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
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	$ 360.00	$ 51.62	$ 39.36	$ 202.39
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$ 756.00	$ 127.98	$ 98.54	$ 498.27
90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	$ 95.00	$ 23.35	$ 18.10	$ 70.46
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	$ 48.00	$ 8.52	$ 6.56	$ 29.06
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	$ 108.00	$ 8.18	$ 6.17	$ 41.59
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	$ 43.00	$ -	$ 2.31	$ 9.13
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	$ 339.00	$ 115.51	$ 90.52	$ 269.10
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	$ 540.00	$ 174.11	$ 136.71	$ 403.49
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	$ 173.00	$ 59.03	$ 46.18	$ 131.81
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	$ 279.00	$ 94.49	$ 73.99	$ 212.34
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	$ 392.00	$ 134.25	$ 105.22	$ 301.64
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	$ 550.00	$ 190.11	$ 149.30	$ 419.51
99283	EMERGENCY DEPARTMENT VISIT LOW MDM	$ 399.00	$ 65.04	$ 50.90	$ 181.62
99284	EMERGENCY DEPARTMENT VISIT MODERATE MDM	$ 672.00	$ 110.45	$ 86.59	$ 314.12
99285	EMERGENCY DEPARTMENT VISIT HIGH MDM	$ 949.00	$ 160.69	$ 126.21	$ 456.27
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	$ 361.00	$ -	$ 88.95	$ 294.68
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	$ 428.00	$ -	$ 104.96	$ 349.41
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	$ 517.00	$ -	$ 120.96	$ 402.70
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	$ 324.00	$ -	$ 80.29	$ 264.81
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	$ 345.00	$ -	$ 85.28	$ 282.08
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	$ 345.00	$ -	$ 85.01	$ 281.77
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	$ 376.00	$ -	$ 92.88	$ 307.52
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	$ 386.00	$ -	$ 94.72	$ 314.60
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	$ 418.00	$ -	$ 100.23	$ 334.28
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	$ 443.00	$ -	$ 108.37	$ 360.59