

**Estimated Average Charges for Common Procedures** (updated 03/31/19)

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 nine 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.

Most Frequent Inpatient Medical/Surgical Cases	Estimated Average Charge
SEPTICEMIA & DISSEMINATED INFECTIONS	\$36,210.55
CRANIOTOMY EXCEPT FOR TRAUMA	\$69,210.53
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	\$63,193.85
HEART FAILURE	\$16,505.76
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	\$62,985.47
EXTRACRANIAL VASCULAR PROCEDURES	\$51,759.91
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	\$28,883.48
OTHER CHEMOTHERAPY	\$22,079.66
SICKLE CELL ANEMIA CRISIS	\$13,160.86
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	\$19,423.48

Most Frequent Inpatient Pediatric Cases	Estimated Average Charge
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	\$2,978.32
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	\$25,913.30
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	\$5,940.49
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	\$12,521.94
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	\$21,663.94
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	\$51,253.37
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	\$30,355.25
NEONATE BWT 2000-2499G W MAJOR ANOMALY	\$33,620.13
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	\$73,781.26
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	\$147,393.04

Reimbursement and Revenue Advisory Services

Most Frequent Inpatient Obstetric Cases	Estimated Average Charge
VAGINAL DELIVERY	\$10,081.18
CESAREAN DELIVERY	\$14,830.34
OTHER ANTEPARTUM DIAGNOSES	\$13,394.43
VAGINAL DELIVERY W STERILIZATION &/OR D&C	\$12,233.58
PRETERM LABOR	\$9,543.88
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	\$7,600.12
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	\$11,596.08
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	\$14,081.48
FALSE LABOR	\$5,923.89

Most Frequent Inpatient Psychiatric Cases	Estimated Average Charge
SCHIZOPHRENIA	\$37,624.84
BEHAVIORAL DISORDERS	\$16,466.50
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	\$26,405.85
BIPOLAR DISORDERS	\$21,860.45
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$13,267.50
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$13,686.20
ACUTE ANXIETY & DELIRIUM STATES	\$14,852.14
ORGANIC MENTAL HEALTH DISTURBANCES	\$25,255.76
DISORDERS OF PERSONALITY & IMPULSE CONTROL	\$23,113.71
OTHER MENTAL HEALTH DISORDERS	\$11,688.67

Most Frequent Outpatient Surgical Services	Estimated Average Charge
TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$324.80
FETAL NON-STRESS TEST	\$507.61
UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE	\$1,258.74
LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$246.22
COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE	\$1,634.00
UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$2,245.10
LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	\$421.83
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)	\$1,543.03
NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$205.85
COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	\$2,250.20

Reimbursement and Revenue Advisory Services

Most Frequent Laboratory Services	Estimated Average Charge
COMPREHENSIVE METABOLIC PANEL	\$35.62
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	\$23.25
MAGNESIUM	\$14.64
PHOSPHORUS INORGANIC (PHOSPHATE);	\$4.92
BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	\$20.96
PROTHROMBIN TIME;	\$20.33
LACTATE DEHYDROGENASE (LD), (LDH);	\$9.25
URINALYSIS, BY DIP STICK/TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPEC GRAV, UROBILINOGEN, ANYNUMBER OF CONSTITUENTS; AUTOMATED, W/ MICROSCOPY	\$22.55
BLOOD TYPING; ABO	\$9.24
BLOOD TYPING; RH (D)	\$9.24

Most Frequent Outpatient Diagnostic Imaging Services	Estimated Average Charge
DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP OR REPEAT STUDY	\$103.26
COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$94.38
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	\$309.19
FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$402.37
COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$207.84
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	\$296.21
RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$144.36
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	\$1,372.58
ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	\$290.29
RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$148.07