## Table 3O - Radiology Services (Ultrasounds, Other Imaging Procedures)

## 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, 2022 through September 30, 2023. 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.
- ® CPT is a registered trademark of the American Medical Association.
- § Hospital in the table below did not submit the required CPT code pricing information to the Department of Health as of May 31, 2023.

Table 30 - Radiology Services

- 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.

Hospital  Central Vermont Medical Center  Copley Hospital  University of Vermont	CPT Code  Description  Iospital Charge Physician Charge Iospital Charge Physician Charge Iotal Charge Iotal Charge Iospital Charge Iospital Charge Iospital Charge Iospital Charge Iotal Charge Iotal Charge Iotal Charge Iotal Charge Iotal Charge Iospital Charge Iospital Charge	76642 <sup>1</sup> Ultrasound of single breast  \$909 n/a n/a \$447 n/a	76700 <sup>3</sup> Ultrasound of abdomen (complete)  \$839 n/a n/a	76705 <sup>1</sup> Ultrasound of abdomen (limited area)	76830 <sup>1</sup> Transvaginal ultrasound, non-obstetric	76856  Ultrasound of pelvis, non-obstetric (complete)	77080 <sup>2</sup> Bone density scan (DXA scan)	78306  Bone and joint image, whole body	78815  Nuclear medicine study with PET and concurrent CT imaging, skull base to mid-thigh
§ Brattleboro Memorial Hospital  Central Vermont Hodical Center  Copley Hospital  University of Vermont	Hospital Charge Physician Charge Total Charge Hospital Charge Physician Charge Total Charge Hospital Charge Physician Charge Total Charge	\$909 n/a n/a \$447 n/a	standard (complete) \$839 n/a n/a	abdomen (limited area)	ultrasound, non-obstetric	pelvis, non- obstetric	Bone density scan		study with PET and concurrent CT imaging, skull base
Hospital  Central Vermont Medical Center  Copley Hospital  University of Vermont	Physician Charge Total Charge Hospital Charge Physician Charge Hospital Charge Hospital Charge Hospital Charge Total Charge Total Charge Hospital Charge Hospital Charge	n/a n/a \$447 n/a	n/a n/a	*					
Central Vermont Medical Center To Copley Hospital University of Vermont	Hospital Charge Physician Charge Total Charge Hospital Charge Physician Charge Total Charge Total Charge Hospital Charge	n/a n/a \$447 n/a	n/a n/a	*	4				<b>†</b>
Properties   Pro	Physician Charge Otal Charge Hospital Charge Physician Charge Otal Charge Hospital Charge	n/a n/a \$447 n/a	n/a n/a	*	\$1,174	\$889	\$1,036	\$1,662	\$5,215
Copley Hospital  University of Vermont  Hospital  Hospital	otal Charge Hospital Charge Physician Charge Total Charge Hospital Charge	n/a \$447 n/a	n/a		η/, 17 <del>-</del> n/a	n/a	φ1,030 n/a	n/a	n/a
Copley Hospital House To To To University of Vermont	Hospital Charge Physician Charge Total Charge Hospital Charge	\$447 n/a		n/a	n/a	n/a	n/a	n/a	n/a
Copley Hospital Pt To University of Vermont	Physician Charge Total Charge Hospital Charge	n/a	\$803	\$623	\$454	\$569	\$489	\$1,815	n/a
University of Vermont	otal Charge lospital Charge		n/a	n/a	n/a	\$116	n/a	n/a	n/a
University of Vermont Ho	lospital Charge	\$447	\$803	\$623	\$454	\$685	\$489	\$1,815	n/a
University of Vermont		\$937	\$1,778	\$1,082	\$1,258	\$1,178	n/a	\$2,624	\$9,156
University of Vermont Medical Center	hysician Charge	\$171	\$203	\$149	\$174	\$174	\$198	\$210	\$596
	otal Charge	\$1,108	\$1,981	\$1,231	\$1,432	\$1,352	\$198	\$2,834	\$9,752
§ Gifford Medical Center Pr	Hospital Charge Physician Charge	Ų.,.co	<b>4</b> 1,500 1	ψ., <del>-</del> =0.	ψ.,σ=	ψ.,σσ <u>=</u>	ψ.00	Ψ2,00.	<b>40,1.02</b>
	otal Charge lospital Charge	\$612	\$964	\$730	\$987	\$699	\$667	\$667	n/a
Grace Cottage Family Health & Hospital	Physician Charge	\$012 \$111	\$164	\$118	\$140	\$139	\$44	\$44	n/a
	otal Charge	\$723	\$1,128	\$848	\$1,127	\$838	\$711	\$711	n/a
	lospital Charge	\$947	\$1,128	\$981	\$1,147	\$1,143	\$911	n/a	n/a
Mt. Ascutney Hospital	Physician Charge	\$94 <i>7</i> \$0	\$1,200 \$0	\$0	\$0	\$1,143 \$0	\$0	n/a	n/a
	otal Charge	\$947	\$1,268	\$981	\$1,147	\$1,143	\$911	n/a	n/a
	lospital Charge	\$2,996	\$2,183	\$1,689	\$1,689	\$708	\$876	\$4,790	\$7,586
North Country Hospital	Physician Charge	\$664	\$359	\$269	\$269	\$380	\$137	\$409	\$970
	otal Charge	\$3,659	\$2,542	\$1,957	\$1,957	\$1,088	\$1,013	\$5,199	\$8,556
Northeastern Vermont Regional Hospital	lospital Charge	\$464	\$232	\$232	\$232	\$232	\$1,142	\$3,654	n/a
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	otal Charge	\$464	\$232	\$232	\$232	\$232	\$1,142	\$3,654	n/a
Northwestern Medical	lospital Charge	\$366	\$857	\$657	\$945	\$595	\$663	n/a	n/a
Center Pr	Physician Charge	\$223	\$596	\$232	\$312	\$280	\$1,073	n/a	n/a
OCITICI	otal Charge	\$589	\$1,453	\$888	\$1,256	\$874		n/a	n/a
	lospital Charge	\$937	\$714	\$523	\$712	\$714	\$323	\$1,396	n/a
	Physician Charge	\$136	\$88	\$135	\$279	\$177	\$23	\$91	n/a
	otal Charge	\$1,073	\$802	\$658	\$991	\$891	\$346	\$1,487	n/a
Rutland Regional	lospital Charge	\$371	\$1,195	\$1,195	\$1,195	\$1,195	\$853	\$3,009	\$10,918
Medical Center	Physician Charge	n/a	\$242	n/a	n/a	n/a	n/a	n/a	n/a
	otal Charge	\$371	\$1,437	\$1,195	\$1,195	\$1,195	\$853	\$3,009	\$10,918
	lospital Charge	\$479	\$988	\$767	\$687	\$976	\$656	\$2,260	\$5,768
Medical Center	Physician Charge	n/a	n/a	n/a	n/a	n/a	\$26	n/a	n/a
	otal Charge lospital Charge	n/a	n/a \$2,040	n/a \$1,263	n/a \$1,641	n/a	\$682	n/a	n/a
Springfield Hospital	Physician Charge	\$1,007			\$1,641 n/a	\$1,641	\$538 \$26	\$1,900	n/a
	otal Charge	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a	\$26 \$682	n/a n/a	n/a n/a
		\$873	\$1,155	\$850	\$1,010			\$2,378	\$7,728
Hospital System Averages	Hospital Charge Physician Charge	\$873 \$217	\$1,155 \$236	\$850 \$150	\$1,010 \$196	\$878 \$181	\$741 \$191	\$2,378 \$188	\$7,728 \$783
	otal Charge	\$1,042	\$236 \$1,294	\$150	\$1,088	\$922	\$703	\$2,673	\$9,742

<sup>1.</sup> At Porter, these are the highest amounts for this CPT in the Chargemaster 3.At RRMC Profee when performed at Women's Health

<sup>2.</sup> At UVMMC this is a full global fee.