



Minnesota Primary Care Price Transparency and Facility Fee Disclosure

Fairmont

Minnesota law requires primary care and pediatric 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. Mayo Clinic supports the intent of this law to educate patients on the cost of health care and the patient financial responsibilities. Mayo Clinic can provide patient estimates for services to be performed. **The amounts posted below do not reflect the amount(s) each clinic patient will pay for the services listed.** Depending on your health insurance, this hospital-based clinic may charge a separate facility fee, which might result in higher out-of-pocket expense. For specific information about the amount you will owe for the services you receive, contact the Patient Estimating Service if you have questions about whether you should anticipate seeing any of these charges on your upcoming visit. Office hours for Patient Estimating Service staff are 8 am to 5 pm, Monday through Friday. Phone: 844-312-8263.

Code	Billing Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
93000	Routine EKG Using at Least 12 Leads Including Interp and Report	\$233.00	\$14.19	\$10.56	\$202.74
96110	Developmental Screening	\$69.00	—	\$7.54	\$60.04
96127	Brief Emotional or Behavioral Assessment	\$36.00	\$4.68	\$3.98	\$31.32
98927	Osteopathic Manipulative Treatment to 5–6 Body Regions	\$205.00	\$58.37	\$42.52	\$178.38
98928	Osteopathic Manipulative Treatment to 7–8 Body Regions	\$198.00	\$71.47	\$52.08	\$172.29
99202	New Patient Office or Other Outpatient Visit, Level 2	\$219.00	\$72.55	\$52.62	\$190.56
99203	New Patient Office or Other Outpatient Visit, Level 3	\$307.00	\$110.73	\$80.57	\$267.13
99204	New Patient Office or Other Outpatient Visit, Level 4	\$462.00	\$165.12	\$120.61	\$402.00
99212	Est Patient Office or Other Outpatient Visit, Level 2	\$135.00	\$56.28	\$41.04	\$117.47
99213	Est Patient Office or Other Outpatient Visit, Level 3	\$198.00	\$90.38	\$66.22	\$172.29
99214	Est Patient Office or Other Outpatient, Level 4	\$296.00	\$127.86	\$94.17	\$257.56
99215	Est Patient Office or Other Outpatient, Level 5	\$437.00	\$179.39	\$131.43	\$380.25
99383	Initial New Patient Prev Med Evaluation 5–11 yrs	\$280.00	—	\$86.87	\$243.64
99385	Initial New Patient Prev Med Evaluation 18–39 yrs	\$379.00	—	\$94.92	\$329.78
99386	Initial New Patient Prev Med Evaluation 40–64 yrs	\$398.00	—	\$109.53	\$346.31
99391	Est Patient Prev Med Exam Younger Than 1 yr	\$206.00	—	\$72.26	\$179.25
99392	Est Patient Prev Med Exam 1–4 yrs	\$233.00	—	\$77.05	\$202.74
99393	Est Patient Prev Med Exam 5–11 yrs	\$244.00	—	\$76.79	\$212.31
99394	Est Patient Prev Med Exam 12–17 yrs	\$266.00	—	\$83.59	\$231.45
99395	Est Patient Prev Med Exam 18–39 yrs	\$305.00	—	\$85.61	\$265.39
99396	Est Patient Prev Med Exam 40–64 yrs	\$322.00	—	\$91.15	\$280.18
99397	Est Patient Prev Med Exam 65 yrs + older	\$417.00	—	\$98.20	\$362.84
99417	Prolonged Service Each 15 min	\$95.00	—	\$23.66	\$82.66
99496	Transitional Care Mgmt High Complex In Person 7 Days Post Discharge	\$559.00	\$278.17	\$204.71	\$486.40
99497	Advance Care Planning First 30 mins	\$250.00	\$83.63	—	\$217.53

Charges represent the standard amount a clinic bills for a service. For most patients, clinics get paid an amount well below the listed charge. Patients covered by commercial health insurance or a Medicare Advantage plan: Your health insurance company has likely negotiated a discount or contracted rate for each service. Your health insurance company's negotiated price might be higher or lower than the average commercial payment amount listed above.