

<b>Touchette Regional Hospital</b>	<b>Department:</b> Business Office	<b>Policy #:</b> BO.1007
	<b>Author:</b> Revenue Cycle Director	<b>Original Effective Date:</b> 10/14
	<b>Title/Subject:</b> Price Transparency	<b>Reviewed:</b> 02/15
		<b>Revised:</b> 02/15, 06/19

**Policy Statement:** It is the policy of Touchette Regional Hospital to remain in direct compliance of the CMS Price Transparency regulations. While many things can affect price estimates (incorrect CPT codes, complications, more, fewer, or different tests provided at time of request) Touchette will attempt to give the most accurate estimate possible within 5 working days. Estimates are for information purposes only and are not a guarantee of the patient’s final charges.

**Scope:** Organizational Wide

**Definitions:**

- Price Calculation Tool: A module of the Registration Module in the Paragon System
- Special Processing: An icon within the Registration Module in the Paragon System
- DRG (Diagnosis-Related Group): a system that classifies hospital patient cases into groups
- ICD-10 (International Classification of Diseases and Related Health Problems): a system of diagnostic codes used to classify injuries, diseases, and social situations into groups
- CPT (Current Procedural Terminology): a medical code set maintained by the American Medical Association to describe medical/surgical and diagnostic services
- Patient Management Module: A module within the Paragon System
- Paragon System: The current Information System used by Touchette for medical and financial patient data
- Registration Module: A module within the Paragon system

**Procedure:**

- All requests for information including estimates or bills can be made Monday through Friday from 7:00-4:30 by phone to Centralized Scheduling (618) 332-5232 or the Business Office (618) 482-7128. Requests can also be sent via email to [Patientaccounting@Touchette.org](mailto:Patientaccounting@Touchette.org) . All email requests need to include a good call-back number with the patient’s full name, date of birth, and insurance for estimates. If requesting a bill, we need the patient’s last 4 of the social security number, and date of

birth. Due to HIPAA regulations, these will need to be mailed to the address on record with the hospital.

- Written estimates for Radiology, Lab, Cardio and some higher-volume surgical procedures can be provided using the Price Calculation tool within the Registration module. This tool is located by clicking on the Special Processing icon in Paragon. Many estimates can be provided over the phone using this tool and tables of this policy.
- A list of high volume, common surgical procedures and inpatient services is included as part of this policy as Addendum A – DRG Price Estimates and Addendum B – ICD-9 Procedure Price Estimates. This includes a DRG (Inpatient listing) and Observation rates as well as a surgical procedure outpatient listing.
- If a patient asks for an estimate on a surgical procedure, observation stay, or inpatient visit that is not on the provided list, we must be provided with the CPT code of the procedure that will be performed or the admitting diagnosis for an observation or inpatient stay. This type of estimate requires reporting through the Health Information Department to draw a sample of patients who had the procedure or a similar one to obtain an estimate. In this case, the Touchette Regional Hospital staff would need to collect the patient's name and contact information and the CPT code they are requesting an estimate for. That information is submitted via email to the Patient Accounting Department who will contact the patient directly when the estimate has been obtained.
- Estimates are based on Average Charges per case less the current self-pay adjustment percentage. If the patient provides insurance information at time of the estimate request, Touchette staff will make efforts to consider estimates including co-pays and deductibles as this can greatly affect the patient's estimated financial responsibility.
- For medically necessary procedures, a patient who does not have insurance will be offered a financial assistance application and will be screened to see if a portion or the full bill can be adjusted based on the family poverty level of the household income.
- While we will make efforts to include hospital-billed physician fees in our estimates, a patient may still receive additional bills for the physicians or anesthesiologists performing the procedure or treating the patient while in the hospital.
- Price Estimates in Addendums will be reviewed and updated at least one time a year by the Patient Accounting staff and will be reflected in the Price Calculation tool of the Paragon System.

- If a patient requests a bill, either the Registration staff or the Patient Accounting staff will provide an itemized copy. This can be obtained through by accessing the patient visit in Patient Management, clicking on the Print Demand Bill button, and selecting the bill(s) that they would like a copy of. By selecting one then holding down the shift key multiple bills can be selected at once. A bill will then be displayed and be printed by selecting the print button.

**Signatures:**

Approved: \_\_\_\_\_  
Director of Patient Access Date

Approved: \_\_\_\_\_  
Director of Revenue Cycle Date

Approved: \_\_\_\_\_  
Chief Financial Officer Date

**ADDENDUM A – DRG PRICE ESTIMATES**

<b>DRG</b>	<b>Estimate After Discount</b>
139 OTHER PNEUMONIA	\$ 6,836
140 CHRONIC OBSTRUCTIVE PULM DIS	\$ 7,107
190 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	\$ 9,946
191 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	\$ 6,312
192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	\$ 5,801
194 HEART FAILURE	\$ 6,948
194 SIMPLE PNEUMONIA & PLEURISY W CC	\$ 7,217
195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	\$ 5,820
282 PANCREAS DISORD EXC MALIG	\$ 8,018
291 HEART FAILURE & SHOCK W MCC	\$ 8,991
292 HEART FAILURE & SHOCK W CC	\$ 5,743
302 KNEE JOINT REPLACEMENT	\$ 19,655
383 CELLULITIS & OTH BACT SKIN INF	\$ 5,289
392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	\$ 6,327
420 DIABETES	\$ 4,336
463 KIDNEY/URIN TRACT INFECT	\$ 5,699
470 MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	\$ 18,038
470 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	\$ 19,560
540 CESAREAN DELIVERY	\$ 8,479
560 VAGINAL DELIVERY	\$ 3,249
566 OTHER ANTEPARTUM DIAGNOSES	\$ 2,169
581 NEO, TRANS <5D BORN HERE	\$ 995
626 NEO BW 2000-2499G NNB/OTH PROB	\$ 1,676
637 DIABETES W MCC	\$ 12,950
638 DIABETES W CC	\$ 4,308
640 NEO BW >2499G NORM NB/OTH PROB	\$ 1,503
641 MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	\$ 4,979
662 SICKLE CELL ANEMIA CRISIS	\$ 7,381
690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	\$ 4,246
750 SCHIZOPHRENIA	\$ 4,633
751 MAJOR DEPRESSIVE DISORDER	\$ 3,296
753 BIPOLAR DISORDERS	\$ 3,547
754 DEPRESSION EXC MAJ DEPRESSV DX	\$ 2,697
756 ACUTE ANXIETY & DELIRIUM	\$ 2,454
757 ORGANIC MENTAL HEALTH DIS	\$ 4,753
770 DRUG & ALCOHOL ABUSE - LAMA	\$ 1,537
773 OPIOID ABUSE & DEPENDENCE	\$ 2,435
774 COCAINE ABUSE & DEPENDENCE	\$ 2,913
775 ALCOHOL ABUSE & DEPENDENCE	\$ 2,709
776 OTHER DRUG ABUSE & DEPEND	\$ 2,862
812 RED BLOOD CELL DISORDERS W/O MCC	\$ 5,487
880 ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	\$ 2,678
881 DEPRESSIVE NEUROSES	\$ 2,324
885 PSYCHOSES	\$ 4,235
897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	\$ 2,546
OBSERVATION (1ST HOUR) NOT INCLUDING ANCILLARY SERVICES	\$ 275
EACH ADDITIONAL OBSERVATION HOUR	\$ 40

**ADDENDUM B - PRICE ESTIMATES BY PRINCIPAL ICD-10 PROCEDURE  
(OUTPATIENT)**

<b>ICD-10 PRINCIPAL PROCEDURE</b>	<b>Estimate After Discount</b>
01.N50ZZ : RELEASE MEDIAN NERVE OPEN APPROACH	\$ 2,351.86
06.BY0ZC : EXCISION HEMORRHOIDAL PLEXUS OPEN	\$ 2,767.33
08.QNXZZ : REPAIR RIGHT UPPER EYELID EXTERNAL	\$ 1,847.49
08.QPXZZ : REPAIR LEFT UPPER EYELID EXTERNAL	\$ 1,964.58
08.RJ3JZ : REPLACE RT LENS SYNTH SUBST PERQ	\$ 4,189.13
08.RK3JZ : REPLACE LT LENS SYNTH SUBST PERQ	\$ 4,140.40
0B.H17EZ : INSRT ET AW TRACHEA NAT/ART OPENING	\$ 3,924.60
0C.Q00ZZ : REPAIR UPPER LIP OPEN APPROACH	\$ 858.60
0C.Q0XZZ : REPAIR UPPER LIP, EXTERNAL APPROACH	\$ 1,889.53
0C.Q1XZZ : REPAIR LOWER LIP EXTERNAL APPROACH	\$ 1,260.37
0D.B38ZX : EX LOW ESOPH VIA NAT/ART OP ENDO DX	\$ 1,364.16
0D.B68ZX : EXC STOMACH NAT/ART OPENING ENDO DX	\$ 1,818.57
0D.B78ZX : EXC STOM PYLORUS NAT/ART OP ENDO DX	\$ 1,285.11
0D.B88ZX : EXC SM INTESTINE NAT/ART OP ENDO DX	\$ 1,720.44
0D.B98ZX : EX DUODENUM NAT/ART OPENING ENDO DX	\$ 1,771.39
0D.BH8ZX : EXCISION CECUM NAT/ART OP ENDO DX	\$ 1,238.38
0D.BK8ZX : EXC ASC COLON NAT/ART OP ENDO DX	\$ 1,250.38
0D.BL8ZX : EX TRNS COLON NAT OR ART OP ENDO DX	\$ 1,150.50
0D.BM8ZX : EXC DESC COLON NAT/ART OP END DX	\$ 1,649.10
0D.BN8ZX : EX SIG COLON VIA NAT/ART OP ENDO DX	\$ 1,070.92
0D.BN8ZZ : EX SIGMOID COLON NAT/ART OP ENDO	\$ 1,027.81
0D.BP8ZX : EX REC VIA NAT OR ART OPEN ENDO DX	\$ 1,147.87
0D.J08ZZ : INSPECT UPPER INTESTINE TRACT ENDO	\$ 1,206.16
0D.JD8ZZ : INSPECTION LW INTESTINAL TRACT ENDO	\$ 749.92
0F.T44ZZ : RESECT GALLBLADDER PERQ ENDO APPR	\$ 6,815.76
0H.91XZZ : DRAINAGE FACE SKIN EXTERNAL	\$ 1,190.61
0H.94XZZ : DRAINAGE NECK SKIN EXTERNAL	\$ 1,780.03
0H.98XZZ : DRAINAGE BUTTOCK SKIN EXTERNAL	\$ 1,144.82
0H.9AXZZ : DRAINAGE OF INGUINAL SKIN EXTERNAL	\$ 1,229.54
0H.9CXZZ : DRAINAGE LT UPPER ARM SKIN EXTERNAL	\$ 1,400.09
0H.9FXZZ : DRAINAGE RIGHT HAND SKIN EXTERNAL	\$ 624.97
0H.9GXZZ : DRAINAGE LEFT HAND SKIN EXTERNAL	\$ 926.14
0H.BT0ZX : EXCISION RT BREAST OPEN DIAGNOSTIC	\$ 2,061.97
0H.BU0ZX : EXCISION LT BREAST OPEN DIAGNOSTIC	\$ 2,502.90
0H.Q0XZZ : REPAIR SCALP SKIN EXTERNAL APPROACH	\$ 1,818.97
0H.Q1XZZ : REPAIR FACE SKIN EXTERNAL APPROACH	\$ 1,535.04
0H.Q3XZZ : REPAIR LT EAR SKIN EXT APPROACH	\$ 1,522.88
0H.QDXZZ : REPAIR RT LOW ARM SKIN EXT APPROACH	\$ 858.59
0H.QEXZZ : REPAIR LT LOW ARM SKIN EXT APPROACH	\$ 753.84
0H.QFXZZ : REPAIR RT HAND SKIN EXT APPROACH	\$ 816.62
0H.QGXZZ : REPAIR LEFT HAND SKIN EXT APPROACH	\$ 919.83
0H.QKXZZ : REPAIR RT LOW LEG SKIN EXT APPROACH	\$ 841.16
0H.QMXZZ : REPAIR RT FOOT SKIN EXT APPROACH	\$ 741.19
0J.910ZZ : DRAIN FACE SUBQ TISSUE FASCIA OPEN	\$ 731.07

	<b>Estimate After Discount</b>
<b>ICD-10 PRINCIPAL PROCEDURE</b>	
0J.9C0ZZ : DRAINAGE PELVIC SUBQ TISS FASCIA OP	\$ 701.60
0J.9F0ZZ : DRN LEFT UP ARM SUBQ TISS FASC OPEN	\$ 740.28
0J.B70ZZ : EXC BACK SUBQ TISS FASCIA OPEN APPR	\$ 1,646.26
0J.BF0ZZ : EXC LEFT UP ARM SUBQ TISS FASC OPEN	\$ 3,404.40
0J.Q00ZZ : REPR SCLP SUBQ TISS FASC OPN APPR	\$ 2,287.55
0J.Q10ZZ : REPR FCE SUBQ TISS FASC OPN APPR	\$ 1,944.80
0J.QG0ZZ : REP RT LW ARM SUBQ TISS FASC OPN	\$ 777.43
0J.QH0ZZ : REP LT LW ARM SUBQ TISS FASC OPN	\$ 1,081.29
0J.QJ0ZZ : REPR RH SUBQ TISS FASC OPN APPROACH	\$ 859.70
0J.QK0ZZ : REPR LH SUBQ TISS FASC OPN APPROACH	\$ 812.82
0J.QN0ZZ : REP RT LW LEG SUBQ TISS FASC OPN	\$ 801.37
0J.QP0ZZ : REP LT LW LEG SUBQ TISS FASC OPN	\$ 841.23
0Q.SG04Z : REPOS RT TIBIA IF DEVC OPN APPROACH	\$ 8,859.54
0Q.SH04Z : REPOS LT TIBIA W/IF DEVC OPEN APPR	\$ 9,159.30
0Q.SK04Z : REPOSITION LT FIBULA IF DEVC OPN	\$ 9,741.12
0R.SJXZZ : REPOS RT SHLDR JOINT EXT APPROACH	\$ 2,120.21
0R.SKXZZ : REPOS LT SHLDR JOINT EXT APPROACH	\$ 2,652.64
0S.BC4ZZ : EXCISION RT KNEE JOINT PERQ ENDO	\$ 4,287.49
0S.BD4ZZ : EXCISION LT KNEE JOINT PERQ ENDO	\$ 3,650.96
0U.5B8ZZ : DESTRUC ENDOMETRIUM NAT/ART OP ENDO	\$ 6,151.38
0U.BC7XZ : EXCISION CERVIX VIA NAT/ART OPG DX	\$ 3,316.56
0W.3Q7ZZ : CONTROL RESPIRATORY TRACT NAT/ART	\$ 859.13
0W.UF0JZ : SUPPLEMENT ADBOMINAL WALL SYN OPEN	\$ 3,878.91
0Y.U50JZ : SUPPLEMENT RT INGUINAL RGN SYN OPEN	\$ 4,223.75
0Y.UA4JZ : SUPPL BIL INGUINAL RGN SYN PC ENDO	\$ 6,266.35
10.D17ZZ : EXTRACTION POC RETAINED NAT/ART OPG	\$ 3,187.92
2W.3CX1Z : IMMOBILIZATION RT LOWER ARM SPLINT	\$ 932.28
2W.3DX1Z : IMMOBILIZATION LT LOWER ARM SPLINT	\$ 876.24
2W.3QX1Z : IMMOBILIZATION RT LOWER LEG SPLINT	\$ 1,054.52
2W.3RX1Z : IMMOBILIZATION LT LOWER LEG SPLINT	\$ 854.17
30.233N1 : TRAN NAUTO RED BLD CLL PERIPH VN PC	\$ 2,430.65
3E.0U33Z : INTRO AIF JOINTS PERQ APPROACH	\$ 672.97
3E.0U3BZ : INTRO ANESTHETIC AGENT JOINTS PERQ	\$ 624.88
4A.1HXCZ : MONITOR PROD CONCEPT CARDI RATE EXT	\$ 589.30
5A.02210 : ASSISTANCE CARD OP BALLN PUMP CONT	\$ 2,264.78
5A.02216 : ASSISTANCE W/CARD OP OTH PUMP CONT	\$ 1,535.30
5A.12012 : PERFORMANCE CARDIAC OUTPUT SNGL MAN	\$ 1,826.37
5A.1D00Z : PERFORMANCE URINARY FILTRATION SNGL	\$ 4,007.64
BP.18YZZ : FLUOROSCOPY RT SHOULDER OTH CONTRST	\$ 3,398.18
BP.19YZZ : FLUOROSCOPY LT SHOULDER OTH CONTRST	\$ 3,658.47
BQ.37YZZ : MRI RT KNEE OTH CONTRST	\$ 1,295.26
BQ.38YZZ : MRI LT KNEE OTH CONTRAST	\$ 1,343.48
HZ.2ZZZZ : DTX SERVICES FOR SUBSTANCE ABUSE TX	\$ 2,598.19