLOGIC EXAMINATION, CHEST (2 VIEWS)	71046	\$ 105
RADIOLOGIC EXAMINATION, FOOT MINIMUM 3 VIEWS	73630	\$ 126
RADIOLOGIC EXAMINATION, HAND MIN 3 VIEWS	73130	\$ 126
ULTRASOUND PELVIC NON OBSTETRIC	76856	\$ 440

Estimated Charges for Outpatient Surgical Procedures as of January 1, 2024		
Procedure	CPT	Estimated Charge
ARTHRODESIS	28750	\$ 15,233
ARTHROSCOPY KNEE WITH MENISECTOMY	29881	\$ 4,344
BIOPSY LIVER	47000	\$ 3,443
BIOPSY ULTRASOUND GUIDED PROSTATE	55700	\$ 3,682
BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	51720	\$ 1,425
BREAST BIOPSY	19125	\$ 7,256
CHOLECYSTECTOMY LAPAROSCOPIC	47562	\$ 9,483
COLONOSCOPY	45378	\$ 2,767
COLONOSCOPY WITH BIOPSY	45380	\$ 3,627
CYSTOSCOPY	52000	\$ 1,953
DAVINCI SALPINGECTOMY OOPHERECTOMY	58661	\$ 9,778
ENDOSCOPY, UPPER GASTROINTESTINAL (EGD)	43242	\$ 5,254
EXTRA CORPORAL SHOCKWAVE LITHOTRIPSY	50590	\$ 5,848
HYSTEROSCOPY	58558	\$ 4,908
INSERTION PORTACATH	36561	\$ 4,076
LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOMY	58571	\$ 12,114
LEEP PROCEDURE	57522	\$ 4,322
MASTECTOMY PARTIAL	19301	\$ 11,021
PELVISCOPY	58662	\$ 10,523
REPAIR HERNIA INGUINAL LAPAROSCOPIC	49650	\$ 9,453

Estimated Charges for Common Inpatient Medical/Surgical Procedures as of January 1, 2024		
Federal DRG Description	Federal DRG	Estimated Charge
CERVICAL SPINAL FUSION	473	\$ 23,007
CHEST PAIN	313	\$ 11,418
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	454	\$ 50,039
ESOPHOGITIS, GASTROENTEROLOGY & MISC	392	\$ 11,765
LAPAROSCOPIC CHOLECYSTECTOMY	419	\$ 18,746
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	470	\$ 26,405
MAJOR SMALL & LARGE BOWEL PROCEDURES	330	\$ 47,390
MASTECTOMY FOR MALIGNANCY	583	\$ 42,375
OTHER SKIN, TISSUE & BREAST PROCEDURES	581	\$ 47,790
PANCREAS, LIVER & SHUNT PROCEDURES	406	\$ 47,630
REVISION OF HIP OR KNEE REPLACEMENT	467	\$ 33,238
SPINAL FUSION EXCEPT CERVICAL	460	\$ 44,540
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	627	\$ 10,793
UTERINE/ADNEXA PROCEDURES WITH COMPLICATIONS	742	\$ 18,914
UTERINE/ADNEXA PROCEDURES WITHOUT COMPLICATIONS	743	\$ 14,941
VASCULAR PROCEDURES	253	\$ 32,538

Estimated Charges for Common Inpatient Mother/Baby Procedures as of January 1, 2024		
Federal DRG Description	Federal DRG	Estimated Charge
CESAREAN SECTION WITHOUT STERILIZATION WITH CC	787	\$ 15,589
CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	786	\$ 18,755
CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	788	\$ 14,525
FULL TERM NEONATE WITH MAJOR PROBLEMS	793	\$ 9,643
NEONATE WITH OTHER SIGNIFICANT PROBLEMS	794	\$ 3,007
NORMAL NEWBORN	795	\$ 2,574
OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH CC	818	\$ 14,519
OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH MCC	817	\$ 29,953
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH CC	832	\$ 13,315
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH MCC	831	\$ 15,624
OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC	833	\$ 10,767
PREMATURITY WITHOUT MAJOR PROBLEMS	792	\$ 6,255
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	806	\$ 12,160
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH MCC	805	\$ 14,502
VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	807	\$ 11,860