

Table 3N - Physical Medicine and Rehabilitation (Active Wound Management, Tests and Measurements, Orthotic Management and Training and Prosthetic Training, Modalities, Physical Therapy Evaluations, Occupational Therapy Evaluations, Therapeutic 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, 2020 through September 30, 2021. 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 3N - Physical Medicine and Rehabilitation

		Active Wound Management				Tests and Measurements	Orthotic Management and Training and Prosthetic Training
	CPT Code	97597 ¹	97602 ²	97605	97606	97750	97760
Hospital	Description	Remove tissue from wounds (debridement, open wound 20 sq. cm or less)	Remove tissue from wounds (non-selective debridement without anesthesia)	Negative or vacuum pressure wound therapy (total wound(s) surface area ≤ 50 sq. cm)	Negative or vacuum pressure wound therapy (total wound(s) surface area > 50 sq. cm)	Physical performance test or measurement with report	Orthotic management of arm or leg and/or trunk
Brattleboro Memorial Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
Central Vermont Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Copley Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
University of Vermont Medical Center	Hospital Charge	\$397	\$331	\$245	\$476	\$116	\$130
	Physician Charge	\$346	\$152	\$156	\$184	\$125	\$177
	Total Charge	\$743	\$483	\$401	\$660	\$241	\$307
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	\$107
	Physician Charge	n/a	n/a	n/a	n/a	n/a	\$0
	Total Charge	n/a	n/a	n/a	n/a	n/a	\$107
Mt. Ascutney Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
North Country Hospital	Hospital Charge	\$181	\$126	\$203	\$150	\$77	\$166
	Physician Charge	\$96	\$0	\$63	\$0	\$0	\$0
	Total Charge	\$277	\$126	\$266	\$150	\$77	\$166
Northeastern Vermont Regional Hospital	Hospital Charge	\$0	\$0	\$0	\$0	\$0	\$188
	Physician Charge	\$170	\$170	\$68	\$60	\$55	\$0
	Total Charge	\$170	\$170	\$68	\$60	\$55	\$188
Northwestern Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Porter Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						
Rutland Regional Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Southwestern Vermont Medical Center	Hospital Charge						
	Physician Charge						
	Total Charge						
Springfield Hospital	Hospital Charge						
	Physician Charge						
	Total Charge						

1. At SVMC, this procedure is also performed at hospital physical therapy Dept. - \$280

2. At SVMC, this procedure is also performed at hospital physical therapy Dept. - \$224.

All Vermont Community Hospitals

		Modalities								
CPT Code		97010	97012	97014 ¹	97016	97018	97022	97032	97033	97035
Hospital	Description	Application of hot or cold packs to 1 or more areas	Application of mechanical traction to 1 or more areas	Application of electrical stimulation to 1 or more areas, when physical therapist is not there	Application of blood vessel compression or decompression device to 1 or more areas	Application of hot wax bath to 1 or more areas	Application of whirlpool therapy to 1 or more areas	Application of electrical stimulation to 1 or more areas	Application of medication through skin using electrical current	Application of ultrasound to 1 or more areas
Brattleboro Memorial Hospital	Hospital Charge									
	Physician Charge									
	Total Charge									
Central Vermont Medical Center	Hospital Charge									
	Physician Charge									
	Total Charge									
Copley Hospital	Hospital Charge									
	Physician Charge									
	Total Charge									
University of Vermont Medical Center	Hospital Charge	n/a	\$119	n/a	\$87	\$95	\$138	\$118	\$142	\$111
	Physician Charge	\$23	\$54	\$53	\$64	\$37	\$78	\$64	\$109	\$52
	Total Charge	\$23	\$173	\$53	\$151	\$132	\$216	\$182	\$251	\$163
Gifford Medical Center	Hospital Charge									
	Physician Charge									
	Total Charge									
Grace Cottage Family Health & Hospital	Hospital Charge	n/a	\$212	\$50	n/a	n/a	\$96	\$107	\$126	\$107
	Physician Charge	n/a	\$0	\$0	n/a	n/a	\$0	\$0	\$0	\$0
	Total Charge	n/a	\$212	\$50	n/a	n/a	\$96	\$107	\$126	\$107
Mt. Ascutney Hospital	Hospital Charge									
	Physician Charge									
	Total Charge									
North Country Hospital	Hospital Charge	\$0	\$163	n/a	n/a	\$127	\$114	\$242	\$45	\$182
	Physician Charge	\$0	\$0	n/a	n/a	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$0	\$163	n/a	n/a	\$127	\$114	\$242	\$45	\$182
Northeastern Vermont Regional Hospital	Hospital Charge	\$73	\$138	\$118	\$40	\$95	\$121	\$73	\$34	\$104
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$73	\$138	\$118	\$40	\$95	\$121	\$73	\$34	\$104
Northwestern Medical Center	Hospital Charge									
	Physician Charge									
	Total Charge									
Porter Hospital	Hospital Charge									
	Physician Charge									
	Total Charge									
Rutland Regional Medical Center	Hospital Charge									
	Physician Charge									
	Total Charge									
Southwestern Vermont Medical Center	Hospital Charge									
	Physician Charge									
	Total Charge									
Springfield Hospital	Hospital Charge									
	Physician Charge									
	Total Charge									

1. North Country does not offer this service.

All Vermont Community Hospitals

Hospital	CPT Code	Physical Therapy Evaluations				Occupational Therapy Evaluations			
		97161 Physical therapy evaluation, low complexity	97162 Physical therapy evaluation, moderate complexity	97163 Physical therapy evaluation, high complexity	97164 Physical therapy re-evaluation	97165 Occupational therapy evaluation, low complexity	97166 Occupational therapy evaluation, moderate complexity	97167 Occupational therapy evaluation, high complexity	97168 Occupational therapy re-evaluation
Brattleboro Memorial Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								
Central Vermont Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Copley Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								
University of Vermont Medical Center	Hospital Charge	\$401	\$401	\$401	\$257	\$331	\$401	\$450	\$255
	Physician Charge	\$307	\$307	\$307	\$211	\$325	\$324	\$324	\$225
	Total Charge	\$708	\$708	\$708	\$468	\$656	\$725	\$774	\$480
Gifford Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Grace Cottage Family Health & Hospital	Hospital Charge	\$215	\$300	\$400	n/a	\$215	\$300	\$400	n/a
	Physician Charge	\$0	\$0	\$0	n/a	\$0	\$0	\$0	n/a
	Total Charge	\$215	\$300	\$400	n/a	\$215	\$300	\$400	n/a
Mt. Ascutney Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								
North Country Hospital	Hospital Charge	\$498	\$498	\$498	\$450	\$554	\$554	\$554	\$468
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$498	\$498	\$498	\$450	\$554	\$554	\$554	\$468
Northeastern Vermont Regional Hospital	Hospital Charge	\$143	\$143	\$143	\$219	\$143	\$143	\$143	\$219
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$143	\$143	\$143	\$219	\$143	\$143	\$143	\$219
Northwestern Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Porter Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								
Rutland Regional Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Southwestern Vermont Medical Center	Hospital Charge								
	Physician Charge								
	Total Charge								
Springfield Hospital	Hospital Charge								
	Physician Charge								
	Total Charge								

All Vermont Community Hospitals

		Therapeutic Procedures						
CPT Code		97110	97112	97113	97116	97124	97150	97530
Hospital	Description	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility; 15 min.	Therapeutic procedure to re-educate brain-to-nerve-to-muscle function; 15 min.	Therapeutic procedure, aquatic therapy with therapeutic exercises; 15 min.	Therapeutic procedure, walking training; 15 min.	Therapeutic procedure, massage; 15 min.	Therapeutic procedures in a group setting	Therapeutic activities to improve function, with one-on-one contact between patient and provider; 15 min.
Brattleboro Memorial Hospital	Hospital Charge							
	Physician Charge							
	Total Charge							
Central Vermont Medical Center	Hospital Charge							
	Physician Charge							
	Total Charge							
Copley Hospital	Hospital Charge							
	Physician Charge							
	Total Charge							
University of Vermont Medical Center	Hospital Charge	\$144	\$136	\$126	\$132	\$126	\$254	\$146
	Physician Charge	\$110	\$126	\$139	\$108	\$105	\$66	\$141
	Total Charge	\$254	\$262	\$265	\$239	\$231	\$320	\$287
Gifford Medical Center	Hospital Charge							
	Physician Charge							
	Total Charge							
Grace Cottage Family Health & Hospital	Hospital Charge	\$107	\$107	n/a	\$107	\$107	\$107	\$107
	Physician Charge	\$0	\$0	n/a	\$0	\$0	\$0	\$0
	Total Charge	\$107	\$107	n/a	\$107	\$107	\$107	\$107
Mt. Ascutney Hospital	Hospital Charge							
	Physician Charge							
	Total Charge							
North Country Hospital	Hospital Charge	\$52	\$99	n/a	\$100	\$63	\$176	\$159
	Physician Charge	\$0	\$0	n/a	\$0	\$42	\$0	\$0
	Total Charge	\$52	\$99	n/a	\$100	\$105	\$176	\$159
Northeastern Vermont Regional Hospital	Hospital Charge	\$55	\$55	\$72	\$167	\$44	\$143	\$55
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$55	\$55	\$72	\$167	\$44	\$143	\$55
Northwestern Medical Center	Hospital Charge							
	Physician Charge							
	Total Charge							
Porter Hospital	Hospital Charge							
	Physician Charge							
	Total Charge							
Rutland Regional Medical Center	Hospital Charge							
	Physician Charge							
	Total Charge							
Southwestern Vermont Medical Center	Hospital Charge							
	Physician Charge							
	Total Charge							
Springfield Hospital	Hospital Charge							
	Physician Charge							
	Total Charge							