

### 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
Established Patient, office or other outpatient, Level III	Yes		\$268.00	\$86.38	\$62.94	\$89.78
Established Patient, office or other outpatient, Level II	Yes		\$168.00	\$54.42	\$33.25	\$42.58
Established Patient, office or other outpatient, Level IV	Yes		\$378.00	\$94.53	\$78.38	\$145.84
Immunization Admin. Single or Combination vaccine/toxoid		Yes	\$61.28	NA	NA	\$30.69
New Patient, office or other outpatient, Level III	Yes		\$329.52	NA	\$50.58	\$95.36
Established patient, periodic comprehensive preventive med (age 40-64 years)		Yes	\$373.00	NA	NA	\$199.29
Kenalog-40 injection(triamcinolone acetonide) injectable			\$45.63	\$4.49	\$4.90	\$7.72
Arthrocentesis, aspiration or injection of major joint or bursa			\$217.45	\$57.13	\$43.29	\$60.55
Debridement of Nails			\$132.00	\$39.01	\$28.60	\$42.97
Screening test, pure tone, air only		Yes	\$55.08	NA	NA	\$23.10
Visual Acuity testing		Yes	\$35.49	NA	NA	\$9.14
Imm. Admin. Single or Combination vaccine/toxoid each add'l		Yes	\$74.37	NA	NA	\$34.01
Well patient visit for established patient 18-39		Yes	\$338.00	NA	NA	\$193.07
Brief emotional/behavioral assessment with scoring and documentation			\$14.67	NA	NA	\$7.09
Tdap Vaccine IM Adacel (age 7 and up)		Yes	\$161.00	NA	NA	\$42.05
New Patient, office or other outpatient, Level II	Yes		\$214.90	\$61.50	\$52.25	\$82.23
Established patient, periodic comprehensive preventive medicine, adolescent (age 12 through 17)		Yes	\$337.76	NA	NA	\$193.97
Well patient Visit for established patient 5-11		Yes	\$307.00	NA	NA	\$179.32
Home/res visit, established mod mdm 40	Yes		\$395.44	\$67.26	\$19.78	\$120.25
New Patient, office or other outpatient, Level IV	Yes		\$491.00	\$105.04	\$108.51	\$216.78
Liv3 vacc no prsv 0.5 ml IM		Yes	\$90.30	NA	NA	\$25.43
Euflexxa inj per dose			\$1,069.89	\$129.28	\$126.05	\$121.57
Level II subsequent hospital care (follow up)	Yes		\$231.00	NA	\$54.19	\$92.55
Level I subsequent hospital care (follow up)	Yes		\$144.00	NA	\$31.48	\$32.31
Established Patient, office or other outpatient, Level V	Yes		\$530.00	NA	NA	\$309.34

**Footnote 1** - St. Gabriel's Health used data from July 1, 2024 to March 31, 2025 to provide gross charge amounts and estimated allowed amounts.

**Footnote 2** - St. Gabriel's Health plans to increase charges on January 1st, 2026.

**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.