

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, 2022 through September 30, 2023. 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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§ Hospital in the table below did not submit the required CPT code pricing information to the Department of Health as of May 31, 2023.

All Vermont Community Hospitals

Table 3B - Laboratory Services

Hospital	CPT Code	Description	Blood Test ⁹											
			80048 Basic metabolic panel (calcium, total)	80051 Electrolyte panel	80053 Comprehensive metabolic panel	80061 ^{10, 11} Lipid panel	80069 Renal (kidney) function panel	80074 ¹² Acute hepatitis panel	80076 Hepatic (liver) function panel	82306 ¹⁰ Vitamin D level	82310 Calcium level	82378 ^{1, 10, 11} Carcinoembryonic antigen, CEA	82435 Chloride level	82465 Cholesterol levels
§ Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center	Hospital Charge	\$85	\$81	\$129	\$117	n/a	\$771	\$125	\$76	\$45	\$247	\$48	\$86	\$224
Copley Hospital	Hospital Charge	\$71	\$50	\$95	\$87	\$61	\$222	\$58	\$107	\$28	\$61	\$22	\$32	\$87
University of Vermont Medical Center	Hospital Charge	\$92	\$44	\$108	\$90	\$118	\$454	\$108	\$145	\$29	\$176	\$34	\$30	\$266
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$156	\$90	\$178	\$149	\$178	n/a	\$178	\$328	\$47	\$185	\$43	\$47	\$358
Mt. Ascutney Hospital	Hospital Charge	\$166	\$138	\$195	\$184	\$138	\$919	\$156	\$322	\$81	\$287	\$90	\$85	\$250
North Country Hospital	Hospital Charge	\$136	\$173	\$225	\$125	\$214	\$415	\$224	\$332	\$150	\$364	\$54	\$101	\$285
Northeastern Vermont Regional Hospital	Hospital Charge	\$164	\$136	\$202	\$208	\$170	\$872	\$177	\$377	\$84	\$469	\$91	\$89	\$243
Northwestern Medical Center	Hospital Charge	\$62	\$54	\$62	\$62	\$37	\$238	\$46	\$108	\$43	\$372	\$29	\$142	\$642
Porter Hospital	Hospital Charge	\$114	\$108	\$174	\$131	\$156	\$375	\$96	\$203	\$38	\$215	\$62	\$38	\$78
Rutland Regional Medical Center	Hospital Charge	\$46	\$62	\$50	\$63	\$179	\$343	\$52	\$143	\$79	\$299	\$95	\$84	\$238
Southwestern Vermont Medical Center	Hospital Charge	\$96	\$82	\$123	\$123	\$89	\$141	\$106	\$232	\$82	\$258	\$79	\$75	\$356
Springfield Hospital	Hospital Charge	\$114	\$93	\$95	\$116	\$118	n/a	\$193	\$138	\$88	\$43	\$63	\$64	\$557
Hospital System Averages	Hospital Charge	\$108	\$93	\$136	\$121	\$132	\$475	\$127	\$209	\$66	\$248	\$59	\$73	\$299

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

9. For NCH Hospital and Clinic, only one or the other not both will be charged.

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

11. UVMMC has multiple prices associated with this code.

12. NCH uses CPT 86704 - \$99, CPT 87340 - \$95, CPT 86803 - \$104, CPT 86709 - \$118

All Vermont Community Hospitals

		Blood Test												
CPT Code		82550 ^{10,9}	82565 ⁹	82607 ⁹	82627 ^{2,9,10}	82728 ⁹	82785 ⁹	82947 ¹⁴	82977	83036 ^{10,13}	83525 ¹⁰	83540 ¹¹	83550	83615 ¹¹
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	\$102	\$44	\$103	\$359	\$128	\$97	\$57	\$104	\$151	\$212	\$63	\$75	\$89
Copley Hospital	Hospital Charge	\$48	\$36	\$61	\$95	\$61	\$77	\$28	\$52	\$69	\$87	\$48	\$61	\$42
University of Vermont Medical Center	Hospital Charge	\$38	\$30	\$92	\$241	\$100	\$98	\$28	\$32	\$133	\$98	\$106	\$47	\$57
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$100	\$43	\$130	\$284	\$118	\$147	\$43	\$81	\$118	\$147	\$73	\$88	\$91
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$124	\$89	\$206	\$359	\$250	\$279	\$70	\$45	\$186	\$196	\$129	\$169	\$116
North Country Hospital	Hospital Charge	\$458	\$80	\$379	\$383	\$290	\$180	\$66	\$209	\$232	\$113	\$195	\$195	\$214
Northeastern Vermont Regional Hospital	Hospital Charge	\$127	\$103	\$201	\$404	\$141	\$314	\$81	\$141	\$103	\$222	\$127	\$170	\$118
Northwestern Medical Center	Hospital Charge	\$102	\$31	\$29	\$98	\$141	\$66	\$23	\$28	\$106	\$79	\$31	\$39	\$191
Porter Hospital	Hospital Charge	\$69	\$43	\$116	\$220	\$164	\$133	\$38	\$42	\$135	\$161	\$82	\$82	\$38
Rutland Regional Medical Center	Hospital Charge	\$124	\$48	\$137	\$458	\$115	\$101	\$32	\$148	\$47	\$236	\$65	\$89	\$124
Southwestern Vermont Medical Center	Hospital Charge	\$116	\$67	\$102	\$168	\$75	\$127	\$56	\$83	\$156	\$103	\$74	\$148	\$69
Springfield Hospital	Hospital Charge	\$90	\$73	\$38	\$287	\$175	\$82	\$57	\$51	\$120	\$85	\$88	\$90	\$84
Hospital System Averages	Hospital Charge	\$125	\$57	\$133	\$280	\$147	\$142	\$48	\$85	\$130	\$145	\$90	\$104	\$103

2. dehydroepiandrosterone-sulfate

9. For NCH Hospital and Clinic, only one or the other not both will be charged.

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

11. UVMMC has multiple prices associated with this code.

13. For UVMMC point of care test. Hospital charge = \$82, physician charge = \$51.

14. NCH uses CPT 82962

All Vermont Community Hospitals

		Blood Test ⁹												
CPT Code		83690	83721	83735 ^{10, 11}	83970	84075 ¹⁰	84100	84146	84153 ¹⁰	84155	84165	84295	84402 ¹⁰	84403 ¹⁰
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	\$83	\$183	\$101	\$105	\$58	\$53	\$78	\$219	\$57	\$70	\$44	\$66	\$236
Copley Hospital	Hospital Charge	\$35	\$45	\$50	\$149	\$36	\$34	\$72	\$131	\$29	\$77	\$23	\$103	\$104
University of Vermont Medical Center	Hospital Charge	\$34	\$110	\$41	\$205	\$29	\$29	\$133	\$100	\$30	\$80	\$32	\$88	\$152
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$60	\$157	\$91	\$457	\$60	\$55	\$226	\$182	\$55	\$129	\$59	\$246	\$294
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$89	\$157	\$129	\$666	\$96	\$90	\$355	\$299	\$70	\$181	\$78	\$426	\$372
North Country Hospital	Hospital Charge	\$392	\$184	\$230	\$460	\$203	\$147	\$383	\$161	\$203	\$78	\$67	\$0	\$399
Northeastern Vermont Regional Hospital	Hospital Charge	\$94	\$177	\$132	\$747	\$103	\$95	\$401	\$349	\$72	\$205	\$89	\$478	\$501
Northwestern Medical Center	Hospital Charge	\$91	\$119	\$136	\$278	\$46	\$47	\$48	\$324	\$28	\$74	\$31	n/a	\$68
Porter Hospital	Hospital Charge	\$66	\$116	\$63	\$234	\$68	\$43	\$136	\$178	\$36	\$89	\$48	\$38	\$188
Rutland Regional Medical Center	Hospital Charge	\$96	\$113	\$41	\$363	\$88	\$97	\$171	\$89	\$76	\$92	\$90	\$215	\$274
Southwestern Vermont Medical Center	Hospital Charge	\$83	\$81	\$109	\$208	\$82	\$82	\$300	\$278	\$67	\$152	\$76	\$168	\$168
Springfield Hospital	Hospital Charge	\$82	\$122	\$89	\$84	\$73	\$70	\$33	\$616	\$52	\$30	\$21	n/a	\$51
Hospital System Averages	Hospital Charge	\$100	\$130	\$101	\$330	\$79	\$70	\$195	\$244	\$64	\$105	\$55	\$183	\$234

9. For NCH Hospital and Clinic, only one or the other not both will be charged.

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

11. UVMMC has multiple prices associated with this code.

All Vermont Community Hospitals

		Blood Test ⁹												
CPT Code		84436	84439 ¹⁰	84443	84450 ³	84460 ³	84478	84479	84480	84481	84520 ⁴	84550	84703 ¹⁵	85025 ^{5,10}
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	\$82	\$166	\$203	\$61	\$70	\$260	\$56	\$167	\$254	\$39	\$66	\$166	\$62
Copley Hospital	Hospital Charge	\$50	\$94	\$104	\$36	\$34	\$43	\$30	\$59	\$87	\$25	\$33	\$32	\$49
University of Vermont Medical Center	Hospital Charge	\$76	\$80	\$116	\$28	\$28	\$32	\$98	\$79	\$115	\$29	\$31	n/a	\$47
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$90	\$116	\$204	\$48	\$59	\$55	\$95	\$172	\$216	\$43	\$55	\$118	\$84
Mt. Ascutney Hospital	Hospital Charge	\$106	\$173	\$271	\$100	\$89	\$100	\$129	\$290	\$273	\$68	\$87	\$133	\$136
North Country Hospital	Hospital Charge	\$166	\$247	\$270	\$189	\$189	\$102	\$27	\$565	\$176	\$131	\$249	n/a	\$134
Northeastern Vermont Regional Hospital	Hospital Charge	\$134	\$169	\$307	\$103	\$94	\$114	\$127	\$262	\$309	\$70	\$90	\$149	\$154
Northwestern Medical Center	Hospital Charge	\$97	\$190	\$94	\$31	\$31	\$269	\$210	\$46	\$58	\$31	\$46	\$41	\$74
Porter Hospital	Hospital Charge	\$82	\$109	\$201	\$86	\$38	\$35	\$63	\$83	\$118	\$43	\$87	n/a	\$93
Rutland Regional Medical Center	Hospital Charge	\$142	\$53	\$92	\$99	\$97	\$119	n/a	\$268	\$349	\$48	\$32	n/a	\$40
Southwestern Vermont Medical Center	Hospital Charge	\$99	\$151	\$224	\$67	\$71	\$79	\$61	\$103	\$114	\$67	\$67	\$160	\$117
Springfield Hospital	Hospital Charge	\$92	\$133	\$116	\$73	\$69	\$80	\$128	\$185	\$56	\$51	\$65	\$102	\$110
Hospital System Averages	Hospital Charge	\$101	\$140	\$183	\$77	\$72	\$107	\$93	\$190	\$177	\$54	\$76	\$113	\$92

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

9. For NCH Hospital and Clinic, only one or the other not both will be charged.
 10. For Porter Hospital, this is the highest amount for this CPT in the chargemaster.
 15. NCH uses CPT code 84702 at \$140

All Vermont Community Hospitals

		Blood Test ⁹												
CPT Code		85027 ⁵	85610 ^{10,16}	85651 ⁶	86003 ^{10,11}	86038 ¹⁰	86140 ⁷	86141 ⁷	86430 ¹⁷	86304	86480	86618 ¹⁰	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	\$56	\$54	n/a	\$90	\$86	\$76	\$125	\$169	\$251	\$313	\$201	\$165	\$165
Copley Hospital	Hospital Charge	\$46	\$33	n/a	\$99	\$50	\$23	n/a	n/a	\$85	\$269	\$80	\$66	\$94
University of Vermont Medical Center	Hospital Charge	\$44	\$37	n/a	\$77	\$83	\$46	\$89	n/a	\$110	\$185	\$95	\$102	\$113
§ Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$84	\$65	\$60	\$55	\$130	\$79	\$160	n/a	\$197	\$675	\$161	\$146	\$193
Mt. Ascutney Hospital	Hospital Charge	\$111	\$82	\$68	\$93	\$222	\$68	\$205	n/a	\$396	\$891	\$245	\$207	\$302
North Country Hospital	Hospital Charge	\$95	\$89	\$134	\$127	\$548	\$236	\$98	n/a	\$367	\$297	\$149	\$96	\$106
Northeastern Vermont Regional Hospital	Hospital Charge	\$127	\$81	n/a	\$23	\$232	\$70	\$89	n/a	\$393	\$215	\$273	\$391	\$391
Northwestern Medical Center	Hospital Charge	\$43	\$101	n/a	\$156	\$166	\$31	\$142	\$37	\$79	\$259	\$185	\$154	\$154
Porter Hospital	Hospital Charge	\$65	\$54	n/a	\$69	\$101	\$65	\$104	n/a	\$113	\$206	\$109	\$86	\$86
Rutland Regional Medical Center	Hospital Charge	\$37	\$65	n/a	\$43	\$62	\$71	\$267	n/a	\$183	\$554	\$131	\$76	\$372
Southwestern Vermont Medical Center	Hospital Charge	\$66	\$43	n/a	\$92	\$110	\$76	\$184	\$91	\$159	n/a	\$65	\$166	\$166
Springfield Hospital	Hospital Charge	\$90	\$59	n/a	\$80	\$36	\$52	\$25	n/a	\$80	\$198	\$91	\$32	\$48
Hospital System Averages	Hospital Charge	\$72	\$64	\$87	\$84	\$152	\$74	\$135	\$99	\$201	\$369	\$149	\$140	\$182

5. CBC = Complete Blood Count.

6. Test to detect inflammation.

7. Test to detect infection or inflammation.

9. For NCH Hospital and Clinic, only one or the other not both will be charged.

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

11. UVMMC has multiple prices associated with this code.

16. For NCH Hospital Charge =\$69, physician charge=\$20

17. NCH uses CPT code 86431 for \$241 hospital charge

All Vermont Community Hospitals

Hospital	CPT Code	Blood Test ⁹								Fecal Test ⁹		
		86703 ¹⁹	86706	86787	86800 ¹⁰	86803	86850	86900 ¹⁰	86901	82270 ^{18, 20}	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	\$187	\$159	\$162	\$241	\$204	\$235	\$168	\$89	\$46	\$151	\$254
Copley Hospital	Hospital Charge	\$81	\$65	\$114	\$80	\$90	\$87	\$183	\$56	\$19	n/a	\$58
University of Vermont Medical Center	Hospital Charge	\$91	\$97	\$87	\$90	\$97	\$79	\$43	\$41	\$62	\$97	\$120
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$149	\$164	\$176	\$140	\$214	\$151	\$76	\$76	\$42	n/a	\$196
Mt. Ascutney Hospital	Hospital Charge	\$209	\$205	\$244	\$228	\$210	\$208	\$60	\$60	\$45	\$147	\$174
North Country Hospital	Hospital Charge	n/a	\$237	\$138	\$166	\$167	\$128	\$104	\$92	\$136	n/a	\$113
Northeastern Vermont Regional Hospital	Hospital Charge	\$202	\$177	\$247	\$232	\$204	\$176	\$158	\$221	\$67	\$22	\$173
Northwestern Medical Center	Hospital Charge	\$199	\$66	\$157	\$215	\$77	\$133	\$148	\$123	\$34	\$173	\$194
Porter Hospital	Hospital Charge	\$78	\$100	\$72	\$94	\$113	\$123	\$63	\$49	\$42	n/a	\$116
Rutland Regional Medical Center	Hospital Charge	\$120	\$222	\$210	\$231	\$274	\$224	\$232	\$113	\$78	\$127	\$121
Southwestern Vermont Medical Center	Hospital Charge	n/a	\$168	\$102	\$128	\$103	\$199	\$117	\$109	\$54	\$109	\$150
Springfield Hospital	Hospital Charge	n/a	\$61	\$133	\$162	\$71	\$162	\$89	\$82	\$22	n/a	\$57
Hospital System Averages	Hospital Charge	\$146	\$143	\$153	\$167	\$152	\$159	\$120	\$93	\$54	\$118	\$144

9. For NCH Hospital and Clinic, only one or the other not both will be charged.

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

18. For UVMMC point of care test. Hospital charge =\$39 physician charge =\$23.

19. NCH hospital uses CPT code 87389 for \$116

20. For NCH hospital charge =\$136. physician charge =\$28

All Vermont Community Hospitals

		Urine Test					
CPT Code		81000 ^{9, 21, 26, 29}	81001 ^{22, 27}	81003 ^{23, 28}	84156 ⁹	87086 ^{24, 30}	87088 ^{9, 25}
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	\$0	\$118	\$60	\$63	\$78	\$84
Copley Hospital	Hospital Charge	n/a	\$57	\$9	\$27	n/a	\$27
University of Vermont Medical Center	Hospital Charge	n/a	\$60	\$47	\$42	\$131	\$110
§ Gifford Medical Center	Hospital Charge						
Grace Cottage Family Health & Hospital	Hospital Charge	\$79	\$79	\$41	\$55	\$85	n/a
Mt. Ascutney Hospital	Hospital Charge	n/a	\$61	\$49	\$71	\$90	\$74
North Country Hospital	Hospital Charge	\$175	n/a	n/a	\$142	n/a	\$222
Northeastern Vermont Regional Hospital	Hospital Charge	\$64	n/a	\$41	\$64	\$114	\$80
Northwestern Medical Center	Hospital Charge	\$15	\$40	\$35	\$173	\$48	\$26
Porter Hospital	Hospital Charge	n/a	\$56	\$31	\$41	\$81	\$68
Rutland Regional Medical Center	Hospital Charge	n/a	\$127	\$119	\$73	\$57	\$180
Southwestern Vermont Medical Center	Hospital Charge	\$23	\$124	\$123	\$106	\$121	n/a
Springfield Hospital	Hospital Charge	\$31	\$58	\$47	\$71	\$47	\$63
Hospital System Averages	Hospital Charge	\$55	\$78	\$55	\$77	\$85	\$93

9. For NCH Hospital and Clinic, only one or the other not both will be charged.

21. UVMHC physician charge = \$21.

22. UVMHC hospital charge=\$43, physician charge=\$17

23. UVMHC hospital charge=\$35, physician charge=\$12

24. UVMHC hospital charge=\$89, physician charge=\$42

25. UVMHC hospital charge=\$68, physician charge = \$42

26. At CVMC this is a point of care test, physician charge=\$22.

27. NCH uses CPT code 81000 for hospital charge \$147.

28. NCH uses CPT code 81002 for hospital charge \$56

29. NCH hospital charge = \$147, physician charge = \$28

30. NCH uses CPT code 87088 for hospital charge \$222.

All Vermont Community Hospitals

		Swab Test ⁹										
CPT Code		87070 ³¹	87077 ^{10, 11, 32}	87081 ^{10, 33}	87186 ^{8, 10, 11, 34}	87205 ³⁵	87400 ³⁰	87430 ³⁷	87491 ¹⁰	87591 ¹⁰	87624 ¹⁰	87880 ^{13, 36}
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	\$201	\$170	\$86	\$111	\$99	n/a	\$111	\$107	\$217	\$120	\$63
Copley Hospital	Hospital Charge	\$44	\$57	\$49	\$61	\$61	n/a	\$82	\$95	\$95	\$172	n/a
University of Vermont Medical Center	Hospital Charge	\$111	\$186	\$94	\$258	\$78	n/a	n/a	\$80	\$80	\$80	\$86
§ Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$138	\$100	\$83	\$149	\$57	n/a	n/a	\$171	\$193	\$99	\$117
Mt. Ascutney Hospital	Hospital Charge	\$171	\$312	\$152	\$206	\$83	\$106	\$113	\$403	\$403	\$314	\$84
North Country Hospital	Hospital Charge	\$440	\$39	\$221	\$540	\$142	\$150	n/a	\$103	\$163	\$229	\$67
Northeastern Vermont Regional Hospital	Hospital Charge	\$169	\$81	\$85	\$169	\$88	\$55	n/a	\$69	\$69	\$537	\$107
Northwestern Medical Center	Hospital Charge	\$124	\$88	\$166	\$93	\$134	n/a	n/a	\$90	\$90	\$116	\$79
Porter Hospital	Hospital Charge	\$115	\$100	\$175	\$88	\$70	n/a	\$56	\$162	\$162	\$120	\$61
Rutland Regional Medical Center	Hospital Charge	\$192	\$180	\$90	\$208	\$103	\$204	\$73	\$202	\$202	\$269	\$150
Southwestern Vermont Medical Center	Hospital Charge	\$185	n/a	\$68	\$140	\$96	\$207	n/a	\$152	\$152	n/a	\$117
Springfield Hospital	Hospital Charge	\$80	\$56	\$78	\$89	\$61	n/a	n/a	\$88	\$88	\$83	\$208
Hospital System Averages	Hospital Charge	\$164	\$124	\$112	\$176	\$89	\$144	\$87	\$143	\$159	\$194	\$104

8. Antibiotic, antifungal, antiviral.

11. For UVMHC multiple prices are associated with this code

9. For NCH Hospital and Clinic, only one or the other not both will be charged.

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

13. For UVMHC point of care test

30. Grace Cottage uses CPT 87804 for \$127

31. UVMHC hospital charge=\$66, physician charge=\$45

32. UVMHC hospital charge=\$144, physician charge=\$42

33. UVMHC hospital charge=\$59, physician charge=\$35

34. UVMHC hospital charge=\$213, physician charge=\$45

35. UVMHC hospital charge=\$56, physician charge=\$22

36. For NCH at clinic only

37. NCH does not offer this test.