National Evaluation of Price Transparency for Inpatient Imaging Services Across Level 1 Pediatric Trauma Centers

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Introduction

The Centers for Medicare and Medicaid Services implemented a hospital price transparency mandate in 2021, aiming to empower patients with accessible pricing data. However, a 2022 study found that only 39% fully met the mandate requirements, with over 50% omitting key pricing elements such as minimum and maximum negotiated rates in the pediatric outpatient setting. This variability underscores challenges in achieving price transparency. This study evaluates compliance and transparency for inpatient imaging across Level 1 pediatric trauma centers in the US.

Methods

Using the American College of Surgeons' database, we identified 61 Level 1 pediatric trauma centers and assessed their compliance with the CMS mandate. Data were collected from publicly available chargemasters for 15 common inpatient imaging CPT codes. For each hospital, we documented the availability of gross charges, discounted cash prices, minimum payer-negotiated rates, and maximum payer-negotiated rates. Transparency was defined as the percentage of hospitals providing data for these variables, aggregated across all CPT codes.

Objective

To assess national compliance with the CMS hospital price transparency mandate by evaluating the availability of key pricing data for common inpatient imaging procedures across L1 pediatric trauma centers in the US

Figures

Table 1. Transparency of Pricing Data Across Level 1 Pediatric Trauma Centers: Availability of Gross, Discounted, and Negotiated Rates

Description	CPT	Gross Charge	Discounted Cash	Minimum Negotiated Price	Maximum Negotiated Price	Number of Plans
Head CT (without contrast)	70450	$2,473.60 (49.18%)	$1,349.99 (47.54%)	$889.34 (34.43%)	$2,030.66 (34.43%)	19.76 (40.98%)
Chest CT (without contrast)	71250	$2,471.35 (49.18%)	$1,376.71 (47.54%)	$767.74 (34.43%)	$1,927.59 (34.43%)	19.76 (40.98%)
Abdomen and Pelvis CT (with contrast)	74177	$5,191.35 (49.18%)	$2,710.55 (47.54%)	$1,629.92 (34.43%)	$3,781.99 (34.43%)	19.76 (40.98%)
Chest X-Ray (2 views)	71046	$573.47 (47.54%)	$339.14 (45.90%)	$204.01 (32.79%)	$440.42 (32.79%)	19.76 (40.98%)
Pelvic X-Ray	72170	$616.32 (49.18%)	$318.96 (47.54%)	$244.31 (34.43%)	$497.98 (34.43%)	19.76 (40.98%)
Extremity X-Ray (Forearm, 2 views)	73090	$517.60 (49.18%)	$263.80 (47.54%)	$190.23 (34.43%)	$392.39 (34.43%)	19.76 (40.98%)
Cervical Spine MRI (without contrast)	72141	$4,028.98 (49.18%)	$2,222.02 (47.54%)	$1,582.53 (34.43%)	$3,349.91 (34.43%)	19.76 (40.98%)
Limited Abdominal Ultrasound	76705	$1,037.42 (49.18%)	$564.67 (47.54%)	$326.05 (34.43%)	$746.60 (34.43%)	19.76 (40.98%)
Knee X-Ray (3 views)	73562	$604.20 (47.54%)	$317.21 (47.54%)	$204.40 (32.79%)	$451.46 (32.79%)	19.76 (40.98%)
Spine X-Ray (Cervical, 2 views)	72040	$575.56 (49.18%)	$313.43 (47.54%)	$174.47 (34.43%)	$390.36 (34.43%)	19.76 (40.98%)
Femur X-Ray (2 views)	73552	$566.29 (49.18%)	$280.71 (47.54%)	$188.08 (34.43%)	$407.10 (34.43%)	19.76 (40.98%)
Fluoroscopic Guidance for Fracture Reduction	76000	$1,062.79 (45.90%)	$630.10 (44.26%)	$413.06 (31.15%)	$851.98 (31.15%)	19.76 (40.98%)
Echo (Congenital/Structural Evaluation)	93303	$3,587.90 (47.54%)	$1,866.36 (45.90%)	$914.92 (32.79%)	$2,273.13 (32.79%)	19.76 (40.98%)
Maxillofacial CT (without contrast)	70486	$2,416.08 (47.54%)	$1,339.82 (47.54%)	$743.02 (32.79%)	$1,886.34 (32.79%)	19.76 (40.98%)
Abdominal X-Ray	74018	$506.13 (49.18%)	$269.14 (47.54%)	$154.24 (34.43%)	$343.59 (34.43%)	19.76 (40.98%)

Note: Percentages in parentheses indicate price transparency.

Results

Transparency levels varied significantly by pricing metric and CPT code. Gross charges exhibited the highest transparency at 49.18%, while max and min negotiated rates were the lowest — reported by only 31.15% of hospitals. The number of payer plans reported on these chargemasters averaged 19.76, ranging from 4 to 59. These discrepancies highlight significant gaps in compliance and accessibility of pricing data, particularly for payer-specific negotiated rates.

Conclusion

This study reveals substantial variability in compliance with hospital price transparency requirements among Level 1 pediatric trauma centers for inpatient imaging. The lack of consistent reporting for key pricing variables, including minimum and maximum negotiated rates, limits the utility of pricing data for families navigating inpatient imaging costs. Standardized practices and stricter enforcement are critical to improving transparency and supporting equitable access to care.