

Price Transparency

As required by MN statute 62J.812 | April 2026

CPT	CPT Code Detail	REIMBURSEMENT				
		Charge	Private Pay	Commercial Insurance	Medicare	Medicaid
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MINUTES	\$605.00	\$205.70	\$190.06	\$94.49	\$73.99
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MINUTES	\$736.00	\$250.24	\$223.72	\$134.25	\$105.22
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	\$767.00	\$260.78	\$232.58	\$115.51	\$90.52
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MINUTES	\$836.00	\$284.24	\$253.60	\$190.11	\$149.30
99396	PR PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$545.00	\$185.30	\$165.57	\$0.00	\$100.23
83036	PR HEMOGLOBIN GLYCOSYLATED A1C	\$232.00	\$78.88	\$78.39	\$9.52	\$9.71
90677	PR PCV20 VACCINE FOR INTRAMUSCULAR USE	\$1,334.00	\$453.56	\$405.05	\$292.08	\$312.90
80061	PR LIPID PANEL	\$205.00	\$69.70	\$95.18	\$13.12	\$13.39
80048	PR BASIC METABOLIC PANEL CALCIUM TOTAL	\$264.00	\$89.76	\$117.58	\$8.29	\$8.46
84443	PR ASSAY OF THYROID STIMULATING HORMONE TSH	\$193.00	\$65.62	\$100.78	\$16.46	\$16.80
36415	PR COLLECTION VENOUS BLOOD VENIPUNCTURE	\$62.00	\$21.08	\$39.19	\$8.91	\$9.34
0241U	PR NFCT DS VIR RESP RNA 4 TRGT	\$520.00	\$176.80	\$60.77	\$139.78	\$49.90
80053	PR COMPREHENSIVE METABOLIC PANEL	\$231.00	\$78.54	\$151.17	\$10.35	\$10.56
99393	PR PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	\$482.00	\$163.88	\$146.18	\$0.00	\$85.01
99395	PR PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	\$580.00	\$197.20	\$176.08	\$0.00	\$94.72
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	\$876.00	\$297.84	\$287.78	\$174.11	\$136.71
85025	PR BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC	\$161.00	\$54.74	\$83.98	\$7.61	\$7.77
99397	PR PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	\$641.00	\$217.94	\$194.80	\$0.00	\$108.37
99392	PR PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	\$466.00	\$158.44	\$141.58	\$0.00	\$85.28
99394	PR PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	\$519.00	\$176.46	\$157.69	\$0.00	\$92.88
82306	PR 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	\$333.00	\$113.22	\$101.18	\$29.01	\$29.60
87651	PR IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	\$173.00	\$58.82	\$52.56	\$34.39	\$35.09
17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	\$509.00	\$173.06	\$154.40	\$112.08	\$86.19
87624	PR GENERAL LAB 8762400	\$314.00	\$106.76	\$95.26	\$34.39	\$35.09
80050	PR GENERAL HEALTH PANEL	\$536.00	\$182.24	\$162.62	\$0.00	\$50.13

Minnesota law requires primary care clinics to annually post the following information for the top 25 most commonly billed services priced over \$25, including the top 10 Evaluation and Management and Preventive Medicine services. CRMC supports the intent of this law to educate patients on the cost of healthcare and the patient financial responsibilities. The amounts 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, CRMC can provide a good faith patient estimate for services to be performed by contacting our Financial Advisor Team at (218) 546-4357 or (218) 546-4390. Office hours for Patient Estimating Service staff are 8 am to 4 pm CST, Monday through Friday.