

## 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, 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 3G - Radiology Services - X Rays<sup>1</sup>**

- 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	CPT Code	72081	72082	72100	73030	73100	73110	73120	73130
	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	\$647	\$710	\$626	\$546	\$497	\$546	\$497	\$546
	Physician Charge	n/a	n/a	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	n/a	n/a
Copley Hospital	Hospital Charge	n/a	\$552	\$469	\$359	\$244	\$343	\$225	\$270
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	\$552	\$469	\$359	\$244	\$343	\$225	\$270
University of Vermont Medical Center	Hospital Charge	\$684	\$1,204	\$816	\$745	\$578	\$708	\$588	\$677
	Physician Charge	\$66	\$80	\$57	\$48	\$43	\$44	\$43	\$44
	Total Charge	\$750	\$1,284	\$873	\$793	\$621	\$752	\$631	\$721
§ Gifford Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Grace Cottage Family Health & Hospital	Hospital Charge	n/a	n/a	\$411	\$378	\$339	\$353	\$368	\$378
	Physician Charge	n/a	n/a	\$48	\$37	\$37	\$39	\$37	\$39
	Total Charge	n/a	n/a	\$459	\$415	\$376	\$392	\$405	\$417
Mt. Ascutney Hospital	Hospital Charge	\$702	\$1,096	\$795	\$570	\$602	\$759	\$535	\$648
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$702	\$1,096	\$795	\$570	\$602	\$759	\$535	\$648
North Country Hospital	Hospital Charge	\$1,163	\$721	\$1,081	\$1,857	\$1,980	\$2,282	\$1,675	\$1,956
	Physician Charge	\$83	\$89	\$127	\$198	\$170	\$170	\$837	\$173
	Total Charge	\$1,246	\$811	\$1,208	\$2,055	\$2,150	\$2,452	\$2,512	\$2,128
Northeastern Vermont Regional Hospital	Hospital Charge	\$585	\$1,568	\$732	\$487	\$328	\$630	\$529	\$651
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	\$585	\$1,568	\$732	\$487	\$328	\$630	\$529	\$651
Northwestern Medical Center	Hospital Charge	\$381	\$381	\$357	\$627	\$540	\$520	\$326	\$474
	Physician Charge	\$35	\$41	\$29	\$24	\$21	\$22	\$21	\$22
	Total Charge	\$416	\$422	\$385	\$651	\$562	\$542	\$347	\$496
Porter Hospital	Hospital Charge	\$410	\$765	\$571	\$414	\$330	\$414	\$289	\$362
	Physician Charge	\$26	\$35	\$25	\$21	\$20	\$20	\$19	\$20
	Total Charge	\$436	\$800	\$596	\$435	\$350	\$434	\$308	\$382
Rutland Regional Medical Center	Hospital Charge	\$297	\$493	\$493	\$309	\$355	\$493	\$493	\$542
	Physician Charge	\$79	\$94	\$76	\$47	\$55	\$57	\$55	\$57
	Total Charge	\$376	\$587	\$569	\$356	\$410	\$550	\$548	\$599
Southwestern Vermont Medical Center	Hospital Charge	\$504	n/a	\$581	\$743	\$516	\$647	\$504	\$530
	Physician Charge	n/a	n/a	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	n/a	n/a
Springfield Hospital	Hospital Charge	\$340	\$2,203	\$1,012	\$646	\$621	\$717	\$438	\$635
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	\$2,203	\$1,012	\$646	\$621	\$717	\$438	\$635
Hospital System Averages	Hospital Charge	\$571	\$969	\$662	\$640	\$577	\$701	\$539	\$639
	Physician Charge	\$48	\$57	\$52	\$54	\$50	\$50	\$145	\$51
	Total Charge	\$644	\$1,036	\$710	\$677	\$626	\$757	\$648	\$695

1.For RRMC Profee when performed at Vermont Orthopedic Clinic, when performed at RRMC, Profee charged by third party

All Vermont Community Hospitals

	<b>CPT Code</b>	73560	73562	73600	73610	73620	73630
<b>Hospital</b>	<b>Description</b>	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	Hospital Charge						
	Physician Charge						
	Total Charge						
Central Vermont Medical Center	Hospital Charge	\$510	\$546	\$497	\$509	\$497	\$505
	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
Copley Hospital	Hospital Charge	\$244	\$471	\$244	\$338	\$244	\$359
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	\$244	\$471	\$244	\$338	\$244	\$359
University of Vermont Medical Center	Hospital Charge	\$612	\$741	\$585	\$700	\$579	\$689
	Physician Charge	\$43	\$48	\$41	\$44	\$39	\$43
	Total Charge	\$655	\$789	\$626	\$744	\$618	\$732
§ Gifford Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Grace Cottage Family Health & Hospital	Hospital Charge	\$336	\$488	\$354	\$378	\$378	\$378
	Physician Charge	\$41	\$43	\$39	\$39	\$39	\$39
	Total Charge	\$377	\$531	\$393	\$417	\$417	\$417
Mt. Ascutney Hospital	Hospital Charge	\$582	\$729	\$552	\$657	\$535	\$638
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$582	\$729	\$552	\$657	\$535	\$638
North Country Hospital	Hospital Charge	\$1,901	\$2,304	\$1,759	\$2,020	\$1,580	\$1,386
	Physician Charge	\$173	\$176	\$168	\$173	\$145	\$168
	Total Charge	\$2,073	\$2,479	\$1,927	\$2,193	\$1,725	\$1,554
Northeastern Vermont Regional Hospital	Hospital Charge	\$369	\$643	\$369	\$666	\$595	\$630
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	\$369	\$643	\$369	\$666	\$595	\$630
Northwestern Medical Center	Hospital Charge	\$366	\$855	\$520	\$546	\$261	\$546
	Physician Charge	\$21	\$24	\$21	\$22	\$20	\$21
	Total Charge	\$387	\$879	\$541	\$569	\$280	\$568
Porter Hospital	Hospital Charge	\$414	\$462	\$330	\$414	\$323	\$414
	Physician Charge	\$19	\$21	\$19	\$20	\$18	\$19
	Total Charge	\$433	\$483	\$349	\$434	\$341	\$433
Rutland Regional Medical Center	Hospital Charge	\$297	\$252	\$355	\$413	\$355	\$388
	Physician Charge	\$57	\$47	\$55	\$57	\$55	\$57
	Total Charge	\$354	\$299	\$410	\$470	\$410	\$445
Southwestern Vermont Medical Center	Hospital Charge	\$473	\$530	\$521	\$555	\$513	\$555
	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
Springfield Hospital	Hospital Charge	\$429	\$525	\$306	\$491	\$615	\$746
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	\$429	\$525	\$306	\$491	\$615	\$746
Hospital System Averages	Hospital Charge	\$544	\$712	\$533	\$641	\$540	\$603
	Physician Charge	\$51	\$51	\$49	\$51	\$45	\$50
	Total Charge	\$590	\$783	\$572	\$698	\$578	\$652

1.For RRMC Profee when performed at Vermont Orthopedic Clinic, when performed at RRMC, Profee charged by third party.