

Table 3I - Obstetric/Gynecological Procedures (Laboratory Services, Delivery, Ultrasounds)

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 3I - Obstetric/Gynecological Procedures

	CPT Code	Laboratory Services				Delivery ²		Ultrasounds ⁴			
		81025 ³	88142 ¹	88175	82746	59400	59510	76801	76805	76816	76817
Hospital	Description	Urine pregnancy test	Pap test (with liquid base preparation)	Pap test (with liquid base preparation), automated	Blood test for folic acid level	Vaginal delivery	C-section (Cesarean delivery)	Obstetric transabdominal ultrasound, first trimester	Obstetric transabdominal ultrasound, first trimester	Obstetric transabdominal ultrasound re-evaluation of pregnant uterus, per fetus	Obstetric transvaginal ultrasound pregnant fetus
Brattleboro Memorial Hospital	Hospital Charge	n/a	\$96	n/a	\$120	n/a	n/a	\$849	\$849	\$510	\$849
	Physician Charge	\$21	n/a	n/a	n/a	\$3,586	\$4,459	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	\$3,586	\$4,459	n/a	n/a	n/a	n/a
Central Vermont Medical Center	Hospital Charge	\$29	\$153	n/a	\$83	\$6,847	\$5,555	\$584	\$670	\$700	\$667
	Physician Charge	\$19	\$0	n/a	\$0	\$3,384	\$3,384	\$88	\$109	\$96	\$67
	Total Charge	\$48	\$153	n/a	\$83	\$10,231	\$8,939	\$672	\$779	\$796	\$733
Copley Hospital	Hospital Charge	\$37	n/a	\$108	\$55	\$4,594	\$15,094	\$471	\$541	\$282	\$296
	Physician Charge	n/a	n/a	n/a	n/a	\$3,663	\$4,061	\$170	\$170	\$73	\$64
	Total Charge	\$37	n/a	\$108	\$55	\$8,257	\$19,155	\$641	\$711	\$355	\$360
University of Vermont Medical Center	Hospital Charge	\$54	\$85	\$85	\$77	\$4,182	\$6,075	\$680	\$818	\$476	\$628
	Physician Charge	n/a	n/a	n/a	n/a	\$3,375	\$3,800	\$576	\$662	\$534	\$452
	Total Charge	\$54	\$85	\$85	\$77	\$7,557	\$9,875	\$1,256	\$1,480	\$1,010	\$1,081
Gifford Medical Center	Hospital Charge	\$85	\$158	n/a	\$73	n/a	n/a	\$839	\$715	\$498	\$930
	Physician Charge	n/a	n/a	n/a	n/a	\$9,033	\$4,171	\$116	\$116	\$98	\$86
	Total Charge	\$85	\$158	n/a	\$73	n/a	n/a	\$955	\$831	\$586	\$1,016
Grace Cottage Hospital	Hospital Charge	\$104	n/a	n/a	\$131	n/a	n/a	\$811	\$696	\$696	\$696
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	\$174	\$174	\$174	\$174
	Total Charge	\$104	n/a	n/a	\$131	n/a	n/a	\$985	\$870	\$870	\$870
Mt. Ascutney Hospital	Hospital Charge										
	Physician Charge										
	Total Charge										
North Country Hospital	Hospital Charge	\$50	\$100	\$170	\$328	\$10,271	\$20,525	\$1,522	\$722	\$1,263	\$1,228
	Physician Charge	n/a	n/a	n/a	n/a	\$3,981	\$4,913	\$293	\$262	\$124	\$286
	Total Charge	\$50	\$100	\$170	\$328	\$14,252	\$25,438	\$1,814	\$984	\$1,387	\$1,513
Northeastern Vermont Regional Hospital	Hospital Charge	\$98	\$247	\$256	\$205	\$22,000	\$27,000	\$232	\$232	\$254	\$254
	Physician Charge	n/a	n/a	n/a	n/a	\$3,981	\$4,408	n/a	n/a	n/a	n/a
	Total Charge	\$98	\$247	\$256	\$205	\$25,981	\$31,408	\$232	\$232	\$254	\$254
Northwestern Medical Center	Hospital Charge	\$24	\$83	\$72	\$35	\$5,707	\$10,570	\$369	\$369	\$403	\$205
	Physician Charge	\$0	\$0	\$0	\$0	\$3,963	\$4,487	\$122	\$121	\$103	\$145
	Total Charge	\$24	\$83	\$72	\$35	\$9,670	\$15,057	\$491	\$491	\$506	\$350
Porter Hospital	Hospital Charge	\$62	n/a	\$86	\$85	\$5,044	n/a	\$571	\$413	\$408	\$452
	Physician Charge	n/a	n/a	n/a	n/a	\$4,610	\$5,103	\$199	\$157	\$153	\$149
	Total Charge	\$62	n/a	\$86	\$85	\$9,654	n/a	\$770	\$570	\$561	\$601
Rutland Regional Medical Center	Hospital Charge	\$39	\$84	n/a	\$192	\$4,846	\$3,392	\$798	\$885	\$561	\$561
	Physician Charge	\$0	\$0	n/a	\$0	\$4,416	\$4,999	\$252	\$252	\$217	\$191
	Total Charge	\$39	\$84	n/a	\$192	\$9,262	\$8,391	\$1,050	\$1,137	\$778	\$752
Southwestern Vermont Medical Center	Hospital Charge	\$27	\$134	\$134	\$76	\$10,025	\$18,550	\$731	\$742	\$694	\$514
	Physician Charge	\$0	\$0	\$0	\$0	\$3,955	\$4,476	n/a	n/a	n/a	n/a
	Total Charge	\$27	\$134	\$134	\$76	\$13,980	\$23,026	n/a	n/a	n/a	n/a
Springfield Hospital	Hospital Charge	\$69	\$55	\$119	\$57	n/a	n/a	\$1,070	\$1,070	\$882	\$1,195
	Physician Charge	n/a	n/a	n/a	n/a	\$3,968	\$5,204	n/a	n/a	n/a	n/a
	Total Charge	\$69	\$55	\$119	\$57	n/a	n/a	\$1,070	\$1,070	\$882	\$1,195
Hospital System Averages	Hospital Charge	\$56	\$119	\$129	\$117	\$8,168	\$13,345	\$733	\$671	\$587	\$652
	Physician Charge	\$8	\$0	\$0	\$0	\$4,326	\$4,455	\$221	\$225	\$175	\$179
Total Charge		\$58	\$122	\$129	\$116	\$11,243	\$16,194	\$903	\$832	\$726	\$793

1. At SVMC, MD review (CPT:88141)=\$63.75 if needed.

2. At SVMC, these are estimated average charges; and uses CPT codes 59409, 59514, respectively. For Copley, facility charges reflect the average price from FY2017 discharge dataset. At Porter, the hospital charge is normally billed under CPT code 59514.

3. At CVMC, \$19 if done in office. At BMH, it is done at doctor's office. Grace Cottage Hospital uses CPT code 85027.

4. At BMH, if done at doctor's office, global charge will apply for CPT codes 76801=\$258, 76805=\$296, 76816=\$234, and 76817=\$203.