

Primary Care Clinic reporting of top 25 procedures as required by MN Statute 62J.812

CPT Procedure Description	Evaluation and Management Code	Preventive Service Code	Gross Charge Amount	Medicare Allowed Amount	Medicaid Allowed Amount	Average Commercial Allowed Amount
Remove impacted ear wax			\$140	\$46.23	n/a	\$65.37
Immunization admin 1st/only component (vaccine)		Yes	\$67	n/a	n/a	\$46.50
Immunization Admin. Single or Combination vaccine/toxoid		Yes	\$60	\$19.80	n/a	\$41.69
Immunization Admin. Single or Combination vaccine/toxoid each add'l		Yes	\$65	n/a	n/a	\$44.49
Tdap Vaccine IM Adacel (age 7 and up)		Yes	\$75	\$24.75	n/a	\$38.67
MCV4 Meningococcal Conj.Vaccine IM Menactra (up to 18 years 11 mo)		Yes	\$225	\$74.25	n/a	\$154.33
Routine ECG 12 leads incl interpretation			\$43	n/a	n/a	\$29.41
New Patient, office or other outpatient, Level II	Yes		\$214	\$68.87	n/a	\$86.69
New Patient, office or other outpatient, Level III	Yes		\$329	\$115.37	n/a	\$187.32
New Patient, office or other outpatient, Level IV	Yes		\$490	\$184.51	n/a	\$220.30
New Patient, office or other outpatient, Level V	Yes		\$646	\$249.25	n/a	\$451.32
Established Patient, office or other outpatient, Level II	Yes		\$168	\$52.09	n/a	\$86.93
Established Patient, office or other outpatient, Level III	Yes		\$267	\$93.47	n/a	\$122.04
Established Patient, office or other outpatient, Level IV	Yes		\$378	\$136.94	n/a	\$204.72
Established Patient, office or other outpatient, Level V	Yes		\$529	\$200.50	n/a	\$149.03
Preventive visit new age 1-4		Yes	\$270	n/a	n/a	\$231.16
Preventive visit new age 12-17		Yes	\$297	n/a	n/a	\$265.56
Preventive visit new age 18-39		Yes	\$289	n/a	n/a	\$255.96
Preventive visit new age 40-64		Yes	\$334	n/a	n/a	\$274.76
Well patient visit for established patient 18-39		Yes	\$258	n/a	n/a	\$227.89
Established patient, periodic comprehensive preventive med (age 40-64 years)		Yes	\$275	n/a	n/a	\$244.88
Tobacco cessation visit; Behavioral change smoking > 10 min	Yes		\$81	n/a	n/a	\$55.91
DOT PE including UA	Yes		\$150	n/a	n/a	n/a
Annual Wellness Vest - PPPS, subsequent visit		Yes	\$384	\$145.56	n/a	n/a
Betamethasone acet & sod phosp			\$90	\$29.70	n/a	n/a

Footnote 1 - CHI St. Joseph's Health Primary Care Clinic used data from February 2024 to September 2024 to provide gross charge amounts and estimated allowed amounts.

Footnote 2 - CHI St. Joseph's Health Primary Care Clinic plans to increase charges on July 1st, 2025.

Footnote 3 - The above amounts are CHI St. Joseph's Health Primary Care Clinic's good faith effort to comply with Minnesota Statute 62J.812. This statute requires each provider to maintain a list of the services over \$25.00 that correspond with the provider's 25 most frequently billed current procedural terminology (CPT) codes. This list shall include the provider's ten (10) most commonly billed evaluation and management codes, and the ten (10) most frequently billed CPT codes for preventative services.

Footnote 4 - CHI St. Joseph's Health Primary Care Clinic final charge and allowable amount may deviate from the above illustration. We have put forth a good faith effort to provide the required disclosure. The disclosure above is not a final charge or allowed amount as historical data was used to develop the above financial figures.

Footnote 5 - If an item is denoted above as "N/A", which stands for not available, there was not enough recent claim activity that was fully adjudicated (paid) to provide a reasonable estimate of the allowed amounts.

Footnote 6 - If you have questions please contact CHI St. Joseph's Health Primary Care Clinic at 218-616-3900.

Post Date: November 2024