

# Astera Health Wadena Clinic Primary Care Price Transparency

In compliance with Minnesota law, each primary care clinic that specializes in family medicine, general internal medicine, gynecology or general pediatrics is required to post the clinic's top 25 procedures over \$25.00. The detailed information is noted in Minnesota Statutes 62J.812 Primary Care Price Transparency and the website is <https://www.revisor.mn.gov/statutes/2018/cite/62J.812>

CPT Code	Procedure Description	Clinic Charge	Average Commercial Insurance Reimbursement	Medicare Reimbursement	Medical Assistance Reimbursement
99212	Established patient office visit with straightforward medical decision making	124.54	53.56	400.66	388.91
99213	Established patient office visit with low level of medical decision making	174.35	68.40	400.66	388.91
99214	Established patient office visit with moderate level of medical decision making	261.53	110.86	400.66	388.91
99215	Established patient office visit with high level of medical decision making	347.67	161.53	400.66	388.91
99203	New patient office visit with low level of medical decision making	264.64	111.37	400.66	388.91
99204	New patient office visit with moderate level of medical decision making	376.73	179.03	400.66	388.91
99391	Established patient periodic preventive medicine exam (younger than 1 year)	233.51	148.02	400.66	388.91
99392	Established patient periodic preventive medicine exam (1-4 years)	245.96	158.26	400.66	388.91
99393	Established patient periodic preventive medicine exam (5-11 years)	265.68	154.85	400.66	388.91
99394	Established patient periodic preventive medicine exam (12-17 years)	279.17	156.01	400.66	388.91
99395	Established patient periodic preventive medicine exam (18-39 years)	302.01	172.94	400.66	388.91
99396	Established patient periodic preventive medicine exam (40-64 years)	328.99	181.76	400.66	388.91
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	342.48	NA	400.66	NA
20610	Aspiration and/or injection of fluid from large joint	262.57	143.84	400.66	388.91
90471	Administration of vaccine	49.82	29.91	NA	NA
90472	Administration of vaccine, each additional vaccine	47.74	31.39	NA	NA
90480	Administration of severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine by intramuscular injection, single dose	49.82	37.56	NA	NA
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	306.00	272.86	NA	NA
90715	Diphtheria, tetanus, and acellular pertussis vaccine (7 years or older)	73.00	39.62	NA	NA
90834	Psychotherapy, 45 minutes	296.82	69.41	400.66	388.91
90837	Psychotherapy, 1 hour	367.39	97.74	400.66	388.91
91320	Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose	229.74	140.01	NA	NA
96372	Injection of drug or substance under skin or into muscle	61.23	15.92	NA	NA
98940	Chiropractic manipulative treatment, 1-2 spinal regions	45.00	16.69	400.66	388.91
98941	Chiropractic manipulative treatment, 3-4 spinal regions	50.00	17.24	400.66	388.91

The Minnesota Legislature passed a law as noted above, that requires certain clinics to report amounts for the 25 most frequent services that cost more than \$25.00. This list above does not reflect all services provided at this clinic.

**ATTENTION: The amounts posted above DO NOT reflect the amount(s) each clinic patient will pay for the services listed.**

For specific information about the amount you will owe for the services you receive, please contact your insurer.

Patients covered by commercial health insurance or a Medicare Advantage plan: Your health insurance company has likely negotiated a discount or contracted rate for each service. Your health 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.

Patients with government-sponsored health coverage, such as Medicare or Medical Assistance: The payment rates listed above reflect amounts set by Medicare or Medical Assistance, not by this clinic. These rates do not reflect the amount you might owe as a co-payment.

The amounts posted do not reflect the amount(s) each patient will pay for the service. Patients who are eligible for financial assistance also receive additional discounts. For specific information about the amount you will owe, please contact your insurer, or contact us at (218) 631-7498.