

Price Transparency

As required by MN statute 62J.812 | January 2025

CPT	CPT Code Detail	Cost	REIMBURSEMENT		
			Commercial Insurance	Medicare	Medicaid
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	\$559.00	\$190.06	\$85.86	\$140.76
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	\$681.00	\$223.72	\$120.53	\$171.47
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MIN	\$708.00	\$232.58	\$104.35	\$178.26
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	\$772.00	\$253.60	\$169.38	\$194.39
99396	PR PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$504.00	\$165.57	\$0.00	\$126.90
83036	PR HEMOGLOBIN GLYCOSYLATED A1C	\$184.00	\$78.39	\$9.52	\$49.64
90677	PR PCV20 VACCINE FOR INTRAMUSCULAR USE	\$1,233.00	\$405.05	\$292.08	\$310.46
80061	PR LIPID PANEL	\$190.00	\$95.18	\$13.12	\$51.25
80048	PR BASIC METABOLIC PANEL CALCIUM TOTAL	\$192.00	\$117.58	\$8.29	\$51.79
84443	PR ASSAY OF THYROID STIMULATING HORMONE TSH	\$179.00	\$100.78	\$16.46	\$48.29
36415	PR COLLECTION VENOUS BLOOD VENIPUNCTURE	\$57.00	\$39.19	\$8.91	\$15.38
0241U	PR NFCT DS VIR RESP RNA 4 TRGT	\$185.00	\$60.77	\$139.78	\$49.90
80053	PR COMPREHENSIVE METABOLIC PANEL	\$214.00	\$151.17	\$10.35	\$57.73
99393	PR PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	\$445.00	\$146.18	\$0.00	\$112.05
99395	PR PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	\$536.00	\$176.08	\$0.00	\$134.97
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MIN	\$876.00	\$287.78	\$156.18	\$220.56
85025	PR BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	\$130.00	\$83.98	\$7.61	\$40.19
99397	PR PERIODIC PREVENTIVE MED EST PT 65YRS& OLDER	\$593.00	\$194.80	\$0.00	\$149.31
99392	PR PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	\$431.00	\$141.58	\$0.00	\$108.52
99394	PR PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	\$480.00	\$157.69	\$0.00	\$120.86
82306	PR 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	\$308.00	\$101.18	\$29.01	\$83.09
87651	PR IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	\$160.00	\$52.56	\$34.39	\$43.16
17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	\$470.00	\$154.40	\$108.54	\$118.35
87624	PR GENERAL LAB 8762400	\$290.00	\$95.26	\$34.39	\$78.23
80050	PR GENERAL HEALTH PANEL	\$495.00	\$162.62	\$0.00	\$133.53

The amount(s) posted above DO NOT reflect the amount(s) each clinic patient will pay for the services listed. For specific information about the amount you will owe for the services you receive, please contact your insurer. Charges represent the standard amount a clinic bills for a service. For most patients, clinics get paid an amount well below the listed charge. *This hospital-based clinic charges a facility fee.