

Table 3G - Radiology Services (X-Rays)

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, 2020 through September 30, 2021. 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 3G - Radiology Services - X Rays

- 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	72081	72082	72100	73030	73100	73110	73120	73130
Hospital	Description	X-ray of entire spine, 1 view	X-ray of entire spine, 2 or 3 views	X-ray of lower and sacral spine, 2 or 3 views	X-ray of shoulder, minimum 2 views	X-ray of wrist, 2 views	X-ray of wrist, minimum 3 views	X-ray of hand, 2 views	X-ray of hand, minimum 3 views
Brattleboro Memorial Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								
Central Vermont Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Copley Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								
University of Vermont Medical Center	Hospital Charge	\$548	\$965	\$654	\$627	\$487	\$567	\$495	\$543
	Physician Charge	\$55	\$66	\$46	\$39	\$35	\$36	\$35	\$36
	Total Charge	\$603	\$1,031	\$700	\$666	\$522	\$603	\$530	\$579
Gifford Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Grace Cottage Family Health & Hospital	Hospital Charge	n/a	n/a	\$372	\$343	\$308	\$320	\$333	\$343
	Physician Charge	n/a	n/a	\$44	\$33	\$33	\$33	\$33	\$33
	Total Charge	n/a	n/a	\$416	\$376	\$341	\$353	\$366	\$376
Mt. Ascutney Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								
North Country Hospital	Hospital Charge	\$985	\$611	\$916	\$787	\$839	\$967	\$710	\$828
	Physician Charge	\$70	\$76	\$76	\$69	\$72	\$72	\$53	\$73
	Total Charge	\$1,055	\$687	\$991	\$855	\$911	\$1,039	\$762	\$901
Northeastern Vermont Regional Hospital	Hospital Charge	\$502	\$1,348	\$629	\$418	\$281	\$541	\$454	\$559
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$502	\$1,348	\$629	\$418	\$281	\$541	\$454	\$559
Northwestern Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Porter Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								
Rutland Regional Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Southwestern Vermont Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Springfield Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								

All Vermont Community Hospitals

	CPT Code	73560	73562	73600	73610	73620	73630
Hospital	Description	X-ray of knee, 1 or 2 views	X-ray of knee, 3 views	X-ray of ankle, 2 views	X-ray of ankle, minimum 3 views	X-ray of foot, 2 views	X-ray of foot, minimum 3 views
Brattleboro Memorial Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
Central Vermont Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Copley Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
University of Vermont Medical Center	Hospital Charge	\$491	\$624	\$492	\$561	\$464	\$580
	Physician Charge	\$38	\$39	\$35	\$36	\$32	\$35
	Total Charge	\$529	\$663	\$527	\$597	\$496	\$615
Gifford Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Grace Cottage Family Health & Hospital	Hospital Charge	\$305	\$443	\$321	\$343	\$343	\$343
	Physician Charge	\$33	\$33	\$33	\$33	\$33	\$33
	Total Charge	\$338	\$476	\$354	\$376	\$376	\$376
Mt. Ascutney Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
North Country Hospital	Hospital Charge	\$805	\$976	\$745	\$856	\$669	\$587
	Physician Charge	\$50	\$75	\$71	\$73	\$61	\$71
	Total Charge	\$855	\$1,050	\$816	\$929	\$731	\$658
Northeastern Vermont Regional Hospital	Hospital Charge	\$511	\$553	\$511	\$572	\$511	\$541
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$511	\$553	\$511	\$572	\$511	\$541
Northwestern Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Porter Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
Rutland Regional Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Southwestern Vermont Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Springfield Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						