# Healthcare Price Check from Healthcare IT Leaders

CMS-mandated (**85 FR 72158**) Transparency in Coverage (Price Transparency) data has created new opportunities for healthcare organizations to develop actionable competitive intelligence.

**Healthcare Price Check** from Healthcare IT Leaders offers powerful data tools and comprehensive datasets to analyze negotiated rates from participating hospitals and providers by geography, service line, billing code, payer, and other critical variables.

CMS price transparency data allows providers to benchmark their negotiated rates with other providers in the same market or region. This previously unavailable information gives health systems new leverage for negotiating with payers.

Tables included: Negotiated rates, NPI location and specialty, and Billing Code descriptions.



A subset of the CMS-mandated reporting fields is provided and will support most provider rate negotiations. Additional fields may be requested, including any field available in the CMS Price Transparency Guide.

Reported data is updated monthly, and the most recent contracts and rates will be automatically available to you with no action on your part.

# **Business Needs**

Health systems and other provider organizations can benchmark their pricing with competitors on a local, regional, and national level. With visibility into the negotiated rate that payers reimburse at competitive institutions, hospitals may seek adjustments and/or negotiate more aggressively to optimize contract value.



## **Usage Examples**

When you purchase the Price Transparency data set from Healthcare IT Leaders, you will also receive a DBT project that contains views, tables, dimensions, and dashboards (using Snowflake StreamLit) to assist you in analyzing your data. You are welcome to extend this project, export the data to Excel, or work with Healthcare IT Leaders to populate the model with your own Price, Cost, and Volume data to support your negotiations.

# **Example Data Lineage Chart**



# **Example Rates and Pricing Tables**

#### Average rates by billing code

This table shows the average rates for each billing code, across all Reporting Entities. The Global Pricing columns includes ALL providers, while the My Pricing column only includes providers that are part of your company.

Billing Code	Group	Contracts	All Providers and Reporters	Benchmark Providers and Reporters	My Providers and Reporters	Billing Code Description
37201	CPT - Surgery	5	100.00 · 100.00 · 100.00	None	None	CPT-37201
36120	CPT - Surgery	5	100.00 · 100.00 · 100.00	None	None	CPT-36120
95852	CPT - Medicine	3	8.16 · 20.31 · 26.40	26.38 - 26.38 - 26.38	26.38 · 26.38 · 26.38	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HA
32440	CPT - Surgery	6	405.83 2,017.56 4,348.24	405.83 - 1,988.59 - 4,348.24	405.83 • 1,988.59 • 4,348.24	PNEUMONECTOMY, TOTAL
27822	CPT - Surgery	6	210.86 · 1,062.38 · 2,259.25	210.86 • 1,033.23 • 2,259.25	210.86 · 1,033.23 · 2,259.25	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR ANKLE FRACTURE, WI
11621	CPT - Surgery	5	206.88 · 356.97 · 603.01	253.26 - 419.43 - 603.01	253.26 · 419.43 · 603.01	EXCISION, MALIGNANT LESION INCL MARGINS, SCALP, NECK, HANDS, FEET, GEN
45309	CPT - Surgery	5	124.80 - 308.99 - 553.60	232.51 - 385.06 - 553.60	232.51 · 385.06 · 553.60	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, O
22534	CPT - Surgery	6	92.13 · 459.57 · 987.15	92.13 - 451.45 - 987.15	92.13 - 451.45 - 987.15	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DIS
44126	CPT - Surgery	6	604.68 . 3,043.11 . 6,478.72	604.68 - 2,962.93 - 6,478.72	604.68 · 2,962.93 · 6,478.72	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATREIA, S
93892	CPT - Medicine	6	62.07 · 301.50 · 577.91	103.01 - 385.27 - 577.91	103.01 · 385.27 · 577.91	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DE

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Price Ranges

Raw Data

Your data includes 43,016 Billing Codes for 33 Providers reported by 3 Reporting Entities

Made with Streamlit



streamlit app My Company Price Ranges Negotiation Raw Data These tables show the estimated cost, revenue, and profit for your billing codes and providers. The COST, VOLUME, and PRICE columns from the data that you provided are used. For best results, always provide your actual COST, VOLUME, and proposed PRICE for every billing code listed in the <code>wy\_billingcode.cov</code> seed file.

#### **Pricing Summary**

Group	Contracts	Cost	Baseline Revenue	Baseline Profit	Benchmark Revenue	Benchmark Profit	My Revenue	My Profit
CPT - Other	16	\$ 16.00	\$ 441.15	\$ 440.15	\$ 441.15	\$ 440.15	\$ 16.00	\$ 0.00
CPT - Pathology and Laboratory	113	\$ 113.00	\$ 17807.99	\$ 17706.99	\$ 17807.99	\$ 17706.99	\$ 113.00	\$ 0.00
CPT - Surgery	640	\$ 640.00	\$ 766251.48	\$ 765649.48	\$ 766251.48	\$ 765649.48	\$ 640.00	\$ 0.00
CPT - Medicine	87	\$ 87.00	\$ 16413.21	\$ 16349.21	\$ 16413.21	\$ 16349.21	\$ 87.00	\$ 0.00
CPT - Evaluation and Management	17	\$ 17.00	\$ 2184.32	\$ 2170.32	\$ 2184.32	\$ 2170.32	\$ 17.00	\$ 0.00
CPT - Radiology	106	\$ 106.00	\$ 41479.29	\$ 41392.29	\$ 41479.29	\$ 41392.29	\$ 106.00	\$ 0.00
CPT - Anesthesia	22	\$ 22.00	\$ 6693.75	\$ 6679.75	\$ 6693.75	\$ 6679.75	\$ 22.00	\$ 0.00

### **Pricing Detail**

Billing Code	Group	Total Cost	Baseline Revenue	Baseline Profit	Benchmark Revenue	Benchmark Profit	My Revenue	My Profit
37201	CPT - Surgery	\$ 1.00	None	None	None	None	\$ 1.00	\$ 0.00
71060	CPT - Radiology	\$ 1.00	None	None	None	None	\$ 1.00	\$ 0.00
36120	CPT - Surgery	\$ 1.00	None	None	None	None	\$ 1.00	\$ 0.00
29700	CPT - Surgery	\$ 1.00	\$ 118.63	\$ 117.63	\$ 118.63	\$ 117.63	\$ 1.00	\$ 0.00
95852	CPT - Medicine	\$ 1.00	\$ 26.38	\$ 25.38	\$ 26.38	\$ 25.38	\$ 1.00	\$ 0.00
11621	CPT - Surgery	\$ 1.00	\$ 419.43	\$ 418.43	\$ 419.43	\$418.43	\$ 1.00	\$ 0.00
60502	CPT - Surgery	\$ 1.00	\$ 1562.51	\$ 1561.51	\$ 1562.51	\$ 1561.51	\$ 1.00	\$ 0.00
65855	CPT - Surgery	\$ 1.00	\$ 616.05	\$ 615.05	\$ 616.05	\$ 615.05	\$ 1.00	\$ 0.00
75705	CPT - Radiology	\$ 1.00	\$ 451.71	\$ 450.71	\$ 451.71	\$ 450.71	\$ 1.00	\$ 0.00