Table 3F - Radiology Services (Magnetic Resonance Imaging)

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.
- ® CPT is a registered trademark of the American Medical Association.

Table 3F - Radiology Services - Magnetic Resonance Imaging (MRIs)

- 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 Pr Tc Central Vermont Ho Medical Center Tc	Description lospital Charge hysician Charge otal Charge lospital Charge	MRI scan of face & neck without contrast \$2,293 n/a	MRI scan of face & neck with contrast \$3,859	MRI scan of head without contrast	MRI scan of head with contrast	MRI scan of brain	MRI scan of brain	MRI scan of brain (multiple	MRI scan of	MRI scan of	MRI scan of
Brattleboro Memorial Hoph To Central Vermont Medical Center To	lospital Charge hysician Charge otal Charge lospital Charge	\$2,293 n/a	with contrast	contrast	with contrast						
Hospital Pr Tc Central Vermont Ho Medical Center Tc	hysician Charge otal Charge lospital Charge	n/a	\$3,859			without contrast	with contrast	sequences) with and without contrast	cervical spine without contrast	thoracic spine without contrast	thoracic spine with contrast
Hospital Pr Tc Central Vermont Hotel Pr Medical Center Tc	otal Charge lospital Charge			\$2,293	\$3,859	\$2,293	\$3,859	\$3,859	\$2,293	\$2,293	\$2,293
Central Vermont Homedical Center To	lospital Charge		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Medical Center Pr		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Medical Center To		\$2,576	n/a	\$3,207	n/a	\$2,576	\$2,879	\$4,621	\$2,576	\$2,576	\$2,576
Ic	hysician Charge	\$137	n/a	\$107	n/a	\$147	n/a	\$232	\$160	\$159	\$146
lΗr	otal Charge	\$2,712	n/a	\$3,314	n/a	\$2,722	n/a	\$4,853	\$2,736	\$2,735	\$2,721
	lospital Charge	\$1,508	\$1,808	\$1,508	\$1,808	\$1,508	\$1,808	\$2,846	\$1,508	\$1,672	\$1,672
	hysician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	otal Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	lospital Charge	\$3,563	n/a	\$3,356	\$3,626	\$3,623	\$4,239	\$5,168	\$3,847	\$3,801	\$3,719
Modical Contor	hysician Charge	\$294	\$354	\$262	\$262	\$325	\$390	\$498	\$325	\$325	\$325
IC	otal Charge	\$3,857	\$354	\$3,618	\$3,888	\$3,948	\$4,629	\$5,666	\$4,172	\$4,126	\$4,044
	lospital Charge	\$2,391	n/a	\$2,876	\$2,064	\$2,933	\$2,601	\$4,041	\$2,893	\$2,902	\$2,918
	hysician Charge	\$131	n/a	\$134	\$106	\$167	\$202	\$257	\$167	\$167	\$168
	otal Charge	\$2,522	n/a	\$3,010	\$2,170	\$3,100	\$2,803	\$4,298	\$3,060	\$3,069	\$3,086
	lospital Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grace Cottage Hospital Ph	hysician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	otal Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ho	lospital Charge										
Mt. Ascutney Hospital Ph	hysician Charge										
	otal Charge										
	lospital Charge	\$2,063	\$2,508	\$2,846	\$2,055	\$3,511	\$2,678	\$4,773	\$3,434	\$3,481	\$3,520
North Country Hospital Pr	hysician Charge	\$248	\$300	\$376	\$201	\$429	\$462	\$726	\$473	\$475	\$435
	otal Charge	\$2,311	\$2,808	\$3,222	\$2,255	\$3,940	\$3,139	\$5,499	\$3,907	\$3,957	\$3,955
Northeastern Vermont Ho	lospital Charge	\$3,452	\$3,991	\$3,452	\$4,533	\$3,452	\$3,452	\$4,099	\$3,452	\$3,452	\$3,991
Regional Hospital	hysician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tc	otal Charge	\$3,452	\$3,991	\$3,452	\$4,533	\$3,452	\$3,452	\$4,099	\$3,452	\$3,452	\$3,991
	lospital Charge	\$1,723	\$1,278	\$1,723	\$1,566	\$1,551	\$1,302	\$1,894	\$1,894	\$1,894	\$1,894
Center	hysician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
To	otal Charge	\$1,723	\$1,278	\$1,723	\$1,566	\$1,551	\$1,302	\$1,894	\$1,894	\$1,894	\$1,894
	lospital Charge	\$3,116	n/a	\$3,550	n/a	\$3,116	\$3,869	\$4,234	\$2,815	\$3,068	\$3,068
	hysician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	otal Charge	\$3,116	n/a	\$3,550	n/a	\$3,116	\$3,869	\$4,234	\$2,815	\$3,068	\$3,068
	lospital Charge	\$3,429	\$2,741	\$2,680	\$2,890	\$2,893	\$3,143	\$3,986	\$3,151	\$3,382	\$2,877
Modical Contor	hysician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
IIC	otal Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Southwestern Vermont Ho	lospital Charge	\$2,243	\$2,319	\$2,782	\$2,894	\$2,639	\$2,740	\$2,869	\$2,604	\$2,243	\$2,687
Madical Cantan	hysician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
To	otal Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	lospital Charge	\$1,399	\$1,394	\$1,399	\$1,489	\$1,806	\$2,082	\$2,532	\$2,190	\$2,190	\$1,903
Springfield Hospital	hysician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Tc	otal Charge	\$1,399	\$1,394	\$1,399	\$1,489	\$1,806	\$2,082	\$2,532	\$2,190	\$2,190	\$1,903
Hospital System Ho	lospital Charge	\$2,480	\$2,487	\$2,639	\$2,678	\$2,658	\$2,888	\$3,744	\$2,721	\$2,746	\$2,760
nospital System	hysician Charge	\$162	\$218	\$176	\$142	\$214	\$263	\$343	\$225	\$225	\$215
	otal Charge	\$2,637	\$1,965	\$2,911	\$2,650	\$2,954	\$3,039	\$4,134	\$3,028	\$3,061	\$3,083

* not performed at Grace Cottage Hospital.

Physician Charge		CPT Code	72149	72156	72157	72158	72195	72197	72198	73221	73222	73721
Physician Charge r/a	Hospital		spine with contrast	cervical spine (multiple sequences) with and without contrast	thoracic spine (multiple sequences) with and without contrast	spine (multiple sequences) with and without contrast	without contrast	(multiple sequences) with and without contrast	'	joint, upper extremity without contrast	joint, upper extremity with contrast	joint, lower extremity without contrast
Total Charge	Brattleboro Memorial Hospital											
Central Vermont Hospital Charge Mail												
Selfied Certified Physician Charge n/a \$251 \$259 \$245 \$130 \$200 n/a \$135 \$143 \$136 \$143 \$136 \$143 \$136 \$143 \$136 \$143 \$136 \$143 \$136 \$143 \$136 \$143												
Verbuical Charge India Charge India S4,871 S4,880 S4,866 S2,705 S4,821 India S2,711 S3,022 S2,712 S3,022 S2,022 S3,022 S2,022 S3,022 S2,02	Central Vermont Medical Center											
Hospital Charge S1,808 \$2,889 \$2,899 \$2,912 \$2,899 \$2,912 \$2,899 \$2,912 \$2,899 \$2,912 \$2,899 \$2,912 \$2,899 \$2,912 \$2,899 \$2,912 \$2,899 \$2,912 \$2,899 \$2,912 \$2,899 \$2,912 \$												
Copley Hospital Physician Charge n/a												
Total Charge	Contay Hagnital											
Hospital Charge S4,321 S5,133 S5,177 S5,188 S3,714 S4,550 r/a S5,566 S3,903 S3,484 Hospital Charge S391 S498 S498 S500 S319 S480 S388 S298 S366 S298 Hospital Charge S4,712 S5,631 S5,675 S5,688 S4,033 S5,030 S388 S3,884 S4,259 S3,782 Hospital Charge S3,048 S4,030 S3,019 S4,043 S5,030 S3,815 S2,752 S2,835 S2,299 S2,812 Total Charge S3,048 S4,030 S3,019 S4,043 S5,030 S3,815 S2,752 S2,835 S2,299 S2,912 Total Charge S3,048 S4,030 S3,019 S4,043 S5,030 S3,815 S2,752 S2,835 S2,299 S2,912 Total Charge S3,048 S4,030 S3,019 S4,043 S2,391 S3,815 S2,752 S2,835 S4,030 S1,030 Total Charge S3,250 S4,287 S3,277 S4,301 S2,555 r/a S153 S133 S152 Total Charge r/a	Copiey Hospitai											
Physician Charge S391 \$498 \$498 \$500 \$319 \$480 \$338 \$298 \$356 \$298 \$356 \$298 \$406 \$704 \$7												
Total Charge \$4,712 \$5,631 \$5,675 \$5,688 \$4,033 \$5,030 \$3388 \$3,854 \$4,259 \$3,782	University of Vermont	Hospital Charge	\$4,321								\$3,903	
Hospital Charge 53,048 \$4,030 \$3,019 \$4,043 \$2,391 \$3,815 \$2,752 \$2,835 \$3,299 \$2,912	Medical Center		\$391 #4.740								\$350 #4.250	\$298 \$2,790
Physician Charge S202 S257 S258 S258 S164 S255 N/a S153 S183 S152												
Total Charge	Cifford Madical Captor		\$3,040 \$202						. ,			
Hospital Charge n/a	Gillora Medical Center		\$2UZ \$2.250		φ∠30 ¢3.377					\$100 \$2,000	\$100 \$2.400	
Physician Charge n/a	Cross Cottage Hospital		<u> </u>					' '			. ,	' '
Total Charge N/a N												
Mt. Ascutney Hospital Hospital Charge Fotal Charge Hospital Charge Hospital Charge Hospital Charge Hospital Charge S3,400 S5,319 S3,615 S5,556 S3,063 S5,200 S2,443 S2,939 S3,964 S1,713 S3,452 S4,009 S4,137 S3,452 S4,009 S4,137 S3,452 S4,009 S4,137 S3,452 S4,009 S4,009 S4,009 S3,452 S4,009 S4,009 S3,452 S4,009 S4,009 S4,009 S3,452 S4,009 S4,009 S3,452 S4,009 S4,009 S3,452 S4,009 S4,009 S3,452 S4,009 S4,009 S4,009 S3,452 S4,009 S3,452 S4,009 S4,009 S3,452 S4,009	Grace Collage Hospital											
Physician Charge Total Charge Hospital Charge Hospital Charge S3.017 \$4,617 \$2,982 \$4,858 \$2,633 \$4,545 \$2,138 \$2,678 \$3,703 \$1,321 \$1,000 \$1,000 \$1,000 \$2,			II/a	II/a	II/a	II/a	II/a	II/a	II/a	II/a	II/a	II/a
Total Charge	Mt. Ascutney Hospital											
North Country Hospital Charge Physician Charge S3.017 \$4,617 \$2,982 \$4,858 \$2,633 \$4,545 \$2,138 \$2,678 \$3.703 \$1,321 North Country Hospital Physician Charge S3.83 \$702 \$633 \$698 \$430 \$656 \$305 \$262 \$261 \$3393 \$1,321 Northeastern Vermont Regional Hospital Charge S3,991 \$4,099 \$4,099 \$4,099 \$3,452 \$4,099 \$4,137 \$3,452 \$4,137 \$3,452 \$4,197 \$3,452 \$4,099 \$4,099 \$4,099 \$4,099 \$4,099 \$3,452 \$4,099 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,099 \$4,099 \$4,099 \$4,099 \$4,099 \$3,452 \$4,099 \$4,137 \$3,452 \$4,137 \$3,443 \$4,138	Wit. Ascuttley Hospital											
Physician Charge \$383 \$702 \$633 \$698 \$430 \$656 \$305 \$262 \$261 \$393 \$390 \$3,400 \$5,519 \$3,615 \$5,556 \$3,063 \$5,200 \$2,443 \$2,939 \$3,964 \$1,713 \$3,452 \$4,099 \$4,0			\$3.017	\$4.617	\$2.082	\$4.858	\$2,633	\$4.545	\$2.13B	\$2,678	\$3.703	\$1 321
Total Charge	North Country Hospital		\$3,017	\$702	\$2,302 \$633		\$2,033 \$430					
Northeastern Vermont Regional Hospital Charge Physician C	North Country Hospital											
Physician Charge n/a												
Total Charge \$3,991 \$4,099 \$4,099 \$3,452 \$4,099 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,099 \$4,137 \$3,452 \$4,137 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,452 \$4,137 \$3,443 \$3,443 \$4,1												
Northwestern Medical Center Hospital Charge Physician Charge Physician Charge Physician Charge Physician Charge Physician Charge \$1,880 \$1,894 \$1,894 \$1,894 \$1,722 \$1,782 \$1,782 \$1,894 \$1,894 \$3,443 \$1,894 \$1,894 \$1,722 \$1,782 \$1,782 \$1,894 \$1,894 \$1,894 \$3,443 \$1,894 \$1,722 \$1,782 \$1,894 \$1,894 \$1,894 \$3,443 \$1,894 \$1,722 \$1,782 \$1,782 \$1,894 \$1,894 \$3,443 \$1,894 \$1,722 \$1,782 \$1,894 \$1,894 \$1,894 \$1,894 \$1,894 \$1,894 \$1,894 \$1,722 \$1,782 \$1,894 \$1,894 \$1,894 \$1,894 \$1,894 \$1,894 \$1,894 \$1,894 \$1,722 \$1,782 \$1,782 \$1,894 \$1,994 \$1,994 \$1,994	Regional Hospital											
Physician Charge \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Northwestern Medical Center											
Total Charge \$1,880 \$1,894 \$1,894 \$1,994 \$1,722 \$1,782 n/a \$1,894 \$1,894 \$3,443 Porter Hospital Hospital Charge \$3,631 \$4,058 \$4,178 \$3,960 \$2,535 \$3,771 n/a \$2,698 \$3,067 \$2,866 Porter Hospital Physician Charge \$3,631 \$4,058 \$4,178 \$3,960 \$2,535 \$3,771 n/a \$2,698 \$3,067 \$2,866 Rutland Regional Medical Center Hospital Charge \$3,631 \$4,058 \$4,178 \$3,960 \$2,535 \$3,771 n/a \$2,698 \$3,067 \$2,866 Rutland Regional Medical Center Hospital Charge \$3,053 \$3,970 \$4,799 \$3,970 \$3,754 \$4,358 \$3,971 \$2,796 \$3,254 \$2,730 Physician Charge n/a												
Hospital Charge Physician Charge Physician Charge Physician Charge Total Charge S3,631 S4,058 S4,178 S3,960 S2,535 S3,771 n/a												
Porter Hospital Physician Charge Total Charge \$3,631 \$4,058 \$4,178 \$3,960 \$2,535 \$3,771	Porter Hospital											
Total Charge \$3,631 \$4,058 \$4,178 \$3,960 \$2,535 \$3,771 n/a \$2,698 \$3,067 \$2,866 Rutland Regional Medical Center Hospital Charge Physician Charge n/a												
Rutland Regional Medical Center Hospital Charge Physician Charge Physic												
Physician Charge	Rutland Regional Medical Center		\$3,053									
Total Charge n/a n							. ,		. ,	. ,		
Southwestern Vermont Medical Center			n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a
Physician Charge n/a	Southwestern Vermont Medical Center	Hospital Charge	\$2,814	\$2,948	\$3,068	\$2,942	\$2,244	\$2,804	n/a	\$2,675		
Total Charge		Physician Charge			n/a			n/a	n/a			
Physician Charge		Total Charge										
Total Charge \$2,177 \$2,532 \$2,532 \$1,399 \$1,942 \$801 \$1,837 \$2,137 \$1,332 Hospital System Physician Charge \$3,040 \$3,721 \$330 \$340 \$208 \$318 \$347 \$170 \$189 \$196	Springfield Hospital				\$2,532	\$2,532	\$1,399	\$1,942	\$801	\$1,837	\$2,137	
Hospital System Hospital Charge \$3,040 \$3,721 \$3,593 \$3,734 \$2,543 \$3,557 \$2,625 \$2,566 \$3,066 \$2,591			n/a	n/a	n/a						n/a	n/a
Tuspital System Physician Charge \$244 \$341 \$330 \$340 \$208 \$318 \$347 \$170 \$189 \$196		Total Charge	' '	\$2,532		\$2,532	\$1,399		\$801	\$1,837		
Tuspital System Physician Charge \$244 \$341 \$330 \$340 \$208 \$318 \$347 \$170 \$189 \$196	Hospital System Averages 1. Grace Cottage does not per		\$3,040	\$3,721	\$3,593	\$3,734		\$3,557	\$2,625	\$2,566		\$2,591
Total Charge \$3,292 \$4,086 \$3,769 \$4,112 \$2,683 \$3,839 \$1,942 \$2,797 \$3,120 \$2,795			\$244		\$330			\$318			\$189	\$196
			\$3,292	\$4,086	\$3,769	\$4,112	\$2,683	\$3,839	\$1,942	\$2,797	\$3,120	\$2,795

^{1.} Grace Cottage does not perform these procedures.