



**GOOD
SAMARITAN**
HOSPITAL

Part of
**Good Samaritan Health
system**

June 29, 2021

Mr. Harry Dhami, Auditor
OSHPD – Information Services Division
2020 West El Camino Ave, Suite 11-100
Sacramento, CA 95833

Dear Mr. Dhami,

Attached are the Charge Master Description, a list of 25 commonly charged outpatient procedures and a summary of the percent change in gross revenue as required by AB 1627/1045. The prices on the first two reports reflect the prices as of June 1, 2021.

The majority of the items in the Charge Description Master have a fixed price. However, the price of certain items may vary dependent upon the cost of the item (medical supplies, implants, prosthetics, laboratory send-out tests, blood and pharmaceuticals). These prices are subject to change due to new technology, added or eliminated services, goods and/or procedures, changes made by manufactures and vendors, etc.

Please let me know if you have any questions regarding our submissions.

Sincerely,

Cherie Gamboa
Controller
Good Samaritan Hospital
2425 Samaritan Drive - San Jose - CA 95124

**AB 1045 - List of 25 Common
Outpatient Procedures for 2021**

Hospital Name: Good Samaritan Hospital OSHPD Facility No: 106430779 Effective Date of Charges: June 1, 2021		
<p>In response to requests from hospitals and the public, OSHPD has developed this form to assist hospitals in collecting and submitting the average charge for 25 common outpatient procedures performed by hospitals, as required by AB 1045 (Chapter 532, Statutes of 2005). Use of the OSHPD form is voluntary, but highly encouraged, as it allows hospitals to report and the public to compare uniform information regarding common outpatient procedures.</p>		
Evaluation & Management Services (CPT Codes 99201-99499)	2021 CPT Code	Average Charge
Emergency Room Visit, Level 2 (low to moderate severity)	99282	\$2,611.00
Emergency Room Visit, Level 3 (moderate severity)	99283	\$3,730.00
Emergency Room Visit, Level 4 (high severity without significant threat)	99284	\$7,268.00
Emergency Room Visit, Level 4 (high severity with significant threat)	99285	\$11,162.00
Outpatient Visit, established patient, 15 minutes	99213	\$1,244.00
Laboratory & Pathology Services (CPT Codes 80047-89398)	2021 CPT Code	Average Charge
Basic Metabolic Panel	80048	\$1,555.00
Blood Gas Analysis, including O ₂ saturation	82805	\$1,820.00
Complete Blood Count, automated	85027	\$739.00
Complete Blood Count, with differential WBC, automated	85025	N/A
Comprehensive Metabolic Panel	80053	\$2,288.00
Creatine Kinase (CK), (CPK), Total	82550	\$732.00
Lipid Panel	80061	\$1,002.00
Partial Thromboplastin Time	85730	\$760.00
Prothrombin Time	85610	\$661.00
Thyroid Stimulating Hormone	84443	\$1,353.00
Troponin, Quantitative	84484	\$1,503.00
Urinalysis, without microscopy	81002 or 81003	\$637.00
Urinalysis, with microscopy	81000 or 81001	\$764.00
Radiology Services (CPT Codes 70010-79999)	2021 CPT Code	Average Charge
CT Scan, Abdomen, with contrast	74160	\$16,218.00
CT Scan, Head or Brain, without contrast	70450	\$13,143.00
CT Scan, Pelvis, with contrast	72193	\$13,902.00
Mammography, Screening, Bilateral	77067	\$1,586.00
MRI, Brain, without contrast, followed by contrast	70553	\$22,532.00
Ultrasound, Abdomen, Complete	76700	\$4,817.00
Ultrasound, OB, 14 weeks or more, transabdominal	76805	\$4,549.00
X-Ray, Lower Back, minimum four views	72110	\$3,466.00
X-Ray, Chest, two views	71048	\$1,845.00
Medicine Services (CPT Codes 90261-99607)	2021 CPT Code	Average Charge
Cardiac Catheterization, Left Heart, percutaneous	93452	\$55,173.00
Echocardiography, Transthoracic, complete, without Doppler	93307	\$3,412.00
Electrocardiogram, routine, with interpretation and report	93000 or 93005	\$1,465.00
Inhalation Treatment, pressurized or nonpressurized	94640	\$535.00
Physical Therapy, Evaluation	97161-97163	\$1,924.00
Physical Therapy, Gait Training	97116	\$458.00
Physical Therapy, Therapeutic Exercise	97110	\$487.00
Surgery Services (CPT Codes 10021-89990)	2021 CPT Code	Average Charge
Arthroscopy, Knee, with meniscectomy (medial or lateral)	29881	\$51,780.00
Arthroscopy, Shoulder, with partial acromioplasty	29826	\$98,135.00
Carpal Tunnel Surgery	64721	\$37,701.00
Cataract Removal with Insertion of Intraocular Lens, 1 Stage	66984	\$58,381.00
Colonoscopy, diagnostic	45378	\$24,330.00
Colonoscopy, with biopsy	45380	\$36,220.00
Colonoscopy, with lesion removal, by snare technique	45385	\$26,228.00
Dissection, secondary membranous cataract, laser surgery	66821	N/A
Endoscopy, Upper GI, with biopsy	43239	\$33,613.00
Endoscopy, Upper GI, diagnostic	43235	\$28,923.00
Excision, Breast Lesion, without preoperative radiological marker	19120	\$40,305.00
Hernia Repair, Inguinal, 5 years and older	49505	\$48,590.00
Injection, Diagnostic or Therapeutic substance, epidural, lumbar	62322-62323	\$27,057.00
Injection, Anesthetic or Steroid, transforaminal epidural, lumbar	64483	\$40,607.00
Laparoscopic Cholecystectomy	47562	\$91,137.00
Tympanostomy (insert ventilating tube, general anesthesia)	69436	\$37,051.00
Tonsillectomy with Adenoidectomy, less than 12 years old	42820	\$51,496.00
Other Common Outpatient Procedures (list as needed)	2021 CPT Code	Average Charge
Count of Reported Procedures (minimum 25 required)		51
Instructions for Completing AB 1045 Common Outpatient Procedure Form 1. Enter Hospital Name and OSHPD Facility Number. Revise Effective Date of Charges, if necessary. 2. Enter Average Charge for at least 25 commonly performed outpatient procedures. For Evaluation & Management Services, do not include related ancillary charges. For all other procedures, include related ancillary charges. NOTE: The CPT codes are included on this form to help identify the listed procedures based on the frequencies across hospital-based ambulatory surgery data. The average charge for all related services and procedures (e.g., supplies, drugs, lab, use of operating room, etc.) should be included in the average charge for that procedure. 3. Do not change procedure descriptions or CPT code references. Use "Other Common Outpatient Procedures" (rows 62-71) if you are unable to select procedures from list. 4. Submit completed form as Excel (.xls) file, along with chargemaster and percent change in gross revenue calculation, by e-mail to chargemaster@oshpd.ca.gov or by standard mail on CD.		

Good Samaritan Hospital
Gross Revenue Increase Summary
Effective Increase from October 1, 2020

	<u>YTD</u> <u>Sep-20</u>	<u>YTD</u> <u>Dec-20</u>	<u>YTD</u> <u>May-21</u>	<u>Total</u> <u>10/2020 - 5/2021</u>	<u>% Increase</u>
IP Routine Gross Revenue	689,592,676	956,002,737	402,086,834	668,496,895	
IP Ancillary Gross Revenue	1,654,993,574	2,287,818,833	967,012,609	1,599,837,868	
Total IP Gross Revenue	2,344,586,250	3,243,821,570	1,369,099,443	2,268,334,763	
OP Ancillary Gross Revenue	1,169,737,763	1,610,916,137	693,171,161	1,134,349,535	
Total Gross Revenue	3,514,324,013	4,854,737,707	2,062,270,604	3,402,684,298	
Adjusted Patient Days (APD)	86,304	116,872	47,653	78,221	
Gross Revenue per APD	40,720	41,539	43,277	43,501	6.8%
Outpatient Factor	1.499	1.497	1.506	1.500	
Patient Days	57,578	78,092	31,636	52,150	
Routine Gross Revenue per PD	11,977	12,242	12,710	12,819	7.0%
Ancillary Gross Revenue per PD	28,744	29,296	30,567	30,678	6.7%

OSHDP Office of Statewide Health Planning and Development

Information Services Division

2020 West El Camino Avenue, Suite 1100

Sacramento, CA 95833

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May 25, 2021

To: Hospital Chief Financial Officers

Subject: Reminder Notice on AB 1627/1045 Reporting Requirements

This is a reminder that all general acute care hospitals, psychiatric acute hospitals, and special hospitals must comply with the reporting requirements mandated by the Payers' Bill of Rights, which were established by AB 1627 (Chapter 582, Statutes of 2003) and amended by AB 1045 (Chapter 532, Statutes of 2005). Specifically, the Payers' Bill of Rights requires each hospital to submit the following documents to OSHPD by **July 1, 2021**, using prices in effect on June 1, 2021;

- List of Average Charge for 25 Common Outpatient Procedures
- Chargemaster, and
- Calculation of Percentage Change in Gross Revenue

The reporting requirements are the same as last year. All documents must be submitted by email or on CD-ROM in Excel (.xls or .xlsx) or Comma Separated Value (.csv) file format, and at the same time. E-mail submission must be sent to chargemaster@oshpd.ca.gov. CD-ROM submission must be sent to the Accounting and Reporting Systems Section, Attention: Harry Dhami, 2020 West El Camino Avenue, Suite 1100, Sacramento, CA, 95833.

Reporting Form for 25 Common Outpatient Procedures

OSHDP has developed an Excel form for submitting the average charge for 25 common outpatient procedures. Use of the OSHDP form is voluntary, but encouraged. The form contains 50 common outpatient procedures, separated into sections according to CPT code classification. Hospital must report the average charge for at least 25 procedures to comply with AB 1045, but may report charges for more than 25 procedures. To help hospitals meet the minimum 25 procedure requirement, the average charge for up to 10 unlisted procedures may be reported.

A copy of the OSHDP optional form and instructions was sent by e-mail to each individual who submitted AB 1627/1045 pricing information in 2020.

Reminders for Accurate Reporting

Average Charge for 25 Common Outpatient Procedures

All ancillary charges (e.g., supplies, drugs, lab tests, operating room use, etc.) that are commonly performed and billed with each outpatient procedure should be included in the average charge for that procedure. The reported average charge should approximate the total charges a patient would expect to see on a bill if that procedure and related ancillary services were performed.

Chargemaster

Chargemasters should include a charge for each reported item and pharmaceutical charges. For items without a charge, include an explanation if the blank charge is for an item not charged to patients, an item is no longer provided, or the Chargemaster is used to track utilization. Delete blank items resulting from a shared Chargemaster, where that item is not available at the reporting hospital. Hospitals using formula-driven pharmaceutical pricing systems (e.g., average wholesale price plus percentage mark-up) should report prices in effect on June 1, 2021, including the mark-up percentage on that date.

Calculation of Percentage Change in Gross Revenue

Each hospital is required to submit and estimate of the percentage change in gross revenue due to price changes since last year's submitted Chargemaster. While a specific methodology for calculating this estimate does not exist, the calculation would consider the effect of changes in utilization, new and/or discontinued services, and price changes. Supporting documentation and calculations used must accompany the estimate.

Penalty for Non-Submission

Any hospital that does not submit all documents required by Payers' Bill of Rights by **July 1, 2021** may be liable for a \$100 per day civil penalty, as specified in Section 128770 of the Health & Safety Code.

Extension on July 1 Due Date

OSHDP does not have any authority to grant extensions beyond the July 1 due date. The means that all three required documents must be submitted by e-mail or, if sending on CD-ROM, postmarked by July 1, 2021 to avoid a \$100 per day penalty.

If you have any comments or questions regarding this notice, please contact Harry Dhami at (916) 326-3905 or me at (916) 326-3832.

Sincerely,

Kyle Rowert
Hospital Unit Supervisor