

## MedStar Franklin Square Medical Center

### Inpatient Services

#### Medical and Surgical Services

APR DRG	APR DRG Description	Avg Charge
720	SEPTICEMIA & DISSEMINATED INFECTIONS	\$17,368
194	HEART FAILURE	\$12,171
140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	\$10,373
201	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	\$8,553
139	OTHER PNEUMONIA	\$11,054
383	CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$8,050
469	ACUTE KIDNEY INJURY	\$12,960
302	KNEE JOINT REPLACEMENT	\$22,002
45	CVA & PRECEREBRAL OCCLUSION W INFARCT	\$13,059
190	ACUTE MYOCARDIAL INFARCTION	\$8,500
133	PULMONARY EDEMA & RESPIRATORY FAILURE	\$17,633
403	PROCEDURES FOR OBESITY	\$22,368
463	KIDNEY & URINARY TRACT INFECTIONS	\$8,079
174	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI	\$18,425
282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	\$11,077
710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PR	\$46,137
220	MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	\$36,292
420	DIABETES	\$8,976
812	POISONING OF MEDICINAL AGENTS	\$11,886
241	PEPTIC ULCER & GASTRITIS	\$12,369
254	OTHER DIGESTIVE SYSTEM DIAGNOSES	\$10,067
301	HIP JOINT REPLACEMENT	\$25,128

#### OB/GYN Services

APR DRG	APR DRG Description	Avg Charge
640	NEONATE BIRTHWT >2499G	\$2,201
560	VAGINAL DELIVERY	\$9,196
540	CESAREAN DELIVERY	\$12,688
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	\$9,007
566	OTHER ANTEPARTUM DIAGNOSES	\$10,838
626	NEONATE BWT 2000-2499G	\$4,792

#### Behavioral Health Services

APR DRG	APR DRG Description	Avg Charge
753	BIPOLAR DISORDERS	\$8,202
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	\$6,401
750	SCHIZOPHRENIA	\$8,230
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$6,725
775	ALCOHOL ABUSE & DEPENDENCE	\$9,048

Note: These charges are based on the most recent 12-month average and may vary from your final billing. Patients with questions about this information are also directed to contact the MedStar Patient Financial Services office at (410) 933-8200 or toll free (866) 423-2734 during normal business hours (6:30 AM to 5:00 PM EST).

## Outpatient Services

### Outpatient Diagnostic Imaging

SUBDEPT	CDM_NBR	CDM_DESC	Avg Charge
321	3210032	CHEST, PA + LAT	\$75
350	3500001	CT HEAD OR BRAIN WO CONTRAST	\$56
321	3210272	CHEST SINGLE VIEW	\$45
321	3210059	SPINE, LUMBAR AP + LAT	\$105
321	3210099	KNEE 3 VWS	\$105
321	3210052	SPINE CERVICAL 4 OR 5 VWS	\$120
321	3210112	FOOT, 3 VWS	\$90
321	3210074	SHOULDER COMPLETE	\$75
321	3210109	ANKLE, 3 VIEWS	\$90
321	3210088	HAND, MINIMUM OF 3 VIEWS	\$90
340	3400225	CARDIAC PERFUS IMG SPECT MULTI	\$714
340	3400224	CARDIAC PERFUS IMG SPECT SINGL	\$471
321	3210085	WRIST, 3VWS	\$105
321	3210092	HIP, 2-3 VIEWS	\$120
610	6100004	MRI BRAIN WO CONTRAST	\$379
321	3210079	ELBOW, 3VWS	\$90
321	3210115	ABDOMEN SINGLE VIEW	\$74
321	3210089	FINGERS, MIN 2 VWS	\$105
321	3210105	TIBIA + FIBULA	\$90
321	3210081	FOREARM	\$75
610	6100015	MRI SPINE LUMBAR WO CONTRAST	\$339
610	6100006	MRI BRAIN WO W CONTRAST	\$668
610	6100009	MRI SPINE CERVICAL WO CONTRAST	\$368

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## Outpatient Services

### Outpatient Lab Procedures

SUBDEPT	CDM_NBR	CDM_DESC	Avg Charge
313	3135024	HEMOGRAM PLT AUTO COMPLETE DIF	\$21
313	3130050	BASIC METABOLIC PANEL (ION CA)	\$24
301	3010001	SPECIMEN COLLECT, VENIPUNCTURE	\$17
301	3014470	TROPONIN, QUANT	\$53
305	3055025	HEM + PLATE CT AUTO + AUTO CBC	\$21
301	3010096	BASIC METABOLIC PANEL (TOT CA)	\$24
307	3071001	URINE DIP/TABLET, AUTO/MICRO	\$19
301	3010095	HEPATIC PANEL (LIVER PANEL)	\$23
301	3013735	MAGNESIUM	\$13
307	3071003	URINE DIP/TAB,AUTO/NONMICRO	\$9
305	3055610	PROTHROMBIN TIME	\$17
313	3131025	URINE PREGNANCY TEST	\$21
301	3013690	LIPASE	\$17
301	3014443	THYROID STIM HORMONE (TSH)	\$32
301	3014100	PHOSPHORUS INORGANIC	\$4
301	3010098	COMPREHENSIVE METABOLIC PANEL	\$32
306	3067086	CULT,BACT URINE QUANT COLONY	\$43
305	3055379	D-DIMER,QUANTITATIVE	\$32
306	3067070	CULT, BACTERIAL DEF, OTHR SRC	\$85
303	3036901	BLOOD TYPING, RH(D)	\$9
303	3036900	BLOOD TYPING, ABO	\$9
303	3036850	ANTIBODY SCREENING, RBC, EACH	\$26
306	3067178	INFEC AGNT BY NUC ACID,CHLAM	\$97
306	3067591	NEISSERIA GONORRHOEAE,AMP PR	\$97
306	3067040	CULT, BACTERIAL DEF, BLOOD	\$85
305	3055730	THROMBOPLASTIN TIME, PARTIAL	\$17
306	3067077	ORGANISM FOR ID, AEROBIC	\$21
306	3067186	SENSITIVITY, MIC, MBC	\$21
303	3039736	COMPAT TEST EA,ELECTRONIC	\$13
303	3039530	RBC,LEUKOCYTES REMOVED	\$311

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## Outpatient Services

### Outpatient Surgery Procedures

CPT Code	Procedure Description	Avg Charge
43239	EGD BIOPSY SINGLE/MULTIPLE	\$1,989
45380	COLONOSCOPY AND BIOPSY	\$2,381
45378	DIAGNOSTIC COLONOSCOPY	\$1,673
49083	ABD PARACENTESIS W/IMAGING	\$1,849
41899	DENTAL SURGERY PROCEDURE	\$5,519
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$9,019
36561	INSERT TUNNELED CV CATH	\$3,964
58558	HYSTEROSCOPY BIOPSY	\$5,085
29881	KNEE ARTHROSCOPY/SURGERY	\$4,136
32555	ASPIRATE PLEURA W/ IMAGING	\$2,401
62323	NJX INTERLAMINAR LMBR/SAC	\$1,310
19301	PARTIAL MASTECTOMY	\$8,805
64635	DESTROY LUMB/SAC FACET JNT	\$3,178
36589	REMOVAL TUNNELED CV CATH	\$276
45385	COLONOSCOPY W/LESION REMOVAL	\$2,619
64483	INJ FORAMEN EPIDURAL L/S	\$1,421
58563	HYSTEROSCOPY ABLATION	\$6,711
36561	INSERT TUNNELED CV CATH	\$3,964
43235	EGD DIAGNOSTIC BRUSH WASH	\$1,435
58671	LAPAROSCOPY TUBAL BLOCK	\$4,856
64721	CARPAL TUNNEL SURGERY	\$2,597
58571	TLH W/T/O 250 G OR LESS	\$13,610
45385	LESION REMOVAL COLONOSCOPY	\$2,619
58300	INSERT INTRAUTERINE DEVICE	\$1,455
27096	INJECT SACROILIAC JOINT	\$1,252

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