

# 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
80053	PR COMPREHENSIVE METABOLIC PANEL	\$214.00	\$151.17	\$10.35	\$57.73
80061	PR LIPID PANEL	\$190.00	\$95.18	\$13.12	\$51.25
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
99202	PR OFFICE/OUTPATIENT NEW SF MDM 15 MIN	\$541.00	\$177.72	\$67.72	\$136.22
83036	PR HEMOGLOBIN GLYCOSYLATED A1C	\$184.00	\$78.39	\$9.52	\$49.64
36415	PR COLLECTION VENOUS BLOOD VENIPUNCTURE	\$57.00	\$39.19	\$8.91	\$15.38
84443	PR ASSAY OF THYROID STIMULATING HORMONE TSH	\$179.00	\$100.78	\$16.46	\$48.29
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	\$233.00	\$76.54	\$53.44	\$58.68
84439	PR ASSAY OF FREE THYROXINE	\$207.00	\$68.00	\$8.84	\$55.84
84481	PR ASSAY OF TRIIODOTHYRONINE T3 FREE	\$208.00	\$68.33	\$16.60	\$56.11
80048	PR BASIC METABOLIC PANEL CALCIUM TOTAL	\$192.00	\$117.58	\$8.29	\$51.79
99396	PR PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$504.00	\$165.57	\$0.00	\$126.90
80306	PR DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	\$69.00	\$22.67	\$16.80	\$18.61
20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	\$1,297.00	\$426.07	\$59.97	\$326.57
80050	PR GENERAL HEALTH PANEL	\$495.00	\$162.62	\$0.00	\$133.53
93005	PR ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	\$271.00	\$162.37	\$5.94	\$68.24
82306	PR 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	\$308.00	\$101.18	\$29.01	\$83.09
81003	PR URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	\$116.00	\$38.10	\$2.20	\$31.29
87880	PR IAADIADOO STREPTOCOCCUS GROUP A	\$258.00	\$84.76	\$16.20	\$69.60
82607	PR CYANOCOBALAMIN VITAMIN B-12	\$310.00	\$113.33	\$14.78	\$83.63
86803	PR GENERAL LAB 8680300	\$285.00	\$93.63	\$13.98	\$76.88

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.