

Top 25 Procedures/Services

CPT	Description	Average Billed Charge	Medicare Allowable	Medicaid Allowable	Average Commercial Allowable
99201	OFFICE OUTPATIENT VISIT NEW PATIENT LEVEL I	\$98.00	\$45.64	\$35.15	\$66.40
99202	OFFICE OUTPATIENT VISIT NEW PATIENT LEVEL II	\$200.00	\$76.10	\$58.86	\$111.72
99203	OFFICE OUTPATIENT VISIT NEW PATIENT LEVEL III	\$256.00	\$107.29	\$82.86	\$189.09
99204	OFFICE OUTPATIENT VISIT NEW PATIENT LEVEL IV	\$365.00	\$162.82	\$125.82	\$288.28
99205	OFFICE OUTPATIENT VISIT NEW PATIENT LEVEL V	\$282.00	\$204.48	\$158.19	\$204.88
99212	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT LEVEL II	\$120.00	\$45.15	\$34.87	\$76.88
99213	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT LEVEL III	\$200.00	\$74.13	\$57.19	\$127.71
99214	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT LEVEL IV	\$260.00	\$108.56	\$83.97	\$160.20
99215	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT LEVEL V	\$320.00	\$145.04	\$112.15	\$254.18
99381	PREVENTIVE MED E&M NEW PATIENT AGE <1	\$280.00	Not Covered	\$85.93	\$194.04
99382	PREVENTIVE MED E&M NEW PATIENT AGE 1-4	\$283.00	Not Covered	\$90.11	\$172.32
99383	PREVENTIVE MED E&M NEW PATIENT AGE 5-11	\$304.00	Not Covered	\$93.74	\$195.00
99384	PREVENTIVE MED E&M NEW PATIENT AGE 12-17	\$318.00	Not Covered	\$105.74	\$202.36
99385	PREVENTIVE MED E&M NEW PATIENT AGE 18-39	\$318.00	Not Covered	\$102.11	\$196.03
99386	PREVENTIVE MED E&M NEW PATIENT AGE 40-64	\$378.00	Not Covered	\$118.57	\$196.03
99387	PREVENTIVE MED E&M NEW PATIENT AGE 65 AND OVER	\$476.00	Not Covered	\$128.34	\$268.54
99391	PREVENTIVE MED E&M ESTABLISHED AGE <1	\$250.00	Not Covered	\$77.56	\$174.21
99392	PREVENTIVE MED E&M ESTABLISHED AGE 1-4	\$250.00	Not Covered	\$82.58	\$185.99
99393	PREVENTIVE MED E&M ESTABLISHED AGE 5-11	\$250.00	Not Covered	\$82.30	\$157.56
99394	PREVENTIVE MED E&M ESTABLISHED AGE 12-17	\$275.00	Not Covered	\$90.39	\$203.35
99395	PREVENTIVE MED E&M ESTABLISHED AGE 18-39	\$253.00	Not Covered	\$92.34	\$207.68
99396	PREVENTIVE MED E&M ESTABLISHED AGE 40-64	\$300.00	Not Covered	\$98.20	\$221.32
99397	PREVENTIVE MED E&M ESTABLISHED AGE 65+	\$304.00	Not Covered	\$105.74	\$238.68
90471	ADMINISTRATION OF VACCINE	\$67.00	\$16.82	\$12.83	\$35.96
90472	ADMINISTRATION OF EACH ADDITIONAL VACCINE	\$64.00	\$12.82	\$9.76	\$44.64
90670	PNEUMO CONJ VACCINE 13 IM 7 YO OR OLDER	\$64.00	Not Covered	\$215.33	\$44.64
90698	DTAP - HIB - IPV VACCINE IMMUNIZATION	\$32.00	Not Covered	\$0.00	\$22.32
90715	IMMUNIZATION ADMINISTRATION EACH ADDL SNGL COMBINATION VACCINE TOXOID	\$67.00	Not Covered	\$32.84	\$35.96

The Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than \$25. The services listed here do not reflect all of the services provided at RiverView. Charges represent the standard amount a clinic bills for a service. For most patients, clinics get paid an amount well below the listed charge.

Patients covered by commercial health insurance or a Medicare Advantage plan: Your health insurance company has likely negotiated a discount or contracted rate for each service. Your health insurance company's negotiated price might be higher or lower than the average commercial payment amount listed. 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.

Patients with government-sponsored health coverage, such as Medicare or Medical Assistance: The payment rates listed reflect amounts set by Medicare or Medical Assistance, not by RiverView. These listed rates do not reflect the amount you might owe as a co-payment.

Depending on your health insurance, if you are being seen in a hospital-based clinic there may be an additional facility fee, which might result in higher out-of-pocket expense. If you are unsure if the clinic you are being seen in is a hospital-based clinic, please check with the registration staff or call Patient Financial Services at 218.281.9394.

ATTENTION: The amounts posted DO NOT reflect the amount(s) each RiverView patient will pay for the services listed. For specific information about the amount you will owe for the services you receive, please contact your insurer or call RiverView Patient Financial Services at 218.281.9394. Our office hours are Monday – Friday, 8 a.m. – 4:30 p.m.