Table 3P - Other (Common Surgeries and 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, 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.

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Table 3P - Other

		Common Surgeries and Procedures ^{2, 3}										
	CPT Code	01700	17110	27130 ⁴	27447 ⁴	29881 ^{1, 4}	47562 ^{1, 4}	64721 ^{1, 4}	G0101	G1012	G0105 ¹	G0121 ¹
Hospital	Description	Remove skin growth (premalignant/preca ncerous)	Remove up to 14 skin growths (benign/concacerou s)	Hip replacement	Knee replacement	Surgical arthroscopy of knee	Gallbladder removal	Carpal tunnel release surgery	Cervical or vaginal cancer screening, pelvic and clinical breast examination	Prostate cancer screening by digital rectal exam	Colorectal cancer screening; colonoscopy on individual at high risk	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
Brattleboro Memorial Hospital	Hospital Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Physician Charge	\$208	\$228	\$2,788	\$2,977	\$1,066	\$1,617	\$841	\$85	\$43	\$778	\$737
	Total Charge	\$208	\$228	\$2,788	\$2,977	\$1,066	\$1,617	\$841	\$85	\$43	\$778	\$737
Central Vermont Medical Center	Hospital Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$2,469	\$2,469
	Physician Charge	\$151	\$205	\$3,292	\$3,513	\$1,405	\$1,362	\$1,270	\$127	\$37	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Copley Hospital	Hospital Charge	n/a	n/a	\$41,179	\$42,468	\$9,909	\$14,431	\$2,483	n/a	n/a	\$1,578	\$1,644
	Physician Charge	\$132	\$169	\$7,494	\$5,645	\$3,063	\$2,521	\$1,667	\$65	n/a	\$722	\$722
	Total Charge	n/a	n/a	\$48,673	\$48,113	\$12,972	\$16,952	\$4,150	\$65	n/a	\$2,300	\$2,366
University of Vermont Medical Center	Hospital Charge	n/a	\$318	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$3,161	\$3,161
	Physician Charge	\$271	\$458	\$5,639	\$5,633	\$2,246	\$2,742	\$1,777	\$108	\$56	\$1,297	\$1,299
	Total Charge	\$271	\$776	\$5,639	\$5,633	\$2,246	\$2,742	\$1,777	\$108	\$56	\$4,458	\$4,460
Gifford Medical Center	Hospital Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Physician Charge	\$211	\$239	\$4,881	\$6,196	\$2,177	\$3,453	\$1,912	\$266	n/a	\$347	\$347
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Grace Cottage Hospital	Hospital Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Physician Charge	\$184	\$250	n/a	n/a	n/a	n/a	n/a	\$87	n/a	n/a	n/a
	Total Charge	\$184	\$250	n/a	n/a	n/a	n/a	n/a	\$87	n/a	n/a	n/a
Mt. Ascutney Hospital	Hospital Charge Physician Charge											
	Total Charge	- 1-			¢ 54.000	¢45.404	¢00.50.4	¢с оог	¢00	¢40	¢г 004	¢г.000
North Country Hospital	Hospital Charge	n/a	n/a	\$50,756	\$54,088	\$15,191	\$22,584	\$6,985	\$88	\$40	\$5,281	\$5,036
	Physician Charge	\$134	\$173	\$4,745	\$5,102	\$3,329	\$2,660	\$1,721	\$82	\$41	\$901	\$901
	Total Charge	\$134	\$173	\$55,501	\$59,190	\$18,520	\$25,244	\$8,706	\$170	\$81	\$6,182	\$5,937
Northeastern Vermont Regional Hospital	Hospital Charge	n/a	n/a	\$47,000	\$46,000	\$16,750	\$26,000	\$7,000	n/a	n/a	n/a	n/a
	Physician Charge	\$108	\$138	\$3,178	\$3,432	\$1,390	\$1,522	\$903	\$67	n/a	\$482	\$482
	Total Charge	\$108	\$138	\$50,178	\$49,432	\$18,140	\$27,522	\$7,903	\$67	n/a	\$482	\$482
Northwestern Medical Center	Hospital Charge	\$4,549	\$4,425 \$280	n/a	\$48,507	\$5,327	\$7,948	\$2,737	\$61 \$97	\$29	\$1,662	\$1,439 \$530
	Physician Charge	\$168 \$4,717	\$280	\$3,485	\$4,927 \$53,435	\$2,145 \$7,472	\$1,667 \$9,615	\$1,051 \$3,788	\$97 \$158	\$49 \$78	\$801 \$2,463	\$1,969
	Total Charge			n/a	\$67,374	\$7,472 \$21,868	\$33,615	\$7,014			\$2,463	\$3,485
Porter Hospital	Hospital Charge	n/a	n/a	\$67,037					n/a	n/a	\$3,892 \$755	\$3,485 \$756
	Physician Charge Total Charge	n/a n/a	n/a n/a	\$6,259 \$73,296	\$6,070 \$73,444	\$3,182 \$25,050	\$1,782 \$35,397	\$1,332 \$8,346	n/a n/a	n/a n/a	\$755 \$4,647	\$4,241
	Hospital Charge	\$135	\$206	\$3,843	\$3,843	⇒25,050 n/a		50,340 n/a	n/a	n/a	\$3,673	\$3,673
Rutland Regional Medical Center	Physician Charge	\$155	\$208 \$168	\$3,843 \$5,420	\$5,780	\$1,694	\$2,917	\$1,668	\$75	\$30	\$925	\$925
		\$292	\$374		\$9,623		. ,				\$925	\$4,598
Southwestern Vermont Medical Center	Total Charge	\$292 \$0	\$374 \$197	\$9,263 \$40,590	\$9,623	n/a \$7,075	n/a \$11,756	n/a \$3,450	n/a \$48	n/a \$0	\$4,598 \$2,387	\$4,598 \$2,364
	Hospital Charge Physician Charge	\$0 \$176	\$231	\$4,451	\$4,946	\$7,075 \$2,153	\$1,553	\$3,450 \$1,982	\$40 \$41	\$0 \$50	\$927	\$927
	Total Charge	\$176	\$428	\$4,451 \$45,041	\$4,946	\$2,153	\$13,309	\$1,982	\$89	\$50 \$50	\$3,314	\$927
	Hospital Charge	n/a	\$256	545,041 n/a	542,756 n/a	59,228 n/a		5,432 n/a	<u>۵۵9</u> n/a	50 n/a	م3,314 n/a	53,291
Springfield Hospital	Physician Charge	n/a n/a	φ256 n/a	\$3.092	\$3,266	\$1,371	\$2,615	\$788	n/a	n/a n/a	n/a	n/a
	Total Charge	n/a n/a	\$256	\$3,092	\$3,266	\$1,371	\$2,615 \$2,615	\$788	n/a	n/a n/a	n/a	n/a
										\$23		\$2,909
Hospital System	Hospital Charge	\$1,561 \$173	\$1,080 \$231	\$41,734 \$4,560	\$42,870 \$4,791	\$12,687 \$2,102	\$19,389 \$2,201	\$4,945 \$1,409	\$65 \$100	\$23 \$44	\$3,013 \$794	\$2,909 \$763
Averages	Physician Charge Total Charge	\$173	\$231 \$814	\$4,560	\$4,791 \$34,787	\$2,102	\$2,201 \$15,001	\$1,409 \$4,637	\$100	\$44 \$62	\$794 \$3,247	\$763 \$3,120
5	Total Charge	1016	ک 014	⊅ 3∠,000	J34,/0/	\$10,074	φ15,001	\$4,03 <i>1</i>	<u>۵۱04</u>	<u>⊅</u> 0∠	JJ,∠41	J3,1∠U

1. For SVMC, these are estimated average charges.

At CVMC, hospital charge for CPT codes 27130, 27447, 29881, 47562, 64721, is time-based, as done in outpatient setting.
At CVMC, hospital charge for CPT codes 27130, 27447, 29881, 47562, 64721, G0105, and G0121 vary depending on the time procedure takes, recovery time, and any custom implants or other supplies, lab tests, drugs, and x-rays that the physican orders. Physician charge includes surgeon and anethesiologist, but excludes radiologist reading which is billed spearately. Charges reported do not include pre-oparative screenings/office visits or post-operative rehab services or office visits.
At North Country, those procedures are not charged by CPT.