

Table 3B - Laboratory Services (Blood Test, Fecal Test, Urine Test, Swab Test)

Physician and Hospital Pricing of Common Outpatient Procedures - Gross Charges

Under Act 53, the information in the table below was required to be submitted by the hospitals to the Vermont Department of Health. Most of the charges in the table are effective for the period of October 1, 2018 through September 30, 2019. They are based on Common Procedural Terminology (CPT®) codes, which are defined as "a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients, and third parties" (CPT® 2012 Standard Edition codebook - American Medical Association).

The tables of CPT code charges shown on the Health Department's website provide hospital and physician gross charge information for selected commonly used outpatient procedures and related physician services. The charges listed are for the procedures themselves and do not represent other procedures that your physician may order or recommend. For some procedures, additional services such as blood collection or sedation may be required in conjunction with delivering the listed procedure. There may also be charges for supplies and pharmaceuticals used in the procedure. **To completely understand all possible charges that may apply for services received, please call your hospital and/or physician. Every patient event may have unique circumstances that could require additional services determined at the time of care, which can affect your total charges. The gross charges shown do NOT take into account any discounts or insurance. Please see the "Frequently Asked Questions" page for more information about pricing issues and considerations.**

For each table:

- **All charges shown are for hospitals and hospital-employed physicians only.**
- **"N/A" for hospital charges** indicates that the hospital does not perform this particular procedure. Check with the hospital as it may perform a similar procedure that is not listed.
- **"N/A" for physician charges** indicates that the hospital does not employ any physician who performs the service. In these cases, you may expect a separate charge from your physician or another doctor not employed directly by the hospital.
- The Hospital System Averages at the bottom of the table are the averages of the charges shown for each CPT code and do not include any charges that are "N/A".
- Note that many of the codes on the list are diagnostic tests in which the physician charge component represents the medical interpretation of a resulting image, lab specimen analysis, etc.

All Vermont Community Hospitals

Table 3B - Laboratory Services

		Blood Test											
CPT Code		80051	80053	80061	80069	80074	80076	82306	82310	82378 ¹	82435	82465	82523
Hospital	Description	Electrolyte panel	Comprehensive metabolic panel	Lipid panel	Renal (kidney) function panel	Acute hepatitis panel	Hepatic (liver) function panel	Vitamin D level	Calcium level	Carcinoembryonic antigen, CEA	Chloride level	Cholesterol levels	Collagen cross links
Brattleboro Memorial Hospital	Hospital Charge	\$61	\$93	\$94	n/a	n/a	\$70	\$262	\$35	\$125	n/a	\$38	\$110
Central Vermont Medical Center*	Hospital Charge	\$56	\$102	\$93	n/a	n/a	\$100	\$243	\$36	\$196	\$38	\$68	\$391
Copley Hospital	Hospital Charge	\$40	\$92	\$63	\$50	\$317	\$47	\$96	\$25	\$53	\$26	\$25	\$213
University of Vermont Medical Center	Hospital Charge	\$47	\$112	\$86	\$49	\$441	\$98	\$125	\$26	\$114	\$31	\$27	\$97
Gifford Medical Center	Hospital Charge	\$93	\$136	\$150	\$112	n/a	\$105	\$202	\$67	\$211	\$59	\$24	\$96
Grace Cottage Hospital	Hospital Charge	\$79	\$156	\$131	\$156	n/a	\$156	\$288	\$41	\$163	\$38	\$41	\$314
Mt. Ascutney Hospital	Hospital Charge												
North Country Hospital	Hospital Charge	\$134	\$174	\$97	\$165	\$1,076	\$173	\$257	\$116	\$281	\$42	\$78	\$221
Northeastern Vermont Regional Hospital	Hospital Charge	\$107	\$160	\$165	\$134	\$696	\$140	\$300	\$65	\$373	\$82	\$72	\$163
Northwestern Medical Center	Hospital Charge	\$38	\$43	\$38	\$26	\$165	\$32	\$75	\$22	\$46	\$20	\$20	\$159
Porter Hospital	Hospital Charge	\$100	\$169	\$99	\$145	\$348	\$131	\$116	\$68	\$120	\$58	\$61	\$225
Rutland Regional Medical Center	Hospital Charge	\$42	\$32	\$43	\$123	\$235	\$36	\$98	\$54	\$205	\$65	\$58	\$177
Southwestern Vermont Medical Center	Hospital Charge	\$61	\$104	\$104	\$66	\$531	\$79	\$178	\$61	\$192	\$59	\$56	\$316
Springfield Hospital	Hospital Charge	\$76	\$77	\$95	\$96	n/a	\$158	\$116	\$25	\$34	\$52	\$51	\$332
Hospital System Averages	Hospital Charge	\$72	\$111	\$97	\$102	\$476	\$102	\$181	\$49	\$163	\$47	\$48	\$216

1. A test to check for a protein associated with certain kinds of cancers.

All Vermont Community Hospitals

		Blood Test											
CPT Code		82550	82565	82607	82627 ¹	82728	82785	82947	82977	83036	83525	83540	83550
Hospital	Description	Creatine kinase (CK) level	Creatinine level	Vitamin B-12 (cyanocobalamin) level	DHEA-S level	Ferritin level	IgE (immune system protein) level	Blood glucose (sugar) level	Glutamyltransferase (liver enzyme) level (GGT)	Glycosylated mehoglobin test (A1C) for blood glucose	Insulin level	Iron evel	Iron binding capacity
Brattleboro Memorial Hospital	Hospital Charge	\$56	\$42	\$90	\$192	\$121	\$142	\$35	\$63	\$84	\$99	\$57	\$77
Central Vermont Medical Center*	Hospital Charge	\$81	\$35	\$82	\$285	\$156	\$77	\$45	\$82	\$137	\$168	\$96	\$60
Copley Hospital	Hospital Charge	\$44	\$29	\$53	\$80	\$53	\$57	\$22	\$29	\$54	\$75	\$38	\$50
University of Vermont Medical Center	Hospital Charge	\$35	\$27	\$84	\$218	\$87	\$89	\$26	\$29	\$71	\$89	\$61	\$42
Gifford Medical Center	Hospital Charge	\$83	\$28	\$194	\$287	\$175	\$212	\$22	\$36	\$125	\$147	\$83	\$113
Grace Cottage Hospital**	Hospital Charge	\$88	\$38	\$114	\$250	\$104	\$129	\$38	\$71	\$152	\$129	\$64	\$77
Mt. Ascutney Hospital & Health Center	Hospital Charge												
North Country Hospital	Hospital Charge	\$159	\$62	\$293	\$296	\$224	\$139	\$58	\$161	\$179	\$88	\$151	\$151
Northeastern Vermont Regional Hospital	Hospital Charge	\$100	\$80	\$159	\$321	\$206	\$249	\$63	\$111	\$80	\$175	\$100	\$134
Northwestern Medical Center	Hospital Charge	\$22	\$22	\$20	\$69	\$34	\$46	\$22	\$19	\$27	\$55	\$22	\$27
Porter Hospital	Hospital Charge	\$91	\$69	\$97	\$205	\$159	\$106	\$48	\$92	\$125	\$87	\$109	\$100
Rutland Regional Medical Center	Hospital Charge	\$92	\$33	\$94	\$314	\$79	\$69	\$24	\$102	\$32	\$162	\$44	\$61
Southwestern Vermont Medical Center	Hospital Charge	\$86	\$49	\$75	\$124	\$56	\$94	\$42	\$62	\$119	\$76	\$55	\$113
Springfield Hospital	Hospital Charge	\$73	\$59	\$59	\$236	\$146	\$176	\$47	\$29	\$98	\$123	\$73	\$73
Hospital System Averages	Hospital Charge	\$78	\$44	\$109	\$221	\$123	\$122	\$38	\$68	\$99	\$113	\$73	\$83

1.dehydroepiandrosterone-sulfate

All Vermont Community Hospitals

		Blood Test											
	CPT Code	83615	83690	83721	83735	83970	84075	84100	84146	84153	84155	84165	84295
Hospital	Description	Lactate dehydrogenase (enzyme) level	Lipase (fat enzyme) level	LDL cholesterol level	Magnesium level	Parathormone (parathyroid hormone) level	Phosphatase (enzyme) level; alkaline	Phosphate level	Prolactin (milk producing hormone) level	Prostate specific antigen (PSA), total	Total protein level	Protein level	Sodium level
Brattleboro Memorial Hospital	Hospital Charge	\$52	\$41	\$80	\$59	\$356	\$47	\$41	\$167	\$150	\$32	\$59	\$38
Central Vermont Medical Center*	Hospital Charge	\$71	\$66	\$145	\$106	\$296	\$46	\$76	\$188	\$134	\$45	\$121	\$35
Copley Hospital	Hospital Charge	\$34	\$22	\$91	\$87	\$126	\$29	\$40	\$61	\$96	\$23	\$50	\$25
University of Vermont Medical Center	Hospital Charge	\$28	\$31	\$100	\$35	\$186	\$26	\$26	\$121	\$81	\$27	\$65	\$27
Gifford Medical Center	Hospital Charge	\$33	\$89	\$123	\$87	\$292	\$67	\$28	\$249	\$167	\$47	\$140	\$62
Grace Cottage Hospital**	Hospital Charge	\$64	\$51	\$138	\$80	\$402	\$53	\$48	\$199	\$160	\$48	\$113	\$52
Mt. Ascutney Hospital & Health Center	Hospital Charge												
North Country Hospital	Hospital Charge	\$165	\$304	\$35	\$178	\$356	\$157	\$114	\$296	\$124	\$157	n/a	\$52
Northeastern Vermont Regional Hospital	Hospital Charge	\$93	\$73	\$140	\$103	\$595	\$80	\$74	\$318	\$267	\$56	\$162	\$70
Northwestern Medical Center	Hospital Charge	\$22	\$22	\$54	\$53	\$116	\$32	\$22	\$33	\$43	\$19	\$52	\$22
Porter Hospital	Hospital Charge	\$92	\$122	\$108	\$102	\$190	\$82	\$63	\$126	\$138	\$39	\$70	\$44
Rutland Regional Medical Center	Hospital Charge	\$85	\$66	\$78	\$28	\$249	\$72	\$66	\$117	\$61	\$52	\$63	\$62
Southwestern Vermont Medical Center	Hospital Charge	\$51	\$62	\$60	\$83	\$190	\$61	\$61	\$224	\$88	\$35	\$113	\$57
Springfield Hospital	Hospital Charge	\$68	\$68	\$99	\$74	\$68	\$59	\$56	\$25	\$195	\$42	\$35	\$51
Hospital System Averages	Hospital Charge	\$66	\$78	\$96	\$83	\$263	\$62	\$55	\$163	\$131	\$48	\$87	\$46

All Vermont Community Hospitals

		Blood Test											
CPT Code		84402	84403	84436	84439	84443	84450 ¹	84460 ¹	84478	84479	84480	84481	84520 ²
Hospital	Description	Testosterone level, free	Testosterone level, total	Thyroxine (thyroid chemical) level, total	Thyroxine (thyroid chemical) level, free	Thyroid stimulating hormone (TSH) level	Aspartate aminotransferase (AST or SGOT) test	Aalanine transaminase (ALT or SGPT) test	Triglycerides level	Test to evaluate thyroid hormone	T3 (thyroid hormone) level, total	T3 (thyroid hormone) level, free	Urea nitrogen level
Brattleboro Memorial Hospital	Hospital Charge	\$219	\$210	\$59	\$80	\$145	\$46	\$41	\$50	\$56	\$125	\$149	\$31
Central Vermont Medical Center*	Hospital Charge	\$179	\$203	\$83	\$132	\$161	\$48	\$74	\$76	\$60	\$154	\$202	\$114
Copley Hospital	Hospital Charge	n/a	\$76	\$40	\$60	\$88	\$29	\$27	\$29	\$37	\$50	\$75	\$31
University of Vermont Medical Center	Hospital Charge	\$143	\$138	\$69	\$73	\$92	\$26	\$26	\$29	\$88	\$72	\$105	\$25
Gifford Medical Center	Hospital Charge	\$328	\$333	\$89	\$116	\$217	\$67	\$68	\$74	\$91	\$182	\$218	\$51
Grace Cottage Hospital	Hospital Charge	\$216	\$258	\$79	\$102	\$179	\$42	\$52	\$48	\$141	\$151	\$190	\$38
Mt. Ascutney Hospital	Hospital Charge												
North Country Hospital	Hospital Charge	\$253	\$309	\$129	\$191	\$209	\$147	\$147	\$79	\$169	\$437	\$136	\$101
Northeastern Vermont Regional Hospital	Hospital Charge	\$381	\$38	\$105	\$133	\$243	\$80	\$73	\$89	\$100	\$207	\$245	\$54
Northwestern Medical Center	Hospital Charge	n/a	\$47	\$22	\$22	\$32	\$22	\$22	\$22	\$22	\$32	\$55	\$22
Porter Hospital	Hospital Charge	n/a	\$143	\$68	\$101	\$187	\$80	\$72	\$72	\$70	\$77	\$110	\$57
Rutland Regional Medical Center	Hospital Charge	\$159	\$188	\$97	\$34	\$58	\$73	\$66	\$81	n/a	\$184	\$239	\$33
Southwestern Vermont Medical Center	Hospital Charge	\$124	\$137	\$73	\$115	\$188	\$49	\$52	\$59	\$45	\$76	\$85	\$49
Springfield Hospital	Hospital Charge	n/a	\$41	\$75	\$109	\$95	\$59	\$55	\$29	\$112	\$151	\$45	\$41
Hospital System Averages	Hospital Charge	\$222	\$163	\$76	\$97	\$146	\$59	\$60	\$57	\$83	\$146	\$143	\$50

1. Test to check for liver damage.

2. To assess kidney functioning.

All Vermont Community Hospitals

		Blood Test											
CPT Code		84550	84703	85025 ¹	85027 ¹	85610	85651 ²	86003	86038	86140 ³	86141 ³	86430 ⁴	should be 86580?
Hospital	Description	Uric acid level	Gonadotropin (reproductive hormone)	CBC, automated, and automated WBC count	CBC, automated	Clotting time	Red blood cell sedimentation rate	Antibody to allergic substance (IgE)	Test to screen for autoimmune disorder	C-reactive protein	C-reactive protein, high sensitivity	Rheumatoid factor	Tuberculosis test
Brattleboro Memorial Hospital	Hospital Charge	\$40	\$67	\$69	n/a	\$34	\$24	\$45	\$104	\$31	\$114	\$49	\$146
Central Vermont Medical Center	Hospital Charge	\$52	\$132	\$48	\$44	\$43	\$70	\$145	\$188	\$60	\$99	\$135	\$249
Copley Hospital	Hospital Charge	\$26	n/a	\$45	\$37	\$30	\$20	\$83	\$101	\$80	n/a	n/a	\$175
University of Vermont Medical Center	Hospital Charge	\$27	\$42	\$37	\$34	\$32	\$21	\$58	\$75	\$42	\$81	n/a	\$145
Gifford Medical Center	Hospital Charge	\$58	\$97	\$91	\$83	\$51	\$46	\$71	\$155	\$67	\$167	n/a	\$797
Grace Cottage Hospital	Hospital Charge	\$48	\$104	\$75	\$75	\$93	\$53	\$48	\$114	\$69	\$141	n/a	\$47
Mt. Ascutney Hospital	Hospital Charge												
North Country Hospital	Hospital Charge	\$193	\$101	\$103	\$73	\$53	\$103	\$47	\$424	\$182	\$76	\$21	\$230
Northeastern Vermont Regional Hospital	Hospital Charge	\$71	\$117	\$121	\$100	\$63	n/a	\$17	\$183	\$54	\$54	n/a	\$170
Northwestern Medical Center	Hospital Charge	\$22	\$29	\$52	\$30	\$22	n/a	\$46	\$60	\$22	\$51	\$26	\$180
Porter Hospital	Hospital Charge	\$81	n/a	\$87	\$82	\$34	\$85	\$34	\$80	\$80	\$87	n/a	\$191
Rutland Regional Medical Center	Hospital Charge	\$33	n/a	\$26	\$26	\$44	n/a	\$32	\$43	\$49	\$183	n/a	\$380
Southwestern Vermont Medical Center	Hospital Charge	\$49	\$119	\$98	\$50	\$55	n/a	\$68	\$114	\$57	\$137	\$67	n/a
Springfield Hospital	Hospital Charge	\$52	\$82	\$89	\$73	\$47	n/a	\$66	\$55	\$42	n/a	n/a	\$162
Hospital System Averages	Hospital Charge	\$58	\$89	\$72	\$59	\$46	\$53	\$58	\$130	\$64	\$108	\$59	\$239

1. CBC = Complete Blood Count

2. Test to detect inflammation.

3. Test to detect infection or inflammation.

4. North Country uses CPT code 86431.

All Vermont Community Hospitals

		Blood Test										
CPT Code		86618	86695	86696	86703 ¹	86706	86787	86800	86803	86850	86900	86901
Hospital	Description	Analysis for lyme disease bacteria	Antibody to herpes simplex virus, type 1	Antibody to herpes simplex virus, type 2	Antibody to HIV-1 and HIV-2 virus	Hepatitis B surface antibody level	Antibody to varicella-zoster virus (chicken pox)	Thyroglobulin (thyroid protein) antibody level	Hepatitis C antibody level	Antibody detection	ABO blood typing	Rh blood typing
Brattleboro Memorial Hospital	Hospital Charge	\$123	\$113	\$158	\$93	\$125	\$111	\$104	\$125	\$102	\$27	\$27
Central Vermont Medical Center	Hospital Charge	\$159	\$131	\$131	\$199	\$133	\$141	\$191	\$162	\$186	\$75	\$71
Copley Hospital	Hospital Charge	\$92	\$50	\$72	\$69	\$54	\$73	\$68	\$78	\$71	\$17	\$17
University of Vermont Medical Center	Hospital Charge	\$86	\$92	\$102	\$82	\$88	\$79	\$81	\$88	\$69	\$38	\$37
Gifford Medical Center	Hospital Charge	\$219	\$185	\$249	\$176	\$139	\$166	\$204	\$183	\$120	\$39	\$73
Grace Cottage Hospital	Hospital Charge	\$142	\$128	\$170	\$131	\$144	\$155	\$123	\$188	\$121	\$61	\$61
Mt. Ascutney Hospital	Hospital Charge											
North Country Hospital	Hospital Charge	\$115	\$49	\$72	\$253	\$183	\$106	\$129	\$130	\$98	\$80	\$80
Northeastern Vermont Regional Hospital	Hospital Charge	\$217	\$144	\$290	\$160	\$19	\$333	\$183	\$29	\$139	\$124	\$49
Northwestern Medical Center	Hospital Charge	\$54	\$107	\$107	\$138	\$46	\$66	\$150	\$54	\$87	\$48	\$37
Porter Hospital	Hospital Charge	\$125	\$70	\$70	\$89	\$93	\$84	\$66	\$85	\$114	\$59	\$52
Rutland Regional Medical Center	Hospital Charge	\$90	\$174	\$255	\$89	\$152	\$144	\$171	\$188	\$166	\$172	\$83
Southwestern Vermont Medical Center	Hospital Charge	\$48	\$123	\$111	n/a	\$124	\$111	\$95	\$76	\$148	\$87	\$81
Springfield Hospital	Hospital Charge	\$52	\$24	\$47	\$46	\$32	\$109	\$45	\$49	\$60	\$37	\$66
Hospital System Averages	Hospital Charge	\$117	\$107	\$141	\$127	\$102	\$129	\$124	\$110	\$114	\$66	\$56

1. North Country uses CPT code G0425.

All Vermont Community Hospitals

Hospital	CPT Code	Fecal Test			Urine Test					
		82270	87045	87177	81000 ¹	81001	81003 ²	84156	87086 ³	87088
	Description	Stool test for blood (to screen for colon tumors)	Stool test for bacterial culture	Stool test for parasites	Urinalysis (non-automated), microscopy	Urinalysis (automated), with microscopy	Urinalysis (automated), without microscopy	Urine test for total protein level	Urine culture, colony count	Urine culture, organism identification
Brattleboro Memorial Hospital	Hospital Charge	\$29	\$84	\$73	\$24	n/a	\$16	\$49	\$51	\$33
Central Vermont Medical Center	Hospital Charge	n/a	\$120	\$202	\$17	\$94	\$55	\$50	n/a	\$62
Copley Hospital	Hospital Charge	\$19	n/a	\$50	n/a	\$46	\$22	\$21	n/a	\$22
University of Vermont Medical Center	Hospital Charge	\$35	\$53	\$109	n/a	\$38	\$27	\$38	\$77	\$62
Gifford Medical Center	Hospital Charge	n/a	n/a	\$57	\$42	n/a	\$27	\$47	\$79	\$59
Grace Cottage Hospital	Hospital Charge	\$135	\$92	\$172	\$69	\$69	\$37	\$48	\$104	\$83
Mt. Ascutney Hospital	Hospital Charge									
North Country Hospital	Hospital Charge	\$105	\$336	\$533	\$114	n/a	\$43	\$110	n/a	\$172
Northeastern Vermont Regional Hospital	Hospital Charge	\$41	n/a	\$137	\$50	\$15	\$30	\$50	\$89	\$62
Northwestern Medical Center	Hospital Charge	\$24	\$120	\$57	\$13	\$28	\$24	\$23	\$33	\$18
Porter Hospital	Hospital Charge	\$39	\$176	\$108	\$55	\$56	\$29	\$57	\$54	\$82
Rutland Regional Medical Center	Hospital Charge	\$54	\$94	\$83	n/a	\$23	\$23	\$50	\$36	\$24
Southwestern Vermont Medical Center	Hospital Charge	\$40	\$81	\$112	\$24	\$92	\$91	\$43	\$92	n/a
Springfield Hospital	Hospital Charge	\$19	n/a	\$77	\$66	n/a	\$27	\$59	\$76	\$76
Hospital System Averages	Hospital Charge	\$49	\$128	\$136	\$47	\$51	\$35	\$50	\$69	\$63

1. At Brattleboro Memorial Hospital, it is a point-of-care testing at doctor's office.

2. North Country uses CPT code 81002.

3. North Country uses CPT code 87088.

All Vermont Community Hospitals

		Swab Test										
CPT Code		87070	87077	87081	87186 ¹	87205	87400 ²	87430	87491	87591	87624	87880
Hospital	Description	Bacterial culture swab, other than urine, blood, or stool	Bacterial culture for aerobic isolates	Screening test for disease-causing organism	Evaluation of antimicrobial drug	Special stain for microorganism	Influenza test (virus A or B)	Strep test, group A, immunoassay technique	Chlamydia test, amplified probe technique	Gonorrhea test (neisseria gonorrhoeae bacteria)	Infectious agent detection of HPV, high risk types	Strep test, group A, immunoassay with direct optical obs.
Brattleboro Memorial Hospital	Hospital Charge	\$76	\$71	\$36	\$76	\$38	\$101	\$101	\$117	\$159	\$225	n/a
Central Vermont Medical Center	Hospital Charge	\$160	\$172	\$136	\$276	\$87	n/a	\$88	\$174	\$172	\$300	\$45
Copley Hospital	Hospital Charge	\$49	\$108	\$42	\$95	\$41	n/a	\$66	\$80	\$80	\$133	n/a
University of Vermont Medical Center	Hospital Charge	\$30	\$44	\$53	\$197	\$48	n/a	n/a	\$90	\$90	n/a	\$42
Gifford Medical Center	Hospital Charge	\$110	\$104	\$52	\$112	\$55	n/a	n/a	\$226	\$451	\$172	\$98
Grace Cottage Hospital	Hospital Charge	\$121	\$83	\$73	\$122	\$62	\$112	n/a	\$228	\$228	\$228	\$103
Mt. Ascutney Hospital	Hospital Charge											
North Country Hospital	Hospital Charge	\$340	\$30	\$42	\$143	\$110	\$116	\$88	\$130	\$125	\$177	\$59
Northeastern Vermont Regional Hospital	Hospital Charge	\$133	\$63	\$66	\$133	\$69	\$271	n/a	\$390	\$390	\$428	\$84
Northwestern Medical Center	Hospital Charge	\$38	\$35	\$38	\$64	\$38	n/a	n/a	\$41	\$51	\$81	\$55
Porter Hospital	Hospital Charge	\$148	\$71	\$54	\$54	\$49	n/a	\$52	\$111	\$111	\$133	\$57
Rutland Regional Medical Center	Hospital Charge	\$142	\$133	\$68	\$143	\$70	\$141	\$50	\$151	\$138	\$199	\$111
Southwestern Vermont Medical Center	Hospital Charge	\$149	n/a	\$115	\$104	\$71	\$154	n/a	\$113	\$113	n/a	\$87
Springfield Hospital	Hospital Charge	\$95	\$81	\$59	\$72	\$44	n/a	n/a	\$95	\$87	\$97	\$162
Hospital System Averages	Hospital Charge	\$122	\$83	\$64	\$122	\$60	\$149	\$74	\$150	\$169	\$198	\$82

1. Antibiotic, antifungal, antiviral.
 2. Grace Cottage uses CPT code 87804.