**Table 3A - Physician Services (Office Visit, Specialist Consultation, Preventive Medicine Services)**

**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.

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### Table 3A - Physician Services

- The different “levels” in the CPT code descriptions indicate levels of complexity of the visit or consultation. A higher number is more complex than a lower number.

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1. For Copley Hospital, prices shown are the average of all physician practice groups.
2. For NCH, prices apply when done in hospital; if done at clinic, prices are different.

2019 Hospital Report Card Comparative Pricing Summary
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1. For Copley Hospital, prices shown are the average of all physician practice groups.