

SCMC Morris Clinic Price Transparency

The Minnesota Legislature passed a 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 Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
ANNUAL WELLNESS VISIT; INCLUDES A PPS, SUBQ VISIT	\$234.00	\$360.00	\$168.84	\$175.50
ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$29.00	All Inclusive Rate	All Inclusive Rate	\$21.75
EST PT - 40-64 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$259.00	\$360.00	\$168.84	\$194.25
EST PT - 18-39 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$244.00	\$360.00	\$168.84	\$183.00
EST PT - 12-17 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$237.00	\$360.00	\$168.84	\$177.75
EST PT - 5-11 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$216.00	\$360.00	\$168.84	\$162.00
EST PT - 1-4 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$216.00	\$360.00	\$168.84	\$162.00
EST PT - INFANT PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$204.00	\$360.00	\$168.84	\$153.00
EST PT LEVEL 4 OFFICE/OUTPT VISIT EVAL AND MGMT, MODERATE LEVEL MDM OR 30 MIN MET OR EXCEEDED	\$258.00	\$360.00	\$168.84	\$193.50
EST PT LEVEL 3 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT, LOW LEVEL MDM OR 20 MIN MET OR EXCEEDED	\$183.00	\$360.00	\$168.84	\$137.25
EST PT LEVEL 2 OFFICE/OUTPT VISIT E & M, STRAIGHTFORWARD MDM OR 10 MIN MET OR EXCEEDED	\$114.00	\$360.00	\$168.84	\$85.50
NEW PT LEVEL 3 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT, LOW LEVEL MDM OR 30 MIN MET OR EXCEEDED	\$233.00	\$360.00	\$168.84	\$174.75
THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR	\$153.00	All Inclusive Rate	All Inclusive Rate	\$114.75
SARS-COV-2, COVID-19 VACCINE, MRNA-LNP, SPIKE PROTEIN, 30 MCG/0.3 ML DOSAGE, TRIS-SUCR, IM	\$137.00	All Inclusive Rate	All Inclusive Rate	\$102.75
TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP)	\$97.00	All Inclusive Rate	All Inclusive Rate	\$72.75
INFLUENZA VACCINE SPLIT PRESERV FREE ENHANCED FOR IM USE	\$115.00	All Inclusive Rate	All Inclusive Rate	\$86.25
INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, 0.5ML DOSAGE, FOR IM USE	\$60.00	All Inclusive Rate	All Inclusive Rate	\$45.00
IMMUNIZATION ADMIN INTRAMUSCULAR INJECTION OF SARS-COV-2, COVID-19 VACCINE, SINGLE DOSE	\$36.00	All Inclusive Rate	All Inclusive Rate	\$27.00
IMMUNIZATION ADMIN; EACH ADDTL VACCINE (SINGLE OR COMBINATION VAC/TOXIOD)	\$26.00	All Inclusive Rate	All Inclusive Rate	\$19.50
IMMUNIZATION ADMINISTRATION; 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$36.00	All Inclusive Rate	All Inclusive Rate	\$27.00
IMMUNIZATION ADMIN THROUGH 18YRS OF AGE VIA ANY ROUTE ADMIN, W/COUNSELING	\$29.00	All Inclusive Rate	All Inclusive Rate	\$21.75
DESTRUCTION BENIGN LESIONS; UP TO 14 LESIONS	\$244.00	\$195.20	\$85.40	\$183.00
DESTRUCT PREMALIGNANT LESIONS 1ST LESION	\$84.00	\$67.20	\$29.40	\$63.00
DEBRIDEMENT OF NAILS BY ANY METHOD;6 OR MORE	\$58.00	\$46.40	\$20.30	\$43.50
TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION	\$219.00	\$360.00	\$76.65	\$164.25

The services listed here do not reflect all of the services provided at this clinic. Charges represent the standard amount the clinic bills for a service. For most patients, clinics get paid an amount below the listed charge. **Patients covered by a non-governmental health insurance:** 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 covered by a government-sponsored health program, such as, Medicare, Medicare Advantage, 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.