

Clinic Price Transparency

This is a state mandated pricing transparency. Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than \$25.

CPT Code	CPT Code Description	SCMC Charge	Medicare Payment Rate	Medical Assistance Payment Rate	Average Commercial Payment Rate
17000	Destruction premalignant lesions; 1st lesion	\$146.00	\$73.25	\$46.33	\$130.13
17110	Destruction of benign lesions (other than skin tags); up to 14 lesions	\$167.00	\$125.06	\$79.10	\$220.12
17111	Destruction of benign lesions (other than skin tags); 15 or more lesions	\$189.00	\$147.56	\$93.44	\$260.27
69209	Removal impacted cerumen using irrigation/lavage, unilateral	\$13.00	\$16.06	\$9.98	\$27.69
90460	Immunization admin through 18yrs of age via any route admin, w/counseling; 1st vaccine/toxoid	\$44.00	\$18.84	\$12.83	\$35.25
90461	Immunization admin through 18yrs of age via any route admin, w/counseling; each addtl vaccine/toxoid	\$38.00	\$14.36	\$9.76	\$21.88
90471	Immunization admin; 1 vaccine (single or combination vac/toxiod)	\$38.00	\$18.84	\$12.83	\$35.25
90472	Immunization admin; each addtl vaccine (single or combination vac/toxiod)	\$23.00	\$14.36	\$9.76	\$21.88
92551	Screening test, pure tone, air only	\$21.00	\$0.00	\$8.19	\$21.27
93010	Electrocardiogram, routine ecg w/at least 12 leads; interpretation & report only	\$58.00	\$9.45	\$5.88	\$14.59
94010	Spirometry, w/graphic rec, total/timed vital capacity, expiratory flow rate, w/w/o max volunt vent	\$126.00	\$40.21	\$25.34	\$62.00
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular	\$47.00	\$18.84	\$11.77	\$35.25
99202	New patient - level 2 office or other outpt visit for evaluation & management	\$149.00	\$85.23	\$58.86	\$128.85
99203	New patient - level 3 office or other outpt visit for evaluation & management	\$221.00	\$120.16	\$82.86	\$185.38
99204	New patient - level 4 office or other outpt visit for evaluation & management	\$318.00	\$182.36	\$125.82	\$282.63
99212	Established patient - level 2 office or other outpt visit for evaluation & management	\$94.00	\$50.57	\$34.87	\$75.37
99213	Established patient - level 3 office or other outpt visit for evaluation & management	\$131.00	\$83.03	\$57.19	\$125.21
99214	Established patient - level 4 office or other outpt visit for evaluation & management	\$200.00	\$121.59	\$83.97	\$184.77
99391	Established patient - infant periodic preventive medicine reevaluation & management	\$172.00	\$0.00	\$77.56	\$170.79
99392	Established patient - 1-4 yrs periodic preventive medicine reevaluation & management	\$178.00	\$0.00	\$82.58	\$182.34
99393	Established patient - 5-11 yrs periodic preventive medicine reevaluation & management	\$209.00	\$0.00	\$82.30	\$181.73
99394	Established patient - 12-17 yrs periodic preventive medicine reevaluation & management	\$225.00	\$0.00	\$90.39	\$199.36
99395	Established patient - 18-39 yrs periodic preventive medicine reevaluation & management	\$233.00	\$0.00	\$92.34	\$203.61
99396	Established patient - 40-64 yrs periodic preventive medicine reevaluation & management	\$252.00	\$0.00	\$98.20	\$216.98
99397	Established patient - 65+ yrs periodic preventive medicine reevaluation & management	\$280.00	\$0.00	\$105.74	\$234.00
99455	Department of transportation physical w/ urinalysis dip	\$150.00	N/A	N/A	N/A

Amounts posted **DO NOT** reflect the actual amount individuals will have to pay – that is dependent on a patient’s insurance plan.

Applicable for Medicare and Medical Assistance plans: We are considered a provider-based clinic which is part of our hospital. Patients may receive a separate charge or billing for our facility, which may result in a higher out-of-pocket expense. For more information contact Patient Account Services at (320) 589-7667.

