

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, 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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All Vermont Community Hospitals

Table 3B - Laboratory Services

Hospital	CPT Code	Description	Blood Test												
			80048 Basic metabolic panel (calcium, total)	80051 Electrolyte panel	80053 Comprehensive metabolic panel	80061 Lipid panel	80069 Renal (kidney) function panel	80074 Acute hepatitis panel	80076 Hepatic (liver) function panel	82306 Vitamin D level	82310 Calcium level	82378 ¹ Carcinoembryonic antigen, CEA	82435 Chloride level	82465 Cholesterol levels	82523 Collagen cross links
Brattleboro Memorial Hospital		Hospital Charge													
Central Vermont Medical Center*		Hospital Charge													
Copley Hospital		Hospital Charge													
University of Vermont Medical Center		Hospital Charge	\$88	\$47	\$123	\$86	n/a	\$441	\$98	\$125	\$26	\$171	\$26	\$27	\$242
Gifford Medical Center		Hospital Charge													
Grace Cottage Family Health & Hospital		Hospital Charge	\$141	\$82	\$161	\$135	\$161	n/a	\$161	\$297	\$42	\$168	\$39	\$42	\$325
Mt. Ascutney Hospital		Hospital Charge													
North Country Hospital		Hospital Charge	\$115	\$147	\$190	\$106	\$181	\$1,178	\$189	\$282	\$127	\$308	\$46	\$85	\$242
Northeastern Vermont Regional Hospital		Hospital Charge	\$140	\$116	\$173	\$43	\$145	\$750	\$151	\$341	\$71	\$403	\$78	\$76	\$208
Northwestern Medical Center		Hospital Charge													
Porter Hospital		Hospital Charge													
Rutland Regional Medical Center		Hospital Charge													
Southwestern Vermont Medical Center		Hospital Charge													
Springfield Hospital		Hospital Charge													

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

All Vermont Community Hospitals

		Blood Test												
CPT Code		82550	82565	82607	82627 ¹	82728	82785	82947	82977	83036	83525	83540	83550	83615
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	Glutamytransferase (liver enzyme) level (GGT)	Glycosylated mehoglobin test (A1C) for blood glucose	Insulin level	Iron level	Iron binding capacity	Lactate dehydrogenase (enzyme) level
Brattleboro Memorial Hospital	Hospital Charge													
Central Vermont Medical Center*	Hospital Charge													
Copley Hospital	Hospital Charge													
University of Vermont Medical Center	Hospital Charge	\$35	\$23	\$84	\$218	\$87	\$89	\$26	\$29	\$71	\$89	\$100	\$42	\$28
Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital**	Hospital Charge	\$91	\$39	\$118	\$258	\$107	\$133	\$39	\$73	\$107	\$133	\$66	\$80	\$83
Mt. Ascutney Hospital & Health Center	Hospital Charge													
North Country Hospital	Hospital Charge	\$174	\$61	\$321	\$324	\$246	\$152	\$64	\$177	\$196	\$96	\$165	\$165	\$181
Northeastern Vermont Regional Hospital	Hospital Charge	\$109	\$87	\$172	\$347	\$223	\$269	\$69	\$120	\$87	\$190	\$109	\$145	\$101
Northwestern Medical Center	Hospital Charge													
Porter Hospital	Hospital Charge													
Rutland Regional Medical Center	Hospital Charge													
Southwestern Vermont Medical Center	Hospital Charge													
Springfield Hospital	Hospital Charge													

1.dehydroepiandrosterone-sulfate

All Vermont Community Hospitals

		Blood Test												
CPT Code		83690	83721	83735	83970	84075	84100	84146	84153	84155	84165	84295	84402	84403
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													
Copley Hospital	Hospital Charge													
University of Vermont Medical Center	Hospital Charge	\$31	\$100	\$35	\$186	\$26	\$26	\$121	\$81	\$27	\$65	\$26	n/a	\$138
Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital**	Hospital Charge	\$55	\$142	\$83	\$415	\$55	\$50	\$205	\$165	\$50	\$117	\$54	\$223	\$266
Mt. Ascutney Hospital & Health Center	Hospital Charge													
North Country Hospital	Hospital Charge	\$332	\$39	\$195	\$419	\$172	\$125	\$324	\$136	\$172	\$0	\$57	\$247	\$338
Northeastern Vermont Regional Hospital	Hospital Charge	\$80	\$153	\$112	\$641	\$87	\$81	\$344	\$300	\$61	\$175	\$76	\$411	\$430
Northwestern Medical Center	Hospital Charge													
Porter Hospital	Hospital Charge													
Rutland Regional Medical Center	Hospital Charge													
Southwestern Vermont Medical Center	Hospital Charge													
Springfield Hospital	Hospital Charge													

All Vermont Community Hospitals

		Blood Test												
CPT Code		84436	84439	84443	84450 ¹	84460 ¹	84478	84479	84480	84481	84520 ²	84550	84703	85025 ³
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													
Copley Hospital	Hospital Charge													
University of Vermont Medical Center	Hospital Charge	\$69	\$73	\$101	\$26	\$26	\$29	\$88	\$72	\$105	\$29	\$27	n/a	\$41
Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$82	\$105	\$185	\$43	\$54	\$50	\$86	\$156	\$196	\$39	\$50	\$107	\$77
Mt. Ascutney Hospital	Hospital Charge													
North Country Hospital	Hospital Charge	\$141	\$209	\$228	\$160	\$160	\$87	\$185	\$479	\$149	\$111	\$211	\$110	\$113
Northeastern Vermont Regional Hospital	Hospital Charge	\$114	\$144	\$263	\$87	\$80	\$97	\$109	\$224	\$265	\$59	\$77	\$127	\$132
Northwestern Medical Center	Hospital Charge													
Porter Hospital	Hospital Charge													
Rutland Regional Medical Center	Hospital Charge													
Southwestern Vermont Medical Center	Hospital Charge													
Springfield Hospital	Hospital Charge													

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

All Vermont Community Hospitals

		Blood Test												
CPT Code		85027 ¹	85610 ⁵	85651 ²	86003	86038	86140 ³	86141 ³	86430 ⁴	86304	86480	86618	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													
Copley Hospital	Hospital Charge													
University of Vermont Medical Center	Hospital Charge	\$37	\$32	n/a	\$58	\$75	\$42	\$81	\$99	n/a	\$168	\$86	\$92	\$102
Gifford Medical Center	Hospital Charge													
Grace Cottage Family Health & Hospital	Hospital Charge	\$77	\$59	\$55	\$50	\$118	\$71	\$146	\$179	n/a	\$612	\$147	\$132	\$175
Mt. Ascutney Hospital	Hospital Charge													
North Country Hospital	Hospital Charge	\$80	\$58	\$113	\$51	\$464	\$200	\$83	n/a	\$310	\$252	\$126	\$54	\$79
Northeastern Vermont Regional Hospital	Hospital Charge	\$109	\$69	n/a	\$19	\$198	\$59	\$59	n/a	\$337	\$184	\$234	\$335	\$335
Northwestern Medical Center	Hospital Charge													
Porter Hospital	Hospital Charge													
Rutland Regional Medical Center	Hospital Charge													
Southwestern Vermont Medical Center	Hospital Charge													
Springfield Hospital	Hospital Charge													

1. CBC = Complete Blood Count.

2. Test to detect inflammation.

3. Test to detect infection or inflammation.

4. North Country uses CPT code 86431.

5. North Country may charge physician charge of \$20 or hospital charge of \$58, but not both.

All Vermont Community Hospitals

Hospital	CPT Code	Blood Test								Fecal Test		
		86703 ¹	86706	86787	86800	86803	86850	86900	86901	82270 ²	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											
Copley Hospital	Hospital Charge											
University of Vermont Medical Center	Hospital Charge	\$82	\$88	\$79	\$81	\$88	\$69	\$38	\$37	\$35	\$88	\$109
Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$135	\$149	\$160	\$127	\$194	\$137	\$69	\$69	\$38	n/a	\$178
Mt. Ascutney Hospital	Hospital Charge											
North Country Hospital	Hospital Charge	\$277	\$201	\$117	\$144	\$142	\$109	\$88	\$88	\$115	\$368	\$584
Northeastern Vermont Regional Hospital	Hospital Charge	\$173	\$151	\$212	\$198	\$174	\$150	\$135	\$189	\$56	\$17	\$148
Northwestern Medical Center	Hospital Charge											
Porter Hospital	Hospital Charge											
Rutland Regional Medical Center	Hospital Charge											
Southwestern Vermont Medical Center	Hospital Charge											
Springfield Hospital	Hospital Charge											

1. North Country uses CPT code G0425.

2. North Country may charge physician charge of \$28 or hospital charge of \$115, but not both.

All Vermont Community Hospitals

		Urine Test					
	CPT Code	81000 ¹	81001 ⁴	81003 ²	84156	87086 ³	87088
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						
Copley Hospital	Hospital Charge						
University of Vermont Medical Center	Hospital Charge	n/a	\$38	\$31	\$38	\$77	\$62
Gifford Medical Center	Hospital Charge						
Grace Cottage Family Health & Hospital	Hospital Charge	\$71	\$71	\$37	\$50	\$78	n/a
Mt. Ascutney Hospital	Hospital Charge						
North Country Hospital	Hospital Charge	\$153	\$125	\$26	\$120	n/a	\$188
Northeastern Vermont Regional Hospital	Hospital Charge	\$55	\$15	\$34	\$55	\$97	\$68
Northwestern Medical Center	Hospital Charge						
Porter Hospital	Hospital Charge						
Rutland Regional Medical Center	Hospital Charge						
Southwestern Vermont Medical Center	Hospital Charge						
Springfield Hospital	Hospital Charge						

1. At Brattleboro Memorial Hospital, it is a point-of-care testing at doctor's office. 1. North Country's charge \$153 is a combined charge of hospital and physician charges.

2. North Country uses CPT code 81002.

3. North Country uses CPT code 87088.

4. North Country uses CPT code 81000 (hospital charge).

All Vermont Community Hospitals

		Swab Test										
CPT Code		87070	87077	87081 ³	87186 ¹	87205	87400 ²	87430	87491	87591	87624	87880
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											
Copley Hospital	Hospital Charge											
University of Vermont Medical Center	Hospital Charge	\$60	\$135	\$53	\$197	\$48	n/a	n/a	\$90	\$90	\$133	\$42
Gifford Medical Center	Hospital Charge											
Grace Cottage Family Health & Hospital	Hospital Charge	\$125	\$91	\$75	\$135	\$52	\$116	n/a	\$155	\$175	\$90	\$106
Mt. Ascutney Hospital	Hospital Charge											
North Country Hospital	Hospital Charge	\$373	\$33	\$187	\$157	\$120	\$127	\$96	\$142	\$137	\$194	\$65
Northeastern Vermont Regional Hospital	Hospital Charge	\$144	\$69	\$72	\$144	\$78	\$47	n/a	\$421	\$421	\$461	\$91
Northwestern Medical Center	Hospital Charge											
Porter Hospital	Hospital Charge											
Rutland Regional Medical Center	Hospital Charge											
Southwestern Vermont Medical Center	Hospital Charge											
Springfield Hospital	Hospital Charge											

1. Antibiotic, antifungal, antiviral.

2. Grace Cottage uses CPT code 87804.

3. North Country may charge hospital charge of \$187 or physician charge of \$18, but not both.