

# Starbuck Clinic Price Transparency

The Minnesota Legislature passed a new law that requires certain clinics to report amounts for their 25 most frequent services that cost more than \$25. The amounts posted here 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 Patient Account Services at (320) 589-7667.

CPT Code Description	SCMC Starbuck Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
EST PT LEVEL 4 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT	\$ 263.00	\$ 335.40	\$ 136.25	\$ 196.99
EST PT LEVEL 3 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT	\$ 177.50	\$ 335.40	\$ 136.25	\$ 132.95
COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 46.50	\$ 33.28	\$ 16.74	\$ 34.83
BLOOD COUNT; COMPLETE, AUTOMATED, AND AUTOMATED DIFFERENTIAL WBC COUNT	\$ 145.50	\$ 7.77	\$ 52.38	\$ 108.98
COMPREHENSIVE METABOLIC PANEL	\$ 285.25	\$ 10.56	\$ 102.69	\$ 213.65
BASIC METABOLIC PANEL (CALCIUM, TOTAL)	\$ 226.25	\$ 8.46	\$ 81.45	\$ 169.46
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	\$ 231.25		\$ 83.25	\$ 173.21
LIPID PANEL	\$ 160.50	\$ 13.39	\$ 57.78	\$ 120.21
INFECTIOUS AGENT ANTIGEN DETECT ENZYME IMMUNOASSAY, QUAL/SEMIQUANT; SARSCOV AND INFL VIRUS TYPES A&B	\$ 231.25	all inclusive rate	all inclusive rate	\$ 173.21
THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR	\$ 52.75	all inclusive rate	all inclusive rate	\$ 39.51
HEMOGLOBIN; GLYCOSYLATED (A1C)	\$ 101.00	\$ 9.71	\$ 36.36	\$ 75.65
URINALYSIS, BY DIP STICK/TABLET FOR BILI, GLUC, HGB, KET, LEUK, NIT, PH, PROT; AUTO, W/O MICRO	\$ 30.00	\$ 2.25	\$ 10.80	\$ 22.47
INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);STREPTOCOCCUS, GROUP A, AMPLIFIED PROBE TECH	\$ 144.00	\$ 35.09	\$ 51.84	\$ 107.86
ELECTROCARDIOGRAM, ROUTINE ECG W/AT LEAST12 LEADS; W/INTERPRETATION AND REPORT	\$ 168.50	all inclusive rate	all inclusive rate	\$ 126.21
EST PT - 40-64 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$ 269.75	\$ 335.40	\$ 136.25	\$ 202.04
EST PT LEVEL 2 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT, STRAIGHTFORWARD MDM OR 10-19 MIN TOTAL TIME	\$ 115.75	\$ 335.40	\$ 136.25	\$ 86.70
WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY THE TREATING PHYSICIAN	\$ 120.00	\$ 335.40	\$ 136.25	\$ 89.88
URINALYSIS, BY DIP STICK/TABLET FOR BILI, GLUC, HGB, KET, LEUK, NIT, PH, PROT; AUTO, W/MICRO	\$ 66.50	all inclusive rate	all inclusive rate	\$ 49.81
EST PT - 12-17 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$ 235.50	N/A	\$ 83.55	\$ 176.39
IMMUNIZATION ADMIN; 1 VACCINE (SINGLE OR COMBINATION VAC/TOXIOD)	\$ 26.50	all inclusive rate	all inclusive rate	\$ 19.85
INFECTIOUS AGENT ANTIGEN DETECT IMMUNOASSAY, MULTI-STEP; SEVERE ACUTE RESPIRATORY SYND CORONAVIRUS	\$ 106.00	N/A	\$ 38.16	\$ 79.39
EST PT - 18-39 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$ 243.50	N/A	\$ 136.25	\$ 182.38
COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) SERVICE	\$ 86.25	\$ 335.40	\$ 136.25	\$ 64.60
TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), ADMIN 7YRS AND OLDER, FOR IM USE	\$ 79.00	all inclusive rate	all inclusive rate	\$ 59.17
ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA; WITHOUT ULTRASOUND GUIDANCE	\$ 114.75	\$ 335.40	\$ 136.25	\$ 85.95

The services listed here do not reflect all of the services provided at this clinic. 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. To learn more about your health insurance company's negotiated price or how much you will owe under the terms of your specific health policy, please contact your health insurance company. Patients with government-sponsored health coverage, such as Medicare or Medical Assistance: The payment rates listed above reflect amounts set by Medicare or Medical Assistance, not by this clinic. These listed rates do not reflect the amount you might owe as a co-payment.

For more information contact our Patient Account Services at (320) 589-7667.

