



Minnesota Primary Care Price Transparency and Facility Fee Disclosure

Zumbrota

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 expenses. 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
17003	Destruction of 2–14 Skin Growths	\$57.00	\$6.59	\$4.95	\$16.04
17110	Destruction of Up to 14 Skin Growths	\$310.00	\$110.66	\$85.27	\$232.00
20610	Aspiration and/or Injection of Large Joint or Joint Capsule	\$330.00	\$61.19	\$46.85	\$138.45
93000	Routine EKG Using at Least 12 Leads Including Interp and Report	\$231.00	\$13.63	\$10.41	\$42.86
93005	Routine EKG With Tracing Using at Least 12 Leads	\$113.00	\$6.06	\$4.46	\$21.72
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
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
99386	Initial New Patient Prev Med Eval 40–64 yrs	\$430.00	—	\$112.01	\$257.95
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
99421	My Chart Messaging E&M with Physician 5-10 Minutes	\$25.00	\$14.22	—	\$35.62
99439	Chronic Care Management Service Each Additional	\$119.00	\$45.49	—	\$90.70
99490	Chronic Care Management 20 min	\$119.00	\$59.66	—	\$95.44
99495	Transitional Care Mod Complex in Person 14 Days Post Discharge	\$520.00	\$199.63	\$156.46	\$343.43
99496	Transitional Care Mngmt High Complex In Person Within 7 Days Discharge	\$598.00	\$270.31	\$211.83	\$474.63

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.