



CHI St. Gabriel's Health

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

#	CPT	CPT Procedure Description	Evaluation and Management Code	Preventative Service Code	Gross Charge Amount	Medicare Allowed Amount	Medicaid Allowed Amount	Average Commercial Allowed Amount
1	99213	Established Patient, office or other outpatient, Level III	Yes		\$257.25	\$69.94	\$54.01	\$90.06
2	99212	Established Patient, office or other outpatient, Level II	Yes		\$196.94	\$47.17	\$38.49	\$67.86
3	99214	Established Patient, office or other outpatient, Level IV	Yes		\$373.23	\$80.30	\$88.42	\$145.79
4	90471	Immunization Admin. Single or Combination vaccine/toxoid		Yes	\$56.88	NA	NA	\$27.16
5	99203	New Patient, office or other outpatient, Level III	Yes		\$419.45	\$89.88	\$73.77	\$147.19
6	99396	Established patient, periodic comprehensive preventive med (age 40-64 years)		Yes	\$372.07	NA	NA	\$181.32
7	J3301	Kenalog-40 injection(triamcinolone acetonide) injectable suspension			\$42.21	\$4.58	\$4.12	\$5.72
8	20610	Arthrocentesis, aspiration or injection of major joint or bursa			\$274.18	\$52.71	\$39.24	\$90.11
9	11721	Debridement of Nails			\$146.37	\$36.96	\$26.86	\$39.82
10	90686	Influenza vaccine, split virus, preservative free, 0.5mL IM		Yes	\$47.16	NA	NA	\$20.04
11	92551	Screening test, pure tone, air only		Yes	\$55.56	NA	NA	\$17.10
12	99173	Visual Acuity testing		Yes	\$32.80	NA	NA	\$4.43
13	90472	Imm. Admin. Single or Combination vaccine/toxoid each add'l		Yes	\$73.81	NA	NA	\$31.46
14	99395	Well patient visit for established patient 18-39		Yes	\$337.96	NA	NA	\$160.95
15	96127	Brief emotional/behavioral assessment with scoring and documentation			\$23.24	NA	NA	\$5.83
16	90715	Tdap Vaccine IM Adacel (age 7 and up)		Yes	\$159.26	NA	NA	\$33.74
17	99202	New Patient, office or other outpatient, Level II	Yes		\$292.45	\$67.25	\$45.99	\$85.06
18	96372	Ther/proph/diag inj, sc/im RHC (specify substance or drug)			\$83.27	\$6.28	\$10.06	\$16.18
19	99307	Subsequent Nursing Fac. Care, per day	Yes		\$138.00	\$40.20	\$30.88	\$49.63
20	99394	Established patient, periodic comprehensive preventive medicine, adolescent (age 12 through 17)		Yes	\$323.42	NA	NA	\$173.35
21	0124A	Part B Therapies During Inpatient (Covid vaccine-Clinic)			\$50.00	NA	NA	\$41.18
22	93010	Electrocardiogram, routine ECG with at least 12-leads; interpretation and report only			\$30.65	\$6.46	\$3.76	\$8.12
23	99393	Well patient Visit for established patient 5-11		Yes	\$306.98	NA	NA	\$139.50
24	99392	Well patient Visit for established patient 1-4		Yes	\$307.97	NA	NA	\$142.91
25	99394	Well patient Visit for established patient younger than 1		Yes	\$263.00	NA	NA	\$145.63
	99308	Subsequent Nursing Fac. Care, per day	Yes		\$212.00	\$63.50	\$49.73	\$81.15
	73630	Xray exam of foot			\$177.88	NA	NA	\$58.01
	27447	Total Knee Arthroplasty			\$3,572.89	\$619.27	\$472.98	\$1,069.21
	99349	Home/res visit, established mod mdm 40	Yes		\$383.60	\$86.17	\$87.49	\$110.69
	99204	New Patient, office or other outpatient, Level IV	Yes		\$565.12	\$130.17	NA	\$188.49
	99232	Level II subsequent hospital care (follow up)	Yes		\$234.16	\$49.49	\$45.56	\$72.25
	99231	Level I subsequent hospital care (follow up)	Yes		\$129.69	\$35.16	\$25.96	\$45.60
	99215	Established Patient, office or other outpatient, Level V	Yes		\$497.36	\$174.03	NA	\$198.84

Footnote 1 - St. Gabriel's Health used data from July 1, 2023 to March 31, 2024 to provide gross charge amounts and estimated allowed amounts.

Footnote 2 - St. Gabriel's Health plans to increase charges on July 1st, 2023.

Footnote 3 - The above amounts are St. Gabriel's Health 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 provider's 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 forth 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.