



Minnesota Primary Care and Pediatric Clinic Price Transparency

The Minnesota Legislature (MN Stat 62J.812) requires primary care and pediatric clinics to report amounts for their 25 most frequently billed services that cost more than \$25, including the top 10 Evaluation and Management and Preventative Medicine services. Aspirus is committed to providing high-quality and affordable healthcare to its communities and supports this law to provide transparency to patients on the cost of healthcare.

The amounts listed below include the Aspirus' clinic charge, Medicare reimbursement, Minnesota Medicaid reimbursement, and the average reimbursement rate received from health plan payors in the commercial insurance market. The clinic charge amounts represent the standard amount a clinic bills for the service and does not reflect what most patients pay. Patient responsibility amounts of healthcare services vary greatly based upon a number of factors like insurance coverage and the complexity of care provided, among others.

For information that would help you estimate the cost of your care or the amount you might owe for your care, please contact the Aspirus Network & Estimation Team at 844-568-0672.

CPT Code	Procedure Description	Clinic Charge	Medicare Reimbursement	Medicaid Reimbursement	Average Commercial Reimbursement
80048	Basic Metabolic Panel Calcium Total	\$ 142.00	\$ 8.46	\$ 8.46	\$ 11.38
80053	Comprehensive Metabolic Panel	\$ 175.00	\$ 10.56	\$ 10.56	\$ 14.14
82948	Glucose Blood Reagent Strip	\$ 58.00	\$ 5.04	\$ 5.04	\$ 6.71
85025	Blood Count Complete Auto and Auto Differential WBC	\$ 123.00	\$ 7.77	\$ 7.77	\$ 10.47
97110	Therapeutic Procedure 1 or More Areas Each 15 Minute Exercises	\$ 149.00	\$ 28.91	\$ 22.28	\$ 59.56
99202	Outpatient New Patient Office Visit Level 2	\$ 217.00	\$ 69.22	\$ 54.16	\$ 182.45
99203	Outpatient New Patient Office Visit Level 3	\$ 315.00	\$ 106.69	\$ 83.66	\$ 280.52
99204	Outpatient New Patient Office Visit Level 4	\$ 540.00	\$ 159.70	\$ 125.11	\$ 418.28
99205	Outpatient New Patient Office Visit Level 5	\$ 706.00	\$ 210.34	\$ 164.78	\$ 551.38
99211	Outpatient Established Patient Office Visit Level 1	\$ 100.00	\$ 22.83	\$ 17.80	\$ 59.41
99212	Outpatient Established Patient Office Visit Level 2	\$ 150.00	\$ 54.63	\$ 42.72	\$ 142.97
99213	Outpatient Established Patient Office Visit Level 3	\$ 243.00	\$ 87.78	\$ 68.66	\$ 228.63
99214	Outpatient Established Patient Office Visit Level 4	\$ 344.00	\$ 123.24	\$ 96.63	\$ 322.63
99215	Outpatient Established Patient Office Visit Level 5	\$ 484.00	\$ 172.84	\$ 135.54	\$ 452.71
99244	Office Consult Moderate Level of Medical Decision Making	\$ 795.00	\$ -	\$ 120.28	\$ 289.48
99381	Initial Preventative Medicine New Patient Less Than 1 Year	\$ 351.00	\$ -	\$ 82.90	\$ 289.17
99385	Initial Preventative Medicine New Patient Age 18-39 Years	\$ 426.00	\$ -	\$ 97.65	\$ 341.87
99386	Initial Preventative Medicine New Patient Age 40-64 Years	\$ 517.00	\$ -	\$ 112.40	\$ 393.31
99391	Periodic Preventative Medicine Established Patient Less Than 1 Year	\$ 315.00	\$ -	\$ 74.25	\$ 259.81
99392	Periodic Preventative Medicine Established Patient 1-4 Years	\$ 338.00	\$ -	\$ 78.83	\$ 276.89
99393	Periodic Preventative Medicine Established Patient 5-11 Years	\$ 338.00	\$ -	\$ 78.83	\$ 275.99
99394	Periodic Preventative Medicine Established Patient 12-17 Years	\$ 372.00	\$ -	\$ 85.95	\$ 301.10
99395	Periodic Preventative Medicine Established Patient 18-39 Years	\$ 385.00	\$ -	\$ 88.24	\$ 307.76
99396	Periodic Preventative Medicine Established Patient 40-64 Years	\$ 418.00	\$ -	\$ 93.58	\$ 326.91
99397	Periodic Preventative Medicine Established Patient 65 Years and Older	\$ 438.00	\$ -	\$ 100.95	\$ 352.60