

**Central + Priority Pediatrics
Clinic Price Transparency Posting
2023**

	CPT Category	*CPT	CPT Description	Clinic Charge	*Average Commercial Insurance Payment	Medicaid Payment	Medicare Payment
1	*E/M	99202	Level 2 New Patient Office Visit	\$204.00	\$130.05	\$52.91	\$71.08
2	E/M	99203	Level 3 New Patient Office Visit	\$293.00	\$186.73	\$80.77	\$110.09
3	E/M	99204	Level 4 New Patient Office Visit	\$444.00	\$273.77	\$120.77	\$163.32
4	E/M	99205	Level 5 New Patient Office Visit	\$557.00	\$344.28	\$159.51	\$204.48
5	E/M	99211	Level 1 Established Patient Office Visit	\$55.00	\$37.45	\$16.96	\$22.81
6	E/M	99212	Level 2 Established Patient Office Visit	\$118.00	\$76.13	\$41.01	\$55.54
7	E/M	99213	Level 3 Established Patient Office Visit	\$196.00	\$126.52	\$66.08	\$88.60
8	E/M	99214	Level 4 Established Patient Office Visit	\$290.00	\$186.77	\$99.43	\$125.30
9	E/M	99215	Level 5 Established Patient Office Visit	\$391.00	\$251.46	\$131.15	\$175.55
10	*Preventive	90471	Immunization Administration	\$70.00	\$33.61	\$12.51	N/A
11	Preventive	96110	Developmental Screening	\$42.00	\$16.42	\$7.59	N/A
12	Preventive	92551	Hearing Screening - Audiometry	\$34.00	\$20.17	\$8.19	N/A
13	Preventive	99381	New Patient Preventive Visit	\$298.00	\$184.92	\$85.93	N/A
14	Preventive	99392	Established Patient Preventive Visit	\$286.00	\$193.22	\$82.58	N/A
15	Preventive	90472	Immunization Administration	\$36.00	\$19.31	\$9.76	N/A
16	Preventive	99393	Established Patient Preventive Visit	\$286.00	\$76.21	\$82.30	N/A
17	Preventive	90686	Vaccine - Influenza	\$37.00	\$19.51	\$19.03	N/A
18	Preventive	99394	Established Patient Preventive Visit	\$315.00	\$83.55	\$90.39	N/A
19	Preventive	99391	Established Patient Preventive Visit	\$268.00	\$71.90	\$77.56	N/A
20	Preventive	90460	Immunization Administration	\$70.00	\$32.32	\$12.83	N/A
21	Preventive	90647	Vaccine-HIB	\$59.00	\$26.16	N/A	N/A
22	Preventive	90670	Vaccine - Pneumococcal (Prevnar)	\$383.00	\$196.81	\$257.98	N/A
23	Other	87651	Lab-Molecular Strep	\$74.00	\$47.21	\$35.09	N/A
24	Other	87502	Lab-Molecular Influenza	\$182.00	\$115.00	\$95.80	N/A
25	Other	87635	Lab-Molecular COVID	\$122.00	\$50.00	\$51.31	N/A

- The MN legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than \$25.00. The services listed here do not reflect all of the services provided at this clinic.
- The amounts posted above DO NOT reflect the amount(s) each clinic patient will pay for the services listed.
- Patients covered by commercial health insurance: Your health insurance company has likely negotiated a discount or contracted rate for each service. Your 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.

***Definitions:**

E/M: Evaluation and Management Service (Office clinic visit)

Preventive: Services indicated as preventive (non-illness related) performed during a wellness visit

CPT: CPT stands for Current Procedural Terminology. Clinics use this code to bill the insurance company for the services you received.

Average Commercial Insurance Payment: This is the average amount patients with commercial insurance pay for this procedure. You and your insurance company may split this cost. Your deductible, co-insurance, co-payment and coverage affect how much you'll pay. If you have questions about your insurance, call your insurance company.

For more information, please contact the billing department at (651)738 - 9001