

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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Table 3H - Radiology Services - Mammograms

- There is usually a physician charge for interpreting these procedures. Please check with your hospital and physician for details about pricing and your specific circumstances.

	CPT Code	77065	77066	77067
Hospital	Description	Diagnostic Mammography, CAD, unilateral	Diagnostic Mammography, CAD, bilateral	Screening mammography, CAD, bilateral
Brattleboro Memorial Hospital	Hospital Charge	\$327	\$417	\$356
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Central Vermont Medical Center	Hospital Charge	\$613	\$651	\$561
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Copley Hospital	Hospital Charge	\$289	\$355	\$340
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
University of Vermont Medical Center	Hospital Charge	\$365	\$465	\$525
	Physician Charge	\$177	\$220	\$168
	Total Charge	\$542	\$685	\$693
Gifford Medical Center	Hospital Charge	\$378	\$449	\$466
	Physician Charge	\$72	\$90	\$68
	Total Charge	\$450	\$539	\$534
Grace Cottage Hospital	Hospital Charge	n/a	n/a	n/a
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$574	\$574	\$574
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
North Country Hospital	Hospital Charge	\$344	\$433	\$426
	Physician Charge	\$169	\$175	\$154
	Total Charge	\$513	\$608	\$580
Northeastern Vermont Regional Hospital	Hospital Charge	\$752	\$958	\$847
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Northwestern Medical Center	Hospital Charge	\$244	\$318	\$217
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Porter Hospital	Hospital Charge	\$581	\$701	\$605
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Rutland Regional Medical Center	Hospital Charge	\$386	\$496	\$414
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Southwestern Vermont Medical Center	Hospital Charge	\$447	\$536	\$486
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Springfield Hospital	Hospital Charge	\$329	\$399	\$366
	Physician Charge	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a
Hospital System Averages	Hospital Charge	\$433	\$519	\$476
	Physician Charge	\$139	\$162	\$130
	Total Charge	\$502	\$611	\$602

Note:

* If used, these computer assisted codes (77051 or 77052) are additional charges to the mammogram itself (usually 77056 or 77057).