CHI St. Gabriel's Health

Clinic Reporting of top 25 procedures as required by MN Statute 62J.812

	CPT Procedure Description	Evaluation and Management Code	Preventative Service Code	Gross Charge Amount	Medicare Allowed Amount	Medicaid Allowed Amount	Average Commercial Allowed Amount
1	EST PT - LEVEL 3 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	Yes		$ 206.00	$ 69.44	$ 55.89	$ 116.43
2	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE			$ 34.00	$ -	$ 2.96	$ 2.84
3	EST PT - LEVEL 4 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	Yes		$ 311.00	$ 104.19	$ 82.84	$ 172.14
4	IMMUNIZATION ADMIN; 1 VACCINE (SINGLE OR COMBINATION VAC/TOXIOD)			$ 74.00	$ -	$ 18.50	$ 33.69
5	BASIC METABOLIC PANEL (CALCIUM, TOTAL)			$ 234.00	$ -	$ 10.57	$ 14.24
6	LIPID PANEL			$ 61.00	$ -	$ 16.71	$ 20.46
7	EST PT - 40-64 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	Yes		$ 320.00	$ -	$ 97.43	$ 204.80
8	BLOOD COUNT; COMPLETE, AUTOMATED			$ 76.00	$ -	$ 8.08	$ 9.96
9	THYROID STIMULATING HORMONE (TSH)			$ 80.00	$ -	$ 19.30	$ 23.14
10	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, 0.5ML DOSAGE, FOR IM USE			$ 40.00	$ -	$ 11.49	$ 18.71
11	COMPREHENSIVE METABOLIC PANEL			$ 269.00	$ -	$ 14.47	$ 17.09
12	HEMOGLOBIN; GLYCOSYLATED (A1C)			$ 43.00	$ -	$ 12.15	$ 14.42
13	IMMUNIZATION ADMIN; EACH ADDTL VACCINE (SINGLE OR COMBINATION VAC/TOXIOD)			$ 37.00	$ -	$ 13.87	$ 29.06
14	BLOOD COUNT; COMPLETE, AUTOMATED, AND AUTOMATED DIFFERENTIAL WBC COUNT			$ 123.00	$ -	$ 9.03	$ 13.25
15	EST PT - 18-39 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	Yes		$ 291.00	$ -	$ 95.55	$ 189.76
16	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR			$ 74.00	$ -	$ 6.75	$ 31.98
17	SUBSEQUENT NURSING FACILITY CARE, LEVEL 1, PER DAY, FOR EVALUATION AND MANAGEMENT	Yes		$ 124.00	$ 43.01	$ 29.44	$ 55.88
18	URINALYSIS, BY DIP STICK/TABLET FOR BILI, GLUC, HGB, KET, LEUK, NIT, PH, PROT; AUTO, W/O MICRO			$ 45.00	$ -	$ 1.71	$ 2.10
19	SCREENING TEST, PURE TONE, AIR ONLY			$ 49.00	$ -	$ 6.36	$ 19.69
20	VITAMIN D; 25 HYDROXY, INCLUDES FRACTIONS			$ 184.00	$ -	$ 12.15	$ 41.17
21	SUBSEQUENT HOSPITAL CARE, LEVEL 2, PER DAY, FOR EVALUATION AND MANAGEMENT	Yes		$ 209.00	$ 70.75	$ 52.80	$ 111.81
22	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	Yes		$ 30.00	$ -	$ 1.58	$ 5.26
23	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL			$ 86.00	$ -	$ 22.69	$ 28.26
24	URINALYSIS, BY DIP STICK/TABLET FOR BILI, GLUC, HGB, KET, LEUK, NIT, PH, PROT; AUTO, W/MICRO			$ 73.00	$ -	$ 3.76	$ 4.46
25	ELECTROCARDIOGRAM, ROUTINE ECG W/AT LEAST12 LEADS; INTERPRETATION AND REPORT ONLY			$ 29.00	$ 7.41	$ 5.84	$ 14.01

Footnote 1 - CHI St. Gabriel's Health used data from July 1, 2018 to April 30, 2019 to provided gross charge amounts and estimated allowed amounts.
Footnote 2 - CHI St. Gabriel's Health increases prices annually July 1st. An average increase of 4.0% was applied.
Footnote 3 - The above amounts are CHI St. Gabriel's Health's good faith effort to comply with Minnesota Statute 62J.812. This statute requires each provider to maintain a list of the services over $25.00 that correspond with the provider's 25 most frequently billed current procedural terminology (CPT) codes. This list shall include the providers ten (10) most commonly billed evaluation and management codes, and the ten (10) most frequently billed CPT codes for preventative services.
Footnote 4 - CHI St. Gabriel's Health final charge and allowable amount may deviate from the above illustration. We have put for a good faith effort to provide the required disclosure. The disclosure above is not a final charge or allowed amount as historical data was used to develop the above financial figures.
Footnote 5 - If an item is denoted above as "N/A", which stands for not available, there was not enough recent claim activity that was fully adjucated (paid) to provide a reasonable estimate of the allowed amounts.

Notes:
Inclusion of the CPT code may be permissible as long as the clinic has a license usage of CPT through the American Medcial Association (AMA).
Rural Health Clinics, Provider-Based Clinics and FQHCs may want to include an explanation of their Medicare reimbursement and any additional facility fees that are involved.
Statute 62J.812 (d) "For purposes of this subdivision, "provider" means a primary care provider or a clinic that specializes in family medicine, general internal medicine, gynecology, or general pediatrics."
Additional details regarding the statute will be provided in an Issue Brief or guidance document from MHA.