

**CHI St. Joseph's Health**

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

CPT Procedure Description	Evaluation and Management Code	Preventative Service Code	Gross Charge Amount	Medicare Allowed Amount	Medicaid Allowed Amount	Average Commercial Allowed Amount
Medical Nutrition Therapy (MNT ) initial assess			\$110.00	\$39.80	\$29.77	\$41.40
Immunization Admin. Single or Combination vaccine/toxoid		Yes	\$60.00	\$21.00	\$21.00	\$40.76
Immunization Admin. Single or Combination vaccine/toxoid each add'l		Yes	\$43.00	\$15.05	\$15.05	\$27.68
Medical Nutrition Therapy (MNT ) re-assess/intervention			\$96.00	\$33.70	\$25.12	\$45.64
Routine ECG 12 leads incl interpretation			\$43.00	n/a	n/a	\$23.85
New Patient, office or other outpatient, Level II	Yes		\$214.00	\$64.16	\$49.51	\$78.56
New Patient, office or other outpatient, Level III	Yes		\$329.00	\$106.96	\$81.96	\$172.72
New Patient, office or other outpatient, Level IV	Yes		\$490.00	\$161.39	\$130.60	\$214.45
New Patient, office or other outpatient, Level V	Yes		\$646.00	\$232.04	\$176.26	\$291.85
Established Patient, office or other outpatient, Level II	Yes		\$168.00	\$48.99	\$38.05	\$95.50
Established Patient, office or other outpatient, Level III	Yes		\$267.00	\$87.10	\$66.65	\$141.74
Established Patient, office or other outpatient, Level IV	Yes		\$378.00	\$126.82	\$96.92	\$187.81
Established Patient, office or other outpatient, Level V	Yes		\$529.00	\$185.79	\$141.45	\$289.02
PCV20 vaccine		Yes	\$414.00	\$144.90	\$144.90	\$318.38
Established patient, periodic comprehensive preventive med (age 40-64 years)		Yes	\$275.11	n/a	\$85.73	\$213.98
Complex E/M Visit Add on FPC PF	Yes		\$47.00	\$16.07	\$0.00	\$19.87
Prolong OP Office Visit FPC	Yes		\$94.00	\$38.38	\$28.51	n/a
Annual Wellness Visit - PPPS, subsequent visit		Yes	\$384.00	\$157.04	\$104.97	\$268.75
Denosumab injection			\$36.00	\$12.60	\$12.60	n/a
Medroxyprogesterone Acetate injection			\$1.05	\$0.37	\$0.37	\$0.56
Inactivated influenza vaccine (IIV3) no prsv 0.5 ml IM		Yes	\$45.00	\$15.75	\$15.75	\$24.98
Inactivated influenza vaccine (IIV) adjuvant IM		Yes	\$90.00	\$31.50	\$31.50	n/a
Admin influenza virus vac		Yes	\$60.00	\$21.00	\$21.00	n/a
SARS cov2 vac 30mcg trs-suc im		Yes	\$393.00	\$137.55	\$137.55	\$212.22
Admn SARS cov2 vacc 1 dose		Yes	\$120.00	\$42.00	\$42.00	\$55.46

**Footnote 1** - CHI St. Joseph's Health Primary Care Clinic used data from July 2025 to March 2026 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, 2027.

**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: July 2026