CalvertHealth™
Medical Center

Average charges based on actual cases for the period of October 1, 2024 through December 31, 2024.

Inpatient

Medical/Surgical

DRG	Description	Average Charge	Average Length of Stay	Average Charge Per Day
291	HEART FAILURE & SHOCK W MCC	$16,743.96	3.76	$ 4,451.77
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	$22,096.16	4.00	$ 5,524.04
189	PULMONARY EDEMA & RESPIRATORY FAILURE	$20,022.91	4.38	$ 4,576.67
193	SIMPLE PNEUMONIA & PLEURISY W MCC	$18,068.07	3.94	$ 4,591.07
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	$15,508.37	3.30	$ 4,704.79
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	$18,549.08	3.52	$ 5,267.02
603	CELLULITIS W/O MCC	$13,603.85	3.36	$ 4,044.39
638	DIABETES W CC	$13,653.14	2.95	$ 4,621.06
194	SIMPLE PNEUMONIA & PLEURISY W CC	$12,473.06	2.42	$ 5,151.92
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	$13,220.59	3.32	$ 3,987.16

Psychiatry

DRG	Description	Average Charge	Average Length of Stay	Average Charge Per Day
885	PSYCHOSES	$13,615.76	5.36	$ 2,445.56
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	$11,476.54	2.64	$ 3,625.25
882	NEUROSES EXCEPT DEPRESSIVE	$10,118.05	3.92	$ 2,457.98
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	$9,185.18	3.20	$ 3,767.47
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	$21,364.96	3.75	$ 2,601.51
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	$8,113.50	3.50	$ 2,595.53
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	$7,590.00	3.00	$ 2,921.69

Obstetrics

DRG	Description	Average Charge	Average Length of Stay	Average Charge Per Day
807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	$13,054.28	1.57	$ 8,332.52
788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	$13,395.02	2.26	$ 5,918.73
787	CESAREAN SECTION W/O STERILIZATION W CC	$16,450.91	2.54	$ 6,480.66
806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	$13,536.05	1.71	$ 7,896.03
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	$12,339.22	1.50	$ 8,226.14
805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	$14,473.91	1.50	$ 9,649.27
786	CESAREAN SECTION W/O STERILIZATION W MCC	$16,171.61	3.00	$ 5,390.54

Newborn

DRG	Description	Average Charge	Average Length of Stay	Average Charge Per Day
795	NORMAL NEWBORN	$4,525.37	1.84	$ 2,456.63

Outpatient

Surgery		
CPT Code	**Description**	**Average Charge**
43239	EGD BIOPSY SINGLE/MULTIPLE	$ 4,897.54
52356	CYSTO/URETERO W/LITHOTRIPSY	$ 5,185.36
11042	DBRDMT SUBQ TIS 1ST 20SQCM/<	$ 2,285.11
45378	DIAGNOSTIC COLONOSCOPY	$ 3,407.76
47562	LAPAROSCOPIC CHOLECYSTECTOMY	$ 12,332.82
36561	INSERT TUNNELED CV CATH	$ 6,138.73
45380	COLONOSCOPY AND BIOPSY	$ 4,386.89
45385	COLONOSCOPY W/LESION REMOVAL	$ 4,350.10
55250	REMOVAL OF SPERM DUCT(S)	$ 5,202.25
49505	PRP I/HERN INIT REDUC >5 YR	$ 10,111.35

Diagnostic Radiology		
CPT Code	**Description**	**Average Charge**
71045	CHEST 1 VIEW	$ 141.89
71046	CHEST 2 VIEWS	$ 213.38
93971	UNILATERAL VENOUS DOPPLER	$ 992.23
73562	KNEE 3 VIEWS	$ 247.76
76705	US ABDOMEN, LIMITED	$ 633.36
73030	SHOULDER 2+ VIEWS	$ 175.97
73630	FOOT 3+ VIEWS	$ 212.68
73610	ANKLE 3+ VIEWS	$ 212.73
73110	WRIST 3+ VIEWS	$ 246.13
93976	ABD/PEL VEN-ART BLOODFLOW	$ 1,236.55

Nuclear Medicine		
CPT Code	**Description**	**Average Charge**
78582	LUNG SCAN VENT/PERFUSION	$ 1,888.56
78227	HEPATO-BILIARY SCAN W CCK	$ 2,725.83
78264	GASTRIC EMPTYING	$ 1,992.58
78014	THYROID SCAN W/UPTAKE	$ 1,446.63
78315	BONE SCAN 3 PHASE STUDY	$ 1,997.72
78452	CARDIAC REST SAME DAY	$ 2,640.67
78451	CARDIAC STRESS/REST TEST	$ 1,820.44
78072	PARTHYROID PLANAR W/SPECT CT	$ 2,331.40
78215	LIVER/SPLEEN SCAN	$ 1,086.06
78306	BONE SCAN WHOLE BODY	$ 1,388.09

Cat Scan		
CPT Code	**Description**	**Average Charge**
70450	CT,HEAD;W/O CONTRAST	$ 125.14
74176	CT ABDOMEN & PELVIS W/O	$ 190.72
74177	CT ABDOMEN & PELVIS W	$ 370.72
72125	CT CERVICAL SPINE;WO/CONTRAST	$ 220.56
71275	CT ANGIO CHEST WITH CONTRAST	$ 353.70
71250	CT, THORAX; WO/CONTRAST	$ 215.68
70498	CT ANGIO NECK WITH CONTRAST	$ 338.52
70496	CT ANGIO HEAD WITH CONTRAST	$ 344.64
72131	CT, LUMBAR SPINE; WO/CONTRAST	$ 216.32
74174	CT ANGIO ABD & PELVIS W/CONT	$ 465.67

Magnetic Resonance Imaging (MRI)		
CPT Code	**Description**	**Average Charge**
70553	MRI HEAD/BRAIN W/O & W	$ 746.93
70544	MRI ANGIO HEAD W/O CONTRAST	$ 936.34
72148	MRI SACRUM WITHOUT CONTRAST	$ 426.71
72141	MRI C-SPINE W/O	$ 427.54
70547	MRI ANGIO NECK W/O CONTRAST	$ 937.93
74181	MRI KIDNEY W/O CONTRAST	$ 742.35
72158	MRI SACRUM W/& W/OUT CONTRAST	$ 756.53
73721	MRI LOWER EXT JOINT W/O CONT	$ 478.82
72146	MRI T-SPINE W/O	$ 420.40
72156	MRI C-SPINE W/O & W	$ 735.05

Laboratory Services		
CPT Code	**Description**	**Average Charge**
85025	CBC-COMPLETE	$ 35.25
80053	COMPREHENSIVE METABOLIC PANEL	$ 52.97
84484	TROPONIN, QUANTITATIVE	$ 95.18
83735	MAGNESIUM-SERUM/URINE	$ 22.65
82948	WHOLE BLOOD GLUCOSE	$ 15.17
81003	URINALYSIS AUTO W/O MICRO	$ 15.13
83690	LIPASE	$ 30.41
80048	BASIC METABOLIC PANEL	$ 40.93
84703	BETA HCG-QUALITATIVE	$ 37.97
87502	INFLUENZA DNA AMP PROBE	$ 614.38