



HOSPITAL & HEALTH SERVICES

# Primary Care Price Transparency Report

ATTENTION: The amounts posted here DO NOT reflect the amount(s) each clinic 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. 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 this clinic. 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 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. Patients with government-sponsored health coverage, such as Medicare or Medical Assistance: The payment rates listed above reflect amounts set by Medicare or Medical Assistance, not by this clinic. These listed rates do not reflect the amount you might owe as a co-payment. For more information, please contact our Patient Financial Services staff at 218.685.7334 or [pricing@prairiehealth.org](mailto:pricing@prairiehealth.org)

## Top 25 Family Practice Procedures

Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
LEVEL 3 ESTAB PATIENT	\$170.00	\$119.00	\$122.40	\$142.80
LEVEL 4 ESTAB PATIENT	\$249.00	\$174.30	\$179.28	\$209.16
LEVEL 5 ESTAB PATIENT	\$330.00	\$231.00	\$237.60	\$277.20
LEVEL 2 ESTAB PATIENT	\$99.00	\$69.30	\$71.28	\$83.16
EKG PANEL	\$73.00	\$51.10	\$52.56	\$61.32
LEVEL 3 NEW PATIENT	\$248.00	\$173.60	\$178.56	\$208.32
CHRONIC CARE MANAGEMENT	\$134.00	\$93.80	\$96.48	\$112.56
LEVEL 2 NEW PATIENT	\$162.00	\$113.40	\$116.64	\$136.08
DEBRIDEMENT OF NAILS	\$100.00	\$70.00	\$72.00	\$84.00
ASPIRATION/INJECT MAJOR JOINT	\$176.00	\$123.20	\$126.72	\$147.84
HOME HEALTH MEDICARE RENEWAL	\$151.00	\$105.70	\$108.72	\$126.84
LEVEL 4 NEW PATIENT	\$387.00	\$270.90	\$278.64	\$325.08
DESTRUCTION BENIGN LESION	\$465.00	\$325.50	\$334.80	\$390.60
ACTINIC KERATOSIS DESTRUCTION	\$173.00	\$121.10	\$124.56	\$145.32
LEVEL 1 ESTAB PATIENT	\$52.00	\$36.40	\$37.44	\$43.68
HOME HEALTH MEDICARE CERTIFICATION	\$196.00	\$137.20	\$141.12	\$164.64
TRANSITIONAL CARE MANAGEMENT	\$725.00	\$507.50	\$522.00	\$609.00
SKIN TAG REMOVAL	\$194.00	\$135.80	\$139.68	\$162.96
GLUCOSE MONITORING-PRO FEE	\$87.00	\$60.90	\$62.64	\$73.08
PUNCH BIOPSY SKIN	\$242.00	\$169.40	\$174.24	\$203.28
ZIO HOLTER/TELE PHYSICIAN REVIEW	\$151.00	\$105.70	\$108.72	\$126.84
REMOVAL EAR WAX INSTRUMENT	\$194.00	\$135.80	\$139.68	\$162.96
TRANSITIONAL CARE MANAGEMENT	\$516.00	\$361.20	\$371.52	\$433.44
LEVEL 5 NEW PATIENT	\$471.00	\$329.70	\$339.12	\$395.64
I & D ABSCESS SIMPLE	\$247.74	\$173.42	\$178.37	\$208.10

## Top 25 Internal Medicine Procedures

Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
LEVEL 3 ESTAB PATIENT	\$170.00	\$119.00	\$122.40	\$142.80
HOME HEALTH MEDICARE RENEWAL	\$151.00	\$105.70	\$108.72	\$126.84
LEVEL 4 ESTAB PATIENT	\$249.00	\$174.30	\$179.28	\$209.16
MC EKG PANEL	\$73.00	\$51.10	\$52.56	\$61.32
HOME HEALTH MEDICARE CERTIFICATION	\$196.00	\$137.20	\$141.12	\$164.64
RHYTHM EKG INTERPRETATION	\$71.00	\$49.70	\$51.12	\$59.64
LEVEL 2 ESTAB PATIENT	\$99.00	\$69.30	\$71.28	\$83.16
ASPIRATION/INJECT MAJOR JOINT	\$176.00	\$123.20	\$126.72	\$147.84
HOLTER/ZIO PHYSICIAN REVIEW	\$71.00	\$49.70	\$51.12	\$59.64
MALIGNANT LESION FACE/EAR	\$324.00	\$226.80	\$233.28	\$272.16
PULMONARY FUNCTION TEST	\$134.00	\$93.80	\$96.48	\$112.56
LEVEL 2 NEW PATIENT	\$162.00	\$113.40	\$116.64	\$136.08
ASPIRATION/INJECT INTERMEDIATE JOINT	\$129.00	\$90.30	\$92.88	\$108.36
HOME HEALTH NON-MEDICARE	\$101.00	\$70.70	\$72.72	\$84.84
TRIGGER POINT/TENDON/LIGAMENT	\$136.00	\$95.20	\$97.92	\$114.24
REMOVAL EAR WAX IRRIGATION	\$52.00	\$36.40	\$37.44	\$43.68
CARDIAC STRESS TEST, SUPERVISION	\$54.00	\$37.80	\$38.88	\$45.36
CARDIAC STRESS TEST, INTERPRETATION	\$54.00	\$37.80	\$38.88	\$45.36
INJECTION INTRALESION	\$242.00	\$169.40	\$174.24	\$203.28
TRIGGER POINT/INSERTION	\$130.00	\$91.00	\$93.60	\$109.20
ALLERGY TESTING DRUG SINGLE	\$340.00	\$238.00	\$244.80	\$285.60
ALLERGY TESTING INGESTION	\$389.00	\$272.30	\$280.08	\$326.76
LEVEL 3 NEW PATIENT	\$248.00	\$173.60	\$178.56	\$208.32
PUNCH BIOPSY SKIN	\$242.00	\$169.40	\$174.24	\$203.28
ACTINIC KERATOSIS DESTRUCTION	\$173.00	\$121.10	\$124.56	\$145.32

## Top 10 Family Practice Preventive Services

Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
WELL PT PHYSICAL EST PATIENT AGE 40-64	\$260.00	\$182.00	\$187.20	\$218.40
DEVELOPMENTAL SCREENING	\$32.00	\$22.40	\$23.04	\$26.88
AUDIOMETRY SCREENING PANEL	\$102.00	\$71.40	\$73.44	\$85.68
ANNUAL WELLNESS VISIT AGE 65 & UP	\$252.00	\$176.40	\$181.44	\$211.68
WELL PT PHYSICAL EST PATIENT AGE 65 & UP	\$291.00	\$203.70	\$209.52	\$244.44
WELL PT PHYSICAL EST PATIENT AGE 12-17	\$236.00	\$165.20	\$169.92	\$198.24
WELL PT PHYSICAL EST PATIENT AGE 18-39	\$237.00	\$165.90	\$170.64	\$199.08
WELL CHILD E/M EST PATIENT AGE 5-11	\$216.00	\$151.20	\$155.52	\$181.44
WELL CHILD E/M EST PATIENT AGE 1-4	\$217.00	\$151.90	\$156.24	\$182.28
ANNUAL WELLNESS VISIT AGE 65 & UP	\$367.00	\$265.90	\$264.24	\$308.28

## Top 10 Internal Medicine Preventive Services

Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
AVIATION PHYSICAL EST	\$200.00	\$140.00	\$144.00	\$168.00
AVIATION PHYSICAL EST	\$200.00	\$140.00	\$144.00	\$168.00
AVIATION PHYSICAL NEW	\$200.00	\$140.00	\$144.00	\$168.00
AVIATION PHYSICAL NEW	\$200.00	\$140.00	\$144.00	\$168.00
AVIATION PHYSICAL EST	\$200.00	\$140.00	\$144.00	\$168.00
AVIATION PHYSICAL NEW	\$200.00	\$140.00	\$144.00	\$168.00
AVIATION PHYSICAL EST	\$200.00	\$140.00	\$144.00	\$168.00
AVIATION PHYSICAL EST	\$200.00	\$140.00	\$144.00	\$168.00
ANNUAL PHYSICAL EST PATIENT	\$260.00	\$182.00	\$187.20	\$218.40