

Table 3B - Laboratory Services (Blood Test, Fecal Test, Urine Test, Swab Test)

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, 2021 through September 30, 2022. 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, 2022.

All Vermont Community Hospitals

Table 3B - Laboratory Services

		Blood Test												
CPT Code		80048 ⁵	80051 ⁵	80053 ⁵	80061 ^{5,6}	80069	80074	80076	82306	82310	82378 ^{1,6}	82435 ⁵	82465	82523
Hospital	Description	Basic metabolic panel (calcium, total)	Electrolyte panel	Comprehensive metabolic panel	Lipid panel	Renal (kidney) function panel	Acute hepatitis panel	Hepatic (liver) function panel	Vitamin D level	Calcium level	Carcinoembryonic antigen, CEA	Chloride level	Cholesterol levels	Collagen cross links
Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center	Hospital Charge	\$78	\$75	\$119	\$108	n/a	n/a	\$116	\$71	\$42	\$228	\$44	\$79	\$207
Copley Hospital	Hospital Charge	\$55	\$46	\$93	\$75	\$57	\$207	\$54	\$100	\$26	\$57	\$20	\$29	\$81
University of Vermont Medical Center	Hospital Charge	\$86	\$41	\$102	\$85	n/a	\$441	\$102	\$135	\$27	\$171	\$32	\$28	\$251
Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$149	\$86	\$169	\$142	\$169	n/a	\$169	\$312	\$44	\$147	\$41	\$44	\$341
Mt. Ascutney Hospital	Hospital Charge	\$157	\$130	\$184	\$174	\$130	\$867	\$147	\$182	\$76	\$271	\$85	\$81	\$236
North Country Hospital	Hospital Charge	\$120	\$152	\$198	\$110	\$188	\$1,222	\$197	\$292	\$125	\$320	\$47	\$0	\$251
Northeastern Vermont Regional Hospital	Hospital Charge	\$121	\$121	\$180	\$185	\$151	\$777	\$157	\$336	\$74	\$418	\$81	\$79	\$216
Northwestern Medical Center	Hospital Charge	\$56	\$49	\$56	\$49	\$34	\$215	\$42	\$332	\$39	\$336	\$27	\$26	\$207
Porter Hospital	Hospital Charge	\$99	\$104	\$176	\$200	\$151	\$362	\$136	\$116	\$71	\$200	\$60	\$63	\$226
Rutland Regional Medical Center	Hospital Charge	\$38	\$52	\$41	\$53	\$150	\$287	\$44	\$120	\$66	\$250	\$79	\$70	\$200
Southwestern Vermont Medical Center	Hospital Charge	\$84	\$72	\$108	\$108	\$78	\$124	\$93	\$204	\$72	\$228	\$70	\$66	\$314
Springfield Hospital	Hospital Charge	\$111	\$91	\$93	\$113	\$115	n/a	\$188	\$90	\$26	\$42	\$63	\$18	\$394
Hospital System Averages	Hospital Charge	\$96	\$85	\$127	\$117	\$122	\$500	\$120	\$191	\$57	\$222	\$54	\$49	\$244

1. A test to check for a protein associated with certain kinds of cancers.

5. UVMHC has multiple prices associated with this code.

6. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.

All Vermont Community Hospitals

		Blood Test												
CPT Code		82550 ⁶	82565 ⁵	82607	82627 ¹	82728	82785	82947 ⁵	82977	83036 ^{5,7}	83525	83540 ⁵	83550	83615 ^{5,6}
Hospital	Description	Creatine kinase (CK) level	Creatinine level	Vitamin B-12 (cyanocobalamin) level	DHEA-S level	Ferritin level	IgE (immune system protein) level	Blood glucose (sugar) level	Glutamyltransferase (liver enzyme) level (GGT)	Glycosylated mehoglobin test (A1C) for blood glucose	Insulin level	Iron evel	Iron binding capacity	Lactate dehydrogenase (enzyme) level
§ Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center	Hospital Charge	\$94	\$41	\$95	\$332	\$118	\$90	\$53	\$96	\$127	\$196	\$58	\$70	\$83
Copley Hospital	Hospital Charge	\$44	\$33	\$57	\$88	\$57	\$72	\$26	\$48	\$64	\$81	\$44	\$57	\$39
University of Vermont Medical Center	Hospital Charge	\$36	\$28	\$87	\$227	\$94	\$93	\$26	\$30	\$122	\$93	\$100	\$44	\$55
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital**	Hospital Charge	\$95	\$41	\$124	\$271	\$113	\$140	\$41	\$77	\$113	\$140	\$140	\$84	\$87
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$120	\$84	\$194	\$339	\$236	\$263	\$60	\$135	\$177	\$185	\$122	\$159	\$106
North Country Hospital	Hospital Charge	\$181	\$63	\$333	\$336	\$255	\$158	\$92	\$183	\$204	\$100	\$171	\$171	\$188
Northeastern Vermont Regional Hospital	Hospital Charge	\$113	\$91	\$172	\$360	\$125	\$279	\$72	\$125	\$91	\$197	\$113	\$151	\$105
Northwestern Medical Center	Hospital Charge	\$28	\$28	\$27	\$89	\$127	\$60	\$28	\$25	\$96	\$45	\$28	\$35	\$173
Porter Hospital	Hospital Charge	\$95	\$72	\$101	\$213	\$165	\$87	\$50	\$25	\$130	\$90	\$113	\$104	\$96
Rutland Regional Medical Center	Hospital Charge	\$122	\$41	\$115	\$355	\$97	\$84	\$29	\$124	\$40	\$197	\$54	\$74	\$104
Southwestern Vermont Medical Center	Hospital Charge	\$102	\$59	\$89	\$148	\$66	\$112	\$50	\$73	\$137	\$91	\$65	\$130	\$61
Springfield Hospital	Hospital Charge	\$61	\$71	n/a	\$280	\$175	\$80	\$57	\$36	\$117	\$148	\$88	\$88	\$82
Hospital System Averages	Hospital Charge	\$91	\$54	\$127	\$253	\$136	\$126	\$49	\$81	\$118	\$130	\$91	\$97	\$98

1. dehydroepiandrosterone-sulfate

5. UVMHC has multiple prices associated with this code. North Country: hospital charge=\$62, physician charge=\$30.

6. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.

7. UVMHC: hospital charge=\$77, physician charge=\$45.

All Vermont Community Hospitals

		Blood Test												
CPT Code		83690	83721	83735 ⁶	83970 ⁶	84075 ⁶	84100	84146	84153 ⁶	84155 ⁶	84165	84295 ⁵	84402	84403
Hospital	Description	Lipase (fat enzyme) level	LDL cholesterol level	Magnesium level	Parathormone (parathyroid hormone) level	Phosphatase (enzyme) level; alkaline	Phosphate level	Prolactin (milk producing hormone) level	Prostate specific antigen (PSA), total	Total protein level	Protein level	Sodium level	Testosterone level, free	Testosterone level, total
§ Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center	Hospital Charge	\$76	\$169	\$94	\$97	\$54	\$49	\$72	\$156	\$52	\$66	\$41	\$208	\$218
Copley Hospital	Hospital Charge	\$32	\$42	\$46	\$139	\$33	\$31	\$67	\$122	\$27	\$72	\$21	\$96	\$97
University of Vermont Medical Center	Hospital Charge	\$32	\$104	\$39	\$194	\$28	\$27	\$126	\$85	\$28	\$68	\$30	n/a	\$143
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital**	Hospital Charge	\$57	\$150	\$87	\$436	\$57	\$52	\$216	\$173	\$52	\$122	\$56	\$234	\$280
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$85	\$148	\$121	\$628	\$94	\$86	\$335	\$282	\$68	\$171	\$74	\$402	\$351
North Country Hospital	Hospital Charge	\$345	\$40	\$205	\$405	\$178	\$129	\$336	\$141	\$178	\$0	\$59	\$287	\$351
Northeastern Vermont Regional Hospital	Hospital Charge	\$83	\$157	\$117	\$665	\$91	\$65	\$357	\$311	\$64	\$64	\$79	\$52	\$138
Northwestern Medical Center	Hospital Charge	\$82	\$108	\$123	\$251	\$42	\$43	\$43	\$293	\$25	\$67	\$28	n/a	\$61
Porter Hospital	Hospital Charge	\$31	\$112	\$106	\$198	\$85	\$66	\$131	\$144	\$41	\$70	\$46	n/a	\$149
Rutland Regional Medical Center	Hospital Charge	\$80	\$95	\$34	\$282	\$88	\$81	\$143	\$74	\$63	\$186	\$76	\$180	\$213
Southwestern Vermont Medical Center	Hospital Charge	\$73	\$71	\$96	\$183	\$72	\$72	\$264	\$245	\$59	\$134	\$67	\$148	\$148
Springfield Hospital	Hospital Charge	\$82	\$119	\$89	\$82	\$71	\$68	\$32	\$232	\$51	\$41	\$62	n/a	\$50
Hospital System Averages	Hospital Charge	\$88	\$109	\$96	\$297	\$74	\$64	\$177	\$188	\$59	\$88	\$53	\$201	\$183

5. UVMMC has multiple prices associated with this code.

6. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.

All Vermont Community Hospitals

		Blood Test												
CPT Code		84436 ⁶	84439 ⁶	84443 ⁶	84450 ¹	84460 ^{1,6}	84478 ⁶	84479	84480	84481	84520 ^{2,5}	84550	84703	85025 ^{3,6}
Hospital	Description	Thyroxine (thyroid chemical) level, total	Thyroxine (thyroid chemical) level, free	Thyroid stimulating hormone (TSH) level	Aspartate aminotransferase (AST or SGOT) test	Alanine transaminase (ALT or SGPT) test	Triglycerides level	Test to evaluate thyroid hormone	T3 (thyroid hormone) level, total	T3 (thyroid hormone) level, free	Urea nitrogen level	Uric acid level	Gonadotropin (reproductive hormone)	CBC, automated, and automated WBC count
§ Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center	Hospital Charge	\$92	\$154	\$187	\$56	\$65	\$88	\$52	\$154	\$235	\$36	\$61	\$154	\$55
Copley Hospital	Hospital Charge	\$46	\$87	\$97	\$33	\$31	\$40	\$28	\$55	\$81	\$23	\$30	n/a	\$47
University of Vermont Medical Center	Hospital Charge	\$71	\$76	\$110	\$27	\$27	\$30	\$92	\$75	\$109	\$29	\$28	n/a	\$42
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$86	\$111	\$194	\$46	\$56	\$52	\$90	\$164	\$206	\$41	\$52	\$113	\$77
Mt. Ascutney Hospital	Hospital Charge	\$100	\$167	\$256	\$96	\$85	\$94	\$120	\$270	\$258	\$65	\$83	\$125	\$128
North Country Hospital	Hospital Charge	\$146	\$217	\$237	\$166	\$166	\$90	\$192	\$197	\$154	\$115	\$219	\$115	\$117
Northeastern Vermont Regional Hospital	Hospital Charge	\$119	\$150	\$273	\$91	\$83	\$101	\$113	\$233	\$275	\$62	\$62	\$132	\$137
Northwestern Medical Center	Hospital Charge	\$88	\$98	\$85	\$28	\$28	\$243	\$190	\$42	\$71	\$28	\$42	\$37	\$67
Porter Hospital	Hospital Charge	\$71	\$105	\$194	\$83	\$75	\$75	\$70	\$80	\$114	\$59	\$84	n/a	\$90
Rutland Regional Medical Center	Hospital Charge	\$119	\$45	\$77	\$89	\$81	\$99	n/a	\$224	\$292	\$41	\$41	n/a	\$34
Southwestern Vermont Medical Center	Hospital Charge	\$87	\$133	\$197	\$59	\$62	\$70	\$54	\$91	\$100	\$59	\$59	\$141	\$103
Springfield Hospital	Hospital Charge	\$103	\$130	\$113	\$71	\$67	\$36	\$128	\$180	\$55	\$50	\$63	\$99	\$107
Hospital System Averages	Hospital Charge	\$94	\$122	\$168	\$70	\$69	\$85	\$103	\$147	\$163	\$51	\$69	\$114	\$84

1. Test to check for liver damage.
 2. To assess kidney functioning.
 3. CBC = Complete Blood Count

5. UVMHC has multiple prices associated with this code.
 6. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.

All Vermont Community Hospitals

		Blood Test												
CPT Code		85027 ¹	85610 ^{5, 6}	85651 ²	86003 ^{5, 6}	86038	86140 ³	86141 ³	86430 ⁴	86304	86480	86618 ⁶	86695	86696
Hospital	Description	CBC, automated	Clotting time	Red blood cell sedimentation rate	Antibody to allergic substance (IgE)	Test to screen for autoimmune disorder	C-reactive protein	C-reactive protein, high sensitivity	Rheumatoid factor	Immunoassay for tumor antigen, quantitative; CA 125	Tuberculosis test	Analysis for lyme disease bacteria	Antibody to herpes simplex virus, type 1	Antibody to herpes simplex virus, type 2
§ Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center	Hospital Charge	\$51	\$50	n/a	\$83	\$219	\$70	\$115	\$232	\$157	\$289	\$185	\$152	\$152
Copley Hospital	Hospital Charge	\$43	\$30	n/a	\$92	\$46	\$21	n/a	\$79	n/a	\$233	\$74	\$61	\$87
University of Vermont Medical Center	Hospital Charge	\$40	\$35	n/a	\$72	\$78	\$44	\$84	\$103	n/a	\$175	\$90	\$96	\$106
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$77	\$62	\$57	\$52	\$124	\$75	\$153	\$187	n/a	\$643	\$154	\$139	\$184
Mt. Ascutney Hospital	Hospital Charge	\$105	\$72	\$65	\$95	\$211	\$64	\$193	\$380	n/a	\$841	\$238	\$195	\$286
North Country Hospital	Hospital Charge	\$83	\$65	\$117	\$53	\$481	\$207	\$86	\$322	n/a	\$261	\$131	\$56	\$82
Northeastern Vermont Regional Hospital	Hospital Charge	\$113	\$72	\$0	\$20	\$206	\$62	\$79	\$0	\$350	\$191	\$234	\$162	\$133
Northwestern Medical Center	Hospital Charge	\$39	\$91	n/a	\$141	\$150	\$28	\$129	\$71	\$34	\$235	\$168	\$139	\$139
Porter Hospital	Hospital Charge	\$85	\$46	n/a	\$142	\$91	\$83	\$87	\$109	n/a	\$199	\$100	\$90	\$100
Rutland Regional Medical Center	Hospital Charge	\$31	\$54	n/a	\$36	\$52	\$60	\$223	\$153	n/a	\$464	\$109	\$64	\$93
Southwestern Vermont Medical Center	Hospital Charge	\$58	\$43	n/a	\$81	\$97	\$67	\$162	\$140	\$80	n/a	\$57	\$146	\$146
Springfield Hospital	Hospital Charge	\$88	\$57	n/a	\$80	\$67	\$51	\$24	\$78	n/a	\$193	\$63	\$31	\$57
Hospital System Averages	Hospital Charge	\$68	\$56	\$60	\$79	\$152	\$69	\$121	\$155	\$155	\$338	\$134	\$111	\$130

1. CBC = Complete Blood Count.

2. Test to detect inflammation.

3. Test to detect infection or inflammation.

4. North Country uses CPT code 86431.

5. UVMMC has multiple prices associated with this code.

6. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.

All Vermont Community Hospitals

Hospital	CPT Code	Blood Test								Fecal Test		
		86703 ¹	86706	86787	86800 ⁶	86803	86850	86900	86901 ^{5,6}	82270 ^{2,5}	87045	87177
	Description	Antibody to HIV-1 and HIV-2 virus	Hepatitis B surface antibody level	Antibody to varicella-zoster virus (chicken pox)	Thyroglobulin (thyroid protein) antibody level	Hepatitis C antibody level	Antibody detection	ABO blood typing	Rh blood typing	Stool test for blood (to screen for colon tumors)	Stool test for bacterial culture	Stool test for parasites
§ Brattleboro Memorial Hospital	Hospital Charge											
Central Vermont Medical Center	Hospital Charge	\$172	\$147	\$149	\$172	\$189	\$217	\$87	\$83	n/a	\$139	\$234
Copley Hospital	Hospital Charge	\$75	\$60	\$106	\$74	\$84	\$81	\$171	\$52	\$17	n/a	\$54
University of Vermont Medical Center	Hospital Charge	\$85	\$91	\$82	\$84	\$91	\$75	\$40	\$39	\$57	\$91	\$113
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$142	\$156	\$168	\$133	\$204	\$144	\$73	\$73	\$40	n/a	\$186
Mt. Ascutney Hospital	Hospital Charge	\$197	\$193	\$236	\$215	\$198	\$162	\$43	\$29	n/a	\$139	\$158
North Country Hospital	Hospital Charge	\$287	\$208	\$121	\$150	\$147	\$113	\$91	\$91	n/a	\$381	\$606
Northeastern Vermont Regional Hospital	Hospital Charge	\$180	\$32	\$117	\$206	\$32	\$78	\$140	\$56	\$47	\$18	\$154
Northwestern Medical Center	Hospital Charge	\$180	\$60	\$142	\$195	\$70	\$120	\$134	\$111	\$31	\$156	\$176
Porter Hospital	Hospital Charge	\$75	\$97	\$85	\$113	\$85	\$119	\$61	\$54	\$41	n/a	\$112
Rutland Regional Medical Center	Hospital Charge	\$100	\$186	\$176	\$193	\$230	\$187	\$198	\$94	\$66	\$106	\$101
Southwestern Vermont Medical Center	Hospital Charge	n/a	\$148	\$89	\$113	\$91	\$176	\$103	\$96	\$48	\$96	\$132
Springfield Hospital	Hospital Charge	\$56	\$39	\$82	\$55	n/a	\$162	\$89	\$69	\$22	n/a	\$93
Hospital System Averages	Hospital Charge	\$141	\$118	\$130	\$142	\$129	\$136	\$102	\$70	\$41	\$141	\$177

1. North Country uses CPT code G0425.

2. North Country may charge physician charge of \$28 or hospital charge of \$115, but not both. At CVMC, this is done in clinics. UVMMC's \$57 is a combined charge of hospital and physician charges.

5. UVMMC has multiple prices associated with this code.

6. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.

All Vermont Community Hospitals

		Urine Test					
CPT Code		81000 ¹	81001 ^{4,5}	81003 ^{2,5}	84156	87086 ³	87088 ⁶
Hospital	Description	Urinalysis (non-automated), microscopy	Urinalysis (automated), with microscopy	Urinalysis (automated), without microscopy	Urine test for total protein level	Urine culture, colony count	Urine culture, organism identification
§ Brattleboro Memorial Hospital	Hospital Charge						
Central Vermont Medical Center	Hospital Charge	n/a	\$109	\$55	\$58	\$72	n/a
Copley Hospital	Hospital Charge	n/a	\$53	\$8	\$25	n/a	\$25
University of Vermont Medical Center	Hospital Charge	\$19	\$40	\$43	\$40	\$84	\$64
§ Gifford Medical Center	Hospital Charge						
Grace Cottage Family Health & Hospital	Hospital Charge	\$75	\$75	\$39	\$52	\$81	n/a
Mt. Ascutney Hospital	Hospital Charge	n/a	\$58	\$46	\$80	\$85	\$70
North Country Hospital	Hospital Charge	\$157	n/a	n/a	\$125	n/a	\$195
Northeastern Vermont Regional Hospital	Hospital Charge	\$57	\$0	\$36	\$57	\$101	\$71
Northwestern Medical Center	Hospital Charge	\$13	\$50	\$32	\$156	\$43	\$24
Porter Hospital	Hospital Charge	n/a	\$58	\$30	\$40	\$78	\$57
Rutland Regional Medical Center	Hospital Charge	n/a	\$106	\$108	\$61	\$48	\$27
Southwestern Vermont Medical Center	Hospital Charge	\$25	\$109	\$108	\$93	\$107	n/a
Springfield Hospital	Hospital Charge	\$31	\$50	\$34	\$71	\$91	\$91
Hospital System Averages	Hospital Charge	\$54	\$64	\$49	\$71	\$79	\$69

1. At Brattleboro Memorial Hospital, it is a point-of-care testing at doctor's office. North Country's charge \$157 is a combined charge of hospital and physician charges. At CVMC, this is done in clinics.

2. North Country uses CPT code 81002.

3. North Country uses CPT code 87088.

4. North Country uses CPT code 81000 (hospital charge).

5. UVMMC has multiple prices associated with this code.

6. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.

All Vermont Community Hospitals

		Swab Test										
CPT Code		87070 ⁶	87077 ^{5,6}	87081 ^{3,6}	87186 ^{1,5}	87205	87400 ²	87430	87491	87591	87624 ⁶	87880 ⁴
Hospital	Description	Bacterial culture swab, other than urine, blood, or stool	Bacterial culture for aerobic isolates	Screening test for disease-causing organism	Evaluation of antimicrobial drug	Special stain for microorganism	Influenza test (virus A or B)	Strep test, group A, immunoassay technique	Chlamydia test, amplified probe technique	Gonorrhea test (neisseria gonorrhoeae bacteria)	Infectious agent detection of HPV, high risk types	Strep test, group A, immunoassay with direct optical obs.
§ Brattleboro Memorial Hospital	Hospital Charge											
Central Vermont Medical Center	Hospital Charge	\$186	\$72	\$80	\$103	\$91	n/a	\$103	\$159	\$159	\$12	n/a
Copley Hospital	Hospital Charge	\$41	\$53	\$49	\$57	\$57	n/a	\$76	\$88	\$88	\$160	n/a
University of Vermont Medical Center	Hospital Charge	\$62	\$135	\$56	\$207	\$52	n/a	n/a	\$90	\$90	\$144	\$77
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$131	\$95	\$79	\$142	\$54	\$114	n/a	\$163	\$184	\$94	\$112
Mt. Ascutney Hospital	Hospital Charge	\$161	\$148	\$143	\$194	\$80	n/a	\$107	\$380	\$457	\$296	n/a
North Country Hospital	Hospital Charge	\$123	\$34	n/a	\$163	\$125	\$132	\$99	\$148	\$143	\$201	\$119
Northeastern Vermont Regional Hospital	Hospital Charge	\$150	\$72	\$75	\$150	\$78	\$49	\$0	\$437	\$437	\$478	\$95
Northwestern Medical Center	Hospital Charge	\$113	\$80	\$151	\$84	\$122	n/a	n/a	\$81	\$81	\$105	\$71
Porter Hospital	Hospital Charge	\$87	\$170	\$171	\$82	\$51	n/a	n/a	\$111	\$111	\$138	\$59
Rutland Regional Medical Center	Hospital Charge	\$161	\$151	\$76	\$174	\$86	\$171	\$61	\$169	\$169	\$225	\$126
Southwestern Vermont Medical Center	Hospital Charge	\$163	n/a	\$60	\$123	\$84	\$182	n/a	\$134	\$134	n/a	\$103
Springfield Hospital	Hospital Charge	\$106	\$98	\$71	\$87	\$54	n/a	n/a	\$113	\$113	\$116	\$203
Hospital System Averages	Hospital Charge	\$124	\$101	\$92	\$130	\$78	\$129	\$74	\$173	\$180	\$179	\$107

1. Antibiotic, antifungal, antiviral.

2. Grace Cottage uses CPT code 87804.

3. North Country may charge hospital charge of \$187 or physician charge of \$18, but not both.

4. At CVMC, this is done at clinics. North Country's \$119 is a combined charge of hospital (\$67) and physician (\$52) charges. At UVMC, this is a POC testing.

5. UVMC has multiple prices associated with this code.

6. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.