

SELF-PAY & PRE-PAYMENT

FEE SCHEDULE

Office Visits (NEW)		
DESCRIPTION	CPT	SELF PAY (NEW)
New Patient Office Visit Level 3	99203	\$150.00
New Patient Office Visit Level 4	99204	\$175.00
New Patient Office Visit Level 5	99205	\$200.00

Office Visits (ESTABLISHED)		
DESCRIPTION	CPT	SELF PAY (EST)
Established Patient Office Visit Level 2 (Nurse)	99212	\$30.00
Established Patient Office Visit Level 3	99213	\$125.00
Established Patient Office Visit Level 4	99214	\$150.00
Established Patient Office Visit Level 5	99215	\$175.00

ADULT Preventive Services		
DESCRIPTION	CPT	SELF PAY
New Patient Preventive Care for Age 18 -39 years old	99385	\$150.00
New Patient Preventive Care for Age 40 - 64 years old	99386	\$165.00
New Patient Preventive Care for Age 65 and over	99387	\$180.00
Established Patient Preventive Care for Age 18 - 39 years old	99395	\$125.00
Established Patient Preventive Care for Age 40-64 years old	99396	\$140.00
Established Patient Preventive Care for Age 65 and over	99397	\$155.00
Pap(Z12.72)/Breast(Z12.39) Comm	G0101	\$50.00
Prostate/DRE	G0102	\$35.00

Well Child Checkups		
DESCRIPTION	CPT	SELF PAY
New Patient Preventive Care for Age 1-4 years old	99382	\$150.00
New Patient Preventive Care for Age 5-11 years old	99383	\$150.00
New Patient Preventive Care for Age 12-17 years old	99384	\$150.00
Established Patient Preventive Care for Age 1-4 years old	99392	\$125.00
Established Patient Preventive Care for Age 5-11 years old	99393	\$125.00
Established Patient Preventive Care for Age 12-17 years old	99394	\$125.00

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Medicare		
DESCRIPTION	CPT	SELF PAY
IPPE Welcome to MC (1st)	G0402	NA
EKG for Welcome to MC	G0403	NA
EKG Medicare	G0404	NA
EKG Interpret & Report	G0405	NA
Medicare annual exam 2nd	G0438	NA
Medicare annual exam 3rd+	G0439	NA
Hemoccult/FOBT	G0444	\$29.00
Initial Diabetic Foot Exam	G0445	NA
F/U Diabetic Foot Exam	G0446	NA
High intensity STI counseling	G0445	NA
Annual ed CVD dz/aspirin prn 15 min	G0446	NA
Counseling lung cancer screening by LDCTS	G0296	NA
Counseling for obesity, 15 min	G0447	NA
Lung Cancer Counseling for (LDCT)	G0296	NA

Depression Screening		
DESCRIPTION		SELF PAY
Depression screening, UP TO 15 min	G0444	\$25.00

TCM: Hospital F/U		
DESCRIPTION		SELF PAY
Post-D/C within 7-14 days MOD Com	99495	\$282.00
Post-D/C within 7 days Hlgh Com	99496	\$380.00

Medicare MSC		
DESCRIPTION		SELF PAY
Advanced Care Planning first 30 min	99497	\$119.00
Advanced Care Planning each add 30 min	99498	\$130.00
Primary Care Provider add on, focal point for medical care services	G2211	\$25.00

Forms/Home Health/Hospice Cert(s)		
DESCRIPTION		SELF PAY
Home Health Cert	G0180	NA
Home Health Recert	G0179	NA
Hospice Cert	G0182	NA

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MPC Non-Covered Msc Fees		
DESCRIPTION		SELF PAY
No Show Standard Appointment	MISCNSFEE	\$25.00
No Show Extended Appointment		\$50.00
Forms Fee (Basic)	MISCFORMFEE	\$25.00
Forms Fee (Extended)		\$50.00
Medical Records, Page(s) 1-25		\$5 + \$1 per page
Medical Records, Page(s) 26+		\$0.50 per page
Prescription Refill Fee	MISCRXREFILL	\$25.00
Prior Authorization Fee		\$25.00
SELF PAY LABS	MISCSPLAB	Variable by lab charge
After-Hours Calls		\$20.00

Additional Codes		
DESCRIPTION	CPT CODE	SELF PAY FEE
IV initial hook up	96360	\$52.00
IV add on	96361	\$20.00
Treatment of used to clear a skin lesion of pus to start the healing process	10060	\$177.00
Treatment of used to clear a skin lesion of pus to start the healing process	10061	\$306.00
Procedure where a small round piece of tissue is sent to the lab for biopsy	11104	\$176.00
Destruction (laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags	17111	\$187.00
Cryo (freezing) treatment of skin	17340	\$76.00
Small joint or bursa injection	20600	\$73.00
Intermediate joint or bursa injection	20605	\$75.00
Marge joint or bursa injection	20610	\$93.00
Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method	30802	\$398.00
Incision Procedures on the Vulva, Perineum and Introitus	56405	\$215.00
Removal of unspecified object from eye	65205	\$70.00
Removal of unspecified object from ear	69200	\$149.00
Shave removal of skin lesion on midsection less than 0.5 cm	11300	\$145.00
Shave removal of skin lesion on midsection 0.6 cm to 1.0 cm	11301	\$174.00
Shave removal of skin lesion on midsection 1.0 to 1.2 cm	11302	\$197.00
Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia	11305	\$153.00
Shave removal of a single lesion, scalp, neck, hands, feet, genitalia	11306	\$173.00
Shave removal of a single lesion, face, ears, eyelids, nose, lips less than 0.5 cm	11310	\$166.00
Shave removal of a single lesion, face, ears, eyelids, nose, lips 0.6 cm to 1 cm	11311	\$196.00
Shave removal of a single lesion, face, ears, eyelids, nose, lips 1.0 cm to 2.0 cm	11312	\$223.00
Excision of benign (normal) lesion including margins 0.6 cm to 1 cm	11401	\$223.00
Wound or cut greater or equal to 2 cm	12001	\$134.00
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet)	12002	\$162.00
Other Repair (Closure) Procedures on the Integumentary System	15851	\$153.00
Removal of first lesion	17000	\$96.00
Removal of 2 to 14 skin lesions (1 additional unit for each)	17003	\$10.00
Removal of 15 or more skin lesions	17004	\$238.00

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SELF-PAY and PRE-PAYMENT		FEE SCHEDULE
Labs		
DESCRIPTION		SELF PAY
HgA1C	83036	\$30.00
Glucose	82948	\$10.00
UA Dipstick	81002	\$10.00
Pregnancy, urine	81025	\$20.00
Urine Drug Screen	80307/ G0480	\$76.00
Rapid Strep	87880	\$20.00
Flu Test, Type A + B	87804	\$20.00
H. Pylori Test	86318	\$20.00
Mono	86308	\$20.00
Microalbumin/Urine	82044	\$10.00
Creat/Urine	82570	\$10.00
Hemoglobin	85018	\$10.00
Hematocrit	85014	\$10.00
Hemoccult/FOBT	82270	\$20.00
Venipuncture	36415	\$10.00
Fingerstick	36416	\$10.00
COVID/Flu	87428	\$65.00
COVID	87426	\$40.00

Procedures		
DESCRIPTION		SELF PAY
EKG W/ interpretation	93000	\$50.00
Spirometry	94010	\$30.00
Hearing Test	92551	\$25.00
Vision Test	99173	\$15.00
Cerumen Removal	69210	\$50.00
Nebulizer Treatment	94640	\$30.00
Skin tag removal (1-15)	11200	\$128.00
Skin tag removal (16-25)	11201	\$27.00
wart Removal 1st	17000	\$96.00
wart Removal 2nd-14th	17003	\$10.00
Cyst removal	11402	\$160.00
I/D abscess	10060	\$177.00
Shave biopsy	11302	\$197.00
Lesion biopsy (each additional 11105)	11104	\$176.00
Joint injection - medium	20605	\$75.00
Joint injection - major	20610	\$93.00
Plantar fasciitis injection	20550	\$91.81
FB (Foreign Body) Removal Ear	69200	\$134.75
FB (Foreign Body) Removal nose	30300	\$309.33
FB (Removal conjunctiva)	65205	\$105.00
FB skin simple (complex 10121)	10120	\$148.75
Nail Removal partial (w/ matrix 11750)	11730	\$147.00
Silver Nitrate Cautery	17250	\$70.00
Dressing & Debridement	16025	\$133.00

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FEE SCHEDULE

Screenings & Counseling		
DESCRIPTION		SELF PAY
Brief emotional/Behavioral Assessment (Depression/ADHD)	96127	\$25.00
Developmental screening (developmental/speech, etc)	96110	\$25.00
Admin of pt focused health risk assessment	96160	\$25.00
Admin of caregiver focused health risk assessment	96161	\$25.00
Contraceptive Methods Ed/Coun	99401	\$25.00
HIV Counseling females, annual	99401/ 99402	\$25.00
Asthma/Inhaler Education	94664	\$25.00
Screening and Counseling for Domestic Violence , Elder/vulnerable nts abuse	99401- 99404	\$25.00

Smoking/ETOH		
DESCRIPTION	MEDICARE	SELF PAY
Tobacco cess (3-10min) 1x/year	99406	\$25.00
Tobacco cess (>10min) 8x/year	99407	\$35.00
Alcohol misuse screen, 15 min 1x/year	G0442	N/A
Counseling for alcohol, 15 min x4/year	G0443	N/A
Screened for tobacco/Tobacco non-user	1036F	N/A
Screened & tobacco received cessation	4004F	N/A
Screening NOT performed for medical reasons	4004FIP	N/A
Screened for tobacco/Tobacco non-user	G9903	N/A
Tobacco cessation intervention (Edu or Rx)	G9906	N/A

Injections Administration		
DESCRIPTION		SELF PAY
Injection Administration	96372	\$20.00
Injection Admin (each additional)	96372	\$20.00

Injections		
DESCRIPTION		SELF PAY
Solu-Medrol 5mg (25 units)	J2919	\$5.00
Betamethasone per 12 mg/2 ml (x1-4)	J0702	\$5.00
Betamethasone per 6 mg/1 ml (x1-4)	J0702	\$5.00
Decadron 4mg	J1100	\$5.00
Vitamin B12 (1000 mcg)	J3420	\$5.00
Kenalog per 10 mg	J3301	\$2.00
Toradol per 15 mg (x1-4)	J1885	\$5.00
Phenergan (25-50mg)	J2550	\$5.00
Benadryl 50 mg	J1200	
Rocephin 250 mg (x1)	J0696	\$5.00
Rocephin 500 mg (x2)	J0696	\$5.00
Rocephin 1000 mg (x4)	J0696	\$5.00
Bicillin LA 600,000 units (per 100k x6)	J0558	\$186.00
Bicillin-LA 1.2 mil (per 100k x12)	J0561	\$165.00
Depo Medrol 40mg	J1040	\$12.00
Testosterone medication injection	J1070	\$5.00

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FEE SCHEDULE

Vaccine Administration		
DESCRIPTION		SELF PAY
Vaccine ADULT, Administration, Initial	90471	\$28.00
Administration ADULT, each addit	90472	\$11.00
Vaccine Pediatric, Administration Initial	90460	\$28.00
Vaccine Adult, Administration Additional	90461	\$11.00

Vaccines		
DESCRIPTION		SELF PAY
PPD/Tb Skin Test	86580	\$10.00
Pprevnar-13	90670	\$227.00
Pneumovax-23	90732	\$91.00
Hepatitis B Vaccine for Adult Injection	90746	\$145.00
Hepatitis B Pediatric Dose or Adult Dose	90744	\$90.00
Hepatitis A vaccine injection for pediatric and adolescent	90633	\$35.00
Hepatitis A and B Vaccine Adult	90636	\$117.00
Menactra	90734	\$120.00
Hep A (adult)	90632	\$125.00
Hep A (ped/adult) 2 dose	90633	\$35.00
TDaP (Adacel/Boostrix)	90715	\$40.00
Shingles Vaccine Injection	90750	\$175.00
Varivax/Varicella	90716	\$160.00
MMR	90707	\$88.00
FLU: >24 months Flucelvax® Quadrivalent	90661	\$30.00
FLU: High Dose >65 Flud® Adjuvanted Quadrivalent	90653	\$75.00

Chronic Care Mgmt		
DESCRIPTION		SELF PAY
CCM Monthly by MA- Routine 20 min	99490	\$67.00
CCM By Provider - 30 min	99491	\$91.00
CCM - Complex 60 min (staff/provider)	99487	\$127.00

Expanded/Prolonged Office Visit		
DESCRIPTION		SELF PAY
Prolonged visit-20+ min	99242	\$80.00
Prolonged visit-30+ min	99243	\$120.00
Prolonged visit-60+ min	99244	\$180.00
Prolonged visit-80+ min	99245	\$220.00
Visit after posted hours	99050	\$28.00
Visit on weekend/holiday	99051	\$28.00
Prolonged service add on each 15 min	99417	\$22.00

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Visit on weekend/holiday	99051	\$28.00
Prolonged service add on each 15 min	99417	\$22.00

Phone Visits (Audio only)		
DESCRIPTION		SELF PAY
E-visit 5-10 minutes via portal	99421	\$15.00
E-visit 11-20 minutes via portal	99422	\$30.00
E-visit 21+ minutes via portal	99423	\$50.00
Providing care planning to individuals with cognitive impairment over 50 min	99483	\$355.00

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MPC non-covered fees are for those services provided by MPC that are not covered by your health insurance plan. You are responsible in full for the cost of any non-covered services that are incurred as a patient at MPC.

If you do not have health insurance, the charges above are an estimated self-pay or pre-payment rate.

Listed on this fee schedule are the most frequently billed clinical services at MPC, including evaluation and management visit types, preventive visit types, and additional frequently billed procedures at MPC.

The prices included are NOT what customers will be expected to pay if they have a MPC participating health insurance. For specific information on the amount you will owe for the services listed, please contact your health insurance company directly.

Important considerations: If you have health insurance through your employer, purchased directly from a health plan or MNSure, a bill for your visit will be submitted to your insurance and subject to your individual health insurance benefits and cost-sharing arrangements.

If you have a MPC participating insurance, you will not be responsible for the amounts listed on this fee schedule but may be responsible for cost-sharing requirements as determined by the health plan product or supplemental benefits. We will submit your claim as a courtesy to our patients.