



CHI St Francis Health

Clinic Reporting of top 25 procedures as required by MN Statute 62J.812

CPT Procedure Description	Evaluation and Management Code	Preventative Service Code	Gross Charge Amount	Medicare Allowed Amount	Medicaid Allowed Amount	Average Commercial Allowed Amount
Established Patient, office or other outpatient, Level III	Yes		\$ 280.00	\$ 21.09	\$ 65.02	\$ 146.24
New Patient, office or other outpatient, Level III	Yes		\$ 393.00	n/a	\$ 83.88	\$ 193.27
Ther/proph/diag inj, sc/im RHC (specify substance or drug)			\$ 87.00	\$ -	\$ 12.15	\$ 30.83
Ketorolac tromethamine inj			\$ 40.00	\$ -	\$ 0.49	\$ 4.34
Immunization Admin. Single or Combination vaccine/toxoid		Yes	\$ 55.00	\$ -	\$ -	\$ 35.14
Established Patient, office or other outpatient, Level II	Yes		\$ 192.00	\$ 17.43	\$ 22.06	\$ 90.80
Sports Physical			\$ 42.00	n/a	n/a	n/a
Established Patient, office or other outpatient, Level IV	Yes		\$ 403.00	\$ 64.25	\$ 98.22	\$ 214.16
New Patient, office or other outpatient, Level II	Yes		\$ 263.00	n/a	n/a	\$ 159.00
Department of Transportation Physical			\$ 110.00	n/a	n/a	\$ 110.00
Ceftriaxone sodium injection RHC			\$ 94.00	n/a	n/a	\$ 6.50
Diphenhydramine hcl injectio			\$ 70.00	n/a	n/a	\$ 1.06
Ondansetron hcl injection			\$ 65.00	n/a	\$ 11.58	\$ 4.71
Metoclopramide hcl injection			\$ 79.00	n/a	n/a	\$ 1.36
Influenza vaccine, split virus, preservative free, 0.5mL IM		Yes	\$ 43.00	n/a	n/a	\$ 22.71
Rabies vaccine, im		Yes	\$ 1,216.00	n/a	\$ 294.53	n/a
Tdap Vaccine IM Adacel (age 7 and up)		Yes	\$ 77.00	n/a	\$ -	\$ 42.74
Established patient, periodic comprehensive preventive med (age 40-64 years)	Yes		\$ 451.00	n/a	n/a	\$ 207.02
Repair superficial wound(s)			\$ 351.00	n/a	\$ 36.62	\$ 171.58
New Patient, office or other outpatient, Level IV	Yes		\$ 583.00	n/a	n/a	\$ 287.93
Kenalog-40 injection(triamcinolone acetonide) injectable suspension			\$ 456.00	\$ -	n/a	\$ 6.68
Rabies ig, im/sc		Yes	\$ 12,786.00	n/a	\$ 3,086.70	n/a
New Patient, Preventive visit, age 40-64	Yes		\$ 546.00	n/a	n/a	\$ 206.01
Airway Inhalation Treatment			\$ 60.00	n/a	n/a	\$ 15.55
Albuterol			\$ 16.00	n/a	n/a	\$ 0.09
Methylprednisolone injection			\$ 81.00	n/a	n/a	\$ 5.91
Drainage of skin abscess			\$ 468.00	n/a	n/a	\$ 251.54
TB intradermal test			\$ 32.00	n/a	n/a	\$ 15.53
Liv4 vaccine no prsv 0.25 ml im		Yes	\$ 39.00	n/a	n/a	\$ 19.76
Per pm reeval est pat infant	Yes		\$ 328.00	n/a	n/a	\$ 194.86
Established Patient, Preventive visit, age 18-19	Yes		\$ 429.00	n/a	n/a	\$ 194.41
Immunization admin each add		Yes	\$ 42.00	n/a	n/a	n/a
Immune admin oral/nasal		Yes	\$ 76.00	n/a	n/a	\$ 24.70
9vhpv vaccine 2/3 dose im		Yes	\$ 372.00	n/a	n/a	n/a
Laiv4 vaccine intranasal		Yes	\$ 50.00	n/a	n/a	\$ 28.23

Footnote 1 - Breckenridge Clinic used data from July 1, 2023 to March 31, 2024 to provide gross charge amounts and estimated allowed amounts.

Footnote 2 - Breckenridge Clinic plans to increase charges on January 1st, 2025.

Footnote 3 - The above amounts are Breckenridge Clinic's good faith effort to comply with Minnesota Statute 62J.812. This statute requires each provider to maintain a list of the services over \$25.00 that correspond with the provider's 25 most frequently billed current procedural terminology (CPT) codes. This list shall include the providers ten (10) most commonly billed evaluation and management codes, and the ten (10) most frequently billed CPT codes for preventative services.

Footnote 4 - Breckenridge Clinic's final charge and allowable amount may deviate from the above illustration. We have put for a good faith effort to provide the required disclosure. The disclosure above is not a final charge or allowed amount as historical data was used to develop the above financial figures.

Footnote 5 - If an item is denoted above as "N/A", which stands for not available, there was not enough recent claim activity that was fully adjudicated (paid) to provide a reasonable estimate of the allowed amounts.