

2025 Pricing for Most Frequent Healthcare Services



PEDIATRIC'S MOST FREQUENTLY BILLED SERVICES

CPT CODE ¹	DESCRIPTION	MANKATO CLINIC CHARGE	AVERAGE COMMERCIAL REIMB RATE ²	MEDICARE ALLOWED ³	MEDICAID ALLOWED ³
96127	Brief Emotional/Behavioral Assessment	\$15.54	\$12.52	\$4.41	\$3.57
54150	Circumcision	\$624.40	\$425.96	\$140.13	\$107.83
96110	Developmental Screening, Developmental Milestone Survey or Speech Language Delay Screen	\$38.85	\$30.62	Non Covered	\$8.67
99188	Fluoride Treatment	\$38.85	\$31.60	Non Covered	\$14.00
99174	Go-Check Instrument-Based Eye Screening Test	\$21.09	\$16.59	Non Covered	\$4.46
83655	Lab, Lead Test	\$69.42	\$13.03	Non Covered	\$12.11
69209	Removal of Impacted Ear Wax, Irrigation, Suction or Forceps	\$67.20	\$44.70	\$15.35	\$11.89
69210	Removal of Impacted Ear Wax, Requiring Instruments	\$201.60	\$136.51	\$45.53	\$34.70

MANKATO CLINIC'S MOST FREQUENTLY BILLED PREVENTIVE 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
36416	Finger Stick, Blood Draw	\$27.56	\$7.20	Non Covered	\$3.00
90471	Immunization Administration	\$68.82	\$52.70	\$20.16	\$15.74
90460	Immunization Administration, by Nurse, Through 18 years with Counseling	\$76.59	\$57.95	\$22.18	\$17.27
88142	Pap Smear	\$83.60	\$45.40	\$20.26	\$20.26
99392	Preventive Exam, Established Patient 1-4 years	\$322.39	\$275.62	Non Covered	\$78.74
99393	Preventive Exam, Established Patient 5-11 years	\$321.36	\$275.27	Non Covered	\$78.48
99395	Preventive Exam, Established Patient 18-30 years	\$359.47	\$308.92	Non Covered	\$87.63
99396	Preventive Exam, Established Patient 40-64 years	\$382.13	\$328.31	Non Covered	\$92.96
90715	Tetanus, Diphtheria and Pertussis Vaccine	\$113.91	\$61.42	Non Covered	\$38.52

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.

² **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.

⁴ **Preventive Services:** It is not uncommon for patients in the course of a preventive care visit to also receive management/treatment of a problem. When this occurs, both services must be reported to the Insurance company which may be subject to a co-pay or deductible, resulting in patient responsibility for a portion of the bill. If, in the course of a screening or test, your doctor diagnoses you with a health condition requiring treatment, the services you receive may no longer be considered preventive and may be subject to deductible, co-insurance and/or co-payment.

MANKATO CLINIC'S MOST FREQUENTLY BILLED SERVICES

CPT CODE ¹	DESCRIPTION	MANKATO CLINIC CHARGE	AVERAGE COMMERCIAL REIMB RATE ²	MEDICARE ALLOWED ³	MEDICAID ALLOWED ³
96127	Behavioral Assessment, with Scoring and Documentation	\$15.54	\$12.52	\$4.41	\$3.57
36415	Blood Draw	\$27.56	\$9.53	\$9.09	\$8.83
90461	Immunization Administration	\$28.86	\$24.92	\$8.22	\$6.35
90460	Immunization Administration, Through 18 years	\$76.59	\$57.95	\$22.18	\$17.27
90471	Immunization Administration, by Nurse, 1 Vaccine	\$68.82	\$52.70	\$20.16	\$15.74
80048	Lab, Basic Metabolic Panel	\$69.26	\$25.34	\$8.46	\$8.46
85027	Lab, Blood Count Complete, Automated	\$60.25	\$20.76	\$6.47	\$6.47
85025	Lab, Blood Count Complete, Automated with Differential WBC	\$60.25	\$22.68	\$7.77	\$7.77
80053	Lab, Comprehensive Metabolic Panel	\$86.49	\$31.54	\$10.56	\$10.56
83036	Lab, Hemoglobin Glycosylated A1C (avg blood glucose level)	\$55.63	\$24.71	\$9.71	\$9.71
80061	Lab, Lipid Panel	\$109.69	\$40.09	\$13.39	\$13.39
85610	Lab, Prothrombin Time (blood clotting test)	\$32.25	\$12.28	\$4.29	\$4.29
84443	Lab, Thyroid Stimulating Hormone Level	\$107.04	\$44.54	\$16.80	\$16.80
81001	Lab, Urinalysis Dip Stick	\$29.48	\$10.21	\$3.17	\$3.17
88305	Level 4 Surgical Pathology	\$296.70	\$187.80	\$70.11	\$70.11
99213	Office Visit, Level 3	\$281.19	\$233.38	\$87.61	\$68.32
99214	Office Visit, Level 4	\$396.55	\$329.98	\$122.99	\$96.26
99215	Office Visit, Level 5	\$558.26	\$460.31	\$172.48	\$135.12
99203	Office Visit, New Patient, Level 3	\$345.05	\$292.48	\$106.48	\$83.05
97140	Physical Therapy, Manual Techniques	\$89.91	\$68.48	\$27.21	\$20.07
97110	Physical Therapy, Therapeutic Procedures, 1 or more areas, each 15 minutes, Therapeutic Exercises	\$97.68	\$73.14	\$28.85	\$21.81
97112	Physical Therapy, Therapeutic Procedures, 1 or more areas, each 15 minutes, Neuromuscular Re-education	\$112.11	\$82.20	\$32.12	\$25.03
90833	Psychotherapy with Office Visit	\$239.76	\$198.87	\$71.65	\$58.30
87651	Strep A Culture	\$142.99	\$78.22	\$35.09	\$35.09
97530	Therapeutic Activities, Direct Patient Contact to Improve Functional Performance, each 15 minutes	\$122.10	\$89.50	\$34.83	\$27.26

MANKATO CLINIC'S MOST FREQUENTLY BILLED EVALUATION & MANAGEMENT SERVICES

CPT CODE ¹	DESCRIPTION	MANKATO CLINIC CHARGE	AVERAGE COMMERCIAL REIMB RATE ²	MEDICARE ALLOWED ³	MEDICAID ALLOWED ³
99350	Home or Assisted Living Visits, Established Patient	\$568.56	\$479.63	\$173.58	\$136.90
99213	Office Visit, Level 3	\$281.19	\$233.38	\$87.61	\$68.32
99214	Office Visit, Level 4	\$396.55	\$329.98	\$122.99	\$96.26
99215	Office Visit, Level 5	\$558.26	\$460.31	\$172.48	\$135.12
99203	Office Visit, New Patient, Level 3	\$345.05	\$292.48	\$106.48	\$83.05
99204	Office Visit, New Patient, Level 4	\$517.06	\$439.13	\$159.37	\$124.46
99392	Preventive Exam, Established Patient 1-4 years	\$322.39	\$275.62	Non Covered	\$78.74
99393	Preventive Exam, Established Patient 5-11 years	\$321.36	\$275.27	Non Covered	\$78.48
99395	Preventive Exam, Established Patient 18-30 years	\$359.47	\$308.92	Non Covered	\$87.63
99396	Preventive Exam, Established Patient 40-64 years	\$382.13	\$328.31	Non Covered	\$92.96