



UM BWMC provides the information below regarding charges for common procedures and services to help patients plan for health care expenses. The charts below include the average range of fees associated with common procedures and services. The cost for services is based on a specific patient's condition. The chart below can help you estimate your costs which might be higher or lower. For additional help with estimating charges, please contact our Pre-Registration Department at 410-787-4437.

To apply for financial assistance for hospital charges, contact our Patient Financial Services Department at 410-787-6780. Physician-related charges are not included in the chart below. They are billed separately. Contact your physician's office with questions about their fee.

Inpatient		
APR / DRG	Average Charge	
720 - Sepsicemia & disseminated infections	\$21,271.34	
640 - Neonate birthwt >2499g, normal newborn or neonate w other problem	\$2,423.92	
560 - Vaginal delivery	\$12,046.70	
194 - Heart failure	\$10,708.22	
540 - Cesarean delivery	\$13,351.30	
140 - Chronic obstructive pulmonary disease	\$10,057.74	
45 - CVA & precerebral occlusion w infarct	\$12,376.45	
139 - Other pneumonia	\$9,080.69	
133 - Respiratory failure	\$15,071.53	
469 - Acute kidney injury	\$13,239.12	

Inpatient		
Primary Diagnosis	Average Charge	
A41.9 - Sepsis, unspecified organism	\$22,341.42	
Z38.00 - Single liveborn infant, delivered vaginally	\$2,431.84	
Z38.01 - Single liveborn infant, delivered by cesarean	\$3,565.21	
I13.0 - Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unspr chr kdny	\$12,286.48	
A41.89 - Other specified sepsis	\$44,986.34	
N17.9 - Acute kidney failure, unspecified	\$12,691.14	
I11.0 - Hypertensive heart disease with heart failure	\$10,465.65	
J44.1 - Chronic obstructive pulmonary disease w (acute) exacerbation	\$10,303.77	
I21.4 - Non-ST elevation (NSTEMI) myocardial infarction	\$10,033.13	
I18.9 - Pneumonia, unspecified organism	\$9,750.06	

Inpatient		
UB Code	Average Charge	
0250 - PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - GENERAL CLASSIFICATION	\$1,478.52	
0221 - SPECIAL CHARGES - ADMISSION CHARGES	\$365.52	
0270 - MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027) - GEN	\$892.92	
0300 - LABORATORY - GENERAL CLASSIFICATION	\$184.79	
0301 - LABORATORY - CHEMISTRY	\$338.18	
0305 - LABORATORY - HEMATOLOGY	\$126.34	
0258 - PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - IV SOLUTIONS	\$162.57	
0121 - ROOM & BOARD - SEMI-PRIVATE TWO BEDS - MEDICAL/SURGICAL/GYN	\$5,199.20	
0450 - EMERGENCY ROOM - GENERAL CLASSIFICATION	\$720.93	
0324 - RADIOLOGY - DIAGNOSTIC - CHEST X-RAY	\$92.00	

Inpatient		
Primary Procedure	Average Charge	
8E02XY6 - Isolation	\$12,216.69	
10E0XZ2 - Delivery of Products of Conception, External Approach	\$12,021.62	
10D0021 - Extraction of Products of Conception, Low, Open Approach	\$13,353.11	
30233N1 - Transfuse Nonaut Red Blood Cells in Periph Vein, Perc	\$15,393.96	
0VTTXZ2 - Resection of Prepuce, External Approach	\$2,900.49	
4A023N7 - Measure of Cardiac Sampl & Pressure, L Heart, Perc Approach	\$10,570.79	
5A1D70Z - Performance of Urinary Filtration, <6 hrs/day	\$15,284.96	
0BH17EZ - Insertion of Endotracheal Airway into Trachea, Via Opening	\$37,180.85	
5A1945Z - Respiratory Ventilation, 24-96 Consecutive Hours	\$41,831.80	
5A09357 - Assistance with Respiratory Ventilation, <24 Hrs, CPAP	\$12,721.64	

Inpatient		
CPT Code	Average Charge	
85025 - BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	\$69.05	
80053 - COMPREHENSIVE METABOLIC PANEL	\$60.43	
83735 - ASSAY OF MAGNESIUM	\$54.56	
80048 - BASIC METABOLIC PANEL CALCIUM TOTAL	\$99.61	
99281 - EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	\$106.41	
J7050 - INFUS NORMAL SALINE SOLUTION 250 CC	\$97.78	
81001 - URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	\$22.33	
85027 - BLOOD COUNT COMPLETE AUTOMATED	\$41.61	
J7030 - INFUS NORMAL SALINE SOL 1000 CC	\$27.99	
99285 - EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	\$714.69	

Outpatient		
APR / DRG	Average Charge	
566 - Other antepartum diagnoses	\$2,030.30	
203 - Chest pain	\$4,496.08	
204 - Syncope & collapse	\$4,721.44	
198 - Angina pectoris & coronary atherosclerosis	\$4,699.53	
861 - Signs, symptoms & other factors influencing health status	\$5,426.19	
111 - Vertigo & other labyrinth disorders	\$4,460.21	
201 - Cardiac arrhythmia & conduction disorders	\$5,123.00	
663 - Other anemia & disorders of blood & blood-forming organs	\$4,204.80	
47 - Transient ischemia	\$4,994.61	
249 - Other gastroenteritis, nausea & vomiting	\$4,506.76	

Outpatient		
Primary Diagnosis	Average Charge	
Z51.81 - Encounter for therapeutic drug level monitoring	\$103.61	
Z36.89 - Encounter for other specified antenatal screening	\$1,323.01	
E11.65 - Type 2 diabetes mellitus with hyperglycemia	\$259.05	
Z48.812 - Encntr for surgical after following surgery on the circ sys	\$927.68	
E11.9 - Type 2 diabetes mellitus without complications	\$212.83	
Z01.818 - Encounter for other preprocedural examination	\$182.63	
R07.9 - Chest pain, unspecified	\$4,498.28	
E03.9 - Hypothyroidism, unspecified	\$116.69	
E04.2 - Nontoxic multinodular goiter	\$501.18	
E89.0 - Postprocedural hypothyroidism	\$103.51	

Outpatient		
CPT Code	Average Charge	
85610 - PROTHROMBIN TIME	\$18.21	
G0463 - HOS OP CLIN VISIT ASSESS & MGMT PT	\$104.58	
85025 - BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	\$31.86	
80053 - COMPREHENSIVE METABOLIC PANEL	\$38.56	
99211 - OFFICE OUTPATIENT VISIT 5 MINUTES	\$114.24	
G0378 - HOSPITAL OBSERVATN SERVICE PER HOUR	\$2,199.89	
99281 - EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	\$105.10	
83735 - ASSAY OF MAGNESIUM	\$19.20	
99284 - EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	\$339.15	
81001 - URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	\$19.79	

Outpatient		
UB Code	Average Charge	
0510 - CLINIC - GENERAL CLASSIFICATION	\$108.10	
0305 - LABORATORY - HEMATOLOGY	\$33.80	
0300 - LABORATORY - GENERAL CLASSIFICATION	\$72.50	
0301 - LABORATORY - CHEMISTRY	\$155.53	
0270 - MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTEP	\$438.97	
0762 - SPECIALTY SERVICES - OBSERVATION HOURS	\$2,198.97	
0636 - PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODI	\$197.98	
0637 - PHARMACY - EXTENSION OF 025X - SELF-ADMINISTRABLE DRUGS	\$1.58	
0921 - OTHER DIAGNOSTIC SERVICES - PERIPHERAL VASCULAR LAB	\$607.59	
0402 - OTHER IMAGING SERVICES - ULTRASOUND	\$913.43	

Imaging		
CPT Code	Average Charge	
71046 - RADIOLOGIC EXAM CHEST 2 VIEWS	\$77.52	
71045 - RADIOLOGIC EXAM CHEST SINGLE VIEW	\$69.75	
70450 - CT HEAD/BRAIN W/O CONTRAST MATERIAL	\$66.59	
74177 - CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	\$191.73	
71275 - CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	\$180.62	
74176 - CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	\$99.44	
93971 - DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	\$439.72	
72705 - US ABDOMINAL REAL TIME W/IMAGE LIMITED	\$279.29	
93880 - DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	\$704.48	
93922 - NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	\$321.31	

Imaging		
UB Code	Average Charge	
0324 - RADIOLOGY - DIAGNOSTIC - CHEST X-RAY	\$77.01	
0352 - CT SCAN - BODY SCAN	\$188.82	
0320 - RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	\$157.60	
0351 - CT SCAN - HEAD SCAN	\$107.88	
0921 - OTHER DIAGNOSTIC SERVICES - PERIPHERAL VASCULAR LAB	\$767.24	
0402 - OTHER IMAGING SERVICES - ULTRASOUND	\$394.86	
0341 - NUCLEAR MEDICINE - DIAGNOSTIC	\$792.12	
0611 - MAGNETIC RESONANCE TECHNOLOGY (MRT) - MRI - BRAIN/BRAINSTEM	\$222.19	
0333 - RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATIVE	\$8,327.40	
0610 - MAGNETIC RESONANCE TECHNOLOGY (MRT) - GENERAL CLASSIFICATION	\$489.41	

Therapy		
CPT Code	Average Charge	
97161 - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	\$296.11	
94640 - PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	\$615.85	
97530 - THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	\$351.91	
94760 - NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	\$57.10	
97165 - OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	\$92.47	
94799 - UNLISTED PULMONARY SERVICE/PROCEDURE	\$277.75	
97116 - THER PX 1/> AREAS EA 15 MIN GAIT TRAINING W/STAIR	\$228.08	
36600 - ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	\$89.04	
92610 - EVAL ORAL&PHARYNGEAL SWLNG FUNCNI	\$205.08	
97110 - THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	\$287.79	

Therapy		
UB Code	Average Charge	
0410 - RESPIRATORY SERVICES - GENERAL CLASSIFICATION	\$1,154.84	
0424 - PHYSICAL THERAPY - EVALUATION OR RE-EVALUATION	\$294.46	
0420 - PHYSICAL THERAPY - GENERAL CLASSIFICATION	\$486.22	
0434 - OCCUPATIONAL THERAPY - EVALUATION OR REEVALUATION	\$99.87	
0430 - OCCUPATIONAL THERAPY - GENERAL CLASSIFICATION	\$127.86	
0444 - SPEECH-LANGUAGE PATHOLOGY - EVALUATION OR REEVALUATION	\$286.00	
0440 - SPEECH-LANGUAGE PATHOLOGY - GENERAL CLASSIFICATION	\$288.02	
0433 - OCCUPATIONAL THERAPY - GROUP	\$372.87	
0510 - CLINIC - GENERAL CLASSIFICATION	\$461.17	
0460 - PULMONARY FUNCTION - GENERAL CLASSIFICATION	\$13.02	

Lab		
CPT Code	Average Charge	
85025 - BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC	\$37.69	
80053 - COMPREHENSIVE METABOLIC PANEL	\$41.36	
83735 - ASSAY OF MAGNESIUM	\$29.96	
81001 - URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	\$20.55	
84484 - ASSAY OF TROPONIN QUANTITATIVE	\$92.23	
85610 - PROTHROMBIN TIME	\$24.80	
80048 - BASIC METABOLIC PANEL CALCIUM TOTAL	\$79.42	
83690 - ASSAY OF LIPASE	\$18.50	
85027 - BLOOD COUNT COMPLETE AUTOMATED	\$38.62	
84100 - ASSAY OF PHOSPHORUS INORGANIC	\$15.54	

Lab		
UB Code	Average Charge	
0305 - LABORATORY - HEMATOLOGY	\$55.70	
0300 - LABORATORY - GENERAL CLASSIFICATION	\$89.03	
0301 - LABORATORY - CHEMISTRY	\$171.94	
0306 - LABORATORY - BACTERIOLOGY & MICROBIOLOGY	\$358.39	
0312 - LABORATORY PATHOLOGY - HISTOLOGY	\$347.36	
0302 - LABORATORY - IMMUNOLOGY	\$105.53	
0390 - ADMINISTRATION, PROCESSING, AND STORAGE FOR BLOOD AND BLOC	\$971.05	
0311 - LABORATORY PATHOLOGY - CYTOLOGY	\$300.97	
0309 - LABORATORY - OTHER LABORATORY	\$58.08	
0940 - OTHER THERAPEUTIC SERVICES (ALSO SEE 095X, AN EXTENSION OF 09)	\$107.49	