



## Important Information About IU Health's Standard Charges

### Standard Charges May Not Reflect Your Out-Of-Pocket Cost

IU Health's Standard Charges files are provided for informational purposes and in accordance with federal regulations. They are not intended for use by patients in calculating their expected out-of-pocket cost. Standard Charges and patient financial responsibility for a hospital visit will vary based on many factors.

IU Health encourages patients to use our [Self-Service Price Estimate Tool](#) to estimate their out-of-pocket cost. Insured patients should contact their health plan provider to confirm their payment responsibility. Uninsured patients may qualify for additional discounts off the Cash Price. For questions and to apply for financial assistance, please visit the [IU Health Financial Assistance page](#).

### File Description

Federal regulations require hospitals to post a list of their Standard Charges in a comprehensive, machine-readable file. There are five Standard Charges: (1) Gross Charge; (2) Payer-Specific Negotiated Rate (Rate); (3) Maximum Negotiated Rate; (4) Minimum Negotiated Rate; and (5) Cash Price.

Guidance from the Centers for Medicare and Medicaid Services (CMS) indicates that a hospital's Standard Charges file must include items and services that have at least one of the Standard Charges. Further, CMS guidance prohibits hospitals from creating average Standard Charges or Standard Charges from prior claims data. Accordingly, many of the items and services listed in the Standard Charges files have one or more fields marked with "N/A". For example, Gross Charge will show "N/A" for items and services that are not listed on the hospital's chargemaster but are included in the hospital's contract with a health insurance plan. Conversely, items and services that are listed on the hospital's chargemaster but are reimbursed by a health insurance plan as part of a service package or bundled payment will show "N/A" for the Rate. For these items and services, the Rate will be listed in the file on a separate line associated with the service package or bundled payment identifier (e.g., MS-DRG).

The Rate for an item or service may be listed as a dollar amount, percentage of charge, "N/A," or "0." In general, the different Rate types will apply as follows:

- The **Dollar Amount** (e.g., 378.42) is listed for items and services with a fixed Rate. Items and services reimbursed at a percentage of charge when the item or service has a Gross Charge will also show with the Dollar Amount.
- The contractual **Percentage of Charge** (e.g., 90% of Gross Charge) is listed for items and services with a variable Rate based on Gross Charge when a Gross Charge is not available.
- **"N/A"** is listed when a health insurance plan does not cover that item or service, or the health insurance plan's contract does not have a Rate listed for that item or service.
- **"0"** is listed when an item or service is covered by the health insurance plan, but the reimbursement amount is \$0.

If your health insurance plan is not listed for an item or service, then your plan may not be contracted at that facility or that item or service may not be applicable to your plan. For example, APR-DRG Rates for inpatient services are applicable only to Medicaid plans, so non-Medicaid plans are excluded for these line items.

Please note that Gross Charges are for individual items and services. Most patients will receive more than one item or service during a hospital visit.

IU Health's Standard Charges files do not include Traditional Medicare or Traditional Medicaid rates. Fee-for-service Medicare and Medicaid rates are posted publicly on CMS' and the Indiana Health Coverage Programs' websites.



# Indiana University Health

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## File Size

Hospitals are required to post all items and services that have at least one Standard Charge. Accordingly, the listed items and services may not be offered at every IU Health Hospital but have been included in the files because they have a Standard Charge. **The inclusion of an item or service in a hospital's Standard Charges file does not obligate IU Health to provide that item or service.** The posted Standard Charges files are large, and an application designed to handle large data files is recommended to access this information (e.g., Notepad++).

## Standard Charges Are Subject to Change

IU Health's Standard Charges files were first published on January 1, 2021 and were last updated on April 1, 2022. IU Health will update its Standard Charges files at least annually in compliance with federal regulation.

Charging for pharmacy items and services is dynamic and unique. Pharmacy Standard Charges change frequently due to variable drug costs and may change before the annual update to the Standard Charges files. For this reason, these files may not include the most up-to-date Standard Charges for pharmacy items and services.

Additionally, Standard Charges for a drug may vary based on dosage, manufacturer, vial size, wastage, revenue code, or National Drug Code (NDC). We have included a separate line item for each service code/revenue code/CPT/NDC combination with a different set of Standard Charges in compliance with CMS guidance. As a result, the Standard Charges files may include several line items for the same drug.

Standard Charges are subject to change due to many factors, including on-going payer negotiations and the timing of payer rate updates. IU Health's Standard Charges files reflect the most accurate information known on the date of the last update. For the most current information on Standard Charges, including charges for pharmacy items and services, IU Health encourages patients to use our [Self-Service Price Estimate Tool](#) or to contact our Price Estimates team by calling [317.963.2541](tel:317.963.2541) (toll-free [833.722.6050](tel:833.722.6050)) or emailing [estimates@iuhealth.org](mailto:estimates@iuhealth.org).