

CHI St. Gabriel's Health

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

CPT Procedure Description	Gross Charge Amount as of 1/1/20	Gross Charge Amount as of 7/1/20	Medicare Allowed Amount	Medicaid Allowed Amount	Average Commercial Allowed Amount
NEW PT - LEVEL 1 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 131.00	\$ 136.00	N/A	N/A	N/A
NEW PT - LEVEL 2 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 220.00	\$ 228.00	\$ 72.23	\$ 64.56	N/A
NEW PT - LEVEL 3 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 322.00	\$ 333.00	\$ 102.11	\$ 85.07	N/A
NEW PT - LEVEL 4 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 492.00	\$ 509.00	N/A	N/A	\$ 239.59
NEW PT - LEVEL 5 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 621.00	\$ 643.00	N/A	N/A	\$ 194.60
EST PT - LEVEL 1 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 37.00	\$ 38.00	N/A	N/A	\$ 27.57
EST PT - LEVEL 2 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 130.00	\$ 135.00	\$ 42.08	\$ 26.33	N/A
EST PT - LEVEL 3 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 214.00	\$ 222.00	\$ 69.88	\$ 58.39	N/A
EST PT - LEVEL 4 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 324.00	\$ 335.00	\$ 101.56	\$ 78.56	N/A
EST PT - LEVEL 5 OFFICE OR OTHER OUTPT VISIT FOR EVALUATION AND MANAGEMENT	\$ 434.00	\$ 449.00	N/A	N/A	N/A
COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 35.00	\$ 36.00	N/A	N/A	\$ 2.74
REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$ 38.00	\$ 39.00	N/A	N/A	\$ 24.05
BASIC METABOLIC PANEL (CALCIUM, TOTAL)	\$ 243.00	\$ 252.00	N/A	N/A	\$ 12.74
COMPREHENSIVE METABOLIC PANEL	\$ 280.00	\$ 290.00	N/A	N/A	\$ 11.92
LIPID PANEL	\$ 61.00	\$ 63.00	N/A	N/A	N/A
URINALYSIS, BY DIP STICK/TABLET FOR BILI, GLUC, HGB, KET, LEUK, NIT, PH, PROT; AUTO, W/MICRO	\$ 76.00	\$ 79.00	N/A	N/A	\$ 4.10
URINALYSIS, BY DIP STICK/TABLET FOR BILI, GLUC, HGB, KET, LEUK, NIT, PH, PROT; AUTO, W/O MICRO	\$ 47.00	\$ 49.00	N/A	N/A	\$ 2.69
THYROID STIMULATING HORMONE (TSH)	\$ 83.00	\$ 86.00	N/A	N/A	N/A
BLOOD COUNT; COMPLETE, AUTOMATED, AND AUTOMATED DIFFERENTIAL WBC COUNT	\$ 128.00	\$ 133.00	N/A	N/A	\$ 13.48
ANTIBODY; BORRELIA BURGDOERFERI (LYME DISEASE)	\$ 56.00	\$ 58.00	N/A	N/A	\$ 18.91
CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDL METHODS REQUIRED FOR DEFINITIVE ID, EACH ISOLATE	\$ 77.00	\$ 80.00	N/A	N/A	\$ 10.08
CULTURE, BACTERIAL; URINE; QUANTITATIVE COLONY COUNT, URINE	\$ 51.00	\$ 53.00	N/A	N/A	\$ 10.29
SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUT/AGAR DILUT, EA MULTIANTIMICROBIAL, PER PLATE	\$ 44.00	\$ 46.00	N/A	N/A	\$ 11.72
INFECTIOUS AGENT DETECTION BY NUCLEIN ACID; CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECH	\$ 101.00	\$ 105.00	N/A	\$ 66.00	\$ 55.71
INFECTIOUS AGENT DETECTION BY NUCLEIN ACID; NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECH	\$ 63.00	\$ 65.00	N/A	\$ 41.00	\$ 46.54
INFECTIOUS AGENT DETECTION BY NUCLEIN ACID (DNA OR RNA);STREPTOCOCCUS, GROUP A, AMPLIFIED PROBE TECH	\$ 71.00	\$ 73.00	N/A	N/A	N/A
INFLUENZA	\$ 114.00	\$ 118.00	N/A	N/A	\$ 29.40
INFECTIOUS AGENT ANTIGEN DETECTION IMMUNOASSAY W/DIRECT OPTICAL OBSERV; STREPTOCOCCUS, GROUP A	\$ 53.00	\$ 55.00	N/A	N/A	\$ 15.57
IMMUNIZATION ADMIN; 1 VACCINE (SINGLE OR COMBINATION VAC/TOXIOD)	\$ 77.00	\$ 80.00	N/A	N/A	N/A
IMMUNIZATION ADMIN; EACH ADDTL VACCINE (SINGLE OR COMBINATION VAC/TOXIOD)	\$ 38.00	\$ 39.00	N/A	N/A	\$ 28.70
INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, 0.5ML DOSAGE, FOR IM USE	\$ 42.00	\$ 43.00	N/A	N/A	\$ 18.36
THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR	\$ 77.00	\$ 80.00	\$ 8.13	\$ 13.47	\$ 26.48
SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	\$ 31.00	\$ 32.00	N/A	N/A	\$ 5.64
EST PT - 18-39 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$ 302.00	\$ 313.00	N/A	N/A	\$ 195.98
EST PT - 40-64 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT	\$ 333.00	\$ 344.70	N/A	N/A	\$ 203.02

Footnote 1 - St. Gabriel's Health used data from Jan 1, 2019 to Dec 31, 2019 to provided estimated allowed amounts.

Footnote 2 St. Gabriel's Health has a planned increased price on 7/1/20, with an average increase 3.5%.

Footnote 3 - The above amounts are 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 - 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 adjudicated (paid) to provide a reasonable estimate of the allowed amounts.