

**Reimbursement and Revenue Advisory Services**

**Estimated Average Charges for Common Procedures** (updated 09/30/20)

The tables below provide estimated average charges for common inpatient and outpatient procedures at University of Maryland Medical Center. These tables are updated quarterly and are based on the patient charges actually incurred for these services during the previous three months. They may be used by patients to estimate the charge for services that they may incur. Please note that these are only estimates and are subject to change without notice. The actual cost of your procedure may be higher or lower based on factors specific to your case, such as your length of stay in the hospital and the complexity of your medical condition.

**These estimates reflect hospital charges only.** They do not include physician or other provider fees that are billed separately from the hospital fees. You may receive bills from multiple physicians for their services, including but not limited to your anesthesiologist, hospitalist, pathologist, radiologist, cardiologist, emergency room physician, and other specialist who participate in your care. If you have questions regarding the bill for their services, please contact the individual provider.

<b>Most Frequent Inpatient Medical/Surgical Cases</b>	<b>Estimated Average Charge</b>
SEPTICEMIA & DISSEMINATED INFECTIONS	\$45,390.05
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	\$100,780.49
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	\$86,108.91
CRANIOTOMY EXCEPT FOR TRAUMA	\$90,006.30
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	\$16,587.74
CVA & PRECEREBRAL OCCLUSION W INFARCT	\$28,298.94
EXTRACRANIAL VASCULAR PROCEDURES	\$65,022.98
OTHER CHEMOTHERAPY	\$23,170.77
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	\$26,074.08
HEART FAILURE	\$21,426.94

<b>Most Frequent Inpatient Pediatric Cases</b>	<b>Estimated Average Charge</b>
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	\$3,442.31
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	\$38,548.39
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	\$36,761.42
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	\$21,101.67
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	\$86,859.40
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	\$13,012.48
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	\$237,512.56
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	\$204,989.16
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	\$46,408.57
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	\$484,650.35

Reimbursement and Revenue Advisory Services

Most Frequent Inpatient Obstetric Cases	Estimated Average Charge
VAGINAL DELIVERY	\$12,843.51
CESAREAN DELIVERY	\$16,393.86
OTHER ANTEPARTUM DIAGNOSES	\$17,272.14
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	\$11,387.29
PRETERM LABOR	\$10,478.89
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	\$14,634.71
VAGINAL DELIVERY W STERILIZATION &/OR D&C	\$12,797.93
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	\$24,445.15
FALSE LABOR	\$7,300.33

Most Frequent Inpatient Psychiatric Cases	Estimated Average Charge
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	\$37,587.31
BIPOLAR DISORDERS	\$49,642.49
SCHIZOPHRENIA	\$45,635.11
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$20,376.39
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$19,253.68
ACUTE ANXIETY & DELIRIUM STATES	\$16,810.03
ORGANIC MENTAL HEALTH DISTURBANCES	\$20,189.92
BEHAVIORAL DISORDERS	\$29,557.76
OTHER MENTAL HEALTH DISORDERS	\$39,968.89
DISORDERS OF PERSONALITY & IMPULSE CONTROL	\$7,634.20

Most Frequent Outpatient Surgical Services	Estimated Average Charge
TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$437.09
FETAL NON-STRESS TEST	\$589.92
UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE	\$1,429.38
LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$228.37
COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE	\$2,156.60
UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$3,077.86
NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$228.90
LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	\$545.25
COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)	\$2,183.67
MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING	\$260.73

**Reimbursement and Revenue Advisory Services**

<b>Most Frequent Laboratory Services</b>	<b>Estimated Average Charge</b>
COMPREHENSIVE METABOLIC PANEL	\$41.13
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	\$26.31
MAGNESIUM	\$17.44
PHOSPHORUS INORGANIC (PHOSPHATE);	\$5.96
LACTATE DEHYDROGENASE (LD), (LDH);	\$10.52
BLOOD TYPING; RH (D)	\$10.63
BLOOD TYPING; ABO	\$10.63
ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$32.33
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	\$26.68
PROTHROMBIN TIME;	\$25.56

<b>Most Frequent Outpatient Diagnostic Imaging Services</b>	<b>Estimated Average Charge</b>
DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP OR REPEAT STUDY	\$121.10
US, PRGNANT UTERUS, REAL TME W IMG DOCUMENTATION, F/U (EG, RE-EVAL, ORGAN SYST(S) SUSPECTED/CONFMED BE ABNORM PREVIOUS SCAN), TRANSABDOM APPR,/FETUS	\$362.70
COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$99.69
COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$219.82
FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$606.36
FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$471.69
ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG, FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), ONE OR MORE FETUSES	\$355.72
ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION,TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	\$346.75
RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$164.31
RADIATION TREATMENT DELIVERY, >=3 SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPEC PARTICLEBEAM (EG, ELECTRON OR NEUTRONS); UP TO 5 MEV	\$1,434.94