

NORTHERN LIGHTS PEDIATRIC

& ADOLESCENT MEDICINE

Price Transparency Posting

CPT Category	CPT Code	CPT Description	Clinic Charge	Average Commercial Insurance Payment	Medicaid Payment	Medicare Payment
E/M	99212	Level 2 Established Patient Office Visit	\$135.00	\$86.18	\$45.39	N/A
E/M	99213	Level 3 Established Patient Office Visit	\$201.00	\$165.60	\$81.17	N/A
E/M	99214	Level 4 Established Patient Office Visit	\$284.00	\$217.14	\$96.21	N/A
E/M	99215	Level 5 Established Patient Office Visit	\$382.00	\$294.05	\$127.51	N/A
E/M	99202	Level 2 New Patient Office Visit	\$203.00	\$167.99	\$54.10	N/A
E/M	99203	Level 3 New Patient Office Visit	\$279.00	\$192.51	\$78.38	N/A
E/M	99204	Level 4 New Patient Office Visit	\$397.00	\$319.54	\$131.00	N/A
Preventative	99391	Established Patient Preventative Visit	\$250.00	\$191.28	\$72.68	N/A
Preventative	99392	Established Patient Preventative Visit	\$264.00	\$218.24	\$79.63	N/A
Preventative	99393	Established Patient Preventative Visit	\$277.00	\$244.24	\$84.69	N/A
Preventative	99394	Established Patient Preventative Visit	\$295.00	\$256.32	\$92.01	N/A
Preventative	99395	Established Patient Preventative Visit	\$302.00	\$262.84	\$97.60	N/A
Preventative	92552	Hearing Screen	\$80.00	\$70.18	\$33.45	N/A
Preventative	99173	Vision Screen	\$16.00	\$5.80	\$2.53	N/A
Other	17110	Wart Treatment 1-14	\$250.00	\$209.69	\$92.02	N/A
Other	94640	Initial Nebulizer Treatment	\$60.00	\$38.20	\$10.15	N/A
Other	87651	Molecular Group A Strep Test	\$77.00	\$38.62	\$36.04	N/A
Other	87502	Molecular Influenza Test A & B	\$120.00	\$101.80	\$95.16	N/A
Other	87635	Molecular COVID Test	\$160.00	\$52.06	\$50.15	N/A
Other	81003	Urine Analysis, Partial	\$20.00	\$2.84	\$2.45	N/A
Other	83655	Lead Screen	\$44.00	\$14.76	\$12.68	N/A
Other	36416	Capillary Blood Draw	\$25.00	\$5.18	\$3.12	N/A
Other	69209	Ear Lavage	\$60.00	\$38.70	\$17.52	N/A
Other	80061	Lipid Profile	\$70.00	\$18.55	\$14.20	N/A
Other	94010	Spirometry	\$100.00	\$62.82	\$36.20	N/A

Prices updated as of 2/1/2025

- The MN legislature passed a law that requires certain clinic to report amounts for their 25 most frequent services that cost more than \$25.00. The services listed here do not reflect all of the services provided at this clinic.
- The amounts posted above DO NOT reflect the amount(s) each clinic patient will pay for the services listed.
- Patients covered by commercial health insurance: your health insurance company has likely negotiated a discount or contracted rate for each service. Your insurance company's negotiated price might be higher or lower than the average commercial payment amount listed above. To learn more about your health insurance company's negotiated price or how much you will owe under the terms of your specific health policy, please contact your health insurance company.

***Definitions:**

E/M: Evaluation and Management Service (Office clinic visit)

Preventative: Services indicated as preventative (non-illness related) performed during a wellness visit

CPT: CPT stands for Current Procedural Terminology. Clinics use this code to bill the insurance company for the services you received.

Average Commercial Insurance Payment: This is the average amount patients with commercial insurance pay for this procedure. You and your insurance company may split this cost. Your deductible, co-insurance, and coverage affect how much you will pay. If you have questions about your insurance, call your insurance provider.

For more information, please contact the billing department at 651-251-5280