

Table 3J - Diagnostic Procedures (Colonoscopies)

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.

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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, 2022.

Table 3J - Diagnostic Procedures

Hospital	CPT Code	Colonoscopies ¹				Endoscopies ²	
		45380	45378	45385	45392	43235	43239
	Description	Colonoscopy with biopsy for noncancerous growth	Screening colonoscopy without biopsy	Removal of polyps or growths of large bowel using an endoscope	Ultrasound examination of lower large bowel using an endoscope	Endoscopy, diagnostic	Endoscopy with biopsy
§ Brattleboro Memorial Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
Central Vermont Medical Center	Hospital Charge	\$2,871	\$3,951	\$3,951	n/a	\$2,565	\$2,565
	Physician Charge	\$738	\$880	\$1,150	n/a	\$662	\$749
	Total Charge	\$3,609	\$4,831	\$5,101	n/a	\$3,227	\$3,315
Copley Hospital	Hospital Charge	\$0	\$0	\$0	n/a	n/a	\$0
	Physician Charge	\$1,072	\$1,279	\$1,442	n/a	n/a	\$1,121
	Total Charge	\$1,072	\$1,279	\$1,442	n/a	n/a	\$1,121
University of Vermont Medical Center	Hospital Charge	\$3,606	\$4,137	\$4,395	\$3,006	\$3,340	\$3,339
	Physician Charge	\$1,630	\$2,115	\$2,185	\$1,393	\$1,430	\$1,845
	Total Charge	\$5,236	\$6,252	\$6,580	\$4,399	\$4,770	\$5,184
§ Gifford Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Grace Cottage Family Health & Hospital	Hospital Charge	n/a	n/a	n/a	n/a	n/a	n/a
	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
Mt. Ascutney Hospital	Hospital Charge	\$1,406	\$1,406	\$1,406	n/a	\$2,270	\$2,270
	Physician Charge	\$1,229	\$1,387	\$1,635	n/a	\$777	\$914
	Total Charge	\$2,635	\$2,793	\$3,041	n/a	\$3,047	\$3,184
North Country Hospital	Hospital Charge	\$6,504	\$6,927	\$6,849	n/a	\$6,229	\$7,810
	Physician Charge	\$901	\$977	\$1,222	n/a	\$651	\$732
	Total Charge	\$7,405	\$7,904	\$8,071	n/a	\$6,880	\$8,542
Northeastern Vermont Regional Hospital	Hospital Charge	\$3,104	\$2,716	\$4,850	n/a	n/a	\$2,425
	Physician Charge	\$650	\$546	\$734	n/a	n/a	\$570
	Total Charge	\$3,754	\$3,262	\$5,584	n/a	n/a	\$2,995
Northwestern Medical Center	Hospital Charge	\$1,773	\$1,386	\$1,586	n/a	\$1,889	\$1,889
	Physician Charge	\$802	\$1,032	\$1,079	n/a	\$262	\$879
	Total Charge	\$2,575	\$2,418	\$2,665	n/a	\$2,151	\$2,768
Porter Hospital	Hospital Charge	\$3,225	\$2,867	\$3,126	n/a	\$2,826	\$2,826
	Physician Charge	\$1,013	\$786	\$1,058	n/a	\$805	\$909
	Total Charge	\$4,238	\$3,653	\$4,184	n/a	\$3,631	\$3,735
Rutland Regional Medical Center	Hospital Charge	\$4,154	\$4,525	\$4,676	n/a	\$4,510	\$4,884
	Physician Charge	\$925	\$1,112	\$1,330	n/a	\$599	\$720
	Total Charge	\$5,079	\$5,640	\$6,006	n/a	\$5,109	\$5,604
Southwestern Vermont Medical Center	Hospital Charge	\$2,997	\$4,100	\$4,130	n/a	\$1,930	\$2,998
	Physician Charge	\$927	\$1,105	\$1,241	n/a	\$710	\$816
	Total Charge	\$3,924	\$5,205	\$5,371	n/a	\$2,640	\$3,814
Springfield Hospital	Hospital Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Physician Charge	\$1,243	\$1,442	\$2,149	n/a	\$905	\$1,121
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Hospital System Averages	Hospital Charge	\$2,964	\$3,202	\$3,497	\$3,006	\$3,195	\$3,101
	Physician Charge	\$1,012	\$1,151	\$1,384	\$1,393	\$756	\$943
	Total Charge	\$3,953	\$4,324	\$4,805	\$4,399	\$3,932	\$4,026

1. Grace Cottage Hospital does not perform these procedures. At North Country, these are estimated average prices. At SVMC, these are based on average charges. At Springfield, TC priced by time & staff present.

2. At SVMC and North Country, these are based on average charges. Also see Table 3P "Other" for more information. At Springfield, TC priced by time & staff present.

At Copley Hospital, facility charges vary depending on the time procedure takes, recovery time, and any supplies, lab tests, drugs, and x-rays that the physician orders. Physician charge includes surgeon and anesthesiologist, but excludes radiologist reading, which is billed separately. Physician charge may be different if performed by a surgeon not employed by Copley.