



# Minnesota Primary Care Price Transparency

## New Prague

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 & 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.**

For specific information about the amount you will owe for the services you receive, please 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 |
|-------|---|---------------|------------------------|----------------------------------|--------------------------------------|
| 17003 | Destruction of 2–14 Skin Growths                                    | \$35.00       | \$6.88                 | \$5.06                           | \$29.53                              |
| 17110 | Destruction of up to 14 Skin Growths                                | \$179.00      | \$115.66               | \$84.75                          | \$151.01                             |
| 20610 | Aspiration and/or Injection of Lg Joint or Joint Capsule            | \$196.00      | \$63.32                | \$46.80                          | \$165.35                             |
| 76801 | Ab Ultrasound Pregnant Uterus (< 14 wks) Single or First Fetus      | \$707.00      | \$120.43               | \$88.87                          | \$596.45                             |
| 93000 | Routine EKG Using at Least 12 Leads Including Interp and Report     | \$235.00      | \$14.27                | \$10.37                          | \$198.25                             |
| 96110 | Developmental Screening   | \$76.00       | —                      | \$7.59                           | \$64.12                              |
| 96127 | Brief Emotional or Behavioral Assessment                            | \$36.00       | \$4.60                 | \$3.69                           | \$30.37                              |
| 96372 | Inject Beneath Skin or In Muscle for Therapy, Diagnosis, or Prevent | \$75.00       | \$14.16                | \$10.37                          | \$63.27                              |
| 99202 | New Patient Office or Other Outpatient Visit, Level 2               | \$225.00      | \$71.76                | \$52.91                          | \$189.82                             |
| 99203 | New Patient Office or Other Outpatient Visit, Level 3               | \$316.00      | \$109.97               | \$80.77                          | \$266.59                             |
| 99204 | New Patient Office or Other Outpatient Visit, Level 4               | \$475.00      | \$163.51               | \$120.77                         | \$400.72                             |
| 99212 | Est Patient Office or Other Outpatient Visit, Level 2               | \$139.00      | \$56.15                | \$41.01                          | \$117.26                             |
| 99213 | Est Patient Office or Other Outpatient Visit, Level 3               | \$204.00      | \$89.36                | \$66.08                          | \$172.10                             |
| 99214 | Est Patient Office or Other Outpatient, Level 4                     | \$304.00      | \$126.35               | \$93.43                          | \$256.46                             |
| 99215 | Est Patient Office or Other Outpatient, Level 5                     | \$449.00      | \$176.86               | \$131.15                         | \$378.79                             |
| 99381 | Initial New Patient Prev Med Eval Younger Than 1 yr                 | \$250.00      | —                      | \$79.75                          | \$210.91                             |
| 99385 | Initial New Patient Prev Med Evaluation 18–39 yrs                   | \$390.00      | —                      | \$94.95                          | \$329.02                             |
| 99386 | Initial New Patient Prev Med Evaluation 40–64 yrs                   | \$409.00      | —                      | \$109.63                         | \$345.04                             |
| 99391 | Est Patient Prev Med Exam Younger Than 1 yr                         | \$212.00      | —                      | \$71.90                          | \$178.85                             |
| 99392 | Est Patient Prev Med Exam 1–4 yrs                                   | \$239.00      | —                      | \$76.46                          | \$201.63                             |
| 99393 | Est Patient Prev Med Exam 5–11 yrs                                  | \$251.00      | —                      | \$76.21                          | \$211.75                             |
| 99394 | Est Patient Prev Med Exam 12–17 yrs                                 | \$273.00      | —                      | \$83.55                          | \$230.31                             |
| 99395 | Est Patient Prev Med Exam 18–39 yrs                                 | \$313.00      | —                      | \$85.32                          | \$264.06                             |
| 99396 | Est Patient Prev Med Exam 40–64 yrs                                 | \$331.00      | —                      | \$91.15                          | \$279.24                             |
| 99397 | Est Patient Prev Med Exam 65 yrs + older                            | \$429.00      | —                      | \$97.98                          | \$361.92                             |

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.