



Minnesota Primary Care Price Transparency and Facility Fee Disclosure

Wells

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 healthcare and the patient financial responsibilities. **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, Mayo Clinic can provide a good faith patient estimate for services to be performed by contacting our Financial Counseling Contact Center at 507-284-2421 or toll-free at 833-479-5483. Office hours for Patient Estimating Service staff are 7 am to 6 pm CST, Monday through Friday.

Code	Billing Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
11042	Removal of Skin and Tissue First 20 sq cm or Less	\$546.00	\$124.31	\$95.93	\$240.42
76805	Ab Ultrasound of Pregnant Uterus (Over 14 wks) Single or First Fetus	\$773.00	\$130.95	\$104.14	\$312.47
76816	OB Follow Up Fetus	529.00	\$106.25	\$84.58	\$221.66
76819	Fetal Biopsy's Profile Without Non-Stress Test	\$722.00	\$83.55	\$65.53	\$194.16
93000	Routine EKG Using at Least 12 Leads Including Interp and Report	\$231.00	\$13.63	\$10.41	\$42.86
96110	Developmental Screening	\$77.00	–	\$8.67	\$22.47
96127	Brief Emotional or Behavioral Assessment	\$38.00	\$4.41	\$3.57	\$11.41
99183	Hyperbaric O2 Therapy	\$689.00	\$96.46	\$73.62	\$344.50
99188	Application of Topical Fluoride	\$54.00	–	\$14.00	\$31.20
99203	New Patient Office or Other Outpatient Visit, Level 3	\$335.00	\$106.48	\$83.05	\$190.96
99204	New Patient Office or Other Outpatient Visit, Level 4	\$514.00	\$159.37	\$124.46	\$334.27
99212	Est Patient Office or Other Outpatient Visit, Level 2	\$147.00	\$54.53	\$42.67	\$80.79
99213	Est Patient Office or Other Outpatient Visit, Level 3	\$217.00	\$87.61	\$68.32	\$128.50
99214	Est Patient Office or Other Outpatient Visit, Level 4	\$319.00	\$122.99	\$96.26	\$254.32
99215	Est Patient Office or Other Outpatient Visit, Level 5	\$469.00	\$172.48	\$135.12	\$338.18
99391	Est Patient Prev Med Exam Younger Than 1 yr	\$227.00	–	\$74.16	\$156.59
99392	Est Patient Prev Med Exam 1–4 yrs	\$261.00	–	\$78.74	\$198.93
99393	Est Patient Prev Med Exam 5–11 yrs	\$271.00	–	\$78.48	\$197.86
99394	Est Patient Prev Med Exam 12–17 yrs	\$295.00	–	\$85.85	\$218.65
99395	Est Patient Prev Med Exam 18–39 yrs	\$325.00	–	\$87.63	\$191.94
99396	Est Patient Prev Med Exam 40–64 yrs	\$348.00	–	\$92.96	\$244.67
99397	Est Patient Prev Med Exam 65 yrs + older	\$451.00	–	\$100.33	\$263.14
99495	Transitional Care Mod Complex in Person 14 Days Post Discharge	\$520.00	\$199.63	\$156.46	\$343.43
99496	Transition Care Management Less Than 7 Day Discharge	\$598.00	\$270.31	\$211.83	\$474.63
Q0091	Obtain Screen Pap Smear	\$117.00	\$43.61	–	\$75.45

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.