

2025 Pricing for Most Frequent Occupational Medicine Services

OCCUPATIONAL MEDICINE'S MOST FREQUENTLY BILLED SERVICES⁴

CPT CODE ¹	DESCRIPTION	MANKATO CLINIC CHARGE	AVERAGE COMMERCIAL REIMB RATE ²	MEDICARE ALLOWED ³	MEDICAID ALLOWED ³
36415	Blood Draw	\$27.56	\$9.53	\$9.09	\$8.83
99395	DOT Exam, Preventive Medicine, Established Patient 18-39 years	\$359.47	\$308.92	Non Covered	\$87.63
99396	DOT Exam, Preventive Medicine, Established Patient 40-64 years	\$382.13	\$328.31	Non Covered	\$92.96
99397	DOT Exam, Preventive Medicine, Established Patient 65+ years	\$410.97	\$353.75	Non Covered	\$100.33
93000	EKG	\$47.73	\$39.93	\$13.63	\$10.41
90632	Hepatitis A Vaccine	\$184.41	\$106.16	Non Covered	\$70.47
90746	Hepatitis B Vaccine	\$213.58	\$106.96	Non Covered	\$70.37
90471	Immunization Administration, by Nurse, 1 Vaccine	\$68.82	\$52.70	\$20.16	\$15.74
96372	Injection, Administration by Nurse, Subcutaneous or Intramuscular	\$47.73	\$36.61	\$13.86	\$10.41
81001	Lab, Urinalysis Dip Stick	\$29.48	\$10.21	\$3.17	\$3.17
87088	Lab, Urine Culture	\$52.76	\$21.77	\$8.09	\$8.09
86580	Mantoux (tuberculosis skin test)	\$34.41	\$27.47	\$9.71	\$9.71
90707	Measles, Mumps and Rubella	\$196.71	\$126.31	Non Covered	\$92.49
86481	Quantiferon	\$393.80	\$220.38	\$100.00	\$100.00
90714	Tetanus Diphtheria Vaccine	\$76.00	\$46.18	Non Covered	\$43.66
99401	Travel Consultation, 15 min	\$118.45	\$101.72	Non Covered	\$28.95
99402	Travel Consultation, 30 min	\$192.61	\$165.36	Non Covered	\$46.73
99403	Travel Consultation, 45 min	\$264.71	\$226.59	Non Covered	\$64.26

- ¹ **CPT Codes:** CPT codes are a medical code set that is used to report medical, surgical and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.
- Average Commercial Reimbursement Rate: Mankato Clinic is pleased to be participating with many large Insurance payers. If we are participating with your Insurance, we have agreed to an allowed amount with them. Any difference between Mankato Clinic's usual charge, and the allowed amount from a participating Insurance, is discounted. An Insurance company may cover a service, but you may still have an out-of-pocket cost if you have a deductible, co-pay or co-insurance. It is always advisable to check with your Insurance before having services if you have any questions about what your out-of-pocket expense will be.
- ³ **Medicare and Medicaid Allowed:** If patients are covered by Medicare or Medicaid, we are only reimbursed at the allowed amount listed.
- Occupational Medicine Services: Please note that the above charges do not include services that are billed directly to your employer. They are only reflective of fees billed to you or to your Insurance plan. Many of these services may be non-covered by your insurance and you may be responsible for the Mankato Clinic charge amount. Some fees may differ depending upon the level of complexity and detail of your visit.