

# Price Transparency

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

CPT	CPT Code Detail	REIMBURSEMENT				
		Charge	Private Pay	Commercial Insurance	Medicare (RHC Rate)	Medicaid
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MINUTES	\$605.00	\$205.70	\$190.06	\$262.84	
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MINUTES	\$736.00	\$250.24	\$223.72	\$262.84	
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	\$767.00	\$260.78	\$232.58	\$262.84	
80053	PR COMPREHENSIVE METABOLIC PANEL	\$231.00	\$78.54	\$151.17	\$262.84	
80061	PR LIPID PANEL	\$205.00	\$69.70	\$95.18	\$262.84	
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	\$948.00	\$322.32	\$287.78	\$262.84	
85025	PR BLOOD COUNT COMPLETE AUTO&AUTO DIRFNTL WBC	\$161.00	\$54.74	\$83.98	\$262.84	
99202	PR OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	\$584.00	\$198.56	\$177.72	\$262.84	
83036	PR HEMOGLOBIN GLYCOSYLATED A1C	\$232.00	\$78.88	\$78.39	\$262.84	
36415	PR COLLECTION VENOUS BLOOD VENIPUNCTURE	\$62.00	\$21.08	\$39.19	\$262.84	
84443	PR ASSAY OF THYROID STIMULATING HORMONE TSH	\$193.00	\$65.62	\$100.78	\$262.84	
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MINUTES	\$447.00	\$151.98	\$76.54	\$262.84	
84439	PR ASSAY OF FREE THYROXINE	\$224.00	\$76.16	\$68.00	\$262.84	
84481	PR ASSAY OF TRIIODOTHYRONINE T3 FREE	\$225.00	\$76.50	\$68.33	\$262.84	
80048	PR BASIC METABOLIC PANEL CALCIUM TOTAL	\$264.00	\$89.76	\$117.58	\$262.84	
99396	PR PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$545.00	\$185.30	\$165.57	\$262.84	
80306	PR DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	\$232.00	\$78.88	\$22.67	\$262.84	
20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	\$738.00	\$250.92	\$426.07	\$262.84	
80050	PR GENERAL HEALTH PANEL	\$536.00	\$182.24	\$162.62	\$262.84	
93005	PR ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	\$293.00	\$99.62	\$162.37	\$262.84	
82306	PR 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	\$333.00	\$113.22	\$101.18	\$262.84	
81003	PR URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	\$125.00	\$42.50	\$38.10	\$262.84	
87880	PR IAADIADOO STREPTOCOCCUS GROUP A	\$279.00	\$94.86	\$84.76	\$262.84	
82607	PR CYANOCOBALAMIN VITAMIN B-12	\$373.00	\$126.82	\$113.33	\$262.84	
86803	PR GENERAL LAB 8680300	\$308.00	\$104.72	\$93.63	\$262.84	

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.