

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 Banking, Insurance, Securities & Health Care Administration. Most of the charges in the table are effective for the period of October 1, 2009 through September 30, 2010. 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® 2010 Standard Edition codebook - American Medical Association)

The tables of CPT code charges shown on BISHCA'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.
- **A "\$0" indicates** that there is no separate charge for this portion of a procedure or service.
- 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 3A - Physician Services - Office Visits and Consultations

- The different "levels" in the CPT code descriptions indicate levels of complexity of the visit or consultation. A higher number is more complex than a lower number.

	CPT Code	99201	99202	99203	99204	99205	99211	99212	99213	99214	99215	99241	99242	99243	99244	99245
Hospital	Description	Office visit, new patient, level 1	Office visit, new patient, level 2	Office visit, new patient, level 3	Office visit, new patient, level 4	Office visit, new patient, level 5	Office visit, established patient, level 1	Office visit, established patient, level 2	Office visit, established patient, level 3	Office visit, established patient, level 4	Office visit, established patient, level 5	Office consultation, level 1	Office consultation, level 2	Office consultation, level 3	Office consultation, level 4	Office consultation, level 5
Brattleboro Memorial Hospital*	Physician Charge	\$77	\$123	\$176	\$270	\$340	\$36	\$72	\$119	\$179	\$240	n/a	\$174	\$239	\$301	\$442
Central Vermont Medical Center	Physician Charge	\$87	\$121	\$166	\$239	\$332	\$72	\$99	\$122	\$168	\$223	\$77	\$140	\$187	\$370	\$425
Copley Hospital**	Physician Charge	\$72	\$127	\$188	\$260	\$342	\$43	\$73	\$104	\$156	\$238	\$104	\$179	\$240	\$354	\$449
Fletcher Allen Health Care	Physician Charge	\$125	\$162	\$235	\$362	\$457	\$63	\$94	\$157	\$236	\$318	\$182	\$232	\$318	\$470	\$579
Gifford Medical Center	Physician Charge	\$79	\$129	\$180	\$258	\$324	\$46	\$70	\$80	\$131	\$203	\$113	\$199	\$219	\$332	\$484
Grace Cottage Hospital	Physician Charge	\$57	\$98	\$141	\$218	\$274	\$28	\$57	\$95	\$142	\$192	\$72	\$133	\$183	\$271	\$332
Mt. Ascutney Hospital & Health Center	Physician Charge	\$90	\$121	\$167	\$256	\$317	\$46	\$72	\$96	\$154	\$235	\$148	\$218	\$278	\$341	\$478
North Country Hospital	Physician Charge	\$81	\$110	\$163	\$238	\$296	\$48	\$68	\$91	\$164	\$214	\$175	\$227	\$274	\$352	\$476
Northeastern Vermont Regional Hospital	Physician Charge	\$58	\$113	\$171	\$253	\$336	\$24	\$59	\$86	\$142	\$224	\$83	\$166	\$221	\$327	\$434
Northwestern Medical Center	Physician Charge	\$94	\$163	\$236	\$365	\$460	\$48	\$95	\$159	\$239	\$322	\$125	\$232	\$320	\$474	\$582
Porter Hospital	Physician Charge	\$65	\$112	\$161	\$249	\$315	\$35	\$66	\$110	\$165	\$222	\$90	\$159	\$219	\$324	\$398
Rutland Regional Medical Center***	Physician Charge	\$50	\$98	\$149	\$255	\$333	\$19	\$50	\$102	\$158	\$222	\$71	\$149	\$209	\$335	\$418
Southwestern Vermont Medical Center	Physician Charge	\$84	\$124	\$179	\$177	\$277	\$350	\$82	\$84	\$121	\$181	\$245	\$95	\$177	\$243	\$360
Springfield Hospital	Physician Charge	\$74	\$91	\$135	\$205	\$259	\$37	\$55	\$83	\$133	\$180	\$91	\$134	\$180	\$253	\$319
Hospital System Averages	Physician Charge	\$78	\$121	\$175	\$257	\$333	\$64	\$72	\$106	\$163	\$230	\$121	\$174	\$233	\$339	\$441

Notes:

* For Brattleboro Memorial Hospital, the charges for office consultations are hospitalist charges.

** For Copley Hospital, physician charges pertain to the Orthopedic practice only.

*** For Rutland Regional Medical Center, physician charges vary by specialty. The range of charges is shown.