

Mille Lacs Health System

		clinic chg	self pay chg	cpt	avg comm reimbursement	medicare reimbursement	medicaid reimbursement
4871107	ARTHOCNTESIS MAJ JNT	259.00	194.25	20610	88.13	189.80	138.35
4871093	DEST PREAL LES FIRST	218.00	163.50	17000	99.25	189.80	138.35
4850012	OFFIC VST NEW PT II	190.00	142.50	99202	120.44	189.80	138.35
4850013	OFFIC VST NEW PT III	248.00	186.00	99203	115.19	189.80	138.35
4850014	OFFIC VST NEW PT IV	351.00	263.25	99204	230.49	189.80	138.35
4850083	OFFICE VST NEW V	473.00	354.75	99205	286.61	189.80	138.35
4850015	OFFIC VST EST PT II	133.00	99.75	99212	74.51	189.80	138.35
4850016	OFFIC VST EST PT III	169.00	126.75	99213	106.33	189.80	138.35
4850017	OFFIC VST EST PT IV	256.00	192.00	99214	143.38	189.80	138.35
4850018	OFFIC VST EST PT V	391.00	293.25	99215	202.51	189.80	138.35
4850048	PREV MED NEW <1 YR	239.00	179.25	99381	194.04	non covd by MC	138.35
4850049	PREV MED NEW 1-4 YR	259.00	194.25	99382	172.32	non covd by MC	138.35
4850050	PREV MED NEW 5-11 YR	274.00	205.50	99383	131.91	non covd by MC	138.35
4850051	PREV MED NEW 12-17YR	295.00	221.25	99384	189.58	non covd by MC	138.35
4850052	PREV MED NEW 18-39YR	364.00	273.00	99385	178.78	non covd by MC	138.35
4850053	PREV MED NEW 40-64YR	425.00	318.75	99386	223.83	non covd by MC	138.35
4850055	PREV MED EST PT <1YR	195.00	146.25	99391	164.06	non covd by MC	138.35
4850056	PREV MED EST 1-4 YR	208.00	156.00	99392	151.30	non covd by MC	138.35
4850057	PREV MED EST 5-11 YR	226.00	169.50	99393	165.01	non covd by MC	138.35
4850058	PREV MED EST 12-17YR	247.00	185.25	99394	171.69	non covd by MC	138.35
4850059	PREV MED EST 18-39YR	299.00	224.25	99395	181.89	non covd by MC	138.35
4850060	PREV MED EST 40-64YR	334.00	250.50	99396	195.84	non covd by MC	138.35
4850055	PREV MED EST <1 YR	195	146.25	99391	161.24	non covd by MC	138.35
4850056	PREV MED EST 1-4 YR	208	156.00	99392	172.32	non covd by MC	138.35
4850057	PREV MED EST 5-11 YR	226	169.50	99393	161.02	non covd by MC	138.35

***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.

*The Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than \$25. The services listed here do not reflect all of the services provided at this clinic.

*Medicare and Medicaid pay an all-inclusive rate for Rural health clinic visits.

*For more information, please contact (320) 532-2311 or send email to mlhspricing@mlhealth.org