

**Important Information About Charges:** Minnesota State law requires all primary care providers to display a list of their most frequently used services and to disclose their charge and average reimbursement. The pricing information included in the document is not a quote or guarantee. Your actual fee may be higher or lower depending on many factors, including, but not limited to, your provider's treatment plan, actual services rendered, complications, and the details of your insurance coverage, if any.

Please check with your health insurance provider to confirm whether you're covered, and what your financial responsibility will be.

For more information or to receive an individualized estimate of your financial responsibility

please call 507-526-3273 or visit our website at [www.uhd.org/billing-information/](http://www.uhd.org/billing-information/)

### UNITED HOSPITAL DISTRICT'S TOP 25 PRIMARY CARE CPT CODES AND 2021 PRICING

What is the CPT Description? A universal code used to describe the medical services rendered. It is common for more than one CPT code to be used in a single visit.			What is the reimbursement rate? The amount we receive in payment from commercial insurance companies (e.g. Blue Cross Blue Shield) and government payers (Medicare & Medicaid).		
CPT Code	Description	Billed Charge	Average Commercial Insurance Allowed	Medicare	Medical Assistance
99211	OFFICE OP VISIT EST PT LEVEL I	\$ 105.00	\$ 64.79	\$ 43.05	\$ 33.29
99212	OFFICE OP VISIT EST PT LEVEL II	\$ 141.00	\$ 87.00	\$ 57.81	\$ 44.70
99213	OFFICE OP VISIT EST PT LEVEL III	\$ 185.00	\$ 114.15	\$ 75.85	\$ 58.65
99214	OFFICE OP VISIT EST PT LEVEL IV	\$ 251.00	\$ 154.87	\$ 102.91	\$ 79.57
99215	OFFICE OP VISIT EST PT LEVEL V	\$ 336.00	\$ 207.31	\$ 137.76	\$ 106.51
99202	OFFICE OP VISIT NEW PT LEVEL II	\$ 219.00	\$ 135.12	\$ 89.79	\$ 69.42
99203	OFFICE OP VISIT NEW PT LEVEL III	\$ 289.00	\$ 178.31	\$ 118.49	\$ 91.61
99204	OFFICE OP VISIT NEW PT LEVEL IV	\$ 460.00	\$ 283.82	\$ 188.60	\$ 145.82
99205	OFFICE OP VISIT NEW PT LEVEL V	\$ 519.00	\$ 320.22	\$ 212.79	\$ 168.80
99307	SUBSEQT NURSING FACILITY CARE LEVEL 1	\$ 117.00	\$ 72.19	\$ 47.97	\$ 40.95
99308	SUBSEQT NURSING FACILITY CARE LEVEL 2	\$ 182.00	\$ 112.29	\$ 74.62	\$ 54.60
99442	PHONE E/M BY PHYSICIAN 11-20 MINUTES	\$ 85.00	\$ 52.45	\$ 34.85	\$ 25.50
90460	IMM ADMIN INJ THRU 18 YEARS	\$ 28.00	\$ 23.43	Not Covered	\$ 10.36
90461	IMM ADMIN INJ THRU 18 YEARS, EACH ADDTL	\$ 18.00	\$ 15.06	Not Covered	\$ 6.66
90471	IMM ADMIN VACCINE 1 SINGLE VACCINE	\$ 24.00	\$ 20.08	Not Covered	\$ 8.88
90472	IMM ADMIN VACCINE, EACH ADDTL	\$ 18.00	\$ 15.06	Not Covered	\$ 6.66
99391	PREV MED E&M EST <1 Y O	\$ 188.00	\$ 141.00	Not Covered	\$ 65.72
99392	PREV MED E&M EST 1-4 Y O	\$ 209.00	\$ 156.75	Not Covered	\$ 71.46
99393	PREV MED E&M EST 5-11 Y O	\$ 209.00	\$ 156.75	Not Covered	\$ 72.63
99394	PREV MED E&M EST 12-17 Y O	\$ 230.00	\$ 172.50	Not Covered	\$ 79.84
99395	PREV MED E&M EST 18-39 Y O	\$ 233.00	\$ 174.75	Not Covered	\$ 88.83
99396	PREV MED E&M EST 40-64 Y O	\$ 265.00	\$ 198.63	Not Covered	\$ 101.25
90832	PSYCHOTHERAPY INDIVIDUAL 16-37 MINS	\$ 156.00	\$ 96.25	\$ 63.96	\$ 54.60
90834	PSYCHOTHERAPY INDIVIDUAL 38-52 MINS	\$ 211.00	\$ 130.19	\$ 86.51	\$ 73.85
90837	PSYCHOTHERAPY INDIVIDUAL 53+ MINS	\$ 268.00	\$ 165.36	\$ 109.88	\$ 93.80
90670	PNEUMO VACCINE	\$ 426.68	\$ 263.26	\$ 174.94	\$ 149.34
90715	DTAP 7 YRS AND OLDER	\$ 101.99	\$ 62.93	\$ 41.82	\$ 48.14

Evaluation & Management

Preventive Services

Other

Charges represent the standard fee a clinic bills for any given service. For many patients, clinics get paid an amount well below the published charge. Patients covered by any insurance plans will most likely negotiated a discounted or contracted rate for each service. Your particular health insurance company's negotiated price might be higher or lower than the average expected commercial payment amount listed.