

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	\$111.00	\$252.75	\$118.27	\$130.13
17110	Destruction of benign lesions (other than skin tags); up to 14 lesions	\$151.00	\$252.75	\$118.27	\$220.12
17111	Destruction of benign lesions (other than skin tags); 15 or more lesions	\$172.00	\$252.75	\$118.27	\$260.27
69209	Removal impacted cerumen using irrigation/lavage, unilateral	\$39.00	Pd. on all inclusive rate	Pd. on all inclusive rate	\$27.69
90460	Immunization admin through 18yrs of age via any route admin, w/counseling; 1st vaccine/toxoid	\$40.25	Pd. on all inclusive rate	Pd. on all inclusive rate	\$35.25
90461	Immunization admin through 18yrs of age via any route admin, w/counseling; each addtl vaccine/toxoid	\$20.50	Pd. on all inclusive rate	Pd. on all inclusive rate	\$21.88
90471	Immunization admin; 1 vaccine (single or combination vac/toxiod)	\$22.75	Pd. on all inclusive rate	Pd. on all inclusive rate	\$35.25
90472	Immunization admin; each addtl vaccine (single or combination vac/toxiod)	\$22.75	Pd. on all inclusive rate	Pd. on all inclusive rate	\$21.88
92551	Screening test, pure tone, air only	\$21.00	Pd. on all inclusive rate	Pd. on all inclusive rate	\$21.27
93010	Electrocardiogram, routine ecg w/at least12 leads; interpretation and report only	\$16.00	Pd. on all inclusive rate	Pd. on all inclusive rate	\$14.59
94010	Spirometry, w/graphic rec, total/timed vital capacity, expiratory flow rate, w/w/o max volunt vent	\$67.00	Pd. on all inclusive rate	Pd. on all inclusive rate	\$62.00
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular	\$47.00	Pd. on all inclusive rate	Pd. on all inclusive rate	\$35.25
99202	New patient - level 2 office or other outpt visit for evaluation and management	\$94.00	\$252.75	\$118.27	\$128.85
99203	New patient - level 3 office or other outpt visit for evaluation and management	\$138.00	\$252.75	\$118.27	\$185.38
99204	New patient - level 4 office or other outpt visit for evaluation and management	\$231.00	\$252.75	\$118.27	\$282.63
99212	Established patient - level 2 office or other outpt visit for evaluation and management	\$77.00	\$252.75	\$118.27	\$75.37
99213	Established patient - level 3 office or other outpt visit for evaluation and management	\$99.00	\$252.75	\$118.27	\$125.21
99214	Established patient - level 4 office or other outpt visit for evaluation and management	\$141.00	\$252.75	\$118.27	\$184.77
99391	Est pt - infant periodic preventive medicine reevaluation and management	\$162.00	N/A	N/A	\$170.79
99392	Est pt - 1-4 yrs periodic preventive medicine reevaluation and management	\$193.00	N/A	N/A	\$182.34
99393	Est pt - 5-11 yrs periodic preventive medicine reevaluation and management	\$192.00	N/A	N/A	\$181.73
99394	Est pt - 12-17 yrs periodic preventive medicine reevaluation and management	\$209.00	N/A	N/A	\$199.36
99395	Est pt - 18-39 yrs periodic preventive medicine reevaluation and management	\$217.00	N/A	N/A	\$203.61
99396	Est pt - 40-64 yrs periodic preventive medicine reevaluation and management	\$232.00	N/A	N/A	\$216.98
99397	Est pt - 65+ yrs periodic preventive medicine reevaluation and management	\$183.00	N/A	N/A	\$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.

For more information contact Starbuck Clinic Billing Department (320)239-3939.

