

Date: May 30, 2024, 11:30 AM ET

Attendees: Cynthia A. Fisher, Founder and Chairman, PatientRightsAdvocate.org
Ilaria Santangelo, Director of Research, PatientRightsAdvocate.org
Jim Jusko, Founder, FireLight Health
Jodi Daniel, Partner, Crowell & Moring

Meeting: CY 2025 Hospital Outpatient PPS (OPPS) Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates (CMS-1809) Office of Management and Budget (OMB) Meeting

PatientRightsAdvocate.org recommends the following changes to the hospital price transparency provisions of the upcoming OPPS proposed rule, to protect patients from overcharges, hold hospitals accountable, and enable a competitive marketplace in healthcare:

1. Propose changes and request comment on the path toward actual prices, not estimates, with enough detail to support logical outgrowth to finalize a policy for disclosure of actual prices:
 - (a) Machine-readable file: Bridge from the “expected allowed amount” to an actual price.
 - (b) Consumer-friendly shoppable services display: Eliminate estimates, and instead require only real prices.
2. Clarify that all standard charges are required to be posted for all items and services, unless an item or service is not furnished by the hospital, and propose removing the term “as applicable.”
3. Require the machine-readable files to follow a standard schema that is both human-readable and machine-readable in wide CSV formats.
4. Require attestation by senior hospital executives and deem them material to payments from the federal government to incorporate liability under the False Claims Act.
5. Strongly enforce the rule.
6. Notify patients of their rights to upfront prices.

Detailed Recommendations:

1. Request comment on the path toward actual prices, not estimates, with enough detail to support logical outgrowth to finalize a policy for actual prices, if the comments support it:
 - (a) In the machine-readable file, bridge from the “expected allowed amount” to an actual price in dollars and cents, not an estimate or average.
 - The use of an average to calculate the “expected allowed amount” obfuscates the real price, limits the available data to employer and union plans, and further hinders the usability and effectiveness of the machine-readable files by both consumers and technology developers.
 - To protect patients from overcharges, billing errors, and even fraud, the data in the machine-readable files needs to be accurate, complete, precise, and accessible, in dollars and cents. The use of averages and estimates will mislead patients and will not hold hospitals accountable for the actual prices they charge.

- The pricing data in these machine-readable files are already today being leveraged by both health systems and health plans for price positioning and strategy, market penetration, market consolidation, mergers, and acquisitions. It is technologically feasible for them to post all of their prices, yet these same systems fail to fully disclose all prices to the patients they serve.
- Hospitals frequently obfuscate prices in their machine-readable files by using N/A, ranges, zeros, or other forms of non-pricing information. In cases in which prices were omitted, [our comparison](#) of the hospital pricing file to the corresponding Transparency in Coverage (TiC) file found that actual prices do, in fact, exist, and hospitals are omitting them. By allowing hospitals to post an “expected allowed amount,” we fear that more hospitals will claim that most or all of their prices are variable, rendering the machine-readable file useless. *See Appendix A for examples of machine-readable files with unusable data as well as examples of complete, fully compliant pricing files.*

(b) In the consumer-friendly shoppable services display, eliminate estimates, and instead require only real prices.

- To have financial certainty, patients need an accurate, complete negotiated rate, with an actual price, not an estimate. Hospitals’ price estimator tools are currently misleading by providing estimates that are useless because of their wide range of prices and disclaimers that the actual price may be significantly higher. *See Appendix B for screenshots of hospitals’ estimator tools.*
- Countless patients have reached out to us having been overcharged by thousands of dollars compared to the misleading estimate given by the hospital price estimator tools. This lack of price certainty disproportionately impacts underserved communities, many of whom avoid getting care due to fear of unknown cost.
- Hospitals’ estimator tools also require the user to input personally identifiable information as well as insurance plan information.
- We encourage CMS to propose an approach and seek comment on making the shopping tool include all, actual prices, not estimates, using the machine-readable file as the data source to allow consumers to compare prices across hospitals.

2. Clarify that *all* standard charges are required to be posted for all items and services, unless an item or service is not furnished by the hospital, and propose removing the term “as applicable.”

- The 2024 OPPS Rule references an online GitHub which contains guidance from CMS suggesting that only “at least one” type of standard charge is required to be posted by hospitals, taking advantage of the “as applicable” term from the Rule.
- We encourage CMS to propose removing the term “as applicable” or limiting its use in the rule.
- At a minimum, we recommend that CMS clarify in the rule that *all* types of standard charges must be posted for all items and services.

3. Require hospitals' machine-readable files to also be human-readable, in wide CSV formats, following a standard schema.
 - A wide CSV file is both machine-readable and human-readable. Increasing numbers of hospitals are posting JSON files and tall-formatted files, which are not human-readable and cannot be understood by patients seeking to find prices or verify that their bills are correct. In these cases, patients can only access an estimate from the hospital's price estimator tool which gives them no recourse to validate or dispute their bills.
 - The ideal uniform, standard template would contain complete, accurate, precise dollar figures associated with each plan offered by every insurance company contracted with the hospital. Strict adherence to the uniformity of template and data will help deliver meaningful hospital price transparency, and enable third parties to develop comparison shopping tools, help hospitals fully comply with the regulations, and aid CMS enforcement.
 - The 2024 OPPS rule requires hospitals to share a link to their machine-readable file with the corresponding hospital location and a hospital contact/email, via a txt file in the root directory. We encourage CMS to clarify in the rule that the footer should be placed directly on the hospital's website, for hospitals that are storing their txt files on a cloud storage provider.
4. Require attestation by senior hospital executives and deem them material to payments from the federal government to incorporate liability under the False Claims Act.
 - We appreciate that a requirement for attestation was added in the CY 2024 OPPS Rule and encourage CMS to go further by requiring attestation to be by senior executives to ensure that hospitals are validating that the prices are accurate and complete with appropriate accountability.
 - We suggest that CMS include in the regulation that the attestation is material to payments from the federal government to allow for False Claims Act enforcement.
 - This additional accountability measure will ensure that hospitals take the time to ensure their pricing files are accurate and complete, and it will ease the burden for CMS of enforcement of significant non-compliance.
5. Strongly enforce the rule.
 - Assessment of noncompliance is only productive when paired with effective, timely penalties as a consequence for noncompliance.
 - We also recommend that CMS enhance its enforcement mechanisms and penalties for noncompliance with the Hospital Price Transparency Rule.
 - We suggest that the Center for Medicare partner with the Center for Program Integrity (CPI) to assist with enforcement, leveraging the CPI's discretionary and mandatory resources and experienced program integrity contractors.
6. Notify patients of their rights to upfront prices.

- A fully informed and aware public is the strongest defense against false and misleading healthcare price information.
- We encourage CMS to inform all patients that they have the right to real and accurate prices from hospitals where they seek care.
- We encourage CMS to include in the OPPI proposed rule a requirement for hospitals to notify patients of their rights by posting notices in prominent physical locations and on their websites.

Machine-Readable File Screenshots

Froedtert Hospital: The hospital pricing file omits the majority of negotiated rates, including all prices for Anthem commercial plans, which are listed on its website as accepted by the hospital:

Associated Codes	Cash_Discount_Price	Deidentified_Max_Allowed	Deidentified_Min_Allowed	description	Gross_Charge	jobSelection	payer	Payer_Allowed_Amount
	owed	owed						
86357	112.75	112.85	37.73	Lab Test - Measurement of Natural Killer	205	Outpatient	Anthem Medicaid	N/A
86376	232.65	30.56	14.55	Lab Test - Identification of Microsomal	423	Outpatient	WPS Commercial	N/A
47538	10924.93	12688	935.21	Exchange of Bile Duct Stent Through E	19863.5	Outpatient	I CARE Medicaid	N/A
49082	830.5	3157.2	1748.88	Drainage of Abdominal Cavity Using Ne	1510	Outpatient	UBH Medicare Advantage	N/A
74210	308	431	23.62	X-Ray of Throat or Voice Box With Con	560	Outpatient	Anthem Medicaid	N/A
74263	1145.1	45.52	45.52	CAT Scan of Large Intestine With and	2082	Outpatient	WPS Commercial	N/A
58660	24959.83	30601.72	30601.72	Release of Scar Tissue From Ovaries or	45381.5	Outpatient	Humana HMO	N/A
58720	8259.35	1728.82	1728.82	Removal of Ovaries And Fallopian Tube	15017	Outpatient	Cigna Commercial	N/A
55250	2831.95	2999.44	785.79	Vasectomy	5149	Outpatient	Dean HMO	N/A
55720	7824.58	5285.92	5285.92	Incision and Drainage of Prostate Absce	14226.5	Outpatient	WPS Commercial	N/A
86360	210.65	99.96	46.98	Lab Test - Measurement of CD4 and CD	383	Outpatient	Dean HMO	N/A
86480	163.35	160.19	56.12	Lab Test - Identification of Tuberculosis	297	Outpatient	Humana Medicare Advantage	61.98
86612	27.5	8.17	8.17	Lab Test - Identification of Blastomycos	50	Outpatient	I CARE Medicaid	N/A
86644	143	49.47	14.36	Lab Test - Identification of Cytomegalov	260	Outpatient	NHP Global	N/A
86403	45.65	19.47	11.92	Lab Test - Identification/Measurement o	83	Outpatient	NHP Global	N/A
86617, 86618	24.48	37.2	17.03	Lab Test - Identification of Lyme Diseas	44.5	Outpatient	Anthem Medicaid	N/A
86658	44.55	27.36	14.19	Lab Test - Identification of Enterovirus A	81	Outpatient	Anthem Medicaid	N/A

Froedtert Hospital: The corresponding Transparency in Coverage file shows prices for Anthem commercial plans with Froedtert Hospital:

lin value	business name	type	date	street	city	state	negotiated type	negotiated rate	expiration date	billing class	additional information	code	service code	negotiation arrangement	name	billing code type	type version	billing code	description	filename
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	bundle	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	bundle	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	bundle	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	bundle	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	bundle	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	bundle	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	bundle	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	bundle	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	1315.38	12/31/99	professional						"1C"	"11"; "12"	fts	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001		
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	593.7	12/31/99	professional						"26"	"11"; "12"	fts	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001		
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	7327	12/31/99	institutional								"12"	fts	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	1908.08	12/31/99	professional								"11"; "12"	fts	ENDOMYOMG OPT	2023	93505	ENDOMYOCARDIAL BIOPSY	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	154.75	12/31/99	professional								"11"; "12"	fts	INJECTION P	2023	93563	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	106.35	12/31/99	professional								"11"; "12"	fts	INJECTION P	2023	93564	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	120.13	12/31/99	professional								"11"; "12"	fts	INJECTION P	2023	93565	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	394.7	12/31/99	professional								"11"; "12"	fts	INJECTION P	2023	93566	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	212.76	12/31/99	professional								"06"; "08"	fts	INJECTION P	2023	93567	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	132.7	12/31/99	professional								"11"; "12"	fts	INJECTION P	2023	93567	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	138.04	12/31/99	professional								"06"; "08"; "11"	fts	INJECTION P	2023	93567	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	121.73	12/31/99	professional								"11"; "12"	fts	INJECTION P	2023	93568	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	124.14	12/31/99	professional								"06"; "08"; "11"	fts	INJECTION P	2023	93568	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	106.84	12/31/99	professional								"11"; "12"	fts	INJECTION P	2023	93569	INJECTION PROCEDURE DURING CARDIWL	WI_HHWFM000001	
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	365.96	12/31/99	professional						"1C"	"11"; "12"	fts	INTRAVASCU	2023	93571	INTRAVASCULAR DOPPLER VELOCITY AT WL_HHWFM000001			
1255134173	FROEDTERT F FROEDTERT 9200 W WIS MILWAUKEE WI	fee schedule	106.84	12/31/99	professional								"11"; "12"	fts	INTRAVASCU	2023	93571	INTRAVASCULAR DOPPLER VELOCITY AT WL_HHWFM000001		

Duke University Hospital: contains data fields that are not machine-readable.

[illegible]

Cape Cod Hospital (fully compliant): All prices clearly listed by payer and plan, for all plans accepted by the hospital.

Hosp Code	Phy Code Mod	Modifier	CPT/ DRGCS	DRG Description	Code Type	TYPE	Charges	Minimum		Maximum		Average	Self Pay Amount	Aetna		Aetna PPO	Aetna Other	Always		Always Connector Case	Blue Cross HMO	Blue Cross PPO	Blue Cross Indemnity	Blue Cross Out of State	Blue Cross Federal	Blue Cross Medicare	Boston Medical Center BMC	Boston Medical Center BMC
								Allowed	Allowed	Allowed	Allowed			HMO	PPO			HMO	PPO								Blue Cross Indemnity	Blue Cross Federal
2019092			70480	CT ORBIT/REA OPTHCPCS LINE			1,056.89	125.95	1,014.62	597.83	138.55	1,004.05	1,004.05	1,004.05	785.07	824.27	747.72	435.64	530.59	530.59	530.59	530.59	135.4	153.17	153.17	153.17	153.17	
2019092			70481	CT ORBIT/REA OPTHCPCS LINE			1,719.80	212.52	1,651.01	998.92	233.77	1,839.87	1,839.87	1,839.87	1,438.61	1,510.44	1,370.17	781.15	951.41	951.41	951.41	951.41	228.46	306.47	306.47	306.47	306.47	
2019092			70482	CT ORBIT/REA OPTHCPCS LINE			1,936.71	212.52	1,859.24	1,096.55	233.77	1,839.87	1,839.87	1,839.87	1,438.61	1,510.44	1,370.17	781.15	951.41	951.41	951.41	951.41	228.46	306.47	306.47	306.47	306.47	
2019092			70486	CT MAXILLOI OPTHCPCS LINE			1,133.82	125.95	1,088.47	631.48	138.55	1,077.13	1,077.13	1,077.13	842.22	884.27	802.15	435.64	530.59	530.59	530.59	530.59	135.4	153.17	153.17	153.17	153.17	
2019092			70487	CT MAXILLOI OPTHCPCS LINE			1,719.80	212.52	1,651.01	998.92	233.77	1,633.81	1,633.81	1,633.81	1,277.50	1,341.28	1,216.72	781.15	951.41	951.41	951.41	951.41	228.46	306.47	306.47	306.47	306.47	
2019092			70488	CT MAXILLOI OPTHCPCS LINE			1,936.71	212.52	1,859.24	1,096.55	233.77	1,839.87	1,839.87	1,839.87	1,438.61	1,510.44	1,370.17	781.15	951.41	951.41	951.41	951.41	228.46	306.47	306.47	306.47	306.47	
2019092			70490	CT SOFT TIS OPTHCPCS LINE			1,056.89	125.95	1,014.62	597.83	138.55	1,004.05	1,004.05	1,004.05	785.07	824.27	747.72	435.64	530.59	530.59	530.59	530.59	135.4	153.17	153.17	153.17	153.17	
2019092			70491	CT SOFT TIS OPTHCPCS LINE			1,719.80	212.52	1,651.01	998.92	233.77	1,633.81	1,633.81	1,633.81	1,277.50	1,341.28	1,216.72	781.15	951.41	951.41	951.41	951.41	228.46	306.47	306.47	306.47	306.47	
2019092			70492	CT BFT TSUE OPTHCPCS LINE			1,936.71	212.52	1,859.24	1,096.55	233.77	1,839.87	1,839.87	1,839.87	1,438.61	1,510.44	1,370.17	781.15	951.41	951.41	951.41	951.41	228.46	306.47	306.47	306.47	306.47	
2019092			70496	CT ANGIOGR OPTHCPCS LINE			2,016.58	212.52	1,935.90	1,136.57	233.77	1,915.74	1,915.74	1,915.74	1,497.94	1,572.73	1,426.07	781.15	951.41	951.41	951.41	951.41	228.46	431.36	431.36	431.36	431.36	
2019092			70498	CT ANGIOGR OPTHCPCS LINE			2,016.58	212.52	1,935.90	1,136.57	233.77	1,915.74	1,915.74	1,915.74	1,497.94	1,572.73	1,426.07	781.15	951.41	951.41	951.41	951.41	228.46	431.36	431.36	431.36	431.36	
2019092			70540	MRI ORBIT/F OPTHCPCS LINE			2,036.01	275.19	1,954.57	1,188.85	302.71	1,934.21	1,934.21	1,934.21	1,512.38	1,587.89	1,440.43	892.75	1,087.33	1,087.33	1,087.33	1,087.33	295.83	449.03	449.03	449.03	449.03	
2019092			70542	MRI ORBIT/F OPTHCPCS LINE			2,945.73	434.17	2,827.90	1,767.73	477.59	2,798.44	2,798.44	2,798.44	2,168.13	2,297.38	2,084.03	1,494.17	1,819.84	1,819.84	1,819.84	1,819.84	468.74	753.93	753.93	753.93	753.93	
2019092			70543	MRI ORBIT/F OPTHCPCS LINE			3,404.58	434.17	3,268.40	1,975.96	477.59	3,234.35	3,234.35	3,234.35	2,528.98	2,655.25	2,408.66	1,494.17	1,819.84	1,819.84	1,819.84	1,819.84	468.74	753.93	753.93	753.93	753.93	
2019092			70544	MR ANGIOGR OPTHCPCS LINE			2,036.01	275.19	1,954.57	1,188.85	302.71	1,934.21	1,934.21	1,934.21	1,512.38	1,587.89	1,440.43	892.75	1,087.33	1,087.33	1,087.33	1,087.33	295.83	551.27	551.27	551.27	551.27	
2019092			70545	MR ANGIOGR OPTHCPCS LINE			3,989.86	434.17	3,801.56	2,203.06	477.59	3,761.96	3,761.96	3,761.96	2,941.52	3,088.38	2,801.57	1,494.17	1,819.84	1,819.84	1,819.84	1,819.84	468.74	551.27	551.27	551.27	551.27	
2019092			70546	MR ANGIOGR OPTHCPCS LINE			3,635.74	434.17	3,490.31	2,088.79	477.59	3,453.95	3,453.95	3,453.95	2,700.68	2,835.52	2,572.20	1,494.17	1,819.84	1,819.84	1,819.84	1,819.84	468.74	551.27	551.27	551.27	551.27	
2019092			70547	MR ANGIOGR OPTHCPCS LINE			2,036.01	275.19	1,954.57	1,188.85	302.71	1,934.21	1,934.21	1,934.21	1,512.38	1,587.89	1,440.43	892.75	1,087.33	1,087.33	1,087.33	1,087.33	295.83	551.27	551.27	551.27	551.27	
2019092			70548	MR ANGIOGR OPTHCPCS LINE			2,945.73	434.17	2,827.90	1,759.46	477.59	2,798.44	2,798.44	2,798.44	2,168.13	2,297.38	2,084.03	1,494.17	1,819.84	1,819.84	1,819.84	1,819.84	468.74	551.27	551.27	551.27	551.27	
2019092			70549	MR ANGIOGR OPTHCPCS LINE			3,404.58	434.17	3,268.40	1,975.96	477.59	3,234.35	3,234.35	3,234.35	2,528.98	2,655.25	2,408.66	1,494.17	1,819.84	1,819.84	1,819.84	1,819.84	468.74	551.27	551.27	551.27	551.27	
2019092			70551	MRI BRAIN S OPTHCPCS LINE			2,036.01	275.19	1,954.57	1,188.85	302.71	1,934.21	1,934.21	1,934.21	1,512.38	1,587.89	1,440.43	892.75	1,087.33	1,087.33	1,087.33	1,087.33	295.83	449.03	449.03	449.03	449.03	
2019092			70552	MRI BRAIN S OPTHCPCS LINE			2,945.73	434.17	2,827.90	1,767.73	477.59	2,798.44	2,798.44	2,798.44	2,168.13	2,297.38	2,084.03	1,494.17	1,819.84	1,819.84	1,819.84	1,819.84	468.74	753.93	753.93	753.93	753.93	
2019092			70553	MRI BRAIN S OPTHCPCS LINE			3,404.58	434.17	3,268.40	1,975.96	477.59	3,234.35	3,234.35	3,234.35	2,528.98	2,655.25	2,408.66	1,494.17	1,819.84	1,819.84	1,819.84	1,819.84	468.74	753.93	753.93	753.93	753.93	
2019092			71045	RADIOLOGIC OPTHCPCS LINE			340.8	102.38	327.16	222.26	112.62	323.76	323.76	323.76	253.15	265.79	241.1	128.23	178.1	178.1	178.1	178.1	110.06	146.75	146.75	146.75	146.75	
2019092			71046	RADIOLOGIC OPTHCPCS LINE			340.8	102.38	327.16	222.26	112.62	323.76	323.76	323.76	253.15	265.79	241.1	128.23	178.1	178.1	178.1	178.1	110.06	146.75	146.75	146.75	146.75	
2019092			71047	RADIOLOGIC OPTHCPCS LINE			340.8	102.38	327.16	222.26	112.62	323.76	323.76	323.76	253.15	265.79	241.1	128.23	178.1	178.1	178.1	178.1	110.06	146.75	146.75	146.75	146.75	
2019092			71048	RADIOLOGIC OPTHCPCS LINE			895.69	125.95	867.87	414.29	138.55	660.91	660.91	660.91	516.77	542.58	492.19	231.59	321.65	321.65	321.65	321.65	135.4	146.75	146.75	146.75	146.75	
2019092			71100	X-RAY EXAM OPTHCPCS LINE			340.8	102.38	327.16	219.78	112.62	323.76	323.76	323.76	253.15	265.79	241.1	128.23	178.1	178.1	178.1	178.1	110.06	146.75	146.75	146.75	146.75	
2019092			71101	X-RAY EXAM OPTHCPCS LINE			540.19	119.16	518.59	338.68	138.55	513.18	513.18	513.18	401.26	421.3	382.17	231.59	321.65	321.65	321.65	321.65	135.4	146.75	146.75	146.75	146.75	
2019092			71110	X-RAY EXAM OPTHCPCS LINE			540.19	119.16	518.59	338.68	138.55	513.18	513.18	513.18	401.26	421.3	382.17	231.59	321.65	321.65	321.65	321.65	135.4	146.75	146.75	146.75	146.75	

UW Health University Hospital (fully compliant): All prices clearly listed by payer and plan.

Revenue Code	Procedure	Billing Code	Procedure Description	Quantity	Gross Charge	Discounted Cash Price	Minimum Payer Reimbursement	Maximum Payer Reimbursement	Alliance Premier Network	Aspirus Health Plan	Aetna nonW PPO	Aetna W	Alliance	Anthem Blue Priority	Anthem HMO POS
0761 - CLINIC - GENERAL	HB11440	CP1* 11440	HB-Excise Skin/Subq Tis Hidradenitis W/Simple Inter Repair	1	\$ 2,472.10	\$ 1,341.13	\$ 996.51	\$ 2,472.10	\$ 1,341.13	\$ 996.51	\$ 2,472.10	\$ 1,341.13	\$ 996.51	\$ 2,472.10	\$ 1,341.13
0761 - TREATMENT OR OBSERVATIO	HB11450	CP1* 11450	HB-Excise Skin/Subq Tis Hidradenitis W/Simple Inter Repair	1	\$ 2,466.00	\$ 1,602.90	\$ 996.51	\$ 2,468.72	\$ 1,260.13	\$ 1,504.26	\$ 1,997.46	\$ 1,775.52	\$ 1,483.05	\$ 996.51	\$ 1,239.66
0761 - TREATMENT OR OBSERVATIO	HB11462	CP1* 11462	HB-Excise Skin Hidradenitis, Inguinal Smp/Intnm Rpr	1	\$ 2,466.00	\$ 1,602.90	\$ 996.51	\$ 2,468.72	\$ 1,260.13	\$ 1,504.26	\$ 1,997.46	\$ 1,775.52	\$ 1,483.05	\$ 996.51	\$ 1,239.66
0761 - TREATMENT OR OBSERVATIO	HB11470	CP1* 11470	HB-Excise Skin/Subq Tis Hidradenitis/P/PP/U W/Repair	1	\$ 6,564.00	\$ 4,266.60	\$ 2,652.51	\$ 6,038.88	\$ 3,524.20	\$ 4,004.04	\$ 5,316.84	\$ 4,726.08	\$ 3,947.59	\$ 2,652.51	\$ 3,299.72
0510 - CLINIC - GENERAL	HB11600	CP1* 11600	HB-Excise Mal Lesion Tnk/Arm/Leg <=5cm	1	\$ 752.00	\$ 488.80	\$ 303.88	\$ 691.84	\$ 384.27	\$ 458.72	\$ 609.12	\$ 541.44	\$ 452.25	\$ 303.88	\$ 378.03
0510 - CLINIC - GENERAL	HB11601	CP1* 11601	HB-Excise Mal Lesion Tnk/Arm/Leg 6-1cm	1	\$ 916.00	\$ 595.40	\$ 370.16	\$ 842.72	\$ 468.08	\$ 558.76	\$ 741.96	\$ 659.52	\$ 550.88	\$ 370.16	\$ 460.47
0510 - CLINIC - GENERAL	HB11602	CP1* 11602	HB-Excise Mal Lesion Tnk/Arm/Leg 1.1-2cm	1	\$ 1,054.00	\$ 685.10	\$ 425.92	\$ 969.68	\$ 538.59	\$ 642.94	\$ 853.74	\$ 758.88	\$ 633.88	\$ 425.92	\$ 529.85
0510 - CLINIC - GENERAL	HB11603	CP1* 11603	HB-Excise Mal Lesion Tnk/Arm/Leg 2.1-3cm	1	\$ 1,146.00	\$ 744.90	\$ 463.10	\$ 1,054.32	\$ 585.61	\$ 699.06	\$ 928.26	\$ 825.12	\$ 689.20	\$ 463.10	\$ 576.09
0510 - CLINIC - GENERAL	HB11604	CP1* 11604	HB-Excise Mal Lesion Tnk/Arm/Leg 3.1-4cm	1	\$ 1,282.00	\$ 833.30	\$ 518.06	\$ 1,179.44	\$ 655.10	\$ 782.02	\$ 1,038.42	\$ 923.04	\$ 770.99	\$ 518.06	\$ 644.46
0510 - CLINIC - GENERAL	HB11606	CP1* 11606	HB-Excise Mal Lesion Tnk/Arm/Leg >4cm	1	\$ 1,618.00	\$ 1,051.70	\$ 653.83	\$ 1,488.56	\$ 826.80	\$ 986.98	\$ 1,310.58	\$ 1,164.96	\$ 973.07	\$ 653.83	\$ 813.37
0510 - CLINIC - GENERAL	HB11620	CP1* 11620	HB-Exc Mal Lesn Scrp/Neck/Hnd/Ft <=5cm	1	\$ 1,463.00	\$ 950.95	\$ 591.20	\$ 1,345.96	\$ 747.59	\$ 892.43	\$ 1,185.03	\$ 1,053.36	\$ 879.85	\$ 591.20	\$ 735.45
0510 - CLINIC - GENERAL	HB11621	CP1* 11621	HB-Exc Mal Lesn Scrp/Neck/Hnd/Ft 6-1cm	1	\$ 801.00	\$ 520.65	\$ 323.68	\$ 736.92	\$ 409.31	\$ 488.61	\$ 648.81	\$ 576.72	\$ 481.72	\$ 323.68	\$ 402.66
0510 - CLINIC - GENERAL	HB11622	CP1* 11622	HB-Exc Mal Lesn Scrp/Neck/Hnd/Ft 1.1-2cm	1	\$ 1,054.00	\$ 685.10	\$ 425.92	\$ 969.68	\$ 538.59	\$ 642.94	\$ 853.74	\$ 758.88	\$ 633.88	\$ 425.92	\$ 529.85
0510 - CLINIC - GENERAL	HB11623	CP1* 11623	HB-Exc Mal Lesn Scrp/Neck/Hnd/Ft 2.1-3cm	1	\$ 1,618.00	\$ 1,051.70	\$ 653.83	\$ 1,488.56	\$ 826.80	\$ 986.98	\$ 1,310.58	\$ 1,164.96	\$ 973.07	\$ 653.83	\$ 813.37
0510 - CLINIC - GENERAL	HB11624	CP1* 11624	HB-Exc Mal Lesn Scrp/Neck/Hnd/Ft 3.1-4cm	1	\$ 1,463.00	\$ 950.95	\$ 591.20	\$ 1,345.96	\$ 747.59	\$ 892.43	\$ 1,185.03	\$ 1,053.36	\$ 879.85	\$ 591.20	\$ 735.45
0510 - CLINIC - GENERAL	HB11626	CP1* 11626	HB-Exc Mal Lesn Scrp/Neck/Hnd/Ft >4cm	1	\$ 1,407.00	\$ 914.55	\$ 568.57	\$ 1,294.44	\$ 718.98	\$ 858.27	\$ 1,139.67	\$ 1,013.04	\$ 846.17	\$ 568.57	\$ 707.30
0510 - CLINIC - GENERAL	HB11640	CP1* 11640	HB-Excise Malignant Lesion Face <=5cm	1	\$ 921.00	\$ 598.65	\$ 317.18	\$ 847.32	\$ 470.63	\$ 561.81	\$ 764.01	\$ 663.12	\$ 553.89	\$ 317.18	\$ 462.99
0510 - CLINIC - GENERAL	HB11641	CP1* 11641	HB-Excise Malignant Lesion Face 6-1cm	1	\$ 801.00	\$ 520.65	\$ 323.68	\$ 736.92	\$ 409.31	\$ 488.61	\$ 648.81	\$ 576.72	\$ 481.72	\$ 323.68	\$ 402.66
0510 - CLINIC - GENERAL	HB11642	CP1* 11642	HB-Excise Malignant Lesion Face 1.1-2cm	1	\$ 1,054.00	\$ 685.10	\$ 425.92	\$ 969.68	\$ 538.59	\$ 642.94	\$ 853.74	\$ 758.88	\$ 633.88	\$ 425.92	\$ 529.85
0510 - CLINIC - GENERAL	HB11643	CP1* 11643	HB-Excise Malignant Lesion Face 2.1-3cm	1	\$ 1,463.00	\$ 950.95	\$ 591.20	\$ 1,345.96	\$ 747.59	\$ 892.43	\$ 1,185.03	\$ 1,053.36	\$ 879.85	\$ 591.20	\$ 735.45
0510 - CLINIC - GENERAL	HB11644	CP1* 11644	HB-Excise Malignant Lesion Face 3.1-4cm	1	\$ 1,463.00	\$ 950.95	\$ 591.20	\$ 1,345.96	\$ 747.59	\$ 892.43	\$ 1,185.03	\$ 1,053.36	\$ 879.85	\$ 591.20	\$ 735.45
0510 - CLINIC - GENERAL	HB11646	CP1* 11646	HB-Excise Malignant Lesion Face >4cm	1	\$ 2,727.00	\$ 1,772.55	\$ 1,101.98	\$ 2,504.84	\$ 1,393.50	\$ 1,663.47	\$ 2,208.87	\$ 1,963.44	\$ 1,640.02	\$ 1,101.98	\$ 1,370.86
0510 - CLINIC - GENERAL	HB11719	CP1* 11719	HB-Trimming Nondystrophic Nails	1	\$ 100.00	\$ 65.00	\$ 40.41	\$ 92.00	\$ 51.10	\$ 61.00	\$ 81.00	\$ 72.00	\$ 61.04	\$ 40.41	\$ 50.27
0510 - CLINIC - GENERAL	HB11720	CP1* 11720	HB-Debride Nail(S), <=5	1	\$ 153.00	\$ 99.45	\$ 61.83	\$ 140.76	\$ 78.18	\$ 93.33	\$ 123.93	\$ 110.00	\$ 90.21	\$ 61.83	\$ 76.91
0510 - CLINIC - GENERAL	HB11721	CP1* 11721	HB-Debride Nail(S), >=6	1	\$ 227.00	\$ 147.55	\$ 91.73	\$ 208.84	\$ 116.00	\$ 138.47	\$ 183.87	\$ 163.44	\$ 136.52	\$ 91.73	\$ 114.11
0510 - CLINIC - GENERAL	HB11730	CP1* 11730	HB-Avulsion Nail Plate Single	1	\$ 207.00	\$ 134.55	\$ 83.65	\$ 190.44	\$ 105.78	\$ 126.27	\$ 167.67	\$ 149.04	\$ 124.49	\$ 83.65	\$ 104.06

Appendix B Price Estimator Tool Screenshots

Mercy Medical Center:

centura | MyCenturaHealth

Patient Estimates

Choose your insurance
if you do not have insurance or would like to get an estimate without using insurance. [Click here to skip this step](#)

Aetna	Aetna Medicare	Blue Cross Blue Shield/Anthem
Blue Cross Medicare	Cigna	Cigna Medicare
Humana	Humana Medicare	United
United Managed Medicare	United AARP Medicare	Other insurance

Enter your insurance details
Please provide information about your insurance. If you need further assistance, contact us at 888-347-3295.
[Click here if you don't have this information available.](#)

Member First Name
This is required

Member Last Name
This is required

Member Date of Birth
This is required

Member Number
This is required

Example card

UnitedHealthcare
Health Plan (00040) 911-87726-04
Member ID: 599922502 Group Number: 126997
Subscriber: SUBSCRIBER G BROWN
Subscriber: [REDACTED]
Paper ID: 87726
UnitedHealthcare Choice Plus
Member ID: 599922502

MRI Scan - Lower Extremity Joint Without Contrast
This procedure not performed at the following hospital(s): OrthoColorado
[Select a different service](#)

Ver en Español

Massachusetts General Hospital:

Mass General Brigham | Patient Gateway

Estimate for Surgery Arthroscopic Knee

This is an estimate for services at Mass General Brigham. If you need additional information or assistance, refer to the estimates section of the Technical Support/FAQ link at the bottom of this screen.

You Pay Reference #7150086

\$0*

Details

\$17,677 Low Estimated Fees High \$54,780

\$22,214

Total fees	\$22,214
Hospital fees	\$18,230
Physician fees	\$3,984
Insurance covers	-\$22,214

We estimate no out-of-pocket cost for this service. This may be due to your insurance fully covering the cost of this service, or because we have incomplete benefit information. If you're unsure of your benefits, we recommend double-checking with your insurance provider.

Mass General Brigham | Patient Gateway

Patient Estimates

Disclaimer

I accept that this is only an estimate of what I should expect to pay and is not a guarantee of the final amount I will owe. - The estimate approximates my out-of-pocket responsibility based on the information I provided in the previous screens including the location and the list of services I expect to have. - Additional services ordered by my physician may not be included in this estimate. My actual cost may be higher or lower than the estimate depending on many factors including unforeseen complications, additional services required by my diagnosis or length of stay. - If insurance was selected, this estimate does not include any unforeseen changes to my insurance coverage or benefits. These changes could include benefit limitations, outstanding deductible, maximum out-of-pocket, co-insurance, or other network limitations imposed by my health insurance. For more information about my out-of-pocket obligations and to verify if this is a covered service under my benefit plan, I should contact my insurance provider directly.

As a spam prevention measure, complete the CAPTCHA below.

☐ I am human

Accept and continue