

Eastern Maine Medical Center
Patient Price Information
Effective October 1, 2016 –September 30, 2017

To help our patients make informed health care decisions, Eastern Maine Medical Center has provided pricing information for many common procedures. The actual price and the amount owed may vary due to a number of circumstances including, but not limited to, the following:

- Additional testing, medications, services or procedures may be ordered
- The procedure planned may not be the procedure performed based on your physician's findings
- Pre-existing health conditions which may impact medical needs

If you have insurance, your insurance type, deductibles, coinsurance and/or out-of-pocket limits will determine your final bill. If you need pricing information for a service not displayed below, you may call a representative in our Patient Account Services department at 207-973-5000 or toll-free (877) 366-3662 ext. 5000.

Room and Board – Daily Rates

Description	Hospital Charge
Coronary Care	\$ 4,754
Intensive Care (Adult and Pediatric)	\$ 4,754
Medical/Surgical	\$ 1,595
Rehabilitation	\$ 1,595
Nursery (Well Baby)	\$ 885
Neonatal Intensive Care	\$ 4,754

Respiratory Therapy/ Pulmonary Function Testing Charges

The charges for Respiratory Therapy/Pulmonary Function Testing reflect our most common services. Patients may have additional charges, depending on the services performed. These do *not* include the physician charges for interpretation of testing.

CPT Code	Description	Hospital Charge
94640	Nebulizer Treatment	\$ 70
94010 TC	Spirometry	\$ 102
94060 TC	Spirometry with Bronchodilator	\$ 171
94729 TC	CO Diffusion Capacity	\$ 143
94727 TC	Functional Residual Capacity	\$ 162
94726 TC	Thoracic Gas Volume	\$ 144
94070 TC	Provocation Challenge Testing	\$ 263

Emergency Department Visit Charges

The level of the visit is dependent on the complexity of the service required. Both the facility level charge and physician level charge will vary based on the patient's medical condition, complications, final diagnosis, and recommended treatment. There will be additional charges for any lab work, x-rays, or other procedures performed during the visit such as suturing of a laceration, application of a cast, injection of a medication, etc.

CPT Code	Description	Hospital Charge
99281	Emergency Dept. Visit Level I	\$ 147
99282	Emergency Dept. Visit Level II	\$ 208
99283	Emergency Dept. Visit Level III	\$ 538
99284	Emergency Dept. Visit Level IV	\$ 966
99285	Emergency Dept. Visit Level V	\$ 1,690
99291	Emergency Critical Care, first 30 min.	\$ 1,788
99292	Emergency Critical Care, each add'l 30 min.	\$ 746

CPT Code	Description	Emergency Physician/ Provider Charge
99281	Emergency Dept. Visit Level I	\$ 96
99282	Emergency Dept. Visit Level II	\$ 163
99283	Emergency Dept. Visit Level III	\$ 176
99284	Emergency Dept. Visit Level IV	\$ 286
99285	Emergency Dept. Visit Level V	\$ 435
99291	Emergency Critical Care, first 30 min.	\$ 884
99292	Emergency Critical Care, each add'l 30 min.	\$ 322

Physical Therapy Charges

The charge for the Physical Therapy Evaluation reflects the most common time driven charge. Patients may have additional charges, depending on the services performed.

CPT Code	Description	Hospital Charge
97001	Physical Therapy Evaluation and Report (30 min)	\$ 279
97110	Therapeutic Exercise per 15 minutes	\$ 100
97116	Gait Training	\$ 100
97150	Therapeutic Procedure - Group	\$ 95

Occupational Therapy Charges

The charge for the Occupational Therapy Evaluation reflects the most common time driven charge. Patients may have additional charges, depending on the services performed.

CPT Code	Description	Hospital Charge
97003	Occupational Therapy Evaluation and Report (30 min)	\$ 279
97110	Therapeutic Exercise per 15 minutes	\$ 100
97150	Therapeutic Procedure - Group	\$ 95

X-Ray and Other Imaging Charges

The radiologist interpretation fee is *not* included in the prices listed below. This fee will be billed separately by the radiologist. Contrast is a substance used to help improve the visualization of internal body structures. The prices of tests listed below “with contrast” include the average charge for the contrast agent.

CPT Code	Description	Hospital Charge
77080 TC	Bone Density Study DXA, Axial	\$ 387
74150 TC	CT Abdomen without Contrast	\$ 1,359
74160 TC	CT Abdomen with Contrast	\$ 1,983
74177 TC	CT Abdomen/Pelvis with Contrast	\$ 3,835
70450 TC	CT Brain without Contrast	\$ 1,204
71250 TC	CT Chest without Contrast	\$ 1,359
71260 TC	CT Chest with Contrast	\$ 1,983
72193 TC	CT Pelvis with Contrast	\$ 1,983
70553 TC	MRI Head with & without Contrast	\$ 2,049
G0204/77051TC	Diagnostic Digital Mammogram Bilateral (includes computer-assisted detection processing (CAD))	\$ 458
G0202/77052TC	Screening Digital Mammogram Bilateral (includes computer-assisted detection processing (CAD))	\$ 342
76705 TC	Ultrasound Abdomen, Limited	\$ 771
76642 TC	Ultrasound Breast, Limited	\$ 384
76942 TC	Ultrasound Guidance for Needle Placement	\$ 611
76770 TC	Ultrasound Retroperitoneal Abdomen	\$ 851
76830 TC	Ultrasound Transvaginal (non OB)	\$ 611
74241 TC	X-Ray Abdomen (Upper GI Tract) with KUB	\$ 394
73610 TC	X-Ray Ankle 3 Views	\$ 249
71020 TC	X-Ray Chest PA & Lateral	\$ 240
71010 TC	X-Ray Chest Portable	\$ 240
73630 TC	X-Ray Foot 3 Views Minimum	\$ 249
73130 TC	X-Ray Hand 3 Views Minimum	\$ 249
73502 TC	X-Ray Hip 2 Views Minimum	\$ 249
73560 TC	X-Ray Knee 1-2 Views	\$ 249
73564 TC	X-Ray Knee 4 Views	\$ 249
72170 TC	X-Ray Pelvis 1-2 Views	\$ 249
73030 TC	X-Ray Shoulder 2 Views	\$ 249
72100 TC	X-Ray Spine Lumbosacral 2 or 3 Views	\$ 279

Laboratory Charges

In addition to the specific lab test, the patient will also have a \$7.00 blood draw charge for lab services involving blood samples.

(One blood draw charge regardless of the number of lab tests ordered at that time)

CPT Code	Description	Hospital Charge
36415	Lab Blood Draw	\$ 7
86850	Antibody Screen, Routine	\$ 141
80048	Basic Metabolic Panel (BMP)	\$ 53
82803	Blood Gases (ABGs)	\$ 238
86900	Blood Typing ABO	\$ 67
86901	Blood Typing Rh	\$ 62
82375	Carboxyhemoglobin	\$ 111
85027	Complete Blood Count (Hemogram)	\$ 48
85025	Complete Blood Count with Differential (CBC w/Diff)	\$ 48
80053	Comprehensive Metabolic Panel (CMP)	\$ 60
82550	Creatine Kinase, Total (CPK)	\$ 53
82947	Glucose, Blood Quantitative	\$ 28
82951	Glucose Tolerance Test-Gestational	\$ 151
83036	Hemoglobin A1C	\$ 40
85018	Hemoglobin	\$ 25
83050	Hemoglobin, Methemoglobin	\$ 152
82330	Ionized Calcium level	\$ 105
83540	Iron, Serum	\$ 43
83550	Iron Binding Capacity (IBC)	\$ 48
83605	Lactic Acid level	\$ 79
80061	Lipid Panel (HDL Profile II)	\$ 51
83735	Magnesium level	\$ 62
85730	Partial Thromboplastin Time (PTT)	\$ 76
84100	Phosphorus, Serum level	\$ 48
85049	Platelet Count	\$ 49
84132	Potassium level	\$ 48
85610	Prothrombin Time (PT)	\$ 44
G0103	PSA Annual Screening	\$ 93
87430	Rapid Strep Screen	\$ 48
84295	Sodium level	\$ 38
88305 TC	Surgical Pathology, Level 4	\$ 248
84443	Thyroid Stimulating Hormone (TSH)	\$ 69
87086	Urine Culture	\$ 67
81003	Urinalysis, Routine	\$ 30
81003	Urine Screen	\$ 30
81025	Urine Pregnancy Test	\$ 80
84520	Urea Nitrogen (BUN)	\$ 38
82306	Vitamin D, 25 Hydroxy level	\$ 110