

Table 3E - Radiology Services (Computed Tomography)

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 3E - Radiology Services - Computed Tomography (CT Scans)

- 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.

	CPT Code	70450	70460	70470	70486	70487	70491	71250	71260	72125	72126	72131	72132	72192	72193	72194
Hospital	Description	CT scan of head without contrast	CT scan of head with contrast	CT scan of head (multiple sections) with and without contrast	CT scan of face & jaw without contrast	CT scan of face & jaw with contrast	CT scan of neck with contrast	CT scan of chest without contrast	CT scan of chest with contrast	CT scan of cervical spine without contrast	CT scan of cervical spine with contrast	CT scan of lumbar spine without contrast	CT scan of lumbar spine with contrast	CT scan of pelvis without contrast	CT scan of pelvis with contrast	CT scan of pelvis (multiple sections) with and without contrast
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	\$2,788	\$2,861	\$3,414	\$2,841	\$3,271	\$2,933	\$2,531	\$3,493	\$2,852	\$3,201	\$2,734	\$3,310	\$2,609	\$3,367	\$3,820
	Physician Charge	\$174	\$231	\$259	\$176	\$231	\$283	\$236	\$255	\$215	\$249	\$205	\$249	\$222	\$236	\$249
	Total Charge	\$2,962	\$3,092	\$3,673	\$3,017	\$3,502	\$3,216	\$2,767	\$3,748	\$3,067	\$3,450	\$2,939	\$3,559	\$2,831	\$3,603	\$3,769
Gifford Medical Center	Hospital Charge															
	Physician Charge															
	Total Charge															
Grace Cottage Family Health & Hospital	Hospital Charge	\$2,097	\$2,378	\$2,907	\$2,074	\$2,446	\$2,426	\$2,892	\$2,892	\$2,416	\$2,884	\$2,884	\$2,884	\$2,444	\$3,349	\$3,349
	Physician Charge	\$155	\$222	\$230	\$208	\$237	\$250	\$222	\$222	\$155	\$222	\$222	\$222	\$197	\$208	\$208
	Total Charge	\$2,252	\$2,600	\$3,137	\$2,282	\$2,683	\$2,676	\$3,114	\$3,114	\$2,571	\$3,106	\$3,106	\$3,106	\$2,641	\$3,557	\$3,557
Mt. Ascutney Hospital	Hospital Charge															
	Physician Charge															
	Total Charge															
North Country Hospital	Hospital Charge	\$1,779	\$1,912	\$2,637	\$2,907	\$1,398	\$2,335	\$1,924	\$2,404	\$2,051	\$1,690	\$2,084	\$1,690	\$1,972	\$2,342	\$1,985
	Physician Charge	\$439	\$411	\$473	\$466	\$305	\$474	\$415	\$466	\$423	\$287	\$425	\$277	\$474	\$474	\$367
	Total Charge	\$2,218	\$2,323	\$3,109	\$3,372	\$1,703	\$2,809	\$2,339	\$2,870	\$2,474	\$1,977	\$2,509	\$1,967	\$2,446	\$2,816	\$2,352
Northeastern Vermont Regional Hospital	Hospital Charge	\$533	\$561	\$864	\$533	\$561	\$561	\$533	\$561	\$533	\$534	\$533	\$561	\$533	\$561	\$864
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$533	\$561	\$864	\$533	\$561	\$561	\$533	\$561	\$561	\$533	\$564	\$533	\$561	\$533	\$864
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

	CPT Code	74150	74160	74170	74176	74177	74178	G0297 ¹
Hospital	Description	CT scan of abdomen without contrast	CT scan of abdomen with contrast	CT scan of abdomen (multiple sections) with and without contrast	CT scan of abdomen & pelvis without contrast	CT scan of abdomen & pelvis with contrast	CT scan of abdomen & pelvis (multiple sections) with and without contrast	Low dose CT scan for lung cancer screening
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	\$2,675	\$3,414	\$3,818	\$4,941	\$5,921	\$7,414	n/a
	Physician Charge	\$244	\$261	\$287	\$356	\$373	\$409	n/a
	Total Charge	\$2,919	\$3,675	\$4,105	\$5,297	\$6,294	\$7,823	n/a
Gifford Medical Center	Hospital Charge							
	Physician Charge							
	Total Charge							
Grace Cottage Family Health & Hospital	Hospital Charge	\$2,404	\$2,769	\$2,913	\$3,427	\$4,172	\$5,006	n/a
	Physician Charge	\$208	\$230	\$254	\$315	\$319	\$364	n/a
	Total Charge	\$2,612	\$2,999	\$3,167	\$3,742	\$4,491	\$5,370	n/a
Mt. Ascutney Hospital	Hospital Charge							
	Physician Charge							
	Total Charge							
North Country Hospital	Hospital Charge	\$1,975	\$2,355	\$2,888	\$2,821	\$4,467	\$5,675	\$1,799
	Physician Charge	\$474	\$469	\$534	\$814	\$855	\$943	\$249
	Total Charge	\$2,449	\$2,825	\$3,422	\$3,636	\$5,322	\$6,618	\$2,048
Northeastern Vermont Regional Hospital	Hospital Charge	\$533	\$561	\$864	\$1,056	\$1,100	\$1,650	\$533
	Physician Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Charge	\$533	\$561	\$864	\$1,056	\$1,100	\$1,650	\$533
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. G0297 was replaced with CPT code 71271. North Country's charge reflects this change. UVMHC did not provide price for new CPT code.