

Attachment A

Technical Notes

Price Disclosure statute

<http://www.leg.state.mn.us/leg/statutes.asp> Base web site

<http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/62J/82.html> specific statute

62J.82 Hospital charge disclosure.

The Minnesota Hospital Association shall develop a Web-based system, available to the public free of charge, for reporting charge information, for Minnesota residents, including, but not limited to, number of discharges, average length of stay, average charge, average charge per day, and median charge, for each of the 50 most common inpatient diagnosis-related groups and the 25 most common outpatient surgical procedures as specified by the Minnesota Hospital Association. The Web site must provide information that compares hospital-specific data to hospital statewide data. The Web site must be established by October 1, 2006, and must be updated annually. If a hospital does not provide this information to the Minnesota Hospital Association, the commissioner may require the hospital to do so. The commissioner shall provide a link to this information on the department's Web site.

HIST: 1Sp2005 c 4 art 8 s 2
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The MHA database represents more than ninety percent of all hospitalizations in the state. Yet, not every hospital in the state is currently in the data base. Reports based on 2008 data were prepared statewide for all MHA participating* hospitals in the state.

The Top 50 DRGS By Discharge Volume Report - DRGs and Titles

MSDR	
G	TITLE
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC
641	NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC
948	SIGNS & SYMPTOMS W/O MCC
885	PSYCHOSES
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC
552	MEDICAL BACK PROBLEMS W/O MCC
193	SIMPLE PNEUMONIA & PLEURISY W MCC
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC
101	SEIZURES W/O MCC
189	PULMONARY EDEMA & RESPIRATORY FAILURE

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191 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC
194 SIMPLE PNEUMONIA & PLEURISY W CC
203 BRONCHITIS & ASTHMA W/O CC/MCC
247 PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC
287 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC
291 HEART FAILURE & SHOCK W MCC
292 HEART FAILURE & SHOCK W CC
293 HEART FAILURE & SHOCK W/O CC/MCC
312 SYNCOPE & COLLAPSE
313 CHEST PAIN
330 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
343 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC
378 G.I. HEMORRHAGE W CC
419 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC
460 SPINAL FUSION EXCEPT CERVICAL W/O MCC
470 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC
491 BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC
494 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC
603 CELLULITIS W/O MCC
621 O.R. PROCEDURES FOR OBESITY W/O CC/MCC
683 RENAL FAILURE W CC
743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC
765 CESAREAN SECTION W CC/MCC
766 CESAREAN SECTION W/O CC/MCC
774 VAGINAL DELIVERY W COMPLICATING DIAGNOSES
775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
781 OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
792 PREMATURITY W/O MAJOR PROBLEMS
793 FULL TERM NEONATE W MAJOR PROBLEMS
794 NEONATE W OTHER SIGNIFICANT PROBLEMS
795 NORMAL NEWBORN
871 SEPTICEMIA OR SEVERE SEPSIS WITHOUT MECHANICAL VENTILATION 96+ HOURS W MCC
881 DEPRESSIVE NEUROSES
897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC
945 REHABILITATION W CC/MCC

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The Top 50 DRGS By Discharge Volume Report criteria:

- Based on UB-92/04 Claims.
- Bill Types: 111, 114, 115, and 117 only.
- Minnesota residents only in the discharge information calculations. **
- Charges exclude physician professional fees.
- CMS MS-DRG (version 25.0) Diagnosis Related Groups applied.
- Charges are not necessarily equivalent to costs or reimbursements.
- Charge outliers, hospital transfers, and patients that died are included.
- Claims with certain error records are excluded.
- Charges have not been adjusted to reflect medical education costs.
- Charges are not severity adjusted.
- Volumes under five (5) will not be displayed.

The Top 25 Hospital Based OP Surgeries By Claims Volume Report – HCPCS/CPTs and Titles

CPT_HCPC	TITLE
S	
66984	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS PROSTHESIS (1 STAGE)
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DX, W/WO SPECIMENS/COLON DECOMP (SEP PROC)
45385	COLONOSCOPY, FLEXIBLE; W/REMOVAL, LESION, SNARE
66821	DISCISSION, SECONDARY MEMBRANOUS CATARACT; LASER (1+ STAGES)
43239	UPPER GI ENDOSCOPY; W/BX, SINGLE/MULTIPLE
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/BX, SINGLE/MULTIPLE
49505	REPAIR, INITIAL INGUINAL HERNIA, AGE 5+; REDUCIBLE
49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS/PERITONEAL LAVAGE; INITIAL
64721	NEUROPLASTY &/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL
10022	FINE NEEDLE ASPIRATION; W/IMAGING GUIDANCE
20610	ARTHROCENTESIS, ASPIRATION &/OR INJECTION; MAJOR JOINT/BURSA
29881	ARTHROSCOPY, KNEE, SURGICAL; W/MENISCECTOMY, MEDIAL/LATERAL, W/SHAVING
36561	INSERTION, TUNNELED CENTRALLY INSERTED VENOUS ACCESS DEVICE, W/SUBQ PORT; >5 YEARS
42820	TONSILLECTOMY & ADENOIDECTOMY; < AGE 12
43235	UPPER GI ENDOSCOPY; DX, W/WO SPECIMEN COLLECTION, BRUSHING/WASHING (SEP PROC)
45384	COLONOSCOPY, FLEXIBLE; W/REMOVAL, LESION, HOT FORCEPS/CAUTERY
58340	CATHETERIZATION & INTRODUCTION, SALINE INFUSION SONOHYSTEROGRAPHY/HYSTEROSALPINGOGRAPHY
58558	HYSTEROSCOPY, SURGICAL; W/ENDOMETRIAL BX &/OR POLYPECTOMY W/WO D&C
62311	INJECTION, W/WO CONTRAST, DX/THERAPEUTIC SUBSTANCE, EPIDURAL/SUBARACHNOID; LUMBAR/SACRAL
64483	INJECTION, ANESTHETIC/STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR/SACRAL, SINGLE LEVEL
69436	TYMPANOSTOMY (REQUIRING INSERTION, VENTILATING TUBE), GENERAL ANESTHESIA
93510	LEFT HEART CATHETERIZATION, RETROGRADE, BRACHIAL/AXILLARY/FEMORAL ARTERY; PERCUTANEOUS
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK

The Top 25 Hospital Based OP Surgeries By Claims Volume Report criteria:

- Based on UB-92/04 Claims.
- Bill Types: 131, 134, 135, 137, 831, 834, 835, 837, 851, 854, and 857 only.
- Minnesota residents only in the discharge information calculations. **
- Charges exclude physician professional fees.

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- Surgical claims exclude emergency room claims.
- Each claim is represented by the HCPCS code with the greatest relative weight.
- Charges are for claims with single, not multiple (high weight), HCPCS codes***.
- Claims with multiple (high weight) HCPCS codes were excluded if the second highest relative weight was greater than 10% of the highest relative weight.
- Charges are not necessarily equivalent to costs or reimbursements.
- Charge outliers, hospital transfers, and patients that died are included.
- Duplicate claims are excluded.
- Charges have not been adjusted to reflect medical education costs.
- Volumes under five (5) will not be displayed on the web version.
- HCPCS/CPT codes must have an accompanying NUBC Revenue code within the ranges of 0360-0369, 0480-0481, 0490-0499, 0722, 0750-0759, 0790-0799.

*Hospitals not participating in the Minnesota Hospital Association UB-92/04 data project are the following: Kittson Memorial Healthcare Center, Hallock;

**Report Groupings for Hospital Volume Comparison.

To identify a system for classifying hospitals into a volume based peer grouping, we determined all UB-92/04 data will be represented - Minnesota residents and non-Minnesota residents. The entire hospital discharge population presents a truer picture of hospital volume.

The Top 50 DRGS By Discharge Volume Report volume groupings are:

- Group 1 0 - 499 claims with 34 hospitals represented.
- Group 2 500 – 1,499 claims with 35 hospitals represented.
- Group 3 1,500 – 4,999 claims with 31 hospitals represented.
- Group 4 5,000 – 9,999 claims with 11 hospitals represented.
- Group 5 10,000 + claims with 19 hospitals represented.

The Top 25 Hospital Based OP Surgeries By Claims Volume Report_volume groupings are:

- Group 1 0 – 4,999 claims with 4 hospitals represented.
- Group 2 5,000 – 14,999 claims with 51 hospitals represented.
- Group 3 15,000 – 49,999 claims with 46 hospitals represented.
- Group 4 50,000 – 99,999 claims with 15 hospitals represented.
- Group 5 100,000 + claims with 14 hospitals represented.

*** Single HCPCS codes may represent two surgical procedures. For example, HCPCS/CPT code 42820 – “Tonsillectomy & Adenoidectomy; < Age 12”.

For further information, please contact either Jaclyn Roland, Jim Nicholas, Gail Kayfes, or Joe Schindler at 651-641-1121 or 1-800-462-5393.