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. 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
<table>
<thead>
<tr>
<th>DRG</th>
<th>Estimate After Discount</th>
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<td>194 SIMPLE PNEUMONIA &amp; PLEURISY W CC</td>
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<td>383 CELLULITIS &amp; OTH BACT SKIN INF</td>
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<td>560 VAGINAL DELIVERY</td>
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<td>775 ALCOHOL ABUSE &amp; DEPENDANCE</td>
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<td>776 OTHER DRUG ABUSE &amp; DEPEND</td>
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<tr>
<td>830 ACUTE ADJUSTMENT REACTION &amp; PSYCHOSOCIAL DYSFUNCTION</td>
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<td>881 DEPRESSIVE NEUROSES</td>
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<td>888 PSYCHOSES</td>
<td>$4,235</td>
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<tr>
<td>897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC</td>
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</table>

**Observation (1st Hour) Not Including Ancillary Services**

- **$275**
- **$40**
### ADDENDUM B - PRICE ESTIMATES BY PRINCIPAL ICD-10 PROCEDURE

(OUTPATIENT)

<table>
<thead>
<tr>
<th>ICD-10 PRINCIPAL PROCEDURE</th>
<th>Estimate After Discount</th>
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<tr>
<td>01.N50ZZ : RELEASE MEDIAN NERVE OPEN APPROACH</td>
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<td>06.BY02ZC : EXCISION HEMORRHOIDAL PLEXUS OPEN</td>
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<td>08.QNXZZ : REPAIR RIGHT UPPER EYELID EXTERNAL</td>
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<td>08.QPXZZ : REPAIR LEFT UPPER EYELID EXTERNAL</td>
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<tr>
<td>08.RJ3JZ : REPLACE RT LENS SYNTH SUBST PERQ</td>
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<tr>
<td>08.RK3JZ : REPLACE LT LENS SYNTH SUBST PERQ</td>
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<td>0B.H17EZ : INSRT ET AW TRACHEA NAT/ART OPENING</td>
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</tr>
<tr>
<td>0C.Q00ZZ : REPAIR UPPER LIP OPEN APPROACH</td>
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<td>0C.Q0XZZ : REPAIR UPPER LIP. EXTERNAL APPROACH</td>
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<td>0D.B68ZX : EXC STOMACH NAT/ART OPENING ENDO DX</td>
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<tr>
<td>0D.B78ZX : EXC STOM PYLORUS NAT/ART OP ENDO DX</td>
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<td>0D.BN8ZX : EX SIG COLON VIA NAT/ART OP ENDO DX</td>
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<td>0D.DP8ZX : EX REC VIA NAT OR ART OPEN ENDO DX</td>
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<td>0D.J08ZZ : INSPECT UPPER INTESTINAL TRACT ENDO</td>
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<td>0D.JD8ZX : INSPECTION LW INTESTINAL TRACT END</td>
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<td>0F.T44ZZ : RESECT GALLBLADDER PERQ ENDO APPR</td>
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<td>0H.9FXZZ : DRAINAGE RIGHT HAND SKIN EXTERNAL</td>
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<td>0H.9GXZZ : DRAINAGE LEFT HAND SKIN EXTERNAL</td>
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<td>0H.QMXZZ : REPAIR RT FOOT SKIN EX APPROACH</td>
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<td>0J.910ZZ : DRAIN FACE SUBQ TISSUE FASCIA OPEN</td>
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<td>ICD-10 PRINCIPAL PROCEDURE</td>
<td>Estimate After Discount</td>
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<td>0J.9C0ZZ : DRAINAGE PELVIC SUBQ TISS FASCIA OP</td>
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<td>0J.BF0ZZ : EXC LEFT UP ARM SUBQ TISS FASC OPEN</td>
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<td>BQ.38YZZ : MRI LT KNEE OTH CONTRAST</td>
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