

The standard charge information displayed within this machine-readable file is as of 04/01/2024.

|  |  |
| --- | --- |
| **Definitions** | |
| Entity Code | Represents hospital entity/location if more than one location is reported within the same Machine-Readable File |
| Description | Respective billing descriptions for MS-DRG, APRDRG, HCPCS, Hospital Chargemaster, Physician Chargemaster or NDC |
| Code |1 | Represents the respective hospital billing code consistent with the code|1|type. Code |1| type can be one of the following: |
| Code|1| Type: MS-DRG | Payer specific MS-DRG service package. Displays standard/average charge, negotiated rate, deidentified max/min, & discounted cash price |
| Code|1| Type: APRDRG | Payer specific APRDRG service package. Displays standard/average charge, negotiated rate, deidentified max/min, & discounted cash price |
| HCPCS | Represents service level HCPCS not directly assigned within the hospital chargemaster. Can include Same Day Surgery Service Packages and/or negotiated rates not listed on hospital Chargemaster. |
| CDM | Displays standard/average charge, negotiated rate, deidentified max/min, & discounted cash price |
| Hospital Charge Master | Represents items directly billed from the Hospital Chargemaster |
| Physician Charge Master | Represents items directly billed from the Physician Chargemaster |
| NDC | Represents items from the hospitals drug formulary |
| Code|2 | Hospital revenue code used for billing as applicable |
| Code|2|Type | Descriptions for hospital revenue code used for billing |
| Code|3 | Represents HCPCS code used for billing as applicable |
| Billing Class | Distinguishes between Facility or Professional items or services |
| Setting | Identifies where item of service is provided |
| Drug Unit of Measurement | The unit value that corresponds to the established standard charge for drugs |
| Modifier | Payment modifier is applicable |
| Standard Gross Charges | Represents the standard charge from the hospital charge master |
| Discounted Cash Price | Represents the hospitals discount cash price policy applied against the CDM charge as applicable |
| Payer Name | Contracted Payer Name |
| Plan Name | Plan code description |
| Standard Charge | Negotiated Dollar | Represents payer specific negotiated rate |
| Standard Charge | Negotiated Percent | Payer-specific negotiated charge (expressed as a percentage) |
| Standard Charge | min | Represents the lowest negotiated rate for payors with "like" base payment methodologies |
| Standard Charge | max | Represents the highest negotiated rate for payors with "like" base payment methodologies |
| Count of Compared Rates | Represents the number of payer plans included within deidentified ranges |
| Standard Charge | contracting method | Represents payer and billing code specific payment methodology |
| Additional Payer-Specific Notes | Additional information supporting negotiated dollars |
| Additional Generic Notes - | Footnotes referenced as 1-12 |
| Standard Charge | max | Represents the highest negotiated rate for payors with "like" base payment methodologies |
| Count of Compared Rates | Represents the number of payer plans included within deidentified ranges |
| Standard Charge | Contracting Method | Represents payer and billing code specific payment methodology |
| Additional Payer-Specific Notes | Additional information supporting negotiated dollars |
| Additional Generic Notes | Footnotes referenced as 1-12 |
| Standard Charge | contracting method | Represents payer and billing code specific payment methodology |

**Footnotes:**

|  |  |
| --- | --- |
| **Foot note number** | **Description** |
| 1 | Can be subject to stoploss provisions |
| 2 | Can be subject to lesser of provisions |
| 3 | Can be subject to carve out provisions |
| 4 | Can be subject to multiple procedure discounting provisions |
| 5 | Can be subject to additional per diem in excess of included days |
| 6 | Can be subject to separate per diem based on day of stay |
| 7 | Line item charges and subsequent payments can be subject to service bundling. For example, items with a negotiated rate of 0 or blank. |
| 8 | In these circumstances, the service may be packaged/bundled into a separate rate or priced through a separate carrier where the rate was not available. |
| 9 | Modifiers may result in a payment adjustment from the base rate. |
| 10 | Percent rate is limited by maximum value, but this maximum can be exceeded by other provisions |
| 11 | Items at 0 or .01 price may be billed out of another system or at time the bill is dropped. |
| 12 | This code and the associated base rate is considered to be an all inclusive rate which may include additional clinical services |

**Disclaimers:**

|  |  |
| --- | --- |
| **Disclaimer number** | **Description** |
| 1 | Charges and base rates are not all inclusive and can include additional charges and payments for carve out drug and supplies |
| 2 | The base rate shown represents the allowable payer specific rate and, in some instances, due to complications, stop loss or lesser of provisions for atypical claims or physician ordering patterns, utilization and other factors, the allowable amount for a particular claim can be significantly lower or higher |
| 3 | The hospital and physician chargemasters as well as the NDC data represents the most current available as of the Machine-Readable run date |
| 4 | Medicare OPPS, APRDRG & EAPG payment methods represent base rates that can be adjusted by other regional or hospital specific factors. Line item charges and subsequent payments can be subject to packaging. For example, items with a negotiated rate of 0 |
| 5 | Service Package under rate methodology within the hospital charge master, represents items that are displayed as an inpatient MS-DRG |
| 6 | EAPG's are cross walked to a HCPCS, if the EAPG weight is 0.00, the base rate is $0. |
| 7 | Where there are rates displayed for salaried physicians, in some instances where the payer fee schedule is absent of a facility rate, the non-facility rate is what will be displayed. |
| 8 | If the hospital has employed physicians, the MRF will display a separate CDM within the billing code type field with standard charges in accordance with CMS regulations. |