

May 23, 2023

The Honorable Shalanda Young
Director, Office of Management and Budget
725 17th Street NW
Washington, DC 20503

Re: Hospital Price Transparency in the Outpatient Prospective Payment System

Dear Director Young:

We write to encourage the Office of Management and Budget to make key improvements to the Hospital Price Transparency Rule, 45 C.F.R. Part 180.

The Hospital Price Transparency Rule holds the promise of unveiling needlessly high health care prices and ultimately making health care more affordable for consumers by empowering consumers, patients, employers, unions, and our government to drive down our individual and collective health-care costs by making informed healthcare decisions.

Achieving full transparency of health care price and quality data is a critical step toward driving value into the U.S. health care system and ensuring our nation's families receive the affordable, high-quality health care and improved health they deserve. This is particularly important given our nation's affordability crisis with nearly half of all Americans forgoing medical care due to the cost¹ and 100 million Americans facing medical debt.² Longstanding evidence indicates that this affordability crisis is being driven by irrational health care prices, particularly hospital prices.

Speaking on behalf of millions of families and patients, we appreciate the work that the Centers for Medicare and Medicaid Services (CMS) has done to date to implement hospital price transparency, and urge you to keep going. If CMS can strengthen and—most importantly—more rigorously *enforce* the rule to hold hospitals accountable to pricing transparency, then we will achieve the central policy goals of protecting all patients from overcharges and making health care more affordable.

Now is the time to make these improvements. Congress, the Office of the Inspector General, the Government Accountability Office, and countless advocacy organizations are looking to CMS to take the lead in ensuring that hospitals meet a fundamental and central responsibility to disclose their prices in advance, accurately, and in a manner that is actionable for patients and families.

¹ Montero, Alex, et al. "Americans' Challenges with Health Care Costs." Kaiser Family Foundation, July 14, 2022, <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>

² Levey, Noam. "100 Million People in America Are Saddled With Health Care Debt." Kaiser Family Foundation Health News, June 16, 2022, <https://kffhealthnews.org/news/article/diagnosis-debt-investigation-100-million-americans-hidden-medical-debt/view/republish/>

We encourage CMS to make key improvement to the hospital price transparency regulation in the following ways:

- Require submission of price data directly to CMS with a certification of completeness and accuracy.
- Expand the required disclosures under the rule to include the range of cash prices accepted by the hospital, including facility fee charges.
- Withdraw related subregulatory guidance and explicitly bar hospitals from avoiding disclosing prices by inserting “N/A” in data fields.
- Eliminate the ability of hospitals to utilize the price estimator as a “loophole” to disclosure requirements.
- Include the use of secondary “extrinsic” sources, such as Transparency in Coverage data, to identify gaps and verify compliance.
- Establish and require uniform data standards and file prices, such as those recommended in Appendix A.
- Expand the scope of the Hospital Price Transparency Rule to include Ambulatory Surgery Centers to provide consumers with information at more sites of care.

Below, we describe each of these proposed policy improvements in turn.

Require submission directly to CMS with a certification of completeness and accuracy.

CMS officials recently acknowledged some challenges in analyzing and enforcing the Hospital Price Transparency Rule. A blog post in Health Affairs highlighted improvements from the first to the second year of applicability of the Hospital Price Transparency Rule, but noted that CMS’s assessment was limited in its scope and ability to draw conclusions.³

We agree that compliance with the Hospital Price Transparency Rule has been a problem since the regulations were finalized, and were encouraged by the recent announcement that CMS will be improving the enforcement process.⁴ **Our most recent analysis found that only one quarter of the nation’s largest hospitals were fully compliant,⁵ consistent with other similar findings of vast noncompliance.⁶**

³ Meena Seshamani & Douglas Jacobs, Hospital Price Transparency: Progress and Commitment to Achieving Its Potential, *Health Affairs Forefront* (Feb. 14, 2023), <https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential> (“Because this study limited its review to regulatory requirements that can be determined by any party (including external parties), 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.”).

⁴ <https://www.cms.gov/newsroom/fact-sheets/hospital-price-transparency-enforcement-updates>

⁵ Fourth Semi-Annual Hospital Price Transparency Compliance Report (Feb. 2023), <https://www.patientrightsadvocate.org/february-semi-annual-compliance-report-2023>.

⁶ Loco EC, Khera R, van Meijgaard J, Marsh T, Warraich HJ. *Hospital Adherence to the Federal Price Transparency Mandate: Results from a Nationally Representative Sample*. *J Gen Intern Med*. 2023 Jan 17. doi: [10.1007/s11606-023-08039-0](https://doi.org/10.1007/s11606-023-08039-0). Epub ahead of print. PMID: 36650327.

The Hospital Price Transparency Rule requires hospitals to publish, in a machine- format, a complete list of the hospital’s standard charges for all items and services.⁷ Compliance with this requirement is crucial for of price transparency; it will enable consumers to compare prices for services by different plans and cash prices within the same hospital and across hospitals, while also enabling technology innovators to create consumer-facing tools and platforms to facilitate consumers’ understanding of hospital prices.

Unfortunately, most hospitals continue to refuse to comply with transparency requirements, and limited enforcement will encourage a continuation of these practices. Even those hospitals that have made half-hearted attempts at compliance have taken inconsistent approaches to providing the data, and in many cases, their files are unreadable, incomplete or inaccurate. For example, some hospital systems have posted the data on their website with a pop-up “disclaimer” notice that requires an acknowledgement. Using a pop-up in this way violates the regulatory requirement that standard charge data be “easily accessible, without barriers, including . . . to automated searches and direct file downloads through a link posted on a publicly available website.”⁸ Other hospitals have failed to comply in different ways, such as by posting only one of the seven required data elements or using generic chargemaster prices instead of the required negotiated charges separated by payer and plan. See Appendix B for examples of poor noncompliance, including formulae listed instead of real prices, swaths of “N/A” entries, and incomplete files.

The legal requirement to provide standard charge data has not been met if hospitals fail to publish this information or if the data cannot be accessed. As we have pointed out and CMS has acknowledged hospitals have widely flouted CMS’s Hospital Price Transparency Rule, including the requirement to publish standard charges. Requiring *submission* of hospitals’ standard charge data—rather than merely publication on the hospital’s website—and making it available via CMS’s website will meet two goals:

- (1) Facilitating CMS’s enforcement efforts by making it obvious which hospitals have failed to publish the required file and allowing for automated compliance review following each file submission.
- (2) Facilitating accurate and timely public access to this information in a uniform, accessible format by enabling open-source access by researchers, payers, and tech developers and convenient consumer access to search or download pricing files.

This method of data submission is consistent with other CMS programs and can easily follow prior models. Specifically, hospitals already are required to submit quality data to CMS under the Hospital Inpatient Quality Reporting (IQR) Program, developed under the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The structure and format of the IQR program is a strong model for the hospital price transparency requirements in that CMS

⁷ 45 C.F.R. § 180.50.

⁸ 45 C.F.R. § 50(d)(3)(iv). This specific content was added to the transparency requirements with the following explanation from CMS: “We believe that this additional requirement will serve to ensure greater accessibility to the machine-readable file and its contents and would prohibit practices we have encountered in our compliance reviews, such as lack of a link for downloading a single machine-readable file, using ‘blocking codes’ or CAPTCHA, and requiring the user to agreement to terms and conditions or submit other information prior to access.” [86 Fed. Reg. 42018](#), 42319 (Aug. 4, 2021).

has stated that the IQR Program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options and provides this hospital quality information to consumers on the Care Compare website - directly analogous to the hospital transparency requirements.

Importantly, we also encourage CMS to require hospitals' submissions of standard charge data to include a certification or attestation from a senior official from the hospital, most appropriately the Chief Executive Officer (CEO). CMS routinely requires, with data submitted from regulated entities to CMS, that the reporting entity make an attestation regarding compliance. For example, when a hospital participates in the Promoting Interoperability Program, CMS requires the submitting hospital to make a number of attestations regarding compliance, 42 C.F.R. § 495.40, through its electronic portal. **Given hospitals' extreme and ongoing failure to comply with their legal requirements to provide pricing information (ranging from reluctance to outright refusal) we urge that CMS to impose a requirement that hospital Chief Executive Officers attest that the standard charge data they submit are accurate and complete and hold hospitals accountable to patients and employers' plans at the rates they report.**

Expand the required disclosures under the rule to include the range of cash prices accepted by the hospital, including facility fee charges.

The Hospital Price Transparency Rule adopted a broad approach to the disclosure of "standard charges for items and services provided by the hospital, including for diagnosis-related groups" as required by 42 U.S.C. § 300gg-18(e). But the current regulatory framework leaves out a few key aspects of standard charges that patients need to fully understand the prices they are being charged. CMS should expand the required disclosures under the rule to include: (1) the range of cash prices accepted by the hospital, (2) facility fee charges, and (3) the specific criteria or qualifications for patients to have access to the hospital's charity or indigent care program.

The regulatory definition of "standard charge" includes "discounted cash price," requiring hospitals to disclose a price that they would accept from a patient who is uninsured or not submitting a claim for benefits. But the discounted cash price does not fully capture the amount that the hospital would accept for the items and services it furnishes. The disclosure of the discounted cash price should be accompanied by the low and high range of prices that a hospital would accept as payment for each item or service. Patients should know in advance what payment a hospital actually will accept for care.

Hospitals charge facilities fees that accompany many of the items and services they furnish, but the Hospital Price Transparency Rule does not expressly require disclosures of these fees. These fees often can be many times the price of underlying services and are central to a patient's ability to fully understand the price they are being charged. Although most reasonable observers would consider facility fees to be a component of hospitals' standard charges for the items or services they furnish, the rule is unclear and, as a result, hospitals have not disclosed these fees. CMS should amend the rule to clarify that hospitals must disclose their facility fees and must identify with specificity the items and services for which facility fees will be charged.

Withdraw related subregulatory guidance and explicitly bar hospitals from avoiding disclosing prices by inserting “N/A” in data fields.

After the finalization of the Hospital Price Transparency Rule, CMS issued guidance suggesting that hospitals could insert “N/A” in data fields in lieu of prices in certain instances.⁹ Although we recognize that this FAQ was intended to ease the implementation of the disclosure requirement to allow hospitals to indicate that a particular item or service is not offered or does not have a standard charge, hospitals have used this lenience to avoid disclosing prices for numerous items and services that the hospitals do provide and that do have standard charges. **In multiple cross-references of Transparency in Coverage files against the corresponding hospital pricing files, we have found “N/A” in a cell in a hospital’s file where the corresponding cell in the payer’s file contains an actual price, suggesting that hospitals are taking advantage of the guidance regarding N/A’s.**¹⁰ We urge that CMS withdraw this guidance and supersede it with a clear requirement that a hospital violates the rules by entering “N/A” in a data field for an item or service that the hospital offers.¹¹

Eliminate the ability of hospitals to utilize the price estimator as a “loophole” to disclosure requirements.

In a concession to hospitals and with limited notice or explanation for the policy in the final rule, the Hospital Price Transparency Rule allowed a bypass of the requirements for disclosure of consumer-friendly prices of shoppable services for hospitals that instead allow access to a web-based price estimator tool. These tools do not work and fundamentally undermine the intent of price transparency requirements. The estimates are so broad that they are often useless, and various barriers prevent access. We recommend that CMS close this loophole and require the posting of actual prices for these services.

Overall, hospitals have failed to ensure that the prices offered by their estimator tools are accurate and narrowly focused. If patients cannot have confidence in the estimates they receive, these estimator tools are worse than having no price disclosures at all—they do harm, allowing patients to believe they know in advance the prices of their services but learning after the fact that the estimator was incorrect or provided a deceptively broad range. Patients who receive inaccurate estimates from price estimator tools have no recourse, and hospitals whose tools are inaccurate face no accountability.

In addition, hospitals have “gatekept” or obfuscated their price estimator tools, further limiting their use. The Hospital Price Transparency Rule requires hospitals that use price estimator tools to make those tools “prominently displayed on the hospital's website and accessible to the public

⁹ See Hospital Price Transparency Frequently Asked Questions (FAQs) at 8-9, <https://www.cms.gov/files/document/hospital-price-transparency-frequently-asked-questions.pdf>.

¹⁰ October 6, 2022, PatientRightsAdvocate.org Transparency in Coverage Report, <https://www.patientrightsadvocate.org/blog/pra-releases-transparency-in-coverage-report-finding-hospitals-omitting-prices>

¹¹ This requirement would be consistent with a recent statement from Administrator Brooks-LaSure that “‘N/A,’ according to our rules means ‘we don’t do the procedure.’ . . . [if they provide these procedures] They should be telling us how much it costs.” NBC News, [Are hospitals complying with the federal price transparency law?](#) (Feb. 26, 2023).

without charge and without having to register or establish a user account or password,” and separately requires data to be available to patients “without having to submit personal identifying information (PII).”¹² Nevertheless, hospitals have created estimator tools that require individual patients to enter their personal health insurance information and will not display a price estimate without it. Uninsured patients or patients who otherwise wish to know the discounted cash price of a shoppable item or service cannot ascertain this information through such hospitals’ tools. Furthermore, price estimator tools often use automated captchas that limit consumer access and prevent machine-readability.

Include the use of secondary “extrinsic” sources, such as Transparency in Coverage data, to identify gaps and verify compliance.

Stated plainly, non-compliant hospitals appear to be operating with the assumption that CMS is not generally verifying the accuracy of the pricing information being provided by those hospitals and given CMS’ lack of attention to the inaccurate and incomplete data being submitted, we are concerned CMS may be providing this important oversight.

It is critical to note that the requirements of the Transparency in Coverage rules¹³ provide a readily available source against which CMS can check hospitals’ thoroughness and accuracy. In the data fields for which the Hospital Price Transparency Rule requires the entry of a payer-specific negotiated value, the amount entered by the hospital can be checked against the applicable payer’s Transparency in Coverage disclosure.

Although an inconsistency in this initial cross-check would not necessarily reveal which entity’s (hospital or payer) file is accurate, such a check should trigger a second analysis to understand the source of inconsistency and hold the entity providing inaccurate information accountable under the law. More importantly, numerous times in our analyses, we have found “N/A” in a cell in a hospital’s file where the corresponding cell in a payer’s file contains an actual price, which strongly suggests that a hospital has made an error. The instances in which hospital files contain numerous “N/As” in cells where payers’ files contain prices, suggests that the hospital has not disclosed available price information and therefore is non-compliant or, at best, has failed to be reasonably diligent in creating its file.

Further, we encourage CMS to coordinate its policymaking under the Hospital Price Transparency Rule with complementary requirements under the Transparency in Coverage rules. CMS is uniquely positioned at the hub of transparency regulation, as the agency responsible for enforcing and implementing hospital transparency requirements via the Center for Medicare as well as one of the agencies responsible for regulation of group health plans and health insurance issuer disclosures under the Transparency in Coverage rules.¹⁴ We suggest that the Center for Medicare coordinate with the Center for Consumer Information and Insurance Oversight (CCIIO) to ensure that hospitals’ and payers’ machine-readable files are consistent and are consistently available to users.

¹² 45 C.F.R. § 180.60(a)(2)(iii), (d)(3)(iii).

¹³ [85 Fed. Reg. 72158](#) (Nov. 12, 2020) (codified in pertinent part at 45 C.F.R. Part 147).

¹⁴ *Id.*

Establish and require uniform data standards and file prices, such as those recommended in Appendix A.

The machine-readable files that hospitals have published are inconsistent and, in many cases, incomplete. The inconsistencies among these files prevent effective use by technology developers whose efforts could make this data more usable for patients. In Appendix A, we propose a basic set of data standards that would establish a uniform foundation for machine-readable files to ensure that they can serve their intended purpose for users and for patients.

Expand the scope of the Hospital Price Transparency Rule to include Ambulatory Surgery Centers to provide consumers with information at more sites of care

Hospitals have evolved into complex health systems with different departments and, in many cases, separate affiliated entities with varying degrees of integration. In particular, many hospitals use affiliated Ambulatory Surgery Centers (ASCs) to furnish many of the items and services associated with outpatient procedures. The Hospital Price Transparency Rule, by limiting its scope to only those items and services furnished by a hospital itself, fails to capture the prices of items and services furnished by a hospital through its affiliated ASCs. These items and services are still appropriately viewed as being furnished by the hospital, and thus should be subject to the Hospital Price Transparency Rule. CMS should revise the definition of “hospital” to expand it to capture the standard charges hospitals charge through their outlying entities, especially ASCs.

* * *

Thank you for considering our recommendations for strengthening the Hospital Price Transparency Rules in this year’s OPPI rulemaking. If you have any additional questions, please reach out to Sophia Tripoli, FUSA Senior Director for Health Policy and Director of the FUSA Center for Affordable, Whole Person Care at stripoli@familiesusa.org

Warmest Regards,



Frederick Isasi, JD MPH
Executive Director
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Appendix A

Recommended Pricing Data Standards

1. Require that the machine-readable pricing files be disclosed in ONE (1) Standard File Format, e.g. JSON, in addition to a human-readable price file disclosed in ONE (1) Standard File Format, e.g. CSV.
2. Require disclosure of the full payer and plan name and provide hospitals with a uniform, nationally applicable set of abbreviations for the most common payers and plans.
3. Mandate that plan specific rates be disclosed in the machine-readable file and updated in real time.
4. Define and require a standard schema for machine-readable file disclosures, including all names and data types which at a minimum, contains all data fields and types reflected in the suggested (but not mandated) file data standards currently offered by CMS.
5. Require that all pricing data also be provided for free via application programming interfaces (APIs).
6. Provide a safe harbor or require that the use of CPT or DRG codes be made available without royalty, copyright, or other fees for the purpose of price transparency including by any downstream software.
7. Require that explicit billing codes, such as CPTs or DRGs, be identified for each procedure, and require separate files or tabs for each billing code type, including CPT, DRG, HCPCS and NDC.
8. Require that the pricing file can be found with just a single click from the hospital's homepage.
9. Require all hospitals to post a machine-readable file with actual prices (discounted cash prices and insurance-negotiated rates) for the 300 shoppable services, whether or not they have a price estimator tool.
10. Implement a standard for representing where there is no data for a particular field, or provide a legend to help users understand the meaning of a dash or "N/A," or another symbol or acronym that we have observed on these pricing files.
11. Require all hospitals to post a list of insurers, payers, and specific plans accepted, so patients will know in advance whether the hospital is in-network.

Appendix B: Screenshots of Hospital Pricing Files

Noncompliant Files: *Incomplete files, ranges of codes, formulas, N/A's, multiple files*

HCA Angel Medical Center, Franklin, NC

| | | | |
|---|--|--|----------------------------------|
| Aetna NC Commercial | | Coding | Rate |
| Service Description | | ICD 9/10 A441, A442, A950, A951, A952, A953, A954, A955, A957, A958, A959, A960, A961, A962, A966, A967, A968, A969, A970, A971, A972, A975, A978, A979, A980, A981, A982, A984, A985, A986, A987, A988, A989, A990, A991, A992, A997, A998, A999, C9067, C9951, C9953, C9954, C9958-C9994, C9995, C9996, C9997, C9999, C9999, C9999 | 71.9% of Billable Gross Charges |
| Inject/Intruse/inhalate/Intrabute/Vaccinate | | REV 762 | 71.9% of Billable Gross Charges |
| Observation | | REV 100-219 | 71.9% of Billable Gross Charges |
| Other Inpatient | | REV 100-219 | 71.9% of Billable Gross Charges |
| Other Outpatient | | REV 190-199 | \$1,759.00 |
| Swing Bed | | REV 190-199 | |
| Aetna NC FirstHealthMedical/Rental | | Coding | Rate |
| Service Description | | REV 100-219 | 88% of Billable Gross Charges |
| Other Inpatient | | REV 100-219 | 88% of Billable Gross Charges |
| Other Outpatient | | | |
| Aetna NC NConnected | | Coding | Rate |
| Service Description | | REV 350-359 | 45.72% of Billable Gross Charges |
| CT | | REV 330-339 | 45.43% of Billable Gross Charges |
| Diagnostic Imaging | | REV 330-329 | 48.59% of Billable Gross Charges |
| Diagnostic Imaging | | REV 450-459 | 34.78% of Billable Gross Charges |
| ER | | ICD 9/10 A441, A442, A950, A951, A952, A953, A954, A955, A957, A958, A959, A960, A961, A962, A966, A967, A968, A969, A970, A971, A972, A975, A978, A979, A980, A981, A982, A984, A985, A986, A987, A988, A989, A990, A991, A992, A997, A998, A999, C9067, C9951, C9953, C9954, C9958-C9994, C9995, C9996, C9997, C9999, C9999, C9999 | 47.53% of Billable Gross Charges |
| Inject/Intruse/inhalate/Intrabute/Vaccinate | | REV 480, 481, 482, 489 | 48.98% of Billable Gross Charges |
| Lab/Path/Transfusions | | REV 401 | 60.65% of Billable Gross Charges |
| Lab/Path/Transfusions | | REV 403 | 45.18% of Billable Gross Charges |
| Mammography | | REV 610-619 | 45.07% of Billable Gross Charges |
| Mammography | | REV 340-349 | 52.01% of Billable Gross Charges |
| MRI | | REV 762 | 45.32% of Billable Gross Charges |
| Nuclear Medicine | | REV 250-259 | 67.46% of Billable Gross Charges |
| Observation | | REV 630-639 | 44.76% of Billable Gross Charges |
| OP Other | | REV 710 | 40.56% of Billable Gross Charges |
| OP Other | | REV 100-219 | 55.14% of Billable Gross Charges |
| Other Inpatient | | | 48.88% of Billable Gross Charges |

Methodist Dallas Medical Center, Dallas, TX

| Procedure | Procedure | IP Price | OP Price | Minimum Reimbursement Rate | Maximum Reimbursement Rate | <No contract> - IP Expected Reimbursement | <No contract> - OP Expected Reimbursement | <Self-pay> - IP Expected Reimbursement | OP Expected Reimbursement | MHS HB BCBS BEHAVIORAL HEALTH - IP Expected Reimbursement | BEHAVIORAL HEALTH - OP Expected Reimbursement | MHS HB BCBS CITY OF DALLAS MDMC - IP Expected Reimbursement | MHS HB CIGNA HMO PPO - IP Expected Reimbursement |
|-----------|-------------------|----------|----------|----------------------------|----------------------------|---|---|--|---------------------------|---|---|---|--|
| 9.43E+09 | HC Med Nutrit Inc | 99 | 99 | 8.57 | 99 | Not reimbursed separately | Not reimbursed separately | 54.45 | 54.45 | Not reimbursed separately | 84.15 | Not reimbursed separately | Not reimbursed separately |
| 9.43E+09 | HC Smoke Cessa | 44 | 44 | 3.81 | 44 | Not reimbursed separately | Not reimbursed separately | 24.2 | 24.2 | Not reimbursed separately | 37.4 | Not reimbursed separately | Not reimbursed separately |
| 9.43E+09 | HC Smoke Cessa | 65 | 65 | 5.63 | 65 | Not reimbursed separately | Not reimbursed separately | 35.75 | 35.75 | Not reimbursed separately | 55.25 | Not reimbursed separately | Not reimbursed separately |
| 9.44E+09 | HC Phase 2 Initia | 922 | 922 | 5.77 | 922 | Not reimbursed separately | Not reimbursed separately | 507.1 | 507.1 | Not reimbursed separately | 783.7 | Not reimbursed separately | Not reimbursed separately |
| 9.44E+09 | HC Cardiac Reha | 241 | 241 | 5.77 | 241 | Not reimbursed separately | Not reimbursed separately | 132.55 | 132.55 | Not reimbursed separately | 204.85 | Not reimbursed separately | Not reimbursed separately |
| 9.44E+09 | HC Cardiac Reha | 129 | 129 | 5.77 | 129 | Not reimbursed separately | Not reimbursed separately | 70.95 | 70.95 | Not reimbursed separately | 109.65 | Not reimbursed separately | Not reimbursed separately |
| 9.44E+09 | HC Phase 1 Eval | 490 | 490 | 5.77 | 490 | Not reimbursed separately | Not reimbursed separately | 269.5 | 269.5 | Not reimbursed separately | 416.5 | Not reimbursed separately | Not reimbursed separately |
| 9.44E+09 | HC Cr W/Monitor | 735 | 735 | 9.23 | 735 | Not reimbursed separately | Not reimbursed separately | 404.25 | 404.25 | Not reimbursed separately | 624.75 | Not reimbursed separately | Not reimbursed separately |
| 9.44E+09 | HC Phy/Ohp Qp | 110 | 110 | 9.53 | 110 | Not reimbursed separately | Not reimbursed separately | 60.5 | 60.5 | Not reimbursed separately | 93.5 | Not reimbursed separately | Not reimbursed separately |
| 9.9E+09 | HC Autopieses W/ | 2,606.00 | 2,606.00 | 225.68 | 2,606.00 | Not reimbursed separately | Not reimbursed separately | 1,433.30 | 1,433.30 | Not reimbursed separately | 2,215.10 | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Pre Post Surg | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Inj Admin Vac | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Hemocult No | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Chemodenon | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Kid Pan-Hit T | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Bone Marrow | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Culture Surve | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Susceptibility | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Gram Stain S | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Med Day Cas | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Poli Case Slt | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Sdc Case Sst | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Sdc Case Sst | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Gait Therapy | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Therapeutic F | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Wheelchair Tr | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Functional Th | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Gtc Pt Visit S | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Functional Th | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Therapeutic F | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Adl Training S | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC Reappointment | 25 | 25 | 2.17 | 25 | Not reimbursed separately | Not reimbursed separately | 13.75 | 13.75 | Not reimbursed separately | 21.25 | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC 24 Hour Amb | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |
| 9.98E+09 | HC ER Secondar | 0 | 0 | 0 | 0 | Not reimbursed separately | Not reimbursed separately | 0 | 0 | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately | Not reimbursed separately |

Maimonides Midwood Community Hospital, Brooklyn, NY

| Code | Description | Type | Package/Line Level | Gross Charge | Discounted Cash Price | De-identified min contracted rate | De-identified max contracted rate | 1199SEIU-Commercial HMO/POS_Avg | AETNA-Commercial PPO/Open Access_Avg | AETNA-Commercial HMO/POS_Avg | AETNA-Medicare Advantage HMO_Avg | AFFINITY-Commercial PPO/Open Access_Avg | ALLIED BENEFIT-Commercial other_Avg | AMERIGROUP-Commercial other_Avg |
|--------|--------------------------------|------|--------------------|--------------|-----------------------|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------------|------------------------------|----------------------------------|---|-------------------------------------|---------------------------------|
| 423980 | IBUPROFEN INJ 100MG/ML 8ML "R" | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 423990 | CLARITHROMYCIN-AMOX-LANSOPRAZ | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 423990 | CLARITHROMYCIN-AMOX-LANSOPRAZ | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424020 | DICLOFENAC 100MG TAB | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424020 | DICLOFENAC 100MG TAB | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424050 | DILTIAZEM 360MG UD CAP | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424050 | DILTIAZEM 360MG UD CAP | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424070 | DOXYLAMINE 25MG TAB | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424070 | DOXYLAMINE 25MG TAB | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424170 | GLUTAMIC 340MG CAP | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424170 | GLUTAMIC 340MG CAP | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424190 | IMIGLUCERASE 200U INJ | N/A | N/A | 1260 | 1260 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424190 | IMIGLUCERASE 200U INJ | N/A | N/A | 1260 | 1260 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424200 | OMEGA 3 OIL INJ 50 ML "IND" | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424200 | OMEGA 3 OIL INJ 50 ML "IND" | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 424210 | FISH OIL FAT EMUL 10G/100ML | N/A | N/A | 1257 | 1257 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

Compliant Files: *Prices clearly listed by billing code, by payer and plan and cash price*

Rush University Medical Center, Chicago, IL

| Code CPT/HCPCS | Code Description | Gross Charge | De-identified | De-identified | Discounted | AETNA | AETNA | CIGNA ONE |
|-------------------|---------------------------------|--------------|-----------------------|-----------------------|-------------|---------------------------|---------------------------|--------------------------|
| | | | Minimum Negotiated | Maximum Negotiated | | INTERNATIONAL [501036] | SIGNATURE ADMINISTRATO | HEALTH - HMO [517030] |
| J9030 | BCG LIVE INTRA VAC INSTAL 1VAC | \$ 959.75 | \$ 188.38 | \$ 873.37 | \$ 479.88 | \$ 633.44 | \$ 537.46 | \$ 188.38 |
| J9040 | BLEOMYCIN SULFATE INJ 15U | \$ 546.00 | \$ 180.18 | \$ 496.86 | \$ 273.00 | \$ 360.36 | \$ 305.76 | \$ 449.37 |
| J9065 | CLADRIBINE INJECTION 1MG | \$ 277.75 | \$ 91.66 | \$ 334.27 | \$ 138.88 | \$ 183.32 | \$ 155.54 | \$ 334.27 |
| J9190 | FLUOROURACIL INJECTION 500MG | \$ 22.25 | \$ 7.34 | \$ 86.52 | \$ 11.13 | \$ 14.69 | \$ 12.46 | \$ 86.52 |
| J9214 | INTERFERON ALFA/2B INJ 1MILL U | \$ 94.25 | \$ 31.10 | \$ 329.86 | \$ 47.13 | \$ 62.21 | \$ 52.78 | \$ 329.86 |
| J9209 | MESNA INJECTION 200MG | \$ 76.50 | \$ 25.25 | \$ 69.62 | \$ 38.25 | \$ 50.49 | \$ 42.84 | \$ 26.10 |
| J9280 | MITOMYCIN INJECTION 5MG | \$ 282.75 | \$ 93.31 | \$ 316.52 | \$ 141.38 | \$ 186.62 | \$ 158.34 | \$ 316.52 |
| J2405 | ONDANSETRON INJ 1 MG | \$ 21.50 | \$ 7.10 | \$ 19.57 | \$ 10.75 | \$ 14.19 | \$ 12.04 | \$ 18.52 |
| J2430 | PAMIDRONATE INJ 30 MG | \$ 486.25 | \$ 48.30 | \$ 442.49 | \$ 243.13 | \$ 320.93 | \$ 272.30 | \$ 48.30 |
| J9310 | RITUXIMAB INJECTION 100MG | \$ 2,725.25 | \$ 899.33 | \$ 9,260.13 | \$ 1,362.63 | \$ 1,798.67 | \$ 1,526.14 | \$ 9,260.13 |
| J1745 | REMICADE INJ 10 MG | \$ 282.75 | \$ 93.31 | \$ 3,952.24 | \$ 141.38 | \$ 186.62 | \$ 158.34 | \$ 3,952.24 |
| J2920 | METHYLPREDNIS SOD SUCC INJ 40MG | \$ 10.50 | \$ 3.47 | \$ 28.42 | \$ 5.25 | \$ 6.93 | \$ 5.88 | \$ 28.42 |
| J1720 | HYDCORT SOD SUCC INJ 100 MG | \$ 17.50 | \$ 4.78 | \$ 15.93 | \$ 8.75 | \$ 11.55 | \$ 9.80 | \$ 4.78 |

MetroHealth Medical Center, Cleveland, OH

| Description | Charge | Medicare CPT/HCPCS | De-identified minimum negotiated charge | De-identified maximum negotiated charge | Cash Price/Self-Pay | NDC# | Aetna HMO/POS/PRO | Aetna Assure Special Needs Plan | Ambetter Health Marketplace | Anthem HMO/PRO | Beacon Behavioral Health | Buckeye Medicare Advantage/All Well | Buckeye Special Needs Plan | CareSource Marketplace | CareSource Special Needs Plan | Cenpatico Behavioral Health | CHAMPUS | Cigna Behavioral Health |
|----------------|------------|-----------------------|--|--|------------------------|------|----------------------|---------------------------------------|-----------------------------------|-------------------|--------------------------------|--|----------------------------------|---------------------------|-------------------------------------|-----------------------------------|------------|-------------------------------|
| | | | | | | | | | | | | | | | | | | |
| FINE NEEDLE F | \$200.00 | 10004 | \$200.00 | \$100.00 | | | \$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 F | \$2,453.00 | 10005 | \$2,453.00 | \$2,453.00 | \$1,226.50 | | \$2,453.00 | \$2,453.00 | \$2,453.00 | \$2,453.00 | \$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 F | \$1,139.00 | 10006 | \$1,139.00 | \$1,139.00 | \$569.50 | | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 |
| FINE NEEDLE F | \$2,453.00 | 10009 | \$2,453.00 | \$2,453.00 | \$1,226.50 | | \$2,453.00 | \$2,453.00 | \$2,453.00 | \$2,453.00 | \$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 F | \$1,139.00 | 10010 | \$1,139.00 | \$1,139.00 | \$569.50 | | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$1,139.00 | \$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 | \$514.00 | 10021 | \$514.00 | \$514.00 | \$257.00 | | \$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 PNA W/O IM | \$728.00 | 10021 | \$728.00 | \$728.00 | \$364.00 | | \$728.00 | \$728.00 | \$728.00 | \$728.00 | \$728.00 | \$728.00 | \$728.00 | \$728.00 | \$728.00 | \$728.00 | \$728.00 | \$728.00 |
| HC CT CATH DI | \$873.00 | 10030 | \$873.00 | \$873.00 | \$436.50 | | \$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 DI | \$917.00 | 10030 | \$917.00 | \$917.00 | \$458.50 | | \$917.00 | \$917.00 | \$917.00 | \$917.00 | \$917.00 | \$917.00 | \$917.00 | \$917.00 | \$917.00 | \$917.00 | \$917.00 | \$917.00 |
| HC PERO SFT | \$2,380.00 | 10035 | \$2,380.00 | \$2,380.00 | \$1,190.00 | | \$2,380.00 | \$2,380.00 | \$2,380.00 | \$2,380.00 | \$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 PERO SFT | \$1,138.00 | 10036 | \$1,138.00 | \$1,138.00 | \$569.00 | | \$1,138.00 | \$1,138.00 | \$1,138.00 | \$1,138.00 | \$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 SURK | \$233.00 | 10040 | \$233.00 | \$233.00 | \$116.50 | | \$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 | \$686.00 | 10060 | \$686.00 | \$686.00 | \$343.00 | | \$686.00 | \$686.00 | \$686.00 | \$686.00 | \$686.00 | \$686.00 | \$686.00 | \$686.00 | \$686.00 | \$686.00 | \$686.00 | \$686.00 |
| HC DRAINAGE | \$1,290.00 | 10061 | \$1,290.00 | \$1,290.00 | \$645.00 | | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 | \$1,290.00 |
| HC IAD PILONI | \$828.00 | 10080 | \$828.00 | \$828.00 | \$414.00 | | \$828.00 | \$828.00 | \$828.00 | \$828.00 | \$828.00 | \$828.00 | \$828.00 | \$828.00 | \$828.00 | \$828.00 | \$828.00 | \$828.00 |
| HC DRAINAGE | \$2,380.00 | 10081 | \$2,380.00 | \$2,380.00 | \$1,190.00 | | \$2,380.00 | \$2,380.00 | \$2,380.00 | \$2,380.00 | \$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 FC | \$1,804.00 | 10120 | \$1,804.00 | \$1,804.00 | \$902.00 | | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 | \$1,804.00 |
| HC REMOVE FC | \$4,932.00 | 10121 | \$4,932.00 | \$4,932.00 | \$2,466.00 | | \$4,932.00 | \$4,932.00 | \$4,932.00 | \$4,932.00 | \$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 | \$3,668.00 | 10140 | \$3,668.00 | \$3,668.00 | \$1,834.00 | | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 | \$3,668.00 |
| HC PUNCTURE | \$745.00 | 10160 | \$745.00 | \$745.00 | \$372.50 | | \$745.00 | \$745.00 | \$745.00 | \$745.00 | \$745.00 | \$745.00 | \$745.00 | \$745.00 | \$745.00 | \$745.00 | \$745.00 | \$745.00 |
| HC COMPLEX I | \$4,296.00 | 10180 | \$4,296.00 | \$4,296.00 | \$2,148.00 | | \$4,296.00 | \$4,296.00 | \$4,296.00 | \$4,296.00 | \$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 IN | \$1,383.00 | 11000 | \$1,383.00 | \$1,383.00 | \$691.50 | | \$1,383.00 | \$1,383.00 | \$1,383.00 | \$1,383.00 | \$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 | \$1,826.00 | 11042 | \$1,826.00 | \$1,826.00 | \$913.00 | | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 | \$1,826.00 |
| HC DEB MUSC/ | \$2,185.00 | 11043 | \$2,185.00 | \$2,185.00 | \$1,092.50 | | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 | \$2,185.00 |
| HC DEB BONE | \$2,950.00 | 11044 | \$2,950.00 | \$2,950.00 | \$1,475.00 | | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 | \$2,950.00 |
| HC DEB SUBQ | \$1,128.00 | 11045 | \$1,128.00 | \$1,128.00 | \$564.00 | | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 | \$1,128.00 |
| HC DEB MUSC/ | \$781.00 | 11046 | \$781.00 | \$781.00 | \$390.50 | | \$781.00 | \$781.00 | \$781.00 | \$781.00 | \$781.00 | \$781.00 | \$781.00 | \$781.00 | \$781.00 | \$781.00 | \$781.00 | \$781.00 |
| HC TRIM SKIN I | \$233.00 | 11055 | \$233.00 | \$233.00 | \$116.50 | | \$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 TRIM SKIN I | \$235.00 | 11056 | \$235.00 | \$235.00 | \$117.50 | | \$235.00 | \$235.00 | \$235.00 | \$235.00 | \$235.00 | \$235.00 | \$235.00 | \$235.00 | \$235.00 | \$235.00 | \$235.00 | \$235.00 |
| HC TRIM SKIN I | \$471.00 | 11057 | \$471.00 | \$471.00 | \$235.50 | | \$471.00 | \$471.00 | \$471.00 | \$471.00 | \$471.00 | \$471.00 | \$471.00 | \$471.00 | \$471.00 | \$471.00 | \$471.00 | \$471.00 |
| TANGENTIAL B | \$725.00 | 11102 | \$725.00 | \$725.00 | \$362.50 | | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 |
| TANGENTIAL B | \$347.00 | 11103 | \$347.00 | \$347.00 | \$173.50 | | \$347.00 | \$347.00 | \$347.00 | \$347.00 | \$347.00 | \$347.00 | \$347.00 | \$347.00 | \$347.00 | \$347.00 | \$347.00 | \$347.00 |
| PUNCH BIOPSY | \$725.00 | 11104 | \$725.00 | \$725.00 | \$362.50 | | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 | \$725.00 |

Northside Hospital, Atlanta, GA

| name | prices posted and effective | code | code description | payer | gross charge | discounted cash price | payer-specific negotiated charge | de-identified minimum negotiated charge | de-identified maximum negotiated charge |
|----------------------------|-----------------------------|-------|-------------------------------|-------------|--------------|-----------------------|----------------------------------|---|---|
| Northside Hospital Atlanta | 7/5/2022 | Q5111 | INJECTION, IDENYCA 0.5 MG | AETNA HMO | 2477.166667 | 619.2916667 | 1018.30771 | 26.899484 | 4382.57393 |
| Northside Hospital Atlanta | 7/5/2022 | Q5116 | INJ., TRAZEMER, 10 MG | AETNA HMO | 451 | 112.75 | 232.602927 | 11.523271 | 232.602927 |
| Northside Hospital Atlanta | 7/5/2022 | Q5117 | INJ., KANJUNITO, 10 MG | AETNA HMO | 491.5 | 122.875 | 255.438574 | 11.933101 | 490.468585 |
| Northside Hospital Atlanta | 7/5/2022 | Q5119 | INJ RUXIENCE, 10 MG | AETNA HMO | 3999.75 | 999.9375 | 206.907948 | 8.58599 | 299.999306 |
| Northside Hospital Atlanta | 7/5/2022 | Q9957 | INJ PERFLUTEN LIP MICROS.MI | AETNA HMO | 612.5 | 153.125 | 379.745691 | 39.491351 | 420.175065 |
| Northside Hospital Atlanta | 7/5/2022 | Q9957 | INJ PERFLUTEN LIP MICROS.MI | AETNA HMO | 612.5 | 153.125 | 356.568059 | 16.533206 | 679.337082 |
| Northside Hospital Atlanta | 7/5/2022 | Q9958 | HOCM <=149 MG/MIL IODINE, 1M | AETNA HMO | 0.655 | 0.16375 | 19.152182 | 0.021153 | 83.405094 |
| Northside Hospital Atlanta | 7/5/2022 | Q9958 | HOCM <=149 MG/MIL IODINE, 1M | AETNA HMO | 0.655 | 0.16375 | 0.655001 | 0.070951 | 0.655001 |
| Northside Hospital Atlanta | 7/5/2022 | Q9963 | HOCM 350-399MG/MIL IODINE, 1M | AETNA HMO | 4.062528736 | 1.015632184 | 7.559607 | 0.173669 | 55.010656 |
| Northside Hospital Atlanta | 7/5/2022 | Q9963 | HOCM 350-399MG/MIL IODINE, 1M | AETNA HMO | 4.062528736 | 1.015632184 | 0.976988 | 0.015414 | 3.68322 |
| Northside Hospital Atlanta | 7/5/2022 | Q9966 | LOCM 200-299MG/MIL IODINE, 1M | AETNA HMO | 27.45 | 6.8625 | 50.462799 | 0.474127 | 74.31948 |
| Northside Hospital Atlanta | 7/5/2022 | Q9966 | LOCM 200-299MG/MIL IODINE, 1M | AETNA HMO | 27.45 | 6.8625 | 13.304692 | 0.015769 | 22.72892 |
| Northside Hospital Atlanta | 7/5/2022 | Q9967 | LOCM 300-399MG/MIL IODINE, 1M | AETNA HMO | 5.632089064 | 1.408022266 | 29.29316 | 0.201336 | 124.614898 |
| Northside Hospital Atlanta | 7/5/2022 | Q9967 | LOCM 300-399MG/MIL IODINE, 1M | AETNA HMO | 5.632089064 | 1.408022266 | 3.441844 | 0.030644 | 7.17793 |
| Northside Hospital Atlanta | 7/5/2022 | Q9968 | VISUALIZATION ADJUNCT | AETNA HMO | 95.34511699 | 23.83627925 | 126.841861 | 1.505634 | 673.401097 |
| Northside Hospital Atlanta | 7/5/2022 | S8420 | CUSTOM GRADIENT SLEEVEIO | AETNA HMO | 1005.8 | 251.45 | 595.20102 | 230.400007 | 1180.24809 |
| Northside Hospital Atlanta | 7/5/2022 | S8422 | CUSTOM GRAD SLEEVE MED | AETNA HMO | 1105.875 | 276.46875 | 50.454711 | 82.440072 | 384.000396 |
| Northside Hospital Atlanta | 7/5/2022 | S8423 | CUSTOM GRAD SLEEVE HEAVY | AETNA HMO | 1216.25 | 304.0625 | 634.466371 | 143.918283 | 892.49979 |
| Northside Hospital Atlanta | 7/5/2022 | S8424 | READY GRADIENT SLEEVE | AETNA HMO | 181.6708881 | 45.41772152 | 112.530023 | 35.72192 | 129.631323 |
| Northside Hospital Atlanta | 7/5/2022 | S8425 | CUSTOM GRAD GLOVE MED | AETNA HMO | 670.787865 | 167.6875 | 367.655867 | 138.959624 | 480.25017 |
| Northside Hospital Atlanta | 7/5/2022 | S8427 | READY GRADIENT GLOVE | AETNA HMO | 256.37733585 | 64.09439625 | 158.099955 | 50.454711 | 189.121584 |
| Northside Hospital Atlanta | 7/5/2022 | S8428 | READY GRADIENT GAUNTLET | AETNA HMO | 90.78723404 | 22.69680851 | 56.416993 | 22.503689 | 64.063365 |
| Northside Hospital Atlanta | 7/5/2022 | S9443 | LACTATION CLASS | AETNA HMO | 246.1764706 | 61.54411765 | 218.725325 | 96.513493 | 372.363613 |
| Northside Hospital Atlanta | 7/5/2022 | S9443 | LACTATION CLASS | AETNA HMO | 246.1764706 | 61.54411765 | 93.988871 | 23.681571 | 311.99754 |
| Northside Hospital Atlanta | 7/5/2022 | U0003 | COV-19 AMP PRB HGH TROPI | AETNA HMO | 523.3815726 | 130.8403931 | 268.424764 | 97.276261 | 444.027270 |
| Northside Hospital Atlanta | 7/5/2022 | U0005 | INFEC AGEN DISE AMPLI PR | AETNA HMO | 25.13126492 | 6.282816262 | 10.025815 | 2.844669 | 21.32155 |
| Northside Hospital Atlanta | 7/5/2022 | V2630 | INTER CHAMBER INTRAOCUL | LEAETNA HMO | 530 | 132.5 | 292.330506 | 38.166052 | 305.698385 |
| Northside Hospital Atlanta | 7/5/2022 | V2632 | POST CHMR INTRAOCULAR LEI | AETNA HMO | 526.8372093 | 131.7093023 | 416.630084 | 57.164914 | 416.630084 |
| Northside Hospital Atlanta | 7/5/2022 | V2785 | CORNEAL TISSUE PROCESSING | AETNA HMO | 219463 | 5486.325 | 9153.946981 | 1682.140647 | 16215.70141 |
| Northside Hospital Atlanta | 7/5/2022 | V2787 | ANATOMICAL CORRECT FUNCTI | AETNA HMO | 2820.819473 | 705.2046682 | 252.9690744 | 180.747441 | 180.747441 |
| Northside Hospital Atlanta | 7/5/2022 | V2788 | PRESBYOPIA-CORRECT FUNCTI | AETNA HMO | 6036 | 1509 | 3729.880067 | 483.670571 | 4980.96487 |
| Northside Hospital Atlanta | 7/5/2022 | V2790 | AMNIOTIC MEMBRANE | AETNA HMO | 7322.138889 | 1830.534722 | 5306.827836 | 56.049831 | 10960.7791 |
| Northside Hospital Atlanta | 7/5/2022 | V2790 | AMNIOTIC MEMBRANE | AETNA HMO | 7322.138889 | 1830.534722 | 722.025053 | 189.639871 | 1434.229313 |
| Northside Hospital Atlanta | 7/5/2022 | 0001A | ADM SARS-COV-2 3ML 1 | AETNA PPO | 48 | 12 | 0.0030074 | 0.000715 | 0.009874 |
| Northside Hospital Atlanta | 7/5/2022 | 0002A | ADM SARS-COV-2 30MG/0.3 | AETNA PPO | 0.008713137 | 0.002178284 | 0.003226 | 0.000309 | 0.007654 |
| Northside Hospital Atlanta | 7/5/2022 | 0202U | NFCT D5 22 TRGT SARS-COV-2 | AETNA PPO | 1546.983178 | 386.7457944 | 399.254462 | 42.051203 | 1414.25785 |