

## List of Basic Charges

We strive to provide the best patient care experience for every patient, every time. We are providing this information to help answer some of your questions about our charges. Those listed represent a small number of the most common charges asked for by our patients. These estimated charges represent the average for a given inpatient or outpatient case. Because every patient receives treatment based on their individual clinical needs, the specific charges to each patient will vary. Actual charges vary based on services delivered and medical condition. Additional tests or services not listed in the estimate may be ordered by your doctor or provider in order to treat, diagnose, or care for individual needs. Your out-of-pocket expense will depend upon your individual insurance coverage terms.

With the exception of the Emergency Room and a few diagnostics tests, all of the charges listed here are from Brattleboro Memorial Hospital only. Your doctor, surgeon, radiologist, anesthesiologist, and other specialists are independent practitioners and will provide separate bills for their services.

These estimates of charges are valid through September 30, 2010.

The following table provides average overall charge information for the types of inpatient care provided most often at BMH.

Diagnosis Related Grouping	Description	Estimated Hospital Charge 2010
775 & 795	Vaginal delivery without complications (includes normal newborn care)	\$7,200
766 & 795	C-section without complications (includes normal newborn care)	\$11,620
470	Hip or knee replacement *	\$26,200
291, 292, 293	Heart failure & shock	\$15,700
195	Pneumonia (adult)	\$7,900
194	Pneumonia with complicating diagnosis (adult)	\$13,600
742, 743	Surgical procedures of the uterus or ovaries (not cancer)	\$14,200
190, 191, 192	Chronic lung disease (emphysema)	\$11,400
371, 372, 373	Major gastrointestinal disorders & peritoneal infections	\$22,400
377, 378, 379	Bleeding from the stomach or intestine	\$10,400
310, 311, 312, 313	Chest pain and heart rhythm disturbances	\$8,400
64, 65, 66	Specific cerebrovascular disorders except TIA	\$16,600
481, 482, 493, 494	Hip & leg fractures	\$19,000

\* The type of prosthesis or device used contributes significantly to the total charge. The charge for these items can vary widely.

The following table provides average charge information for some procedures commonly performed as outpatient procedures at BMH.

ICD9 code	Outpatient Procedure Description	Estimated Hospital Charge 2010
04.43	Carpal tunnel release	\$3,200
13.41	Cataract extraction w/lens implant (one eye)	\$4,300
20.01	Ear tubes (myringotomy)	\$3,300
45.23	Colonoscopy (flexible screening of large colon)	\$2,190
45.24	Sigmoidoscopy (flexible screening of descending colon)	\$682
51.23	Gall bladder surgery (laparoscopic)	\$7,300
53	Hernia repair	\$5,310
80.2	Arthroscopy (wrist, shoulder, elbow, or knee)	\$4,470
80.6	Excise knee cartilage	\$3,760

CPT codes in the first column of the chart on the next page are five digit codes that are recognized by all insurance companies, hospitals, physicians, and other providers to identify the type of care you receive. CPT stands for Current Procedural Terminology. The charges listed on page 9 are the current actual charge for the specific tests or scans. Additional tests or supplies not listed may be ordered by your doctor or provider in order to treat, diagnose, or care for individual needs.

*continued on page 9*

CPT code	Lab Tests	Hospital Charge 2010
80061	Lipid profile	\$67
81003	Urinalysis - screen	\$11
82947	Glucose	\$24
G0103	Prostate specific antigen (PSA) Screening	\$117
85025	Complete blood count with auto diff (CBC)	\$49
86850	Antibody detection	\$61
86900	ABO group only (blood)	\$34
87430	Strep test - group A antigen	\$50
87491	Chlamydia test, amplified probe	\$90
88142	PAP screen, thin layer	\$75
84443	TSH	\$102
82652	Vitamin D, 1,25-Dihydroxy	\$244
36415	Blood draw - venipuncture	\$13

CPT code	CT Scans	Hospital Charge 2010
70450	Head without contrast	\$823
71250	Chest without contrast	\$823
71260	Chest with contrast *	\$1,303
72192	Pelvis limited without contrast	\$823
72193	Pelvis limited with contrast	\$1,303
74160	Abdominal with contrast *	\$1,303
96374	Inject contrast IV push	\$153
76377	Multi planar reformatting (additional charge with most CT scans)	\$372

\* Additional charge for contrast medium varies with type and amount.

CPT code	Mammography	Hospital Charge 2010
G0202 & 770523	Digital bilateral screening with computer aided diagnosis	\$280
G0204 & 77051	Digital bilateral diagnostic with computer aided diagnosis	\$295

CPT code	Cardiology	Hospital Charge 2010
93005	EKG - tracing only	\$74
93010	EKG - interpretation and report (physician fee)	\$26
93017	Cardiac stress test	\$482
93231 & 93232	Holter monitor recording & report	\$371
93306	Echocardiogram - complete	\$1,826
93350	Echo card stress	\$1,826
74582	Myocardial perfusion imaging *	\$3,000

\* Additional charge for contrast medium varies with type and amount

CPT code	Emergency Department	Physician Fee 2010	Hospital Charge 2010
99282	ER visit level 1	\$96	\$203
99283	ER visit level 2	\$149	\$321
99284	ER visit level 3	\$279	\$512
99285	ER visit level 4	\$414	\$762
99291	ER critical care	\$519	\$1,141

The hospital's policy is to provide charity care for patients whose application documents an income level below 300% of the federal poverty guideline. BMH will also discount 3% of patient balances for the uninsured, if payment is made in full within 30 days of receipt from the first statement. For both of these programs, please call BMH Financial Counseling at 802-257-8240.

If you would like additional information or have a specific question, please contact our Patient Liaison at 802-257-8244.

CPT code	Radiology	Hospital Charge 2010
71010	Chest X-ray (single view)	\$170
71020	Chest X-ray (two views)	\$227
71030	Chest X-ray (multiple views)	\$378
72020	Spine X-ray	\$189
77080 & 72020	Bone density scan with an inter-vertebral assessment scan	\$493
76856	Ultrasound, pelvis - complete	\$414
76830	Ultrasound, transvaginal (usually in combination with ultrasound, pelvis complete)	\$414
76645	Ultrasound, breast	\$265

CPT code	MRI Scans	Hospital Charge 2010
70551	Brain & stem without contrast	\$1,473
70552	Brain & stem with contrast	\$1,809
70553	Brain & stem with and without contrast	\$2,280
72141	Cervical spine & canal without contrast	\$1,473
73721	Major joint of lower extremity without contrast	\$1,473
72148	Lumbar spine without contrast	\$1,473