

## 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, 2017 through September 30, 2018. 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.

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All Vermont Community Hospitals

**Table 3B - Laboratory Services**

	<b>CPT Code</b>	80051	80053	80055	80061	81000	81001	81025*	82947	84153	85025**	86850	86900
<b>Hospital</b>	<b>Description</b>	Electrolyte Panel	Comprehensive Metabolic Panel	Obstetric Panel	Lipid Panel	Urinalysis, non-automated, microscopy	Urinalysis, automated, microscopy	Pregnancy test (urine)	Blood glucose	Prostate specific antigen (PSA)	Complete blood count (CBC)	Antibody detection	ABO blood typing
Brattleboro Memorial Hospital	Hospital Charge	\$58	\$88	\$528	\$89	\$15	n/a	\$21	\$33	\$122	\$65	\$96	\$25
Central Vermont Medical Center*	Hospital Charge	\$64	\$101	n/a	\$92	\$17	\$93	\$74	\$45	\$149	\$47	\$185	\$74
Copley Hospital	Hospital Charge	\$38	\$88	\$360	\$60	n/a	\$44	\$35	\$22	\$101	\$43	\$68	\$16
University of Vermont Medical Center	Hospital Charge	\$40	\$104	\$120	\$73	\$23	\$35	\$51	\$26	\$76	\$35	\$59	\$36
Gifford Medical Center	Hospital Charge	\$89	\$130	\$435	\$132	\$37	n/a	\$82	\$20	\$211	\$87	\$161	\$277
Grace Cottage Hospital**	Hospital Charge	\$76	\$151	n/a	\$126	\$66	\$50	\$97	\$36	\$155	\$72	\$117	\$59
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$116	\$176	n/a	\$182	n/a	\$51	\$103	\$39	\$304	\$126	\$145	\$50
North Country Hospital	Hospital Charge	\$127	\$165	\$448	\$92	\$108	n/a	\$47	\$55	\$118	\$98	\$94	\$76
Northeastern Vermont Regional Hospital	Hospital Charge	\$101	\$152	\$457	\$157	\$22	\$15	\$93	\$60	\$264	\$115	\$132	\$118
Northwestern Medical Center	Hospital Charge	\$37	\$42	\$131	\$37	\$12	\$27	\$45	\$21	\$42	\$50	\$85	\$47
Porter Hospital	Hospital Charge	\$100	\$169	n/a	\$99	\$49	\$56	\$62	\$48	\$138	\$87	\$114	\$59
Rutland Regional Medical Center	Hospital Charge	\$41	\$31	n/a	\$42	n/a	\$22	\$38	\$23	\$59	\$25	\$160	\$166
Southwestern Vermont Medical Center	Hospital Charge	\$58	\$99	n/a	\$99	\$25	\$88	\$27	\$40	\$197	\$94	\$142	\$83
Springfield Hospital	Hospital Charge	\$72	\$73	n/a	\$90	\$62	n/a	\$65	\$44	\$185	\$84	\$57	\$35
Hospital System Averages	Hospital Charge	\$73	\$112	\$354	\$98	\$40	\$48	\$60	\$37	\$151	\$73	\$115	\$80

**Note:**  
 \* For CVMC, pregnancy test (CPT code 81025) is \$74 if done at the hospital, \$19 if done at physician office.  
 \*\* For Pregnancy test (urine) Grace Cottage Hospital uses CPT code 85027.

All Vermont Community Hospitals

Hospital	CPT Code	Similar tests							
		86901	87086	87088***	87491	87430	87880	88142	88175
	Description	Rh blood typing	Urine culture, colony count	Urine culture, organism identification	Chlamydia test	Strep test, group A, immunoassay technique	Strep test, group A, immunoassay with direct optical obs.	Pap test (with liquid base preparation)	Pap test (with liquid base preparation), automated
Brattleboro Memorial Hospital	Hospital Charge	\$25	\$48	\$31	\$110	\$95	\$95	\$91	\$91
Central Vermont Medical Center	Hospital Charge	\$70	n/a	\$61	\$172	\$87	\$43	\$152	n/a
Copley Hospital	Hospital Charge	\$16	n/a	\$21	\$77	\$63	n/a	n/a	\$103
University of Vermont Medical Center	Hospital Charge	\$34	\$72	\$52	\$111	n/a	\$68	\$85	\$80
Gifford Medical Center	Hospital Charge	\$70	\$76	\$46	\$306	n/a	\$142	\$287	n/a
Grace Cottage Hospital***	Hospital Charge	\$59	\$100	\$80	\$220	n/a	\$95	n/a	n/a
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$50	\$60	\$62	\$432	\$76	\$175	\$335	n/a
North Country Hospital	Hospital Charge	\$76	n/a	\$163	\$61	\$83	\$56	\$95	\$161
Northeastern Vermont Regional Hospital	Hospital Charge	\$82	\$84	\$59	\$371	n/a	\$80	\$237	\$246
Northwestern Medical Center	Hospital Charge	\$36	\$32	\$18	\$47	n/a	\$53	\$80	\$70
Porter Hospital	Hospital Charge	\$52	\$54	\$82	\$111	\$52	\$57	n/a	\$86
Rutland Regional Medical Center	Hospital Charge	\$89	\$35	\$23	\$133	\$48	\$107	\$81	n/a
Southwestern Vermont Medical Center	Hospital Charge	\$77	\$88	n/a	\$108	n/a	\$84	\$128	\$128
Springfield Hospital	Hospital Charge	\$62	\$36	\$47	\$90	n/a	\$162	\$107	n/a
Hospital System Averages	Hospital Charge	\$57	\$62	\$57	\$168	\$72	\$94	\$152	\$121

Note:

\*\*\* For the urine culture organism identification, Grace Cottage Hospital uses CPT code 87077.