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, 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.

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	\$598 n/a	\$656 \$42	\$578 \$29	\$504 \$25	\$459 \$22	\$504 \$23	\$459 n/a	\$504 \$22
	Total Charge	n/a	\$698	\$606	\$529	\$480	\$527	n/a	\$526
Copley Hospital	Hospital Charge Physician Charge	n/a n/a	\$430 \$0	\$365 \$0	\$279 \$0	\$190 \$0	\$267 \$0	\$175 \$0	\$210 \$0
University of Vermont Medical Center	Total Charge Hospital Charge	n/a \$602 \$59	\$430 \$1,059 \$71	\$365 \$718 \$51	\$279 \$655 \$43	\$190 \$508 \$38	\$267 \$622 \$40	\$175 \$517 \$38	\$210 \$596 \$40
	Physician Charge Total Charge Hospital Charge	\$661	\$1,130	\$769	\$698	\$546	\$662	\$555	\$636
§ Gifford Medical Center	Physician Charge Total Charge								
Grace Cottage Family Health & Hospital	Hospital Charge Physician Charge	n/a n/a	n/a n/a	\$391 \$46	\$360 \$35	\$323 \$35	\$336 \$35	\$350 \$35	\$360 \$35
	Total Charge Hospital Charge	n/a \$662	n/a \$1,340	\$437 \$750	\$395 \$538	\$358 \$568	\$371 \$716	\$385 \$505	\$395 \$611
Mt. Ascutney Hospital	Physician Charge Total Charge	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a
North Country Hospital	Hospital Charge Physician Charge	\$1,022 \$73	\$634 \$78	\$950 \$78	\$816 \$71	\$870 \$75	\$1,003 \$75	\$736 \$55	\$860 \$76
TVOTET COUNTRY FIOSPILAI	Total Charge	\$1,095	\$712	\$1,029	\$887	\$945	\$1,078	\$791	\$935
Northeastern Vermont Regional Hospital	Hospital Charge Physician Charge	\$521 n/a	\$1,397 n/a	\$652 n/a	\$698 n/a	\$292 n/a	\$561 n/a	\$471 n/a	\$580 n/a
Northwestern Medical Center	Total Charge Hospital Charge Physician Charge	\$521 \$345 n/a	\$1,397 \$345 n/a	\$652 \$323 n/a	\$698 \$567 n/a	\$292 \$415 n/a	\$561 \$471 n/a	\$471 \$295 n/a	\$580 \$429 n/a
	Total Charge Hospital Charge	n/a n/a	n/a \$739	n/a \$552	n/a \$400	n/a \$319	n/a \$400	n/a \$279	n/a \$350
Porter Hospital	Physician Charge Total Charge	n/a n/a	\$34 \$773	\$24 \$576	\$20 \$420	\$19 \$338	\$19 \$419	\$18 \$297	\$19 \$369
Rutland Regional Medical Center Southwestern Vermont Medical Center	Hospital Charge Physician Charge	\$249 \$66	\$413 \$79	\$413 \$64	\$346 \$53	\$297 \$46	\$413 \$48	\$413 \$46	\$454 \$48
	Total Charge Hospital Charge	\$315 \$444	\$492 n/a	\$477 \$511	\$399 \$654	\$343 \$455	\$461 \$570	\$459 \$444	\$502 \$467
	Physician Charge Total Charge	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a	n/a n/a
Springfield Hospital	Hospital Charge Physician Charge	\$293 n/a	\$2,203 n/a	\$820 n/a	\$450 n/a	\$434 n/a	\$501 n/a	\$305 n/a	\$442 n/a
	Total Charge Hospital Charge	n/a \$526	n/a \$922	n/a \$585	n/a \$522	n/a \$427	n/a \$530	n/a \$412	n/a \$489
Hospital System Averages	Physician Charge Total Charge	\$66 \$648	\$922 \$51 \$805	\$585 \$42 \$614	\$35 \$35 \$538	\$427 \$33 \$437	\$34 \$543	\$412 \$32 \$448	\$489 \$34 \$519

	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 Charge						
Hospital	Physician Charge						
	Total Charge						
Central Vermont Medical	Hospital Charge	\$471	\$504	\$459	\$470	\$459	\$466
Center	Physician Charge	\$21	\$23	\$18	\$22	n/a	\$23
Center	Total Charge	\$491	\$528	\$476	\$492	n/a	\$489
	Hospital Charge	\$190	\$367	\$190	\$263	\$190	\$279
Copley Hospital	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0
1	Total Charge	\$190	\$367	\$190	\$263	\$190	\$279
University of Vermont	Hospital Charge	\$539	\$652	\$514	\$615	\$610	\$606
Medical Center	Physician Charge	\$38	\$43	\$38	\$40	\$35	\$38
ivicultal Ceritel	Total Charge	\$577	\$695	\$552	\$655	\$544	\$644
_	Hospital Charge						
§ Gifford Medical Center							
	Total Charge						
Cross Cottons Family	Hospital Charge	\$320	\$465	\$337	\$360	\$344	\$360
Grace Cottage Family	Physician Charge	\$39	\$35	\$35	\$35	\$35	\$35
Health & Hospital	Total Charge	\$359	\$500	\$372	\$395	\$379	\$395
	Hospital Charge	\$549	\$688	\$521	\$620	\$505	\$602
Mt. Ascutney Hospital	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
, ,	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Hospital Charge	\$835	\$1,013	\$773	\$888	\$695	\$609
North Country Hospital	Physician Charge	\$76	\$77	\$74	\$76	\$64	\$74
, .	Total Charge	\$911	\$1,090	\$847	\$964	\$758	\$683
	Hospital Charge	\$658	\$773	\$471	\$494	\$471	\$494
Northeastern Vermont	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
Regional Hospital	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Northwestern Medical Center	Hospital Charge	\$328	\$573	\$328	\$593	\$530	\$561
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	\$328	\$573	\$328	\$593	\$530	\$561
	Hospital Charge	\$400	\$446	\$319	\$400	\$312	\$400
Porter Hospital	Physician Charge	\$18	\$20	\$18	\$19	\$17	\$18
•	Total Charge	\$418	\$466	\$337	\$419	\$329	\$418
Dutlered Denienel	Hospital Charge	\$249	\$281	\$297	\$346	\$297	\$325
Rutland Regional Medical Center	Physician Charge	\$48	\$53	\$46	\$48	\$46	\$48
	Total Charge	\$297	\$334	\$343	\$394	\$343	\$373
Southwestern Vermont Medical Center	Hospital Charge	\$416	\$467	\$459	\$489	\$452	\$489
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Hospital Charge	\$296	\$364	\$213	\$344	\$430	\$519
Springfield Hospital	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
op. arguota i toopitai	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Hospital Charge	\$438	\$549	\$407	\$490	\$441	\$476
Hospital System	Physician Charge	\$34	\$349 \$36	\$33	\$34	\$33	\$34
Averages	Total Charge	\$446	\$569	\$431	\$522	—	\$480
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