Pricing Transparency at Tuba City Regional Health Care Corporation (TCRHCC):

Here at TCRHCC, we are committed to keeping our patients, community and staff aware of costs associated with medical visits. TCRHCC is participating in the movement to empower patients by providing "Pricing Transparency" for patients who pay for their medical services and medication at TCRHCC. Pricing transparency at TCRHCC will allow patients and their families financially plan and make informed decisions.

TCRHCC is a 638 Tribal Facility and operates alongside Indian Health Services (IHS) to provide free healthcare for its eligible Native American patient population. Individuals registered with a Federally-recognized American Indian and Alaskan Native (AI/AN) are not subject to any out-of-pocket costs indicated in the Price Transparency.

Pricing Transparency in Health Care: Legislative Support

To empower patients, Centers for Medicare and Medicaid Services (CMS) has entered into the MyHealthEData initiative to improve access to hospital price information, giving patient greater access to their health information and allow clinical to spend more time with their patients.

CMS now requires hospitals to increase price transparency for patients with its annual IPPS Rule, under the rule, hospitals are required to publish/post a list of their standard charges on the internet for patients. To remain compliant with both Federal (§1886(d)(4)) of Social Security Act) and Arizona State Law (HB2045), TCRHCC is publishing its top 25 charges (AZ State Law) from its chargemaster and because we have more than 50 inpatient beds we are providing the top 50 most used Designated Related Groups (DRGs) on the public internet site.

(insert PDF: Top 25 CPT.DRG file)

Resources:

https://www.cms.gov/newsroom/press-releases/cms-finalizes-changes-empower-patients-and-reduce-administrative-burden

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FAQs-Req-Hospital-Public-List-Standard-Charges.pdf

TCRHCC PRICING TRANSPARENCY

TOP 25 HCPCS CPT CODES

HCPCS/CPT CODE	Description	Institutional Prices	Professional Prices
36415	Routine Venipuncture		$5.00
71046	RAD CHEST 2 VW AP/LAT	$190.00	$35.00
80053	Comprehensive Metabolic Panel	$25.00	
80061	Lipid Panel	$30.00	
81003	AUTOM URINALYSIS WO MICRO	$5.00	
81015	URINALYSIS - MICRO ONLY	$10.00	
82150	Amylase	$20.00	
82962	Blood Glucose Test, Fingerstick	$5.00	
83036	Glycosylated Hemoglobin Test (A1C)	$25.00	
83721	ASSAY OF BLOOD LIPOPROTEIN LDL	$20.00	
84443	Thyroid Stimulating Hormone (TSH)	$35.00	
85025	COMPL CBC W PLT W AUTOM DIFF	$20.00	
87591	CHLAMYDIA T AMPLIF NA PROBE	$75.00	
90471	IMMUNIZATION ADMIN 1 VACCINE	$85.00	$35.00
93005	EKG;12 LEAD TRACING ONLY	$105.00	
99201	OFFICE/OUTPATIENT VISIT NEW; 10 MINS	$90.00	$50.00
99211	OFFICE OUTPATIENT VISIT ESTAB; 5 MINS	$80.00	$30.00
99212	OFFICE/OUTPATIENT VISIT ESTAB; 10 MINS	$90.00	$45.00
99213	OFFICE/OUTPATIENT VISIT ESTAB; 15 MINS	$115.00	$90.00
99214	OFFICE/OUTPATIENT VISIT ESTAB; 25 MINS	$170.00	$130.00
99282	Emergent Visit Level 2		$75.00
99283	Emergent Visit Level 3		$145.00
99284	Emergent Visit Level 4		$230.00
G0238	RESP FCN THERAPY/15 MIN	$55.00	
J7030	Sodium Chloride 0.9% IV 1000mL Inj	$72.50	

HCPCS/CPT

(Healthcare Common Procedure Coding System), also referred to as a CPT(Current Procedural Terminology),is a system developed by the (AMA)American Medical Association for standardizing the terminology and coding used to describe medical, surgical, diagnostic services as well as supplies , and pharmaceuticals .

TCRHCC PRICING TRANSPARENCY

TOP 25 DRGs

Top 25 DRGs	Description	Prices
193	Simple Pneumonia and Pleurisy with MCC	$33,292.78
194	Simple Pneumonia and Pleurisy with CC	$24,741.38
195	Simple Pneumonia and Pleurisy without CC/MCC	$14,423.59
202	Bronchitis and Asthma with CC/MCC	$28,158.23
203	Bronchitis and Asthma without CC/MCC	$25,855.90
392	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorder without MCC	$10,250.90
470	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity without MCC	$34,983.81
482	Hip and Femur Procedures except Major Joint without CC/MCC	$36,011.36
494	Lower Extremity and Humerus Procedures except Hip, Foot and Femur without CC/MCC	$97,846.16
603	Cellulitus without MCC	$16,409.43
638	Diabetes with CC	$12,987.24
640	Miscellaneous Disorder of Nutrition, Metabolism, Fluids and Electrolytes with MCC	$17,812.65
641	Miscellaneous Disorder of Nutrition, Metabolism, Fluids and Electrolytes without MCC	$13,230.70
690	Kidney and Urinary Tract infections without MCC	$18,714.82
766	CESAREAN SECTION WITHOUT CC/MCC	$18,895.56
774	Vaginal Delivery With Compplicating Diagnosis	$11,416.09
775	Vaginal Delivery Without Complicating Diagnosis	$7,771.53
793	Full Term Neonate with Major Problems	$6,626.17
794	Neonate with other Significant Problems	$1,081.91
795	Normal Newborn	$2,057.63
807	Vaginal Delivery without Sterilization/D&C without CC/MCC	$6,988.05
871	Septicemia or Severe Sepsis without MV >96 Hours with MCC	$42,025.04
872	Septicemia or Severe Sepsis without MV >96 Hours without MCC	$29,092.16
897	Alcohol, Drug Abuse or Dependence without Rehabilitation Therapy without MCC	$26,128.52
951	Other Factors Influencing Health Status	$39,351.48

APR-DRG

All Patient Refined Diagnosis Related Groups (APR-DRG) categories were created by 3MTM in a joint effort with the Children's Hospital Association, to create consistency among children's hospitals, allowing us to track outcomes as well as

A patient is first assigned to a base APR-DRG (e.g.: APR 139, Other Pneumonia) similar to the assignment of a Medicare-based MS-DRG. This assignment is based primarily on the patient diagnosis but takes into account several other factors as