

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, 2018 through September 30, 2019. 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 3J - Diagnostic Procedures - Colonoscopies ¹

	CPT Code	45380	45378
Hospital	Description	Colonoscopy with biopsy for noncancerous growth	Screening colonoscopy without biopsy
Brattleboro Memorial Hospital	Hospital Charge	n/a	n/a
	Physician Charge	\$796	\$788
	Total Charge	\$796	\$788
Central Vermont Medical Center	Hospital Charge	\$3,398	\$2,469
	Physician Charge	n/a	n/a
	Total Charge	n/a	n/a
Copley Hospital	Hospital Charge	\$2,957	\$1,578
	Physician Charge	\$551	\$462
	Total Charge	\$3,508	\$2,040
University of Vermont Medical Center	Hospital Charge	\$3,140	\$2,826
	Physician Charge	\$1,663	\$1,299
	Total Charge	\$4,803	\$4,125
Gifford Medical Center	Hospital Charge	n/a	n/a
	Physician Charge	\$1,387	\$347
	Total Charge	n/a	n/a
Grace Cottage Hospital	Hospital Charge	n/a	n/a
	Physician Charge	n/a	n/a
	Total Charge	n/a	n/a
Mt. Ascutney Hospital	Hospital Charge		
	Physician Charge		
	Total Charge		
North Country Hospital	Hospital Charge	\$6,602	\$5,650
	Physician Charge	\$977	\$901
	Total Charge	\$7,579	\$6,551
Northeastern Vermont Regional Hospital	Hospital Charge	\$7,100	\$4,200
	Physician Charge	\$576	\$482
	Total Charge	\$7,676	\$4,682
Northwestern Medical Center	Hospital Charge	\$1,933	\$1,400
	Physician Charge	\$639	\$967
	Total Charge	\$2,572	\$2,367
Porter Hospital	Hospital Charge	\$4,482	\$3,609
	Physician Charge	\$974	\$756
	Total Charge	\$5,456	\$4,365
Rutland Regional Medical Center	Hospital Charge	\$3,673	\$3,673
	Physician Charge	\$1,112	\$925
	Total Charge	\$4,785	\$4,598
Southwestern Vermont Medical Center	Hospital Charge	\$3,760	\$2,494
	Physician Charge	\$1,105	\$927
	Total Charge	\$4,865	\$3,421
Springfield Hospital	Hospital Charge	n/a	n/a
	Physician Charge	\$1,218	\$1,372
	Total Charge	n/a	n/a
Hospital System Averages	Hospital Charge	\$4,116	\$3,100
	Physician Charge	\$1,000	\$839
	Total Charge	\$4,671	\$3,660

1. Grace Cottage Hospital does not perform these procedures.

Also see Table 3P "Other" for more information. At SVMC, these are estimated average prices.

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.