

MaineGeneral Medical Center Price List

MaineGeneral 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. To receive copies of our price lists or an estimate for a procedure at MaineGeneral, please call [621-5397](tel:621-5397) or email price.estimate@mainegeneral.org.

Inpatient Charges

Per Day Room and Board Charges as of 7/1/24

Description	Charge
Adult - involuntary	\$4,503
Critical Care (CCU)	\$5,839
Maternity & Pediatrics	\$3,232
Maternal & Pediatrics, continuous monitoring	\$3,768
Medical/Surgical	\$2,518
Mental Health & Substance Use Disorder	\$3,998
Newborn Level 1	\$2,458
Newborn Level 2	\$8,677
Pediatric	\$2,829
Rehab	\$2,518
Telemetry	\$3,768

Most Common Inpatient Services

Description	DRG	Avg. charge	Avg. length of stay
Acute myocardial infarction, discharged alive with MCC*	280	\$41,404	5.99
Alcohol/drug abuse or dependence without rehabilitation therapy	897	\$21,822	4.98
Cellulitis without MCC*	603	\$30,906	6.33
Cesarean section without sterilization & without CC/MCC*	788	\$40,809	3.03
Chronic obstructive pulmonary disease with MCC*	190	\$26,633	4.67
Degenerative nervous system disorders without MCC*	57	\$60,345	14.57
Esophagitis, gastroenteritis & digestive disorders without MCC*	392	\$17,330	3.45
Full-term neonate with major problems	793	\$27,415	4.23
G.I. hemorrhage with CC*	378	\$25,497	3.52
Heart failure and shock with MCC*	291	\$44,449	8.38
Intracranial hemorrhage or cerebral infarction with CC*	65	\$24,674	4.20
Neonate with other significant problems	794	\$8,011	2.10
Normal newborn	795	\$4,677	1.62
Psychoses	885	\$50,053	11.64
Respiratory infections & inflammations with MCC*	177	\$47,432	8.16
Septicemia or severe sepsis without mechanical ventilation	871	\$55,793	8.45
96+ hours with MCC*			
Septicemia or severe sepsis without mechanical ventilation	872	\$27,903	5.21
96+ hours without MCC*			
Simple pneumonia and pleurisy with CC*	194	\$21,353	4.14
Simple pneumonia and pleurisy with MCC*	193	\$39,900	6.77
Vaginal delivery without complicating diagnoses	807	\$16,910	2.08
Vaginal delivery without sterilization/D&C with CC*	806	\$19,146	2.28

*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	\$45,979
Bronchoscopy with imaging & ultrasound guidance	31652	\$17,391
Carpal tunnel surgery	64721	\$9,113
Cataract surgery with IOL 1 stage	66984	\$16,312
Colonoscopy and biopsy	45380	\$8,094
Colonoscopy with lesion removal	45385	\$7,936
Colorectal cancer screening	G0121	\$4,433
Colorectal cancer screening, high-risk	G0105	\$4,377
Create eardrum opening	69436	\$6,715
Cystourethroscopy with ureteroscopy and lithotripsy	52356	\$25,503
Diagnostic colonoscopy	45378	\$6,197
EGD biopsy single/multiple	43239	\$6,767
EGD diagnostic brush wash	43235	\$5,140
EGD guide wire insertion	43248	\$7,223
EGD remove foreign body	43247	\$6,278
Esophagus EGD dilation	43249	\$7,761
Fragmenting of kidney stone	50590	\$14,387
Hysteroscopy biopsy	58558	\$14,742
Knee arthroscopy/surgery	29881	\$16,073
Laparoscopic cholecystectomy	47562	\$27,522
Laparoscopy inguinal hernia repair	49650	\$30,021
Laparoscopy remove appendix	44970	\$21,181
Laparoscopy remove ovaries	58661	\$25,948
Laparoscopy with total hysterectomy & tube removal	58571	\$31,400
Tonsils & adenoid glands removal	42820	\$13,772

Most Common Outpatient Diagnostic Imaging Tests

Description	CPT	Charge
Abdominal ultrasound	76705	\$572
Breast tomosynthesis	77063	\$58
Chest X-ray, 1 view	71045	\$404
Chest X-ray, 2 views	71046	\$404
CT scan, abdomen/pelvis, with contrast	74177	\$2,628
CT scan, head	70450	\$778
Dexa bone density, axial	77080	\$544
Foot X-rays	73630	\$404
Knee X-rays, 4 or more views	73564	\$544
Screening mammogram, digital	77067	\$462
Shoulder X-rays, 2 views	73030	\$404

Most Common Outpatient Lab Services

Description	CPT	Charge
Blood coagulation test	85610	\$11
Blood draw, venous	36415	\$21
Complete blood count	85025	\$19
Drug screen	80307	\$14
Lipid panel	80061	\$33
Metabolic panel, basic (calcium total)	80048	\$21
Metabolic panel, comprehensive	80053	\$26
Thyroid-stimulating hormone	84443	\$42
Tissue exam by pathologist	88305	\$208
Urinalysis with microscopy	81001	\$8

Emergency Department Services

Facility & Provider	CPT	Charge
Level 1	99281	\$494
Level 2	99282	\$826
Level 3	99283	\$1,774
Level 4	99284	\$2,806
Level 5	99285	\$4,424

Office Visits (Facility & Clinician)

Description	CPT	Charge
OV new straightforward	99202	\$147
OV new low	99203	\$193
OV new moderate	99204	\$280
OV new high	99205	\$352
OV established minimal	99211	\$109
OV established straightforward	99212	\$135
OV established low	99213	\$166
OV established moderate	99214	\$199
OV established high	99215	\$279