

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 7/1/21 | Medicare Allowed Amount | Medicaid Allowed Amount | Average Commercial Allowed Amount |
|--|----------------------------------|-------------------------|-------------------------|-----------------------------------|
| INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS | \$180.00 | \$ 47.65 | \$ 34.98 | \$ 68.33 |
| ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA; WITHOUT ULTRASOUND GUIDANCE | \$225.00 | \$ 83.58 | \$ 53.34 | \$ 76.04 |
| COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE | \$36.00 | NA | NA | \$ 3.50 |
| BASIC METABOLIC PANEL (CALCIUM, TOTAL) | \$252.00 | NA | NA | \$ 9.33 |
| COMPREHENSIVE METABOLIC PANEL | \$290.00 | NA | NA | \$ 28.48 |
| LIPID PANEL | \$63.00 | NA | NA | \$ 20.68 |
| URINALYSIS, BY DIP STICK/TABLET FOR BILI, GLUC, HGB, KET, LEUK, NIT, PH, PROT; AUTO, W/MICRO | \$79.00 | NA | NA | \$ 3.86 |
| URINALYSIS, BY DIP STICK/TABLET FOR BILI, GLUC, HGB, KET, LEUK, NIT, PH, PROT; AUTO, W/O MICRO | \$49.00 | NA | NA | \$ 1.68 |
| HEMOGLOBIN; GLYCOSYLATED (A1C) | \$47.00 | NA | NA | \$ 13.31 |
| THYROID STIMULATING HORMONE (TSH) | \$86.00 | NA | NA | \$ 22.26 |
| BLOOD COUNT; COMPLETE, AUTOMATED, AND AUTOMATED DIFFERENTIAL WBC COUNT | \$132.00 | NA | NA | \$ 13.06 |
| IMMUNIZATION ADMIN; 1 VACCINE (SINGLE OR COMBINATION VAC/TOXIOD) | \$50.00 | NA | NA | \$ 31.29 |
| IMMUNIZATION ADMIN; EACH ADDTL VACCINE (SINGLE OR COMBINATION VAC/TOXIOD) | \$39.00 | NA | NA | \$ 27.82 |
| INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, 0.5ML DOSAGE, FOR IM USE | \$53.00 | NA | NA | \$ 19.01 |
| THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR | \$80.00 | \$ 10.59 | \$ 10.32 | \$ 20.45 |
| SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL | \$32.00 | NA | NA | \$ 4.84 |
| NEW PT LEVEL 2 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT, STRAIGHTFORWARD MDM OR 15-29 MIN TOTAL TIME | \$228.00 | \$ 75.87 | \$ 61.64 | \$ 102.27 |
| NEW PT LEVEL 3 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT, LOW LEVEL MDM OR 30-44 MIN TOTAL TIME | \$333.00 | \$ 101.20 | \$ 82.77 | \$ 175.83 |
| EST PT LEVEL 2 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT, STRAIGHTFORWARD MDM OR 10-19 MIN TOTAL TIME | \$135.00 | \$ 42.94 | \$ 33.25 | \$ 48.18 |
| EST PT LEVEL 3 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT, LOW LEVEL MDM OR 20-29 MIN TOTAL TIME | \$221.00 | \$ 73.95 | \$ 55.83 | \$ 90.42 |
| EST PT LEVEL 4 OFFICE/OTHER OUTPT VISIT EVAL AND MGMT, MODERATE LEVEL MDM OR 30-39 MIN TOTAL TIME | \$335.00 | \$ 104.97 | \$ 87.33 | \$ 108.91 |
| SUBSEQUENT NURSING FACILITY CARE, LEVEL 1, PER DAY, FOR EVALUATION AND MANAGEMENT | \$134.00 | \$ 39.92 | \$ 39.74 | \$ 45.63 |
| SUBSEQUENT NURSING FACILITY CARE, LEVEL 2, PER DAY, FOR EVALUATION AND MANAGEMENT | \$206.00 | \$ 68.15 | \$ 60.52 | \$ 71.27 |
| SUBSEQUENT NURSING FACILITY CARE, LEVEL 3, PER DAY, FOR EVALUATION AND MANAGEMENT | \$274.00 | \$ 80.95 | \$ 95.19 | \$ 94.01 |
| NEW PT - INFANT INITIAL PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT | \$307.00 | NA | NA | \$ 161.38 |
| NEW PT - 18-39 YRS INITIAL PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT | \$361.00 | NA | NA | \$ 215.59 |
| NEW PT - 40-64 YRS INITIAL PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT | \$423.00 | NA | NA | \$ 246.61 |
| EST PT - INFANT PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | \$255.00 | NA | NA | \$ 160.54 |
| EST PT - 1-4 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | \$285.00 | NA | NA | \$ 164.70 |
| EST PT - 5-11 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | \$284.00 | NA | NA | \$ 165.93 |
| EST PT - 12-17 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | \$312.00 | NA | NA | \$ 174.44 |
| EST PT - 18-39 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | \$312.00 | NA | NA | \$ 194.14 |
| EST PT - 40-64 YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | \$345.00 | NA | \$ 50.55 | \$ 209.33 |
| EST PT - 65+ YRS PERIODIC PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT | \$383.00 | NA | NA | \$ 222.89 |

Footnote 1 - St. Gabriel's Health used data from Jan 1, 2020 to Dec 31, 2020 to provided estimated allowed amounts.

Footnote 2 St. Gabriel's Health has a planned increased price on 1/1/22, with an average increase 3.0%.

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.