

# 2024 Pricing for Most Frequent Urgency Care Services

urgencycare

## URGENCY CARE'S MOST FREQUENTLY BILLED SERVICES

CPT CODE <sup>1</sup>	DESCRIPTION	MANKATO CLINIC CHARGE	AVERAGE COMMERCIAL REIMB RATE <sup>2</sup>	MEDICARE ALLOWED <sup>3</sup>	MEDICAID ALLOWED <sup>3</sup>	CPT CODE <sup>1</sup>	DESCRIPTION	MANKATO CLINIC CHARGE	AVERAGE COMMERCIAL REIMB RATE <sup>2</sup>	MEDICARE ALLOWED <sup>3</sup>	MEDICAID ALLOWED <sup>3</sup>
36415	Blood Draw	\$27.56	\$9.08	\$8.83	\$8.83	99213	Office Visit, Level 3	\$268.00	\$222.44	\$88.19	\$68.32
93000	EKG	\$46.44	\$38.52	\$13.82	\$10.41	99214	Office Visit, Level 4	\$379.00	\$315.81	\$124.32	\$96.26
90471	Immunization Administration, by Nurse, 1 Vaccine	\$64.80	\$49.74	\$20.43	\$15.74	99215	Office Visit, Level 5	\$531.00	\$439.68	\$174.40	\$135.12
96372	Injection, Administration by Nurse, Subcutaneous or Intramuscular	\$45.36	\$35.82	\$14.06	\$10.41	99202	Office Visit, New Patient, Level 2	\$215.00	\$185.19	\$70.17	\$54.35
80048	Lab, Basic Metabolic Panel	\$62.96	\$23.27	\$8.46	\$8.46	87480, 87510, 87660	Vaginal DNA Probe for Identification of Yeast, Trichomonas or Gardnerella	\$328.34	\$165.02	\$60.88	\$60.15
85027	Lab, Blood Count Complete Automated	\$54.77	\$18.79	\$6.47	\$6.47	74018	X-Ray, Abdomen, 1 view	\$124.20	\$87.08	\$29.92	\$22.55
85025	Lab, Blood Count Complete, Automated with Differential WBC	\$54.77	\$20.92	\$7.77	\$7.77	74019	X-Ray, Abdomen, 2 views	\$153.18	\$107.24	\$36.26	\$27.26
80053	Lab, Comprehensive Metabolic Panel	\$78.63	\$29.02	\$10.56	\$10.56	73610	X-Ray, Ankle	\$153.18	\$107.01	\$36.31	\$27.26
82565	Lab, Creatinine (for evaluation of renal function)	\$26.70	\$12.32	\$5.12	\$5.12	71046	X-Ray, Chest	\$139.38	\$97.64	\$33.24	\$25.03
85379	Lab, D-Dimer (to help rule out blood clot)	\$60.29	\$25.63	\$10.18	\$10.18	73080	X-Ray, Elbow, 3 views	\$135.24	\$94.51	\$32.61	\$24.54
87807	Lab, Detection for Respiratory Syncytial Virus (RSV)	\$62.52	\$28.11	\$13.10	\$13.10	73140	X-Ray, Finger	\$157.32	\$110.07	\$38.02	\$28.75
83036	Lab, Hemoglobin Glycosylated A1C (avg blood glucose level)	\$50.57	\$23.47	\$9.71	\$9.71	73630	X-Ray, Foot	\$142.14	\$99.33	\$33.96	\$25.53
87804	Lab, Influenza Detection	\$62.52	\$32.85	\$16.55	\$16.55	73130	X-Ray, Hand	\$153.18	\$107.25	\$36.98	\$27.76
80061	Lab, Lipid Panel	\$99.72	\$36.93	\$13.39	\$13.39	73564	X-Ray, Knee	\$193.20	\$135.34	\$47.00	\$35.44
85610	Lab, Prothrombin Time (blood clotting test)	\$29.32	\$11.47	\$4.29	\$4.29	71101	X-Ray, Ribs, Unilateral, 3 views	\$175.26	\$123.03	\$41.93	\$31.73
87880	Lab, Rapid Strep Test	\$62.52	\$36.29	\$16.53	\$16.53	73030	X-Ray, Shoulder	\$143.52	\$100.43	\$34.62	\$26.02
84443	Lab, Thyroid Stimulating Hormone Level	\$97.31	\$42.06	\$16.80	\$16.80	72100	X-Ray, Spine Lumbosacral, 2/3 views	\$165.60	\$115.99	\$39.62	\$29.99
81001	Lab, Urinalysis Dip Stick	\$26.80	\$9.14	\$3.17	\$3.17	72110	X-Ray, Spine Lumbosacral, 4 views	\$212.52	\$149.00	\$51.67	\$38.92
87088	Lab, Urine Culture	\$47.96	\$20.41	\$8.09	\$8.09	73110	X-Ray, Wrist	\$169.74	\$118.93	\$41.00	\$30.98
87491	Lab Screening, Chlamydia	\$328.00	\$125.97	\$35.09	\$35.09						
87591	Lab Screening, Gonorrhea	\$207.82	\$88.47	\$35.09	\$35.09						
87529	Lab Screening, Herpes Simplex Virus	\$207.82	\$88.47	\$35.09	\$35.09						

<sup>1</sup> **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.

<sup>2</sup> **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.

<sup>3</sup> **Medicare and Medicaid Allowed:** If patients are covered by Medicare or Medicaid, we are only reimbursed at the allowed amount listed.