

**Central + Priority Pediatrics  
Clinic Price Transparency Posting  
2026**

<b>CPT Category</b>	<b>*CPT</b>	<b>CPT Description</b>	<b>Clinic Charge</b>	<b>*Average Commercial Insurance Payment</b>	<b>Medicaid Payment</b>	<b>Medicare Payment</b>
E/M	99202	Level 2 New Patient Office Visit	\$245.00	\$150.18	\$54.16	\$69.87
E/M	99203	Level 3 New Patient Office Visit	\$353.00	\$223.42	\$83.66	\$109.11
E/M	99204	Level 4 New Patient Office Visit	\$534.00	\$334.78	\$125.11	\$163.35
E/M	99205	Level 5 New Patient Office Visit	\$671.00	\$434.68	\$164.78	\$215.75
E/M	99211	Level 1 Established Patient Office Visit	\$67.00	\$46.58	\$22.64	\$17.80
E/M	99212	Level 2 Established Patient Office Visit	\$142.00	\$107.77	\$42.72	\$54.99
E/M	99213	Level 3 Established Patient Office Visit	\$236.00	\$174.14	\$68.66	\$88.95
E/M	99214	Level 4 Established Patient Office Visit	\$349.00	\$247.00	\$96.63	\$125.18
E/M	99215	Level 5 Established Patient Office Visit	\$472.00	\$343.49	\$135.54	\$175.64
Preventive	90471	Immunization Administration	\$85.00	\$37.05	\$15.76	N/A
Preventive	96110	Developmental Screening	\$50.00	\$18.10	\$8.76	N/A
Preventive	92551	Hearing Screening - Audiometry	\$42.00	\$24.58	\$9.51	N/A
Preventive	99381	New Patient Preventive Visit <1 Year	\$359.00	\$221.89	\$82.00	N/A
Preventive	99382	New Patient Preventive Visit 1-4 Years	\$376.00	\$231.89	\$86.46	N/A
Preventive	99383	New Patient Preventive Visit 5-11 Years	\$391.00	\$240.96	\$89.76	N/A
Preventive	99384	New Patient Preventive Visit 12-17 Years	\$442.00	\$270.63	\$100.44	N/A
Preventive	99391	Established Patient Preventive Visit < 1 Year	\$322.00	\$199.47	\$74.25	N/A
Preventive	99392	Established Patient Preventive Visit 1-4 Years	\$344.00	\$214.98	\$78.74	N/A
Preventive	99393	Established Patient Preventive Visit 5-11 Years	\$344.00	\$214.27	\$78.48	N/A
Preventive	99394	Established Patient Preventive Visit 12-17 Years	\$380.00	\$212.41	\$78.83	N/A
Preventive	90460	Immunization Administration	\$85.00	\$35.64	\$17.29	N/A
Preventive	90656	Vaccine - Influenza	\$45.00	\$21.51	\$23.21	N/A
Other	87651	Lab-Molecular Strep	\$89.00	\$52.05	\$35.09	N/A

Other	87502	Lab-Molecular Influenza	\$230.00	\$126.79	\$95.80	N/A
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*Current Procedural Terminology - CPT © 2019 American Medical Association*

- The MN legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than
- 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

**\*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. 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