

WRITTEN TESTIMONY FOR HB 49 Ilaria Santangelo Director of Research

Good afternoon, Mr. Chairman and Representatives. Thank you for the opportunity to testify today about HB49. My name is Ilaria Santangelo, and I am the Director of Research at PatientRightsAdvocate.org, a non-profit, non-partisan organization seeking real prices, real choices, and a functional marketplace in healthcare. We strongly believe that the single most important way to achieve this is through systemwide healthcare price transparency.

I led the team that created the recent Hospital Price Transparency Compliance Report, which found that only 24.5 percent of hospitals nationwide were fully complying with *every* regulation in the federal price transparency rule, in effect now over two years. Ohio hospitals fared worse at 18 percent.

Before we get into it, I want to mention the elephant in the room. I know CMS found that a majority of hospitals posted a file, but we can't draw comparisons from their *blogpost* to our *fully comprehensive report*. In their blogpost they state, which I quote, 'the results cannot be used to determine compliance with respect to *every* regulatory requirement, which often necessitates a more detailed analysis and direct interaction with the hospital, as occurs during a comprehensive compliance review.' CMS makes it clear that their blogpost is not a detailed, comprehensive compliance review and we should not view it as such.

As of January 2023, CMS has reportedly sent 500 warning notices and over 230 corrective action plans to hospitals that are not fully abiding by the federal regulation. That's 730 hospitals they have flagged for noncompliance. But in their blogpost, they surveyed 600 hospitals, 420 (70%) of which were compliant? Their numbers don't add up and their website assessment should by no means be misconstrued for a compliance review.

Here at PRA, we are transparent about our methodology, which CMS is not. We believe that partial compliance is noncompliance. Also, it's worth mentioning that

the Office of the Inspector General is investigating CMS on their enforcement of this rule.

As you know, by law, hospitals must post prices for all of the items and services they provide clearly and completely by payer and plan, including cash prices. Some Ohio hospitals such as MetroHealth are doing a great job of this. Other Ohio hospitals, not so much.

The two biggest forms of noncompliance we are seeing amongst Ohio hospitals are:

- 1. Hospitals are not listing plan names in their machine-readable files as required by law, and
- 2. Hospitals are using an incomprehensible amount of N/As, hyphens, dashes, blanks, and various forms of non-pricing information, instead of actual prices.

In regards to payer and plan, the rule could not be more clear. Page 318 of the federal regulations state: 'Each payer specific negotiated charge must be clearly associated with the name of the third party payer *and plan*.' MetroHealth is doing a great job of this. As an example, they list Aetna, HMO, PPO, POS, and Anthem HMO and PPO.

And while we understand hospitals won't have a price for *every* item and service they provide, we find that hospitals are taking advantage of N/As or other types of non-pricing information at a large scale. When majority of the pricing file contains no prices, that raises some understandable concerns. When we do a deeper dive into the data, we are finding prices for these N/As in the Transparency in Coverage files. That means prices do exist for the items represented as N/As because we can see they are billing for them.

By not listing a price, hospitals are directly opposing what CMS promulgates in their rule, and again I quote from *their* federal regulation: "...we proposed to define standard charges by the regular rate established by the hospital for an item or service. . . The term "Rate" is defined in the Oxford dictionary as "a fixed price paid or charged for something, especially goods or services.' (Federal Register, Vol. 84, No. 229, 11/27/2019, p.65539.)

Fixed prices are the expectation, not the various forms on non-pricing information we are finding. We must hold hospitals accountable to sticking to the intent of the rule.

And despite what the hospitals say, this is easy. Notice that the only groups opposed to this transparency are from the hospitals. If MetroHealth, a safety net hospital in Cleveland can do a beautiful job of complying, all Ohio hospitals can fully comply.

Only when consumers can compare prices, and see, for instance, that an MRI can cost \$300 or \$3,000, can they make good purchasing decisions. Fully compliant price transparency would unleash competition, level out price variations, and lower healthcare costs for all patients, employers, unions and workers.

I also think this is also really important: estimates do not work. And this bill recognizes that. They provide no accountability, and the estimates hospitals actually provide, disclaim that it will not be the final price, and they make patients check a box to make sure they agree. We don't tolerate this elsewhere. Let's stop tolerating it in healthcare.

We strongly support HB49. This bill would not only promote price transparency but also will allow patients to take care of their physical health, while protecting their financial wealth.

Please vote in favor of this bill. Ohioans need this. Double down on the federal law and let Ohio take the lead in revolutionizing healthcare in our country, holding Ohio hospitals accountable, and lowering healthcare costs for all Ohioans.

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Compliant: MetroHealth Medical Center – Cleveland, OH Owner: MetroHealth System
Download Date: 2/22/2023

The MetroHealth System																					
File Updated: 12/13/2022																					
Description	Charge	Medicare CPT®/HCPCS	De-identified minimum negotiated charge	De-identified maximum negotiated charge	Cash Price/ Self-Pay	NDC#	Aetna Better Health OhioRISE	Aetna HMO/ POS/PPO	Aetna Medicare Advantage	Aetna Assure Special Needs Plan	Ambetter Health Marketplace	AmeriHealth Caritas Medicaid	Anthem HMO/ PPO	Anthem Marketplace	Anthem MediBlue Dual Advantage Special Needs Plan	Anthern Medicaid	Anthem Medicare Advantage	Beacon Behavioral Health	Buckeye Community Health Plan Medicaid	Buckeye Medicare Advantage/ AllWell	Buckeye Special Needs Plan
FINE NEEDLE ASPIRATION BIOPSY W/O IMAGE GUIDANCE, EA ADDL LESION	\$200.00	10004	\$200.00	\$200.00	\$70.00		\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
FINE NEEDLE ASPIRATION BIOPSY W/US GUIDANCE 1ST LESION	\$2,543.00	10005	\$2,543.00	\$2,543.00	\$890.05		\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.0	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00
FINE NEEDLE ASPIRATION BIOPSY W/US GUIDANCE EA ADDL LESION LESION	\$1,481.00	10006	\$1,481.00	\$1,481.00	\$518.35		\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.0	\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.00	\$1,481.00
FINE NEEDLE ASPIRATION BIOPSY W/CT GUIDANCE 1ST LESION	\$2,453.00	10009	\$2,453.00	\$2,453.00	\$858.55		\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.0	\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.00	\$2,453.00
FINE NEEDLE ASPIRATION BIOPSY W/CT GUIDANCE EA ADDL LESION	\$1,139.00	10010	\$1,139.00	\$1,139.00	\$398.65		\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.0	\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.00	\$1,139.00
HC CYTOLOGY FNA PERFORMANCE	\$514.00	10021	\$514.00	\$514.00	\$179.90		\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00	\$514.00
HC FNA W/O IMAGE	\$946.00	10021	\$946.00	\$946.00	\$331.10		\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00
HC CT CATH DRAIN SOFT TISSUE	\$873.00	10030	\$873.00	\$873.00	\$305.55		\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00	\$873.00
HC US CATH DRAIN SOFT TISSUE	\$1,192.00	10030	\$1,192.00	\$1,192.00	\$417.20		\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.0	\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.00	\$1,192.00
HC PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE	\$2,543.00	10035	\$2,543.00	\$2,543.00	\$890.05		\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.0	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00	\$2,543.00
HC PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE	\$1,138.00	10036	\$1,138.00	\$1,138.00	\$398.30		\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.0	\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.00	\$1,138.00
HC ACNE SURGERY	\$233.00	10040	\$233.00	\$233.00	\$81.55		\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00	\$233.00
HC DRAINAGE OF SKIN ABSCESS, SIMPLE/SINGLE	\$734.00	10060	\$734.00	\$734.00	\$256.90		\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00
HC DRAINAGE OF SKIN ABSCESS, COMPL/MULT	\$1,413.00	10061	\$1,413.00	\$1,413.00	\$494.55		\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.0	\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.00	\$1,413.00
HC I&D PILONIDAL CYST-SIMPLE	\$1,159.00	10080	\$1,159.00	\$1,159.00	\$405.65		\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.0	\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.00	\$1,159.00
HC DRAINAGE OF PILONIDAL CYST COMPLEX	\$2,380.00	10081	\$2,380.00	\$2,380.00	\$833.00		\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.0	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00	\$2,380.00
HC REMOVE FOREIGN BODY SIMPLE	\$2,019.00	10120	\$2,019.00	\$2,019.00	\$706.65		\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.0	\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.00	\$2,019.00
HC REMOVE FOREIGN BODY COMPLEX	\$4,932.00	10121	\$4,932.00	\$4,932.00	\$1,726.21		\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.0	\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.00	\$4,932.00
HC DRAINAGE OF HEMATOMA/FLUID	\$3,936.00	10140	\$3,936.00	\$3,936.00	\$1,377.6		\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.0	\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.00	\$3,936.00
HC PUNCTURE DRAINAGE OF LESION	\$1,043.00	10160	\$1,043.00	\$1,043.00	\$365.05		\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.0	\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.00	\$1,043.00
HC COMPLEX DRAINAGE WOUND	\$4,296.00	10180	\$4,296.00	\$4,296.00	\$1,503.64		\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.0	\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.00	\$4,296.00
HC DEBRIDE INFECTED SKIN	\$1,383.00	11000	\$1,383.00	\$1,383.00	\$484.05		\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.0	\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.00	\$1,383.00
HC DEB SUBQ TISSUE 20 SQ CM/<	\$2,374.00	11042	\$2,374.00	\$2,374.00	\$830.90		\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.0	\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.00	\$2,374.00
HC DEB MUSC/FASCIA 20 SQ CM/<	\$2,541.00	11043	\$2,541.00	\$2,541.00	\$889.35		\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.0	\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.00	\$2,541.00
HC DEB BONE 20 SQ CM/<	\$3,835.00	11044	\$3,835.00	\$3,835.00	\$1,342.21		\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.0	\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.00	\$3,835.00
HC DEB SUBQ TISSUE ADD-ON	\$1,466.00	11045	\$1,466.00	\$1,466.00	\$513.10		\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.0	\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.00	\$1,466.00
HC DEB MUSC/FASCIA ADD-ON	\$1,015.00	11046	\$1,015.00	\$1,015.00	\$355.25		\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.0	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00
HC TRIM SKIN LESION	\$303.00	11055	\$303.00	\$303.00	\$106.05		\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00	\$303.00
HC TRIM SKIN LESIONS 2 TO 4	\$306.00	11056	\$306.00	\$306.00	\$107.10		\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00
HC TRIM SKIN LESIONS OVER 4	\$659.00	11057	\$659.00	\$659.00	\$230.65		\$659.00	\$659.00	\$659.00	\$659.00	\$659.00	\$659.00	\$659.00	\$659.00	\$659.00	\$659.00	******	\$659.00	\$659.00	\$659.00	\$659.00
TANGENTIAL BIOPSY SKIN, 1ST LESION	\$734.00	11102	\$734.00		\$256.90		\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	\$734.00	4.0	\$734.00	\$734.00	\$734.00	\$734.00
TANGENTIAL BIOPSY SKIN EACH SEPARATE/ADDITIONAL LESION	\$451.00	11103	\$451.00	\$451.00	\$157.85		\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00
PUNCH BIOPSY SKIN SINGLE LESION	\$1,015.00	11104	\$1,015.00	\$1,015.00	\$355.25		\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.0	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00	\$1,015.00		\$1,015.00	\$1,015.00
PUNCH BIOPSY SKIN EACH SEPARATE/ADDITIONAL LESION	\$451.00	11105	\$451.00	\$451.00	\$157.85		\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00	\$451.00
INCISIONAL BIOPSY SKIN SINGLE LESION	\$1,806.00	11106	\$1,806.00	\$1,806.00			\$1,806.00			\$1,806.00	\$1,806.00	\$1,806.00			\$1,806.00				\$1,806.00		\$1,806.00
INCISIONAL BIOPSY SKIN EACH SEPARATE/ADDITIONAL LESION	\$617.00	11107	\$617.00	*******	\$215.95		\$617.00	\$617.00	\$617.00	\$617.00	\$617.00	\$617.00	******	\$617.00	\$617.00	\$617.00	*******	\$617.00	\$617.00	\$617.00	\$617.00
HC REMOVAL OF SKIN TAGS <w 15<="" td=""><td>\$697.00</td><td>11200</td><td></td><td></td><td>\$243.95</td><td></td><td>\$697.00</td><td>\$697.00</td><td></td><td>\$697.00</td><td>\$697.00</td><td></td><td>\$697.00</td><td>\$697.00</td><td>\$697.00</td><td>\$697.00</td><td></td><td></td><td></td><td>\$697.00</td><td>\$697.00</td></w>	\$697.00	11200			\$243.95		\$697.00	\$697.00		\$697.00	\$697.00		\$697.00	\$697.00	\$697.00	\$697.00				\$697.00	\$697.00
HC REMOVE SKIN TAGS ADD-ON	\$410.00	11201	\$410.00		\$143.50		\$410.00	\$410.00	\$410.00	\$410.00	\$410.00	\$410.00		\$410.00	\$410.00	\$410.00	******	*******			\$410.00
HC SHAVE SKIN LESION 0.5 CM/< T/A/L	\$946.00	11300			\$331.10		\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	\$946.00	*******	\$946.00	\$946.00	\$946.00			\$946.00	\$946.00	\$946.00
HC SHAVE SKIN LESION 0.6-1.0 CM T/A/L	\$1,564.00	11301	\$1,564.00	\$1,564.00	\$547.40		\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.0	\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.00	\$1,564.00
HC SHAVE SKIN LESION 1.1-2.0 CM T/A/L	\$1,390.00	11302	\$1,390.00	\$1,390.00	\$486.50		\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.0	\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.00	\$1,390.00
HC SHAVE SKIN LESION > 2.0 CM T/A/L	\$1,621.00	11303	\$1,621.00	\$1,621.00	\$567.35		\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.0	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00	\$1,621.00

Noncompliant: Mount Carmel East

Owner: Trinity Health
Download Date: 1/23/2023

Reason: Standard Charges File fails to provide an adequate amount of negotiated rates (97%

N/A).

CodeDescription	Type	Gross Charge		De-identified min	contracted	Derived Contracted Rateed rate	MMO PAR_Derived	AETNA ADV PLAN 700 NET 03418_Derived Contracted Rate	POS II NET	AETNA AETNA CHOICE POS II NET 02100_Derived Contracted Rate	E AETNA AETNA CHOICE POS II NET 03886_Derived Contracted Rate	AETNA AETNA HEALTH NETWORK ONLY 8480 (OPEN A NET 01466_Derived Contracted Rate	AETNA AETNA HEALTH NETWORK ONLY \$480 (OPEN A NET 09409_Derived Contracted Rate	AETNA AETNA HEALTH NETWORK OPTION 8480 (OPEN NET 01466_Derived Contracted Rate	AETNA AETNA HEALTHFUND AETNA CHOICE POS II_Derived Contracted Rate	AETNA AETNA HEALTHFUND AETNA CHOICE POS II NET 00582_Derived Contracted Rate	AETNA AETNA HEALTHFUND AS CHOICE POS II N 03886_Derived Contracted Rate
88346 Antibody evaluation	Outpatient	408	306.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88348 Electron microscopy for diagnosis	Outpatient	989	741.75	1170.85	1170.85	1170.85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88350 Antibody evaluation	Outpatient	147	110.25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88360 Microscopic genetic analysis of tumo	r Outpatient	276.53	207.40	90.98	1716	237.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88364 Cell examination	Outpatient	240	180.00	240	250	241.67	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88365 Analysis of genetic material	Outpatient	327	245.25	327	341	329.33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
89050 Body fluid cell count	Outpatient	24.3	18.23	8.8	25	22.51	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
89051 Body fluid cell count with cell identi	ic Outpatient	28.2	21.15	6.64	628.35	26.02	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
89055 White blood cell measure, stool spec		22			183.01	12.9		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
89060 Crystal identification from tissue or I		36			32.06			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90375 Rabies immune globulin for injection		1088.9			8823.8			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90384 Rho(D) immune globulin (full dose) fi		210			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90471 Administration of 1 vaccine	Outpatient	89.19			8505.06	316.53		N/A	295.81		N/A	N/A	N/A	N/A	N/A	59.87	
90621 Vaccine for meningococcus for inject		304.15			248.79			N/A	248.79		N/A	N/A	N/A	N/A	N/A	N/A	N/A
90675 Vaccine for rables injection into mus		720.1			949.1	507.29		N/A	574.64		N/A	N/A	N/A	N/A	N/A	N/A	N/A
90686 Vaccine for influenza for administrat		89.05			137.6			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90714 Vaccine for tetanus and diphtheria to		56.3			56.3	33.96		N/A	N/A	N/A		N/A	N/A	N/A	N/A	51.18	
90715 Vaccine for tetanus, diphtheria toxo		95.85			6188.67	83.56		N/A	75.53		78.41		N/A	N/A	N/A	85.21	
90732 Vaccine for pneumococcal polysacch		258.55			258.55			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90732 Vaccine for pneumococcus polysacci 90734 Vaccine for meningococcus for admi		325.55				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90746 Vaccine for Hepatitis B adult dosage		146.4			N/A 27.04			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
												N/A					N/A
90935 Hemodialysis procedure with one ph		928.75			958			N/A	N/A	N/A N/A	N/A	N/A	N/A N/A	N/A	N/A	N/A	
91010 Measurement of esophageal swallow		2070.5			2851	1727.15		N/A	N/A		N/A			N/A	N/A	2851	
91035 Monitoring and recording of gastroe		2021.7			2856.12			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	830.38	
91110 Imaging of digestive tract done from		2285			4961	2540.77		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
91200 Measuring the stiffness in the liver vi-		521			521	311.54		N/A	426.18		N/A	N/A	N/A	N/A	N/A	N/A	N/A
92507 Treatment of speech, language, voice		229.96			617.13			N/A	73.47		77.08		N/A	N/A	N/A	86.79	
92511 Examination of the nose and throat u		227			408.6			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92522 Evaluation of speech sound producti		325			110.95	110.95		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92523 Evaluation of speech sound producti		480.64			497	215.4			N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
92524 Behavioral and qualitative analysis o		494.67			295.73			N/A	86.1			N/A	N/A	N/A	N/A	N/A	N/A
92526 Treatment of swallowing and/or oral		216			242			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	172.37	
92537 Assessment and recording of balance		685.4			705			N/A	553.79		N/A	N/A	N/A	N/A	N/A	553.79	
92540 Observation, testing, and recording of		220.7			1130			N/A	178.32		N/A	N/A	N/A	N/A	N/A	178.32	
92610 Evaluation of swallowing function	Outpatient	253.2			334.08			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92611 Fluoroscopic and video recorded mo		273.36			282	113.63		N/A	N/A	N/A	207.68		N/A	N/A	N/A	204.21	
92950 Attempt to restart heart and lungs	Outpatient	496.56			599.06	408.63	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92960 External shock to heart to regulate h		1920.2			1894.07	775.78		N/A	824.54		824.54		N/A	N/A	N/A	820.72	
92978 Ultrasound evaluation of heart blood	V Outpatient	733			723	607.97		N/A	N/A	N/A	147.85	N/A	N/A	N/A	N/A	N/A	N/A
92979 Ultrasound evaluation of heart blood	Outpatient	571	428.25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
93005 Routine electrocardiogram (EKG) wit	h Outpatient	140.69	105.52	3.55	290	116.97	91.5	N/A	121.28	N/A	117.77	N/A	N/A	N/A	N/A	119.09	N/A

Noncompliant: Mercy Health West Hospital – Cincinnati, OH

Owner: Mercy Health

Download Date: 12/17/2023

Reason: Standard Charges File fails to adequately identify specific plans for all commercial

payers.

Code	.Procedure Description	NDC	Rev Code	IP Price	OP Price	<self-pay></self-pay>	BCBS [3123]	MEDICAL MUTUAL [3067]	AETNA [3004]	CIGNA [3020]	MOLINA MYCARE OHIO [4235]	UMR [3113]	UNITED HEALTH CARE [3112]	HUMANA [3057]	Min	Max	BCBS MEDICARE	HUMANA MEDICARE [1010]
	Bilateral Ear Lobe Repair			750.0		450.0		292.5			0.0				0.0	374.25		
	NATL COMM FOR QUALITY ASSURANCE-LVL 3 MEDIC	N.		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
	Unilateral Ear Lobe Repair			350.0	350.0	210.0	174.65	136.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	174.65		
	Ves Imo With Exam			35.0	35.0	21.0	17.47	13.65	0.0	0.0	0.0	0.0	0.0	0.0	0.0	17.47		
	Ves Imo Without Exam			75.0	75.0	45.0	37.43	29.25	0.0	0.0	0.0	0.0	0.0	0.0	0.0	37.43		
	Hc Unlisted Procedure Colon		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	2055.0	2055.0	1233.0	1025.45	801.45	1522.76	801.45	524.03	0.0	0.0	1083.4	0.0	1522.76		
3040858	OT NO CHARGE			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
6210372	METABOLIC STUDY			89.0	89.0	53.4	44.41	34.71	0.0	0.0	0.0	0.0	0.0	0.0	0.0	44.41		
PREOPEXAM	PRE-OP EXAMINATION			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
SIM79550	Splint Thumb Spica			25.0	25.0	15.0	12.48	9.75	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.48		
CPT® 0001A	HC IMM ADMIN SARSCOV2 30MCG/0.3ML DIL RECON	1	0771 - PREVENTIVE CARE SERVICES - VACCINE ADMINISTRATION	123.0	123.0	73.8	61.38	47.97	91.14	47.97	31,37	0.0	0.0	64.85	0.0	91.14	36.63	36.63
CPT® 0002A	HC IMM ADMIN SARSCOV2 30MCG/0.3ML DIL RECON	2	0771 - PREVENTIVE CARE SERVICES - VACCINE ADMINISTRATION	123.0	123.0	73.8	61.38	47.97	91.14	47.97	31.37	0.0	0.0	64.85	0.0	91.14		
CPT® 0011A	HC IMM ADMIN SARSCOV2 100MCG/0.5 ML 1ST DOSE		0771 - PREVENTIVE CARE SERVICES - VACCINE ADMINISTRATION	123.0	123.0	73.8	61.38	47.97	91.14	47.97	31.37	0.0	0.0	64.85	0.0	91.14	35.84	35.84
CPT® 0012A	HC IMM ADMIN SARSCOV2 100MCG/0.5 ML 2ND DOSE	E	0771 - PREVENTIVE CARE SERVICES - VACCINE ADMINISTRATION	123.0	123.0	73.8	61.38	47.97	91.14	47.97	31.37	0.0	0.0	64.85	0.0	91.14	35.84	35.8
CPT® 0021A	HC IMM ADMIN SARSCOV2 5X10/.5ML 1ST DOSE		0771 - PREVENTIVE CARE SERVICES - VACCINE ADMINISTRATION	123.0	123.0	73.8	61.38	47.97	91.14	47.97	31.37	0.0	0.0	64.85	0.0	91.14		
CPT® 0022A	HC IMM ADMIN SARSCOV2 5X10/.5ML 2ND DOSE		0771 - PREVENTIVE CARE SERVICES - VACCINE ADMINISTRATION	123.0	123.0	73.8	61.38	47.97	91.14	47.97	31.37	0.0	0.0	64.85	0.0	91.14		
CPT® 0023U	Hc So Onc Aml Dna Detci/nondetci		0310 - LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	875.0	875.0	525.0	436.63	341.25	775.34	341.25	223.13	683.4	683.4	461.3	223.13	775.34		
CPT® 0035U	Hc So Neuro Csf Prion Prtn Qual		0310 - LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	650.0	650.0	390.0	324.35	253.5	650.0	253.5	165.75	650.0	650.0	342.68	165.75	650.0	540.98	540.9
CPT® 0042T	Hc Ct Cerebral Perfusion		0350 - CT SCAN - GENERAL CLASSIFICATION	950.0	950.0	570.0	950	370.5	830.0	370.5	242.25	950.0	950.0	460.0	242.25	950.0		
CPT® 0064U	Hc Antibody Treponema Pallidum Total & Ror la Qual		0310 - LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	254.0	254.0	152.4	126.75	99.06	188.21	99.06	64.77	86.16	86.16	133.91	31.33	188.21	31.33	31.3
CPT® 0065U	Hc Syphilis Tst Non Treponemal Antib la Qual Rpr		0310 - LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	85.0	85.0	51.0	42.42	33.15	62.99	33.15	21.68	49.75	49.75	44.81	21.68	62.99		
CPT® 0099U	Hc Respirpthon Mult Rev Trans & Amp Prb Tech 20 Trot		0310 - LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	788.0	788.0	472.8	393.21	307.32	788.0	307.32	200.94	0.0	0.0	415.43	0.0	788.0		
CPT® 0100U	Hc Respirpthon Mult Rev Trans & Amp Prb Tech 21 Trot		0310 - LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	788.0	788.0	472.8	393.21	307.32	788.0	307.32	200.94	0.0	0.0	415.43	0.0	788.0		
CPT® 0200T	Hc Sacroplasty		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	9525.0	9525.0	5715.0	4752.98	3714.75	7058.03	9525.0	2428.88	3897.0	3897.0	5021.58	2428.88	9525.0		
CPT® 0201T	Hc Sacroplasty Bilat		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	12812.0	12812.0	7687.2	12812	4996.68	9493.69	12812.0	3267.06	3897.0	3897.0	6754.49	3267.06	12812.0	5986.03	5986.03
CPT® 0202U	HC JFCT DS DNA/RNA 22 TRGT SARS-COV 2		0310 - LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	782.0	782.0	469.2	390.22	304.98	782.0	304.98	199,41	782.0	782.0	412.27	199.41	782.0	416.78	416.7
CPT® 0202U	Hc So Jfct Ds Dna/ma 22 Trgt Sars-cov 2		0310 - LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	745.0	745.0	447.0	371.76	290.55	745.0	290.55	189.98	745.0	745.0	392.76	189.98	745.0	416.78	416.7
CPT® 0238T	Hc Iliac Atherectomy		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	27829.0	27829.0	16697.4	23368.0	10853.31	20621.29	10853.31	7096.4	8285.0	8285.0	14671.5	7096.4	23368.0	15334.37	15334.3
CPT® 10005	Hc Fna Bx W/us Gdn 1st Les		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	1926.0	1926.0	1155.6	961.07	751.14	1926.0	1926.0	491.13	1926.0	1926.0	1926.0	491.13	1926.0	569.5	5 594.21
CPT® 10005	Hc Fna Bx W/us Gdn 1st Lesion		0402 - OTHER IMAGING SERVICES - ULTRASOUND	1521.0	1521.0	912.6	758.98	593.19	1127.06	593.19	387.86	813.0	813.0	409.0	387.86	1127.06	569.5	5 594.21
CPT® 10006	Hc Fna Bx Wlus Gdn Ea Addl		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	1926.0	1926.0	1155.6	961.07	751.14	1926.0	0.0	491.13	1564.0	1564.0	1926.0	0.0	1926.0		
CPT® 10006	Hc Fna Bx Wlus Gdn Adl Lesion		0402 - OTHER IMAGING SERVICES - ULTRASOUND	1521.0	1521.0	912.6	758.98	593.19	1127.06	593.19	387.86	813.0	813.0	409.0	387.86	1127.06		
CPT® 10007	Hc Fna Bx Wifluor Gdn 1st Les		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	1926.0	1926.0	1155.6	961.07	751.14	1926.0	1926.0	491.13	1926.0	1926.0	1926.0	491.13	1926.0		
CPT® 10008	Hc Fna Bx Wifluor Gdn Ea Addl		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	2461.0	2461.0	1476.6	1228.04	959.79	2026.0	0.0	627.56	1564.0	1564.0	2461.0	0.0	2461.0		
CPT® 10009	Hc Fna Bx W/ct Gdn 1st Les		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	1926.0	1926.0	1155.6	961.07	751.14	1926.0	1926.0	491.13	1926.0	1926.0	1926.0	491.13	1926.0	594.28	594.2
CPT® 10010	Hc Fna Bx W/ct Gdn Ea Addl		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	2461.0	2461.0	1476.6	1228.04	959.79	2026.0	0.0	627.56	1564.0	1564.0	2461.0	0.0	2461.0		
CPT® 10021	Hc Fna Without Imaging Guidance		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	1035.0	1035.0	621.0	1035.0	403.65	1035.0	1035.0	263.93	1035.0	1035.0	1035.0	263.93	1035.0	312.93	3 312.93
CPT® 10021	Hc Fna Wo Imaging Guidance		0450 - EMERGENCY ROOM - GENERAL CLASSIFICATION	1094.0	1094.0	656.4	1094.0	426.66	1094.0	426.66	278.97	411.0	411.0	576.76	278.97	1094.0	312.93	312.93
CPT® 10030	Hc Guide Cathet Fluid Drainage		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	3019.0	3019.0	1811.4	2103.0	1177.41	2707.0	1550.0	769.85	2223.0	2223.0	3019.0	558.45	3019.0	591.445	5 591.441
CPT® 10060	Hc Incision & Drainage-simple		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	450.0	450.0	270.0	450.0	175.5	450.0	450.0	114.75	450.0	450.0	450.0	114.75	450.0	171.56	3 171.5
CPT® 10060	Hc I & D Simple		0450 - EMERGENCY ROOM - GENERAL CLASSIFICATION	450.0	450.0	270.0	450.0	175.5	450.0	175.5	114.75	411.0	411.0	405.33	114.75	450.0	171.56	171.5
CPT® 10060	Hc I&d Simple		0761 - SPECIALTY ROOM - TREATMENT/OBSERVATION	450.0	450.0	270.0	450.0	175.5	333.45	450.0	114.75	202.05	202.05	405.33	114.75	450.0	171.56	3 171.5
CPT® 10061	Hc I&d Abcess Complic Multiple		0450 - EMERGENCY ROOM - GENERAL CLASSIFICATION	943.0	943.0	565.8	943.0	367.77	943.0	367.77	240.47	411.0	411.0	692.69	240.47	943.0	314.27	7 318.7
CPT® 10061	Hc I&d Abcess Complic Multiple		0761 - SPECIALTY ROOM - TREATMENT/OBSERVATION	943.0	943.0	565.8	943.0	367.77	698.76	943.0	240.47	423.41	423.41	692.69	240.47	943.0	314.27	7 318.
CPT® 10080	Hc I&d Pilonidal Cyst Simple		0450 - EMERGENCY ROOM - GENERAL CLASSIFICATION	1756.0	1756.0	1053.6	953	684.84	1159.0	684.84	447.78	411.0	411.0	925.76	411.0	1159.0		
CPT® 10081	Hc Drain Pilonidal Cyst		0450 - EMERGENCY ROOM - GENERAL CLASSIFICATION	1764.0	1764.0	1058.4		687.96	1159.0	687.96	449.82	411.0	411.0	960.38	411.0	1159.0		
CPT® 10120	Hc Removal Fb Skin		0450 - EMERGENCY ROOM - GENERAL CLASSIFICATION	1380.0	1380.0	828.0	1380.0	538.2	1159.0	538.2	351.9	411.0	411.0	727.54	309.84	1380.0	309.84	309.8
CPT® 10121	Hc Incise & Rmyl Fb So Complic		0361 - OPERATING ROOM SERVICES - MINOR SURGERY	3611.0	3611.0	2166.6	3272	1408.29	2707.0	2701.0	920.81	3148.0	3148.0	2097.0	920.81	3272	1343.09	1343.0