Instructions for complying with the Minnesota Statute 62J.812 Primary Care Price Transparency

If any provider in your clinic specializes in family medicine, general internal medicine, gynecology, or general pediatrics you must comply with this statute by maintiaing a list of:

Services over $25 that correspond with the providers 25 most frequently billed CPT codes including:

The ten most frequently billed evaluation and management codes (99201 - 99499)

The ten most frequently billed preventive services (99381 - 99429)

For each service on this list, you must disclose:

Providers charge (the amount charged to patients not covered by private or public health care coverage)Cash Discount?

Average reimbursment from providers commercial health plan payers (weighted or not weighted)

Medicare allowable (if applicable e.g. Medicare does not have an allowable for consultation codes)

Medical Assistance fee-for-service payment rate (if applicable)

This list must be updated annually (including any changes to the most frequently billed)

This list must be posted in the reception area of the clinic or office

This list must be available on the providers website (if the provider maintains a website)

62J.812 PRIMARY CARE PRICE TRANSPARENCY.

(a) Each provider shall maintain a list of the services over $25 that correspond with the provider's 25 most frequently billed current procedural terminology (CPT) codes provider's ten most commonly billed evaluation and management codes, and of the ten most frequently billed CPT codes for preventive services. If the provider is associat care system, the health care system may develop the list of services required under this paragraph for the providers within the health care system.

(b) For each service listed in paragraph (a), the provider shall disclose the provider's charge, the average reimbursement rate received for the service from the provider payersin the commercial insurance market, and, if applicable, the Medicare allowable payment rate and the medical assistance fee-for-service payment rate. For purposes paragraph, "provider's charge" means the dollar amount the provider charges to a patient who has received the service and who is not covered by private or public health

(c) The list described in this subdivision must be updated annually and must be posted in the provider's reception area of the clinic or office and made available on the website, if the provider maintains a website.

(d) For purposes of this subdivision, "provider" means a primary care provider or clinic that specializes in family medicine, general internal medicine, gynecology, or gen

(e) No contract between a health plan company and a provider shall prohibit a provider from disclosing the pricing information required under this section.

History: 2018 c 168 s 2

NOTE: This section, as added by Laws 2018, chapter 168, section 2, is effective July 1, 2019. Laws 2018, chapter 168, section 2, the effective date.

This document is being posted as of July 1, 2019, for compliance with the MN 62J.812. This statute requires our clinic to post provider charges for common services, and the average payments or reimbursements received for those services from government and commercial insurance.

CPT Code	Description	Billed Charge	Average Commercial Insurance Allowed	Medicare	Medical Assistance	
99211	Office visit- established patient level 1	$ 57.00	$ 44.56	$ 23.01	$ 15.63	Evaluation & Management
99212	Office visit- established patient level 2	$ 115.00	$ 91.32	$ 45.15	$ 33.78	
99213	Office visit- established patient level 3	$ 190.00	$ 151.71	$ 74.13	$ 56.39	
99214	Office visit- established patient level 4	$ 280.00	$ 223.45	$ 108.56	$ 83.20	
99215	Office visit- established patient level 5	$ 377.00	$ 286.38	$ 145.04	$ 111.68	
99201	Office visit- new patient level 1	$ 116.00	$ 92.66	$ 45.64	$ 34.06	
99202	Office visit- new patient level 2	$ 195.00	$ 155.84	$ 76.10	$ 57.79	
99203	Office visit- new patient level 3	$ 278.00	$ 223.44	$ 107.29	$ 82.92	
99204	Office visit- new patient level 4	$ 424.00	$ 340.10	$ 162.82	$ 126.19	
99205	Office visit- new patient level 5	$ 533.00	$ 427.74	$ 204.48	$ 158.02	
99381	Initial Comp preventative new pt 0-1yr	$ 289.00	$ 229.65	non covered	$ 85.71	Preventive Services
99382	Initial preventative- new pt. 1-4 yrs	$ 302.00	$ 244.11	non covered	$ 89.62	
99383	Initial preventative- new pt. 5-11 yrs	$ 314.00	$ 249.83	non covered	$ 93.25	
99384	Initial preventative- new pt. 12-17 yrs	$ 354.00	$ 281.65	non covered	$ 105.25	
99385	Initial preventative- new pt. 18-39 yrs	$ 343.00	$ 272.81	non covered	$ 101.90	
99386	Initial preventative- new pt. 40-64 yrs	$ 398.00	$ 316.77	non covered	$ 118.38	
99387	Initial preventative- new pt. 65 plus	$ 431.00	$ 343.03	non covered	$ 128.15	
99391	Periodic preventative- established pt 0-1 yr	$ 260.00	$ 206.23	non covered	$ 77.05	
99392	Periodic preventative- established pt 1-4 yr	$ 277.00	$ 220.23	non covered	$ 82.08	
99393	Periodic preventative- established pt 5-11 yr	$ 276.00	$ 219.49	non covered	$ 81.80	
99394	Periodic preventative- established pt 12-17 yr	$ 303.00	$ 240.82	non covered	$ 89.90	
99395	Periodic preventative- established pt 18-39 yr	$ 309.00	$ 246.00	non covered	$ 91.86	
99396	Periodic preventative- established pt 40-64 yr	$ 329.00	$ 262.05	non covered	$ 97.72	
99397	Periodic preventative- established pt 65 plus	$ 355.00	$ 282.24	non covered	$ 105.53	
80053	Comprehensive metabolic panel	$ 53.00	$ 16.56	$ 11.74	$ 14.39	
82306	Calcifediol (Vitamin D)	$ 130.00	$ 47.53	$ 32.89	$ 40.33	
83036	Hemoglobin A1C	$ 45.00	$ 15.26	$ 10.79	$ 13.22	
80061	Lipid Panel	$ 60.00	$ 20.99	$ 14.88	$ 18.24	
17110	Destruction of benign lesion, up to 14	$ 295.00	$ 238.10	$ 111.66	non covered	

Coding standards and associated charge and reimbursement values may vary based on complexity of a visit (visit level) and whether a patient is a new or existing patient. A new patient has not received professional services from a provider in the same specialty and in the same group practice within the previous three years. An established patient has received professional services from a provider in the same specialty and in the same group practice within the previous three years This is not a comprehensive list of services provided by our clinic. These charges are meant to be informative and do not reflect the amount you may owe. Individual health plans have negotiated rates with the clinic.