

Charges for most frequently billed clinic services

In accordance with Minnesota Statutes §62J.812, listed below are the top 25 most frequently billed clinical services at North Memorial Health primary care clinics over \$25, including 10 evaluation and management visit types, 10 preventive visit types and 5 additional frequently billed procedures at North Memorial Health.

The prices included below are NOT what customers will be expected to pay if they have health insurance. For specific information on the amount you will owe for the services listed, please contact your health insurance company.

Important considerations:

- If you have health insurance through your employer, purchased directly from a health plan or MNSure, a bill for your visit will be submitted to your insurance and subject to your individual health insurance benefits and cost-sharing arrangements.
- If you have a government sponsored insurance (Medicare, Medical Assistance, Medicaid, MinnesotaCare) you **will not** be responsible for the amounts listed below, but may be responsible for cost-sharing requirements as determined by the health plan product or supplemental benefits you have chosen.

| OFFICE VISIT | | | | | |
|--------------------------------|-------|----------|----------|---------|-----------------|
| Description | CPT | Medicaid | Medicare | Average | Self-Pay Charge |
| New Patient, Level I | 99201 | \$35 | \$46 | \$103 | \$129 |
| New Patient, Level II | 99202 | \$59 | \$76 | \$171 | \$217 |
| New Patient, Level III | 99203 | \$83 | \$107 | \$239 | \$309 |
| New Patient, Level IV | 99204 | \$126 | \$163 | \$377 | \$471 |
| New Patient, Level V | 99205 | \$158 | \$204 | \$388 | \$592 |
| Established Patient, Level I | 99211 | \$18 | \$23 | \$44 | \$63 |
| Established Patient, Level II | 99212 | \$35 | \$45 | \$103 | \$127 |
| Established Patient, Level III | 99213 | \$57 | \$74 | \$167 | \$211 |
| Established Patient, Level IV | 99214 | \$84 | \$109 | \$245 | \$312 |
| Established Patient, Level V | 99215 | \$112 | \$145 | \$341 | \$418 |

| PREVENTIVE VISIT | | | | | |
|-----------------------------------|-------|----------|----------|---------|-----------------|
| Description | CPT | Medicaid | Medicare | Average | Self-Pay Charge |
| New, Preventive Visit - Infant | 99381 | \$86 | - | \$230 | \$322 |
| New, Preventive Visit - Age 1-4 | 99382 | \$90 | - | \$254 | \$336 |
| New, Preventive Visit - Age 5-11 | 99383 | \$94 | - | \$253 | \$350 |
| New, Preventive Visit - Age 12-17 | 99384 | \$106 | - | \$329 | \$393 |
| New, Preventive Visit - Age 18-39 | 99385 | \$102 | - | \$309 | \$382 |
| New, Preventive Visit - Age 40-64 | 99386 | \$119 | - | \$353 | \$442 |
| New, Preventive Visit - Age 65+ | 99387 | \$128 | - | \$405 | \$478 |
| Est, Preventive Visit - Infant | 99391 | \$78 | - | \$233 | \$288 |
| Est, Preventive Visit - Age 1-4 | 99392 | \$83 | - | \$255 | \$308 |
| Est, Preventive Visit - Age 5-11 | 99393 | \$82 | - | \$262 | \$307 |
| Est, Preventive Visit - Age 12-17 | 99394 | \$90 | - | \$270 | \$337 |
| Est, Preventive Visit - Age 18-39 | 99395 | \$92 | - | \$278 | \$344 |
| Est, Preventive Visit - Age 40-64 | 99396 | \$98 | - | \$303 | \$366 |
| Est, Preventive Visit - Age 65+ | 99397 | \$106 | - | \$294 | \$394 |

| ADDITIONAL FREQUENTLY BILLED SERVICES | | | | | |
|---|-------|----------|----------|---------|-----------------|
| Description | CPT | Medicaid | Medicare | Average | Self-Pay Charge |
| Immunization Administration (single) | 90471 | \$13 | \$17 | \$53 | \$83 |
| Immunization Administration (each additional) | 90472 | \$10 | \$13 | \$47 | \$43 |
| Electrocardiogram | 93000 | \$12 | \$17 | \$47 | \$58 |
| Assay thyroid stim hormone | 84443 | \$19 | - | \$23 | \$29 |
| Vitamin D Hydroxy | 82306 | \$33 | - | \$40 | \$50 |

Descriptions:

Office Visit Level I - V:

An office visit is a typical visit with a primary care provider. The level of visit depends on the diagnosis, level of treatment, and other variables.

CPT Code:

Current Procedural Terminology (CPT) is a medical code set that is used to report medical procedures and services.

Medicaid Fee-for-Service:

Reimbursement rate to providers, developed by the Minnesota Department of Human Services for Medical Assistance enrollees in the fee-for-service program.

Medicare Allowed Amount:

Reimbursement rate to providers, developed by the Center for Medicare and Medicaid Services for Medicare enrollees in traditional Medicare plans.

Average Insurance Payment:

The average amount collected for services rendered to individuals who are commercially insured (employer sponsored, purchased directly from a health plan or MNSure).

Self-Pay Charge:

If you do not have health insurance the outlined charges are an estimated rate for the most frequent services at NMH primary care clinics. Financial assistance is available for those who qualify, please contact the NMH Business Office for additional information.

If you do not have health insurance, the charges above are an estimated self-pay rate. Charges and discounts may vary and you may be eligible for additional discounts.

For more information on financial assistance, the pricing information posted here or a cost estimate for services, please contact the North Memorial Health Business Office, (763) 581-4480 or 1-866-358-2644, Monday through Friday 8 am to 4:30 pm or visit northmemorial.com/billing-cost-estimates/.