



Legislative Report

Provider Payment and Reimbursement Rates

Health Care Administration

Healthcare Research and Quality Division

December 2022

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$17,700.

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I. Executive summary

This report was created to provide information regarding the provider reimbursement rates paid by Minnesota's Medicaid Managed Care Organizations and County-Based Purchasing Plans for certain categories of medical services. Its purpose is to provide transparency and comparative information on the reimbursement data for the top five billing codes within eight different specified categories of health care. These categories are physician prenatal services, physician preventive services, physician services other than prenatal or preventive, dental services, inpatient hospital services, outpatient hospital services, mental health services, and substance use disorder (SUD) services.

As requested in the legislation, the data tables break out reimbursement amounts by county for each health plan, as well as by overall rates for fee for service (FFS) and managed care (MCO) payment systems. Counties are reported based on the provider practice location listed on the claim. Only counties where the service of interest is provided by four or more providers are reported. Additional tables that break out data for each health plan, overall MCO rates, and overall FFS rates by Metropolitan Statistical Area (MSA) are also included to capture reimbursement detail in geographic areas where there may be too few providers to report at the county level.

II. Legislation

Minnesota Statutes 2020, section 256B.69, subd. 9f:

Subd. 9f. **Annual report on provider reimbursement rates.** (a) The commissioner, by December 15 of each year, beginning December 15, 2021, shall submit to the chairs and ranking minority members of the legislative committees with jurisdiction over health care policy and finance a report on managed care and county-based purchasing plan provider reimbursement rates.

(b) The report must include, for each managed care and county-based purchasing plan, the mean and median provider reimbursement rates by county for the calendar year preceding the reporting year, for the five most common billing codes statewide across all plans, in each of the following provider service categories if within the county there are more than three medical assistance enrolled providers providing the specific service within the specific category:

- 1) physician prenatal services;
- 2) physician preventive services;
- 3) physician services other than prenatal or preventive;
- 4) dental services;
- 5) inpatient hospital services;
- 6) outpatient hospital services;
- 7) mental health services; and
- 8) substance use disorder services.

(c) The commissioner shall also include in the report:

(1) the mean and median reimbursement rates across all plans by county for the calendar year preceding the reporting year for the billing codes and provider service categories described in paragraph (b); and

(2) the mean and median fee-for-service reimbursement rates by county for the calendar year preceding the reporting year for the billing codes and provider service categories described in paragraph (b).

III. Introduction

Report Background and Implementation

This report was prepared as a collaboration between the Healthcare Research and Quality and the Purchasing and Service Delivery divisions of DHS. Together these divisions have responsibilities for data analysis, reporting, Managed Care contract procurement, management, compliance, and rate setting for state healthcare programs. An internal workgroup across these disciplines provided guidance and review for data methodology and formatting decisions necessary to meet the legislative mandate. This is the second year of the report provided to the Legislature under this requirement. Updates have been made to service criteria in report year 2022 and, therefore, the tables provided in this year's report should not be used as a direct comparison to data provided in 2021.

MCOs are both health maintenance organizations and county-based purchasing plans contracted to provide health care services to enrollees of Minnesota Health Care Programs (MHCP). Among other functions necessary for ensuring service delivery, the managed care organizations determine provider networks and reimbursement rates to providers. After processing provider claims, the MCOs are required to send the claim information including provider reimbursement amounts, in the form of an encounter record to DHS. These encounter records are validated and maintained in the DHS Data Warehouse for program analytics. The DHS Data Warehouse also contains fee-for-service (FFS) claim information for services and other payments made directly by DHS to providers for services carved out of MCO contracts and for people who are excluded from the requirement to enroll with a managed care organization. Therefore, the DHS Data Warehouse is the primary source of information used for this report.

The report was created using data in the data warehouse as of October 10, 2022. Payment data reflects claims and encounters for service dates that occurred between January 1, 2021 and December 31, 2021 under all Minnesota Health Care Programs including Families and Children, Seniors Programs, Special Needs Basic Care and MinnesotaCare.

When preparing this report, only finalized records for paid services were included. Additionally, records reflecting a payment of zero dollars were excluded from the reimbursement statistics. This allows a more accurate reflection of the actual value of provider reimbursements for similar services. Additional claims that were excluded from the report are:

- Claims for carved out services under an alternative payment arrangement such as Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and Indian Health Services (IHS) where the value or payment for the service may be part of multiple claims;
- Claims with a third party liability payment from another payer including Medicare crossover claims or where no payment was made for a rendered service because of deductibles or spenddowns; and
- Claims where the provider address used to determine the county assignment was unlisted, or where the provider address was out of state.

New Tables in Report Year 2022

Counties listed in the tables in Appendix A are reported using the practice address of the provider submitting claims with the top billing codes in each of the service categories. Only counties with more than three providers providing the most frequently billed services in each of the categories are reported. In many counties in greater Minnesota with fewer than four providers of a specific type, this limits the reportable reimbursement data in one or more of the tables. Additionally, the top five most frequently used billing codes included in the report are determined at the state level for each service category, rather than determining the top five billing codes for each county. This results in some cases of a billing code that is frequently used across the state only being billed by one provider in a county where that billing code is rarely used. In response to the limitations of reportable reimbursement rates at the county level, additional tables were created for each service category by Metropolitan Statistical Area (MSA). These tables are included separately in Appendix B, and are meant to provide additional detail on the reimbursement rates across health plans and pay systems in geographical areas where there may be limited reportable data at the county level. The MSA categories include the following:

- Duluth
- Fargo
- Grand Forks
- Lacrosse-Onalaska
- Mankato-North Mankato
- Minneapolis-St. Paul- Bloomington
- Northeast
- Northwest
- Rochester
- Southeast
- Southwest
- St. Cloud

IV. Data Reports

The requested data, in full detail, is contained in fourteen tables reported in Appendix A.

The tables are organized by the service categories specified in the legislative request. One table for each service category contains the mean and median breakout by county and individual health plan and the second table compares a FFS and MCO mean and median amount by county. For consistency in reporting, the most frequently billed codes in each service grouping are determined at the state-level and not varied by county. The titles and content for each of these tables are outlined below.

Service criteria specifications have been updated in 2022 to provide a more accurate representation of provider reimbursement rates across the state. These updates include minor changes to service categories definitions, the removal of substance use disorder claims from other service categories, and a refinement in the identification of carve out service claims. Due to these changes, information provided in this report should not be used as a direct comparison to the previous year's report.

In the tables, the county represents the practice location of the provider. As directed in the legislative mandate, mean and median information is provided only when there are more than three providers of the service within a specific category. Not all MCOs are contracted to provide coverage in all counties. Additionally, provider service areas vary and the volume of distinct providers for a particular service, especially in rural counties, may often be three or fewer. Therefore, breaking out the information by county and MCO results in many instances without available data to report.

The additional fourteen tables that break data out by metropolitan statistical area are reported in Appendix B.

For sake of convenience and table size, the mean and median values are rounded to the nearest whole dollar.

A. Physician Prenatal Services

The most frequently billed physician prenatal services are those Current Procedural Terminology (CPT) codes shown in table 1 with the overall mean and median reimbursement amounts for Fee for Service (FFS) and Managed Care Organizations (MCO).

Table 1: Summary of Top Billing Codes for Prenatal Services- CY2021

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
59400 - OBSTETRICAL CARE	\$1,306	\$1,305	\$1,411	\$1,405
99212 - OFFICE/OUTPATIENT VISIT, EST, 10-19 MINS	\$31	\$27	\$34	\$35
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	\$56	\$62	\$60	\$64
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	\$80	\$80	\$89	\$92
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	\$116	\$124	\$129	\$132

There is some overlap in the top billing codes across the physician services categories. For an office visit or general outpatient service to be counted as a prenatal service there must be a pregnancy diagnosis attached to the claim for the service. All claims that are classified as prenatal services are excluded from the physician preventive and other physician service categories.

See Tables A-1.1 and A-1.2 in Appendix A for the detailed data with the following titles and content:

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used physician prenatal services among Medical Assistance and MinnesotaCare enrollees by billing code, county and health plan.

Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by County by Pay System 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used physician prenatal services among Medical Assistance and MinnesotaCare enrollees by billing code, county and pay system.

See Tables B-1.1 and B-1.2 in Appendix B for the detailed data with the following titles and content:

Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used physician prenatal services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and health plan.

Table B-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Pay System by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used physician prenatal services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and pay system.

B. Physician Preventive Services

The most frequently billed physician preventive services are those Current Procedural Terminology (CPT) codes shown in table 2 with the overall mean and median reimbursement amounts for Fee for Service (FFS) and Managed Care Organizations (MCO).

Table 2: Summary of Top Billing Codes for Preventive Services- CY2021

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99391 - PREVENTIVE VISIT, EST, INFANT	\$67	\$68	\$74	\$77
99392 - PREVENTIVE VISIT, EST, AGE 1-4	\$69	\$72	\$79	\$82
99393 - PREVENTIVE VISIT, EST, AGE 5-11	\$71	\$72	\$78	\$82

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99394 - PREVENTIVE VISIT, EST, AGE 12-17	\$76	\$79	\$85	\$89
S0302 - COMPLETED EPSDT	--	--	\$48	\$58

Claims that fall under preventive services but were also identified as prenatal services were excluded from this analysis to avoid duplication.

Also note that Minnesota Health Care Programs (MHCP) do not require the use of code S0302 and considers this code as informational only. If a charge is entered with Code S0302, MHCP will deduct that amount from the total charges on the claim. While this is true for FFS claims, this service is reimbursed by some combinations of providers and MCOs. This is not universally true however. In other cases, MCO's encounter claims show the code is being used as a place holder and a minor amount, such as \$0.01, is paid to the provider for that service. Typically the service is part of a larger claim payment for things such as evaluation and management services or primary care visits for an annual checkup. While S0302 is the 5th most common billing code on physician preventative paid claims, the minimal place holder value does not represent the lower end range of costs when costs are actually being paid.

See Tables A-2.1 and A-2.2 in Appendix A for the detailed data with the following titles and content:

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used physician preventive services among Medical Assistance and MinnesotaCare enrollees by billing code, county and health plan.

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used physician preventive services among Medical Assistance and MinnesotaCare enrollees by billing code, county and pay system.

See Tables B-2.1 and B-2.2 in Appendix B for the detailed data with the following titles and content:

Table B-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used physician preventive services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and health plan.

Table B-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Pay System by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used physician preventive services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and pay system.

C. Physician Services Other Than Prenatal or Preventive

The most frequently billed physician preventive services (other than prenatal or preventative care) are those CPT codes shown in table 3 with the overall mean and median reimbursement amounts for Fee for Service (FFS) and Managed Care Organizations (MCO).

Table 3: Summary of Top Billing Codes for Physician Services (Non Prenatal or Preventative)- CY2021

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	\$59	\$62	\$64	\$65
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	\$90	\$89	\$98	\$96
99232 - SUBSEQUENT HOSPITAL CARE, MODERATE RISK	\$51	\$48	\$59	\$54
99233 - SUBSEQUENT HOSPITAL CARE, HIGH RISK	\$72	\$68	\$85	\$78
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	\$40	\$35	\$58	\$45

Two codes (99213 and 99214) appear in both the prenatal and other datasets. This is not overlap, as 99213 and 99214 in the prenatal category are specific to a pregnancy diagnosis. These prenatal claims do not contribute to data found in the other physician services tables.

See Tables A-3.1 and A-3.2 in Appendix A for the detailed data with the following titles and content:

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used other physician services among Medical Assistance and MinnesotaCare enrollees by billing code, county and health plan.

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used other physician services among Medical Assistance and MinnesotaCare enrollees by billing code, county and pay system.

See Tables B-3.1 and B-3.2 in Appendix B for the detailed data with the following titles and content:

Table B-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

Provider Payment and Reimbursement Rates

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used other physician services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and health plan.

Table B-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Pay System by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used other physician services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and pay system.

D. Dental Services

The most frequently billed dental services are those Current Dental Terminology (CDT) codes shown in table 4 with the overall mean and median reimbursement amounts for Fee for Service (FFS) and Managed Care Organizations (MCO).

Table 4: Summary of Top Billing Codes for Dental Services- CY2021

CDT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	\$26	\$25	\$30	\$28
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	\$12	\$10	\$14	\$13
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	\$8	\$6	\$10	\$8
D1110 - DENTAL PROPHYLAXIS ADULT	\$39	\$38	\$50	\$49
D1206 - TOPICAL FLOURIDE VARNISH	\$23	\$25	\$26	\$26

See Tables A-4.1 and A-4.2 in Appendix A for the detailed data with the following titles and content:

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used dental services among Medical Assistance and MinnesotaCare enrollees by billing code, county and health plan.

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used dental services among Medical Assistance and MinnesotaCare enrollees by billing code, county and pay system.

See Tables B-4.1 and B-4.2 in Appendix B for the detailed data with the following titles and content:

Table B-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used dental services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and health plan.

Table B-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Pay System by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used dental services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and pay system.

E. Inpatient Hospital Services

The most frequently billed inpatient hospital services are those represented by the first three digits of the Diagnosis Related Groups (APR-DRG: 3Ms All Patient Refined Diagnosis Related Groups) shown in table 5 with the overall mean and median reimbursement amounts for Fee for Service (FFS) and Managed Care Organizations (MCO).

Table 5: Summary of Top Billing Codes for Inpatient Hospital Services- CY2021

APR-DRG CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
540 - CESAREAN SECTION	\$6,615	\$6,196	\$6,615	\$5,817
560 - VAGINAL DELIVERY	\$3,945	\$3,832	\$3,950	\$3,570
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	\$1,883	\$1,441	\$1,962	\$1,331
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	\$12,853	\$9,866	\$16,744	\$13,051
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	\$8,974	\$8,338	\$6,064	\$5,593

Inpatient hospital service claims identified as mental health or substance use disorder (SUD) services were excluded from the final data to avoid duplication with other service categories.

Reimbursement rates shown reflect only the total reimbursement amount as listed on claims and do not incorporate adjustments for the length of stay. While APR-DRG code 751 has a higher overall average reimbursement rate for fee-for-service claims compared to managed care, this is largely due to a higher average length of stay in fee-for-service claims (median of 7 days compared to managed care median of 4 days). When looking at average reimbursement per day, the difference is significantly smaller (fee-for-service mean of \$1207 to managed care's \$1191).

See Tables A-5.1 and A-5.2 in Appendix A for the detailed data with the following titles and content:

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used inpatient services among Medical Assistance and MinnesotaCare enrollees by billing code, county and health plan.

Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used inpatient services among Medical Assistance and MinnesotaCare enrollees by billing code, county and pay system.

See Tables B-5.1 and B-5.2 in Appendix B for the detailed data with the following titles and content:

Table B-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used inpatient services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and health plan.

Table B-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used inpatient services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and pay system.

F. Outpatient Hospital Services

The most frequently billed outpatient hospital services are those CPT codes shown in table 6 with the overall mean and median reimbursement amounts for Fee for Service (FFS) and Managed Care Organizations (MCO).

Table 6: Summary of Top Billing Codes for Outpatient Hospital Services- CY2021

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0260 - IV THERAPY, GENERAL	\$128	\$106	\$145	\$99
0420 – PHYSICAL THERAPY, GENERAL	\$55	\$44	\$61	\$46
0430 – OCCUPATIONAL THERAPY, GENERAL	\$69	\$58	\$70	\$56
0450 – EMERGENCY ROOM, GENERAL	\$308	\$216	\$291	\$235
0510 – CLINIC, GENERAL	\$104	\$111	\$113	\$117

Outpatient claims identified as mental health or substance use disorder services claims were removed from the final data to avoid duplication with other service categories.

Pharmacy codes are excluded from the final data due to large variation in reimbursement rates for various drugs that are billed under the same CPT code.

See Tables A-6.1 and A-6.2 in Appendix A for the detailed data with the following titles and content:

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used outpatient services among Medical Assistance and MinnesotaCare enrollees by billing code, county and health plan.

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used outpatient services among Medical Assistance and MinnesotaCare enrollees by billing code, county and pay system.

See Tables B-6.1 and B-6.2 in Appendix B for the detailed data with the following titles and content:

Table B-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used outpatient services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and health plan.

Table B-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used outpatient services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and pay system.

G. Mental Health Services

The most frequently billed mental health services are those CPT codes shown in table 7 with the overall mean and median reimbursement amounts for Fee for Service (FFS) and Managed Care Organizations (MCO).

Table 7: Summary of Top Billing Codes for Mental Health Services- CY2021

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 45 MINS	\$86	\$88	\$88	\$84
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60 MINS	\$120	\$105	\$113	\$107
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	\$16	\$12	\$16	\$12
H2014 - SKILLS TRAINING & DEVELOPMENT	\$169	\$108	\$84	\$55
H2017 - PSYCHOSOCIAL REHABILITATION	\$104	\$90	\$122	\$129

The median and mean reimbursement rates for mental health services reflect the total reimbursement amount for the procedure codes as listed on the claim and are not adjusted for the number of units billed on that claim. While the total reimbursement for CPT code H2014 shows a significantly higher dollar value for FFS claims, this results from more units being billed for this service on FFS claims compared to MCO claims and not a price per unit difference across pay systems. This is most observable in the Minneapolis-St Paul-Bloomington MSA, where

the mean number of units billed for CPT code H2014 on FFS claims is 17.6, compared to 5.8 units on FFS claims in all other MSAs, and 6.1 for all MCO claims. Because the Minneapolis-St Paul-Bloomington MSA accounts for such a large proportion of the total statewide FFS claims for code H2014, the higher average number of FFS units billed in the Twin Cities Metro explains the discrepancy between the averages of the paid amounts in the respective pay systems. When looking only at reimbursement amounts paid per unit for code H2014, the rates are generally similar, with a statewide mean of \$13.26 for FFS and \$13.77 for MCOs. This indicates that while the per unit reimbursement rates are similar across pay systems, the greater acuity or severity of need for FFS clients drives up their overall average cost compared to their managed care counterparts.

Substance use disorder claims are excluded from final data to avoid duplication across service categories.

See Tables A-7.1 and A-7.2 in Appendix A for the detailed data with the following titles and content:

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used mental health services among Medical Assistance and MinnesotaCare enrollees by billing code, county and health plan.

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used mental health services among Medical Assistance and MinnesotaCare enrollees by billing code, county and pay system.

See Tables B-7.1 and B-7.2 in Appendix B for the detailed data with the following titles and content:

Table B-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used mental health services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and health plan.

Table B-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Pay System by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used mental health services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and pay system.

H. Substance Use Disorder Services

The most frequently billed substance use disorder services are those CPT codes shown in table 8 with the overall mean and median reimbursement amounts for Fee for Service (FFS) and Managed Care Organizations (MCO).

Table 8: Summary of Top Billing Codes for Substance Use Disorder Services- CY2021

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	\$13	\$13	\$15	\$14

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	\$23	\$23	\$23	\$23
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	\$137	\$116	\$132	\$117
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	\$1,601	\$1,366	\$1,445	\$950
T1016 - TREATMENT COORDINATION	\$23	\$12	\$19	\$12

SUD services are covered under Medicaid and MinnesotaCare major programs, and additionally under major program OO (Behavioral Health Fund). Individuals who are enrolled in a state-contracted managed care organization for the dates of treatment are not eligible for Behavioral Health Fund payments. In addition, the Behavioral Health Fund is not limited to MA enrolled recipients. To ensure comparable data between fee-for-service and managed care pay systems, individuals with claims under Major Program OO exclusively have been excluded from SUD fee-for-service data.

CPT code H2036 reports a wide range of average reimbursement rates across counties and geographical areas. While not included in the report tables, CPT code modifiers are included on claim submissions with the H2036 CPT code that distinguish various populations and types of alcohol and/or drug treatment. Relevant modifiers with the H2036 CPT codes include the following types of alcohol and/or drug treatment programs:

- U4: Special populations
- U5: With medical services
- U8: With medication assisted therapy (MAT) dosing
- UC: Combination co-occurring mental health, medical services
- UD: Low intensity

See Tables A-8.1 and A-8.2 in Appendix A for the detailed data with the following titles and content:

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used substance use disorder (SUD) services among Medical Assistance and MinnesotaCare enrollees by billing code, county and health plan.

Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used substance use disorder (SUD) services among Medical Assistance and MinnesotaCare enrollees by billing code, county and pay system.

See Tables B-8.1 and B-8.2 in Appendix B for the detailed data with the following titles and content:

Table B-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used substance use disorder (SUD) services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and health plan.

Table B-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Pay System by Metropolitan Statistical Area (MSA) 2021

Contents: Mean and median rounded to the nearest whole dollar of the five most frequently used substance use disorder (SUD) services among Medical Assistance and MinnesotaCare enrollees by billing code, MSA and pay system.

V. Conclusion

This report is intended to provide information to the legislature on mean and median payments made to Healthcare providers under contract with DHS and MCOs to provide services to MA and MinnesotaCare enrollees. The information in this report summarizes a more detailed and complex system of provider payments and rates for eight specified service categories for the year 2021 as required by statute. This reporting requirement is specific to MCO provider reimbursements and FFS direct payments. It does not include MCO administrative dollars nor any discussion of MCO surplus or loss.

VI. Appendix A

See document 'Appendix A Provider Reimbursement Report 2022'.

VII. Appendix B

See document 'Appendix B Provider Reimbursement Report 2022'.

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
59400 - OBSTETRICAL CARE	AITKIN																
59400 - OBSTETRICAL CARE	ANOKA	\$1,487	\$1,484	\$1,412	\$1,405											\$1,332	\$1,330
59400 - OBSTETRICAL CARE	BECKER																
59400 - OBSTETRICAL CARE	BELTRAMI																
59400 - OBSTETRICAL CARE	BLUE EARTH																
59400 - OBSTETRICAL CARE	BROWN																
59400 - OBSTETRICAL CARE	CARLTON																
59400 - OBSTETRICAL CARE	CARVER																
59400 - OBSTETRICAL CARE	CHIPPEWA																
59400 - OBSTETRICAL CARE	CHISAGO																
59400 - OBSTETRICAL CARE	COTTONWOOD																
59400 - OBSTETRICAL CARE	CROW WING																
59400 - OBSTETRICAL CARE	DAKOTA	\$1,485	\$1,498	\$1,385	\$1,430											\$1,344	\$1,330
59400 - OBSTETRICAL CARE	DOUGLAS																
59400 - OBSTETRICAL CARE	FARIBAULT																
59400 - OBSTETRICAL CARE	FREEBORN																
59400 - OBSTETRICAL CARE	GOODHUE																
59400 - OBSTETRICAL CARE	HENNEPIN	\$1,466	\$1,484	\$1,374	\$1,405	\$1,429	\$1,413			\$1,629	\$1,213					\$1,414	\$1,330
59400 - OBSTETRICAL CARE	ISANTI																
59400 - OBSTETRICAL CARE	ITASCA																
59400 - OBSTETRICAL CARE	KANABEC																
59400 - OBSTETRICAL CARE	KANDIYOHI																
59400 - OBSTETRICAL CARE	LESUEUR																
59400 - OBSTETRICAL CARE	LYON																
59400 - OBSTETRICAL CARE	MARTIN																
59400 - OBSTETRICAL CARE	MCLEOD																
59400 - OBSTETRICAL CARE	MILLE LACS																
59400 - OBSTETRICAL CARE	MOWER																
59400 - OBSTETRICAL CARE	NOBLES																
59400 - OBSTETRICAL CARE	OLMSTED																
59400 - OBSTETRICAL CARE	OTTER TAIL	\$1,406	\$1,413														
59400 - OBSTETRICAL CARE	PENNINGTON																
59400 - OBSTETRICAL CARE	PIPESTONE																
59400 - OBSTETRICAL CARE	POLK																
59400 - OBSTETRICAL CARE	RAMSEY	\$1,486	\$1,484	\$1,382	\$1,405											\$1,329	\$1,330

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA																
99214 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO	\$90	\$94													\$87	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	CLAY																
99214 - OFFICE/OUTPATIENT VISIT, EST	COTTONWOOD																
99214 - OFFICE/OUTPATIENT VISIT, EST	CROW WING	\$101	\$93	\$83	\$84											\$71	\$69
99214 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$95	\$98	\$97	\$102					\$95	\$92					\$93	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST	DODGE																
99214 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS																
99214 - OFFICE/OUTPATIENT VISIT, EST	FARIBAULT																
99214 - OFFICE/OUTPATIENT VISIT, EST	FILLMORE																
99214 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN																
99214 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE																
99214 - OFFICE/OUTPATIENT VISIT, EST	GRANT																
99214 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$89	\$93	\$90	\$93	\$83	\$81			\$86	\$80			\$69	\$67	\$95	\$99
99214 - OFFICE/OUTPATIENT VISIT, EST	HOUSTON																
99214 - OFFICE/OUTPATIENT VISIT, EST	ISANTI																
99214 - OFFICE/OUTPATIENT VISIT, EST	ITASCA																
99214 - OFFICE/OUTPATIENT VISIT, EST	KANABEC																
99214 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI																
99214 - OFFICE/OUTPATIENT VISIT, EST	LAKE																
99214 - OFFICE/OUTPATIENT VISIT, EST	LESUEUR	\$82	\$87														
99214 - OFFICE/OUTPATIENT VISIT, EST	LYON																
99214 - OFFICE/OUTPATIENT VISIT, EST	MARTIN																
99214 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD																
99214 - OFFICE/OUTPATIENT VISIT, EST	MEEKER																
99214 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS	\$96	\$77														
99214 - OFFICE/OUTPATIENT VISIT, EST	MORRISON																
99214 - OFFICE/OUTPATIENT VISIT, EST	MOWER																
99214 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET																
99214 - OFFICE/OUTPATIENT VISIT, EST	NOBLES																
99214 - OFFICE/OUTPATIENT VISIT, EST	NORMAN																
99214 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED	\$83	\$75													\$79	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL																
99214 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON	\$84	\$74														
99214 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE																
99214 - OFFICE/OUTPATIENT VISIT, EST	POLK	\$87	\$85														
99214 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$95	\$98	\$98	\$103	\$91	\$94			\$77	\$77					\$88	\$92

Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
59400 - OBSTETRICAL CARE	AITKIN				
59400 - OBSTETRICAL CARE	ANOKA	\$1,305	\$1,305	\$1,393	\$1,405
59400 - OBSTETRICAL CARE	BECKER				
59400 - OBSTETRICAL CARE	BELTRAMI				
59400 - OBSTETRICAL CARE	BLUE EARTH				
59400 - OBSTETRICAL CARE	BROWN				
59400 - OBSTETRICAL CARE	CARLTON				
59400 - OBSTETRICAL CARE	CARVER				
59400 - OBSTETRICAL CARE	CHIPPEWA				
59400 - OBSTETRICAL CARE	CHISAGO				
59400 - OBSTETRICAL CARE	COTTONWOOD				
59400 - OBSTETRICAL CARE	CROW WING				
59400 - OBSTETRICAL CARE	DAKOTA			\$1,385	\$1,368
59400 - OBSTETRICAL CARE	DOUGLAS				
59400 - OBSTETRICAL CARE	FARIBAULT				
59400 - OBSTETRICAL CARE	FREEBORN				
59400 - OBSTETRICAL CARE	GOODHUE				
59400 - OBSTETRICAL CARE	HENNEPIN	\$1,309	\$1,305	\$1,416	\$1,405
59400 - OBSTETRICAL CARE	ISANTI				
59400 - OBSTETRICAL CARE	ITASCA				
59400 - OBSTETRICAL CARE	KANABEC				
59400 - OBSTETRICAL CARE	KANDIYOHI				
59400 - OBSTETRICAL CARE	LESUEUR				
59400 - OBSTETRICAL CARE	LYON				
59400 - OBSTETRICAL CARE	MARTIN				
59400 - OBSTETRICAL CARE	MCLEOD				
59400 - OBSTETRICAL CARE	MILLE LACS				
59400 - OBSTETRICAL CARE	MOWER				
59400 - OBSTETRICAL CARE	NOBLES				
59400 - OBSTETRICAL CARE	OLMSTED				
59400 - OBSTETRICAL CARE	OTTER TAIL			\$1,396	\$1,413
59400 - OBSTETRICAL CARE	PENNINGTON				
59400 - OBSTETRICAL CARE	PIPESTONE				
59400 - OBSTETRICAL CARE	POLK				
59400 - OBSTETRICAL CARE	RAMSEY	\$1,305	\$1,305	\$1,415	\$1,413
59400 - OBSTETRICAL CARE	RICE			\$1,379	\$1,368
59400 - OBSTETRICAL CARE	ROCK				
59400 - OBSTETRICAL CARE	ROSEAU				
59400 - OBSTETRICAL CARE	SCOTT			\$1,404	\$1,368
59400 - OBSTETRICAL CARE	ST. LOUIS	\$1,305	\$1,305	\$1,394	\$1,368
59400 - OBSTETRICAL CARE	STEARNS	\$1,327	\$1,305	\$1,389	\$1,427
59400 - OBSTETRICAL CARE	STEELE				
59400 - OBSTETRICAL CARE	WASHINGTON			\$1,375	\$1,330
59400 - OBSTETRICAL CARE	WINONA				
59400 - OBSTETRICAL CARE	WRIGHT				

Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
59400 - OBSTETRICAL CARE	YELLOW MEDICINE				
99212 - OFFICE/OUTPATIENT VISIT, EST	AITKIN				
99212 - OFFICE/OUTPATIENT VISIT, EST	ANOKA	\$38	\$39	\$36	\$40
99212 - OFFICE/OUTPATIENT VISIT, EST	BECKER				
99212 - OFFICE/OUTPATIENT VISIT, EST	BELTRAMI				
99212 - OFFICE/OUTPATIENT VISIT, EST	BIG STONE				
99212 - OFFICE/OUTPATIENT VISIT, EST	BLUE EARTH				
99212 - OFFICE/OUTPATIENT VISIT, EST	BROWN				
99212 - OFFICE/OUTPATIENT VISIT, EST	CARLTON				
99212 - OFFICE/OUTPATIENT VISIT, EST	CARVER				
99212 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA				
99212 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO				
99212 - OFFICE/OUTPATIENT VISIT, EST	CLAY				
99212 - OFFICE/OUTPATIENT VISIT, EST	COTTONWOOD				
99212 - OFFICE/OUTPATIENT VISIT, EST	CROW WING			\$27	\$26
99212 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$38	\$39	\$38	\$41
99212 - OFFICE/OUTPATIENT VISIT, EST	DODGE				
99212 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS				
99212 - OFFICE/OUTPATIENT VISIT, EST	FARIBAUT				
99212 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN				
99212 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE				
99212 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$32	\$27	\$35	\$37
99212 - OFFICE/OUTPATIENT VISIT, EST	ISANTI				
99212 - OFFICE/OUTPATIENT VISIT, EST	ITASCA				
99212 - OFFICE/OUTPATIENT VISIT, EST	KANABEC				
99212 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI				
99212 - OFFICE/OUTPATIENT VISIT, EST	LESUEUR				
99212 - OFFICE/OUTPATIENT VISIT, EST	LYON				
99212 - OFFICE/OUTPATIENT VISIT, EST	MARSHALL				
99212 - OFFICE/OUTPATIENT VISIT, EST	MARTIN				
99212 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD				
99212 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS				
99212 - OFFICE/OUTPATIENT VISIT, EST	MORRISON				
99212 - OFFICE/OUTPATIENT VISIT, EST	MOWER				
99212 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET				
99212 - OFFICE/OUTPATIENT VISIT, EST	NOBLES				
99212 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED			\$31	\$27
99212 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL				
99212 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON				
99212 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE				
99212 - OFFICE/OUTPATIENT VISIT, EST	POLK				
99212 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$38	\$39	\$39	\$42
99212 - OFFICE/OUTPATIENT VISIT, EST	RICE				
99212 - OFFICE/OUTPATIENT VISIT, EST	ROSEAU				
99212 - OFFICE/OUTPATIENT VISIT, EST	SCOTT			\$40	\$43

Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99212 - OFFICE/OUTPATIENT VISIT, EST	SHERBURNE				
99212 - OFFICE/OUTPATIENT VISIT, EST	ST. LOUIS	\$24	\$24	\$25	\$27
99212 - OFFICE/OUTPATIENT VISIT, EST	STEARNS			\$37	\$39
99212 - OFFICE/OUTPATIENT VISIT, EST	STEELE				
99212 - OFFICE/OUTPATIENT VISIT, EST	STEVENS				
99212 - OFFICE/OUTPATIENT VISIT, EST	TRAVERSE				
99212 - OFFICE/OUTPATIENT VISIT, EST	WASECA				
99212 - OFFICE/OUTPATIENT VISIT, EST	WASHINGTON	\$38	\$39	\$37	\$39
99212 - OFFICE/OUTPATIENT VISIT, EST	WATONWAN				
99212 - OFFICE/OUTPATIENT VISIT, EST	WINONA				
99212 - OFFICE/OUTPATIENT VISIT, EST	WRIGHT				
99212 - OFFICE/OUTPATIENT VISIT, EST	YELLOW MEDICINE				
99213 - OFFICE/OUTPATIENT VISIT, EST	AITKIN				
99213 - OFFICE/OUTPATIENT VISIT, EST	ANOKA	\$60	\$62	\$58	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST	BECKER				
99213 - OFFICE/OUTPATIENT VISIT, EST	BELTRAMI				
99213 - OFFICE/OUTPATIENT VISIT, EST	BIG STONE				
99213 - OFFICE/OUTPATIENT VISIT, EST	BLUE EARTH				
99213 - OFFICE/OUTPATIENT VISIT, EST	BROWN			\$66	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	CARLTON				
99213 - OFFICE/OUTPATIENT VISIT, EST	CARVER	\$64	\$62	\$65	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST	CASS				
99213 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA				
99213 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO			\$63	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	CLAY	\$49	\$51	\$54	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	COTTONWOOD				
99213 - OFFICE/OUTPATIENT VISIT, EST	CROW WING	\$45	\$45	\$55	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$63	\$62	\$64	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	DODGE				
99213 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS				
99213 - OFFICE/OUTPATIENT VISIT, EST	FARIBAULT				
99213 - OFFICE/OUTPATIENT VISIT, EST	FILLMORE				
99213 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN				
99213 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE				
99213 - OFFICE/OUTPATIENT VISIT, EST	GRANT				
99213 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$54	\$51	\$62	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	HOUSTON				
99213 - OFFICE/OUTPATIENT VISIT, EST	HUBBARD				
99213 - OFFICE/OUTPATIENT VISIT, EST	ISANTI				
99213 - OFFICE/OUTPATIENT VISIT, EST	ITASCA			\$47	\$44
99213 - OFFICE/OUTPATIENT VISIT, EST	KANABEC				
99213 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI				
99213 - OFFICE/OUTPATIENT VISIT, EST	LAKE				
99213 - OFFICE/OUTPATIENT VISIT, EST	LESUEUR			\$65	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	LYON				

Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	MAHNOMEN				
99213 - OFFICE/OUTPATIENT VISIT, EST	MARSHALL				
99213 - OFFICE/OUTPATIENT VISIT, EST	MARTIN			\$57	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD				
99213 - OFFICE/OUTPATIENT VISIT, EST	MEEKER				
99213 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS				
99213 - OFFICE/OUTPATIENT VISIT, EST	MORRISON				
99213 - OFFICE/OUTPATIENT VISIT, EST	MOWER				
99213 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET				
99213 - OFFICE/OUTPATIENT VISIT, EST	NOBLES			\$50	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED	\$51	\$45	\$53	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL			\$49	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON				
99213 - OFFICE/OUTPATIENT VISIT, EST	PINE				
99213 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE				
99213 - OFFICE/OUTPATIENT VISIT, EST	POLK				
99213 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$64	\$62	\$64	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	RED LAKE				
99213 - OFFICE/OUTPATIENT VISIT, EST	REDWOOD				
99213 - OFFICE/OUTPATIENT VISIT, EST	RICE	\$68	\$71	\$66	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST	ROCK				
99213 - OFFICE/OUTPATIENT VISIT, EST	ROSEAU				
99213 - OFFICE/OUTPATIENT VISIT, EST	SCOTT	\$63	\$62	\$69	\$71
99213 - OFFICE/OUTPATIENT VISIT, EST	SHERBURNE			\$65	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	SIBLEY				
99213 - OFFICE/OUTPATIENT VISIT, EST	ST. LOUIS	\$46	\$45	\$50	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	STEARNS	\$60	\$62	\$58	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	STEELE				
99213 - OFFICE/OUTPATIENT VISIT, EST	STEVENS				
99213 - OFFICE/OUTPATIENT VISIT, EST	WABASHA				
99213 - OFFICE/OUTPATIENT VISIT, EST	WASECA				
99213 - OFFICE/OUTPATIENT VISIT, EST	WASHINGTON	\$64	\$62	\$63	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	WATONWAN				
99213 - OFFICE/OUTPATIENT VISIT, EST	WILKIN				
99213 - OFFICE/OUTPATIENT VISIT, EST	WINONA				
99213 - OFFICE/OUTPATIENT VISIT, EST	WRIGHT	\$62	\$62	\$67	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	YELLOW MEDICINE				
99214 - OFFICE/OUTPATIENT VISIT, EST	AITKIN				
99214 - OFFICE/OUTPATIENT VISIT, EST	ANOKA	\$84	\$89	\$88	\$91
99214 - OFFICE/OUTPATIENT VISIT, EST	BECKER				
99214 - OFFICE/OUTPATIENT VISIT, EST	BELTRAMI				
99214 - OFFICE/OUTPATIENT VISIT, EST	BIG STONE				
99214 - OFFICE/OUTPATIENT VISIT, EST	BLUE EARTH				
99214 - OFFICE/OUTPATIENT VISIT, EST	BROWN				
99214 - OFFICE/OUTPATIENT VISIT, EST	CARLTON				

Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST	CARVER	\$79	\$80	\$89	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST	CASS				
99214 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA				
99214 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO			\$88	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	CLAY				
99214 - OFFICE/OUTPATIENT VISIT, EST	COTTONWOOD				
99214 - OFFICE/OUTPATIENT VISIT, EST	CROW WING	\$79	\$78	\$94	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$88	\$89	\$94	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	DODGE				
99214 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS				
99214 - OFFICE/OUTPATIENT VISIT, EST	FARIBAUT				
99214 - OFFICE/OUTPATIENT VISIT, EST	FILLMORE				
99214 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN				
99214 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE				
99214 - OFFICE/OUTPATIENT VISIT, EST	GRANT				
99214 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$78	\$75	\$92	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	HOUSTON				
99214 - OFFICE/OUTPATIENT VISIT, EST	ISANTI			\$92	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST	ITASCA				
99214 - OFFICE/OUTPATIENT VISIT, EST	KANABEC				
99214 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI				
99214 - OFFICE/OUTPATIENT VISIT, EST	LAKE				
99214 - OFFICE/OUTPATIENT VISIT, EST	LESUEUR			\$84	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	LYON			\$92	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	MARTIN				
99214 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD				
99214 - OFFICE/OUTPATIENT VISIT, EST	MEEKER				
99214 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS			\$102	\$84
99214 - OFFICE/OUTPATIENT VISIT, EST	MORRISON				
99214 - OFFICE/OUTPATIENT VISIT, EST	MOWER				
99214 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET				
99214 - OFFICE/OUTPATIENT VISIT, EST	NOBLES				
99214 - OFFICE/OUTPATIENT VISIT, EST	NORMAN				
99214 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED	\$76	\$66	\$80	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL				
99214 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON			\$86	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE				
99214 - OFFICE/OUTPATIENT VISIT, EST	POLK			\$83	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$90	\$89	\$95	\$99
99214 - OFFICE/OUTPATIENT VISIT, EST	RED LAKE				
99214 - OFFICE/OUTPATIENT VISIT, EST	REDWOOD				
99214 - OFFICE/OUTPATIENT VISIT, EST	RICE	\$96	\$101	\$96	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	ROCK				
99214 - OFFICE/OUTPATIENT VISIT, EST	ROSEAU				
99214 - OFFICE/OUTPATIENT VISIT, EST	SCOTT	\$91	\$89	\$95	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	SHERBURNE			\$104	\$102

Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST	SIBLEY				
99214 - OFFICE/OUTPATIENT VISIT, EST	ST. LOUIS	\$70	\$66	\$76	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST	STEARNS	\$84	\$89	\$83	\$84
99214 - OFFICE/OUTPATIENT VISIT, EST	STEELE				
99214 - OFFICE/OUTPATIENT VISIT, EST	STEVENS				
99214 - OFFICE/OUTPATIENT VISIT, EST	TODD				
99214 - OFFICE/OUTPATIENT VISIT, EST	WABASHA				
99214 - OFFICE/OUTPATIENT VISIT, EST	WASECA				
99214 - OFFICE/OUTPATIENT VISIT, EST	WASHINGTON	\$91	\$89	\$90	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	WATONWAN				
99214 - OFFICE/OUTPATIENT VISIT, EST	WINONA				
99214 - OFFICE/OUTPATIENT VISIT, EST	WRIGHT	\$86	\$89	\$93	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST	YELLOW MEDICINE				
99215 - OFFICE/OUTPATIENT VISIT, EST	ANOKA	\$121	\$124	\$129	\$134
99215 - OFFICE/OUTPATIENT VISIT, EST	BECKER				
99215 - OFFICE/OUTPATIENT VISIT, EST	BELTRAMI				
99215 - OFFICE/OUTPATIENT VISIT, EST	BIG STONE				
99215 - OFFICE/OUTPATIENT VISIT, EST	BLUE EARTH				
99215 - OFFICE/OUTPATIENT VISIT, EST	BROWN			\$132	\$129
99215 - OFFICE/OUTPATIENT VISIT, EST	CARVER			\$131	\$132
99215 - OFFICE/OUTPATIENT VISIT, EST	CASS				
99215 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA				
99215 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO				
99215 - OFFICE/OUTPATIENT VISIT, EST	CLAY				
99215 - OFFICE/OUTPATIENT VISIT, EST	CROW WING			\$122	\$131
99215 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$119	\$124	\$131	\$132
99215 - OFFICE/OUTPATIENT VISIT, EST	DODGE				
99215 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS				
99215 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN				
99215 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE				
99215 - OFFICE/OUTPATIENT VISIT, EST	GRANT				
99215 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$115	\$124	\$131	\$134
99215 - OFFICE/OUTPATIENT VISIT, EST	ISANTI				
99215 - OFFICE/OUTPATIENT VISIT, EST	ITASCA				
99215 - OFFICE/OUTPATIENT VISIT, EST	KANABEC				
99215 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI			\$135	\$132
99215 - OFFICE/OUTPATIENT VISIT, EST	LYON				
99215 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD				
99215 - OFFICE/OUTPATIENT VISIT, EST	MEEKER				
99215 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS				
99215 - OFFICE/OUTPATIENT VISIT, EST	MORRISON				
99215 - OFFICE/OUTPATIENT VISIT, EST	MOWER				
99215 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET				
99215 - OFFICE/OUTPATIENT VISIT, EST	NOBLES				
99215 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED	\$105	\$98	\$118	\$117

Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL				
99215 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON				
99215 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE				
99215 - OFFICE/OUTPATIENT VISIT, EST	POLK				
99215 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$121	\$124	\$132	\$139
99215 - OFFICE/OUTPATIENT VISIT, EST	RICE			\$134	\$140
99215 - OFFICE/OUTPATIENT VISIT, EST	SCOTT			\$131	\$140
99215 - OFFICE/OUTPATIENT VISIT, EST	SHERBURNE			\$134	\$140
99215 - OFFICE/OUTPATIENT VISIT, EST	SIBLEY				
99215 - OFFICE/OUTPATIENT VISIT, EST	ST. LOUIS	\$100	\$98	\$114	\$109
99215 - OFFICE/OUTPATIENT VISIT, EST	STEARNS	\$109	\$98	\$115	\$107
99215 - OFFICE/OUTPATIENT VISIT, EST	STEELE				
99215 - OFFICE/OUTPATIENT VISIT, EST	STEVENS				
99215 - OFFICE/OUTPATIENT VISIT, EST	WASECA				
99215 - OFFICE/OUTPATIENT VISIT, EST	WASHINGTON	\$126	\$124	\$132	\$139
99215 - OFFICE/OUTPATIENT VISIT, EST	WATONWAN				
99215 - OFFICE/OUTPATIENT VISIT, EST	WINONA				
99215 - OFFICE/OUTPATIENT VISIT, EST	WRIGHT			\$129	\$137
99215 - OFFICE/OUTPATIENT VISIT, EST	YELLOW MEDICINE				

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99391 - PREVENTIVE VISIT, EST, INFANT	AITKIN																
99391 - PREVENTIVE VISIT, EST, INFANT	ANOKA	\$77	\$77	\$78	\$79	\$77	\$78									\$78	\$79
99391 - PREVENTIVE VISIT, EST, INFANT	BECKER																
99391 - PREVENTIVE VISIT, EST, INFANT	BELTRAMI																
99391 - PREVENTIVE VISIT, EST, INFANT	BLUE EARTH																
99391 - PREVENTIVE VISIT, EST, INFANT	BROWN																
99391 - PREVENTIVE VISIT, EST, INFANT	CARLTON																
99391 - PREVENTIVE VISIT, EST, INFANT	CARVER	\$75	\$74	\$75	\$73											\$78	\$79
99391 - PREVENTIVE VISIT, EST, INFANT	CASS	\$52	\$50														
99391 - PREVENTIVE VISIT, EST, INFANT	CHIPPEWA																
99391 - PREVENTIVE VISIT, EST, INFANT	CHISAGO	\$79	\$79	\$71	\$74											\$77	\$79
99391 - PREVENTIVE VISIT, EST, INFANT	CLAY																
99391 - PREVENTIVE VISIT, EST, INFANT	COTTONWOOD																
99391 - PREVENTIVE VISIT, EST, INFANT	CROW WING	\$59	\$50	\$61	\$65												
99391 - PREVENTIVE VISIT, EST, INFANT	DAKOTA	\$77	\$77	\$79	\$79									\$71	\$69	\$79	\$79
99391 - PREVENTIVE VISIT, EST, INFANT	DODGE																
99391 - PREVENTIVE VISIT, EST, INFANT	DOUGLAS																
99391 - PREVENTIVE VISIT, EST, INFANT	FARIBAULT																
99391 - PREVENTIVE VISIT, EST, INFANT	FILLMORE																
99391 - PREVENTIVE VISIT, EST, INFANT	FREEBORN																
99391 - PREVENTIVE VISIT, EST, INFANT	GOODHUE																
99391 - PREVENTIVE VISIT, EST, INFANT	HENNEPIN	\$77	\$78	\$78	\$79	\$75	\$77					\$60	\$65			\$76	\$79
99391 - PREVENTIVE VISIT, EST, INFANT	HOUSTON																
99391 - PREVENTIVE VISIT, EST, INFANT	ISANTI																
99391 - PREVENTIVE VISIT, EST, INFANT	ITASCA																
99391 - PREVENTIVE VISIT, EST, INFANT	KANABEC																
99391 - PREVENTIVE VISIT, EST, INFANT	KANDIYOHI																
99391 - PREVENTIVE VISIT, EST, INFANT	LAKE																
99391 - PREVENTIVE VISIT, EST, INFANT	LESUEUR	\$78	\$77														
99391 - PREVENTIVE VISIT, EST, INFANT	LYON																
99391 - PREVENTIVE VISIT, EST, INFANT	MARTIN																
99391 - PREVENTIVE VISIT, EST, INFANT	MCLEOD																
99391 - PREVENTIVE VISIT, EST, INFANT	MEEKER																
99391 - PREVENTIVE VISIT, EST, INFANT	MILLE LACS																
99391 - PREVENTIVE VISIT, EST, INFANT	MORRISON																
99391 - PREVENTIVE VISIT, EST, INFANT	MOWER																
99391 - PREVENTIVE VISIT, EST, INFANT	NICOLLET																
99391 - PREVENTIVE VISIT, EST, INFANT	NOBLES																
99391 - PREVENTIVE VISIT, EST, INFANT	OLMSTED	\$66	\$77														

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99391 - PREVENTIVE VISIT, EST, INFANT	OTTER TAIL																
99391 - PREVENTIVE VISIT, EST, INFANT	PENNINGTON																
99391 - PREVENTIVE VISIT, EST, INFANT	PINE																
99391 - PREVENTIVE VISIT, EST, INFANT	PIPESTONE																
99391 - PREVENTIVE VISIT, EST, INFANT	POLK																
99391 - PREVENTIVE VISIT, EST, INFANT	RAMSEY	\$76	\$78	\$77	\$79	\$75	\$82									\$79	\$79
99391 - PREVENTIVE VISIT, EST, INFANT	RED LAKE																
99391 - PREVENTIVE VISIT, EST, INFANT	REDWOOD																
99391 - PREVENTIVE VISIT, EST, INFANT	RICE	\$77	\$77	\$80	\$81									\$73	\$71	\$79	\$79
99391 - PREVENTIVE VISIT, EST, INFANT	ROCK																
99391 - PREVENTIVE VISIT, EST, INFANT	ROSEAU																
99391 - PREVENTIVE VISIT, EST, INFANT	SCOTT	\$77	\$77	\$80	\$81											\$79	\$81
99391 - PREVENTIVE VISIT, EST, INFANT	SHERBURNE	\$78	\$77	\$75	\$74												
99391 - PREVENTIVE VISIT, EST, INFANT	ST. LOUIS	\$53	\$51	\$52	\$52			\$51	\$50							\$56	\$55
99391 - PREVENTIVE VISIT, EST, INFANT	STEARNS	\$75	\$74	\$69	\$70							\$67	\$69			\$73	\$74
99391 - PREVENTIVE VISIT, EST, INFANT	STEELE																
99391 - PREVENTIVE VISIT, EST, INFANT	STEVENS																
99391 - PREVENTIVE VISIT, EST, INFANT	TODD																
99391 - PREVENTIVE VISIT, EST, INFANT	TRAVERSE																
99391 - PREVENTIVE VISIT, EST, INFANT	WABASHA																
99391 - PREVENTIVE VISIT, EST, INFANT	WASECA																
99391 - PREVENTIVE VISIT, EST, INFANT	WASHINGTON	\$77	\$78	\$76	\$74											\$78	\$79
99391 - PREVENTIVE VISIT, EST, INFANT	WINONA																
99391 - PREVENTIVE VISIT, EST, INFANT	WRIGHT	\$75	\$77	\$70	\$70							\$73	\$74			\$77	\$77
99391 - PREVENTIVE VISIT, EST, INFANT	YELLOW MEDICINE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	AITKIN																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	ANOKA	\$82	\$82	\$84	\$85	\$84	\$88									\$83	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	BECKER																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	BELTRAMI																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	BENTON																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	BIG STONE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	BLUE EARTH																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	BROWN																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	CARLTON																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	CARVER	\$80	\$78	\$80	\$78							\$70	\$69			\$84	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	CASS	\$58	\$54														
99392 - PREVENTIVE VISIT, EST, AGE 1-4	CHIPPEWA																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	CHISAGO	\$84	\$84	\$76	\$79											\$82	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	CLAY																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	COTTONWOOD																

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99392 - PREVENTIVE VISIT, EST, AGE 1-4	CROW WING	\$63	\$54	\$65	\$69												
99392 - PREVENTIVE VISIT, EST, AGE 1-4	DAKOTA	\$82	\$82	\$84	\$85	\$78	\$78							\$76	\$73	\$84	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	DODGE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	DOUGLAS																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	FARIBAULT																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	FILLMORE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	FREEBORN																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	GOODHUE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	HENNEPIN	\$82	\$83	\$83	\$85	\$79	\$82					\$69	\$69			\$80	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	HOUSTON																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	HUBBARD																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	ISANTI																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	ITASCA																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	KANABEC																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	KANDIYOHI																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	LAKE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	LESUEUR	\$83	\$82													\$84	\$86
99392 - PREVENTIVE VISIT, EST, AGE 1-4	LYON																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	MARTIN																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	MCLEOD																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	MEEKER																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	MILLE LACS																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	MORRISON																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	MOWER																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	NICOLLET																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	NOBLES																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	OLMSTED	\$71	\$82														
99392 - PREVENTIVE VISIT, EST, AGE 1-4	OTTER TAIL																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	PENNINGTON																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	PIPESTONE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	POLK	\$70	\$78														
99392 - PREVENTIVE VISIT, EST, AGE 1-4	RAMSEY	\$81	\$83	\$82	\$85	\$75	\$88									\$84	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	RED LAKE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	REDWOOD																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	RICE	\$82	\$82	\$80	\$76									\$78	\$76	\$84	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	ROCK																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	ROSEAU																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	SCOTT	\$82	\$82	\$85	\$86											\$84	\$86
99392 - PREVENTIVE VISIT, EST, AGE 1-4	SHERBURNE	\$83	\$82	\$79	\$79											\$85	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	SIBLEY																

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99392 - PREVENTIVE VISIT, EST, AGE 1-4	ST. LOUIS	\$57	\$56	\$58	\$57			\$64	\$78							\$61	\$60
99392 - PREVENTIVE VISIT, EST, AGE 1-4	STEARNS	\$79	\$79	\$73	\$75							\$74	\$74			\$78	\$78
99392 - PREVENTIVE VISIT, EST, AGE 1-4	STEELE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	STEVENS																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	TODD																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	TRAVERSE																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	WABASHA																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	WASECA																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	WASHINGTON	\$82	\$83	\$80	\$79											\$83	\$84
99392 - PREVENTIVE VISIT, EST, AGE 1-4	WINONA																
99392 - PREVENTIVE VISIT, EST, AGE 1-4	WRIGHT	\$80	\$82	\$75	\$75							\$77	\$78			\$82	\$82
99393 - PREVENTIVE VISIT, EST, AGE 5-11	AITKIN																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	ANOKA	\$82	\$82	\$84	\$84	\$82	\$78									\$82	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	BECKER																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	BELTRAMI																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	BENTON																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	BIG STONE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	BLUE EARTH																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	BROWN																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	CARLTON																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	CARVER	\$79	\$78	\$80	\$77											\$83	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	CASS	\$56	\$54														
99393 - PREVENTIVE VISIT, EST, AGE 5-11	CHIPPEWA																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	CHISAGO	\$83	\$84	\$76	\$78												
99393 - PREVENTIVE VISIT, EST, AGE 5-11	CLAY																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	COTTONWOOD																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	CROW WING	\$62	\$54	\$65	\$69											\$61	\$60
99393 - PREVENTIVE VISIT, EST, AGE 5-11	DAKOTA	\$81	\$82	\$84	\$84									\$77	\$75	\$84	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	DODGE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	DOUGLAS																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	FARIBAUT																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	FILLMORE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	FREEBORN																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	GOODHUE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	HENNEPIN	\$81	\$83	\$83	\$84	\$78	\$80					\$66	\$69			\$80	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	HOUSTON																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	HUBBARD																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	ISANTI			\$86	\$86												
99393 - PREVENTIVE VISIT, EST, AGE 5-11	ITASCA																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	KANABEC																

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99393 - PREVENTIVE VISIT, EST, AGE 5-11	KANDIYOHI																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	LAKE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	LESUEUR																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	LYON																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	MARTIN																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	MCLEOD																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	MEEKER																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	MILLE LACS																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	MORRISON																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	MOWER																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	NICOLLET																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	NOBLES																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	OLMSTED	\$72	\$82														
99393 - PREVENTIVE VISIT, EST, AGE 5-11	OTTER TAIL																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	PENNINGTON																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	PIPESTONE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	POLK	\$70	\$78														
99393 - PREVENTIVE VISIT, EST, AGE 5-11	RAMSEY	\$80	\$83	\$82	\$84	\$72	\$72									\$84	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	RED LAKE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	REDWOOD																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	RICE	\$82	\$82	\$82	\$86									\$78	\$75	\$83	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	ROCK																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	ROSEAU																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	SCOTT	\$82	\$82	\$84	\$86											\$83	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	SHERBURNE	\$82	\$83	\$78	\$77											\$84	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	SIBLEY																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	ST. LOUIS	\$57	\$56	\$58	\$57											\$60	\$60
99393 - PREVENTIVE VISIT, EST, AGE 5-11	STEARNS	\$79	\$79	\$73	\$75							\$73	\$74			\$79	\$78
99393 - PREVENTIVE VISIT, EST, AGE 5-11	STEELE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	STEVENS																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	TODD																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	TRAVERSE																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	WABASHA																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	WASECA																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	WASHINGTON	\$82	\$82	\$80	\$81											\$82	\$84
99393 - PREVENTIVE VISIT, EST, AGE 5-11	WINONA																
99393 - PREVENTIVE VISIT, EST, AGE 5-11	WRIGHT	\$80	\$82	\$74	\$75							\$77	\$80			\$81	\$82
99394 - PREVENTIVE VISIT, EST, AGE 12-17	AITKIN																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	ANOKA	\$90	\$89	\$90	\$92											\$89	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	BECKER																

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99394 - PREVENTIVE VISIT, EST, AGE 12-17	BELTRAMI																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	BENTON																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	BIG STONE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	BLUE EARTH																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	BROWN																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	CARLTON																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	CARVER	\$86	\$85	\$87	\$84											\$90	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	CASS	\$67	\$63														
99394 - PREVENTIVE VISIT, EST, AGE 12-17	CHIPPEWA																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	CHISAGO	\$91	\$91	\$82	\$85												
99394 - PREVENTIVE VISIT, EST, AGE 12-17	CLAY	\$64	\$64														
99394 - PREVENTIVE VISIT, EST, AGE 12-17	COTTONWOOD																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	CROW WING	\$69	\$62	\$72	\$75												
99394 - PREVENTIVE VISIT, EST, AGE 12-17	DAKOTA	\$89	\$89	\$91	\$92									\$84	\$81	\$90	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	DODGE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	DOUGLAS																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	FARIBAULT																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	FILLMORE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	FREEBORN																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	GOODHUE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	HENNEPIN	\$89	\$90	\$90	\$92	\$84	\$87									\$87	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	HOUSTON																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	HUBBARD																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	ISANTI																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	ITASCA																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	KANABEC																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	KANDIYOHI																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	LAKE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	LESUEUR																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	LYON																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	MARTIN																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	MCLEOD																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	MEEKER																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	MILLE LACS																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	MORRISON																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	MOWER																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	NICOLLET																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	NOBLES																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	OLMSTED	\$79	\$89														
99394 - PREVENTIVE VISIT, EST, AGE 12-17	OTTER TAIL																

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99394 - PREVENTIVE VISIT, EST, AGE 12-17	PENNINGTON																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	PIPESTONE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	POLK																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	RAMSEY	\$87	\$90	\$89	\$92									\$84	\$81	\$91	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	RED LAKE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	REDWOOD																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	RICE	\$89	\$89											\$85	\$82	\$89	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	ROCK																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	ROSEAU																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	SCOTT	\$89	\$89	\$91	\$93											\$90	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	SHERBURNE	\$89	\$89	\$85	\$83											\$89	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	SIBLEY																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	ST. LOUIS	\$65	\$64	\$65	\$65											\$68	\$68
99394 - PREVENTIVE VISIT, EST, AGE 12-17	STEARNS	\$86	\$86	\$79	\$81											\$84	\$85
99394 - PREVENTIVE VISIT, EST, AGE 12-17	STEELE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	STEVENS																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	TODD																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	TRAVERSE																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	WABASHA																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	WASECA																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	WASHINGTON	\$89	\$89	\$87	\$86											\$90	\$91
99394 - PREVENTIVE VISIT, EST, AGE 12-17	WINONA																
99394 - PREVENTIVE VISIT, EST, AGE 12-17	WRIGHT	\$87	\$89	\$80	\$81							\$86	\$87			\$85	\$88
99394 - PREVENTIVE VISIT, EST, AGE 12-17	YELLOW MEDICINE																
S0302 - COMPLETED EPSDT	ANOKA	\$21	\$21	\$58	\$58	\$43	\$41									\$74	\$75
S0302 - COMPLETED EPSDT	BECKER																
S0302 - COMPLETED EPSDT	BELTRAMI																
S0302 - COMPLETED EPSDT	BIG STONE																
S0302 - COMPLETED EPSDT	BLUE EARTH																
S0302 - COMPLETED EPSDT	BROWN																
S0302 - COMPLETED EPSDT	CARLTON																
S0302 - COMPLETED EPSDT	CARVER	\$21	\$20	\$55	\$54											\$77	\$80
S0302 - COMPLETED EPSDT	CASS	\$20	\$20														
S0302 - COMPLETED EPSDT	CHIPPEWA																
S0302 - COMPLETED EPSDT	CHISAGO																
S0302 - COMPLETED EPSDT	CLAY																
S0302 - COMPLETED EPSDT	COTTONWOOD																
S0302 - COMPLETED EPSDT	CROW WING	\$20	\$20	\$212	\$281											\$59	\$60
S0302 - COMPLETED EPSDT	DAKOTA	\$21	\$21	\$58	\$58											\$76	\$75
S0302 - COMPLETED EPSDT	DODGE																

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
S0302 - COMPLETED EPSDT	DOUGLAS																
S0302 - COMPLETED EPSDT	FARIBAULT																
S0302 - COMPLETED EPSDT	FILLMORE																
S0302 - COMPLETED EPSDT	FREEBORN																
S0302 - COMPLETED EPSDT	GOODHUE																
S0302 - COMPLETED EPSDT	HENNEPIN	\$21	\$22	\$59	\$61	\$41	\$41			\$87	\$87					\$75	\$75
S0302 - COMPLETED EPSDT	HOUSTON																
S0302 - COMPLETED EPSDT	HUBBARD																
S0302 - COMPLETED EPSDT	ISANTI																
S0302 - COMPLETED EPSDT	ITASCA																
S0302 - COMPLETED EPSDT	KANABEC																
S0302 - COMPLETED EPSDT	KANDIYOHI																
S0302 - COMPLETED EPSDT	LAKE																
S0302 - COMPLETED EPSDT	LESUEUR																
S0302 - COMPLETED EPSDT	MCLEOD																
S0302 - COMPLETED EPSDT	MEEKER																
S0302 - COMPLETED EPSDT	MILLE LACS																
S0302 - COMPLETED EPSDT	MORRISON																
S0302 - COMPLETED EPSDT	MOWER																
S0302 - COMPLETED EPSDT	NICOLLET																
S0302 - COMPLETED EPSDT	OLMSTED	\$21	\$21														
S0302 - COMPLETED EPSDT	OTTER TAIL																
S0302 - COMPLETED EPSDT	PENNINGTON																
S0302 - COMPLETED EPSDT	PIPESTONE																
S0302 - COMPLETED EPSDT	POLK	\$20	\$20														
S0302 - COMPLETED EPSDT	RAMSEY	\$21	\$22	\$56	\$58	\$43	\$41			\$88	\$87					\$71	\$75
S0302 - COMPLETED EPSDT	RED LAKE																
S0302 - COMPLETED EPSDT	REDWOOD																
S0302 - COMPLETED EPSDT	RICE	\$21	\$21														
S0302 - COMPLETED EPSDT	SCOTT	\$21	\$21	\$60	\$61											\$76	\$80
S0302 - COMPLETED EPSDT	SHERBURNE	\$21	\$21	\$58	\$58											\$75	\$75
S0302 - COMPLETED EPSDT	SIBLEY																
S0302 - COMPLETED EPSDT	ST. LOUIS	\$21	\$21	\$53	\$42											\$59	\$60
S0302 - COMPLETED EPSDT	STEARNS	\$21	\$21	\$71	\$69											\$60	\$60
S0302 - COMPLETED EPSDT	STEELE																
S0302 - COMPLETED EPSDT	STEVENS																
S0302 - COMPLETED EPSDT	WABASHA																
S0302 - COMPLETED EPSDT	WASECA																
S0302 - COMPLETED EPSDT	WASHINGTON	\$21	\$21	\$59	\$58											\$72	\$75
S0302 - COMPLETED EPSDT	WRIGHT	\$21	\$21	\$53	\$51											\$63	\$60

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	AITKIN				
99391 - PREVENTIVE VISIT,EST,INFANT	ANOKA	\$72	\$68	\$78	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	BECKER			\$52	\$51
99391 - PREVENTIVE VISIT,EST,INFANT	BELTRAMI				
99391 - PREVENTIVE VISIT,EST,INFANT	BLUE EARTH			\$78	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	BROWN				
99391 - PREVENTIVE VISIT,EST,INFANT	CARLTON				
99391 - PREVENTIVE VISIT,EST,INFANT	CARVER			\$75	\$74
99391 - PREVENTIVE VISIT,EST,INFANT	CASS			\$52	\$50
99391 - PREVENTIVE VISIT,EST,INFANT	CHIPPEWA				
99391 - PREVENTIVE VISIT,EST,INFANT	CHISAGO	\$73	\$77	\$76	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	CLAY				
99391 - PREVENTIVE VISIT,EST,INFANT	COTTONWOOD				
99391 - PREVENTIVE VISIT,EST,INFANT	CROW WING			\$59	\$52
99391 - PREVENTIVE VISIT,EST,INFANT	DAKOTA	\$73	\$77	\$79	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	DODGE				
99391 - PREVENTIVE VISIT,EST,INFANT	DOUGLAS				
99391 - PREVENTIVE VISIT,EST,INFANT	FARIBAULT				
99391 - PREVENTIVE VISIT,EST,INFANT	FILLMORE				
99391 - PREVENTIVE VISIT,EST,INFANT	FREEBORN				
99391 - PREVENTIVE VISIT,EST,INFANT	GOODHUE				
99391 - PREVENTIVE VISIT,EST,INFANT	HENNEPIN	\$72	\$77	\$76	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	HOUSTON				
99391 - PREVENTIVE VISIT,EST,INFANT	HUBBARD				
99391 - PREVENTIVE VISIT,EST,INFANT	ISANTI			\$78	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	ITASCA			\$48	\$50
99391 - PREVENTIVE VISIT,EST,INFANT	KANABEC				
99391 - PREVENTIVE VISIT,EST,INFANT	KANDIYOHI				
99391 - PREVENTIVE VISIT,EST,INFANT	LAKE				
99391 - PREVENTIVE VISIT,EST,INFANT	LESUEUR			\$78	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	LYON				
99391 - PREVENTIVE VISIT,EST,INFANT	MARTIN				
99391 - PREVENTIVE VISIT,EST,INFANT	MCLEOD				
99391 - PREVENTIVE VISIT,EST,INFANT	MEEKER				
99391 - PREVENTIVE VISIT,EST,INFANT	MILLE LACS				
99391 - PREVENTIVE VISIT,EST,INFANT	MORRISON				
99391 - PREVENTIVE VISIT,EST,INFANT	MOWER				
99391 - PREVENTIVE VISIT,EST,INFANT	NICOLLET				
99391 - PREVENTIVE VISIT,EST,INFANT	NOBLES				
99391 - PREVENTIVE VISIT,EST,INFANT	OLMSTED			\$64	\$61
99391 - PREVENTIVE VISIT,EST,INFANT	OTTER TAIL				

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	PENNINGTON				
99391 - PREVENTIVE VISIT,EST,INFANT	PINE				
99391 - PREVENTIVE VISIT,EST,INFANT	PIPESTONE				
99391 - PREVENTIVE VISIT,EST,INFANT	POLK				
99391 - PREVENTIVE VISIT,EST,INFANT	RAMSEY	\$73	\$77	\$77	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	RED LAKE				
99391 - PREVENTIVE VISIT,EST,INFANT	REDWOOD				
99391 - PREVENTIVE VISIT,EST,INFANT	RICE	\$75	\$77	\$78	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	ROCK				
99391 - PREVENTIVE VISIT,EST,INFANT	ROSEAU				
99391 - PREVENTIVE VISIT,EST,INFANT	SCOTT			\$79	\$81
99391 - PREVENTIVE VISIT,EST,INFANT	SHERBURNE	\$74	\$77	\$77	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	ST. LOUIS	\$55	\$52	\$54	\$52
99391 - PREVENTIVE VISIT,EST,INFANT	STEARNS	\$74	\$77	\$73	\$74
99391 - PREVENTIVE VISIT,EST,INFANT	STEELE				
99391 - PREVENTIVE VISIT,EST,INFANT	STEVENS				
99391 - PREVENTIVE VISIT,EST,INFANT	TODD				
99391 - PREVENTIVE VISIT,EST,INFANT	TRAVERSE				
99391 - PREVENTIVE VISIT,EST,INFANT	WABASHA				
99391 - PREVENTIVE VISIT,EST,INFANT	WASECA				
99391 - PREVENTIVE VISIT,EST,INFANT	WASHINGTON	\$74	\$77	\$77	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	WINONA				
99391 - PREVENTIVE VISIT,EST,INFANT	WRIGHT	\$71	\$73	\$74	\$74
99391 - PREVENTIVE VISIT,EST,INFANT	YELLOW MEDICINE				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	AITKIN				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ANOKA	\$79	\$82	\$83	\$84
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BECKER			\$58	\$56
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BELTRAMI				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BENTON				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BIG STONE				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BLUE EARTH				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BROWN				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CARLTON				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CARVER	\$77	\$77	\$80	\$78
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CASS			\$58	\$54
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CHIPPEWA				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CHISAGO			\$80	\$84
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CLAY				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	COTTONWOOD				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CROW WING			\$63	\$54
99392 - PREVENTIVE VISIT,EST,AGE 1-4	DAKOTA	\$79	\$82	\$84	\$84
99392 - PREVENTIVE VISIT,EST,AGE 1-4	DODGE				

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	DOUGLAS				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	FARIBAULT				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	FILLMORE				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	FREEBORN				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	GOODHUE				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	HENNEPIN	\$75	\$82	\$81	\$84
99392 - PREVENTIVE VISIT,EST,AGE 1-4	HOUSTON				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	HUBBARD				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ISANTI			\$83	\$82
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ITASCA			\$53	\$54
99392 - PREVENTIVE VISIT,EST,AGE 1-4	KANABEC				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	KANDIYOHI				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	LAKE				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	LESUEUR			\$83	\$82
99392 - PREVENTIVE VISIT,EST,AGE 1-4	LYON				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MARTIN				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MCLEOD				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MEEKER				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MILLE LACS				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MORRISON				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MOWER				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	NICOLLET				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	NOBLES				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	OLMSTED			\$70	\$68
99392 - PREVENTIVE VISIT,EST,AGE 1-4	OTTER TAIL				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	PENNINGTON				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	PIPESTONE				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	POLK			\$72	\$78
99392 - PREVENTIVE VISIT,EST,AGE 1-4	RAMSEY	\$76	\$80	\$82	\$84
99392 - PREVENTIVE VISIT,EST,AGE 1-4	RED LAKE				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	REDWOOD				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	RICE			\$83	\$83
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROCK				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROSEAU				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SCOTT	\$78	\$80	\$84	\$86
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SHERBURNE			\$82	\$82
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SIBLEY				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ST. LOUIS	\$58	\$57	\$59	\$60
99392 - PREVENTIVE VISIT,EST,AGE 1-4	STEARNS			\$78	\$79
99392 - PREVENTIVE VISIT,EST,AGE 1-4	STEELE				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	STEVENS				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	TODD				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	TRAVERSE				

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WABASHA				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WASECA				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WASHINGTON	\$76	\$82	\$82	\$83
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WINONA				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WRIGHT			\$79	\$78
99393 - PREVENTIVE VISIT,EST,AGE5-11	AITKIN				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ANOKA	\$77	\$82	\$83	\$84
99393 - PREVENTIVE VISIT,EST,AGE5-11	BECKER				
99393 - PREVENTIVE VISIT,EST,AGE5-11	BELTRAMI				
99393 - PREVENTIVE VISIT,EST,AGE5-11	BENTON				
99393 - PREVENTIVE VISIT,EST,AGE5-11	BIG STONE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	BLUE EARTH				
99393 - PREVENTIVE VISIT,EST,AGE5-11	BROWN				
99393 - PREVENTIVE VISIT,EST,AGE5-11	CARLTON				
99393 - PREVENTIVE VISIT,EST,AGE5-11	CARVER	\$74	\$72	\$80	\$78
99393 - PREVENTIVE VISIT,EST,AGE5-11	CASS			\$56	\$54
99393 - PREVENTIVE VISIT,EST,AGE5-11	CHIPPEWA				
99393 - PREVENTIVE VISIT,EST,AGE5-11	CHISAGO			\$80	\$84
99393 - PREVENTIVE VISIT,EST,AGE5-11	CLAY				
99393 - PREVENTIVE VISIT,EST,AGE5-11	COTTONWOOD				
99393 - PREVENTIVE VISIT,EST,AGE5-11	CROW WING			\$62	\$54
99393 - PREVENTIVE VISIT,EST,AGE5-11	DAKOTA	\$78	\$82	\$83	\$84
99393 - PREVENTIVE VISIT,EST,AGE5-11	DODGE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	DOUGLAS				
99393 - PREVENTIVE VISIT,EST,AGE5-11	FARIBAULT				
99393 - PREVENTIVE VISIT,EST,AGE5-11	FILLMORE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	FREEBORN				
99393 - PREVENTIVE VISIT,EST,AGE5-11	GOODHUE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	HENNEPIN	\$77	\$82	\$81	\$84
99393 - PREVENTIVE VISIT,EST,AGE5-11	HOUSTON				
99393 - PREVENTIVE VISIT,EST,AGE5-11	HUBBARD				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ISANTI			\$82	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	ITASCA			\$54	\$54
99393 - PREVENTIVE VISIT,EST,AGE5-11	KANABEC				
99393 - PREVENTIVE VISIT,EST,AGE5-11	KANDIYOHI				
99393 - PREVENTIVE VISIT,EST,AGE5-11	LAKE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	LESUEUR			\$83	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	LYON				
99393 - PREVENTIVE VISIT,EST,AGE5-11	MARTIN				
99393 - PREVENTIVE VISIT,EST,AGE5-11	MCLEOD				
99393 - PREVENTIVE VISIT,EST,AGE5-11	MEEKER				
99393 - PREVENTIVE VISIT,EST,AGE5-11	MILLE LACS				

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99393 - PREVENTIVE VISIT,EST,AGE5-11	MORRISON				
99393 - PREVENTIVE VISIT,EST,AGE5-11	MOWER				
99393 - PREVENTIVE VISIT,EST,AGE5-11	NICOLLET				
99393 - PREVENTIVE VISIT,EST,AGE5-11	NOBLES				
99393 - PREVENTIVE VISIT,EST,AGE5-11	OLMSTED			\$70	\$68
99393 - PREVENTIVE VISIT,EST,AGE5-11	OTTER TAIL				
99393 - PREVENTIVE VISIT,EST,AGE5-11	PENNINGTON				
99393 - PREVENTIVE VISIT,EST,AGE5-11	PIPESTONE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	POLK			\$69	\$78
99393 - PREVENTIVE VISIT,EST,AGE5-11	RAMSEY	\$75	\$82	\$81	\$84
99393 - PREVENTIVE VISIT,EST,AGE5-11	RED LAKE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	REDWOOD				
99393 - PREVENTIVE VISIT,EST,AGE5-11	RICE			\$82	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROCK				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROSEAU				
99393 - PREVENTIVE VISIT,EST,AGE5-11	SCOTT	\$79	\$82	\$83	\$84
99393 - PREVENTIVE VISIT,EST,AGE5-11	SHERBURNE	\$76	\$72	\$81	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	SIBLEY				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ST. LOUIS	\$58	\$57	\$59	\$56
99393 - PREVENTIVE VISIT,EST,AGE5-11	STEARNS	\$77	\$72	\$78	\$79
99393 - PREVENTIVE VISIT,EST,AGE5-11	STEELE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	STEVENS				
99393 - PREVENTIVE VISIT,EST,AGE5-11	TODD				
99393 - PREVENTIVE VISIT,EST,AGE5-11	TRAVERSE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	WABASHA				
99393 - PREVENTIVE VISIT,EST,AGE5-11	WASECA				
99393 - PREVENTIVE VISIT,EST,AGE5-11	WASHINGTON	\$81	\$82	\$81	\$83
99393 - PREVENTIVE VISIT,EST,AGE5-11	WINONA				
99393 - PREVENTIVE VISIT,EST,AGE5-11	WRIGHT			\$79	\$79
99394 - PREVENTIVE VISIT,EST,12-17	AITKIN				
99394 - PREVENTIVE VISIT,EST,12-17	ANOKA	\$85	\$89	\$90	\$91
99394 - PREVENTIVE VISIT,EST,12-17	BECKER				
99394 - PREVENTIVE VISIT,EST,12-17	BELTRAMI				
99394 - PREVENTIVE VISIT,EST,12-17	BENTON				
99394 - PREVENTIVE VISIT,EST,12-17	BIG STONE				
99394 - PREVENTIVE VISIT,EST,12-17	BLUE EARTH				
99394 - PREVENTIVE VISIT,EST,12-17	BROWN				
99394 - PREVENTIVE VISIT,EST,12-17	CARLTON				
99394 - PREVENTIVE VISIT,EST,12-17	CARVER			\$87	\$85
99394 - PREVENTIVE VISIT,EST,12-17	CASS	\$65	\$65	\$67	\$64
99394 - PREVENTIVE VISIT,EST,12-17	CHIPPEWA				
99394 - PREVENTIVE VISIT,EST,12-17	CHISAGO			\$88	\$91

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99394 - PREVENTIVE VISIT,EST,12-17	CLAY			\$64	\$64
99394 - PREVENTIVE VISIT,EST,12-17	COTTONWOOD				
99394 - PREVENTIVE VISIT,EST,12-17	CROW WING	\$65	\$65	\$69	\$62
99394 - PREVENTIVE VISIT,EST,12-17	DAKOTA	\$86	\$89	\$90	\$91
99394 - PREVENTIVE VISIT,EST,12-17	DODGE				
99394 - PREVENTIVE VISIT,EST,12-17	DOUGLAS				
99394 - PREVENTIVE VISIT,EST,12-17	FARIBAULT				
99394 - PREVENTIVE VISIT,EST,12-17	FILLMORE				
99394 - PREVENTIVE VISIT,EST,12-17	FREEBORN				
99394 - PREVENTIVE VISIT,EST,12-17	GOODHUE				
99394 - PREVENTIVE VISIT,EST,12-17	HENNEPIN	\$83	\$89	\$88	\$91
99394 - PREVENTIVE VISIT,EST,12-17	HOUSTON				
99394 - PREVENTIVE VISIT,EST,12-17	HUBBARD				
99394 - PREVENTIVE VISIT,EST,12-17	ISANTI			\$89	\$89
99394 - PREVENTIVE VISIT,EST,12-17	ITASCA			\$60	\$56
99394 - PREVENTIVE VISIT,EST,12-17	KANABEC				
99394 - PREVENTIVE VISIT,EST,12-17	KANDIYOHI				
99394 - PREVENTIVE VISIT,EST,12-17	LAKE				
99394 - PREVENTIVE VISIT,EST,12-17	LESUEUR				
99394 - PREVENTIVE VISIT,EST,12-17	LYON				
99394 - PREVENTIVE VISIT,EST,12-17	MARTIN				
99394 - PREVENTIVE VISIT,EST,12-17	MCLEOD				
99394 - PREVENTIVE VISIT,EST,12-17	MEEKER				
99394 - PREVENTIVE VISIT,EST,12-17	MILLE LACS				
99394 - PREVENTIVE VISIT,EST,12-17	MORRISON				
99394 - PREVENTIVE VISIT,EST,12-17	MOWER				
99394 - PREVENTIVE VISIT,EST,12-17	NICOLLET				
99394 - PREVENTIVE VISIT,EST,12-17	NOBLES				
99394 - PREVENTIVE VISIT,EST,12-17	OLMSTED			\$77	\$74
99394 - PREVENTIVE VISIT,EST,12-17	OTTER TAIL				
99394 - PREVENTIVE VISIT,EST,12-17	PENNINGTON				
99394 - PREVENTIVE VISIT,EST,12-17	PIPESTONE				
99394 - PREVENTIVE VISIT,EST,12-17	POLK				
99394 - PREVENTIVE VISIT,EST,12-17	RAMSEY	\$78	\$79	\$88	\$91
99394 - PREVENTIVE VISIT,EST,12-17	RED LAKE				
99394 - PREVENTIVE VISIT,EST,12-17	REDWOOD				
99394 - PREVENTIVE VISIT,EST,12-17	RICE	\$85	\$89	\$89	\$89
99394 - PREVENTIVE VISIT,EST,12-17	ROCK				
99394 - PREVENTIVE VISIT,EST,12-17	ROSEAU				
99394 - PREVENTIVE VISIT,EST,12-17	SCOTT	\$88	\$89	\$91	\$91
99394 - PREVENTIVE VISIT,EST,12-17	SHERBURNE			\$88	\$89
99394 - PREVENTIVE VISIT,EST,12-17	SIBLEY				
99394 - PREVENTIVE VISIT,EST,12-17	ST. LOUIS	\$65	\$65	\$66	\$64

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99394 - PREVENTIVE VISIT,EST,12-17	STEARNS	\$86	\$89	\$85	\$86
99394 - PREVENTIVE VISIT,EST,12-17	STEELE				
99394 - PREVENTIVE VISIT,EST,12-17	STEVENS				
99394 - PREVENTIVE VISIT,EST,12-17	TODD				
99394 - PREVENTIVE VISIT,EST,12-17	TRAVERSE				
99394 - PREVENTIVE VISIT,EST,12-17	WABASHA				
99394 - PREVENTIVE VISIT,EST,12-17	WASECA				
99394 - PREVENTIVE VISIT,EST,12-17	WASHINGTON	\$87	\$89	\$89	\$90
99394 - PREVENTIVE VISIT,EST,12-17	WINONA				
99394 - PREVENTIVE VISIT,EST,12-17	WRIGHT			\$86	\$85
99394 - PREVENTIVE VISIT,EST,12-17	YELLOW MEDICINE				
S0302 - COMPLETED EPSDT	ANOKA			\$56	\$58
S0302 - COMPLETED EPSDT	BECKER			\$24	\$21
S0302 - COMPLETED EPSDT	BELTRAMI				
S0302 - COMPLETED EPSDT	BIG STONE				
S0302 - COMPLETED EPSDT	BLUE EARTH				
S0302 - COMPLETED EPSDT	BROWN				
S0302 - COMPLETED EPSDT	CARLTON				
S0302 - COMPLETED EPSDT	CARVER			\$49	\$51
S0302 - COMPLETED EPSDT	CASS			\$20	\$20
S0302 - COMPLETED EPSDT	CHIPPEWA				
S0302 - COMPLETED EPSDT	CHISAGO				
S0302 - COMPLETED EPSDT	CLAY				
S0302 - COMPLETED EPSDT	COTTONWOOD				
S0302 - COMPLETED EPSDT	CROW WING			\$32	\$20
S0302 - COMPLETED EPSDT	DAKOTA			\$55	\$61
S0302 - COMPLETED EPSDT	DODGE				
S0302 - COMPLETED EPSDT	DOUGLAS				
S0302 - COMPLETED EPSDT	FARIBAULT				
S0302 - COMPLETED EPSDT	FILLMORE				
S0302 - COMPLETED EPSDT	FREEBORN				
S0302 - COMPLETED EPSDT	GOODHUE				
S0302 - COMPLETED EPSDT	HENNEPIN			\$57	\$61
S0302 - COMPLETED EPSDT	HOUSTON				
S0302 - COMPLETED EPSDT	HUBBARD				
S0302 - COMPLETED EPSDT	ISANTI				
S0302 - COMPLETED EPSDT	ITASCA			\$36	\$21
S0302 - COMPLETED EPSDT	KANABEC				
S0302 - COMPLETED EPSDT	KANDIYOHI				
S0302 - COMPLETED EPSDT	LAKE				
S0302 - COMPLETED EPSDT	LESUEUR				
S0302 - COMPLETED EPSDT	MCLEOD				

Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventative Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
S0302 - COMPLETED EPSDT	MEEKER				
S0302 - COMPLETED EPSDT	MILLE LACS				
S0302 - COMPLETED EPSDT	MORRISON				
S0302 - COMPLETED EPSDT	MOWER				
S0302 - COMPLETED EPSDT	NICOLLET				
S0302 - COMPLETED EPSDT	OLMSTED			\$51	\$60
S0302 - COMPLETED EPSDT	OTTER TAIL				
S0302 - COMPLETED EPSDT	PENNINGTON				
S0302 - COMPLETED EPSDT	PIPESTONE				
S0302 - COMPLETED EPSDT	POLK			\$21	\$20
S0302 - COMPLETED EPSDT	RAMSEY			\$42	\$49
S0302 - COMPLETED EPSDT	RED LAKE				
S0302 - COMPLETED EPSDT	REDWOOD				
S0302 - COMPLETED EPSDT	RICE			\$30	\$21
S0302 - COMPLETED EPSDT	SCOTT			\$60	\$61
S0302 - COMPLETED EPSDT	SHERBURNE			\$37	\$22
S0302 - COMPLETED EPSDT	SIBLEY				
S0302 - COMPLETED EPSDT	ST. LOUIS			\$41	\$60
S0302 - COMPLETED EPSDT	STEARNS			\$30	\$21
S0302 - COMPLETED EPSDT	STEELE				
S0302 - COMPLETED EPSDT	STEVENS				
S0302 - COMPLETED EPSDT	WABASHA				
S0302 - COMPLETED EPSDT	WASECA				
S0302 - COMPLETED EPSDT	WASHINGTON			\$48	\$58
S0302 - COMPLETED EPSDT	WRIGHT			\$30	\$21

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	AITKIN	\$50	\$48	\$68	\$71												
99213 - OFFICE/OUTPATIENT VISIT, EST	ANOKA	\$70	\$69	\$66	\$70	\$69	\$68			\$79	\$91	\$61	\$60	\$61	\$61	\$66	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	BECKER	\$56	\$50	\$57	\$48					\$91	\$100	\$52	\$45			\$64	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	BELTRAMI	\$51	\$50									\$48	\$48				
99213 - OFFICE/OUTPATIENT VISIT, EST	BENTON																
99213 - OFFICE/OUTPATIENT VISIT, EST	BIG STONE	\$49	\$48									\$48	\$49			\$45	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST	BLUE EARTH	\$66	\$67	\$59	\$60					\$81	\$91	\$60	\$59	\$61	\$62	\$68	\$70
99213 - OFFICE/OUTPATIENT VISIT, EST	BROWN	\$68	\$71	\$72	\$74					\$80	\$81	\$66	\$69	\$65	\$68	\$65	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	CARLTON	\$64	\$67	\$60	\$61					\$93	\$100					\$65	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	CARVER	\$67	\$67	\$63	\$66	\$59	\$67			\$77	\$82	\$57	\$59	\$63	\$62	\$65	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST	CASS	\$50	\$48	\$51	\$51					\$95	\$100	\$47	\$50			\$51	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA	\$48	\$48														
99213 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO	\$67	\$72	\$59	\$64	\$65	\$67			\$84	\$96			\$57	\$63	\$61	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	CLAY	\$60	\$50	\$60	\$58					\$68	\$73	\$57	\$53			\$68	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST	COTTONWOOD	\$67	\$67													\$69	\$74
99213 - OFFICE/OUTPATIENT VISIT, EST	CROW WING	\$56	\$48	\$51	\$51					\$86	\$91	\$54	\$53	\$59	\$59	\$57	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$69	\$68	\$66	\$67	\$65	\$66	\$47	\$46	\$79	\$91	\$59	\$59	\$66	\$64	\$65	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	DODGE																
99213 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS	\$55	\$48	\$61	\$46					\$80	\$85	\$55	\$52			\$51	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	FARIBAULT																
99213 - OFFICE/OUTPATIENT VISIT, EST	FILLMORE	\$53	\$50														
99213 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN	\$54	\$51											\$51	\$47	\$48	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE															\$48	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	GRANT											\$63	\$65				
99213 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$67	\$68	\$65	\$67	\$61	\$55	\$41	\$44	\$76	\$77	\$56	\$59	\$58	\$61	\$65	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	HOUSTON																
99213 - OFFICE/OUTPATIENT VISIT, EST	HUBBARD											\$57	\$60				
99213 - OFFICE/OUTPATIENT VISIT, EST	ISANTI	\$68	\$71	\$61	\$53					\$84	\$95			\$65	\$64	\$70	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST	ITASCA	\$55	\$52	\$54	\$46			\$45	\$44	\$74	\$73	\$54	\$63			\$53	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	JACKSON																
99213 - OFFICE/OUTPATIENT VISIT, EST	KANABEC																
99213 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI	\$68	\$69									\$64	\$63			\$69	\$74
99213 - OFFICE/OUTPATIENT VISIT, EST	KITTSOON																
99213 - OFFICE/OUTPATIENT VISIT, EST	LAC QUI PARLE	\$58	\$48													\$63	\$73
99213 - OFFICE/OUTPATIENT VISIT, EST	LAKE	\$60	\$64	\$60	\$64											\$63	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	LAKE OF WOODS																
99213 - OFFICE/OUTPATIENT VISIT, EST	LESUEUR	\$65	\$67	\$66	\$67									\$61	\$64	\$63	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	LINCOLN																

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	LYON	\$67	\$67									\$76	\$65			\$64	\$59
99213 - OFFICE/OUTPATIENT VISIT, EST	MAHNOMEN																
99213 - OFFICE/OUTPATIENT VISIT, EST	MARSHALL																
99213 - OFFICE/OUTPATIENT VISIT, EST	MARTIN	\$57	\$51													\$55	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD	\$56	\$51	\$48	\$46							\$47	\$47	\$46	\$46	\$52	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	MEEKER											\$50	\$47				
99213 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS	\$96	\$72	\$130	\$170					\$80	\$85			\$65	\$65	\$63	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	MORRISON	\$55	\$48	\$50	\$53					\$81	\$91					\$45	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST	MOWER																
99213 - OFFICE/OUTPATIENT VISIT, EST	MURRAY	\$65	\$67														
99213 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET															\$68	\$71
99213 - OFFICE/OUTPATIENT VISIT, EST	NOBLES	\$52	\$50													\$50	\$52
99213 - OFFICE/OUTPATIENT VISIT, EST	NORMAN																
99213 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED	\$64	\$62	\$62	\$45					\$86	\$97			\$57	\$61	\$56	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL	\$52	\$48	\$50	\$46					\$72	\$70	\$55	\$54			\$62	\$61
99213 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON	\$60	\$50	\$84	\$77							\$71	\$76			\$67	\$71
99213 - OFFICE/OUTPATIENT VISIT, EST	PINE	\$56	\$50	\$51	\$46												
99213 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE	\$59	\$64									\$47	\$47			\$58	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	POLK	\$63	\$67	\$55	\$58					\$86	\$85	\$58	\$62			\$70	\$74
99213 - OFFICE/OUTPATIENT VISIT, EST	POPE											\$69	\$75				
99213 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$68	\$68	\$67	\$70	\$65	\$67	\$41	\$44	\$76	\$82	\$53	\$54	\$59	\$61	\$66	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	RED LAKE																
99213 - OFFICE/OUTPATIENT VISIT, EST	REDWOOD	\$105	\$67													\$63	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	RENVILLE											\$68	\$69				
99213 - OFFICE/OUTPATIENT VISIT, EST	RICE	\$70	\$68	\$64	\$67	\$73	\$67			\$83	\$95			\$65	\$64	\$66	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST	ROCK																
99213 - OFFICE/OUTPATIENT VISIT, EST	ROSEAU	\$67	\$67													\$72	\$76
99213 - OFFICE/OUTPATIENT VISIT, EST	SCOTT	\$71	\$68	\$69	\$71	\$68	\$67			\$80	\$85	\$60	\$59	\$61	\$63	\$66	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	SHERBURNE	\$70	\$69	\$63	\$64	\$69	\$68			\$67	\$52	\$79	\$61	\$64	\$64	\$66	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	SIBLEY													\$60	\$62	\$58	\$61
99213 - OFFICE/OUTPATIENT VISIT, EST	ST. LOUIS	\$54	\$50	\$49	\$49	\$60	\$66	\$45	\$43	\$80	\$79	\$50	\$47	\$53	\$47	\$52	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	STEARNS	\$67	\$68	\$57	\$59	\$62	\$61	\$48	\$49	\$85	\$91	\$60	\$63	\$59	\$61	\$65	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	STEELE	\$70	\$71	\$72	\$74												
99213 - OFFICE/OUTPATIENT VISIT, EST	STEVENS											\$50	\$52				
99213 - OFFICE/OUTPATIENT VISIT, EST	SWIFT	\$79	\$82														
99213 - OFFICE/OUTPATIENT VISIT, EST	TODD	\$64	\$66	\$56	\$58											\$59	\$62
99213 - OFFICE/OUTPATIENT VISIT, EST	TRAVERSE											\$64	\$65				
99213 - OFFICE/OUTPATIENT VISIT, EST	WABASHA																
99213 - OFFICE/OUTPATIENT VISIT, EST	WADENA															\$63	\$62

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	WASECA																
99213 - OFFICE/OUTPATIENT VISIT, EST	WASHINGTON	\$67	\$67	\$64	\$65	\$64	\$67			\$76	\$81	\$60	\$59	\$65	\$63	\$65	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	WATONWAN																
99213 - OFFICE/OUTPATIENT VISIT, EST	WILKIN																
99213 - OFFICE/OUTPATIENT VISIT, EST	WINONA	\$65	\$64													\$61	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	WRIGHT	\$66	\$67	\$56	\$58	\$60	\$67			\$75	\$81	\$63	\$65	\$67	\$64	\$64	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	YELLOW MEDICINE	\$64	\$67													\$65	\$65
99214 - OFFICE/OUTPATIENT VISIT, EST	AITKIN	\$80	\$72	\$99	\$105												
99214 - OFFICE/OUTPATIENT VISIT, EST	ANOKA	\$113	\$101	\$94	\$95	\$96	\$97			\$116	\$129	\$90	\$90	\$90	\$89	\$97	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	BECKER	\$88	\$74	\$115	\$75					\$134	\$142	\$80	\$66			\$100	\$105
99214 - OFFICE/OUTPATIENT VISIT, EST	BELTRAMI	\$86	\$74									\$77	\$76				
99214 - OFFICE/OUTPATIENT VISIT, EST	BENTON	\$103	\$96														
99214 - OFFICE/OUTPATIENT VISIT, EST	BIG STONE	\$74	\$72									\$76	\$77				
99214 - OFFICE/OUTPATIENT VISIT, EST	BLUE EARTH	\$110	\$96	\$87	\$90					\$115	\$120			\$92	\$89	\$102	\$105
99214 - OFFICE/OUTPATIENT VISIT, EST	BROWN	\$106	\$101	\$98	\$102					\$120	\$129	\$95	\$95	\$95	\$94	\$97	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	CARLTON	\$95	\$96	\$84	\$89					\$135	\$142					\$95	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST	CARVER	\$100	\$96	\$91	\$92	\$78	\$72			\$109	\$115	\$83	\$84	\$92	\$89	\$96	\$99
99214 - OFFICE/OUTPATIENT VISIT, EST	CASS	\$75	\$72	\$86	\$75					\$123	\$120					\$76	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA	\$77	\$72														
99214 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO	\$100	\$100	\$86	\$93					\$123	\$138			\$92	\$93	\$90	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	CLAY	\$89	\$74	\$92	\$83					\$107	\$107	\$86	\$90			\$90	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	CLEARWATER																
99214 - OFFICE/OUTPATIENT VISIT, EST	COOK																
99214 - OFFICE/OUTPATIENT VISIT, EST	COTTONWOOD	\$105	\$96													\$107	\$108
99214 - OFFICE/OUTPATIENT VISIT, EST	CROW WING	\$90	\$72	\$77	\$79					\$127	\$135	\$96	\$101	\$81	\$77	\$90	\$82
99214 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$105	\$98	\$93	\$93	\$85	\$86			\$111	\$129	\$84	\$85	\$94	\$90	\$94	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	DODGE																
99214 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS	\$86	\$72	\$78	\$73					\$105	\$107	\$82	\$77			\$77	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST	FARIBAULT																
99214 - OFFICE/OUTPATIENT VISIT, EST	FILLMORE	\$78	\$74														
99214 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN	\$79	\$75											\$78	\$82	\$74	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE															\$84	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	GRANT											\$85	\$89				
99214 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$108	\$98	\$92	\$93	\$87	\$81	\$62	\$64	\$107	\$107	\$88	\$86	\$89	\$89	\$97	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST	HOUSTON																
99214 - OFFICE/OUTPATIENT VISIT, EST	HUBBARD	\$130	\$99									\$105	\$116				
99214 - OFFICE/OUTPATIENT VISIT, EST	ISANTI	\$108	\$101	\$84	\$87	\$84	\$86			\$128	\$135			\$97	\$99	\$107	\$103
99214 - OFFICE/OUTPATIENT VISIT, EST	ITASCA	\$101	\$77	\$77	\$76			\$72	\$69	\$103	\$107	\$93	\$101			\$85	\$82
99214 - OFFICE/OUTPATIENT VISIT, EST	JACKSON																

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST	KANABEC			\$134	\$141									\$93	\$98	\$90	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI	\$100	\$99							\$81	\$77	\$95	\$90			\$98	\$102
99214 - OFFICE/OUTPATIENT VISIT, EST	KITTSOON																
99214 - OFFICE/OUTPATIENT VISIT, EST	LAC QUI PARLE	\$94	\$95													\$97	\$103
99214 - OFFICE/OUTPATIENT VISIT, EST	LAKE	\$90	\$92	\$86	\$92											\$93	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST	LAKE OF WOODS																
99214 - OFFICE/OUTPATIENT VISIT, EST	LESUEUR	\$94	\$96	\$94	\$96											\$93	\$97
99214 - OFFICE/OUTPATIENT VISIT, EST	LINCOLN																
99214 - OFFICE/OUTPATIENT VISIT, EST	LYON	\$104	\$96													\$106	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	MAHNOMEN																
99214 - OFFICE/OUTPATIENT VISIT, EST	MARSHALL																
99214 - OFFICE/OUTPATIENT VISIT, EST	MARTIN	\$81	\$75													\$76	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD	\$85	\$89	\$74	\$69					\$98	\$90	\$75	\$74	\$73	\$73	\$88	\$80
99214 - OFFICE/OUTPATIENT VISIT, EST	MEEKER											\$83	\$87				
99214 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS	\$119	\$103	\$235	\$263					\$126	\$142			\$92	\$93	\$94	\$103
99214 - OFFICE/OUTPATIENT VISIT, EST	MORRISON	\$90	\$72	\$76	\$75											\$75	\$69
99214 - OFFICE/OUTPATIENT VISIT, EST	MOWER																
99214 - OFFICE/OUTPATIENT VISIT, EST	MURRAY																
99214 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET															\$101	\$105
99214 - OFFICE/OUTPATIENT VISIT, EST	NOBLES	\$80	\$74													\$79	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	NORMAN			\$69	\$71												
99214 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED	\$101	\$98	\$106	\$75	\$82	\$86			\$121	\$138			\$87	\$89	\$88	\$89
99214 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL	\$84	\$72	\$73	\$69					\$113	\$107	\$81	\$84			\$93	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON	\$111	\$112	\$157	\$123							\$103	\$93			\$110	\$118
99214 - OFFICE/OUTPATIENT VISIT, EST	PINE	\$119	\$137	\$75	\$75												
99214 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE	\$85	\$93									\$75	\$77			\$89	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	POLK	\$91	\$93	\$78	\$82					\$127	\$133	\$83	\$76			\$95	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	POPE											\$97	\$101				
99214 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$117	\$100	\$97	\$100	\$89	\$96	\$80	\$90	\$107	\$109	\$93	\$96	\$95	\$98	\$98	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	RED LAKE																
99214 - OFFICE/OUTPATIENT VISIT, EST	REDWOOD	\$150	\$129													\$86	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST	RENVILLE											\$95	\$104				
99214 - OFFICE/OUTPATIENT VISIT, EST	RICE	\$110	\$98	\$95	\$102					\$114	\$129			\$97	\$99	\$98	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	ROCK																
99214 - OFFICE/OUTPATIENT VISIT, EST	ROSEAU																
99214 - OFFICE/OUTPATIENT VISIT, EST	SCOTT	\$111	\$100	\$99	\$102	\$86	\$86			\$119	\$135	\$87	\$85	\$92	\$98	\$98	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	SHERBURNE	\$110	\$100	\$88	\$87	\$87	\$86			\$100	\$109	\$100	\$106	\$96	\$93	\$102	\$103
99214 - OFFICE/OUTPATIENT VISIT, EST	SIBLEY													\$88	\$86		
99214 - OFFICE/OUTPATIENT VISIT, EST	ST. LOUIS	\$90	\$74	\$76	\$72	\$88	\$96	\$63	\$60	\$116	\$115	\$76	\$71	\$77	\$66	\$81	\$79

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST	STEARNS	\$104	\$97	\$82	\$87	\$83	\$86	\$65	\$69	\$120	\$129	\$84	\$87	\$90	\$86	\$97	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	STEELE			\$102	\$105									\$105	\$100	\$97	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST	STEVENS											\$82	\$77				
99214 - OFFICE/OUTPATIENT VISIT, EST	SWIFT	\$101	\$96														
99214 - OFFICE/OUTPATIENT VISIT, EST	TODD	\$106	\$103	\$91	\$90											\$77	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST	TRAVERSE											\$112	\$116				
99214 - OFFICE/OUTPATIENT VISIT, EST	WABASHA																
99214 - OFFICE/OUTPATIENT VISIT, EST	WADENA	\$100	\$97														
99214 - OFFICE/OUTPATIENT VISIT, EST	WASECA																
99214 - OFFICE/OUTPATIENT VISIT, EST	WASHINGTON	\$110	\$98	\$94	\$93	\$90	\$96	\$60	\$64	\$110	\$115	\$91	\$86	\$94	\$90	\$96	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	WATONWAN															\$92	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST	WINONA	\$91	\$93													\$85	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST	WRIGHT	\$100	\$96	\$84	\$83	\$85	\$86			\$113	\$120	\$98	\$97	\$71	\$76	\$97	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	YELLOW MEDICINE	\$94	\$96													\$94	\$93
99232 - SUBSEQUENT HOSPITAL CARE	AITKIN																
99232 - SUBSEQUENT HOSPITAL CARE	ANOKA	\$73	\$54	\$55	\$52	\$52	\$52			\$74	\$73	\$53	\$51	\$59	\$62	\$58	\$53
99232 - SUBSEQUENT HOSPITAL CARE	BECKER	\$57	\$53														
99232 - SUBSEQUENT HOSPITAL CARE	BELTRAMI																
99232 - SUBSEQUENT HOSPITAL CARE	BIG STONE																
99232 - SUBSEQUENT HOSPITAL CARE	BLUE EARTH	\$66	\$54													\$55	\$57
99232 - SUBSEQUENT HOSPITAL CARE	BROWN													\$57	\$62	\$60	\$65
99232 - SUBSEQUENT HOSPITAL CARE	CARLTON	\$62	\$52														
99232 - SUBSEQUENT HOSPITAL CARE	CARVER	\$65	\$54	\$47	\$47					\$65	\$70			\$55	\$58	\$57	\$55
99232 - SUBSEQUENT HOSPITAL CARE	CASS																
99232 - SUBSEQUENT HOSPITAL CARE	CHIPPEWA																
99232 - SUBSEQUENT HOSPITAL CARE	CHISAGO									\$69	\$75						
99232 - SUBSEQUENT HOSPITAL CARE	CLAY																
99232 - SUBSEQUENT HOSPITAL CARE	CLEARWATER																
99232 - SUBSEQUENT HOSPITAL CARE	COTTONWOOD																
99232 - SUBSEQUENT HOSPITAL CARE	CROW WING	\$56	\$52													\$53	\$52
99232 - SUBSEQUENT HOSPITAL CARE	DAKOTA	\$58	\$55	\$47	\$48	\$57	\$58			\$70	\$75	\$56	\$60	\$52	\$49	\$51	\$49
99232 - SUBSEQUENT HOSPITAL CARE	DODGE																
99232 - SUBSEQUENT HOSPITAL CARE	DOUGLAS																
99232 - SUBSEQUENT HOSPITAL CARE	FARIBAULT																
99232 - SUBSEQUENT HOSPITAL CARE	FREEBORN																
99232 - SUBSEQUENT HOSPITAL CARE	GOODHUE																
99232 - SUBSEQUENT HOSPITAL CARE	GRANT																
99232 - SUBSEQUENT HOSPITAL CARE	HENNEPIN	\$71	\$55	\$49	\$48	\$57	\$58	\$43	\$36	\$65	\$70	\$49	\$45	\$55	\$56	\$58	\$54
99232 - SUBSEQUENT HOSPITAL CARE	HUBBARD																

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	ISANTI	\$84	\$73														
99232 - SUBSEQUENT HOSPITAL CARE	ITASCA																
99232 - SUBSEQUENT HOSPITAL CARE	KANABEC																
99232 - SUBSEQUENT HOSPITAL CARE	KANDIYOHI																
99232 - SUBSEQUENT HOSPITAL CARE	LAKE																
99232 - SUBSEQUENT HOSPITAL CARE	LAKE OF WOODS																
99232 - SUBSEQUENT HOSPITAL CARE	LESUEUR																
99232 - SUBSEQUENT HOSPITAL CARE	LYON	\$62	\$70														
99232 - SUBSEQUENT HOSPITAL CARE	MARSHALL																
99232 - SUBSEQUENT HOSPITAL CARE	MARTIN																
99232 - SUBSEQUENT HOSPITAL CARE	MCLEOD																
99232 - SUBSEQUENT HOSPITAL CARE	MEEKER																
99232 - SUBSEQUENT HOSPITAL CARE	MILLE LACS	\$63	\$55							\$73	\$75						
99232 - SUBSEQUENT HOSPITAL CARE	MORRISON																
99232 - SUBSEQUENT HOSPITAL CARE	MOWER																
99232 - SUBSEQUENT HOSPITAL CARE	NICOLLET															\$51	\$50
99232 - SUBSEQUENT HOSPITAL CARE	NOBLES	\$60	\$53													\$57	\$59
99232 - SUBSEQUENT HOSPITAL CARE	OLMSTED	\$71	\$54													\$57	\$50
99232 - SUBSEQUENT HOSPITAL CARE	OTTER TAIL	\$64	\$59							\$69	\$70						
99232 - SUBSEQUENT HOSPITAL CARE	PENNINGTON																
99232 - SUBSEQUENT HOSPITAL CARE	PINE																
99232 - SUBSEQUENT HOSPITAL CARE	PIPESTONE																
99232 - SUBSEQUENT HOSPITAL CARE	POLK																
99232 - SUBSEQUENT HOSPITAL CARE	RAMSEY	\$65	\$55	\$53	\$51	\$54	\$52			\$73	\$70	\$53	\$56	\$52	\$48	\$54	\$50
99232 - SUBSEQUENT HOSPITAL CARE	REDWOOD																
99232 - SUBSEQUENT HOSPITAL CARE	RICE	\$64	\$54													\$55	\$50
99232 - SUBSEQUENT HOSPITAL CARE	ROCK																
99232 - SUBSEQUENT HOSPITAL CARE	ROSEAU																
99232 - SUBSEQUENT HOSPITAL CARE	SCOTT	\$57	\$54	\$50	\$52					\$65	\$62					\$52	\$49
99232 - SUBSEQUENT HOSPITAL CARE	SIBLEY																
99232 - SUBSEQUENT HOSPITAL CARE	ST. LOUIS	\$69	\$55	\$49	\$50	\$52	\$52	\$46	\$43	\$72	\$72					\$54	\$50
99232 - SUBSEQUENT HOSPITAL CARE	STEARNS	\$61	\$52	\$45	\$45	\$52	\$52			\$69	\$70	\$51	\$49			\$54	\$59
99232 - SUBSEQUENT HOSPITAL CARE	STEELE																
99232 - SUBSEQUENT HOSPITAL CARE	STEVENS																
99232 - SUBSEQUENT HOSPITAL CARE	SWIFT																
99232 - SUBSEQUENT HOSPITAL CARE	TODD																
99232 - SUBSEQUENT HOSPITAL CARE	TRAVERSE																
99232 - SUBSEQUENT HOSPITAL CARE	WABASHA																
99232 - SUBSEQUENT HOSPITAL CARE	WASECA																

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	WASHINGTON	\$58	\$55	\$50	\$48					\$65	\$70					\$50	\$49
99232 - SUBSEQUENT HOSPITAL CARE	WATONWAN																
99232 - SUBSEQUENT HOSPITAL CARE	WILKIN																
99232 - SUBSEQUENT HOSPITAL CARE	WINONA																
99232 - SUBSEQUENT HOSPITAL CARE	WRIGHT	\$64	\$54	\$50	\$52					\$94	\$73					\$63	\$61
99232 - SUBSEQUENT HOSPITAL CARE	YELLOW MEDICINE																
99233 - SUBSEQUENT HOSPITAL CARE	AITKIN																
99233 - SUBSEQUENT HOSPITAL CARE	ANOKA	\$103	\$78	\$81	\$75	\$75	\$74			\$127	\$106			\$86	\$88	\$83	\$71
99233 - SUBSEQUENT HOSPITAL CARE	BECKER																
99233 - SUBSEQUENT HOSPITAL CARE	BELTRAMI																
99233 - SUBSEQUENT HOSPITAL CARE	BIG STONE																
99233 - SUBSEQUENT HOSPITAL CARE	BLUE EARTH																
99233 - SUBSEQUENT HOSPITAL CARE	BROWN			\$78	\$75												
99233 - SUBSEQUENT HOSPITAL CARE	CARLTON																
99233 - SUBSEQUENT HOSPITAL CARE	CARVER	\$92	\$74	\$66	\$67											\$84	\$90
99233 - SUBSEQUENT HOSPITAL CARE	CASS																
99233 - SUBSEQUENT HOSPITAL CARE	CHIPPEWA																
99233 - SUBSEQUENT HOSPITAL CARE	CHISAGO									\$105	\$109						
99233 - SUBSEQUENT HOSPITAL CARE	CLAY																
99233 - SUBSEQUENT HOSPITAL CARE	CROW WING	\$81	\$74	\$71	\$71												
99233 - SUBSEQUENT HOSPITAL CARE	DAKOTA	\$87	\$79	\$68	\$68					\$109	\$109					\$73	\$70
99233 - SUBSEQUENT HOSPITAL CARE	DODGE																
99233 - SUBSEQUENT HOSPITAL CARE	DOUGLAS																
99233 - SUBSEQUENT HOSPITAL CARE	FARIBAULT																
99233 - SUBSEQUENT HOSPITAL CARE	FREEBORN																
99233 - SUBSEQUENT HOSPITAL CARE	GOODHUE																
99233 - SUBSEQUENT HOSPITAL CARE	GRANT																
99233 - SUBSEQUENT HOSPITAL CARE	HENNEPIN	\$92	\$79	\$73	\$69	\$82	\$83	\$56	\$52	\$95	\$100	\$70	\$65	\$76	\$69	\$81	\$75
99233 - SUBSEQUENT HOSPITAL CARE	HUBBARD																
99233 - SUBSEQUENT HOSPITAL CARE	ISANTI	\$117	\$106	\$79	\$75					\$118	\$106						
99233 - SUBSEQUENT HOSPITAL CARE	ITASCA																
99233 - SUBSEQUENT HOSPITAL CARE	KANABEC																
99233 - SUBSEQUENT HOSPITAL CARE	KANDIYOHI																
99233 - SUBSEQUENT HOSPITAL CARE	LAKE																
99233 - SUBSEQUENT HOSPITAL CARE	LAKE OF WOODS																
99233 - SUBSEQUENT HOSPITAL CARE	LESUEUR																
99233 - SUBSEQUENT HOSPITAL CARE	LYON																
99233 - SUBSEQUENT HOSPITAL CARE	MAHNOMEN																
99233 - SUBSEQUENT HOSPITAL CARE	MARSHALL																

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99233 - SUBSEQUENT HOSPITAL CARE	MARTIN																
99233 - SUBSEQUENT HOSPITAL CARE	MCLEOD																
99233 - SUBSEQUENT HOSPITAL CARE	MEEKER																
99233 - SUBSEQUENT HOSPITAL CARE	MILLE LACS	\$85	\$79	\$68	\$68					\$102	\$109						
99233 - SUBSEQUENT HOSPITAL CARE	MORRISON																
99233 - SUBSEQUENT HOSPITAL CARE	MOWER																
99233 - SUBSEQUENT HOSPITAL CARE	NICOLLET																
99233 - SUBSEQUENT HOSPITAL CARE	NOBLES																
99233 - SUBSEQUENT HOSPITAL CARE	OLMSTED	\$97	\$78														
99233 - SUBSEQUENT HOSPITAL CARE	OTTER TAIL																
99233 - SUBSEQUENT HOSPITAL CARE	PENNINGTON																
99233 - SUBSEQUENT HOSPITAL CARE	PINE																
99233 - SUBSEQUENT HOSPITAL CARE	PIPESTONE																
99233 - SUBSEQUENT HOSPITAL CARE	POLK																
99233 - SUBSEQUENT HOSPITAL CARE	RAMSEY	\$100	\$78	\$80	\$73	\$76	\$74			\$117	\$107	\$73	\$70	\$79	\$70	\$81	\$75
99233 - SUBSEQUENT HOSPITAL CARE	REDWOOD																
99233 - SUBSEQUENT HOSPITAL CARE	RICE	\$94	\$89	\$77	\$75											\$80	\$70
99233 - SUBSEQUENT HOSPITAL CARE	ROCK																
99233 - SUBSEQUENT HOSPITAL CARE	ROSEAU																
99233 - SUBSEQUENT HOSPITAL CARE	SCOTT	\$84	\$78	\$78	\$75					\$102	\$106					\$80	\$70
99233 - SUBSEQUENT HOSPITAL CARE	SHERBURNE																
99233 - SUBSEQUENT HOSPITAL CARE	SIBLEY																
99233 - SUBSEQUENT HOSPITAL CARE	ST. LOUIS	\$97	\$76	\$71	\$71			\$67	\$62	\$104	\$104					\$79	\$71
99233 - SUBSEQUENT HOSPITAL CARE	STEARNS	\$91	\$75	\$64	\$65							\$74	\$70			\$78	\$84
99233 - SUBSEQUENT HOSPITAL CARE	STEELE																
99233 - SUBSEQUENT HOSPITAL CARE	STEVENS																
99233 - SUBSEQUENT HOSPITAL CARE	TODD																
99233 - SUBSEQUENT HOSPITAL CARE	WABASHA																
99233 - SUBSEQUENT HOSPITAL CARE	WASECA																
99233 - SUBSEQUENT HOSPITAL CARE	WASHINGTON	\$85	\$79	\$75	\$68					\$95	\$107					\$73	\$70
99233 - SUBSEQUENT HOSPITAL CARE	WATONWAN																
99233 - SUBSEQUENT HOSPITAL CARE	WILKIN																
99233 - SUBSEQUENT HOSPITAL CARE	WINONA																
99233 - SUBSEQUENT HOSPITAL CARE	WRIGHT	\$92	\$78	\$73	\$75					\$107	\$106					\$91	\$84
99233 - SUBSEQUENT HOSPITAL CARE	YELLOW MEDICINE																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ANOKA	\$40	\$41	\$53	\$44	\$52	\$50									\$52	\$45
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BENTON																

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BLUE EARTH	\$58	\$51													\$47	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BROWN															\$26	\$22
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CARVER	\$63	\$51	\$81	\$56											\$42	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CHIPPEWA																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CHISAGO															\$53	\$57
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CLAY	\$56	\$50													\$41	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	COTTONWOOD																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CROW WING																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DAKOTA	\$36	\$33	\$47	\$44	\$45	\$50									\$42	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DOUGLAS															\$36	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FILLMORE																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FREEBORN																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	GOODHUE																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	HENNEPIN	\$49	\$44	\$51	\$44	\$40	\$38							\$62	\$50	\$62	\$45
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ISANTI																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ITASCA																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	JACKSON																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	KANDIYOHI	\$44	\$38	\$42	\$43											\$91	\$110
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	LESUEUR																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	LYON	\$46	\$51														
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MARTIN																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MCLEOD											\$66	\$80			\$36	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MILLE LACS																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MORRISON																

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MOWER																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MURRAY																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NICOLLET	\$60	\$51													\$46	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NOBLES																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORMAN																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	OLMSTED	\$39	\$34													\$42	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	OTTER TAIL																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	PINE																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	PIPESTONE																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	POLK																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RAMSEY	\$47	\$51	\$48	\$44	\$81	\$75									\$49	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RENVILLE																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RICE	\$38	\$34													\$50	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ROCK																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SCOTT	\$44	\$44	\$44	\$45											\$102	\$110
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SHERBURNE			\$47	\$44											\$31	\$24
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ST. LOUIS																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	STEARNS	\$46	\$39	\$49	\$44											\$50	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	STEELE													\$53	\$50	\$56	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	TODD																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WASHINGTON	\$42	\$39	\$47	\$44											\$46	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WATONWAN																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WINONA																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WRIGHT	\$34	\$27	\$50	\$45											\$47	\$44

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	AITKIN			\$55	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	ANOKA	\$65	\$62	\$67	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST	BECKER	\$49	\$45	\$57	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	BELTRAMI	\$46	\$44	\$48	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	BENTON				
99213 - OFFICE/OUTPATIENT VISIT, EST	BIG STONE	\$49	\$51	\$48	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	BLUE EARTH	\$60	\$62	\$66	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	BROWN	\$63	\$62	\$66	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	CARLTON	\$66	\$67	\$64	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	CARVER	\$63	\$62	\$65	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	CASS	\$47	\$50	\$51	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA	\$47	\$45	\$47	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO	\$60	\$62	\$63	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	CLAY	\$65	\$71	\$61	\$56
99213 - OFFICE/OUTPATIENT VISIT, EST	COTTONWOOD	\$70	\$71	\$68	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	CROW WING	\$49	\$47	\$56	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$64	\$62	\$66	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	DODGE				
99213 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS	\$58	\$56	\$55	\$52
99213 - OFFICE/OUTPATIENT VISIT, EST	FARIBAUT				
99213 - OFFICE/OUTPATIENT VISIT, EST	FILLMORE			\$51	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN	\$47	\$45	\$51	\$51
99213 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE			\$49	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST	GRANT			\$64	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$60	\$62	\$66	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	HOUSTON				
99213 - OFFICE/OUTPATIENT VISIT, EST	HUBBARD			\$59	\$62
99213 - OFFICE/OUTPATIENT VISIT, EST	ISANTI	\$66	\$65	\$69	\$71
99213 - OFFICE/OUTPATIENT VISIT, EST	ITASCA	\$49	\$51	\$47	\$45
99213 - OFFICE/OUTPATIENT VISIT, EST	JACKSON			\$71	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	KANABEC			\$66	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI	\$65	\$67	\$68	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST	KITSON				
99213 - OFFICE/OUTPATIENT VISIT, EST	LAC QUI PARLE			\$60	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	LAKE			\$60	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	LAKE OF WOODS				
99213 - OFFICE/OUTPATIENT VISIT, EST	LESUEUR	\$64	\$67	\$64	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	LINCOLN				
99213 - OFFICE/OUTPATIENT VISIT, EST	LYON	\$64	\$62	\$66	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	MAHNOMEN				
99213 - OFFICE/OUTPATIENT VISIT, EST	MARSHALL				

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	MARTIN	\$53	\$51	\$56	\$51
99213 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD	\$48	\$45	\$48	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST	MEEKER			\$49	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS	\$64	\$62	\$99	\$72
99213 - OFFICE/OUTPATIENT VISIT, EST	MORRISON	\$45	\$45	\$46	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST	MOWER				
99213 - OFFICE/OUTPATIENT VISIT, EST	MURRAY			\$61	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET			\$67	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	NOBLES	\$47	\$45	\$51	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	NORMAN				
99213 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED	\$57	\$56	\$58	\$55
99213 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL	\$50	\$45	\$53	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON	\$57	\$51	\$61	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	PINE			\$57	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE	\$51	\$51	\$49	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	POLK	\$48	\$45	\$63	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	POPE			\$69	\$73
99213 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$61	\$62	\$67	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST	RED LAKE				
99213 - OFFICE/OUTPATIENT VISIT, EST	REDWOOD	\$56	\$56	\$86	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST	RENVILLE			\$67	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST	RICE	\$66	\$67	\$68	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	ROCK				
99213 - OFFICE/OUTPATIENT VISIT, EST	ROSEAU			\$67	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	SCOTT	\$69	\$71	\$68	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST	SHERBURNE	\$64	\$62	\$67	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST	SIBLEY			\$60	\$62
99213 - OFFICE/OUTPATIENT VISIT, EST	ST. LOUIS	\$49	\$45	\$53	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	STEARNS	\$64	\$62	\$65	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	STEELE			\$65	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	STEVENS			\$51	\$52
99213 - OFFICE/OUTPATIENT VISIT, EST	SWIFT			\$73	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	TODD	\$57	\$59	\$58	\$58
99213 - OFFICE/OUTPATIENT VISIT, EST	TRAVERSE	\$61	\$62	\$64	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	WABASHA			\$53	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	WADENA			\$67	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	WASECA				
99213 - OFFICE/OUTPATIENT VISIT, EST	WASHINGTON	\$65	\$65	\$66	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	WATONWAN			\$64	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	WILKIN				
99213 - OFFICE/OUTPATIENT VISIT, EST	WINONA	\$47	\$45	\$63	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	WRIGHT	\$63	\$62	\$64	\$67

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	YELLOW MEDICINE	\$68	\$71	\$65	\$65
99214 - OFFICE/OUTPATIENT VISIT, EST	AITKIN			\$87	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST	ANOKA	\$93	\$89	\$100	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	BECKER	\$79	\$75	\$93	\$86
99214 - OFFICE/OUTPATIENT VISIT, EST	BELTRAMI	\$77	\$74	\$79	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST	BENTON			\$100	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	BIG STONE	\$77	\$72	\$75	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST	BLUE EARTH	\$98	\$101	\$105	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	BROWN	\$95	\$95	\$99	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST	CARLTON	\$101	\$97	\$95	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	CARVER	\$92	\$89	\$96	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST	CASS	\$70	\$74	\$76	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST	CHIPPEWA			\$76	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST	CHISAGO	\$88	\$89	\$94	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	CLAY	\$87	\$83	\$90	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	CLEARWATER				
99214 - OFFICE/OUTPATIENT VISIT, EST	COOK				
99214 - OFFICE/OUTPATIENT VISIT, EST	COTTONWOOD	\$109	\$116	\$106	\$108
99214 - OFFICE/OUTPATIENT VISIT, EST	CROW WING	\$83	\$75	\$90	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	DAKOTA	\$92	\$95	\$97	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	DODGE				
99214 - OFFICE/OUTPATIENT VISIT, EST	DOUGLAS	\$84	\$75	\$82	\$77
99214 - OFFICE/OUTPATIENT VISIT, EST	FARIBAULT				
99214 - OFFICE/OUTPATIENT VISIT, EST	FILLMORE			\$77	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST	FREEBORN	\$74	\$66	\$77	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST	GOODHUE	\$73	\$72	\$78	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	GRANT			\$86	\$89
99214 - OFFICE/OUTPATIENT VISIT, EST	HENNEPIN	\$90	\$89	\$98	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	HOUSTON				
99214 - OFFICE/OUTPATIENT VISIT, EST	HUBBARD	\$112	\$118	\$107	\$113
99214 - OFFICE/OUTPATIENT VISIT, EST	ISANTI	\$100	\$101	\$106	\$101
99214 - OFFICE/OUTPATIENT VISIT, EST	ITASCA	\$80	\$75	\$79	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST	JACKSON				
99214 - OFFICE/OUTPATIENT VISIT, EST	KANABEC			\$95	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	KANDIYOHI	\$95	\$95	\$99	\$99
99214 - OFFICE/OUTPATIENT VISIT, EST	KITSON				
99214 - OFFICE/OUTPATIENT VISIT, EST	LAC QUI PARLE			\$96	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	LAKE	\$96	\$91	\$90	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	LAKE OF WOODS				
99214 - OFFICE/OUTPATIENT VISIT, EST	LESUEUR	\$89	\$95	\$93	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	LINCOLN				
99214 - OFFICE/OUTPATIENT VISIT, EST	LYON	\$106	\$101	\$105	\$93

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST	MAHNOMEN				
99214 - OFFICE/OUTPATIENT VISIT, EST	MARSHALL				
99214 - OFFICE/OUTPATIENT VISIT, EST	MARTIN	\$74	\$72	\$79	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST	MCLEOD	\$80	\$75	\$76	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	MEEKER	\$81	\$82	\$82	\$87
99214 - OFFICE/OUTPATIENT VISIT, EST	MILLE LACS	\$93	\$95	\$145	\$103
99214 - OFFICE/OUTPATIENT VISIT, EST	MORRISON	\$75	\$69	\$77	\$69
99214 - OFFICE/OUTPATIENT VISIT, EST	MOWER			\$82	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST	MURRAY				
99214 - OFFICE/OUTPATIENT VISIT, EST	NICOLLET			\$100	\$101
99214 - OFFICE/OUTPATIENT VISIT, EST	NOBLES	\$89	\$81	\$80	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST	NORMAN			\$69	\$71
99214 - OFFICE/OUTPATIENT VISIT, EST	OLMSTED	\$88	\$89	\$92	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST	OTTER TAIL	\$75	\$72	\$85	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST	PENNINGTON	\$91	\$89	\$112	\$112
99214 - OFFICE/OUTPATIENT VISIT, EST	PINE			\$107	\$108
99214 - OFFICE/OUTPATIENT VISIT, EST	PIPESTONE	\$85	\$75	\$77	\$77
99214 - OFFICE/OUTPATIENT VISIT, EST	POLK	\$82	\$75	\$91	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	POPE	\$98	\$89	\$95	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	RAMSEY	\$92	\$95	\$104	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	RED LAKE				
99214 - OFFICE/OUTPATIENT VISIT, EST	REDWOOD			\$125	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	RENVILLE			\$104	\$105
99214 - OFFICE/OUTPATIENT VISIT, EST	RICE	\$94	\$95	\$102	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	ROCK				
99214 - OFFICE/OUTPATIENT VISIT, EST	ROSEAU				
99214 - OFFICE/OUTPATIENT VISIT, EST	SCOTT	\$103	\$101	\$101	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	SHERBURNE	\$97	\$99	\$102	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	SIBLEY			\$87	\$86
99214 - OFFICE/OUTPATIENT VISIT, EST	ST. LOUIS	\$77	\$72	\$85	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	STEARNS	\$95	\$89	\$99	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST	STEELE			\$104	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST	STEVENS			\$82	\$77
99214 - OFFICE/OUTPATIENT VISIT, EST	SWIFT			\$101	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST	TODD	\$80	\$82	\$86	\$82
99214 - OFFICE/OUTPATIENT VISIT, EST	TRAVERSE			\$112	\$116
99214 - OFFICE/OUTPATIENT VISIT, EST	WABASHA			\$78	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST	WADENA			\$88	\$84
99214 - OFFICE/OUTPATIENT VISIT, EST	WASECA				
99214 - OFFICE/OUTPATIENT VISIT, EST	WASHINGTON	\$96	\$95	\$100	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	WATONWAN			\$92	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST	WINONA	\$71	\$68	\$89	\$93

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST	WRIGHT	\$98	\$97	\$97	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	YELLOW MEDICINE	\$96	\$101	\$94	\$96
99232 - SUBSEQUENT HOSPITAL CARE	AITKIN				
99232 - SUBSEQUENT HOSPITAL CARE	ANOKA	\$51	\$48	\$62	\$54
99232 - SUBSEQUENT HOSPITAL CARE	BECKER			\$58	\$53
99232 - SUBSEQUENT HOSPITAL CARE	BELTRAMI				
99232 - SUBSEQUENT HOSPITAL CARE	BIG STONE				
99232 - SUBSEQUENT HOSPITAL CARE	BLUE EARTH			\$58	\$54
99232 - SUBSEQUENT HOSPITAL CARE	BROWN	\$61	\$64	\$68	\$62
99232 - SUBSEQUENT HOSPITAL CARE	CARLTON			\$63	\$59
99232 - SUBSEQUENT HOSPITAL CARE	CARVER	\$47	\$48	\$59	\$53
99232 - SUBSEQUENT HOSPITAL CARE	CASS				
99232 - SUBSEQUENT HOSPITAL CARE	CHIPPEWA				
99232 - SUBSEQUENT HOSPITAL CARE	CHISAGO			\$58	\$55
99232 - SUBSEQUENT HOSPITAL CARE	CLAY				
99232 - SUBSEQUENT HOSPITAL CARE	CLEARWATER				
99232 - SUBSEQUENT HOSPITAL CARE	COTTONWOOD				
99232 - SUBSEQUENT HOSPITAL CARE	CROW WING	\$48	\$48	\$56	\$52
99232 - SUBSEQUENT HOSPITAL CARE	DAKOTA	\$47	\$48	\$55	\$52
99232 - SUBSEQUENT HOSPITAL CARE	DODGE				
99232 - SUBSEQUENT HOSPITAL CARE	DOUGLAS				
99232 - SUBSEQUENT HOSPITAL CARE	FARIBAUT				
99232 - SUBSEQUENT HOSPITAL CARE	FREEBORN				
99232 - SUBSEQUENT HOSPITAL CARE	GOODHUE				
99232 - SUBSEQUENT HOSPITAL CARE	GRANT				
99232 - SUBSEQUENT HOSPITAL CARE	HENNEPIN	\$51	\$48	\$59	\$55
99232 - SUBSEQUENT HOSPITAL CARE	HUBBARD				
99232 - SUBSEQUENT HOSPITAL CARE	ISANTI			\$72	\$65
99232 - SUBSEQUENT HOSPITAL CARE	ITASCA				
99232 - SUBSEQUENT HOSPITAL CARE	KANABEC				
99232 - SUBSEQUENT HOSPITAL CARE	KANDIYOHI				
99232 - SUBSEQUENT HOSPITAL CARE	LAKE				
99232 - SUBSEQUENT HOSPITAL CARE	LAKE OF WOODS				
99232 - SUBSEQUENT HOSPITAL CARE	LESUEUR			\$57	\$54
99232 - SUBSEQUENT HOSPITAL CARE	LYON			\$61	\$63
99232 - SUBSEQUENT HOSPITAL CARE	MARSHALL				
99232 - SUBSEQUENT HOSPITAL CARE	MARTIN				
99232 - SUBSEQUENT HOSPITAL CARE	MCLEOD				
99232 - SUBSEQUENT HOSPITAL CARE	MEEKER				
99232 - SUBSEQUENT HOSPITAL CARE	MILLE LACS			\$64	\$59
99232 - SUBSEQUENT HOSPITAL CARE	MORRISON				
99232 - SUBSEQUENT HOSPITAL CARE	MOWER				

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	NICOLLET			\$54	\$52
99232 - SUBSEQUENT HOSPITAL CARE	NOBLES			\$59	\$53
99232 - SUBSEQUENT HOSPITAL CARE	OLMSTED			\$61	\$54
99232 - SUBSEQUENT HOSPITAL CARE	OTTER TAIL	\$50	\$48	\$62	\$56
99232 - SUBSEQUENT HOSPITAL CARE	PENNINGTON				
99232 - SUBSEQUENT HOSPITAL CARE	PINE				
99232 - SUBSEQUENT HOSPITAL CARE	PIPESTONE				
99232 - SUBSEQUENT HOSPITAL CARE	POLK				
99232 - SUBSEQUENT HOSPITAL CARE	RAMSEY	\$50	\$48	\$58	\$53
99232 - SUBSEQUENT HOSPITAL CARE	REDWOOD				
99232 - SUBSEQUENT HOSPITAL CARE	RICE	\$48	\$48	\$61	\$54
99232 - SUBSEQUENT HOSPITAL CARE	ROCK				
99232 - SUBSEQUENT HOSPITAL CARE	ROSEAU				
99232 - SUBSEQUENT HOSPITAL CARE	SCOTT	\$48	\$48	\$54	\$52
99232 - SUBSEQUENT HOSPITAL CARE	SHERBURNE				
99232 - SUBSEQUENT HOSPITAL CARE	SIBLEY				
99232 - SUBSEQUENT HOSPITAL CARE	ST. LOUIS	\$53	\$48	\$59	\$53
99232 - SUBSEQUENT HOSPITAL CARE	STEARNS	\$51	\$48	\$57	\$52
99232 - SUBSEQUENT HOSPITAL CARE	STEELE			\$65	\$59
99232 - SUBSEQUENT HOSPITAL CARE	STEVENS				
99232 - SUBSEQUENT HOSPITAL CARE	SWIFT				
99232 - SUBSEQUENT HOSPITAL CARE	TODD				
99232 - SUBSEQUENT HOSPITAL CARE	TRAVERSE				
99232 - SUBSEQUENT HOSPITAL CARE	WABASHA				
99232 - SUBSEQUENT HOSPITAL CARE	WASECA				
99232 - SUBSEQUENT HOSPITAL CARE	WASHINGTON	\$49	\$48	\$55	\$53
99232 - SUBSEQUENT HOSPITAL CARE	WATONWAN				
99232 - SUBSEQUENT HOSPITAL CARE	WILKIN				
99232 - SUBSEQUENT HOSPITAL CARE	WINONA				
99232 - SUBSEQUENT HOSPITAL CARE	WRIGHT	\$48	\$48	\$62	\$54
99232 - SUBSEQUENT HOSPITAL CARE	YELLOW MEDICINE				
99233 - SUBSEQUENT HOSPITAL CARE	AITKIN				
99233 - SUBSEQUENT HOSPITAL CARE	ANOKA	\$75	\$68	\$89	\$78
99233 - SUBSEQUENT HOSPITAL CARE	BECKER	\$67	\$68		
99233 - SUBSEQUENT HOSPITAL CARE	BELTRAMI				
99233 - SUBSEQUENT HOSPITAL CARE	BIG STONE				
99233 - SUBSEQUENT HOSPITAL CARE	BLUE EARTH			\$91	\$82
99233 - SUBSEQUENT HOSPITAL CARE	BROWN			\$92	\$88
99233 - SUBSEQUENT HOSPITAL CARE	CARLTON				
99233 - SUBSEQUENT HOSPITAL CARE	CARVER	\$68	\$68	\$83	\$77
99233 - SUBSEQUENT HOSPITAL CARE	CASS				
99233 - SUBSEQUENT HOSPITAL CARE	CHIPPEWA				

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99233 - SUBSEQUENT HOSPITAL CARE	CHISAGO			\$84	\$79
99233 - SUBSEQUENT HOSPITAL CARE	CLAY				
99233 - SUBSEQUENT HOSPITAL CARE	CROW WING	\$69	\$68	\$81	\$74
99233 - SUBSEQUENT HOSPITAL CARE	DAKOTA	\$68	\$68	\$81	\$76
99233 - SUBSEQUENT HOSPITAL CARE	DODGE				
99233 - SUBSEQUENT HOSPITAL CARE	DOUGLAS				
99233 - SUBSEQUENT HOSPITAL CARE	FARIBAUT				
99233 - SUBSEQUENT HOSPITAL CARE	FREEBORN				
99233 - SUBSEQUENT HOSPITAL CARE	GOODHUE				
99233 - SUBSEQUENT HOSPITAL CARE	GRANT				
99233 - SUBSEQUENT HOSPITAL CARE	HENNEPIN	\$71	\$68	\$83	\$78
99233 - SUBSEQUENT HOSPITAL CARE	HUBBARD				
99233 - SUBSEQUENT HOSPITAL CARE	ISANTI	\$82	\$91	\$104	\$93
99233 - SUBSEQUENT HOSPITAL CARE	ITASCA				
99233 - SUBSEQUENT HOSPITAL CARE	KANABEC				
99233 - SUBSEQUENT HOSPITAL CARE	KANDIYOHI				
99233 - SUBSEQUENT HOSPITAL CARE	LAKE				
99233 - SUBSEQUENT HOSPITAL CARE	LAKE OF WOODS				
99233 - SUBSEQUENT HOSPITAL CARE	LESUEUR				
99233 - SUBSEQUENT HOSPITAL CARE	LYON				
99233 - SUBSEQUENT HOSPITAL CARE	MAHNOMEN				
99233 - SUBSEQUENT HOSPITAL CARE	MARSHALL				
99233 - SUBSEQUENT HOSPITAL CARE	MARTIN				
99233 - SUBSEQUENT HOSPITAL CARE	MCLEOD				
99233 - SUBSEQUENT HOSPITAL CARE	MEEKER				
99233 - SUBSEQUENT HOSPITAL CARE	MILLE LACS			\$86	\$79
99233 - SUBSEQUENT HOSPITAL CARE	MORRISON				
99233 - SUBSEQUENT HOSPITAL CARE	MOWER				
99233 - SUBSEQUENT HOSPITAL CARE	NICOLLET				
99233 - SUBSEQUENT HOSPITAL CARE	NOBLES				
99233 - SUBSEQUENT HOSPITAL CARE	OLMSTED			\$85	\$78
99233 - SUBSEQUENT HOSPITAL CARE	OTTER TAIL				
99233 - SUBSEQUENT HOSPITAL CARE	PENNINGTON				
99233 - SUBSEQUENT HOSPITAL CARE	PINE				
99233 - SUBSEQUENT HOSPITAL CARE	PIPESTONE				
99233 - SUBSEQUENT HOSPITAL CARE	POLK				
99233 - SUBSEQUENT HOSPITAL CARE	RAMSEY	\$74	\$68	\$88	\$78
99233 - SUBSEQUENT HOSPITAL CARE	REDWOOD				
99233 - SUBSEQUENT HOSPITAL CARE	RICE			\$85	\$75
99233 - SUBSEQUENT HOSPITAL CARE	ROCK				
99233 - SUBSEQUENT HOSPITAL CARE	ROSEAU				
99233 - SUBSEQUENT HOSPITAL CARE	SCOTT	\$69	\$68	\$83	\$78

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99233 - SUBSEQUENT HOSPITAL CARE	SHERBURNE				
99233 - SUBSEQUENT HOSPITAL CARE	SIBLEY				
99233 - SUBSEQUENT HOSPITAL CARE	ST. LOUIS	\$73	\$68	\$86	\$76
99233 - SUBSEQUENT HOSPITAL CARE	STEARNS	\$73	\$68	\$83	\$75
99233 - SUBSEQUENT HOSPITAL CARE	STEELE			\$104	\$93
99233 - SUBSEQUENT HOSPITAL CARE	STEVENS				
99233 - SUBSEQUENT HOSPITAL CARE	TODD				
99233 - SUBSEQUENT HOSPITAL CARE	WABASHA				
99233 - SUBSEQUENT HOSPITAL CARE	WASECA				
99233 - SUBSEQUENT HOSPITAL CARE	WASHINGTON	\$69	\$68	\$80	\$74
99233 - SUBSEQUENT HOSPITAL CARE	WATONWAN				
99233 - SUBSEQUENT HOSPITAL CARE	WILKIN				
99233 - SUBSEQUENT HOSPITAL CARE	WINONA				
99233 - SUBSEQUENT HOSPITAL CARE	WRIGHT	\$70	\$68	\$88	\$78
99233 - SUBSEQUENT HOSPITAL CARE	YELLOW MEDICINE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ANOKA	\$46	\$46	\$52	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BENTON			\$39	\$34
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BIG STONE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BLUE EARTH	\$45	\$46	\$50	\$48
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BROWN			\$27	\$22
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CARVER	\$40	\$46	\$54	\$45
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CHIPPEWA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CHISAGO	\$68	\$92	\$49	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CLAY			\$49	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	COTTONWOOD				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CROW WING			\$41	\$48
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DAKOTA	\$42	\$46	\$42	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DODGE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DOUGLAS			\$44	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FARIBAULT				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FILLMORE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FREEBORN				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	GOODHUE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	HENNEPIN	\$41	\$35	\$60	\$45
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ISANTI				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ITASCA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	JACKSON				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	KANDIYOHI	\$28	\$23	\$88	\$110
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	LESUEUR				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	LYON			\$39	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MARTIN				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MCLEOD			\$47	\$44

Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County By Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MILLE LACS			\$46	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MORRISON			\$44	\$36
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MOWER				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MURRAY				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NICOLLET			\$49	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NOBLES				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORMAN				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	OLMSTED	\$42	\$46	\$41	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	OTTER TAIL				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	PINE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	PIPESTONE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	POLK				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RAMSEY	\$41	\$43	\$49	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RENVILLE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RICE	\$39	\$35	\$49	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ROCK				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SCOTT	\$50	\$47	\$99	\$110
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SHERBURNE	\$26	\$12	\$39	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SIBLEY				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ST. LOUIS			\$31	\$24
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	STEARNS	\$30	\$23	\$48	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	STEELE			\$54	\$50
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	TODD				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WABASHA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WADENA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WASHINGTON	\$36	\$35	\$46	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WATONWAN			\$29	\$23
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WINONA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WRIGHT	\$27	\$23	\$47	\$44

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	AITKIN	\$24	\$28														
D0120 - PERIODIC ORAL EVALUATION	ANOKA	\$28	\$28	\$26	\$26	\$23	\$22			\$21	\$23			\$32	\$33	\$28	\$28
D0120 - PERIODIC ORAL EVALUATION	BECKER																
D0120 - PERIODIC ORAL EVALUATION	BELTRAMI	\$34	\$38									\$36	\$38				
D0120 - PERIODIC ORAL EVALUATION	BENTON	\$24	\$25													\$19	\$18
D0120 - PERIODIC ORAL EVALUATION	BIG STONE																
D0120 - PERIODIC ORAL EVALUATION	BLUE EARTH	\$29	\$28							\$15	\$16			\$45	\$52	\$25	\$25
D0120 - PERIODIC ORAL EVALUATION	BROWN	\$28	\$28											\$46	\$52	\$26	\$28
D0120 - PERIODIC ORAL EVALUATION	CARLTON	\$23	\$23	\$20	\$21					\$16	\$14					\$20	\$18
D0120 - PERIODIC ORAL EVALUATION	CARVER	\$21	\$24	\$30	\$27					\$16	\$16					\$20	\$22
D0120 - PERIODIC ORAL EVALUATION	CASS																
D0120 - PERIODIC ORAL EVALUATION	CHIPPEWA																
D0120 - PERIODIC ORAL EVALUATION	CHISAGO	\$24	\$18	\$24	\$25												
D0120 - PERIODIC ORAL EVALUATION	CLAY	\$35	\$40	\$23	\$18					\$25	\$27					\$29	\$29
D0120 - PERIODIC ORAL EVALUATION	CLEARWATER																
D0120 - PERIODIC ORAL EVALUATION	COOK																
D0120 - PERIODIC ORAL EVALUATION	COTTONWOOD	\$26	\$28													\$24	\$25
D0120 - PERIODIC ORAL EVALUATION	CROW WING	\$29	\$27	\$20	\$21					\$23	\$27					\$25	\$25
D0120 - PERIODIC ORAL EVALUATION	DAKOTA	\$26	\$24	\$34	\$27	\$26	\$29			\$18	\$16			\$23	\$24	\$28	\$24
D0120 - PERIODIC ORAL EVALUATION	DODGE																
D0120 - PERIODIC ORAL EVALUATION	DOUGLAS	\$35	\$40	\$24	\$25							\$45	\$52			\$35	\$38
D0120 - PERIODIC ORAL EVALUATION	FARIBAULT																
D0120 - PERIODIC ORAL EVALUATION	FILLMORE																
D0120 - PERIODIC ORAL EVALUATION	FREEBORN																
D0120 - PERIODIC ORAL EVALUATION	GOODHUE	\$27	\$25	\$20	\$21									\$32	\$35		
D0120 - PERIODIC ORAL EVALUATION	HENNEPIN	\$27	\$28	\$32	\$27	\$25	\$24			\$19	\$22	\$45	\$48	\$26	\$22	\$27	\$28
D0120 - PERIODIC ORAL EVALUATION	HOUSTON																
D0120 - PERIODIC ORAL EVALUATION	HUBBARD			\$24	\$24												
D0120 - PERIODIC ORAL EVALUATION	ISANTI			\$21	\$21											\$22	\$18
D0120 - PERIODIC ORAL EVALUATION	ITASCA	\$29	\$27					\$44	\$45							\$21	\$20
D0120 - PERIODIC ORAL EVALUATION	JACKSON																
D0120 - PERIODIC ORAL EVALUATION	KANABEC	\$26	\$28	\$19	\$20									\$27	\$25	\$23	\$25
D0120 - PERIODIC ORAL EVALUATION	KANDIYOHI	\$25	\$28							\$18	\$18	\$30	\$30			\$24	\$28
D0120 - PERIODIC ORAL EVALUATION	KITTSON																
D0120 - PERIODIC ORAL EVALUATION	KOOCHICHING																
D0120 - PERIODIC ORAL EVALUATION	LAC QUI PARLE																
D0120 - PERIODIC ORAL EVALUATION	LAKE																
D0120 - PERIODIC ORAL EVALUATION	LESUEUR	\$24	\$28													\$24	\$25
D0120 - PERIODIC ORAL EVALUATION	LINCOLN																
D0120 - PERIODIC ORAL EVALUATION	LYON	\$28	\$28														
D0120 - PERIODIC ORAL EVALUATION	MARSHALL																
D0120 - PERIODIC ORAL EVALUATION	MARTIN	\$33	\$38	\$20	\$21											\$30	\$28
D0120 - PERIODIC ORAL EVALUATION	MCLEOD	\$34	\$40	\$25	\$28							\$32	\$31	\$41	\$44	\$34	\$29

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	MEEKER																
D0120 - PERIODIC ORAL EVALUATION	MILLE LACS			\$23	\$24												
D0120 - PERIODIC ORAL EVALUATION	MORRISON															\$34	\$38
D0120 - PERIODIC ORAL EVALUATION	MOWER	\$24	\$25													\$23	\$24
D0120 - PERIODIC ORAL EVALUATION	MURRAY																
D0120 - PERIODIC ORAL EVALUATION	NICOLLET																
D0120 - PERIODIC ORAL EVALUATION	NOBLES	\$33	\$31													\$30	\$27
D0120 - PERIODIC ORAL EVALUATION	NORMAN																
D0120 - PERIODIC ORAL EVALUATION	OLMSTED	\$33	\$31	\$20	\$21					\$25	\$27			\$35	\$38	\$33	\$32
D0120 - PERIODIC ORAL EVALUATION	OTTER TAIL	\$35	\$40	\$25	\$28					\$23	\$27	\$43	\$48			\$29	\$29
D0120 - PERIODIC ORAL EVALUATION	PENNINGTON																
D0120 - PERIODIC ORAL EVALUATION	PINE			\$26	\$25												
D0120 - PERIODIC ORAL EVALUATION	PIPESTONE																
D0120 - PERIODIC ORAL EVALUATION	POLK	\$25	\$28														
D0120 - PERIODIC ORAL EVALUATION	POPE																
D0120 - PERIODIC ORAL EVALUATION	RAMSEY	\$30	\$35	\$31	\$25	\$24	\$22			\$21	\$23	\$31	\$34	\$32	\$33	\$29	\$33
D0120 - PERIODIC ORAL EVALUATION	REDWOOD																
D0120 - PERIODIC ORAL EVALUATION	RENVILLE																
D0120 - PERIODIC ORAL EVALUATION	RICE	\$40	\$46	\$21	\$21									\$38	\$39	\$38	\$44
D0120 - PERIODIC ORAL EVALUATION	ROCK																
D0120 - PERIODIC ORAL EVALUATION	ROSEAU																
D0120 - PERIODIC ORAL EVALUATION	SCOTT	\$30	\$35	\$38	\$22					\$21	\$23			\$26	\$22	\$28	\$33
D0120 - PERIODIC ORAL EVALUATION	SHERBURNE	\$23	\$25	\$30	\$27					\$17	\$18						
D0120 - PERIODIC ORAL EVALUATION	SIBLEY																
D0120 - PERIODIC ORAL EVALUATION	ST. LOUIS	\$36	\$40	\$25	\$28					\$20	\$18					\$30	\$38
D0120 - PERIODIC ORAL EVALUATION	STEARNS	\$33	\$28	\$28	\$26					\$17	\$18	\$44	\$47	\$34	\$38	\$31	\$28
D0120 - PERIODIC ORAL EVALUATION	STEELE	\$29	\$28											\$30	\$35	\$26	\$25
D0120 - PERIODIC ORAL EVALUATION	SWIFT																
D0120 - PERIODIC ORAL EVALUATION	TODD																
D0120 - PERIODIC ORAL EVALUATION	TRAVERSE																
D0120 - PERIODIC ORAL EVALUATION	WABASHA	\$31	\$28	\$19	\$20									\$35	\$39	\$36	\$38
D0120 - PERIODIC ORAL EVALUATION	WADENA																
D0120 - PERIODIC ORAL EVALUATION	WASECA																
D0120 - PERIODIC ORAL EVALUATION	WASHINGTON	\$24	\$24	\$38	\$29	\$17	\$16			\$17	\$16					\$26	\$24
D0120 - PERIODIC ORAL EVALUATION	WATONWAN																
D0120 - PERIODIC ORAL EVALUATION	WINONA	\$34	\$40	\$19	\$21											\$32	\$38
D0120 - PERIODIC ORAL EVALUATION	WRIGHT	\$28	\$28	\$21	\$21					\$19	\$18	\$27	\$22			\$26	\$25
D0120 - PERIODIC ORAL EVALUATION	YELLOW MEDICINE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	AITKIN	\$11	\$10														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ANOKA	\$13	\$11	\$11	\$11	\$11	\$11			\$11	\$11			\$14	\$13	\$13	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BECKER																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BELTRAMI	\$16	\$14									\$15	\$13				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BENTON	\$10	\$10							\$9	\$10					\$9	\$8

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BIG STONE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BLUE EARTH	\$16	\$15							\$11	\$10			\$24	\$27	\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BROWN	\$13	\$10											\$20	\$17	\$12	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CARLTON	\$11	\$10	\$9	\$8					\$8	\$8					\$10	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CARVER	\$9	\$8	\$12	\$13					\$8	\$8					\$9	\$8
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CASS															\$15	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CHIPPEWA																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CHISAGO			\$11	\$9												
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CLAY	\$16	\$14													\$15	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CLEARWATER																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	COOK																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	COTTONWOOD	\$13	\$14													\$12	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CROW WING	\$15	\$14	\$9	\$8					\$13	\$14					\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DAKOTA	\$13	\$11	\$13	\$11	\$12	\$11			\$10	\$11			\$13	\$12	\$13	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DODGE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DOUGLAS	\$16	\$14	\$12	\$9					\$13	\$14	\$18	\$14			\$16	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FARIBAULT																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FILLMORE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FREEBORN																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	GOODHUE			\$9	\$8									\$16	\$13	\$12	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HENNEPIN	\$13	\$11	\$13	\$13	\$11	\$11			\$10	\$11	\$19	\$19	\$13	\$11	\$13	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HOUSTON															\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HUBBARD			\$10	\$9												
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ISANTI	\$15	\$14	\$9	\$8												
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ITASCA	\$13	\$13					\$19	\$18							\$11	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	JACKSON																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KANABEC	\$14	\$15	\$9	\$8									\$14	\$13	\$13	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KANDIYOHI	\$12	\$10							\$9	\$10	\$14	\$12			\$11	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KITSON																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KOOCHICHING																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LAC QUI PARLE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LAKE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LESUEUR															\$11	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LINCOLN																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LYON	\$13	\$11														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MARSHALL																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MARTIN	\$16	\$14	\$9	\$7											\$16	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MCLEOD	\$16	\$14	\$11	\$9							\$13	\$10	\$21	\$25	\$16	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MEEKER																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MILLE LACS	\$18	\$22	\$9	\$8												
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MORRISON															\$15	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MOWER	\$10	\$10														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MURRAY																

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NICOLLET																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NOBLES	\$15	\$14													\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORMAN																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	OLMSTED	\$17	\$14	\$9	\$9					\$13	\$14			\$19	\$21	\$16	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	OTTER TAIL	\$16	\$14	\$10	\$10					\$12	\$14	\$21	\$21			\$15	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PENNINGTON																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PINE			\$11	\$11												
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PIPESTONE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	POLK	\$12	\$13														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	POPE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RAMSEY	\$15	\$13	\$12	\$13	\$11	\$11			\$11	\$11	\$14	\$12	\$14	\$11	\$14	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	REDWOOD																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RENVILLE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RICE	\$19	\$16	\$9	\$8									\$20	\$21	\$18	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROCK																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROSEAU																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SCOTT	\$13	\$11	\$11	\$9					\$11	\$11			\$12	\$11	\$13	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SHERBURNE	\$15	\$13	\$13	\$13					\$11	\$10					\$16	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SIBLEY																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ST. LOUIS	\$19	\$22	\$13	\$13					\$11	\$10					\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEARNS	\$14	\$15	\$13	\$12					\$11	\$10	\$21	\$25	\$17	\$15	\$14	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEELE	\$12	\$13											\$17	\$18	\$13	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEVENS																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SWIFT																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	TODD																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	TRAVERSE																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WABASHA	\$18	\$21	\$9	\$8									\$18	\$21	\$19	\$21
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WADENA																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WASECA																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WASHINGTON	\$11	\$11	\$15	\$11	\$9	\$9			\$10	\$11			\$20	\$25	\$12	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WATONWAN																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WILKIN																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WINONA	\$15	\$14	\$9	\$7											\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WRIGHT	\$17	\$15	\$11	\$11					\$13	\$14	\$11	\$10			\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	YELLOW MEDICINE																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	AITKIN	\$10	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ANOKA	\$9	\$8	\$7	\$6	\$8	\$7			\$7	\$8			\$10	\$7	\$9	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BECKER																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BELTRAMI	\$11	\$9									\$9	\$8				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BENTON	\$6	\$6														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BIG STONE																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BLUE EARTH	\$16	\$18											\$17	\$18	\$15	\$17
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BROWN	\$15	\$18											\$15	\$18	\$11	\$6

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CARLTON	\$9	\$6	\$6	\$6											\$6	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CARVER	\$6	\$5	\$8	\$7					\$5	\$5					\$6	\$5
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CASS																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CHIPPEWA																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CHISAGO			\$8	\$6												
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CLAY	\$11	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CLEARWATER																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	COOK																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	COTTONWOOD	\$8	\$6														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CROW WING	\$11	\$9	\$6	\$5											\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DAKOTA	\$10	\$9	\$9	\$7	\$9	\$7			\$7	\$8			\$10	\$11	\$10	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DOUGLAS	\$12	\$9	\$7	\$6							\$12	\$9				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FARIBAULT																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FILLMORE																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FREEBORN																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	GOODHUE			\$6	\$5									\$11	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HENNEPIN	\$10	\$8	\$9	\$7	\$8	\$7			\$7	\$8	\$11	\$8	\$8	\$7	\$10	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HOUSTON																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HUBBARD																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ISANTI			\$7	\$6												
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ITASCA	\$8	\$8					\$18	\$18							\$7	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	JACKSON																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KANABEC	\$12	\$13	\$7	\$5									\$10	\$9	\$11	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KANDIYOHI	\$8	\$6									\$9	\$7			\$8	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KITTSO																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KOOCHICHING																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LAC QUI PARLE																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LAKE																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LESJEUR																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LINCOLN																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LYON																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MARSHALL																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MARTIN																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MCLEOD	\$11	\$9									\$8	\$7			\$10	\$10
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MEEKER																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MILLE LACS			\$7	\$5												
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MORRISON																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MOWER																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MURRAY																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NICOLLET																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NOBLES	\$12	\$9													\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORMAN																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	OLMSTED	\$13	\$9	\$6	\$5									\$15	\$17	\$13	\$10

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D0230 - INTRAORAL-PERiapical,each additional	OTTER TAIL	\$15	\$18	\$8	\$7					\$8	\$9					\$12	\$10
D0230 - INTRAORAL-PERiapical,each additional	PENNINGTON																
D0230 - INTRAORAL-PERiapical,each additional	PINE			\$10	\$11												
D0230 - INTRAORAL-PERiapical,each additional	PIPESTONE																
D0230 - INTRAORAL-PERiapical,each additional	POLK																
D0230 - INTRAORAL-PERiapical,each additional	POPE																
D0230 - INTRAORAL-PERiapical,each additional	RAMSEY	\$11	\$9	\$9	\$7	\$8	\$7			\$7	\$8	\$10	\$8	\$10	\$7	\$10	\$7
D0230 - INTRAORAL-PERiapical,each additional	REDWOOD																
D0230 - INTRAORAL-PERiapical,each additional	RENVILLE																
D0230 - INTRAORAL-PERiapical,each additional	RICE	\$13	\$11	\$7	\$6									\$14	\$14	\$12	\$10
D0230 - INTRAORAL-PERiapical,each additional	ROCK																
D0230 - INTRAORAL-PERiapical,each additional	ROSEAU																
D0230 - INTRAORAL-PERiapical,each additional	SCOTT	\$9	\$8	\$7	\$6					\$7	\$8			\$9	\$7	\$9	\$7
D0230 - INTRAORAL-PERiapical,each additional	SHERBURNE	\$10	\$9	\$10	\$9												
D0230 - INTRAORAL-PERiapical,each additional	SIBLEY																
D0230 - INTRAORAL-PERiapical,each additional	ST. LOUIS	\$17	\$18	\$9	\$9					\$9	\$6					\$13	\$17
D0230 - INTRAORAL-PERiapical,each additional	STEARNS	\$10	\$6	\$7	\$5					\$6	\$6	\$14	\$14			\$8	\$6
D0230 - INTRAORAL-PERiapical,each additional	STEELE													\$11	\$12	\$10	\$9
D0230 - INTRAORAL-PERiapical,each additional	SWIFT																
D0230 - INTRAORAL-PERiapical,each additional	TODD																
D0230 - INTRAORAL-PERiapical,each additional	TRAVERSE																
D0230 - INTRAORAL-PERiapical,each additional	WABASHA	\$12	\$16	\$7	\$5									\$12	\$14		
D0230 - INTRAORAL-PERiapical,each additional	WADENA																
D0230 - INTRAORAL-PERiapical,each additional	WASECA																
D0230 - INTRAORAL-PERiapical,each additional	WASHINGTON	\$8	\$8	\$10	\$7					\$7	\$8					\$8	\$7
D0230 - INTRAORAL-PERiapical,each additional	WATONWAN																
D0230 - INTRAORAL-PERiapical,each additional	WILKIN																
D0230 - INTRAORAL-PERiapical,each additional	WINONA	\$11	\$9	\$7	\$5											\$9	\$6
D0230 - INTRAORAL-PERiapical,each additional	WRIGHT	\$13	\$13	\$7	\$7					\$11	\$9					\$12	\$9
D0230 - INTRAORAL-PERiapical,each additional	YELLOW MEDICINE																
D1110 - DENTAL PROPHYLAXIS ADULT	AITKIN	\$42	\$40														
D1110 - DENTAL PROPHYLAXIS ADULT	ANOKA	\$46	\$49	\$43	\$36	\$45	\$47			\$47	\$49			\$51	\$47	\$48	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	BECKER																
D1110 - DENTAL PROPHYLAXIS ADULT	BELTRAMI	\$58	\$58									\$50	\$54				
D1110 - DENTAL PROPHYLAXIS ADULT	BENTON	\$40	\$40													\$41	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	BIG STONE																
D1110 - DENTAL PROPHYLAXIS ADULT	BLUE EARTH	\$47	\$40							\$38	\$40			\$80	\$105	\$45	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	BROWN	\$42	\$40											\$73	\$55	\$42	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	CARLTON	\$41	\$40	\$38	\$36					\$38	\$40					\$41	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	CARVER	\$36	\$34	\$50	\$58					\$34	\$34					\$36	\$34
D1110 - DENTAL PROPHYLAXIS ADULT	CASS															\$56	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	CHIPPEWA																
D1110 - DENTAL PROPHYLAXIS ADULT	CHISAGO			\$42	\$40												

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	CLAY	\$57	\$58							\$55	\$58					\$59	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	CLEARWATER																
D1110 - DENTAL PROPHYLAXIS ADULT	COOK																
D1110 - DENTAL PROPHYLAXIS ADULT	COTTONWOOD	\$46	\$40													\$47	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	CROW WING	\$52	\$58	\$37	\$34					\$49	\$58					\$52	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	DAKOTA	\$41	\$34	\$48	\$58	\$40	\$47			\$40	\$34			\$38	\$34	\$42	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	DODGE																
D1110 - DENTAL PROPHYLAXIS ADULT	DOUGLAS	\$58	\$58	\$41	\$41							\$61	\$60			\$60	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	FARIBAULT																
D1110 - DENTAL PROPHYLAXIS ADULT	FILLMORE																
D1110 - DENTAL PROPHYLAXIS ADULT	FREEBORN																
D1110 - DENTAL PROPHYLAXIS ADULT	GOODHUE	\$51	\$55	\$34	\$30									\$67	\$55		
D1110 - DENTAL PROPHYLAXIS ADULT	HENNEPIN	\$44	\$48	\$52	\$58	\$43	\$47			\$41	\$39	\$65	\$54	\$43	\$47	\$44	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	HOUSTON																
D1110 - DENTAL PROPHYLAXIS ADULT	HUBBARD			\$38	\$40												
D1110 - DENTAL PROPHYLAXIS ADULT	ISANTI			\$34	\$30											\$41	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	ITASCA	\$52	\$55					\$87	\$86							\$43	\$43
D1110 - DENTAL PROPHYLAXIS ADULT	JACKSON																
D1110 - DENTAL PROPHYLAXIS ADULT	KANABEC	\$43	\$40	\$35	\$34									\$55	\$55	\$46	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	KANDIYOHI	\$42	\$40							\$40	\$40	\$42	\$44			\$42	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	KITTSO																
D1110 - DENTAL PROPHYLAXIS ADULT	KOOCHICHING																
D1110 - DENTAL PROPHYLAXIS ADULT	LAC QUI PARLE																
D1110 - DENTAL PROPHYLAXIS ADULT	LAKE																
D1110 - DENTAL PROPHYLAXIS ADULT	LESUEUR	\$41	\$40													\$42	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	LINCOLN																
D1110 - DENTAL PROPHYLAXIS ADULT	LYON	\$45	\$47														
D1110 - DENTAL PROPHYLAXIS ADULT	MARSHALL																
D1110 - DENTAL PROPHYLAXIS ADULT	MARTIN	\$55	\$58	\$32	\$30											\$56	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	MCLEOD	\$55	\$58									\$48	\$44	\$61	\$64	\$61	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	MEEKER																
D1110 - DENTAL PROPHYLAXIS ADULT	MILLE LACS	\$49	\$55	\$38	\$36											\$39	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	MORRISON																
D1110 - DENTAL PROPHYLAXIS ADULT	MOWER	\$42	\$40													\$40	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	MURRAY																
D1110 - DENTAL PROPHYLAXIS ADULT	NICOLLET																
D1110 - DENTAL PROPHYLAXIS ADULT	NOBLES	\$53	\$58														
D1110 - DENTAL PROPHYLAXIS ADULT	NORMAN																
D1110 - DENTAL PROPHYLAXIS ADULT	OLMSTED	\$52	\$58	\$32	\$30					\$55	\$58			\$54	\$55	\$53	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	OTTER TAIL	\$55	\$58	\$40	\$41					\$51	\$58	\$63	\$60			\$58	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	PENNINGTON																
D1110 - DENTAL PROPHYLAXIS ADULT	PINE			\$44	\$46												
D1110 - DENTAL PROPHYLAXIS ADULT	POLK	\$40	\$40														

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	POPE																
D1110 - DENTAL PROPHYLAXIS ADULT	RAMSEY	\$47	\$49	\$47	\$48	\$45	\$47			\$46	\$49			\$50	\$47	\$47	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	REDWOOD																
D1110 - DENTAL PROPHYLAXIS ADULT	RENVILLE																
D1110 - DENTAL PROPHYLAXIS ADULT	RICE	\$59	\$67	\$34	\$30									\$83	\$86	\$62	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	ROCK																
D1110 - DENTAL PROPHYLAXIS ADULT	ROSEAU																
D1110 - DENTAL PROPHYLAXIS ADULT	SCOTT	\$49	\$49	\$46	\$30	\$46	\$47			\$46	\$49			\$47	\$47	\$47	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	SHERBURNE	\$43	\$40	\$52	\$58					\$38	\$40					\$39	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	SIBLEY																
D1110 - DENTAL PROPHYLAXIS ADULT	ST. LOUIS	\$53	\$55	\$43	\$40					\$42	\$40					\$48	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	STEARNS	\$44	\$40	\$48	\$48					\$37	\$40	\$53	\$44	\$47	\$40	\$45	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	STEELE	\$50	\$55											\$60	\$55	\$50	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	SWIFT																
D1110 - DENTAL PROPHYLAXIS ADULT	TODD															\$41	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	TRAVERSE																
D1110 - DENTAL PROPHYLAXIS ADULT	WABASHA	\$60	\$69	\$35	\$32									\$77	\$86	\$68	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	WADENA																
D1110 - DENTAL PROPHYLAXIS ADULT	WASECA																
D1110 - DENTAL PROPHYLAXIS ADULT	WASHINGTON	\$41	\$34	\$46	\$48	\$37	\$34			\$38	\$34					\$47	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	WATONWAN																
D1110 - DENTAL PROPHYLAXIS ADULT	WILKIN																
D1110 - DENTAL PROPHYLAXIS ADULT	WINONA	\$47	\$40	\$34	\$30											\$46	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	WRIGHT	\$48	\$40	\$39	\$34					\$42	\$40	\$41	\$44			\$48	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	YELLOW MEDICINE																
D1206 - TOPICAL FLOURIDE VARNISH	AITKIN	\$20	\$20	\$21	\$21												
D1206 - TOPICAL FLOURIDE VARNISH	ANOKA	\$24	\$26	\$22	\$19	\$24	\$25			\$25	\$26			\$27	\$25	\$25	\$25
D1206 - TOPICAL FLOURIDE VARNISH	BECKER																
D1206 - TOPICAL FLOURIDE VARNISH	BELTRAMI	\$28	\$28									\$27	\$29				
D1206 - TOPICAL FLOURIDE VARNISH	BENTON	\$19	\$20														
D1206 - TOPICAL FLOURIDE VARNISH	BIG STONE																
D1206 - TOPICAL FLOURIDE VARNISH	BLUE EARTH	\$25	\$28											\$40	\$46	\$24	\$27
D1206 - TOPICAL FLOURIDE VARNISH	BROWN	\$24	\$27											\$44	\$46	\$23	\$27
D1206 - TOPICAL FLOURIDE VARNISH	CARLTON	\$20	\$20	\$19	\$19											\$21	\$20
D1206 - TOPICAL FLOURIDE VARNISH	CARVER	\$18	\$18	\$25	\$31											\$19	\$18
D1206 - TOPICAL FLOURIDE VARNISH	CASS																
D1206 - TOPICAL FLOURIDE VARNISH	CHIPPEWA																
D1206 - TOPICAL FLOURIDE VARNISH	CHISAGO			\$20	\$21												
D1206 - TOPICAL FLOURIDE VARNISH	CLAY	\$28	\$28	\$22	\$21												
D1206 - TOPICAL FLOURIDE VARNISH	CLEARWATER																
D1206 - TOPICAL FLOURIDE VARNISH	COOK																
D1206 - TOPICAL FLOURIDE VARNISH	COTTONWOOD	\$22	\$20													\$20	\$20
D1206 - TOPICAL FLOURIDE VARNISH	CROW WING	\$26	\$28	\$19	\$18					\$27	\$28					\$27	\$27

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	DAKOTA	\$22	\$25	\$29	\$31	\$23	\$25			\$22	\$25			\$21	\$18	\$22	\$25
D1206 - TOPICAL FLOURIDE VARNISH	DODGE																
D1206 - TOPICAL FLOURIDE VARNISH	DOUGLAS	\$28	\$28	\$22	\$22							\$31	\$32			\$29	\$32
D1206 - TOPICAL FLOURIDE VARNISH	FARIBAULT																
D1206 - TOPICAL FLOURIDE VARNISH	FREEBORN																
D1206 - TOPICAL FLOURIDE VARNISH	GOODHUE			\$16	\$16									\$33	\$28		
D1206 - TOPICAL FLOURIDE VARNISH	HENNEPIN	\$24	\$26	\$29	\$31	\$23	\$25			\$23	\$25	\$32	\$29	\$24	\$25	\$23	\$25
D1206 - TOPICAL FLOURIDE VARNISH	HOUSTON																
D1206 - TOPICAL FLOURIDE VARNISH	HUBBARD			\$19	\$18												
D1206 - TOPICAL FLOURIDE VARNISH	ISANTI			\$17	\$16												
D1206 - TOPICAL FLOURIDE VARNISH	ITASCA	\$22	\$20					\$29	\$30							\$21	\$23
D1206 - TOPICAL FLOURIDE VARNISH	JACKSON																
D1206 - TOPICAL FLOURIDE VARNISH	KANABEC	\$21	\$20	\$18	\$17									\$28	\$28	\$23	\$20
D1206 - TOPICAL FLOURIDE VARNISH	KANDIYOHI	\$20	\$20							\$20	\$20	\$22	\$23			\$20	\$20
D1206 - TOPICAL FLOURIDE VARNISH	KITTSOON																
D1206 - TOPICAL FLOURIDE VARNISH	KOOCHICHING																
D1206 - TOPICAL FLOURIDE VARNISH	LAC QUI PARLE																
D1206 - TOPICAL FLOURIDE VARNISH	LAKE																
D1206 - TOPICAL FLOURIDE VARNISH	LESUEUR																
D1206 - TOPICAL FLOURIDE VARNISH	LINCOLN																
D1206 - TOPICAL FLOURIDE VARNISH	LYON	\$23	\$23														
D1206 - TOPICAL FLOURIDE VARNISH	MARSHALL																
D1206 - TOPICAL FLOURIDE VARNISH	MARTIN	\$27	\$28													\$30	\$32
D1206 - TOPICAL FLOURIDE VARNISH	MCLEOD	\$28	\$28									\$24	\$23				
D1206 - TOPICAL FLOURIDE VARNISH	MEEKER			\$18	\$16												
D1206 - TOPICAL FLOURIDE VARNISH	MILLE LACS	\$27	\$28	\$19	\$19												
D1206 - TOPICAL FLOURIDE VARNISH	MORRISON																
D1206 - TOPICAL FLOURIDE VARNISH	MOWER	\$19	\$20													\$19	\$20
D1206 - TOPICAL FLOURIDE VARNISH	MURRAY																
D1206 - TOPICAL FLOURIDE VARNISH	NICOLLET																
D1206 - TOPICAL FLOURIDE VARNISH	NOBLES	\$25	\$28													\$26	\$27
D1206 - TOPICAL FLOURIDE VARNISH	NORMAN																
D1206 - TOPICAL FLOURIDE VARNISH	OLMSTED	\$27	\$28	\$18	\$16					\$28	\$28			\$28	\$32	\$27	\$27
D1206 - TOPICAL FLOURIDE VARNISH	OTTER TAIL	\$27	\$28	\$20	\$22					\$26	\$28	\$32	\$32			\$29	\$32
D1206 - TOPICAL FLOURIDE VARNISH	PENNINGTON																
D1206 - TOPICAL FLOURIDE VARNISH	PINE			\$23	\$24												
D1206 - TOPICAL FLOURIDE VARNISH	PIPESTONE																
D1206 - TOPICAL FLOURIDE VARNISH	POLK	\$18	\$20														
D1206 - TOPICAL FLOURIDE VARNISH	POPE																
D1206 - TOPICAL FLOURIDE VARNISH	RAMSEY	\$25	\$26	\$26	\$18	\$24	\$25			\$25	\$26	\$26	\$26	\$25	\$25	\$25	\$25
D1206 - TOPICAL FLOURIDE VARNISH	REDWOOD																
D1206 - TOPICAL FLOURIDE VARNISH	RENVILLE																
D1206 - TOPICAL FLOURIDE VARNISH	RICE	\$32	\$33	\$18	\$18									\$40	\$41	\$31	\$32

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	ROCK																
D1206 - TOPICAL FLOURIDE VARNISH	ROSEAU																
D1206 - TOPICAL FLOURIDE VARNISH	SCOTT	\$26	\$26	\$31	\$16					\$26	\$26			\$24	\$25	\$25	\$25
D1206 - TOPICAL FLOURIDE VARNISH	SHERBURNE			\$24	\$31												
D1206 - TOPICAL FLOURIDE VARNISH	SIBLEY																
D1206 - TOPICAL FLOURIDE VARNISH	ST. LOUIS	\$28	\$28	\$21	\$21					\$20	\$20					\$25	\$27
D1206 - TOPICAL FLOURIDE VARNISH	STEARNS	\$20	\$20	\$26	\$29					\$19	\$20	\$23	\$23	\$20	\$20	\$20	\$20
D1206 - TOPICAL FLOURIDE VARNISH	STEELE	\$26	\$28											\$33	\$35	\$25	\$27
D1206 - TOPICAL FLOURIDE VARNISH	SWIFT																
D1206 - TOPICAL FLOURIDE VARNISH	TODD																
D1206 - TOPICAL FLOURIDE VARNISH	TRAVERSE																
D1206 - TOPICAL FLOURIDE VARNISH	WABASHA			\$18	\$18												
D1206 - TOPICAL FLOURIDE VARNISH	WADENA	\$28	\$28														
D1206 - TOPICAL FLOURIDE VARNISH	WASECA																
D1206 - TOPICAL FLOURIDE VARNISH	WASHINGTON	\$21	\$18	\$36	\$31					\$21	\$18					\$25	\$29
D1206 - TOPICAL FLOURIDE VARNISH	WATONWAN																
D1206 - TOPICAL FLOURIDE VARNISH	WILKIN																
D1206 - TOPICAL FLOURIDE VARNISH	WINONA	\$26	\$28	\$18	\$16											\$25	\$27
D1206 - TOPICAL FLOURIDE VARNISH	WRIGHT	\$24	\$25	\$20	\$18											\$25	\$27
D1206 - TOPICAL FLOURIDE VARNISH	YELLOW MEDICINE																

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	AITKIN			\$24	\$28
D0120 - PERIODIC ORAL EVALUATION	ANOKA	\$27	\$25	\$27	\$26
D0120 - PERIODIC ORAL EVALUATION	BECKER				
D0120 - PERIODIC ORAL EVALUATION	BELTRAMI	\$35	\$45	\$35	\$38
D0120 - PERIODIC ORAL EVALUATION	BENTON	\$19	\$14	\$22	\$23
D0120 - PERIODIC ORAL EVALUATION	BIG STONE			\$21	\$19
D0120 - PERIODIC ORAL EVALUATION	BLUE EARTH	\$29	\$37	\$32	\$28
D0120 - PERIODIC ORAL EVALUATION	BROWN	\$36	\$37	\$39	\$40
D0120 - PERIODIC ORAL EVALUATION	CARLTON	\$20	\$14	\$22	\$23
D0120 - PERIODIC ORAL EVALUATION	CARVER	\$23	\$25	\$23	\$24
D0120 - PERIODIC ORAL EVALUATION	CASS			\$32	\$31
D0120 - PERIODIC ORAL EVALUATION	CHIPPEWA				
D0120 - PERIODIC ORAL EVALUATION	CHISAGO			\$36	\$39
D0120 - PERIODIC ORAL EVALUATION	CLAY	\$38	\$45	\$34	\$40
D0120 - PERIODIC ORAL EVALUATION	CLEARWATER				
D0120 - PERIODIC ORAL EVALUATION	COOK				
D0120 - PERIODIC ORAL EVALUATION	COTTONWOOD	\$19	\$14	\$26	\$28
D0120 - PERIODIC ORAL EVALUATION	CROW WING	\$19	\$14	\$28	\$27
D0120 - PERIODIC ORAL EVALUATION	DAKOTA	\$23	\$25	\$28	\$24
D0120 - PERIODIC ORAL EVALUATION	DODGE				
D0120 - PERIODIC ORAL EVALUATION	DOUGLAS	\$33	\$27	\$40	\$40
D0120 - PERIODIC ORAL EVALUATION	FARIBAUT				
D0120 - PERIODIC ORAL EVALUATION	FILLMORE				
D0120 - PERIODIC ORAL EVALUATION	FREEBORN				
D0120 - PERIODIC ORAL EVALUATION	GOODHUE	\$23	\$27	\$32	\$35
D0120 - PERIODIC ORAL EVALUATION	HENNEPIN	\$24	\$25	\$28	\$27
D0120 - PERIODIC ORAL EVALUATION	HOUSTON				
D0120 - PERIODIC ORAL EVALUATION	HUBBARD			\$35	\$38
D0120 - PERIODIC ORAL EVALUATION	ISANTI	\$13	\$12	\$26	\$28
D0120 - PERIODIC ORAL EVALUATION	ITASCA	\$22	\$20	\$43	\$43
D0120 - PERIODIC ORAL EVALUATION	JACKSON				
D0120 - PERIODIC ORAL EVALUATION	KANABEC			\$26	\$25
D0120 - PERIODIC ORAL EVALUATION	KANDIYOHI	\$16	\$13	\$26	\$28
D0120 - PERIODIC ORAL EVALUATION	KITSON				
D0120 - PERIODIC ORAL EVALUATION	KOOCHICHING				
D0120 - PERIODIC ORAL EVALUATION	LAC QUI PARLE				
D0120 - PERIODIC ORAL EVALUATION	LAKE				
D0120 - PERIODIC ORAL EVALUATION	LESUEUR	\$15	\$14	\$25	\$25
D0120 - PERIODIC ORAL EVALUATION	LINCOLN				
D0120 - PERIODIC ORAL EVALUATION	LYON	\$25	\$20	\$27	\$28
D0120 - PERIODIC ORAL EVALUATION	MARSHALL				
D0120 - PERIODIC ORAL EVALUATION	MARTIN	\$30	\$27	\$32	\$32
D0120 - PERIODIC ORAL EVALUATION	MCLEOD	\$24	\$27	\$33	\$31
D0120 - PERIODIC ORAL EVALUATION	MEEKER			\$27	\$24
D0120 - PERIODIC ORAL EVALUATION	MILLE LACS			\$26	\$25
D0120 - PERIODIC ORAL EVALUATION	MORRISON			\$34	\$38
D0120 - PERIODIC ORAL EVALUATION	MOWER	\$16	\$14	\$23	\$25
D0120 - PERIODIC ORAL EVALUATION	MURRAY				
D0120 - PERIODIC ORAL EVALUATION	NICOLLET	\$21	\$27		
D0120 - PERIODIC ORAL EVALUATION	NOBLES	\$23	\$20	\$32	\$28
D0120 - PERIODIC ORAL EVALUATION	NORMAN				
D0120 - PERIODIC ORAL EVALUATION	OLMSTED	\$32	\$34	\$33	\$32
D0120 - PERIODIC ORAL EVALUATION	OTTER TAIL	\$25	\$24	\$35	\$40
D0120 - PERIODIC ORAL EVALUATION	PENNINGTON				

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	PINE			\$31	\$28
D0120 - PERIODIC ORAL EVALUATION	PIPESTONE				
D0120 - PERIODIC ORAL EVALUATION	POLK	\$20	\$14	\$24	\$28
D0120 - PERIODIC ORAL EVALUATION	POPE				
D0120 - PERIODIC ORAL EVALUATION	RAMSEY	\$27	\$25	\$30	\$33
D0120 - PERIODIC ORAL EVALUATION	REDWOOD				
D0120 - PERIODIC ORAL EVALUATION	RENVILLE				
D0120 - PERIODIC ORAL EVALUATION	RICE	\$19	\$15	\$39	\$39
D0120 - PERIODIC ORAL EVALUATION	ROCK				
D0120 - PERIODIC ORAL EVALUATION	ROSEAU	\$31	\$37	\$35	\$40
D0120 - PERIODIC ORAL EVALUATION	SCOTT	\$24	\$18	\$30	\$33
D0120 - PERIODIC ORAL EVALUATION	SHERBURNE	\$16	\$14	\$26	\$25
D0120 - PERIODIC ORAL EVALUATION	SIBLEY				
D0120 - PERIODIC ORAL EVALUATION	ST. LOUIS	\$31	\$37	\$32	\$38
D0120 - PERIODIC ORAL EVALUATION	STEARNS	\$27	\$27	\$33	\$28
D0120 - PERIODIC ORAL EVALUATION	STEELE	\$23	\$20	\$29	\$27
D0120 - PERIODIC ORAL EVALUATION	SWIFT				
D0120 - PERIODIC ORAL EVALUATION	TODD			\$22	\$20
D0120 - PERIODIC ORAL EVALUATION	TRAVERSE				
D0120 - PERIODIC ORAL EVALUATION	WABASHA			\$33	\$38
D0120 - PERIODIC ORAL EVALUATION	WADENA	\$22	\$27		
D0120 - PERIODIC ORAL EVALUATION	WASECA				
D0120 - PERIODIC ORAL EVALUATION	WASHINGTON	\$21	\$25	\$31	\$25
D0120 - PERIODIC ORAL EVALUATION	WATONWAN				
D0120 - PERIODIC ORAL EVALUATION	WINONA	\$27	\$27	\$32	\$38
D0120 - PERIODIC ORAL EVALUATION	WRIGHT	\$19	\$14	\$26	\$27
D0120 - PERIODIC ORAL EVALUATION	YELLOW MEDICINE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	AITKIN			\$11	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ANOKA	\$12	\$11	\$12	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BECKER				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BELTRAMI	\$16	\$12	\$15	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BENTON	\$8	\$7	\$9	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BIG STONE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BLUE EARTH	\$13	\$7	\$17	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BROWN			\$15	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CARLTON	\$9	\$7	\$11	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CARVER	\$9	\$7	\$9	\$8
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CASS			\$15	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CHIPPEWA				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CHISAGO			\$20	\$21
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CLAY			\$15	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CLEARWATER				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	COOK				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	COTTONWOOD	\$9	\$7	\$13	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CROW WING	\$8	\$6	\$14	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DAKOTA	\$11	\$9	\$13	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DODGE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DOUGLAS	\$13	\$12	\$17	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FARIBAULT				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FILLMORE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FREEBORN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	GOODHUE			\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HENNEPIN	\$11	\$9	\$13	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HOUSTON			\$16	\$14

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HUBBARD			\$16	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ISANTI			\$11	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ITASCA	\$10	\$7	\$18	\$18
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	JACKSON				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KANABEC			\$13	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KANDIYOHI	\$7	\$6	\$12	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KITSON				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KOOCHICHING				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LAC QUI PARLE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LAKE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LESUEUR			\$12	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LINCOLN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LYON	\$10	\$10	\$13	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MARSHALL				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MARTIN	\$12	\$12	\$16	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MCLEOD	\$11	\$10	\$15	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MEEKER			\$11	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MILLE LACS			\$10	\$8
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MORRISON			\$15	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MOWER			\$10	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MURRAY				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NICOLLET	\$9	\$7		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NOBLES	\$10	\$10	\$15	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORMAN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	OLMSTED	\$16	\$12	\$17	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	OTTER TAIL	\$8	\$6	\$16	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PENNINGTON				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PINE			\$15	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PIPESTONE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	POLK			\$12	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	POPE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RAMSEY	\$13	\$11	\$14	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	REDWOOD				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RENVILLE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RICE	\$9	\$7	\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROCK				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROSEAU				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SCOTT	\$10	\$9	\$12	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SHERBURNE			\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SIBLEY				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ST. LOUIS	\$16	\$20	\$17	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEARNS	\$11	\$7	\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEELE	\$10	\$10	\$16	\$18
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEVENS				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SWIFT				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	TODD			\$10	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	TRAVERSE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WABASHA			\$18	\$21
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WADENA	\$10	\$7		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WASECA				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WASHINGTON	\$9	\$9	\$13	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WATONWAN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WILKIN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WINONA	\$12	\$7	\$14	\$13

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WRIGHT	\$9	\$7	\$16	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	YELLOW MEDICINE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	AITKIN			\$9	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ANOKA	\$8	\$6	\$9	\$8
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BECKER				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BELTRAMI	\$11	\$8	\$9	\$8
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BENTON			\$6	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BIG STONE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BLUE EARTH	\$15	\$17	\$16	\$18
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BROWN			\$14	\$17
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CARLTON	\$8	\$5	\$8	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CARVER			\$6	\$5
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CASS			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CHIPPEWA				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CHISAGO			\$13	\$14
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CLAY			\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CLEARWATER				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	COOK				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	COTTONWOOD			\$8	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CROW WING	\$5	\$4	\$9	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DAKOTA	\$8	\$6	\$10	\$8
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DOUGLAS	\$10	\$8	\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FARIBAULT				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FILLMORE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FREEBORN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	GOODHUE			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HENNEPIN	\$9	\$6	\$9	\$8
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HOUSTON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HUBBARD			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ISANTI			\$10	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ITASCA	\$6	\$5	\$17	\$18
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	JACKSON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KANABEC			\$9	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KANDIYOHI	\$5	\$4	\$8	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KITSON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KOOCHICHING				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LAC QUI PARLE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LAKE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LESUEUR				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LINCOLN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LYON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MARSHALL				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MARTIN			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MCLEOD	\$8	\$7	\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MEEKER				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MILLE LACS			\$9	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MORRISON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MOWER			\$7	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MURRAY				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NICOLLET				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NOBLES			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORMAN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	OLMSTED	\$12	\$8	\$13	\$10
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	OTTER TAIL	\$5	\$4	\$14	\$17

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PENNINGTON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PINE			\$13	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PIPESTONE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	POLK				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	POPE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RAMSEY	\$9	\$7	\$10	\$8
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	REDWOOD				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RENVILLE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RICE	\$6	\$5	\$13	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROCK				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROSEAU				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SCOTT			\$9	\$8
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SHERBURNE			\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SIBLEY				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ST. LOUIS	\$15	\$17	\$14	\$17
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	STEARNS	\$9	\$5	\$9	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	STEELE	\$6	\$6	\$11	\$12
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SWIFT				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	TODD				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	TRAVERSE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WABASHA			\$12	\$14
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WADENA				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WASECA				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WASHINGTON	\$7	\$6	\$9	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WATONWAN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WILKIN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WINONA	\$8	\$5	\$9	\$6
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WRIGHT	\$9	\$5	\$12	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	YELLOW MEDICINE				
D1110 - DENTAL PROPHYLAXIS ADULT	AITKIN			\$42	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	ANOKA	\$44	\$47	\$47	\$48
D1110 - DENTAL PROPHYLAXIS ADULT	BECKER				
D1110 - DENTAL PROPHYLAXIS ADULT	BELTRAMI	\$55	\$51	\$52	\$54
D1110 - DENTAL PROPHYLAXIS ADULT	BENTON	\$33	\$31	\$39	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	BIG STONE			\$42	\$39
D1110 - DENTAL PROPHYLAXIS ADULT	BLUE EARTH	\$40	\$31	\$50	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	BROWN	\$49	\$53	\$54	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	CARLTON	\$33	\$31	\$41	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	CARVER	\$33	\$35	\$38	\$34
D1110 - DENTAL PROPHYLAXIS ADULT	CASS			\$55	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	CHIPPEWA				
D1110 - DENTAL PROPHYLAXIS ADULT	CHISAGO			\$77	\$86
D1110 - DENTAL PROPHYLAXIS ADULT	CLAY	\$55	\$51	\$56	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	CLEARWATER				
D1110 - DENTAL PROPHYLAXIS ADULT	COOK				
D1110 - DENTAL PROPHYLAXIS ADULT	COTTONWOOD	\$34	\$31	\$46	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	CROW WING	\$30	\$27	\$51	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	DAKOTA	\$35	\$35	\$43	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	DODGE				
D1110 - DENTAL PROPHYLAXIS ADULT	DOUGLAS	\$52	\$51	\$59	\$60
D1110 - DENTAL PROPHYLAXIS ADULT	FARIBAULT				
D1110 - DENTAL PROPHYLAXIS ADULT	FILLMORE				
D1110 - DENTAL PROPHYLAXIS ADULT	FREEBORN				
D1110 - DENTAL PROPHYLAXIS ADULT	GOODHUE	\$41	\$38	\$66	\$55

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	HENNEPIN	\$37	\$39	\$47	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	HOUSTON				
D1110 - DENTAL PROPHYLAXIS ADULT	HUBBARD			\$60	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	ISANTI	\$27	\$27	\$41	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	ITASCA	\$36	\$31	\$83	\$86
D1110 - DENTAL PROPHYLAXIS ADULT	JACKSON				
D1110 - DENTAL PROPHYLAXIS ADULT	KANABEC			\$51	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	KANDIYOHI	\$28	\$27	\$42	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	KITSON				
D1110 - DENTAL PROPHYLAXIS ADULT	KOOCHICHING				
D1110 - DENTAL PROPHYLAXIS ADULT	LAC QUI PARLE				
D1110 - DENTAL PROPHYLAXIS ADULT	LAKE				
D1110 - DENTAL PROPHYLAXIS ADULT	LESUEUR	\$30	\$31	\$49	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	LINCOLN				
D1110 - DENTAL PROPHYLAXIS ADULT	LYON	\$37	\$31	\$44	\$43
D1110 - DENTAL PROPHYLAXIS ADULT	MARSHALL				
D1110 - DENTAL PROPHYLAXIS ADULT	MARTIN	\$46	\$43	\$55	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	MCLEOD	\$40	\$43	\$53	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	MEEKER			\$44	\$48
D1110 - DENTAL PROPHYLAXIS ADULT	MILLE LACS			\$40	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	MORRISON			\$58	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	MOWER	\$31	\$31	\$41	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	MURRAY				
D1110 - DENTAL PROPHYLAXIS ADULT	NICOLLET	\$34	\$31		
D1110 - DENTAL PROPHYLAXIS ADULT	NOBLES	\$39	\$43	\$54	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	NORMAN				
D1110 - DENTAL PROPHYLAXIS ADULT	OLMSTED	\$51	\$51	\$53	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	OTTER TAIL	\$34	\$27	\$55	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	PENNINGTON				
D1110 - DENTAL PROPHYLAXIS ADULT	PINE			\$56	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	POLK	\$33	\$31	\$40	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	POPE				
D1110 - DENTAL PROPHYLAXIS ADULT	RAMSEY	\$43	\$47	\$47	\$48
D1110 - DENTAL PROPHYLAXIS ADULT	REDWOOD				
D1110 - DENTAL PROPHYLAXIS ADULT	RENVILLE				
D1110 - DENTAL PROPHYLAXIS ADULT	RICE	\$31	\$32	\$67	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	ROCK				
D1110 - DENTAL PROPHYLAXIS ADULT	ROSEAU			\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	SCOTT	\$40	\$39	\$48	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	SHERBURNE	\$32	\$31	\$45	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	SIBLEY				
D1110 - DENTAL PROPHYLAXIS ADULT	ST. LOUIS	\$40	\$38	\$50	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	STEARNS	\$36	\$31	\$45	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	STEELE	\$37	\$38	\$58	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	SWIFT				
D1110 - DENTAL PROPHYLAXIS ADULT	TODD			\$40	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	TRAVERSE				
D1110 - DENTAL PROPHYLAXIS ADULT	WABASHA			\$69	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	WADENA	\$34	\$31		
D1110 - DENTAL PROPHYLAXIS ADULT	WASECA				
D1110 - DENTAL PROPHYLAXIS ADULT	WASHINGTON	\$34	\$35	\$45	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	WATONWAN				
D1110 - DENTAL PROPHYLAXIS ADULT	WILKIN				
D1110 - DENTAL PROPHYLAXIS ADULT	WINONA	\$36	\$31	\$45	\$40

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	WRIGHT	\$33	\$31	\$46	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	YELLOW MEDICINE				
D1206 - TOPICAL FLOURIDE VARNISH	AITKIN			\$20	\$20
D1206 - TOPICAL FLOURIDE VARNISH	ANOKA	\$24	\$25	\$24	\$25
D1206 - TOPICAL FLOURIDE VARNISH	BECKER				
D1206 - TOPICAL FLOURIDE VARNISH	BELTRAMI	\$31	\$34	\$27	\$29
D1206 - TOPICAL FLOURIDE VARNISH	BENTON	\$18	\$19	\$19	\$20
D1206 - TOPICAL FLOURIDE VARNISH	BIG STONE				
D1206 - TOPICAL FLOURIDE VARNISH	BLUE EARTH	\$26	\$28	\$29	\$27
D1206 - TOPICAL FLOURIDE VARNISH	BROWN			\$38	\$46
D1206 - TOPICAL FLOURIDE VARNISH	CARLTON	\$20	\$20	\$20	\$20
D1206 - TOPICAL FLOURIDE VARNISH	CARVER	\$18	\$19	\$20	\$18
D1206 - TOPICAL FLOURIDE VARNISH	CASS			\$27	\$27
D1206 - TOPICAL FLOURIDE VARNISH	CHIPPEWA				
D1206 - TOPICAL FLOURIDE VARNISH	CHISAGO			\$38	\$41
D1206 - TOPICAL FLOURIDE VARNISH	CLAY	\$33	\$34	\$27	\$28
D1206 - TOPICAL FLOURIDE VARNISH	CLEARWATER				
D1206 - TOPICAL FLOURIDE VARNISH	COOK				
D1206 - TOPICAL FLOURIDE VARNISH	COTTONWOOD			\$21	\$20
D1206 - TOPICAL FLOURIDE VARNISH	CROW WING	\$19	\$16	\$26	\$28
D1206 - TOPICAL FLOURIDE VARNISH	DAKOTA	\$19	\$19	\$24	\$25
D1206 - TOPICAL FLOURIDE VARNISH	DODGE				
D1206 - TOPICAL FLOURIDE VARNISH	DOUGLAS	\$29	\$28	\$30	\$32
D1206 - TOPICAL FLOURIDE VARNISH	FARIBAULT				
D1206 - TOPICAL FLOURIDE VARNISH	FILLMORE				
D1206 - TOPICAL FLOURIDE VARNISH	FREEBORN				
D1206 - TOPICAL FLOURIDE VARNISH	GOODHUE			\$32	\$28
D1206 - TOPICAL FLOURIDE VARNISH	HENNEPIN	\$22	\$21	\$25	\$25
D1206 - TOPICAL FLOURIDE VARNISH	HOUSTON				
D1206 - TOPICAL FLOURIDE VARNISH	HUBBARD			\$28	\$29
D1206 - TOPICAL FLOURIDE VARNISH	ISANTI			\$23	\$27
D1206 - TOPICAL FLOURIDE VARNISH	ITASCA	\$21	\$20	\$29	\$29
D1206 - TOPICAL FLOURIDE VARNISH	JACKSON				
D1206 - TOPICAL FLOURIDE VARNISH	KANABEC			\$26	\$28
D1206 - TOPICAL FLOURIDE VARNISH	KANDIYOHI	\$16	\$14	\$20	\$20
D1206 - TOPICAL FLOURIDE VARNISH	KITSON				
D1206 - TOPICAL FLOURIDE VARNISH	KOOCHICHING				
D1206 - TOPICAL FLOURIDE VARNISH	LAC QUI PARLE				
D1206 - TOPICAL FLOURIDE VARNISH	LAKE				
D1206 - TOPICAL FLOURIDE VARNISH	LESUEUR			\$23	\$20
D1206 - TOPICAL FLOURIDE VARNISH	LINCOLN				
D1206 - TOPICAL FLOURIDE VARNISH	LYON	\$23	\$23	\$23	\$23
D1206 - TOPICAL FLOURIDE VARNISH	MARSHALL				
D1206 - TOPICAL FLOURIDE VARNISH	MARTIN			\$28	\$28
D1206 - TOPICAL FLOURIDE VARNISH	MCLEOD	\$24	\$23	\$27	\$28
D1206 - TOPICAL FLOURIDE VARNISH	MEEKER			\$29	\$29
D1206 - TOPICAL FLOURIDE VARNISH	MILLE LACS			\$23	\$21
D1206 - TOPICAL FLOURIDE VARNISH	MORRISON				
D1206 - TOPICAL FLOURIDE VARNISH	MOWER			\$19	\$20
D1206 - TOPICAL FLOURIDE VARNISH	MURRAY				
D1206 - TOPICAL FLOURIDE VARNISH	NICOLLET	\$19	\$20		
D1206 - TOPICAL FLOURIDE VARNISH	NOBLES	\$21	\$23	\$25	\$27
D1206 - TOPICAL FLOURIDE VARNISH	NORMAN				
D1206 - TOPICAL FLOURIDE VARNISH	OLMSTED	\$28	\$28	\$27	\$28

Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	OTTER TAIL	\$23	\$27	\$28	\$28
D1206 - TOPICAL FLOURIDE VARNISH	PENNINGTON				
D1206 - TOPICAL FLOURIDE VARNISH	PINE			\$26	\$27
D1206 - TOPICAL FLOURIDE VARNISH	PIPESTONE				
D1206 - TOPICAL FLOURIDE VARNISH	POLK			\$18	\$16
D1206 - TOPICAL FLOURIDE VARNISH	POPE				
D1206 - TOPICAL FLOURIDE VARNISH	RAMSEY	\$24	\$25	\$25	\$25
D1206 - TOPICAL FLOURIDE VARNISH	REDWOOD				
D1206 - TOPICAL FLOURIDE VARNISH	RENVILLE				
D1206 - TOPICAL FLOURIDE VARNISH	RICE	\$19	\$17	\$34	\$33
D1206 - TOPICAL FLOURIDE VARNISH	ROCK				
D1206 - TOPICAL FLOURIDE VARNISH	ROSEAU				
D1206 - TOPICAL FLOURIDE VARNISH	SCOTT	\$23	\$21	\$26	\$25
D1206 - TOPICAL FLOURIDE VARNISH	SHERBURNE			\$23	\$20
D1206 - TOPICAL FLOURIDE VARNISH	SIBLEY				
D1206 - TOPICAL FLOURIDE VARNISH	ST. LOUIS	\$27	\$28	\$26	\$27
D1206 - TOPICAL FLOURIDE VARNISH	STEARNS	\$20	\$20	\$21	\$20
D1206 - TOPICAL FLOURIDE VARNISH	STEELE	\$22	\$20	\$32	\$35
D1206 - TOPICAL FLOURIDE VARNISH	SWIFT				
D1206 - TOPICAL FLOURIDE VARNISH	TODD				
D1206 - TOPICAL FLOURIDE VARNISH	TRAVERSE				
D1206 - TOPICAL FLOURIDE VARNISH	WABASHA			\$34	\$33
D1206 - TOPICAL FLOURIDE VARNISH	WADENA			\$30	\$28
D1206 - TOPICAL FLOURIDE VARNISH	WASECA				
D1206 - TOPICAL FLOURIDE VARNISH	WASHINGTON	\$19	\$19	\$31	\$29
D1206 - TOPICAL FLOURIDE VARNISH	WATONWAN				
D1206 - TOPICAL FLOURIDE VARNISH	WILKIN				
D1206 - TOPICAL FLOURIDE VARNISH	WINONA	\$25	\$28	\$25	\$27
D1206 - TOPICAL FLOURIDE VARNISH	WRIGHT	\$22	\$20	\$23	\$25
D1206 - TOPICAL FLOURIDE VARNISH	YELLOW MEDICINE				

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
540 - CESAREAN SECTION	AITKIN																
540 - CESAREAN SECTION	ANOKA																
540 - CESAREAN SECTION	BECKER																
540 - CESAREAN SECTION	BELTRAMI																
540 - CESAREAN SECTION	BIG STONE																
540 - CESAREAN SECTION	BLUE EARTH																
540 - CESAREAN SECTION	BROWN																
540 - CESAREAN SECTION	CARLTON																
540 - CESAREAN SECTION	CARVER																
540 - CESAREAN SECTION	CHIPPEWA																
540 - CESAREAN SECTION	CHISAGO																
540 - CESAREAN SECTION	COTTONWOOD																
540 - CESAREAN SECTION	CROW WING																
540 - CESAREAN SECTION	DAKOTA																
540 - CESAREAN SECTION	DOUGLAS																
540 - CESAREAN SECTION	FARIBAULT																
540 - CESAREAN SECTION	FREEBORN																
540 - CESAREAN SECTION	GOODHUE																
540 - CESAREAN SECTION	HENNEPIN	\$7,346	\$5,684	\$6,884	\$5,834	\$9,171	\$7,854			\$9,190	\$6,040	\$9,517	\$8,862			\$6,938	\$6,069
540 - CESAREAN SECTION	HUBBARD																
540 - CESAREAN SECTION	ISANTI																
540 - CESAREAN SECTION	ITASCA																
540 - CESAREAN SECTION	KANABEC																
540 - CESAREAN SECTION	KANDIYOHI																
540 - CESAREAN SECTION	LESUEUR																
540 - CESAREAN SECTION	LYON																
540 - CESAREAN SECTION	MARTIN																
540 - CESAREAN SECTION	MCLEOD																
540 - CESAREAN SECTION	MEEKER																
540 - CESAREAN SECTION	MILLE LACS																
540 - CESAREAN SECTION	MORRISON																
540 - CESAREAN SECTION	MOWER																
540 - CESAREAN SECTION	NOBLES																
540 - CESAREAN SECTION	OLMSTED																
540 - CESAREAN SECTION	OTTER TAIL																
540 - CESAREAN SECTION	PENNINGTON																
540 - CESAREAN SECTION	PIPESTONE																
540 - CESAREAN SECTION	POLK																
540 - CESAREAN SECTION	POPE																
540 - CESAREAN SECTION	RAMSEY															\$6,095	\$5,745
540 - CESAREAN SECTION	REDWOOD																
540 - CESAREAN SECTION	RENVILLE																
540 - CESAREAN SECTION	RICE																

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
540 - CESAREAN SECTION	ROCK																
540 - CESAREAN SECTION	SCOTT																
540 - CESAREAN SECTION	SHERBURNE																
540 - CESAREAN SECTION	ST. LOUIS	\$6,125	\$6,028	\$12,541	\$9,134											\$4,789	\$4,519
540 - CESAREAN SECTION	STEARNS	\$6,868	\$6,314													\$8,217	\$8,188
540 - CESAREAN SECTION	STEELE																
540 - CESAREAN SECTION	STEVENS																
540 - CESAREAN SECTION	TODD																
540 - CESAREAN SECTION	WADENA																
540 - CESAREAN SECTION	WASHINGTON																
540 - CESAREAN SECTION	WINONA																
540 - CESAREAN SECTION	WRIGHT																
540 - CESAREAN SECTION	YELLOW MEDICINE																
560 - VAGINAL DELIVERY	AITKIN																
560 - VAGINAL DELIVERY	ANOKA																
560 - VAGINAL DELIVERY	BECKER																
560 - VAGINAL DELIVERY	BELTRAMI																
560 - VAGINAL DELIVERY	BIG STONE																
560 - VAGINAL DELIVERY	BLUE EARTH																
560 - VAGINAL DELIVERY	BROWN																
560 - VAGINAL DELIVERY	CARLTON																
560 - VAGINAL DELIVERY	CARVER																
560 - VAGINAL DELIVERY	CHIPPEWA																
560 - VAGINAL DELIVERY	CHISAGO																
560 - VAGINAL DELIVERY	COTTONWOOD																
560 - VAGINAL DELIVERY	CROW WING																
560 - VAGINAL DELIVERY	DAKOTA																
560 - VAGINAL DELIVERY	DOUGLAS																
560 - VAGINAL DELIVERY	FARIBAUT																
560 - VAGINAL DELIVERY	FREEBORN																
560 - VAGINAL DELIVERY	GOODHUE																
560 - VAGINAL DELIVERY	HENNEPIN	\$4,344	\$3,695	\$4,434	\$4,079	\$5,745	\$5,191			\$3,860	\$3,685					\$3,951	\$3,461
560 - VAGINAL DELIVERY	HUBBARD																
560 - VAGINAL DELIVERY	ISANTI																
560 - VAGINAL DELIVERY	ITASCA																
560 - VAGINAL DELIVERY	KANABEC																
560 - VAGINAL DELIVERY	KANDIYOHI																
560 - VAGINAL DELIVERY	LESUEUR																
560 - VAGINAL DELIVERY	LYON																
560 - VAGINAL DELIVERY	MARTIN																
560 - VAGINAL DELIVERY	MCLEOD																
560 - VAGINAL DELIVERY	MEEKER																
560 - VAGINAL DELIVERY	MILLE LACS																

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
560 - VAGINAL DELIVERY	MORRISON																
560 - VAGINAL DELIVERY	MOWER																
560 - VAGINAL DELIVERY	NOBLES																
560 - VAGINAL DELIVERY	OLMSTED																
560 - VAGINAL DELIVERY	OTTER TAIL																
560 - VAGINAL DELIVERY	PENNINGTON																
560 - VAGINAL DELIVERY	PIPESTONE																
560 - VAGINAL DELIVERY	POLK																
560 - VAGINAL DELIVERY	POPE																
560 - VAGINAL DELIVERY	RAMSEY			\$4,653	\$4,590												
560 - VAGINAL DELIVERY	REDWOOD																
560 - VAGINAL DELIVERY	RENVILLE																
560 - VAGINAL DELIVERY	RICE																
560 - VAGINAL DELIVERY	ROCK																
560 - VAGINAL DELIVERY	SCOTT																
560 - VAGINAL DELIVERY	ST. LOUIS	\$3,768	\$3,654					\$3,839	\$3,981							\$3,088	\$3,025
560 - VAGINAL DELIVERY	STEARNS	\$3,900	\$3,849	\$3,906	\$3,140							\$4,581	\$4,094			\$4,692	\$5,482
560 - VAGINAL DELIVERY	STEELE																
560 - VAGINAL DELIVERY	STEVENS																
560 - VAGINAL DELIVERY	TODD																
560 - VAGINAL DELIVERY	WADENA																
560 - VAGINAL DELIVERY	WASHINGTON																
560 - VAGINAL DELIVERY	WINONA																
560 - VAGINAL DELIVERY	WRIGHT																
560 - VAGINAL DELIVERY	YELLOW MEDICINE																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	AITKIN																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ANOKA																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BECKER																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BELTRAMI																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BIG STONE																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BLUE EARTH																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BROWN																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CARLTON																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CARVER																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CHIPPEWA																

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CHISAGO																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	COTTONWOOD																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CROW WING																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DAKOTA			\$2,057	\$578												
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DOUGLAS																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	FARIBAULT																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	FREEBORN																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	GOODHUE																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	HENNEPIN	\$2,187	\$1,072	\$2,257	\$1,369	\$3,004	\$2,054			\$1,507	\$935					\$2,821	\$1,600
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	HUBBARD																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ISANTI																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ITASCA																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	KANABEC																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	KANDIYOHI																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	LESUEUR																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	LYON																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MARTIN																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MCLEOD																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MEEKER																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MILLE LACS																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MORRISON																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MOWER																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NOBLES																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	OLMSTED																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	OTTER TAIL																

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	PENNINGTON																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	PIPESTONE																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	POLK																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	POPE																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	RAMSEY	\$1,543	\$1,189	\$1,941	\$1,839											\$2,151	\$1,315
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	REDWOOD																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	RENVILLE																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	RICE																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ROCK																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SCOTT																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ST. LOUIS	\$1,238	\$1,029	\$3,239	\$2,796											\$1,403	\$1,016
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	STEARNS	\$1,377	\$1,001	\$3,046	\$2,429							\$2,858	\$1,962			\$3,123	\$2,775
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	STEELE																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	STEVENS																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	TODD																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WADENA																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WASHINGTON																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WINONA																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WRIGHT																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	YELLOW MEDICINE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	AITKIN																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ANOKA									\$11,653	\$11,456						
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BECKER																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BELTRAMI																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BIG STONE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BLUE EARTH									\$15,695	\$14,333						
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BROWN																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CARLTON																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CARVER																

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CHIPPEWA																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CHISAGO																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CLEARWATER																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	COTTONWOOD																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CROW WING									\$20,333	\$16,881						
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DAKOTA																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DODGE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DOUGLAS																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	FARIBAULT																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	FREEBORN																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	GOODHUE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	HENNEPIN	\$20,157	\$12,609	\$17,918	\$11,439	\$19,799	\$11,050			\$18,130	\$13,843	\$15,928	\$12,952	\$18,748	\$13,292	\$21,540	\$14,019
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	HUBBARD																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ISANTI																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ITASCA																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KANABEC																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KANDIYOHI																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KITTSOON																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LAC QUI PARLE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LAKE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LESUEUR																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LINCOLN																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LYON																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MAHNOMEN																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MARSHALL																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MARTIN																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MCLEOD																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MEEKER																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MILLE LACS																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MORRISON																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MOWER																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MURRAY																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NICOLLET																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NOBLES																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	OLMSTED																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	OTTER TAIL																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	PENNINGTON																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	PINE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	PIPESTONE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	POLK																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	POPE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	RAMSEY	\$16,773	\$14,077	\$15,902	\$11,888					\$15,293	\$13,635					\$18,855	\$14,077
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	REDWOOD																

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	RENVILLE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	RICE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ROCK																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SCOTT																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SIBLEY																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ST. LOUIS	\$14,920	\$13,818	\$15,644	\$14,853			\$10,648	\$10,912	\$15,000	\$13,427					\$14,330	\$13,241
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEARNS	\$11,465	\$7,504	\$28,944	\$9,063											\$18,384	\$16,481
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEELE																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEVENS																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SWIFT																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	TODD																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WABASHA																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WADENA																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WASHINGTON																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WATONWAN																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WILKIN																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WINONA																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WRIGHT																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	YELLOW MEDICINE																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ANOKA																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	BECKER																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	BELTRAMI																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	BLUE EARTH																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	BROWN																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	CROW WING																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	FREEBORN																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	HENNEPIN	\$2,332	\$1,000	\$5,882	\$4,184	\$12,773	\$10,766			\$16,680	\$9,597	\$8,562	\$7,965	\$7,499	\$7,824	\$10,743	\$8,568
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ISANTI																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	KANABEC																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	KANDIYOHI																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	LYON																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MCLEOD																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MOWER																

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	NOBLES																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	OLMSTED																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	OTTER TAIL																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	PENNINGTON																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	RAMSEY	\$4,033	\$3,870	\$5,128	\$1,180	\$10,170	\$10,125									\$9,432	\$9,130
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	RICE																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SCOTT																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ST. LOUIS	\$5,328	\$4,872													\$7,183	\$6,799
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	STEARNS																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	STEELE																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	TODD																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	WASHINGTON																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	WINONA																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	WRIGHT																

Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
540 - CESAREAN SECTION	AITKIN				
540 - CESAREAN SECTION	ANOKA				
540 - CESAREAN SECTION	BECKER				
540 - CESAREAN SECTION	BELTRAMI				
540 - CESAREAN SECTION	BIG STONE				
540 - CESAREAN SECTION	BLUE EARTH				
540 - CESAREAN SECTION	BROWN				
540 - CESAREAN SECTION	CARLTON				
540 - CESAREAN SECTION	CARVER				
540 - CESAREAN SECTION	CHIPPEWA				
540 - CESAREAN SECTION	CHISAGO				
540 - CESAREAN SECTION	COTTONWOOD				
540 - CESAREAN SECTION	CROW WING				
540 - CESAREAN SECTION	DAKOTA				
540 - CESAREAN SECTION	DOUGLAS				
540 - CESAREAN SECTION	FARIBAULT				
540 - CESAREAN SECTION	FREEBORN				
540 - CESAREAN SECTION	GOODHUE				
540 - CESAREAN SECTION	HENNEPIN	\$7,563	\$7,634	\$7,152	\$6,069
540 - CESAREAN SECTION	HUBBARD				
540 - CESAREAN SECTION	ISANTI				
540 - CESAREAN SECTION	ITASCA				
540 - CESAREAN SECTION	KANABEC				
540 - CESAREAN SECTION	KANDIYOHI				
540 - CESAREAN SECTION	LESUEUR				
540 - CESAREAN SECTION	LYON				
540 - CESAREAN SECTION	MARTIN				
540 - CESAREAN SECTION	MCLEOD				
540 - CESAREAN SECTION	MEEKER				
540 - CESAREAN SECTION	MILLE LACS				
540 - CESAREAN SECTION	MORRISON				
540 - CESAREAN SECTION	MOWER				
540 - CESAREAN SECTION	NOBLES				
540 - CESAREAN SECTION	OLMSTED				
540 - CESAREAN SECTION	OTTER TAIL				
540 - CESAREAN SECTION	PENNINGTON				
540 - CESAREAN SECTION	PIPESTONE				
540 - CESAREAN SECTION	POLK				
540 - CESAREAN SECTION	POPE				
540 - CESAREAN SECTION	RAMSEY			\$7,118	\$6,703
540 - CESAREAN SECTION	REDWOOD				
540 - CESAREAN SECTION	RENVILLE				
540 - CESAREAN SECTION	RICE				
540 - CESAREAN SECTION	ROCK				
540 - CESAREAN SECTION	ROSEAU				
540 - CESAREAN SECTION	SCOTT				
540 - CESAREAN SECTION	SHERBURNE				
540 - CESAREAN SECTION	ST. LOUIS	\$5,945	\$5,765	\$6,066	\$5,320
540 - CESAREAN SECTION	STEARNS			\$6,914	\$6,314
540 - CESAREAN SECTION	STEELE				
540 - CESAREAN SECTION	STEVENS				
540 - CESAREAN SECTION	TODD				
540 - CESAREAN SECTION	WADENA				
540 - CESAREAN SECTION	WASHINGTON				

Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
540 - CESAREAN SECTION	WINONA				
540 - CESAREAN SECTION	WRIGHT				
540 - CESAREAN SECTION	YELLOW MEDICINE				
560 - VAGINAL DELIVERY	AITKIN				
560 - VAGINAL DELIVERY	ANOKA				
560 - VAGINAL DELIVERY	BECKER				
560 - VAGINAL DELIVERY	BELTRAMI				
560 - VAGINAL DELIVERY	BIG STONE				
560 - VAGINAL DELIVERY	BLUE EARTH				
560 - VAGINAL DELIVERY	BROWN				
560 - VAGINAL DELIVERY	CARLTON				
560 - VAGINAL DELIVERY	CARVER				
560 - VAGINAL DELIVERY	CHIPPEWA				
560 - VAGINAL DELIVERY	CHISAGO				
560 - VAGINAL DELIVERY	COTTONWOOD				
560 - VAGINAL DELIVERY	CROW WING				
560 - VAGINAL DELIVERY	DAKOTA				
560 - VAGINAL DELIVERY	DOUGLAS				
560 - VAGINAL DELIVERY	FARIBAULT				
560 - VAGINAL DELIVERY	FREEBORN				
560 - VAGINAL DELIVERY	GOODHUE				
560 - VAGINAL DELIVERY	HENNEPIN	\$4,336	\$4,583	\$4,266	\$3,724
560 - VAGINAL DELIVERY	HUBBARD				
560 - VAGINAL DELIVERY	ISANTI				
560 - VAGINAL DELIVERY	ITASCA				
560 - VAGINAL DELIVERY	KANABEC				
560 - VAGINAL DELIVERY	KANDIYOHI				
560 - VAGINAL DELIVERY	LAC QUI PARLE				
560 - VAGINAL DELIVERY	LESUEUR				
560 - VAGINAL DELIVERY	LYON				
560 - VAGINAL DELIVERY	MARTIN				
560 - VAGINAL DELIVERY	MCLEOD				
560 - VAGINAL DELIVERY	MEEKER				
560 - VAGINAL DELIVERY	MILLE LACS				
560 - VAGINAL DELIVERY	MORRISON				
560 - VAGINAL DELIVERY	MOWER				
560 - VAGINAL DELIVERY	NOBLES				
560 - VAGINAL DELIVERY	OLMSTED				
560 - VAGINAL DELIVERY	OTTER TAIL				
560 - VAGINAL DELIVERY	PENNINGTON				
560 - VAGINAL DELIVERY	PIPESTONE				
560 - VAGINAL DELIVERY	POLK				
560 - VAGINAL DELIVERY	POPE				
560 - VAGINAL DELIVERY	RAMSEY			\$3,946	\$3,602
560 - VAGINAL DELIVERY	REDWOOD				
560 - VAGINAL DELIVERY	RENVILLE				
560 - VAGINAL DELIVERY	RICE				
560 - VAGINAL DELIVERY	ROCK				
560 - VAGINAL DELIVERY	ROSEAU				
560 - VAGINAL DELIVERY	SCOTT				
560 - VAGINAL DELIVERY	ST. LOUIS	\$3,920	\$3,810	\$3,662	\$3,133
560 - VAGINAL DELIVERY	STEARNS	\$3,972	\$4,094	\$3,969	\$3,747
560 - VAGINAL DELIVERY	STEELE				
560 - VAGINAL DELIVERY	STEVENS				

Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
560 - VAGINAL DELIVERY	TODD				
560 - VAGINAL DELIVERY	WADENA				
560 - VAGINAL DELIVERY	WASHINGTON				
560 - VAGINAL DELIVERY	WINONA				
560 - VAGINAL DELIVERY	WRIGHT				
560 - VAGINAL DELIVERY	YELLOW MEDICINE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	AITKIN				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ANOKA				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BECKER				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BELTRAMI				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BIG STONE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BLUE EARTH				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	BROWN				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CARLTON				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CARVER				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CHIPPEWA				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CHISAGO				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	COTTONWOOD				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	CROW WING				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DAKOTA			\$1,384	\$1,015
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DOUGLAS				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	FARIBAULT				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	FREEBORN				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	GOODHUE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	HENNEPIN	\$1,822	\$1,441	\$2,557	\$1,414
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	HUBBARD				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ISANTI				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ITASCA				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	KANABEC				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	KANDIYOHI				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	LESUEUR				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	LYON				

Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MARTIN				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MCLEOD				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MEEKER				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MILLE LACS				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MORRISON				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MOWER				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NOBLES				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	OLMSTED				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	OTTER TAIL				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	PENNINGTON				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	PIPESTONE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	POLK				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	POPE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	RAMSEY	\$1,792	\$1,640	\$1,856	\$1,316
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	REDWOOD				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	RENVILLE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	RICE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ROCK				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ROSEAU				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SCOTT				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ST. LOUIS	\$1,599	\$1,355	\$1,511	\$1,029
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	STEARNS	\$2,013	\$1,869	\$1,829	\$1,346
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	STEELE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	STEVENS				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	TODD				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WADENA				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WASHINGTON				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WINONA				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WRIGHT			\$1,180	\$778
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	YELLOW MEDICINE				

Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	AITKIN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ANOKA			\$13,807	\$11,275
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BECKER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BELTRAMI				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BIG STONE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BLUE EARTH			\$13,255	\$14,308
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BROWN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CARLTON				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CARVER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CHIPPEWA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CHISAGO				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CLEARWATER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	COTTONWOOD				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CROW WING			\$16,450	\$14,412
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DAKOTA			\$12,598	\$9,215
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DODGE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DOUGLAS				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	FARIBAULT				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	FREEBORN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	GOODHUE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	HENNEPIN	\$18,109	\$12,952	\$19,840	\$12,895
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	HUBBARD				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ISANTI				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ITASCA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KANABEC				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KANDIYOHI				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KITTSOON				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LAC QUI PARLE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LAKE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LESUEUR				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LINCOLN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LYON				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MAHNOMEN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MARSHALL				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MARTIN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MCLEOD				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MEEKER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MILLE LACS				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MORRISON				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MOWER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MURRAY				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NICOLLET				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NOBLES				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	OLMSTED				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	OTTER TAIL				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	PENNINGTON				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	PINE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	PIPESTONE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	POLK				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	POPE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	RAMSEY	\$12,568	\$11,039	\$17,501	\$14,074
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	REDWOOD				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	RENVILLE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	RICE				

Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ROCK				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SCOTT				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SIBLEY				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ST. LOUIS	\$10,526	\$12,015	\$14,623	\$13,134
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEARNS			\$16,053	\$10,647
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEELE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEVENS				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SWIFT				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	TODD				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WABASHA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WADENA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WASHINGTON			\$13,120	\$7,559
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WATONWAN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WILKIN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WINONA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WRIGHT				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	YELLOW MEDICINE				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ANOKA				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	BECKER				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	BELTRAMI				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	BLUE EARTH				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	BROWN				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	CROW WING				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	FREEBORN				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	HENNEPIN	\$9,284	\$8,612	\$5,347	\$2,074
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ISANTI				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	KANABEC				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	KANDIYOHI				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	LYON				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MCLEOD				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MOWER				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	NOBLES				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	OLMSTED			\$9,116	\$7,786
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	OTTER TAIL				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	PENNINGTON				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	RAMSEY	\$9,552	\$8,612	\$5,942	\$6,027
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	RICE				

Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SCOTT				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ST. LOUIS			\$6,773	\$6,427
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	STEARNS				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	STEELE				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	TODD				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	WASHINGTON				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	WINONA				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	WRIGHT				

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0260 - IV THERAPY, GENERAL	AITKIN																
0260 - IV THERAPY, GENERAL	ANOKA																
0260 - IV THERAPY, GENERAL	BECKER																
0260 - IV THERAPY, GENERAL	BELTRAMI																
0260 - IV THERAPY, GENERAL	BIG STONE																
0260 - IV THERAPY, GENERAL	BLUE EARTH																
0260 - IV THERAPY, GENERAL	BROWN																
0260 - IV THERAPY, GENERAL	CARLTON																
0260 - IV THERAPY, GENERAL	CARVER																
0260 - IV THERAPY, GENERAL	CASS																
0260 - IV THERAPY, GENERAL	CHIPPEWA																
0260 - IV THERAPY, GENERAL	CHISAGO																
0260 - IV THERAPY, GENERAL	CLAY																
0260 - IV THERAPY, GENERAL	CLEARWATER																
0260 - IV THERAPY, GENERAL	COOK																
0260 - IV THERAPY, GENERAL	COTTONWOOD																
0260 - IV THERAPY, GENERAL	CROW WING																
0260 - IV THERAPY, GENERAL	DAKOTA	\$118	\$94													\$129	\$81
0260 - IV THERAPY, GENERAL	DOUGLAS																
0260 - IV THERAPY, GENERAL	FARIBAULT																
0260 - IV THERAPY, GENERAL	FILLMORE																
0260 - IV THERAPY, GENERAL	FREEBORN																
0260 - IV THERAPY, GENERAL	GOODHUE																
0260 - IV THERAPY, GENERAL	GRANT																
0260 - IV THERAPY, GENERAL	HENNEPIN	\$139	\$114	\$151	\$111	\$159	\$144			\$641	\$137	\$134	\$128	\$149	\$113	\$155	\$135
0260 - IV THERAPY, GENERAL	HOUSTON																
0260 - IV THERAPY, GENERAL	HUBBARD																
0260 - IV THERAPY, GENERAL	ISANTI																
0260 - IV THERAPY, GENERAL	ITASCA																
0260 - IV THERAPY, GENERAL	JACKSON																
0260 - IV THERAPY, GENERAL	KANABEC																
0260 - IV THERAPY, GENERAL	KANDIYOHI																
0260 - IV THERAPY, GENERAL	KITSON																
0260 - IV THERAPY, GENERAL	LAC QUI PARLE																
0260 - IV THERAPY, GENERAL	LAKE																
0260 - IV THERAPY, GENERAL	LESUEUR																
0260 - IV THERAPY, GENERAL	LINCOLN																
0260 - IV THERAPY, GENERAL	LYON																
0260 - IV THERAPY, GENERAL	MAHNOMEN																
0260 - IV THERAPY, GENERAL	MARTIN																
0260 - IV THERAPY, GENERAL	MCLEOD																
0260 - IV THERAPY, GENERAL	MEEKER																
0260 - IV THERAPY, GENERAL	MILLE LACS																
0260 - IV THERAPY, GENERAL	MORRISON																

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0260 - IV THERAPY, GENERAL	MURRAY																
0260 - IV THERAPY, GENERAL	NICOLLET																
0260 - IV THERAPY, GENERAL	NOBLES																
0260 - IV THERAPY, GENERAL	NORMAN																
0260 - IV THERAPY, GENERAL	OLMSTED																
0260 - IV THERAPY, GENERAL	OTTER TAIL																
0260 - IV THERAPY, GENERAL	PENNINGTON																
0260 - IV THERAPY, GENERAL	PINE																
0260 - IV THERAPY, GENERAL	PIPESTONE																
0260 - IV THERAPY, GENERAL	POLK																
0260 - IV THERAPY, GENERAL	POPE																
0260 - IV THERAPY, GENERAL	RAMSEY	\$128	\$86	\$146	\$159					\$317	\$95	\$121	\$110			\$151	\$137
0260 - IV THERAPY, GENERAL	REDWOOD																
0260 - IV THERAPY, GENERAL	RENVILLE																
0260 - IV THERAPY, GENERAL	RICE																
0260 - IV THERAPY, GENERAL	ROCK																
0260 - IV THERAPY, GENERAL	ROSEAU																
0260 - IV THERAPY, GENERAL	SCOTT																
0260 - IV THERAPY, GENERAL	SIBLEY																
0260 - IV THERAPY, GENERAL	ST. LOUIS	\$125	\$71	\$112	\$80			\$105	\$68	\$210	\$100	\$126	\$114	\$85	\$58	\$127	\$94
0260 - IV THERAPY, GENERAL	STEARNS	\$145	\$71	\$155	\$141					\$173	\$117	\$143	\$120	\$129	\$139	\$148	\$108
0260 - IV THERAPY, GENERAL	STEELE																
0260 - IV THERAPY, GENERAL	STEVENS																
0260 - IV THERAPY, GENERAL	SWIFT																
0260 - IV THERAPY, GENERAL	TODD																
0260 - IV THERAPY, GENERAL	TRAVERSE																
0260 - IV THERAPY, GENERAL	WABASHA																
0260 - IV THERAPY, GENERAL	WADENA																
0260 - IV THERAPY, GENERAL	WASECA																
0260 - IV THERAPY, GENERAL	WASHINGTON																
0260 - IV THERAPY, GENERAL	WATONWAN																
0260 - IV THERAPY, GENERAL	WILKIN																
0260 - IV THERAPY, GENERAL	WINONA																
0260 - IV THERAPY, GENERAL	WRIGHT	\$185	\$87														
0260 - IV THERAPY, GENERAL	YELLOW MEDICINE																
0420 - PHYSICAL THERAPY, GENERAL	AITKIN																
0420 - PHYSICAL THERAPY, GENERAL	ANOKA	\$59	\$40	\$95	\$62	\$40	\$28			\$52	\$39					\$42	\$28
0420 - PHYSICAL THERAPY, GENERAL	BECKER	\$75	\$79							\$68	\$60					\$44	\$44
0420 - PHYSICAL THERAPY, GENERAL	BELTRAMI											\$47	\$47				
0420 - PHYSICAL THERAPY, GENERAL	BENTON																
0420 - PHYSICAL THERAPY, GENERAL	BIG STONE											\$112	\$71				
0420 - PHYSICAL THERAPY, GENERAL	BLUE EARTH	\$53	\$40	\$46	\$40					\$33	\$30					\$38	\$27
0420 - PHYSICAL THERAPY, GENERAL	BROWN	\$97	\$50											\$67	\$47		
0420 - PHYSICAL THERAPY, GENERAL	CARLTON	\$79	\$66	\$132	\$93					\$59	\$39					\$68	\$51

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	CARVER	\$60	\$78							\$61	\$60					\$41	\$39
0420 - PHYSICAL THERAPY, GENERAL	CASS																
0420 - PHYSICAL THERAPY, GENERAL	CHIPPEWA																
0420 - PHYSICAL THERAPY, GENERAL	CHISAGO	\$48	\$40	\$69	\$60					\$47	\$39						
0420 - PHYSICAL THERAPY, GENERAL	CLAY	\$55	\$60							\$49	\$39					\$40	\$39
0420 - PHYSICAL THERAPY, GENERAL	CLEARWATER																
0420 - PHYSICAL THERAPY, GENERAL	COOK																
0420 - PHYSICAL THERAPY, GENERAL	COTTONWOOD	\$89	\$79													\$63	\$55
0420 - PHYSICAL THERAPY, GENERAL	CROW WING	\$79	\$79							\$53	\$44					\$44	\$39
0420 - PHYSICAL THERAPY, GENERAL	DAKOTA	\$63	\$45	\$69	\$51					\$51	\$39			\$42	\$27	\$38	\$29
0420 - PHYSICAL THERAPY, GENERAL	DODGE																
0420 - PHYSICAL THERAPY, GENERAL	DOUGLAS	\$81	\$91									\$35	\$29			\$38	\$30
0420 - PHYSICAL THERAPY, GENERAL	FARIBAULT																
0420 - PHYSICAL THERAPY, GENERAL	FILLMORE	\$42	\$35							\$45	\$35					\$31	\$26
0420 - PHYSICAL THERAPY, GENERAL	FREEBORN													\$36	\$29	\$38	\$26
0420 - PHYSICAL THERAPY, GENERAL	GOODHUE													\$38	\$30	\$42	\$42
0420 - PHYSICAL THERAPY, GENERAL	GRANT																
0420 - PHYSICAL THERAPY, GENERAL	HENNEPIN	\$67	\$48	\$110	\$85	\$41	\$28	\$40	\$36	\$55	\$39	\$40	\$31	\$35	\$27	\$44	\$36
0420 - PHYSICAL THERAPY, GENERAL	HOUSTON	\$47	\$39							\$38	\$30					\$37	\$28
0420 - PHYSICAL THERAPY, GENERAL	HUBBARD																
0420 - PHYSICAL THERAPY, GENERAL	ISANTI																
0420 - PHYSICAL THERAPY, GENERAL	ITASCA	\$69	\$49					\$52	\$39			\$81	\$81			\$55	\$43
0420 - PHYSICAL THERAPY, GENERAL	JACKSON																
0420 - PHYSICAL THERAPY, GENERAL	KANABEC																
0420 - PHYSICAL THERAPY, GENERAL	KANDIYOHI	\$80	\$60													\$44	\$42
0420 - PHYSICAL THERAPY, GENERAL	KITSON	\$93	\$65														
0420 - PHYSICAL THERAPY, GENERAL	KOOCHICHING																
0420 - PHYSICAL THERAPY, GENERAL	LAC QUI PARLE	\$71	\$66													\$72	\$46
0420 - PHYSICAL THERAPY, GENERAL	LAKE																
0420 - PHYSICAL THERAPY, GENERAL	LESUEUR	\$56	\$40													\$65	\$47
0420 - PHYSICAL THERAPY, GENERAL	LINCOLN	\$109	\$79														
0420 - PHYSICAL THERAPY, GENERAL	LYON	\$87	\$61													\$66	\$46
0420 - PHYSICAL THERAPY, GENERAL	MAHNOMEN																
0420 - PHYSICAL THERAPY, GENERAL	MARSHALL																
0420 - PHYSICAL THERAPY, GENERAL	MARTIN	\$52	\$35													\$58	\$43
0420 - PHYSICAL THERAPY, GENERAL	MCLEOD											\$51	\$46				
0420 - PHYSICAL THERAPY, GENERAL	MEEKER	\$111	\$75									\$61	\$50				
0420 - PHYSICAL THERAPY, GENERAL	MILLE LACS	\$67	\$54							\$58	\$40					\$40	\$39
0420 - PHYSICAL THERAPY, GENERAL	MORRISON	\$83	\$67							\$55	\$39					\$65	\$53
0420 - PHYSICAL THERAPY, GENERAL	MOWER	\$70	\$46													\$38	\$35
0420 - PHYSICAL THERAPY, GENERAL	MURRAY																
0420 - PHYSICAL THERAPY, GENERAL	NICOLLET																
0420 - PHYSICAL THERAPY, GENERAL	NOBLES	\$65	\$50													\$38	\$39
0420 - PHYSICAL THERAPY, GENERAL	NORMAN																

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	OLMSTED	\$61	\$54							\$51	\$39			\$39	\$28	\$38	\$28
0420 - PHYSICAL THERAPY, GENERAL	OTTER TAIL	\$68	\$60	\$103	\$72					\$60	\$39					\$44	\$39
0420 - PHYSICAL THERAPY, GENERAL	PENNINGTON	\$75	\$70														
0420 - PHYSICAL THERAPY, GENERAL	PINE																
0420 - PHYSICAL THERAPY, GENERAL	PIPESTONE																
0420 - PHYSICAL THERAPY, GENERAL	POLK	\$64	\$56							\$40	\$30					\$53	\$39
0420 - PHYSICAL THERAPY, GENERAL	POPE																
0420 - PHYSICAL THERAPY, GENERAL	RAMSEY	\$64	\$50	\$100	\$61	\$36	\$28			\$49	\$39			\$50	\$42	\$44	\$39
0420 - PHYSICAL THERAPY, GENERAL	RED LAKE																
0420 - PHYSICAL THERAPY, GENERAL	REDWOOD	\$90	\$60													\$62	\$48
0420 - PHYSICAL THERAPY, GENERAL	RENVILLE											\$77	\$57				
0420 - PHYSICAL THERAPY, GENERAL	RICE	\$58	\$53							\$42	\$30			\$36	\$31	\$67	\$62
0420 - PHYSICAL THERAPY, GENERAL	ROCK																
0420 - PHYSICAL THERAPY, GENERAL	ROSEAU	\$116	\$69														
0420 - PHYSICAL THERAPY, GENERAL	SCOTT	\$56	\$41	\$182	\$150					\$39	\$30					\$48	\$51
0420 - PHYSICAL THERAPY, GENERAL	SHERBURNE																
0420 - PHYSICAL THERAPY, GENERAL	SIBLEY													\$44	\$33		
0420 - PHYSICAL THERAPY, GENERAL	ST. LOUIS	\$66	\$63	\$78	\$63			\$31	\$28	\$50	\$39	\$36	\$27			\$54	\$42
0420 - PHYSICAL THERAPY, GENERAL	STEARNS	\$97	\$75	\$97	\$87					\$52	\$39	\$67	\$59			\$63	\$52
0420 - PHYSICAL THERAPY, GENERAL	STEELE																
0420 - PHYSICAL THERAPY, GENERAL	STEVENS											\$55	\$51				
0420 - PHYSICAL THERAPY, GENERAL	SWIFT	\$94	\$81														
0420 - PHYSICAL THERAPY, GENERAL	TODD	\$108	\$89							\$70	\$60						
0420 - PHYSICAL THERAPY, GENERAL	TRAVERSE																
0420 - PHYSICAL THERAPY, GENERAL	WABASHA													\$58	\$51	\$41	\$35
0420 - PHYSICAL THERAPY, GENERAL	WADENA																
0420 - PHYSICAL THERAPY, GENERAL	WASECA													\$38	\$33		
0420 - PHYSICAL THERAPY, GENERAL	WASHINGTON	\$55	\$39	\$62	\$45					\$48	\$39					\$38	\$27
0420 - PHYSICAL THERAPY, GENERAL	WATONWAN	\$63	\$60														
0420 - PHYSICAL THERAPY, GENERAL	WILKIN																
0420 - PHYSICAL THERAPY, GENERAL	WINONA	\$52	\$43													\$38	\$27
0420 - PHYSICAL THERAPY, GENERAL	WRIGHT	\$50	\$45	\$93	\$72					\$47	\$39					\$39	\$30
0420 - PHYSICAL THERAPY, GENERAL	YELLOW MEDICINE	\$74	\$62													\$72	\$58
0430 - OCCUPATIONAL THERAPY, GENERAL	AITKIN																
0430 - OCCUPATIONAL THERAPY, GENERAL	ANOKA	\$96	\$80	\$141	\$139	\$59	\$56			\$63	\$60					\$54	\$52
0430 - OCCUPATIONAL THERAPY, GENERAL	BECKER	\$74	\$50							\$75	\$62					\$41	\$30
0430 - OCCUPATIONAL THERAPY, GENERAL	BELTRAMI											\$51	\$47				
0430 - OCCUPATIONAL THERAPY, GENERAL	BENTON																
0430 - OCCUPATIONAL THERAPY, GENERAL	BIG STONE											\$104	\$89				
0430 - OCCUPATIONAL THERAPY, GENERAL	BLUE EARTH	\$68	\$60	\$62	\$56					\$44	\$39					\$48	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	BROWN	\$90	\$71											\$60	\$51		
0430 - OCCUPATIONAL THERAPY, GENERAL	CARLTON	\$92	\$79	\$100	\$90					\$59	\$44					\$59	\$51
0430 - OCCUPATIONAL THERAPY, GENERAL	CARVER	\$57	\$42														
0430 - OCCUPATIONAL THERAPY, GENERAL	CASS																

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	CHIPPEWA																
0430 - OCCUPATIONAL THERAPY, GENERAL	CHISAGO	\$90	\$77							\$69	\$60					\$37	\$24
0430 - OCCUPATIONAL THERAPY, GENERAL	CLAY	\$55	\$60														
0430 - OCCUPATIONAL THERAPY, GENERAL	CLEARWATER																
0430 - OCCUPATIONAL THERAPY, GENERAL	COOK																
0430 - OCCUPATIONAL THERAPY, GENERAL	COTTONWOOD	\$148	\$118													\$101	\$134
0430 - OCCUPATIONAL THERAPY, GENERAL	CROW WING	\$91	\$71							\$74	\$62					\$50	\$43
0430 - OCCUPATIONAL THERAPY, GENERAL	DAKOTA	\$122	\$77	\$81	\$56					\$64	\$60			\$83	\$63	\$53	\$47
0430 - OCCUPATIONAL THERAPY, GENERAL	DODGE																
0430 - OCCUPATIONAL THERAPY, GENERAL	DOUGLAS	\$84	\$91									\$49	\$43			\$46	\$42
0430 - OCCUPATIONAL THERAPY, GENERAL	FARIBAULT																
0430 - OCCUPATIONAL THERAPY, GENERAL	FILLMORE	\$44	\$35							\$50	\$39					\$33	\$26
0430 - OCCUPATIONAL THERAPY, GENERAL	FREEBORN													\$42	\$31	\$45	\$39
0430 - OCCUPATIONAL THERAPY, GENERAL	GOODHUE	\$63	\$40											\$49	\$47	\$44	\$42
0430 - OCCUPATIONAL THERAPY, GENERAL	GRANT																
0430 - OCCUPATIONAL THERAPY, GENERAL	HENNEPIN	\$115	\$75	\$119	\$85	\$51	\$48			\$59	\$47	\$51	\$47	\$52	\$53	\$55	\$49
0430 - OCCUPATIONAL THERAPY, GENERAL	HOUSTON															\$47	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	HUBBARD																
0430 - OCCUPATIONAL THERAPY, GENERAL	ISANTI																
0430 - OCCUPATIONAL THERAPY, GENERAL	ITASCA	\$73	\$78					\$52	\$43							\$57	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	JACKSON																
0430 - OCCUPATIONAL THERAPY, GENERAL	KANABEC																
0430 - OCCUPATIONAL THERAPY, GENERAL	KANDIYOHI	\$85	\$65													\$61	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	KITSON																
0430 - OCCUPATIONAL THERAPY, GENERAL	KOOCHICHING																
0430 - OCCUPATIONAL THERAPY, GENERAL	LAC QUI PARLE	\$75	\$66														
0430 - OCCUPATIONAL THERAPY, GENERAL	LAKE																
0430 - OCCUPATIONAL THERAPY, GENERAL	LESJEUR	\$69	\$55													\$54	\$48
0430 - OCCUPATIONAL THERAPY, GENERAL	LINCOLN	\$111	\$79														
0430 - OCCUPATIONAL THERAPY, GENERAL	LYON	\$76	\$61													\$68	\$63
0430 - OCCUPATIONAL THERAPY, GENERAL	MAHNOMEN																
0430 - OCCUPATIONAL THERAPY, GENERAL	MARSHALL																
0430 - OCCUPATIONAL THERAPY, GENERAL	MARTIN	\$86	\$73													\$67	\$64
0430 - OCCUPATIONAL THERAPY, GENERAL	MCLEOD											\$68	\$56				
0430 - OCCUPATIONAL THERAPY, GENERAL	MEEKER	\$102	\$75									\$73	\$55				
0430 - OCCUPATIONAL THERAPY, GENERAL	MILLE LACS	\$121	\$101							\$44	\$39					\$50	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	MORRISON	\$88	\$66							\$54	\$39					\$73	\$58
0430 - OCCUPATIONAL THERAPY, GENERAL	MOWER	\$77	\$60													\$42	\$37
0430 - OCCUPATIONAL THERAPY, GENERAL	MURRAY																
0430 - OCCUPATIONAL THERAPY, GENERAL	NICOLLET																
0430 - OCCUPATIONAL THERAPY, GENERAL	NOBLES	\$72	\$60													\$48	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	NORMAN																
0430 - OCCUPATIONAL THERAPY, GENERAL	OLMSTED	\$59	\$56							\$58	\$60			\$41	\$40	\$45	\$39
0430 - OCCUPATIONAL THERAPY, GENERAL	OTTER TAIL	\$63	\$53							\$60	\$60					\$43	\$39

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	PENNINGTON	\$64	\$60														
0430 - OCCUPATIONAL THERAPY, GENERAL	PINE																
0430 - OCCUPATIONAL THERAPY, GENERAL	PIPESTONE																
0430 - OCCUPATIONAL THERAPY, GENERAL	POLK	\$78	\$67							\$44	\$7					\$39	\$30
0430 - OCCUPATIONAL THERAPY, GENERAL	POPE																
0430 - OCCUPATIONAL THERAPY, GENERAL	RAMSEY	\$75	\$74	\$104	\$69	\$47	\$43			\$57	\$44			\$46	\$46	\$58	\$50
0430 - OCCUPATIONAL THERAPY, GENERAL	RED LAKE																
0430 - OCCUPATIONAL THERAPY, GENERAL	REDWOOD	\$93	\$67													\$55	\$50
0430 - OCCUPATIONAL THERAPY, GENERAL	RENVILLE											\$70	\$54				
0430 - OCCUPATIONAL THERAPY, GENERAL	RICE	\$66	\$53							\$54	\$39			\$42	\$27	\$54	\$34
0430 - OCCUPATIONAL THERAPY, GENERAL	ROCK																
0430 - OCCUPATIONAL THERAPY, GENERAL	ROSEAU	\$94	\$106													\$71	\$56
0430 - OCCUPATIONAL THERAPY, GENERAL	SCOTT	\$101	\$59	\$248	\$300					\$54	\$39					\$58	\$51
0430 - OCCUPATIONAL THERAPY, GENERAL	SHERBURNE																
0430 - OCCUPATIONAL THERAPY, GENERAL	SIBLEY																
0430 - OCCUPATIONAL THERAPY, GENERAL	ST. LOUIS	\$73	\$67	\$83	\$59			\$53	\$56	\$59	\$55					\$59	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	STEARNS	\$118	\$95	\$111	\$85					\$74	\$67	\$64	\$57			\$70	\$70
0430 - OCCUPATIONAL THERAPY, GENERAL	STEELE																
0430 - OCCUPATIONAL THERAPY, GENERAL	STEVENS											\$71	\$54				
0430 - OCCUPATIONAL THERAPY, GENERAL	SWIFT	\$87	\$70														
0430 - OCCUPATIONAL THERAPY, GENERAL	TODD	\$119	\$101							\$60	\$60						
0430 - OCCUPATIONAL THERAPY, GENERAL	TRAVERSE																
0430 - OCCUPATIONAL THERAPY, GENERAL	WABASHA													\$51	\$50	\$58	\$53
0430 - OCCUPATIONAL THERAPY, GENERAL	WADENA																
0430 - OCCUPATIONAL THERAPY, GENERAL	WASECA													\$41	\$28		
0430 - OCCUPATIONAL THERAPY, GENERAL	WASHINGTON	\$78	\$78	\$69	\$49					\$74	\$67					\$48	\$47
0430 - OCCUPATIONAL THERAPY, GENERAL	WATONWAN	\$51	\$45														
0430 - OCCUPATIONAL THERAPY, GENERAL	WILKIN																
0430 - OCCUPATIONAL THERAPY, GENERAL	WINONA	\$54	\$39													\$40	\$28
0430 - OCCUPATIONAL THERAPY, GENERAL	WRIGHT	\$93	\$67	\$106	\$73					\$53	\$39					\$48	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	YELLOW MEDICINE	\$67	\$62													\$91	\$58
0450 - EMERGENCY ROOM, GENERAL	AITKIN																
0450 - EMERGENCY ROOM, GENERAL	ANOKA									\$392	\$289						
0450 - EMERGENCY ROOM, GENERAL	BECKER																
0450 - EMERGENCY ROOM, GENERAL	BELTRAMI																
0450 - EMERGENCY ROOM, GENERAL	BIG STONE																
0450 - EMERGENCY ROOM, GENERAL	BLUE EARTH																
0450 - EMERGENCY ROOM, GENERAL	BROWN																
0450 - EMERGENCY ROOM, GENERAL	CARLTON																
0450 - EMERGENCY ROOM, GENERAL	CARVER																
0450 - EMERGENCY ROOM, GENERAL	CHIPPEWA																
0450 - EMERGENCY ROOM, GENERAL	CHISAGO																
0450 - EMERGENCY ROOM, GENERAL	CLAY																
0450 - EMERGENCY ROOM, GENERAL	CLEARWATER																

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0450 - EMERGENCY ROOM, GENERAL	COOK																
0450 - EMERGENCY ROOM, GENERAL	COTTONWOOD																
0450 - EMERGENCY ROOM, GENERAL	CROW WING																
0450 - EMERGENCY ROOM, GENERAL	DAKOTA															\$293	\$235
0450 - EMERGENCY ROOM, GENERAL	DOUGLAS																
0450 - EMERGENCY ROOM, GENERAL	FARIBAULT																
0450 - EMERGENCY ROOM, GENERAL	FREEBORN																
0450 - EMERGENCY ROOM, GENERAL	GOODHUE																
0450 - EMERGENCY ROOM, GENERAL	GRANT																
0450 - EMERGENCY ROOM, GENERAL	HENNEPIN	\$205	\$211	\$368	\$263	\$482	\$359	\$275	\$210	\$432	\$390	\$521	\$329	\$378	\$246	\$322	\$281
0450 - EMERGENCY ROOM, GENERAL	HUBBARD																
0450 - EMERGENCY ROOM, GENERAL	ISANTI																
0450 - EMERGENCY ROOM, GENERAL	ITASCA																
0450 - EMERGENCY ROOM, GENERAL	JACKSON																
0450 - EMERGENCY ROOM, GENERAL	KANABEC																
0450 - EMERGENCY ROOM, GENERAL	KANDIYOHI																
0450 - EMERGENCY ROOM, GENERAL	KITTSOON																
0450 - EMERGENCY ROOM, GENERAL	LAC QUI PARLE																
0450 - EMERGENCY ROOM, GENERAL	LAKE																
0450 - EMERGENCY ROOM, GENERAL	LESUEUR																
0450 - EMERGENCY ROOM, GENERAL	LINCOLN																
0450 - EMERGENCY ROOM, GENERAL	LYON																
0450 - EMERGENCY ROOM, GENERAL	MAHNOMEN																
0450 - EMERGENCY ROOM, GENERAL	MARSHALL																
0450 - EMERGENCY ROOM, GENERAL	MARTIN																
0450 - EMERGENCY ROOM, GENERAL	MCLEOD																
0450 - EMERGENCY ROOM, GENERAL	MEEKER																
0450 - EMERGENCY ROOM, GENERAL	MILLE LACS																
0450 - EMERGENCY ROOM, GENERAL	MORRISON																
0450 - EMERGENCY ROOM, GENERAL	MURRAY																
0450 - EMERGENCY ROOM, GENERAL	NICOLLET																
0450 - EMERGENCY ROOM, GENERAL	NOBLES																
0450 - EMERGENCY ROOM, GENERAL	NORMAN																
0450 - EMERGENCY ROOM, GENERAL	OLMSTED																
0450 - EMERGENCY ROOM, GENERAL	OTTER TAIL																
0450 - EMERGENCY ROOM, GENERAL	PENNINGTON																
0450 - EMERGENCY ROOM, GENERAL	PINE																
0450 - EMERGENCY ROOM, GENERAL	PIPESTONE																
0450 - EMERGENCY ROOM, GENERAL	POLK																
0450 - EMERGENCY ROOM, GENERAL	POPE																
0450 - EMERGENCY ROOM, GENERAL	RAMSEY	\$191	\$181	\$389	\$300	\$435	\$390	\$198	\$168	\$356	\$291	\$287	\$210	\$347	\$322	\$276	\$235
0450 - EMERGENCY ROOM, GENERAL	REDWOOD																
0450 - EMERGENCY ROOM, GENERAL	RENVILLE																
0450 - EMERGENCY ROOM, GENERAL	RICE																

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0450 - EMERGENCY ROOM, GENERAL	ROCK																
0450 - EMERGENCY ROOM, GENERAL	ROSEAU																
0450 - EMERGENCY ROOM, GENERAL	SCOTT																
0450 - EMERGENCY ROOM, GENERAL	SHERBURNE																
0450 - EMERGENCY ROOM, GENERAL	SIBLEY																
0450 - EMERGENCY ROOM, GENERAL	ST. LOUIS	\$252	\$222	\$362	\$302	\$391	\$358	\$282	\$214	\$726	\$532	\$309	\$329	\$290	\$217	\$336	\$351
0450 - EMERGENCY ROOM, GENERAL	STEARNS	\$261	\$217	\$362	\$215					\$518	\$564	\$338	\$220	\$349	\$216	\$306	\$258
0450 - EMERGENCY ROOM, GENERAL	STEELE																
0450 - EMERGENCY ROOM, GENERAL	STEVENS																
0450 - EMERGENCY ROOM, GENERAL	SWIFT																
0450 - EMERGENCY ROOM, GENERAL	TODD																
0450 - EMERGENCY ROOM, GENERAL	TRAVERSE																
0450 - EMERGENCY ROOM, GENERAL	WABASHA																
0450 - EMERGENCY ROOM, GENERAL	WADENA																
0450 - EMERGENCY ROOM, GENERAL	WASECA																
0450 - EMERGENCY ROOM, GENERAL	WASHINGTON									\$315	\$252						
0450 - EMERGENCY ROOM, GENERAL	WATONWAN																
0450 - EMERGENCY ROOM, GENERAL	WILKIN																
0450 - EMERGENCY ROOM, GENERAL	WINONA																
0450 - EMERGENCY ROOM, GENERAL	WRIGHT																
0450 - EMERGENCY ROOM, GENERAL	YELLOW MEDICINE																
0510 - CLINIC, GENERAL	AITKIN																
0510 - CLINIC, GENERAL	ANOKA																
0510 - CLINIC, GENERAL	BECKER																
0510 - CLINIC, GENERAL	BELTRAMI																
0510 - CLINIC, GENERAL	BIG STONE																
0510 - CLINIC, GENERAL	BLUE EARTH																
0510 - CLINIC, GENERAL	BROWN																
0510 - CLINIC, GENERAL	CARLTON																
0510 - CLINIC, GENERAL	CARVER																
0510 - CLINIC, GENERAL	CASS																
0510 - CLINIC, GENERAL	CHIPPEWA																
0510 - CLINIC, GENERAL	CHISAGO																
0510 - CLINIC, GENERAL	CLAY																
0510 - CLINIC, GENERAL	COTTONWOOD																
0510 - CLINIC, GENERAL	CROW WING																
0510 - CLINIC, GENERAL	DAKOTA	\$65	\$28	\$139	\$109									\$96	\$109	\$108	\$120
0510 - CLINIC, GENERAL	DOUGLAS																
0510 - CLINIC, GENERAL	FARIBAULT																
0510 - CLINIC, GENERAL	FILLMORE																
0510 - CLINIC, GENERAL	FREEBORN																
0510 - CLINIC, GENERAL	GOODHUE																
0510 - CLINIC, GENERAL	GRANT																
0510 - CLINIC, GENERAL	HENNEPIN	\$130	\$148	\$160	\$128	\$136	\$143	\$100	\$88	\$77	\$60	\$103	\$108	\$105	\$112	\$125	\$144

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0510 - CLINIC, GENERAL	HOUSTON																
0510 - CLINIC, GENERAL	HUBBARD																
0510 - CLINIC, GENERAL	ISANTI																
0510 - CLINIC, GENERAL	ITASCA	\$95	\$70	\$94	\$96			\$111	\$108							\$119	\$121
0510 - CLINIC, GENERAL	JACKSON																
0510 - CLINIC, GENERAL	KANABEC																
0510 - CLINIC, GENERAL	KANDIYOHI																
0510 - CLINIC, GENERAL	LAKE																
0510 - CLINIC, GENERAL	LESUEUR	\$52	\$36													\$49	\$39
0510 - CLINIC, GENERAL	LYON																
0510 - CLINIC, GENERAL	MARSHALL																
0510 - CLINIC, GENERAL	MARTIN																
0510 - CLINIC, GENERAL	MCLEOD																
0510 - CLINIC, GENERAL	MEEKER																
0510 - CLINIC, GENERAL	MILLE LACS																
0510 - CLINIC, GENERAL	MORRISON																
0510 - CLINIC, GENERAL	MOWER																
0510 - CLINIC, GENERAL	MURRAY																
0510 - CLINIC, GENERAL	NICOLLET																
0510 - CLINIC, GENERAL	NOBLES																
0510 - CLINIC, GENERAL	OLMSTED																
0510 - CLINIC, GENERAL	OTTER TAIL																
0510 - CLINIC, GENERAL	PENNINGTON																
0510 - CLINIC, GENERAL	PIPESTONE																
0510 - CLINIC, GENERAL	POLK																
0510 - CLINIC, GENERAL	RAMSEY	\$124	\$131	\$177	\$125	\$123	\$127	\$80	\$86	\$212	\$179	\$107	\$108	\$106	\$111	\$108	\$117
0510 - CLINIC, GENERAL	REDWOOD																
0510 - CLINIC, GENERAL	RENVILLE																
0510 - CLINIC, GENERAL	RICE																
0510 - CLINIC, GENERAL	ROCK																
0510 - CLINIC, GENERAL	ROSEAU																
0510 - CLINIC, GENERAL	SCOTT																
0510 - CLINIC, GENERAL	ST. LOUIS	\$142	\$125	\$75	\$64	\$114	\$120	\$111	\$104	\$90	\$75	\$109	\$118	\$101	\$111	\$113	\$118
0510 - CLINIC, GENERAL	STEARNS	\$176	\$176	\$159	\$110					\$133	\$123	\$76	\$46			\$121	\$107
0510 - CLINIC, GENERAL	STEELE																
0510 - CLINIC, GENERAL	STEVENS																
0510 - CLINIC, GENERAL	SWIFT																
0510 - CLINIC, GENERAL	TODD																
0510 - CLINIC, GENERAL	TRAVERSE																
0510 - CLINIC, GENERAL	WABASHA																
0510 - CLINIC, GENERAL	WASECA																
0510 - CLINIC, GENERAL	WASHINGTON																
0510 - CLINIC, GENERAL	WATONWAN																
0510 - CLINIC, GENERAL	WILKIN																

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0510 - CLINIC, GENERAL	WINONA																
0510 - CLINIC, GENERAL	WRIGHT	\$152	\$128							\$204	\$116					\$70	\$51
0510 - CLINIC, GENERAL	YELLOW MEDICINE																

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0260 - IV THERAPY, GENERAL	AITKIN				
0260 - IV THERAPY, GENERAL	ANOKA				
0260 - IV THERAPY, GENERAL	BECKER				
0260 - IV THERAPY, GENERAL	BELTRAMI				
0260 - IV THERAPY, GENERAL	BIG STONE				
0260 - IV THERAPY, GENERAL	BLUE EARTH				
0260 - IV THERAPY, GENERAL	BROWN				
0260 - IV THERAPY, GENERAL	CARLTON				
0260 - IV THERAPY, GENERAL	CARVER				
0260 - IV THERAPY, GENERAL	CASS				
0260 - IV THERAPY, GENERAL	CHIPPEWA				
0260 - IV THERAPY, GENERAL	CHISAGO			\$122	\$95
0260 - IV THERAPY, GENERAL	CLAY				
0260 - IV THERAPY, GENERAL	CLEARWATER				
0260 - IV THERAPY, GENERAL	COOK				
0260 - IV THERAPY, GENERAL	COTTONWOOD				
0260 - IV THERAPY, GENERAL	CROW WING				
0260 - IV THERAPY, GENERAL	DAKOTA	\$127	\$75	\$131	\$86
0260 - IV THERAPY, GENERAL	DOUGLAS				
0260 - IV THERAPY, GENERAL	FARIBAULT				
0260 - IV THERAPY, GENERAL	FILLMORE				
0260 - IV THERAPY, GENERAL	FREEBORN				
0260 - IV THERAPY, GENERAL	GOODHUE				
0260 - IV THERAPY, GENERAL	GRANT				
0260 - IV THERAPY, GENERAL	HENNEPIN	\$137	\$112	\$167	\$122
0260 - IV THERAPY, GENERAL	HOUSTON				
0260 - IV THERAPY, GENERAL	HUBBARD				
0260 - IV THERAPY, GENERAL	ISANTI				
0260 - IV THERAPY, GENERAL	ITASCA				
0260 - IV THERAPY, GENERAL	JACKSON				
0260 - IV THERAPY, GENERAL	KANABEC				
0260 - IV THERAPY, GENERAL	KANDIYOHI				
0260 - IV THERAPY, GENERAL	KITTSOON				
0260 - IV THERAPY, GENERAL	LAC QUI PARLE				
0260 - IV THERAPY, GENERAL	LAKE				
0260 - IV THERAPY, GENERAL	LESUEUR				
0260 - IV THERAPY, GENERAL	LINCOLN				
0260 - IV THERAPY, GENERAL	LYON				
0260 - IV THERAPY, GENERAL	MAHNOHEN				
0260 - IV THERAPY, GENERAL	MARTIN				
0260 - IV THERAPY, GENERAL	MCLEOD				
0260 - IV THERAPY, GENERAL	MEEKER				
0260 - IV THERAPY, GENERAL	MILLE LACS				
0260 - IV THERAPY, GENERAL	MORRISON				
0260 - IV THERAPY, GENERAL	MURRAY				
0260 - IV THERAPY, GENERAL	NICOLLET				
0260 - IV THERAPY, GENERAL	NOBLES				
0260 - IV THERAPY, GENERAL	NORMAN				
0260 - IV THERAPY, GENERAL	OLMSTED				
0260 - IV THERAPY, GENERAL	OTTER TAIL				
0260 - IV THERAPY, GENERAL	PENNINGTON				
0260 - IV THERAPY, GENERAL	PINE				
0260 - IV THERAPY, GENERAL	PIPESTONE				
0260 - IV THERAPY, GENERAL	POLK				
0260 - IV THERAPY, GENERAL	POPE				
0260 - IV THERAPY, GENERAL	RAMSEY	\$144	\$190	\$143	\$113

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0260 - IV THERAPY, GENERAL	REDWOOD				
0260 - IV THERAPY, GENERAL	RENVILLE				
0260 - IV THERAPY, GENERAL	RICE				
0260 - IV THERAPY, GENERAL	ROCK				
0260 - IV THERAPY, GENERAL	ROSEAU				
0260 - IV THERAPY, GENERAL	SCOTT				
0260 - IV THERAPY, GENERAL	SIBLEY				
0260 - IV THERAPY, GENERAL	ST. LOUIS	\$113	\$75	\$128	\$80
0260 - IV THERAPY, GENERAL	STEARNS	\$121	\$92	\$148	\$99
0260 - IV THERAPY, GENERAL	STEELE				
0260 - IV THERAPY, GENERAL	STEVENS				
0260 - IV THERAPY, GENERAL	SWIFT				
0260 - IV THERAPY, GENERAL	TODD				
0260 - IV THERAPY, GENERAL	TRAVERSE				
0260 - IV THERAPY, GENERAL	WABASHA				
0260 - IV THERAPY, GENERAL	WADENA				
0260 - IV THERAPY, GENERAL	WASECA				
0260 - IV THERAPY, GENERAL	WASHINGTON				
0260 - IV THERAPY, GENERAL	WATONWAN				
0260 - IV THERAPY, GENERAL	WILKIN				
0260 - IV THERAPY, GENERAL	WINONA				
0260 - IV THERAPY, GENERAL	WRIGHT			\$172	\$87
0260 - IV THERAPY, GENERAL	YELLOW MEDICINE				
0420 - PHYSICAL THERAPY, GENERAL	AITKIN				
0420 - PHYSICAL THERAPY, GENERAL	ANOKA	\$40	\$29	\$56	\$40
0420 - PHYSICAL THERAPY, GENERAL	BECKER	\$42	\$45	\$73	\$60
0420 - PHYSICAL THERAPY, GENERAL	BELTRAMI			\$52	\$47
0420 - PHYSICAL THERAPY, GENERAL	BENTON				
0420 - PHYSICAL THERAPY, GENERAL	BIG STONE			\$110	\$71
0420 - PHYSICAL THERAPY, GENERAL	BLUE EARTH	\$33	\$26	\$41	\$39
0420 - PHYSICAL THERAPY, GENERAL	BROWN	\$82	\$86	\$76	\$50
0420 - PHYSICAL THERAPY, GENERAL	CARLTON	\$107	\$110	\$80	\$66
0420 - PHYSICAL THERAPY, GENERAL	CARVER			\$63	\$53
0420 - PHYSICAL THERAPY, GENERAL	CASS				
0420 - PHYSICAL THERAPY, GENERAL	CHIPPEWA				
0420 - PHYSICAL THERAPY, GENERAL	CHISAGO			\$52	\$40
0420 - PHYSICAL THERAPY, GENERAL	CLAY			\$52	\$46
0420 - PHYSICAL THERAPY, GENERAL	CLEARWATER				
0420 - PHYSICAL THERAPY, GENERAL	COOK				
0420 - PHYSICAL THERAPY, GENERAL	COTTONWOOD	\$59	\$57	\$79	\$66
0420 - PHYSICAL THERAPY, GENERAL	CROW WING	\$42	\$30	\$71	\$60
0420 - PHYSICAL THERAPY, GENERAL	DAKOTA	\$63	\$45	\$52	\$40
0420 - PHYSICAL THERAPY, GENERAL	DODGE				
0420 - PHYSICAL THERAPY, GENERAL	DOUGLAS	\$38	\$29	\$38	\$29
0420 - PHYSICAL THERAPY, GENERAL	FARIBAULT				
0420 - PHYSICAL THERAPY, GENERAL	FILLMORE			\$40	\$31
0420 - PHYSICAL THERAPY, GENERAL	FREEBORN			\$38	\$27
0420 - PHYSICAL THERAPY, GENERAL	GOODHUE	\$46	\$44	\$40	\$33
0420 - PHYSICAL THERAPY, GENERAL	GRANT				
0420 - PHYSICAL THERAPY, GENERAL	HENNEPIN	\$48	\$43	\$60	\$44
0420 - PHYSICAL THERAPY, GENERAL	HOUSTON			\$44	\$35
0420 - PHYSICAL THERAPY, GENERAL	HUBBARD				
0420 - PHYSICAL THERAPY, GENERAL	ISANTI				
0420 - PHYSICAL THERAPY, GENERAL	ITASCA	\$56	\$44	\$54	\$41
0420 - PHYSICAL THERAPY, GENERAL	JACKSON				
0420 - PHYSICAL THERAPY, GENERAL	KANABEC				

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	KANDIYOHI			\$69	\$53
0420 - PHYSICAL THERAPY, GENERAL	KITTSOON			\$87	\$60
0420 - PHYSICAL THERAPY, GENERAL	KOOCHICHING				
0420 - PHYSICAL THERAPY, GENERAL	LAC QUI PARLE			\$71	\$66
0420 - PHYSICAL THERAPY, GENERAL	LAKE				
0420 - PHYSICAL THERAPY, GENERAL	LESUEUR			\$60	\$45
0420 - PHYSICAL THERAPY, GENERAL	LINCOLN			\$98	\$67
0420 - PHYSICAL THERAPY, GENERAL	LYON			\$80	\$61
0420 - PHYSICAL THERAPY, GENERAL	MAHNOMEN				
0420 - PHYSICAL THERAPY, GENERAL	MARSHALL				
0420 - PHYSICAL THERAPY, GENERAL	MARTIN			\$55	\$39
0420 - PHYSICAL THERAPY, GENERAL	MCLEOD			\$53	\$46
0420 - PHYSICAL THERAPY, GENERAL	MEEKER	\$72	\$56	\$65	\$50
0420 - PHYSICAL THERAPY, GENERAL	MILLE LACS	\$41	\$30	\$65	\$53
0420 - PHYSICAL THERAPY, GENERAL	MORRISON	\$62	\$54	\$67	\$53
0420 - PHYSICAL THERAPY, GENERAL	MOWER			\$54	\$39
0420 - PHYSICAL THERAPY, GENERAL	MURRAY				
0420 - PHYSICAL THERAPY, GENERAL	NICOLLET				
0420 - PHYSICAL THERAPY, GENERAL	NOBLES	\$37	\$29	\$58	\$50
0420 - PHYSICAL THERAPY, GENERAL	NORMAN				
0420 - PHYSICAL THERAPY, GENERAL	OLMSTED	\$41	\$29	\$48	\$39
0420 - PHYSICAL THERAPY, GENERAL	OTTER TAIL	\$56	\$45	\$67	\$55
0420 - PHYSICAL THERAPY, GENERAL	PENNINGTON			\$75	\$67
0420 - PHYSICAL THERAPY, GENERAL	PINE				
0420 - PHYSICAL THERAPY, GENERAL	PIPESTONE				
0420 - PHYSICAL THERAPY, GENERAL	POLK	\$77	\$51	\$62	\$56
0420 - PHYSICAL THERAPY, GENERAL	POPE				
0420 - PHYSICAL THERAPY, GENERAL	RAMSEY	\$62	\$44	\$57	\$40
0420 - PHYSICAL THERAPY, GENERAL	RED LAKE				
0420 - PHYSICAL THERAPY, GENERAL	REDWOOD			\$81	\$58
0420 - PHYSICAL THERAPY, GENERAL	RENVILLE			\$76	\$57
0420 - PHYSICAL THERAPY, GENERAL	RICE	\$40	\$29	\$60	\$53
0420 - PHYSICAL THERAPY, GENERAL	ROCK				
0420 - PHYSICAL THERAPY, GENERAL	ROSEAU			\$114	\$69
0420 - PHYSICAL THERAPY, GENERAL	SCOTT			\$79	\$51
0420 - PHYSICAL THERAPY, GENERAL	SHERBURNE				
0420 - PHYSICAL THERAPY, GENERAL	SIBLEY			\$43	\$33
0420 - PHYSICAL THERAPY, GENERAL	ST. LOUIS	\$37	\$26	\$59	\$48
0420 - PHYSICAL THERAPY, GENERAL	STEARNS	\$50	\$44	\$81	\$59
0420 - PHYSICAL THERAPY, GENERAL	STEELE				
0420 - PHYSICAL THERAPY, GENERAL	STEVENS			\$57	\$51
0420 - PHYSICAL THERAPY, GENERAL	SWIFT			\$98	\$84
0420 - PHYSICAL THERAPY, GENERAL	TODD			\$88	\$72
0420 - PHYSICAL THERAPY, GENERAL	TRAVERSE				
0420 - PHYSICAL THERAPY, GENERAL	WABASHA			\$75	\$50
0420 - PHYSICAL THERAPY, GENERAL	WADENA				
0420 - PHYSICAL THERAPY, GENERAL	WASECA			\$41	\$33
0420 - PHYSICAL THERAPY, GENERAL	WASHINGTON	\$42	\$29	\$47	\$39
0420 - PHYSICAL THERAPY, GENERAL	WATONWAN			\$72	\$66
0420 - PHYSICAL THERAPY, GENERAL	WILKIN				
0420 - PHYSICAL THERAPY, GENERAL	WINONA			\$47	\$39
0420 - PHYSICAL THERAPY, GENERAL	WRIGHT	\$43	\$44	\$51	\$40
0420 - PHYSICAL THERAPY, GENERAL	YELLOW MEDICINE			\$74	\$62
0430 - OCCUPATIONAL THERAPY, GENERAL	AITKIN				
0430 - OCCUPATIONAL THERAPY, GENERAL	ANOKA	\$56	\$57	\$80	\$67
0430 - OCCUPATIONAL THERAPY, GENERAL	BECKER	\$49	\$58	\$71	\$55

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	BELTRAMI			\$55	\$47
0430 - OCCUPATIONAL THERAPY, GENERAL	BENTON				
0430 - OCCUPATIONAL THERAPY, GENERAL	BIG STONE			\$98	\$81
0430 - OCCUPATIONAL THERAPY, GENERAL	BLUE EARTH	\$38	\$29	\$52	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	BROWN	\$87	\$87	\$67	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	CARLTON			\$81	\$66
0430 - OCCUPATIONAL THERAPY, GENERAL	CARVER			\$86	\$78
0430 - OCCUPATIONAL THERAPY, GENERAL	CASS				
0430 - OCCUPATIONAL THERAPY, GENERAL	CHIPPEWA				
0430 - OCCUPATIONAL THERAPY, GENERAL	CHISAGO			\$76	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	CLAY			\$56	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	CLEARWATER				
0430 - OCCUPATIONAL THERAPY, GENERAL	COOK				
0430 - OCCUPATIONAL THERAPY, GENERAL	COTTONWOOD			\$128	\$105
0430 - OCCUPATIONAL THERAPY, GENERAL	CROW WING	\$47	\$37	\$79	\$56
0430 - OCCUPATIONAL THERAPY, GENERAL	DAKOTA	\$78	\$66	\$70	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	DODGE				
0430 - OCCUPATIONAL THERAPY, GENERAL	DOUGLAS	\$58	\$58	\$53	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	FARIBAULT				
0430 - OCCUPATIONAL THERAPY, GENERAL	FILLMORE			\$43	\$35
0430 - OCCUPATIONAL THERAPY, GENERAL	FREEBORN			\$47	\$39
0430 - OCCUPATIONAL THERAPY, GENERAL	GOODHUE	\$46	\$47	\$50	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	GRANT				
0430 - OCCUPATIONAL THERAPY, GENERAL	HENNEPIN	\$60	\$51	\$74	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	HOUSTON			\$60	\$42
0430 - OCCUPATIONAL THERAPY, GENERAL	HUBBARD				
0430 - OCCUPATIONAL THERAPY, GENERAL	ISANTI				
0430 - OCCUPATIONAL THERAPY, GENERAL	ITASCA	\$68	\$57	\$57	\$44
0430 - OCCUPATIONAL THERAPY, GENERAL	JACKSON				
0430 - OCCUPATIONAL THERAPY, GENERAL	KANABEC				
0430 - OCCUPATIONAL THERAPY, GENERAL	KANDIYOHI			\$78	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	KITTSOON			\$151	\$67
0430 - OCCUPATIONAL THERAPY, GENERAL	KOOCHICHING				
0430 - OCCUPATIONAL THERAPY, GENERAL	LAC QUI PARLE			\$80	\$67
0430 - OCCUPATIONAL THERAPY, GENERAL	LAKE				
0430 - OCCUPATIONAL THERAPY, GENERAL	LESUEUR			\$65	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	LINCOLN			\$100	\$67
0430 - OCCUPATIONAL THERAPY, GENERAL	LYON			\$74	\$61
0430 - OCCUPATIONAL THERAPY, GENERAL	MAHNOMEN				
0430 - OCCUPATIONAL THERAPY, GENERAL	MARSHALL				
0430 - OCCUPATIONAL THERAPY, GENERAL	MARTIN			\$75	\$67
0430 - OCCUPATIONAL THERAPY, GENERAL	MCLEOD			\$70	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	MEEKER	\$86	\$74	\$76	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	MILLE LACS	\$63	\$66	\$97	\$76
0430 - OCCUPATIONAL THERAPY, GENERAL	MORRISON			\$72	\$65
0430 - OCCUPATIONAL THERAPY, GENERAL	MOWER			\$55	\$42
0430 - OCCUPATIONAL THERAPY, GENERAL	MURRAY				
0430 - OCCUPATIONAL THERAPY, GENERAL	NICOLLET				
0430 - OCCUPATIONAL THERAPY, GENERAL	NOBLES	\$47	\$44	\$68	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	NORMAN				
0430 - OCCUPATIONAL THERAPY, GENERAL	OLMSTED	\$53	\$50	\$51	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	OTTER TAIL	\$52	\$57	\$61	\$53
0430 - OCCUPATIONAL THERAPY, GENERAL	PENNINGTON			\$66	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	PINE				
0430 - OCCUPATIONAL THERAPY, GENERAL	PIPESTONE				
0430 - OCCUPATIONAL THERAPY, GENERAL	POLK	\$117	\$139	\$74	\$60

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	POPE				
0430 - OCCUPATIONAL THERAPY, GENERAL	RAMSEY	\$65	\$50	\$67	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	RED LAKE				
0430 - OCCUPATIONAL THERAPY, GENERAL	REDWOOD			\$75	\$57
0430 - OCCUPATIONAL THERAPY, GENERAL	RENVILLE			\$71	\$54
0430 - OCCUPATIONAL THERAPY, GENERAL	RICE	\$47	\$29	\$58	\$53
0430 - OCCUPATIONAL THERAPY, GENERAL	ROCK				
0430 - OCCUPATIONAL THERAPY, GENERAL	ROSEAU			\$93	\$93
0430 - OCCUPATIONAL THERAPY, GENERAL	SCOTT			\$110	\$67
0430 - OCCUPATIONAL THERAPY, GENERAL	SHERBURNE				
0430 - OCCUPATIONAL THERAPY, GENERAL	SIBLEY			\$56	\$51
0430 - OCCUPATIONAL THERAPY, GENERAL	ST. LOUIS	\$71	\$88	\$66	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	STEARNS	\$72	\$57	\$97	\$79
0430 - OCCUPATIONAL THERAPY, GENERAL	STEELE				
0430 - OCCUPATIONAL THERAPY, GENERAL	STEVENS			\$71	\$54
0430 - OCCUPATIONAL THERAPY, GENERAL	SWIFT			\$96	\$84
0430 - OCCUPATIONAL THERAPY, GENERAL	TODD			\$94	\$91
0430 - OCCUPATIONAL THERAPY, GENERAL	TRAVERSE				
0430 - OCCUPATIONAL THERAPY, GENERAL	WABASHA			\$52	\$50
0430 - OCCUPATIONAL THERAPY, GENERAL	WADENA				
0430 - OCCUPATIONAL THERAPY, GENERAL	WASECA			\$41	\$28
0430 - OCCUPATIONAL THERAPY, GENERAL	WASHINGTON	\$46	\$40	\$61	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	WATONWAN			\$51	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	WILKIN				
0430 - OCCUPATIONAL THERAPY, GENERAL	WINONA			\$48	\$39
0430 - OCCUPATIONAL THERAPY, GENERAL	WRIGHT	\$61	\$58	\$76	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	YELLOW MEDICINE			\$72	\$62
0450 - EMERGENCY ROOM, GENERAL	AITKIN				
0450 - EMERGENCY ROOM, GENERAL	ANOKA			\$232	\$218
0450 - EMERGENCY ROOM, GENERAL	BECKER				
0450 - EMERGENCY ROOM, GENERAL	BELTRAMI				
0450 - EMERGENCY ROOM, GENERAL	BIG STONE				
0450 - EMERGENCY ROOM, GENERAL	BLUE EARTH				
0450 - EMERGENCY ROOM, GENERAL	BROWN				
0450 - EMERGENCY ROOM, GENERAL	CARLTON				
0450 - EMERGENCY ROOM, GENERAL	CARVER			\$277	\$224
0450 - EMERGENCY ROOM, GENERAL	CHIPPEWA				
0450 - EMERGENCY ROOM, GENERAL	CHISAGO				
0450 - EMERGENCY ROOM, GENERAL	CLAY				
0450 - EMERGENCY ROOM, GENERAL	CLEARWATER				
0450 - EMERGENCY ROOM, GENERAL	COOK				
0450 - EMERGENCY ROOM, GENERAL	COTTONWOOD				
0450 - EMERGENCY ROOM, GENERAL	CROW WING			\$333	\$235
0450 - EMERGENCY ROOM, GENERAL	DAKOTA			\$271	\$226
0450 - EMERGENCY ROOM, GENERAL	DOUGLAS				
0450 - EMERGENCY ROOM, GENERAL	FARIBAULT				
0450 - EMERGENCY ROOM, GENERAL	FREEBORN				
0450 - EMERGENCY ROOM, GENERAL	GOODHUE				
0450 - EMERGENCY ROOM, GENERAL	GRANT				
0450 - EMERGENCY ROOM, GENERAL	HENNEPIN	\$387	\$248	\$341	\$267
0450 - EMERGENCY ROOM, GENERAL	HUBBARD				
0450 - EMERGENCY ROOM, GENERAL	ISANTI				
0450 - EMERGENCY ROOM, GENERAL	ITASCA				
0450 - EMERGENCY ROOM, GENERAL	JACKSON				
0450 - EMERGENCY ROOM, GENERAL	KANABEC				
0450 - EMERGENCY ROOM, GENERAL	KANDIYOHI				

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0450 - EMERGENCY ROOM, GENERAL	KITSON				
0450 - EMERGENCY ROOM, GENERAL	LAC QUI PARLE				
0450 - EMERGENCY ROOM, GENERAL	LAKE				
0450 - EMERGENCY ROOM, GENERAL	LESUEUR				
0450 - EMERGENCY ROOM, GENERAL	LINCOLN				
0450 - EMERGENCY ROOM, GENERAL	LYON				
0450 - EMERGENCY ROOM, GENERAL	MAHNOMEN				
0450 - EMERGENCY ROOM, GENERAL	MARSHALL				
0450 - EMERGENCY ROOM, GENERAL	MARTIN				
0450 - EMERGENCY ROOM, GENERAL	MCLEOD				
0450 - EMERGENCY ROOM, GENERAL	MEEKER				
0450 - EMERGENCY ROOM, GENERAL	MILLE LACS				
0450 - EMERGENCY ROOM, GENERAL	MORRISON				
0450 - EMERGENCY ROOM, GENERAL	MURRAY				
0450 - EMERGENCY ROOM, GENERAL	NICOLLET				
0450 - EMERGENCY ROOM, GENERAL	NOBLES				
0450 - EMERGENCY ROOM, GENERAL	NORMAN				
0450 - EMERGENCY ROOM, GENERAL	OLMSTED				
0450 - EMERGENCY ROOM, GENERAL	OTTER TAIL				
0450 - EMERGENCY ROOM, GENERAL	PENNINGTON				
0450 - EMERGENCY ROOM, GENERAL	PINE				
0450 - EMERGENCY ROOM, GENERAL	PIPESTONE				
0450 - EMERGENCY ROOM, GENERAL	POLK				
0450 - EMERGENCY ROOM, GENERAL	POPE				
0450 - EMERGENCY ROOM, GENERAL	RAMSEY	\$336	\$216	\$257	\$226
0450 - EMERGENCY ROOM, GENERAL	REDWOOD				
0450 - EMERGENCY ROOM, GENERAL	RENVILLE				
0450 - EMERGENCY ROOM, GENERAL	RICE				
0450 - EMERGENCY ROOM, GENERAL	ROCK				
0450 - EMERGENCY ROOM, GENERAL	ROSEAU				
0450 - EMERGENCY ROOM, GENERAL	SCOTT				
0450 - EMERGENCY ROOM, GENERAL	SHERBURNE				
0450 - EMERGENCY ROOM, GENERAL	SIBLEY				
0450 - EMERGENCY ROOM, GENERAL	ST. LOUIS	\$320	\$256	\$321	\$266
0450 - EMERGENCY ROOM, GENERAL	STEARNS	\$323	\$216	\$294	\$218
0450 - EMERGENCY ROOM, GENERAL	STEELE				
0450 - EMERGENCY ROOM, GENERAL	STEVENS				
0450 - EMERGENCY ROOM, GENERAL	SWIFT				
0450 - EMERGENCY ROOM, GENERAL	TODD				
0450 - EMERGENCY ROOM, GENERAL	TRAVERSE				
0450 - EMERGENCY ROOM, GENERAL	WABASHA				
0450 - EMERGENCY ROOM, GENERAL	WADENA				
0450 - EMERGENCY ROOM, GENERAL	WASECA				
0450 - EMERGENCY ROOM, GENERAL	WASHINGTON			\$258	\$224
0450 - EMERGENCY ROOM, GENERAL	WATONWAN				
0450 - EMERGENCY ROOM, GENERAL	WILKIN				
0450 - EMERGENCY ROOM, GENERAL	WINONA				
0450 - EMERGENCY ROOM, GENERAL	WRIGHT				
0450 - EMERGENCY ROOM, GENERAL	YELLOW MEDICINE				
0510 - CLINIC, GENERAL	AITKIN				
0510 - CLINIC, GENERAL	ANOKA				
0510 - CLINIC, GENERAL	BECKER				
0510 - CLINIC, GENERAL	BELTRAMI				
0510 - CLINIC, GENERAL	BIG STONE				
0510 - CLINIC, GENERAL	BLUE EARTH				
0510 - CLINIC, GENERAL	BROWN				

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0510 - CLINIC, GENERAL	CARLTON				
0510 - CLINIC, GENERAL	CARVER				
0510 - CLINIC, GENERAL	CASS				
0510 - CLINIC, GENERAL	CHIPPEWA				
0510 - CLINIC, GENERAL	CHISAGO				
0510 - CLINIC, GENERAL	CLAY				
0510 - CLINIC, GENERAL	COTTONWOOD				
0510 - CLINIC, GENERAL	CROW WING				
0510 - CLINIC, GENERAL	DAKOTA	\$169	\$210	\$94	\$120
0510 - CLINIC, GENERAL	DOUGLAS				
0510 - CLINIC, GENERAL	FARIBAULT				
0510 - CLINIC, GENERAL	FILLMORE				
0510 - CLINIC, GENERAL	FREEBORN				
0510 - CLINIC, GENERAL	GOODHUE				
0510 - CLINIC, GENERAL	GRANT				
0510 - CLINIC, GENERAL	HENNEPIN	\$109	\$111	\$130	\$143
0510 - CLINIC, GENERAL	HOUSTON				
0510 - CLINIC, GENERAL	HUBBARD				
0510 - CLINIC, GENERAL	ISANTI				
0510 - CLINIC, GENERAL	ITASCA	\$109	\$111	\$109	\$108
0510 - CLINIC, GENERAL	JACKSON				
0510 - CLINIC, GENERAL	KANABEC				
0510 - CLINIC, GENERAL	KANDIYOHI				
0510 - CLINIC, GENERAL	LAKE				
0510 - CLINIC, GENERAL	LESUEUR			\$55	\$39
0510 - CLINIC, GENERAL	LYON				
0510 - CLINIC, GENERAL	MARSHALL				
0510 - CLINIC, GENERAL	MARTIN				
0510 - CLINIC, GENERAL	MCLEOD				
0510 - CLINIC, GENERAL	MEEKER				
0510 - CLINIC, GENERAL	MILLE LACS				
0510 - CLINIC, GENERAL	MORRISON				
0510 - CLINIC, GENERAL	MOWER				
0510 - CLINIC, GENERAL	MURRAY				
0510 - CLINIC, GENERAL	NICOLLET				
0510 - CLINIC, GENERAL	NOBLES				
0510 - CLINIC, GENERAL	OLMSTED			\$84	\$48
0510 - CLINIC, GENERAL	OTTER TAIL				
0510 - CLINIC, GENERAL	PENNINGTON				
0510 - CLINIC, GENERAL	PIPESTONE				
0510 - CLINIC, GENERAL	POLK				
0510 - CLINIC, GENERAL	RAMSEY	\$162	\$210	\$121	\$120
0510 - CLINIC, GENERAL	REDWOOD				
0510 - CLINIC, GENERAL	RENVILLE				
0510 - CLINIC, GENERAL	RICE				
0510 - CLINIC, GENERAL	ROCK				
0510 - CLINIC, GENERAL	ROSEAU				
0510 - CLINIC, GENERAL	SCOTT				
0510 - CLINIC, GENERAL	ST. LOUIS	\$109	\$111	\$118	\$116
0510 - CLINIC, GENERAL	STEARNS	\$109	\$129	\$149	\$132
0510 - CLINIC, GENERAL	STEELE				
0510 - CLINIC, GENERAL	STEVENS				
0510 - CLINIC, GENERAL	SWIFT				
0510 - CLINIC, GENERAL	TODD				
0510 - CLINIC, GENERAL	TRAVERSE				
0510 - CLINIC, GENERAL	WABASHA				

Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0510 - CLINIC, GENERAL	WASECA				
0510 - CLINIC, GENERAL	WASHINGTON				
0510 - CLINIC, GENERAL	WATONWAN				
0510 - CLINIC, GENERAL	WILKIN				
0510 - CLINIC, GENERAL	WINONA				
0510 - CLINIC, GENERAL	WRIGHT	\$106	\$74	\$135	\$109
0510 - CLINIC, GENERAL	YELLOW MEDICINE				

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	AITKIN	\$89	\$105	\$71	\$67												
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ANOKA	\$80	\$86	\$82	\$76	\$98	\$112			\$93	\$73	\$79	\$76	\$71	\$71	\$80	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BECKER	\$91	\$89	\$101	\$105					\$86	\$92					\$93	\$94
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BELTRAMI	\$87	\$89									\$86	\$78			\$81	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BENTON	\$99	\$89														
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BIG STONE																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BLUE EARTH	\$79	\$69	\$100	\$110							\$81	\$87	\$75	\$71	\$79	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BROWN	\$96	\$105									\$100	\$113	\$94	\$104	\$104	\$110
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CARLTON	\$143	\$69	\$216	\$233											\$73	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CARVER	\$83	\$69	\$82	\$77	\$74	\$69			\$75	\$73	\$85	\$74	\$79	\$71	\$80	\$72
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CASS	\$70	\$69														
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CHIPPEWA																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CHISAGO	\$71	\$69	\$70	\$67											\$76	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CLAY	\$90	\$86	\$83	\$84					\$77	\$70	\$103	\$94			\$92	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CLEARWATER																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	COOK																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	COTTONWOOD																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CROW WING	\$95	\$105	\$85	\$83					\$85	\$92	\$90	\$92			\$97	\$100
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DAKOTA	\$82	\$86	\$82	\$83	\$95	\$105			\$74	\$70	\$86	\$88	\$75	\$69	\$78	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DODGE													\$87	\$87	\$79	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DOUGLAS	\$86	\$87	\$82	\$84							\$90	\$93			\$81	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FARIBAULT															\$66	\$65
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FILLMORE	\$103	\$105														
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FREEBORN	\$90	\$91											\$93	\$105	\$91	\$108
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GOODHUE	\$85	\$86											\$84	\$88	\$86	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GRANT																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HENNEPIN	\$82	\$74	\$84	\$83	\$95	\$105	\$54	\$54	\$81	\$70	\$85	\$77	\$78	\$71	\$87	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HOUSTON																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HUBBARD	\$69	\$69									\$77	\$74			\$74	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ISANTI	\$77	\$73	\$86	\$67					\$157	\$189			\$85	\$88	\$80	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ITASCA	\$95	\$89	\$87	\$83			\$83	\$67			\$110	\$113			\$89	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	JACKSON																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KANABEC	\$71	\$69	\$86	\$67									\$74	\$71	\$74	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KANDIYOHI	\$87	\$89	\$81	\$67							\$102	\$115			\$81	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LAC QUI PARLE																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LAKE	\$195	\$233	\$133	\$83											\$105	\$73
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LESUEUR	\$74	\$69													\$77	\$78
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LYON	\$165	\$235									\$196	\$235			\$170	\$235
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MARTIN	\$79	\$87													\$85	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MCLEOD	\$76	\$69	\$69	\$66							\$79	\$74	\$68	\$69	\$71	\$65
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MEEKER																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MILLE LACS	\$69	\$69	\$96	\$107											\$76	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MORRISON	\$76	\$69	\$90	\$84					\$76	\$70					\$74	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MOWER	\$83	\$87											\$86	\$91	\$82	\$81

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MURRAY	\$69	\$69														
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NICOLLET															\$89	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NOBLES																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	OLMSTED	\$83	\$86	\$74	\$67	\$86	\$70			\$102	\$92			\$81	\$71	\$87	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	OTTER TAIL	\$101	\$105	\$104	\$105							\$110	\$115			\$104	\$110
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PENNINGTON	\$80	\$71														
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PINE	\$88	\$89	\$88	\$88									\$89	\$88		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PIPESTONE																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	POLK																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	POPE																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RAMSEY	\$84	\$86	\$86	\$84	\$86	\$87			\$84	\$73	\$78	\$71	\$73	\$71	\$81	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RED LAKE																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	REDWOOD																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RENVILLE											\$79	\$76				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RICE	\$82	\$89	\$85	\$95					\$115	\$77			\$80	\$72	\$80	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROCK	\$101	\$105													\$94	\$105
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SCOTT	\$98	\$105	\$66	\$58					\$80	\$73					\$100	\$110
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SHERBURNE	\$85	\$86	\$101	\$105	\$94	\$107			\$74	\$63	\$116	\$115	\$79	\$80	\$86	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ST. LOUIS	\$114	\$86	\$117	\$77	\$81	\$69	\$77	\$67	\$115	\$92			\$75	\$69	\$127	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEARNS	\$84	\$69	\$77	\$67	\$74	\$69			\$90	\$77	\$83	\$76	\$74	\$71	\$79	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEELE	\$82	\$69											\$135	\$110	\$102	\$110
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEVENS																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SWIFT																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	TODD	\$80	\$69	\$92	\$105											\$73	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	TRAVERSE																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WABASHA																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WADENA	\$102	\$105													\$72	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WASECA	\$99	\$69											\$99	\$71	\$77	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WASHINGTON	\$87	\$86	\$79	\$76	\$99	\$105			\$75	\$63	\$78	\$71	\$96	\$110	\$87	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WATONWAN																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WILKIN																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WINONA	\$89	\$87													\$81	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WRIGHT	\$91	\$69	\$86	\$67					\$98	\$70	\$85	\$86			\$84	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	YELLOW MEDICINE																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	AITKIN	\$89	\$86	\$101	\$100											\$109	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ANOKA	\$96	\$86	\$123	\$124	\$124	\$104			\$100	\$84	\$111	\$105	\$106	\$105	\$120	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BECKER	\$113	\$107	\$148	\$158					\$89	\$98	\$134	\$138			\$125	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BELTRAMI	\$111	\$106	\$140	\$165							\$124	\$110			\$115	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BENTON	\$126	\$134	\$105	\$100												
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BIG STONE											\$105	\$110				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BLUE EARTH	\$94	\$86	\$143	\$160							\$109	\$105	\$114	\$105	\$115	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BROWN	\$103	\$86									\$120	\$110	\$121	\$105	\$140	\$160
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CARLTON	\$97	\$86	\$113	\$100											\$108	\$110

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CARVER	\$94	\$86	\$111	\$100	\$130	\$105			\$90	\$77	\$122	\$131	\$109	\$105	\$109	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CASS	\$89	\$86	\$102	\$100												
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CHIPPEWA															\$105	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CHISAGO	\$94	\$86	\$109	\$100											\$111	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CLAY	\$114	\$106	\$131	\$124							\$136	\$138			\$128	\$122
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CLEARWATER																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	COOK																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	COTTONWOOD															\$121	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CROW WING	\$102	\$86	\$130	\$124					\$103	\$110	\$131	\$136	\$150	\$162	\$135	\$134
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DAKOTA	\$99	\$104	\$129	\$124	\$143	\$158			\$88	\$77	\$117	\$110	\$118	\$127	\$120	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DODGE	\$89	\$86													\$114	\$118
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DOUGLAS	\$111	\$106	\$139	\$158							\$138	\$136			\$128	\$134
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FARIBAULT	\$89	\$86													\$107	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FILLMORE	\$100	\$86														
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FREEBORN	\$112	\$130											\$127	\$105	\$143	\$162
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GOODHUE	\$94	\$86											\$117	\$105	\$120	\$134
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GRANT																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HENNEPIN	\$98	\$86	\$113	\$100	\$130	\$130			\$92	\$84	\$125	\$129	\$126	\$127	\$120	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HOUSTON																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HUBBARD	\$88	\$86									\$112	\$110			\$109	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ISANTI	\$100	\$86	\$131	\$128					\$87	\$77			\$141	\$130	\$123	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ITASCA	\$132	\$130	\$123	\$122			\$121	\$100			\$160	\$167			\$127	\$118
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	JACKSON																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KANABEC	\$84	\$86	\$100	\$100									\$105	\$105	\$102	\$98
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KANDIYOHI	\$115	\$130	\$142	\$164					\$148	\$151	\$143	\$136	\$130	\$130	\$130	\$122
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LAC QUI PARLE																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LAKE	\$94	\$86	\$103	\$100												
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LESUEUR	\$92	\$86													\$111	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LINCOLN																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LYON	\$202	\$235									\$222	\$235			\$197	\$235
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MAHNOMEN																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MARTIN	\$101	\$107													\$123	\$120
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MCLEOD	\$87	\$86	\$111	\$100							\$111	\$110	\$104	\$103	\$112	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MEEKER	\$101	\$86	\$101	\$100							\$114	\$112			\$104	\$100
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MILLE LACS	\$92	\$86	\$113	\$100									\$119	\$127	\$111	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MORRISON	\$108	\$107	\$139	\$124					\$99	\$77					\$115	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MOWER	\$101	\$107													\$123	\$131
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MURRAY	\$88	\$86														
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NICOLLET	\$109	\$104											\$117	\$105	\$130	\$134
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NOBLES	\$88	\$86													\$150	\$165
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORMAN																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	OLMSTED	\$100	\$86	\$116	\$124	\$130	\$130					\$121	\$127	\$112	\$105	\$117	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	OTTER TAIL	\$106	\$107	\$125	\$100							\$138	\$138			\$123	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PENNINGTON	\$94	\$86														

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PINE	\$103	\$86	\$118	\$124									\$115	\$105	\$111	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PIPESTONE																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	POLK	\$130	\$130														
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	POPE																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RAMSEY	\$100	\$86	\$124	\$124	\$129	\$105	\$98	\$100	\$90	\$77	\$121	\$110	\$121	\$128	\$118	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	REDWOOD																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RENVILLE																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RICE	\$109	\$104	\$114	\$100					\$75	\$70			\$113	\$105	\$110	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROCK	\$105	\$86									\$151	\$170			\$120	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROSEAU																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SCOTT	\$96	\$86	\$108	\$100	\$109	\$104			\$76	\$77			\$110	\$105	\$114	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SHERBURNE	\$102	\$104	\$141	\$165					\$107	\$120			\$114	\$105	\$124	\$134
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SIBLEY																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ST. LOUIS	\$99	\$86	\$112	\$100	\$148	\$160	\$111	\$100	\$87	\$77	\$139	\$136	\$130	\$130	\$119	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEARNS	\$100	\$104	\$120	\$100	\$125	\$105			\$93	\$77	\$124	\$133	\$121	\$130	\$126	\$128
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEELE	\$98	\$104											\$115	\$105	\$112	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEVENS																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SWIFT																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	TODD	\$110	\$112	\$139	\$158											\$111	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	TRAVERSE																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WABASHA	\$129	\$130														
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WADENA			\$140	\$100											\$108	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WASECA													\$106	\$105	\$115	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WASHINGTON	\$97	\$86	\$118	\$112	\$138	\$158			\$95	\$84	\$119	\$105	\$128	\$130	\$119	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WATONWAN																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WILKIN																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WINONA	\$112	\$130	\$112	\$124					\$77	\$70			\$153	\$162	\$127	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WRIGHT	\$96	\$86	\$105	\$100					\$90	\$70	\$112	\$110	\$105	\$103	\$111	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	YELLOW MEDICINE	\$137	\$150													\$123	\$118
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	AITKIN	\$43	\$39														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ANOKA	\$20	\$18	\$18	\$15											\$22	\$18
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BECKER	\$21	\$14														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BELTRAMI											\$12	\$8				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BENTON	\$17	\$14														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BIG STONE																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BLUE EARTH	\$10	\$7											\$20	\$15	\$11	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BROWN	\$11	\$10														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CARLTON	\$109	\$44														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CARVER	\$14	\$13	\$12	\$9											\$9	\$7
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CASS	\$29	\$24														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CHIPPEWA																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CHISAGO	\$24	\$22													\$24	\$21
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CLAY	\$10	\$8	\$9	\$7											\$6	\$5

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CLEARWATER																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	COOK																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	COTTONWOOD																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CROW WING	\$17	\$13	\$11	\$7											\$15	\$11
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DAKOTA	\$18	\$15	\$13	\$10	\$46	\$57			\$21	\$17					\$21	\$17
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DODGE	\$13	\$10														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DOUGLAS											\$8	\$4				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FARIBAULT	\$14	\$13														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FILLMORE	\$29	\$26														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FREEBORN	\$8	\$5														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GOODHUE													\$30	\$27		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GRANT																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HENNEPIN	\$16	\$14	\$14	\$12	\$14	\$12			\$12	\$10					\$15	\$11
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HOUSTON																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HUBBARD											\$10	\$5				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ISANTI	\$20	\$18														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ITASCA	\$7	\$5					\$10	\$7							\$9	\$6
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	JACKSON																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KANABEC																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KANDIYOHI	\$20	\$15													\$21	\$17
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KITSON																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LAC QUI PARLE																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LAKE	\$25	\$18	\$22	\$20												
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LESUEUR	\$20	\$19													\$18	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LINCOLN																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LYON																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MAHNOMEN																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MARSHALL																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MARTIN	\$10	\$8														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MCLEOD	\$22	\$24									\$12	\$5				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MEEKER											\$20	\$8				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MILLE LACS	\$19	\$13														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MORRISON	\$23	\$19													\$28	\$26
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MOWER	\$10	\$7													\$7	\$5
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MURRAY																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NICOLLET	\$14	\$11														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NOBLES																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORMAN																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	OLMSTED	\$15	\$13											\$23	\$25	\$11	\$9
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	OTTER TAIL	\$19	\$14														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PENNINGTON	\$27	\$22														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PINE	\$30	\$26														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PIPESTONE																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	POLK	\$14	\$14														

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	POPE																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RAMSEY	\$16	\$14	\$19	\$15	\$15	\$14			\$20	\$17			\$44	\$47	\$17	\$15
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RED LAKE																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	REDWOOD																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RENVILLE																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RICE	\$6	\$3													\$5	\$4
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROCK																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROSEAU																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SCOTT	\$10	\$8	\$11	\$9											\$18	\$17
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SHERBURNE	\$23	\$18	\$26	\$23											\$22	\$19
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SIBLEY																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ST. LOUIS	\$35	\$13	\$11	\$9			\$11	\$9	\$16	\$12					\$16	\$12
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEARNS	\$20	\$15	\$12	\$11					\$14	\$11					\$20	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEELE													\$7	\$5		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEVENS																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SWIFT																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	TODD	\$27	\$24														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	TRAVERSE																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WABASHA													\$41	\$32		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WADENA	\$18	\$19													\$42	\$34
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WASECA																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WASHINGTON	\$22	\$19	\$17	\$14					\$19	\$13					\$21	\$18
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WATONWAN																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WILKIN																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WINONA	\$12	\$9													\$11	\$7
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WRIGHT	\$25	\$21	\$19	\$18											\$23	\$20
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	YELLOW MEDICINE																
H2014 - SKILLS TRAINING & DEVELOPMENT	AITKIN																
H2014 - SKILLS TRAINING & DEVELOPMENT	ANOKA	\$72	\$71	\$86	\$81											\$83	\$78
H2014 - SKILLS TRAINING & DEVELOPMENT	BECKER																
H2014 - SKILLS TRAINING & DEVELOPMENT	BELTRAMI	\$36	\$28									\$46	\$38				
H2014 - SKILLS TRAINING & DEVELOPMENT	BENTON	\$109	\$147														
H2014 - SKILLS TRAINING & DEVELOPMENT	BIG STONE																
H2014 - SKILLS TRAINING & DEVELOPMENT	BLUE EARTH	\$76	\$68													\$76	\$68
H2014 - SKILLS TRAINING & DEVELOPMENT	BROWN																
H2014 - SKILLS TRAINING & DEVELOPMENT	CARLTON																
H2014 - SKILLS TRAINING & DEVELOPMENT	CARVER	\$81	\$72	\$74	\$72												
H2014 - SKILLS TRAINING & DEVELOPMENT	CASS	\$87	\$82														
H2014 - SKILLS TRAINING & DEVELOPMENT	CHIPPEWA																
H2014 - SKILLS TRAINING & DEVELOPMENT	CHISAGO	\$73	\$71														
H2014 - SKILLS TRAINING & DEVELOPMENT	CLAY	\$80	\$68														
H2014 - SKILLS TRAINING & DEVELOPMENT	COOK																
H2014 - SKILLS TRAINING & DEVELOPMENT	COTTONWOOD																

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H2014 - SKILLS TRAINING & DEVELOPMENT	CROW WING	\$52	\$27														
H2014 - SKILLS TRAINING & DEVELOPMENT	DAKOTA	\$63	\$37	\$43	\$37											\$45	\$35
H2014 - SKILLS TRAINING & DEVELOPMENT	DODGE	\$50	\$55														
H2014 - SKILLS TRAINING & DEVELOPMENT	DOUGLAS																
H2014 - SKILLS TRAINING & DEVELOPMENT	FARIBAULT																
H2014 - SKILLS TRAINING & DEVELOPMENT	FILLMORE																
H2014 - SKILLS TRAINING & DEVELOPMENT	FREEBORN	\$86	\$82														
H2014 - SKILLS TRAINING & DEVELOPMENT	GOODHUE																
H2014 - SKILLS TRAINING & DEVELOPMENT	GRANT																
H2014 - SKILLS TRAINING & DEVELOPMENT	HENNEPIN	\$253	\$296	\$92	\$69	\$179	\$148									\$181	\$104
H2014 - SKILLS TRAINING & DEVELOPMENT	HUBBARD																
H2014 - SKILLS TRAINING & DEVELOPMENT	ISANTI	\$87	\$82														
H2014 - SKILLS TRAINING & DEVELOPMENT	ITASCA	\$44	\$37	\$41	\$27												
H2014 - SKILLS TRAINING & DEVELOPMENT	JACKSON																
H2014 - SKILLS TRAINING & DEVELOPMENT	KANABEC																
H2014 - SKILLS TRAINING & DEVELOPMENT	KANDIYOHI																
H2014 - SKILLS TRAINING & DEVELOPMENT	LAC QUI PARLE																
H2014 - SKILLS TRAINING & DEVELOPMENT	LAKE	\$96	\$40	\$106	\$108												
H2014 - SKILLS TRAINING & DEVELOPMENT	LESUEUR	\$74	\$68														
H2014 - SKILLS TRAINING & DEVELOPMENT	LINCOLN																
H2014 - SKILLS TRAINING & DEVELOPMENT	LYON																
H2014 - SKILLS TRAINING & DEVELOPMENT	MAHNOMEN																
H2014 - SKILLS TRAINING & DEVELOPMENT	MARTIN																
H2014 - SKILLS TRAINING & DEVELOPMENT	MCLEOD																
H2014 - SKILLS TRAINING & DEVELOPMENT	MEEKER																
H2014 - SKILLS TRAINING & DEVELOPMENT	MILLE LACS	\$97	\$92														
H2014 - SKILLS TRAINING & DEVELOPMENT	MORRISON																
H2014 - SKILLS TRAINING & DEVELOPMENT	MOWER	\$69	\$55														
H2014 - SKILLS TRAINING & DEVELOPMENT	MURRAY																
H2014 - SKILLS TRAINING & DEVELOPMENT	NICOLLET																
H2014 - SKILLS TRAINING & DEVELOPMENT	NOBLES																
H2014 - SKILLS TRAINING & DEVELOPMENT	OLMSTED	\$62	\$55													\$73	\$65
H2014 - SKILLS TRAINING & DEVELOPMENT	OTTER TAIL	\$64	\$54														
H2014 - SKILLS TRAINING & DEVELOPMENT	PENNINGTON																
H2014 - SKILLS TRAINING & DEVELOPMENT	PINE																
H2014 - SKILLS TRAINING & DEVELOPMENT	POLK																
H2014 - SKILLS TRAINING & DEVELOPMENT	POPE																
H2014 - SKILLS TRAINING & DEVELOPMENT	RAMSEY	\$79	\$71	\$80	\$72	\$349	\$371									\$114	\$65
H2014 - SKILLS TRAINING & DEVELOPMENT	REDWOOD																
H2014 - SKILLS TRAINING & DEVELOPMENT	RENVILLE																
H2014 - SKILLS TRAINING & DEVELOPMENT	RICE															\$83	\$78
H2014 - SKILLS TRAINING & DEVELOPMENT	SCOTT			\$59	\$43												
H2014 - SKILLS TRAINING & DEVELOPMENT	SHERBURNE																
H2014 - SKILLS TRAINING & DEVELOPMENT	SIBLEY																

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BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H2014 - SKILLS TRAINING & DEVELOPMENT	ST. LOUIS	\$67	\$36	\$59	\$35											\$67	\$34
H2014 - SKILLS TRAINING & DEVELOPMENT	STEARNS	\$141	\$147	\$77	\$55												
H2014 - SKILLS TRAINING & DEVELOPMENT	STEELE													\$77	\$69		
H2014 - SKILLS TRAINING & DEVELOPMENT	STEVENS																
H2014 - SKILLS TRAINING & DEVELOPMENT	SWIFT																
H2014 - SKILLS TRAINING & DEVELOPMENT	TODD																
H2014 - SKILLS TRAINING & DEVELOPMENT	TRAVERSE																
H2014 - SKILLS TRAINING & DEVELOPMENT	WABASHA																
H2014 - SKILLS TRAINING & DEVELOPMENT	WADENA																
H2014 - SKILLS TRAINING & DEVELOPMENT	WASECA																
H2014 - SKILLS TRAINING & DEVELOPMENT	WASHINGTON	\$86	\$96														
H2014 - SKILLS TRAINING & DEVELOPMENT	WATONWAN																
H2014 - SKILLS TRAINING & DEVELOPMENT	WILKIN																
H2014 - SKILLS TRAINING & DEVELOPMENT	WINONA															\$40	\$28
H2014 - SKILLS TRAINING & DEVELOPMENT	WRIGHT																
H2014 - SKILLS TRAINING & DEVELOPMENT	YELLOW MEDICINE																
H2017 - PSYCHOSOCIAL REHABILITATION	AITKIN	\$115	\$128														
H2017 - PSYCHOSOCIAL REHABILITATION	ANOKA	\$98	\$92	\$93	\$74											\$106	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	BECKER	\$85	\$72													\$70	\$68
H2017 - PSYCHOSOCIAL REHABILITATION	BELTRAMI	\$72	\$76									\$87	\$76				
H2017 - PSYCHOSOCIAL REHABILITATION	BENTON																
H2017 - PSYCHOSOCIAL REHABILITATION	BIG STONE																
H2017 - PSYCHOSOCIAL REHABILITATION	BLUE EARTH	\$118	\$110														
H2017 - PSYCHOSOCIAL REHABILITATION	BROWN	\$79	\$72														
H2017 - PSYCHOSOCIAL REHABILITATION	CARLTON	\$215	\$233														
H2017 - PSYCHOSOCIAL REHABILITATION	CARVER																
H2017 - PSYCHOSOCIAL REHABILITATION	CASS																
H2017 - PSYCHOSOCIAL REHABILITATION	CHIPPEWA																
H2017 - PSYCHOSOCIAL REHABILITATION	CHISAGO	\$98	\$92														
H2017 - PSYCHOSOCIAL REHABILITATION	CLAY	\$133	\$147	\$130	\$137											\$106	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	CLEARWATER																
H2017 - PSYCHOSOCIAL REHABILITATION	COOK																
H2017 - PSYCHOSOCIAL REHABILITATION	COTTONWOOD																
H2017 - PSYCHOSOCIAL REHABILITATION	CROW WING	\$86	\$81													\$69	\$68
H2017 - PSYCHOSOCIAL REHABILITATION	DAKOTA	\$101	\$73	\$94	\$72	\$113	\$144									\$107	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	DODGE																
H2017 - PSYCHOSOCIAL REHABILITATION	DOUGLAS																
H2017 - PSYCHOSOCIAL REHABILITATION	FARIBAULT																
H2017 - PSYCHOSOCIAL REHABILITATION	FILLMORE																
H2017 - PSYCHOSOCIAL REHABILITATION	FREEBORN																
H2017 - PSYCHOSOCIAL REHABILITATION	GOODHUE																
H2017 - PSYCHOSOCIAL REHABILITATION	HENNEPIN	\$137	\$147	\$114	\$120	\$126	\$144			\$105	\$104					\$149	\$174
H2017 - PSYCHOSOCIAL REHABILITATION	HOUSTON																

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	HUBBARD																
H2017 - PSYCHOSOCIAL REHABILITATION	ISANTI	\$96	\$110														
H2017 - PSYCHOSOCIAL REHABILITATION	ITASCA	\$103	\$73					\$87	\$69							\$92	\$70
H2017 - PSYCHOSOCIAL REHABILITATION	JACKSON																
H2017 - PSYCHOSOCIAL REHABILITATION	KANABEC																
H2017 - PSYCHOSOCIAL REHABILITATION	KANDIYOHI	\$61	\$54													\$92	\$68
H2017 - PSYCHOSOCIAL REHABILITATION	KITTSOON																
H2017 - PSYCHOSOCIAL REHABILITATION	LAC QUI PARLE																
H2017 - PSYCHOSOCIAL REHABILITATION	LAKE															\$104	\$70
H2017 - PSYCHOSOCIAL REHABILITATION	LESUEUR															\$103	\$87
H2017 - PSYCHOSOCIAL REHABILITATION	LINCOLN																
H2017 - PSYCHOSOCIAL REHABILITATION	LYON																
H2017 - PSYCHOSOCIAL REHABILITATION	MAHNOMEN																
H2017 - PSYCHOSOCIAL REHABILITATION	MARSHALL																
H2017 - PSYCHOSOCIAL REHABILITATION	MARTIN																
H2017 - PSYCHOSOCIAL REHABILITATION	MCLEOD																
H2017 - PSYCHOSOCIAL REHABILITATION	MEEKER																
H2017 - PSYCHOSOCIAL REHABILITATION	MILLE LACS	\$96	\$92														
H2017 - PSYCHOSOCIAL REHABILITATION	MORRISON																
H2017 - PSYCHOSOCIAL REHABILITATION	MOWER	\$97	\$92														
H2017 - PSYCHOSOCIAL REHABILITATION	MURRAY																
H2017 - PSYCHOSOCIAL REHABILITATION	NICOLLET																
H2017 - PSYCHOSOCIAL REHABILITATION	NOBLES																
H2017 - PSYCHOSOCIAL REHABILITATION	NORMAN																
H2017 - PSYCHOSOCIAL REHABILITATION	OLMSTED	\$65	\$72													\$74	\$75
H2017 - PSYCHOSOCIAL REHABILITATION	OTTER TAIL	\$102	\$90														
H2017 - PSYCHOSOCIAL REHABILITATION	PENNINGTON																
H2017 - PSYCHOSOCIAL REHABILITATION	PINE	\$98	\$110														
H2017 - PSYCHOSOCIAL REHABILITATION	PIPESTONE																
H2017 - PSYCHOSOCIAL REHABILITATION	POLK	\$62	\$54														
H2017 - PSYCHOSOCIAL REHABILITATION	POPE																
H2017 - PSYCHOSOCIAL REHABILITATION	RAMSEY	\$108	\$110	\$108	\$108	\$130	\$144			\$85	\$82					\$125	\$139
H2017 - PSYCHOSOCIAL REHABILITATION	RED LAKE																
H2017 - PSYCHOSOCIAL REHABILITATION	REDWOOD																
H2017 - PSYCHOSOCIAL REHABILITATION	RICE	\$117	\$110													\$112	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	ROCK																
H2017 - PSYCHOSOCIAL REHABILITATION	ROSEAU																
H2017 - PSYCHOSOCIAL REHABILITATION	SCOTT	\$128	\$128														
H2017 - PSYCHOSOCIAL REHABILITATION	SHERBURNE																
H2017 - PSYCHOSOCIAL REHABILITATION	SIBLEY																
H2017 - PSYCHOSOCIAL REHABILITATION	ST. LOUIS	\$130	\$110	\$133	\$111			\$117	\$110	\$94	\$78					\$132	\$122
H2017 - PSYCHOSOCIAL REHABILITATION	STEARNS	\$126	\$126							\$77	\$68					\$133	\$122
H2017 - PSYCHOSOCIAL REHABILITATION	STEELE																
H2017 - PSYCHOSOCIAL REHABILITATION	SWIFT																

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	TODD																
H2017 - PSYCHOSOCIAL REHABILITATION	WABASHA																
H2017 - PSYCHOSOCIAL REHABILITATION	WADENA																
H2017 - PSYCHOSOCIAL REHABILITATION	WASECA																
H2017 - PSYCHOSOCIAL REHABILITATION	WASHINGTON	\$113	\$110	\$110	\$108											\$102	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	WATONWAN																
H2017 - PSYCHOSOCIAL REHABILITATION	WINONA	\$72	\$72													\$78	\$75
H2017 - PSYCHOSOCIAL REHABILITATION	WRIGHT	\$107	\$110														
H2017 - PSYCHOSOCIAL REHABILITATION	YELLOW MEDICINE																

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	AITKIN			\$86	\$70
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ANOKA	\$85	\$88	\$81	\$77
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BECKER	\$97	\$107	\$92	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BELTRAMI	\$90	\$89	\$86	\$86
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BENTON	\$94	\$88	\$93	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BIG STONE			\$60	\$51
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BLUE EARTH	\$79	\$71	\$79	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BROWN	\$98	\$107	\$98	\$105
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CARLTON	\$104	\$71	\$141	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CARVER	\$78	\$71	\$82	\$72
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CASS	\$71	\$71	\$70	\$69
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CHIPPEWA				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CHISAGO	\$72	\$71	\$72	\$69
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CLAY	\$86	\$88	\$91	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CLEARWATER				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	COOK				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	COTTONWOOD			\$90	\$80
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CROW WING	\$88	\$71	\$95	\$105
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DAKOTA	\$80	\$71	\$80	\$76
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DODGE	\$90	\$89	\$83	\$82
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DOUGLAS	\$81	\$71	\$89	\$92
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FARIBAUT			\$66	\$65
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FILLMORE			\$103	\$105
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FREEBORN			\$91	\$91
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GOODHUE	\$85	\$88	\$85	\$87
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GRANT				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HENNEPIN	\$83	\$86	\$85	\$83
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HOUSTON				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HUBBARD	\$77	\$71	\$75	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ISANTI	\$80	\$71	\$81	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ITASCA	\$97	\$107	\$89	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	JACKSON				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KANABEC	\$72	\$71	\$74	\$69
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KANDIYOHI	\$86	\$88	\$89	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LAC QUI PARLE				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LAKE			\$185	\$233
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LESUEUR	\$85	\$89	\$76	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LINCOLN				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LYON	\$111	\$104	\$167	\$235
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MARSHALL				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MARTIN	\$75	\$71	\$81	\$87
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MCLEOD	\$73	\$71	\$77	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MEEKER			\$80	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MILLE LACS	\$86	\$89	\$75	\$69
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MORRISON	\$77	\$71	\$77	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MOWER	\$83	\$88	\$82	\$87
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MURRAY			\$70	\$69
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NICOLLET	\$78	\$71	\$85	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NOBLES	\$104	\$107	\$104	\$110
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	OLMSTED	\$89	\$89	\$85	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	OTTER TAIL	\$99	\$107	\$103	\$105
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PENNINGTON			\$80	\$78
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PINE	\$86	\$89	\$87	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PIPESTONE				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	POLK				

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	POPE				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RAMSEY	\$81	\$77	\$84	\$84
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RED LAKE				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	REDWOOD				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RENVILLE			\$73	\$69
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RICE	\$76	\$71	\$83	\$86
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROCK	\$104	\$107	\$103	\$105
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SCOTT	\$90	\$105	\$88	\$92
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SHERBURNE	\$88	\$88	\$89	\$86
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ST. LOUIS	\$99	\$89	\$121	\$87
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEARNS	\$80	\$71	\$82	\$70
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEELE	\$163	\$107	\$120	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEVENS				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SWIFT				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	TODD	\$87	\$71	\$76	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	TRAVERSE				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WABASHA			\$88	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WADENA			\$89	\$105
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WASECA	\$94	\$89	\$96	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WASHINGTON	\$90	\$88	\$84	\$76
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WATONWAN				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WILKIN				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WINONA	\$92	\$104	\$85	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WRIGHT	\$88	\$89	\$89	\$70
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	YELLOW MEDICINE			\$107	\$82
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	AITKIN	\$112	\$105	\$91	\$86
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	ANOKA	\$126	\$129	\$113	\$108
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	BECKER	\$121	\$105	\$117	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	BELTRAMI	\$121	\$113	\$122	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	BENTON	\$123	\$132	\$114	\$108
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	BIG STONE			\$102	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	BLUE EARTH	\$109	\$105	\$105	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	BROWN	\$119	\$105	\$119	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	CARLTON	\$108	\$105	\$101	\$86
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	CARVER	\$108	\$105	\$104	\$100
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	CASS	\$105	\$105	\$91	\$86
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	CHIPPEWA			\$93	\$96
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	CHISAGO	\$116	\$105	\$104	\$100
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	CLAY	\$123	\$129	\$119	\$118
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	CLEARWATER				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	COOK				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	COTTONWOOD	\$114	\$105	\$102	\$86
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	CROW WING	\$119	\$105	\$111	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	DAKOTA	\$115	\$105	\$116	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	DODGE			\$101	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	DOUGLAS	\$127	\$130	\$134	\$134
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	FARIBAUT	\$102	\$105	\$99	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	FILLMORE			\$104	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	FREEBORN	\$134	\$159	\$125	\$130
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	GOODHUE	\$115	\$105	\$115	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	GRANT				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	HENNEPIN	\$122	\$105	\$113	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	HOUSTON				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	HUBBARD	\$108	\$105	\$108	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 60MINS	ISANTI	\$124	\$129	\$114	\$109

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ITASCA	\$131	\$129	\$125	\$124
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	JACKSON				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KANABEC	\$107	\$105	\$100	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KANDIYOHI	\$129	\$132	\$123	\$130
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LAC QUI PARLE				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LAKE	\$110	\$105	\$96	\$86
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LESUEUR	\$124	\$132	\$108	\$100
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LINCOLN				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LYON	\$159	\$159	\$201	\$235
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MAHNOMEN				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MARSHALL				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MARTIN	\$115	\$105	\$109	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MCLEOD	\$106	\$105	\$107	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MEEKER	\$106	\$105	\$110	\$112
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MILLE LACS	\$114	\$105	\$98	\$86
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MORRISON	\$125	\$131	\$114	\$108
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MOWER	\$118	\$130	\$112	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MURRAY	\$105	\$105	\$100	\$96
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NICOLLET	\$114	\$105	\$114	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NOBLES	\$134	\$155	\$120	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORMAN				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	OLMSTED	\$116	\$105	\$112	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	OTTER TAIL	\$119	\$105	\$111	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PENNINGTON	\$106	\$105	\$97	\$86
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PINE	\$118	\$105	\$107	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PIPESTONE				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	POLK			\$131	\$130
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	POPE				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RAMSEY	\$121	\$129	\$111	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	REDWOOD	\$113	\$105	\$158	\$122
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RENVILLE				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RICE	\$113	\$105	\$109	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROCK	\$115	\$105	\$115	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROSEAU				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SCOTT	\$116	\$105	\$106	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SHERBURNE	\$126	\$129	\$116	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SIBLEY				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ST. LOUIS	\$119	\$105	\$111	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEARNS	\$118	\$105	\$108	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEELE	\$112	\$105	\$111	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEVENS				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SWIFT			\$108	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	TODD	\$112	\$105	\$112	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	TRAVERSE				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WABASHA			\$135	\$130
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WADENA	\$123	\$105	\$111	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WASECA	\$129	\$132	\$105	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WASHINGTON	\$119	\$105	\$111	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WATONWAN				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WILKIN				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WINONA	\$133	\$155	\$124	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WRIGHT	\$115	\$105	\$101	\$100
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	YELLOW MEDICINE	\$109	\$105	\$131	\$124
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	AITKIN			\$45	\$41
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ANOKA	\$23	\$19	\$21	\$17

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BECKER			\$16	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BELTRAMI	\$10	\$7	\$12	\$8
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BENTON			\$17	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BIG STONE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BLUE EARTH	\$10	\$9	\$11	\$9
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BROWN			\$13	\$12
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CARLTON	\$21	\$16	\$58	\$25
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CARVER	\$9	\$8	\$11	\$9
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CASS	\$33	\$28	\$29	\$24
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CHIPPEWA				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CHISAGO	\$20	\$19	\$24	\$22
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CLAY	\$10	\$7	\$9	\$7
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CLEARWATER				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	COOK				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	COTTONWOOD				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CROW WING	\$16	\$11	\$16	\$12
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DAKOTA	\$19	\$16	\$20	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DODGE			\$13	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DOUGLAS	\$10	\$4	\$9	\$4
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FARIBAUT			\$14	\$13
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FILLMORE			\$30	\$28
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FREEBORN			\$5	\$5
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GOODHUE	\$23	\$21	\$30	\$24
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GRANT				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HENNEPIN	\$17	\$14	\$14	\$11
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HOUSTON				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HUBBARD	\$10	\$5	\$11	\$6
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ISANTI	\$20	\$15	\$23	\$21
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ITASCA	\$11	\$8	\$9	\$7
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	JACKSON				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KANABEC				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KANDIYOHI			\$20	\$15
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KITSON				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LAC QUI PARLE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LAKE	\$19	\$15	\$24	\$18
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LESUEUR	\$17	\$14	\$19	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LINCOLN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LYON				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MAHNOMEN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MARSHALL				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MARTIN			\$11	\$8
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MCLEOD	\$10	\$5	\$12	\$6
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MEEKER			\$24	\$26
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MILLE LACS	\$19	\$14	\$16	\$12
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MORRISON	\$21	\$17	\$22	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MOWER	\$6	\$3	\$9	\$7
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MURRAY				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NICOLLET	\$14	\$12	\$15	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NOBLES				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORMAN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	OLMSTED	\$14	\$11	\$12	\$9
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	OTTER TAIL	\$20	\$14	\$20	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PENNINGTON			\$18	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PINE	\$27	\$21	\$29	\$24
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PIPESTONE				

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	POLK			\$15	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	POPE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RAMSEY	\$18	\$14	\$18	\$15
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RED LAKE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	REDWOOD				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RENVILLE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RICE	\$6	\$3	\$5	\$4
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROCK				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROSEAU				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SCOTT	\$9	\$7	\$15	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SHERBURNE	\$22	\$20	\$23	\$19
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SIBLEY				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ST. LOUIS	\$21	\$14	\$19	\$12
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEARNS	\$17	\$14	\$19	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEELE	\$9	\$7	\$7	\$6
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEVENS				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SWIFT				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	TODD	\$23	\$16	\$35	\$33
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	TRAVERSE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WABASHA			\$34	\$30
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WADENA	\$32	\$27	\$31	\$28
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WASECA			\$10	\$8
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WASHINGTON	\$21	\$18	\$20	\$17
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WATONWAN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WILKIN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WINONA	\$11	\$7	\$11	\$7
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WRIGHT	\$25	\$21	\$24	\$20
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	YELLOW MEDICINE				
H2014 - SKILLS TRAINING & DEVELOPMENT	AITKIN			\$63	\$40
H2014 - SKILLS TRAINING & DEVELOPMENT	ANOKA	\$77	\$70	\$79	\$74
H2014 - SKILLS TRAINING & DEVELOPMENT	BECKER				
H2014 - SKILLS TRAINING & DEVELOPMENT	BELTRAMI	\$39	\$27	\$40	\$28
H2014 - SKILLS TRAINING & DEVELOPMENT	BENTON			\$110	\$140
H2014 - SKILLS TRAINING & DEVELOPMENT	BIG STONE				
H2014 - SKILLS TRAINING & DEVELOPMENT	BLUE EARTH	\$124	\$81	\$76	\$68
H2014 - SKILLS TRAINING & DEVELOPMENT	BROWN				
H2014 - SKILLS TRAINING & DEVELOPMENT	CARLTON				
H2014 - SKILLS TRAINING & DEVELOPMENT	CARVER	\$86	\$81	\$77	\$72
H2014 - SKILLS TRAINING & DEVELOPMENT	CASS			\$86	\$80
H2014 - SKILLS TRAINING & DEVELOPMENT	CHIPPEWA				
H2014 - SKILLS TRAINING & DEVELOPMENT	CHISAGO			\$75	\$71
H2014 - SKILLS TRAINING & DEVELOPMENT	CLAY			\$81	\$71
H2014 - SKILLS TRAINING & DEVELOPMENT	COOK				
H2014 - SKILLS TRAINING & DEVELOPMENT	COTTONWOOD				
H2014 - SKILLS TRAINING & DEVELOPMENT	CROW WING	\$69	\$27	\$49	\$27
H2014 - SKILLS TRAINING & DEVELOPMENT	DAKOTA	\$92	\$54	\$51	\$37
H2014 - SKILLS TRAINING & DEVELOPMENT	DODGE			\$52	\$55
H2014 - SKILLS TRAINING & DEVELOPMENT	DOUGLAS				
H2014 - SKILLS TRAINING & DEVELOPMENT	FARIBAULT				
H2014 - SKILLS TRAINING & DEVELOPMENT	FILLMORE				
H2014 - SKILLS TRAINING & DEVELOPMENT	FREEBORN			\$85	\$82
H2014 - SKILLS TRAINING & DEVELOPMENT	GOODHUE				
H2014 - SKILLS TRAINING & DEVELOPMENT	GRANT				
H2014 - SKILLS TRAINING & DEVELOPMENT	HENNEPIN	\$267	\$296	\$194	\$130
H2014 - SKILLS TRAINING & DEVELOPMENT	HUBBARD				

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2014 - SKILLS TRAINING & DEVELOPMENT	ISANTI			\$87	\$87
H2014 - SKILLS TRAINING & DEVELOPMENT	ITASCA	\$49	\$36	\$47	\$32
H2014 - SKILLS TRAINING & DEVELOPMENT	JACKSON				
H2014 - SKILLS TRAINING & DEVELOPMENT	KANABEC				
H2014 - SKILLS TRAINING & DEVELOPMENT	KANDIYOHI			\$76	\$58
H2014 - SKILLS TRAINING & DEVELOPMENT	LAC QUI PARLE				
H2014 - SKILLS TRAINING & DEVELOPMENT	LAKE			\$100	\$71
H2014 - SKILLS TRAINING & DEVELOPMENT	LESUEUR			\$86	\$82
H2014 - SKILLS TRAINING & DEVELOPMENT	LINCOLN				
H2014 - SKILLS TRAINING & DEVELOPMENT	LYON				
H2014 - SKILLS TRAINING & DEVELOPMENT	MAHNOMEN				
H2014 - SKILLS TRAINING & DEVELOPMENT	MARTIN				
H2014 - SKILLS TRAINING & DEVELOPMENT	MCLEOD	\$83	\$81	\$75	\$72
H2014 - SKILLS TRAINING & DEVELOPMENT	MEEKER				
H2014 - SKILLS TRAINING & DEVELOPMENT	MILLE LACS			\$99	\$107
H2014 - SKILLS TRAINING & DEVELOPMENT	MORRISON			\$50	\$39
H2014 - SKILLS TRAINING & DEVELOPMENT	MOWER			\$65	\$55
H2014 - SKILLS TRAINING & DEVELOPMENT	MURRAY				
H2014 - SKILLS TRAINING & DEVELOPMENT	NICOLLET	\$86	\$81	\$84	\$69
H2014 - SKILLS TRAINING & DEVELOPMENT	NOBLES				
H2014 - SKILLS TRAINING & DEVELOPMENT	OLMSTED	\$71	\$55	\$72	\$65
H2014 - SKILLS TRAINING & DEVELOPMENT	OTTER TAIL			\$65	\$54
H2014 - SKILLS TRAINING & DEVELOPMENT	PENNINGTON				
H2014 - SKILLS TRAINING & DEVELOPMENT	PINE				
H2014 - SKILLS TRAINING & DEVELOPMENT	POLK				
H2014 - SKILLS TRAINING & DEVELOPMENT	POPE				
H2014 - SKILLS TRAINING & DEVELOPMENT	RAMSEY	\$162	\$108	\$95	\$71
H2014 - SKILLS TRAINING & DEVELOPMENT	REDWOOD				
H2014 - SKILLS TRAINING & DEVELOPMENT	RENVILLE				
H2014 - SKILLS TRAINING & DEVELOPMENT	RICE			\$92	\$82
H2014 - SKILLS TRAINING & DEVELOPMENT	ROCK				
H2014 - SKILLS TRAINING & DEVELOPMENT	SCOTT			\$61	\$55
H2014 - SKILLS TRAINING & DEVELOPMENT	SHERBURNE	\$54	\$54	\$88	\$89
H2014 - SKILLS TRAINING & DEVELOPMENT	SIBLEY				
H2014 - SKILLS TRAINING & DEVELOPMENT	ST. LOUIS	\$52	\$36	\$66	\$34
H2014 - SKILLS TRAINING & DEVELOPMENT	STEARNS	\$120	\$94	\$131	\$143
H2014 - SKILLS TRAINING & DEVELOPMENT	STEELE	\$78	\$67	\$75	\$69
H2014 - SKILLS TRAINING & DEVELOPMENT	STEVENS				
H2014 - SKILLS TRAINING & DEVELOPMENT	SWIFT				
H2014 - SKILLS TRAINING & DEVELOPMENT	TODD				
H2014 - SKILLS TRAINING & DEVELOPMENT	TRAVERSE				
H2014 - SKILLS TRAINING & DEVELOPMENT	WABASHA				
H2014 - SKILLS TRAINING & DEVELOPMENT	WADENA				
H2014 - SKILLS TRAINING & DEVELOPMENT	WASECA				
H2014 - SKILLS TRAINING & DEVELOPMENT	WASHINGTON	\$105	\$81	\$72	\$71
H2014 - SKILLS TRAINING & DEVELOPMENT	WATONWAN				
H2014 - SKILLS TRAINING & DEVELOPMENT	WILKIN				
H2014 - SKILLS TRAINING & DEVELOPMENT	WINONA			\$38	\$28
H2014 - SKILLS TRAINING & DEVELOPMENT	WRIGHT	\$113	\$108	\$109	\$109
H2014 - SKILLS TRAINING & DEVELOPMENT	YELLOW MEDICINE				
H2017 - PSYCHOSOCIAL REHABILITATION	AITKIN			\$108	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	ANOKA	\$99	\$105	\$102	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	BECKER			\$74	\$68
H2017 - PSYCHOSOCIAL REHABILITATION	BELTRAMI	\$70	\$72	\$87	\$76
H2017 - PSYCHOSOCIAL REHABILITATION	BENTON				

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	BIG STONE				
H2017 - PSYCHOSOCIAL REHABILITATION	BLUE EARTH	\$115	\$108	\$118	\$122
H2017 - PSYCHOSOCIAL REHABILITATION	BROWN			\$96	\$74
H2017 - PSYCHOSOCIAL REHABILITATION	CARLTON			\$181	\$209
H2017 - PSYCHOSOCIAL REHABILITATION	CARVER	\$112	\$108	\$97	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	CASS				
H2017 - PSYCHOSOCIAL REHABILITATION	CHIPPEWA				
H2017 - PSYCHOSOCIAL REHABILITATION	CHISAGO	\$103	\$108	\$100	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	CLAY	\$117	\$126	\$123	\$137
H2017 - PSYCHOSOCIAL REHABILITATION	CLEARWATER				
H2017 - PSYCHOSOCIAL REHABILITATION	COOK				
H2017 - PSYCHOSOCIAL REHABILITATION	COTTONWOOD				
H2017 - PSYCHOSOCIAL REHABILITATION	CROW WING	\$90	\$90	\$77	\$72
H2017 - PSYCHOSOCIAL REHABILITATION	DAKOTA	\$95	\$72	\$98	\$82
H2017 - PSYCHOSOCIAL REHABILITATION	DODGE				
H2017 - PSYCHOSOCIAL REHABILITATION	DOUGLAS				
H2017 - PSYCHOSOCIAL REHABILITATION	FARIBAULT			\$127	\$122
H2017 - PSYCHOSOCIAL REHABILITATION	FILLMORE				
H2017 - PSYCHOSOCIAL REHABILITATION	FREEBORN				
H2017 - PSYCHOSOCIAL REHABILITATION	GOODHUE				
H2017 - PSYCHOSOCIAL REHABILITATION	HENNEPIN	\$128	\$141	\$143	\$144
H2017 - PSYCHOSOCIAL REHABILITATION	HOUSTON				
H2017 - PSYCHOSOCIAL REHABILITATION	HUBBARD				
H2017 - PSYCHOSOCIAL REHABILITATION	ISANTI			\$97	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	ITASCA			\$92	\$70
H2017 - PSYCHOSOCIAL REHABILITATION	JACKSON				
H2017 - PSYCHOSOCIAL REHABILITATION	KANABEC				
H2017 - PSYCHOSOCIAL REHABILITATION	KANDIYOHI			\$74	\$68
H2017 - PSYCHOSOCIAL REHABILITATION	KITTSOON				
H2017 - PSYCHOSOCIAL REHABILITATION	LAC QUI PARLE				
H2017 - PSYCHOSOCIAL REHABILITATION	LAKE			\$143	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	LESUEUR	\$124	\$108	\$104	\$90
H2017 - PSYCHOSOCIAL REHABILITATION	LINCOLN				
H2017 - PSYCHOSOCIAL REHABILITATION	LYON				
H2017 - PSYCHOSOCIAL REHABILITATION	MAHNOMEN				
H2017 - PSYCHOSOCIAL REHABILITATION	MARSHALL				
H2017 - PSYCHOSOCIAL REHABILITATION	MARTIN				
H2017 - PSYCHOSOCIAL REHABILITATION	MCLEOD				
H2017 - PSYCHOSOCIAL REHABILITATION	MEEKER				
H2017 - PSYCHOSOCIAL REHABILITATION	MILLE LACS			\$85	\$73
H2017 - PSYCHOSOCIAL REHABILITATION	MORRISON				
H2017 - PSYCHOSOCIAL REHABILITATION	MOWER			\$77	\$70
H2017 - PSYCHOSOCIAL REHABILITATION	MURRAY				
H2017 - PSYCHOSOCIAL REHABILITATION	NICOLLET			\$107	\$96
H2017 - PSYCHOSOCIAL REHABILITATION	NOBLES				
H2017 - PSYCHOSOCIAL REHABILITATION	NORMAN				
H2017 - PSYCHOSOCIAL REHABILITATION	OLMSTED	\$61	\$69	\$73	\$72
H2017 - PSYCHOSOCIAL REHABILITATION	OTTER TAIL			\$89	\$72
H2017 - PSYCHOSOCIAL REHABILITATION	PENNINGTON				
H2017 - PSYCHOSOCIAL REHABILITATION	PINE			\$97	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	PIPESTONE				
H2017 - PSYCHOSOCIAL REHABILITATION	POLK			\$60	\$54
H2017 - PSYCHOSOCIAL REHABILITATION	POPE				
H2017 - PSYCHOSOCIAL REHABILITATION	RAMSEY	\$116	\$108	\$114	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	RED LAKE				

Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	REDWOOD				
H2017 - PSYCHOSOCIAL REHABILITATION	RICE			\$105	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	ROCK				
H2017 - PSYCHOSOCIAL REHABILITATION	ROSEAU				
H2017 - PSYCHOSOCIAL REHABILITATION	SCOTT			\$170	\$174
H2017 - PSYCHOSOCIAL REHABILITATION	SHERBURNE				
H2017 - PSYCHOSOCIAL REHABILITATION	SIBLEY				
H2017 - PSYCHOSOCIAL REHABILITATION	ST. LOUIS	\$99	\$90	\$131	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	STEARNS	\$105	\$105	\$125	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	STEELE				
H2017 - PSYCHOSOCIAL REHABILITATION	SWIFT				
H2017 - PSYCHOSOCIAL REHABILITATION	TODD				
H2017 - PSYCHOSOCIAL REHABILITATION	WABASHA				
H2017 - PSYCHOSOCIAL REHABILITATION	WADENA				
H2017 - PSYCHOSOCIAL REHABILITATION	WASECA				
H2017 - PSYCHOSOCIAL REHABILITATION	WASHINGTON			\$105	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	WATONWAN				
H2017 - PSYCHOSOCIAL REHABILITATION	WILKIN				
H2017 - PSYCHOSOCIAL REHABILITATION	WINONA			\$81	\$74
H2017 - PSYCHOSOCIAL REHABILITATION	WRIGHT			\$119	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	YELLOW MEDICINE				

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ANOKA																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	BELTRAMI																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CARVER																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CHISAGO																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CROW WING																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	DAKOTA																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	GOODHUE																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	HENNEPIN	\$14	\$14	\$23	\$25	\$14	\$13			\$16	\$15	\$14	\$14	\$14	\$13	\$14	\$14
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ISANTI																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	KANABEC																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	OLMSTED																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	OTTER TAIL																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	PINE																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	RAMSEY	\$15	\$14			\$13	\$13							\$14	\$13	\$14	\$14
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	RICE																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	SCOTT																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	SHERBURNE																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ST. LOUIS																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	STEARNS																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	WASHINGTON																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	WRIGHT																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	YELLOW MEDICINE																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	ANOKA																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	DAKOTA																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	HENNEPIN	\$22	\$23			\$23	\$23									\$23	\$23

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	OLMSTED																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	RAMSEY	\$21	\$23													\$23	\$23
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	SCOTT																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	ST. LOUIS																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	STEARNS																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	WASHINGTON																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	AITKIN																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ANOKA	\$121	\$107	\$121	\$107	\$157	\$175					\$129	\$143	\$119	\$105	\$115	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BECKER																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BELTRAMI	\$78	\$73									\$79	\$72				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BLUE EARTH	\$111	\$107	\$97	\$81									\$107	\$105	\$104	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BROWN																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CARLTON	\$129	\$105														
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CARVER																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CASS																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CHISAGO																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CLAY	\$100	\$105													\$103	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	COOK																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	COTTONWOOD																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CROW WING	\$105	\$107	\$116	\$127											\$105	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DAKOTA	\$111	\$107	\$113	\$118	\$126	\$105							\$117	\$105	\$109	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DODGE																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DOUGLAS																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	FREEBORN																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	GOODHUE													\$100	\$105		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HENNEPIN	\$154	\$153	\$133	\$130	\$139	\$140	\$128	\$118	\$191	\$153	\$141	\$127	\$132	\$116	\$138	\$151
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HOUSTON																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HUBBARD																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ISANTI																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ITASCA	\$185	\$175	\$199	\$245			\$122	\$107			\$150	\$107			\$167	\$143
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KANABEC																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KANDIYOHI																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LAKE																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LESUEUR																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LYON																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MARTIN																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MCLEOD	\$98	\$107									\$101	\$107				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MEEKER																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MILLE LACS			\$115	\$107												

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MORRISON																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MOWER															\$94	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NICOLLET																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NOBLES																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	OLMSTED	\$122	\$107	\$116	\$127	\$122	\$153							\$112	\$105	\$101	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	OTTER TAIL																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PENNINGTON	\$106	\$107														
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PINE																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PIPESTONE																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	POLK	\$88	\$73														
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	RAMSEY	\$140	\$143	\$118	\$107	\$142	\$140			\$235	\$168	\$157	\$170	\$146	\$140	\$137	\$140
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	REDWOOD																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	RENVILLE																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	RICE																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ROCK																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ROSEAU																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SCOTT	\$113	\$105														
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SHERBURNE																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ST. LOUIS	\$133	\$107	\$130	\$116	\$138	\$153	\$96	\$86			\$148	\$155	\$136	\$105	\$129	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEARNS	\$118	\$105	\$135	\$107	\$132	\$144					\$114	\$107	\$114	\$105	\$114	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEELE																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEVENS																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	TODD																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WABASHA																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WADENA	\$97	\$93														
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WASECA																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WASHINGTON	\$137	\$107	\$128	\$102	\$153	\$149							\$160	\$111	\$126	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WILKIN																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WINONA	\$99	\$107													\$103	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WRIGHT	\$145	\$107	\$146	\$143	\$181	\$153									\$150	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	YELLOW MEDICINE																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	AITKIN																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ANOKA	\$1,192	\$930	\$1,817	\$1,265	\$1,910	\$1,728			\$2,785	\$2,646	\$1,657	\$1,277			\$1,705	\$1,196
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BECKER																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BELTRAMI																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BENTON																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BLUE EARTH																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BROWN																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CARLTON															\$3,721	\$3,298
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CARVER																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CASS																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CLAY																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CROW WING																

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DAKOTA	\$538	\$179			\$2,813	\$2,292										
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DOUGLAS																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	FREEBORN																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	GOODHUE																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	HENNEPIN	\$1,761	\$1,537	\$1,906	\$1,358	\$2,783	\$2,504	\$1,805	\$1,507	\$1,878	\$1,484	\$2,831	\$2,235	\$2,940	\$2,820	\$2,572	\$1,987
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	HUBBARD																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ITASCA	\$2,618	\$2,156					\$263	\$151			\$2,750	\$2,901			\$2,887	\$3,042
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	KANABEC																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	KANDIYOHI																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	LYON																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MEEKER																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MILLE LACS																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	OLMSTED	\$1,519	\$1,325	\$1,270	\$1,159	\$2,816	\$2,448					\$1,377	\$919	\$1,335	\$930	\$1,273	\$1,063
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	OTTER TAIL			\$1,977	\$569							\$1,217	\$455			\$1,790	\$447
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	PINE																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	PIPESTONE																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	POLK																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	RAMSEY	\$951	\$865	\$1,198	\$1,014	\$2,325	\$1,594			\$2,629	\$2,255	\$1,505	\$1,543	\$1,214	\$1,405	\$1,313	\$1,354
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	RICE																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SCOTT																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SHERBURNE																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ST. LOUIS	\$2,095	\$1,460	\$1,786	\$1,354			\$2,506	\$2,227								
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	STEARNS															\$2,361	\$2,248
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WADENA																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WASHINGTON	\$352	\$179			\$1,833	\$683									\$720	\$232
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WINONA																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WRIGHT	\$1,379	\$1,159									\$1,630	\$1,542	\$2,045	\$1,594	\$1,307	\$1,391
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	YELLOW MEDICINE																
T1016 - TREATMENT COORDINATION	AITKIN																
T1016 - TREATMENT COORDINATION	ANOKA	\$19	\$12													\$32	\$24
T1016 - TREATMENT COORDINATION	BECKER																
T1016 - TREATMENT COORDINATION	BELTRAMI																
T1016 - TREATMENT COORDINATION	BLUE EARTH																
T1016 - TREATMENT COORDINATION	CARLTON																
T1016 - TREATMENT COORDINATION	CARVER																
T1016 - TREATMENT COORDINATION	CLAY																
T1016 - TREATMENT COORDINATION	CROW WING																
T1016 - TREATMENT COORDINATION	DAKOTA	\$18	\$12	\$15	\$12	\$22	\$12							\$20	\$12	\$17	\$12
T1016 - TREATMENT COORDINATION	GOODHUE																
T1016 - TREATMENT COORDINATION	HENNEPIN	\$17	\$12	\$17	\$12	\$18	\$12	\$20	\$12	\$43	\$13	\$22	\$12	\$18	\$12	\$17	\$12
T1016 - TREATMENT COORDINATION	HOUSTON																
T1016 - TREATMENT COORDINATION	HUBBARD																
T1016 - TREATMENT COORDINATION	ITASCA																

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2021

BILLING CODE	PROVIDER COUNTY NAME	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
T1016 - TREATMENT COORDINATION	KANABEC																
T1016 - TREATMENT COORDINATION	KANDIYOHI																
T1016 - TREATMENT COORDINATION	LESUEUR																
T1016 - TREATMENT COORDINATION	MAHNOMEN																
T1016 - TREATMENT COORDINATION	MCLEOD																
T1016 - TREATMENT COORDINATION	MEEKER																
T1016 - TREATMENT COORDINATION	MILLE LACS																
T1016 - TREATMENT COORDINATION	MORRISON																
T1016 - TREATMENT COORDINATION	NICOLLET																
T1016 - TREATMENT COORDINATION	NOBLES																
T1016 - TREATMENT COORDINATION	OLMSTED	\$15	\$12	\$16	\$12									\$14	\$12	\$15	\$12
T1016 - TREATMENT COORDINATION	PENNINGTON																
T1016 - TREATMENT COORDINATION	PINE																
T1016 - TREATMENT COORDINATION	PIPESTONE																
T1016 - TREATMENT COORDINATION	POLK																
T1016 - TREATMENT COORDINATION	RAMSEY	\$21	\$12	\$21	\$12	\$20	\$12							\$24	\$23	\$20	\$12
T1016 - TREATMENT COORDINATION	RICE																
T1016 - TREATMENT COORDINATION	ROCK																
T1016 - TREATMENT COORDINATION	SCOTT																
T1016 - TREATMENT COORDINATION	SHERBURNE																
T1016 - TREATMENT COORDINATION	ST. LOUIS	\$19	\$12	\$19	\$12			\$17	\$12					\$22	\$12	\$19	\$12
T1016 - TREATMENT COORDINATION	STEARNS	\$17	\$12	\$17	\$12							\$22	\$12			\$16	\$12
T1016 - TREATMENT COORDINATION	STEELE																
T1016 - TREATMENT COORDINATION	TODD																
T1016 - TREATMENT COORDINATION	WASHINGTON	\$22	\$12	\$18	\$12											\$21	\$12
T1016 - TREATMENT COORDINATION	WILKIN																
T1016 - TREATMENT COORDINATION	WINONA																
T1016 - TREATMENT COORDINATION	WRIGHT	\$31	\$23	\$19	\$12											\$26	\$13

Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ANOKA				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	BELTRAMI				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CARVER				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CASS				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CHISAGO				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CROW WING				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	DAKOTA				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	GOODHUE				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	HENNEPIN	\$13	\$13	\$15	\$14
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ISANTI				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	KANABEC				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	OLMSTED				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	OTTER TAIL				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	PINE				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	RAMSEY			\$14	\$14
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	RICE				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	SCOTT				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	SHERBURNE				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ST. LOUIS				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	STEARNS				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	WASHINGTON				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	WRIGHT				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	YELLOW MEDICINE				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	ANOKA				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	CROW WING				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	DAKOTA				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	HENNEPIN	\$23	\$23	\$24	\$23
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	OLMSTED				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	RAMSEY			\$23	\$23
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	SCOTT				

Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	ST. LOUIS				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	STEARNS				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	WASHINGTON				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	AITKIN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ANOKA	\$132	\$105	\$121	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BECKER				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BELTRAMI	\$80	\$72	\$78	\$72
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BLUE EARTH	\$101	\$105	\$107	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BROWN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CARLTON			\$129	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CARVER			\$135	\$125
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CASS				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CHIPPEWA				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CHISAGO				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CLAY	\$89	\$79	\$101	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	COOK				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	COTTONWOOD				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CROW WING	\$104	\$105	\$106	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DAKOTA	\$113	\$105	\$112	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DODGE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DOUGLAS				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	FREEBORN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	GOODHUE			\$101	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HENNEPIN	\$149	\$150	\$143	\$143
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HOUSTON				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HUBBARD				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ISANTI				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ITASCA	\$166	\$140	\$156	\$143
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KANABEC				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KANDIYOHI				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LAKE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LESUEUR				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LYON				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MARTIN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MCLEOD			\$101	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MEEKER				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MILLE LACS			\$118	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MORRISON				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MOWER			\$110	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NICOLLET				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NOBLES				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	OLMSTED	\$118	\$105	\$112	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	OTTER TAIL			\$87	\$73
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PENNINGTON			\$104	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PINE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PIPESTONE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	POLK			\$88	\$73
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	RAMSEY	\$148	\$141	\$136	\$140
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	REDWOOD				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	RENVILLE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	RICE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ROCK				

Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ROSEAU				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SCOTT			\$114	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SHERBURNE	\$135	\$154	\$133	\$157
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ST. LOUIS	\$145	\$125	\$130	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEARNS	\$116	\$105	\$120	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEELE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEVENS				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	TODD				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WABASHA				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WADENA	\$90	\$105	\$98	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WASECA				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WASHINGTON	\$140	\$105	\$132	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WILKIN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WINONA			\$100	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WRIGHT	\$146	\$105	\$149	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	YELLOW MEDICINE				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	AITKIN				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ANOKA	\$1,241	\$930	\$1,742	\$1,083
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BECKER				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BELTRAMI				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BENTON				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BLUE EARTH				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	BROWN				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CARLTON			\$3,787	\$3,222
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CARVER				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CASS				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CLAY				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CROW WING				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DAKOTA	\$1,597	\$717	\$1,244	\$717
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DOUGLAS				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	FREEBORN				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	GOODHUE				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	HENNEPIN	\$2,348	\$1,735	\$2,279	\$1,681
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	HUBBARD				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ITASCA	\$2,853	\$2,850	\$505	\$190
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	KANABEC				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	KANDIYOHI				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	LYON				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MEEKER				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MILLE LACS				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	OLMSTED	\$1,648	\$1,594	\$1,396	\$1,150
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	OTTER TAIL	\$1,011	\$894	\$1,520	\$516
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	PINE				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	PIPESTONE				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	POLK				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	RAMSEY	\$1,253	\$1,366	\$1,325	\$1,159
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	RICE				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SCOTT				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SHERBURNE				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ST. LOUIS	\$1,953	\$1,613	\$1,498	\$1,169
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	STEARNS			\$1,621	\$916
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WADENA				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WASHINGTON	\$1,297	\$1,594	\$792	\$232
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WINONA				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WRIGHT	\$1,366	\$1,514	\$1,419	\$1,391

Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	YELLOW MEDICINE				
T1016 - TREATMENT COORDINATION	AITKIN				
T1016 - TREATMENT COORDINATION	ANOKA	\$32	\$29	\$26	\$12
T1016 - TREATMENT COORDINATION	BECKER				
T1016 - TREATMENT COORDINATION	BELTRAMI	\$33	\$23		
T1016 - TREATMENT COORDINATION	BLUE EARTH				
T1016 - TREATMENT COORDINATION	BROWN				
T1016 - TREATMENT COORDINATION	CARLTON				
T1016 - TREATMENT COORDINATION	CARVER				
T1016 - TREATMENT COORDINATION	CHISAGO				
T1016 - TREATMENT COORDINATION	CLAY				
T1016 - TREATMENT COORDINATION	CROW WING	\$21	\$12		
T1016 - TREATMENT COORDINATION	DAKOTA	\$20	\$12	\$17	\$12
T1016 - TREATMENT COORDINATION	DODGE				
T1016 - TREATMENT COORDINATION	DOUGLAS				
T1016 - TREATMENT COORDINATION	FREEBORN				
T1016 - TREATMENT COORDINATION	GOODHUE				
T1016 - TREATMENT COORDINATION	HENNEPIN	\$19	\$12	\$18	\$12
T1016 - TREATMENT COORDINATION	HOUSTON				
T1016 - TREATMENT COORDINATION	HUBBARD				
T1016 - TREATMENT COORDINATION	ISANTI				
T1016 - TREATMENT COORDINATION	ITASCA				
T1016 - TREATMENT COORDINATION	KANABEC				
T1016 - TREATMENT COORDINATION	KANDIYOHI				
T1016 - TREATMENT COORDINATION	LAKE				
T1016 - TREATMENT COORDINATION	LESUEUR				
T1016 - TREATMENT COORDINATION	LINCOLN				
T1016 - TREATMENT COORDINATION	LYON				
T1016 - TREATMENT COORDINATION	MAHNOMEN				
T1016 - TREATMENT COORDINATION	MCLEOD				
T1016 - TREATMENT COORDINATION	MEEKER				
T1016 - TREATMENT COORDINATION	MILLE LACS				
T1016 - TREATMENT COORDINATION	MORRISON				
T1016 - TREATMENT COORDINATION	MURRAY				
T1016 - TREATMENT COORDINATION	NICOLLET				
T1016 - TREATMENT COORDINATION	NOBLES				
T1016 - TREATMENT COORDINATION	OLMSTED	\$14	\$12	\$15	\$12
T1016 - TREATMENT COORDINATION	PENNINGTON				
T1016 - TREATMENT COORDINATION	PINE				
T1016 - TREATMENT COORDINATION	PIPESTONE				
T1016 - TREATMENT COORDINATION	POLK				
T1016 - TREATMENT COORDINATION	POPE				
T1016 - TREATMENT COORDINATION	RAMSEY	\$21	\$12	\$20	\$12
T1016 - TREATMENT COORDINATION	REDWOOD				
T1016 - TREATMENT COORDINATION	RICE				
T1016 - TREATMENT COORDINATION	ROCK				
T1016 - TREATMENT COORDINATION	SCOTT				
T1016 - TREATMENT COORDINATION	SHERBURNE			\$16	\$12
T1016 - TREATMENT COORDINATION	SIBLEY				
T1016 - TREATMENT COORDINATION	ST. LOUIS	\$25	\$12	\$19	\$12
T1016 - TREATMENT COORDINATION	STEARNS	\$18	\$12	\$17	\$12
T1016 - TREATMENT COORDINATION	STEELE				
T1016 - TREATMENT COORDINATION	TODD				
T1016 - TREATMENT COORDINATION	WADENA				
T1016 - TREATMENT COORDINATION	WASHINGTON	\$28	\$23	\$20	\$12

Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2021

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1016 - TREATMENT COORDINATION	WATONWAN				
T1016 - TREATMENT COORDINATION	WILKIN				
T1016 - TREATMENT COORDINATION	WINONA				
T1016 - TREATMENT COORDINATION	WRIGHT			\$28	\$23

Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA)

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
59400 - OBSTETRICAL CARE	NORTHEAST																
59400 - OBSTETRICAL CARE	NORTHWEST	\$1,426	\$1,413	\$2,240	\$1,243							\$1,366	\$1,368			\$1,321	\$1,337
59400 - OBSTETRICAL CARE	SOUTHEAST	\$1,470	\$1,484											\$1,349	\$1,334	\$1,361	\$1,368
59400 - OBSTETRICAL CARE	SOUTHWEST	\$1,445	\$1,455									\$1,330	\$1,330			\$1,380	\$1,368
59400 - OBSTETRICAL CARE	DULUTH	\$1,445	\$1,455	\$1,346	\$1,368			\$1,202	\$1,243							\$1,366	\$1,368
59400 - OBSTETRICAL CARE	GRAND FORKS																
59400 - OBSTETRICAL CARE	MANKATO-NORTH MANKATO																
59400 - OBSTETRICAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$1,479	\$1,484	\$1,402	\$1,405	\$1,430	\$1,413			\$1,452	\$1,225	\$1,294	\$1,306	\$1,321	\$1,321	\$1,375	\$1,330
59400 - OBSTETRICAL CARE	ROCHESTER																
59400 - OBSTETRICAL CARE	ST. CLOUD	\$1,430	\$1,427	\$1,246	\$1,243											\$1,243	\$1,243
99212 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST																
99212 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$27	\$26									\$25	\$24			\$27	\$25
99212 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$33	\$27											\$28	\$25	\$29	\$26
99212 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$35	\$40									\$27	\$28			\$39	\$41
99212 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$26	\$27													\$25	\$28
99212 - OFFICE/OUTPATIENT VISIT, EST	FARGO																
99212 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS																
99212 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO																
99212 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$37	\$41	\$37	\$42	\$33	\$29					\$37	\$39			\$36	\$38
99212 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$34	\$37													\$29	\$25
99212 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$38	\$39	\$35	\$37												
99213 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST	\$54	\$52					\$45	\$43							\$62	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$51	\$50	\$58	\$51							\$46	\$46			\$46	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$58	\$51	\$61	\$61									\$61	\$64	\$61	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$60	\$64									\$51	\$52			\$60	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$58	\$56	\$57	\$64											\$51	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	FARGO	\$51	\$50														
99213 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS																
99213 - OFFICE/OUTPATIENT VISIT, EST	LACROSSE-ONALASKA																
99213 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO																
99213 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$63	\$67	\$65	\$67	\$58	\$55			\$55	\$52	\$52	\$46	\$57	\$62	\$62	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$57	\$51											\$54	\$46	\$51	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$59	\$65	\$56	\$58							\$56	\$63			\$53	\$50
99214 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST	\$78	\$72														
99214 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$79	\$74	\$86	\$75							\$69	\$68			\$68	\$69
99214 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$90	\$93	\$99	\$105									\$89	\$93	\$91	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$90	\$96									\$77	\$77			\$90	\$92

Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA)

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$78	\$74	\$77	\$75											\$75	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	FARGO																
99214 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS	\$87	\$85														
99214 - OFFICE/OUTPATIENT VISIT, EST	LACROSSE-ONALASKA																
99214 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO																
99214 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$91	\$96	\$94	\$96	\$84	\$81			\$82	\$77	\$85	\$84	\$78	\$67	\$93	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$83	\$75											\$81	\$90	\$79	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$85	\$94	\$79	\$82							\$82	\$90			\$73	\$69
99215 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST																
99215 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$118	\$131	\$118	\$111							\$106	\$101			\$101	\$103
99215 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$135	\$120	\$141	\$147									\$130	\$129	\$129	\$130
99215 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$130	\$134									\$109	\$114			\$119	\$117
99215 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$117	\$109													\$111	\$114
99215 - OFFICE/OUTPATIENT VISIT, EST	FARGO																
99215 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS																
99215 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO																
99215 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$130	\$137	\$135	\$144	\$123	\$120			\$105	\$103	\$102	\$93	\$108	\$103	\$131	\$132
99215 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$126	\$120											\$110	\$98	\$116	\$117
99215 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$120	\$131	\$108	\$100											\$104	\$103

Table B-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
59400 - OBSTETRICAL CARE	NORTHEAST				
59400 - OBSTETRICAL CARE	NORTHWEST	\$1,287	\$1,282	\$1,429	\$1,413
59400 - OBSTETRICAL CARE	SOUTHEAST	\$1,307	\$1,305	\$1,406	\$1,385
59400 - OBSTETRICAL CARE	SOUTHWEST	\$1,305	\$1,305	\$1,402	\$1,413
59400 - OBSTETRICAL CARE	DULUTH	\$1,305	\$1,305	\$1,394	\$1,368
59400 - OBSTETRICAL CARE	GRAND FORKS				
59400 - OBSTETRICAL CARE	MANKATO-NORTH MANKATO				
59400 - OBSTETRICAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$1,312	\$1,305	\$1,416	\$1,405
59400 - OBSTETRICAL CARE	ROCHESTER				
59400 - OBSTETRICAL CARE	ST. CLOUD	\$1,327	\$1,305	\$1,389	\$1,427
99212 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST				
99212 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$28	\$24	\$26	\$26
99212 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$25	\$24	\$31	\$27
99212 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$30	\$27	\$33	\$28
99212 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$24	\$24	\$26	\$27
99212 - OFFICE/OUTPATIENT VISIT, EST	FARGO				
99212 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS				
99212 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO				
99212 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$34	\$39	\$36	\$40
99212 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER			\$31	\$27
99212 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD			\$37	\$39
99213 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST	\$52	\$51	\$51	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$45	\$45	\$49	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$59	\$62	\$60	\$63
99213 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$54	\$51	\$57	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$52	\$45	\$55	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	FARGO	\$49	\$51	\$54	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS				
99213 - OFFICE/OUTPATIENT VISIT, EST	LACROSSE-ONALASKA				
99213 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO				
99213 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$59	\$62	\$63	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$51	\$45	\$53	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$60	\$62	\$58	\$64
99214 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST			\$74	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$69	\$66	\$73	\$68
99214 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$85	\$89	\$90	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$83	\$80	\$87	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$71	\$66	\$76	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST	FARGO				
99214 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS			\$83	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST	LACROSSE-ONALASKA				
99214 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO				
99214 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$83	\$89	\$93	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$77	\$66	\$80	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$84	\$89	\$83	\$84
99215 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST				
99215 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$101	\$98	\$112	\$106
99215 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$124	\$124	\$132	\$129
99215 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$107	\$100	\$117	\$114
99215 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$100	\$98	\$114	\$109
99215 - OFFICE/OUTPATIENT VISIT, EST	FARGO				

**Table B-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Pay System
by Metropolitan Statistical Area (MSA) 2021**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS				
99215 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO				
99215 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$118	\$124	\$131	\$137
99215 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$107	\$98	\$119	\$117
99215 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$109	\$98	\$115	\$107

Table B-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	DULUTH	\$55	\$51	\$53	\$52			\$51	\$50							\$56	\$55
99391 - PREVENTIVE VISIT,EST,INFANT	FARGO																
99391 - PREVENTIVE VISIT,EST,INFANT	GRAND FORKS																
99391 - PREVENTIVE VISIT,EST,INFANT	LACROSSE-ONALASKA																
99391 - PREVENTIVE VISIT,EST,INFANT	MANKATO-NORTH MANKATO																
99391 - PREVENTIVE VISIT,EST,INFANT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$77	\$78	\$78	\$79	\$75	\$77					\$69	\$65	\$71	\$69	\$77	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	NORTHEAST	\$73	\$74	\$117	\$136												
99391 - PREVENTIVE VISIT,EST,INFANT	NORTHWEST	\$57	\$51	\$61	\$52							\$56	\$53			\$57	\$55
99391 - PREVENTIVE VISIT,EST,INFANT	ROCHESTER	\$65	\$57											\$63	\$69	\$64	\$61
99391 - PREVENTIVE VISIT,EST,INFANT	SOUTHEAST	\$67	\$77	\$80	\$81									\$67	\$71	\$70	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	SOUTHWEST	\$74	\$76									\$58	\$53			\$79	\$81
99391 - PREVENTIVE VISIT,EST,INFANT	ST. CLOUD	\$75	\$74	\$69	\$70							\$68	\$69			\$73	\$74
99392 - PREVENTIVE VISIT,EST,AGE 1-4	DULUTH	\$59	\$56	\$59	\$57			\$64	\$78							\$61	\$60
99392 - PREVENTIVE VISIT,EST,AGE 1-4	FARGO																
99392 - PREVENTIVE VISIT,EST,AGE 1-4	GRAND FORKS	\$70	\$78														
99392 - PREVENTIVE VISIT,EST,AGE 1-4	LACROSSE-ONALASKA																
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MANKATO-NORTH MANKATO																
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$82	\$83	\$83	\$85	\$79	\$82					\$72	\$69	\$76	\$73	\$82	\$84
99392 - PREVENTIVE VISIT,EST,AGE 1-4	NORTHEAST	\$78	\$78	\$129	\$151												
99392 - PREVENTIVE VISIT,EST,AGE 1-4	NORTHWEST	\$62	\$56	\$66	\$62							\$60	\$58			\$61	\$60
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROCHESTER	\$69	\$62											\$67	\$74	\$70	\$68
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SOUTHEAST	\$71	\$78	\$81	\$83									\$70	\$74	\$73	\$78
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SOUTHWEST	\$79	\$81									\$63	\$58			\$84	\$86
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ST. CLOUD	\$79	\$79	\$73	\$75							\$74	\$74			\$78	\$78
99393 - PREVENTIVE VISIT,EST,AGE5-11	DULUTH	\$59	\$56	\$59	\$57											\$60	\$60
99393 - PREVENTIVE VISIT,EST,AGE5-11	FARGO																
99393 - PREVENTIVE VISIT,EST,AGE5-11	GRAND FORKS	\$70	\$78														
99393 - PREVENTIVE VISIT,EST,AGE5-11	LACROSSE-ONALASKA																
99393 - PREVENTIVE VISIT,EST,AGE5-11	MANKATO-NORTH MANKATO																
99393 - PREVENTIVE VISIT,EST,AGE5-11	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$81	\$83	\$83	\$84	\$78	\$80					\$73	\$70	\$77	\$75	\$81	\$84
99393 - PREVENTIVE VISIT,EST,AGE5-11	NORTHEAST	\$77	\$78	\$107	\$86												
99393 - PREVENTIVE VISIT,EST,AGE5-11	NORTHWEST	\$61	\$54	\$73	\$68							\$60	\$58			\$62	\$60
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROCHESTER	\$70	\$63											\$67	\$74	\$70	\$66
99393 - PREVENTIVE VISIT,EST,AGE5-11	SOUTHEAST	\$70	\$78	\$82	\$86									\$70	\$74	\$72	\$75
99393 - PREVENTIVE VISIT,EST,AGE5-11	SOUTHWEST	\$79	\$81									\$62	\$58			\$83	\$86
99393 - PREVENTIVE VISIT,EST,AGE5-11	ST. CLOUD	\$79	\$79	\$73	\$75							\$73	\$74			\$79	\$78
99394 - PREVENTIVE VISIT,EST,12-17	DULUTH	\$68	\$64	\$66	\$65											\$68	\$68
99394 - PREVENTIVE VISIT,EST,12-17	FARGO	\$64	\$64														
99394 - PREVENTIVE VISIT,EST,12-17	GRAND FORKS																

Table B-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99394 - PREVENTIVE VISIT,EST,12-17	LACROSSE-ONALASKA																
99394 - PREVENTIVE VISIT,EST,12-17	MANKATO-NORTH MANKATO																
99394 - PREVENTIVE VISIT,EST,12-17	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$88	\$89	\$90	\$92	\$84	\$87					\$82	\$77	\$83	\$82	\$88	\$91
99394 - PREVENTIVE VISIT,EST,12-17	NORTHEAST	\$82	\$85	\$107	\$93											\$78	\$71
99394 - PREVENTIVE VISIT,EST,12-17	NORTHWEST	\$68	\$62	\$69	\$65							\$68	\$66			\$71	\$68
99394 - PREVENTIVE VISIT,EST,12-17	ROCHESTER	\$77	\$70											\$76	\$81	\$76	\$74
99394 - PREVENTIVE VISIT,EST,12-17	SOUTHEAST	\$80	\$89											\$76	\$81	\$80	\$82
99394 - PREVENTIVE VISIT,EST,12-17	SOUTHWEST	\$86	\$88	\$75	\$76							\$69	\$66			\$89	\$94
99394 - PREVENTIVE VISIT,EST,12-17	ST. CLOUD	\$86	\$86	\$79	\$81											\$84	\$85
S0302 - COMPLETED EPSDT	DULUTH	\$21	\$21	\$55	\$42											\$59	\$60
S0302 - COMPLETED EPSDT	FARGO																
S0302 - COMPLETED EPSDT	GRAND FORKS	\$20	\$20														
S0302 - COMPLETED EPSDT	LACROSSE-ONALASKA																
S0302 - COMPLETED EPSDT	MANKATO-NORTH MANKATO																
S0302 - COMPLETED EPSDT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$21	\$21	\$58	\$58	\$41	\$41			\$87	\$87					\$74	\$75
S0302 - COMPLETED EPSDT	NORTHEAST	\$20	\$20	\$53	\$55											\$60	\$60
S0302 - COMPLETED EPSDT	NORTHWEST	\$20	\$20	\$176	\$120											\$58	\$60
S0302 - COMPLETED EPSDT	ROCHESTER	\$21	\$21													\$60	\$60
S0302 - COMPLETED EPSDT	SOUTHEAST	\$21	\$21													\$60	\$60
S0302 - COMPLETED EPSDT	SOUTHWEST	\$21	\$21													\$77	\$80
S0302 - COMPLETED EPSDT	ST. CLOUD	\$21	\$21	\$71	\$69											\$60	\$60

Table B-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	FFS MEAN	FFS MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	DULUTH	\$56	\$52	\$55	\$55
99391 - PREVENTIVE VISIT,EST,INFANT	FARGO				
99391 - PREVENTIVE VISIT,EST,INFANT	GRAND FORKS				
99391 - PREVENTIVE VISIT,EST,INFANT	LACROSSE-ONALASKA				
99391 - PREVENTIVE VISIT,EST,INFANT	MANKATO-NORTH MANKATO			\$78	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$73	\$77	\$77	\$79
99391 - PREVENTIVE VISIT,EST,INFANT	NORTHEAST			\$60	\$50
99391 - PREVENTIVE VISIT,EST,INFANT	NORTHWEST	\$56	\$51	\$57	\$51
99391 - PREVENTIVE VISIT,EST,INFANT	ROCHESTER	\$70	\$75	\$64	\$61
99391 - PREVENTIVE VISIT,EST,INFANT	SOUTHEAST	\$69	\$77	\$68	\$74
99391 - PREVENTIVE VISIT,EST,INFANT	SOUTHWEST	\$60	\$52	\$72	\$76
99391 - PREVENTIVE VISIT,EST,INFANT	ST. CLOUD	\$74	\$77	\$73	\$74
99392 - PREVENTIVE VISIT,EST,AGE 1-4	DULUTH	\$58	\$57	\$60	\$60
99392 - PREVENTIVE VISIT,EST,AGE 1-4	FARGO				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	GRAND FORKS			\$72	\$78
99392 - PREVENTIVE VISIT,EST,AGE 1-4	LACROSSE-ONALASKA				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MANKATO-NORTH MANKATO				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$77	\$82	\$82	\$84
99392 - PREVENTIVE VISIT,EST,AGE 1-4	NORTHEAST			\$63	\$54
99392 - PREVENTIVE VISIT,EST,AGE 1-4	NORTHWEST	\$59	\$56	\$61	\$56
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROCHESTER			\$70	\$66
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SOUTHEAST	\$68	\$72	\$72	\$76
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SOUTHWEST	\$75	\$72	\$78	\$81
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ST. CLOUD			\$78	\$79
99393 - PREVENTIVE VISIT,EST,AGE5-11	DULUTH	\$58	\$57	\$59	\$56
99393 - PREVENTIVE VISIT,EST,AGE5-11	FARGO				
99393 - PREVENTIVE VISIT,EST,AGE5-11	GRAND FORKS			\$69	\$78
99393 - PREVENTIVE VISIT,EST,AGE5-11	LACROSSE-ONALASKA				
99393 - PREVENTIVE VISIT,EST,AGE5-11	MANKATO-NORTH MANKATO				
99393 - PREVENTIVE VISIT,EST,AGE5-11	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$77	\$82	\$82	\$84
99393 - PREVENTIVE VISIT,EST,AGE5-11	NORTHEAST			\$63	\$54
99393 - PREVENTIVE VISIT,EST,AGE5-11	NORTHWEST	\$61	\$56	\$61	\$56
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROCHESTER			\$69	\$66
99393 - PREVENTIVE VISIT,EST,AGE5-11	SOUTHEAST	\$70	\$82	\$71	\$75
99393 - PREVENTIVE VISIT,EST,AGE5-11	SOUTHWEST	\$72	\$72	\$77	\$81
99393 - PREVENTIVE VISIT,EST,AGE5-11	ST. CLOUD	\$77	\$72	\$78	\$79
99394 - PREVENTIVE VISIT,EST,12-17	DULUTH	\$65	\$65	\$68	\$64
99394 - PREVENTIVE VISIT,EST,12-17	FARGO			\$64	\$64
99394 - PREVENTIVE VISIT,EST,12-17	GRAND FORKS				
99394 - PREVENTIVE VISIT,EST,12-17	LACROSSE-ONALASKA				
99394 - PREVENTIVE VISIT,EST,12-17	MANKATO-NORTH MANKATO				
99394 - PREVENTIVE VISIT,EST,12-17	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$82	\$89	\$89	\$91
99394 - PREVENTIVE VISIT,EST,12-17	NORTHEAST	\$64	\$65	\$68	\$62
99394 - PREVENTIVE VISIT,EST,12-17	NORTHWEST	\$69	\$65	\$68	\$64
99394 - PREVENTIVE VISIT,EST,12-17	ROCHESTER			\$76	\$74
99394 - PREVENTIVE VISIT,EST,12-17	SOUTHEAST	\$70	\$65	\$79	\$82
99394 - PREVENTIVE VISIT,EST,12-17	SOUTHWEST	\$83	\$89	\$83	\$88
99394 - PREVENTIVE VISIT,EST,12-17	ST. CLOUD	\$86	\$89	\$85	\$86
S0302 - COMPLETED EPSDT	DULUTH			\$40	\$42
S0302 - COMPLETED EPSDT	FARGO				
S0302 - COMPLETED EPSDT	GRAND FORKS			\$21	\$20

Table B-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	FFS MEAN	FFS MEDIAN
S0302 - COMPLETED EPSDT	LACROSSE-ONALASKA				
S0302 - COMPLETED EPSDT	MANKATO-NORTH MANKATO				
S0302 - COMPLETED EPSDT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON			\$51	\$58
S0302 - COMPLETED EPSDT	NORTHEAST			\$27	\$20
S0302 - COMPLETED EPSDT	NORTHWEST			\$29	\$20
S0302 - COMPLETED EPSDT	ROCHESTER			\$50	\$60
S0302 - COMPLETED EPSDT	SOUTHEAST			\$35	\$21
S0302 - COMPLETED EPSDT	SOUTHWEST			\$39	\$21
S0302 - COMPLETED EPSDT	ST. CLOUD			\$30	\$21

Table B-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$56	\$50	\$51	\$49	\$60	\$66	\$45	\$43	\$81	\$79	\$50	\$47	\$55	\$55	\$52	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	FARGO	\$60	\$50	\$60	\$58					\$68	\$73	\$57	\$53			\$68	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS	\$63	\$67	\$55	\$58					\$86	\$85	\$58	\$62			\$70	\$74
99213 - OFFICE/OUTPATIENT VISIT, EST	LACROSSE-ONALASKA																
99213 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO	\$66	\$67	\$59	\$60					\$82	\$91	\$60	\$59	\$61	\$62	\$68	\$70
99213 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$68	\$68	\$66	\$67	\$62	\$55	\$42	\$44	\$77	\$81	\$58	\$59	\$62	\$63	\$65	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST	\$59	\$64	\$71	\$67			\$45	\$44	\$72	\$78	\$57	\$61	\$63	\$64	\$55	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$55	\$48	\$54	\$51	\$56	\$48	\$42	\$44	\$83	\$85	\$52	\$48	\$57	\$59	\$52	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$63	\$61	\$61	\$45					\$86	\$97			\$58	\$61	\$56	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$63	\$64	\$67	\$71	\$65	\$67			\$78	\$81	\$66	\$69	\$58	\$61	\$60	\$62
99213 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$63	\$66	\$48	\$46	\$76	\$66			\$59	\$52	\$49	\$47	\$47	\$46	\$63	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$67	\$68	\$57	\$59	\$62	\$61	\$48	\$49	\$85	\$91	\$60	\$63	\$59	\$61	\$65	\$65
99214 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$91	\$74	\$77	\$72	\$88	\$96	\$63	\$60	\$118	\$120	\$76	\$71	\$79	\$66	\$82	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	FARGO	\$89	\$74	\$92	\$83					\$107	\$107	\$86	\$90			\$90	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS	\$91	\$93	\$78	\$82					\$127	\$133	\$83	\$76			\$95	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST	LACROSSE-ONALASKA																
99214 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO	\$109	\$96	\$87	\$90					\$117	\$120			\$92	\$90	\$102	\$105
99214 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$110	\$99	\$94	\$93	\$87	\$81	\$67	\$67	\$109	\$109	\$89	\$88	\$93	\$90	\$97	\$99
99214 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST	\$97	\$93	\$99	\$95			\$72	\$69	\$103	\$107	\$93	\$101	\$93	\$98	\$86	\$84
99214 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$90	\$74	\$85	\$77	\$81	\$72	\$62	\$66	\$122	\$129	\$81	\$77	\$83	\$77	\$87	\$81
99214 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$98	\$98	\$107	\$75	\$82	\$86			\$120	\$138			\$88	\$90	\$87	\$84
99214 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$94	\$93	\$96	\$102	\$84	\$86			\$112	\$114	\$95	\$95	\$91	\$90	\$88	\$89
99214 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$98	\$96	\$77	\$69	\$85	\$93			\$87	\$77	\$80	\$77	\$75	\$73	\$96	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$104	\$97	\$82	\$87	\$83	\$86	\$65	\$69	\$120	\$129	\$84	\$87	\$90	\$86	\$97	\$96
99232 - SUBSEQUENT HOSPITAL CARE	DULUTH	\$68	\$55	\$49	\$50	\$52	\$52	\$46	\$43	\$72	\$72					\$54	\$50
99232 - SUBSEQUENT HOSPITAL CARE	FARGO																
99232 - SUBSEQUENT HOSPITAL CARE	GRAND FORKS																
99232 - SUBSEQUENT HOSPITAL CARE	MANKATO-NORTH MANKATO	\$66	\$54											\$53	\$50	\$55	\$56
99232 - SUBSEQUENT HOSPITAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$68	\$55	\$51	\$48	\$57	\$58	\$42	\$36	\$67	\$70	\$49	\$45	\$55	\$56	\$57	\$54
99232 - SUBSEQUENT HOSPITAL CARE	NORTHEAST	\$55	\$55	\$47	\$46					\$56	\$43					\$54	\$50
99232 - SUBSEQUENT HOSPITAL CARE	NORTHWEST	\$68	\$53	\$95	\$50			\$40	\$36	\$72	\$72	\$54	\$50			\$56	\$56
99232 - SUBSEQUENT HOSPITAL CARE	ROCHESTER	\$71	\$54											\$54	\$49	\$57	\$50
99232 - SUBSEQUENT HOSPITAL CARE	SOUTHEAST	\$80	\$70	\$50	\$47					\$74	\$73	\$59	\$61	\$58	\$59	\$58	\$57
99232 - SUBSEQUENT HOSPITAL CARE	SOUTHWEST	\$64	\$55	\$50	\$45							\$55	\$55	\$55	\$56	\$55	\$54
99232 - SUBSEQUENT HOSPITAL CARE	ST. CLOUD	\$61	\$52	\$45	\$45	\$52	\$52			\$69	\$70	\$51	\$49			\$54	\$59
99233 - SUBSEQUENT HOSPITAL CARE	DULUTH	\$97	\$76	\$71	\$71			\$67	\$62	\$104	\$104					\$79	\$71
99233 - SUBSEQUENT HOSPITAL CARE	FARGO																
99233 - SUBSEQUENT HOSPITAL CARE	GRAND FORKS																
99233 - SUBSEQUENT HOSPITAL CARE	MANKATO-NORTH MANKATO	\$111	\$100													\$79	\$79
99233 - SUBSEQUENT HOSPITAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$96	\$79	\$77	\$73	\$81	\$83	\$57	\$52	\$101	\$100	\$71	\$65	\$77	\$70	\$81	\$75
99233 - SUBSEQUENT HOSPITAL CARE	NORTHEAST	\$80	\$74	\$68	\$67											\$76	\$72

Table B-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
99233 - SUBSEQUENT HOSPITAL CARE	NORTHWEST	\$99	\$81	\$82	\$71					\$105	\$104	\$77	\$71			\$81	\$80
99233 - SUBSEQUENT HOSPITAL CARE	ROCHESTER	\$97	\$78											\$78	\$70	\$79	\$71
99233 - SUBSEQUENT HOSPITAL CARE	SOUTHEAST	\$100	\$85	\$75	\$75					\$104	\$106	\$79	\$84	\$81	\$84	\$80	\$80
99233 - SUBSEQUENT HOSPITAL CARE	SOUTHWEST	\$95	\$100	\$94	\$65					\$108	\$111	\$84	\$83			\$85	\$84
99233 - SUBSEQUENT HOSPITAL CARE	ST. CLOUD	\$91	\$75	\$64	\$65							\$74	\$70			\$78	\$84
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DULUTH																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FARGO	\$56	\$50													\$41	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	GRAND FORKS																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MANKATO-NORTH MANKATO	\$58	\$51													\$47	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$47	\$45	\$49	\$44	\$42	\$42			\$60	\$44			\$60	\$50	\$59	\$45
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORTHEAST																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORTHWEST	\$44	\$50	\$26	\$11											\$33	\$23
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ROCHESTER	\$39	\$34													\$42	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SOUTHEAST	\$35	\$27											\$49	\$50	\$50	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SOUTHWEST	\$46	\$38	\$42	\$43							\$65	\$80			\$90	\$110
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ST. CLOUD	\$46	\$39	\$49	\$44											\$50	\$44

Table B-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	FFS MEAN	FFS MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$52	\$51	\$54	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST	FARGO	\$65	\$71	\$61	\$56
99213 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS	\$48	\$45	\$63	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	LACROSSE-ONALASKA				
99213 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO	\$60	\$62	\$66	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$62	\$62	\$66	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST	\$53	\$51	\$52	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$50	\$45	\$54	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$56	\$56	\$58	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$56	\$56	\$61	\$63
99213 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$57	\$59	\$59	\$59
99213 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$64	\$62	\$65	\$67
99214 - OFFICE/OUTPATIENT VISIT, EST	DULUTH	\$79	\$75	\$86	\$77
99214 - OFFICE/OUTPATIENT VISIT, EST	FARGO	\$87	\$83	\$90	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST	GRAND FORKS	\$82	\$75	\$91	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	LACROSSE-ONALASKA				
99214 - OFFICE/OUTPATIENT VISIT, EST	MANKATO-NORTH MANKATO	\$98	\$101	\$105	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$92	\$89	\$100	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST	NORTHEAST	\$83	\$76	\$83	\$78
99214 - OFFICE/OUTPATIENT VISIT, EST	NORTHWEST	\$81	\$74	\$87	\$77
99214 - OFFICE/OUTPATIENT VISIT, EST	ROCHESTER	\$87	\$89	\$91	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST	SOUTHEAST	\$85	\$82	\$92	\$91
99214 - OFFICE/OUTPATIENT VISIT, EST	SOUTHWEST	\$92	\$89	\$92	\$93
99214 - OFFICE/OUTPATIENT VISIT, EST	ST. CLOUD	\$95	\$89	\$99	\$94
99232 - SUBSEQUENT HOSPITAL CARE	DULUTH	\$53	\$48	\$59	\$53
99232 - SUBSEQUENT HOSPITAL CARE	FARGO				
99232 - SUBSEQUENT HOSPITAL CARE	GRAND FORKS				
99232 - SUBSEQUENT HOSPITAL CARE	MANKATO-NORTH MANKATO	\$50	\$48	\$58	\$54
99232 - SUBSEQUENT HOSPITAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$51	\$48	\$59	\$54
99232 - SUBSEQUENT HOSPITAL CARE	NORTHEAST	\$48	\$48	\$51	\$50
99232 - SUBSEQUENT HOSPITAL CARE	NORTHWEST	\$50	\$47	\$62	\$53
99232 - SUBSEQUENT HOSPITAL CARE	ROCHESTER	\$50	\$48	\$61	\$54
99232 - SUBSEQUENT HOSPITAL CARE	SOUTHEAST	\$56	\$60	\$65	\$59
99232 - SUBSEQUENT HOSPITAL CARE	SOUTHWEST	\$54	\$48	\$59	\$54
99232 - SUBSEQUENT HOSPITAL CARE	ST. CLOUD	\$51	\$48	\$57	\$52
99233 - SUBSEQUENT HOSPITAL CARE	DULUTH	\$73	\$68	\$86	\$76
99233 - SUBSEQUENT HOSPITAL CARE	FARGO				
99233 - SUBSEQUENT HOSPITAL CARE	GRAND FORKS				
99233 - SUBSEQUENT HOSPITAL CARE	MANKATO-NORTH MANKATO	\$75	\$68	\$90	\$82
99233 - SUBSEQUENT HOSPITAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$72	\$68	\$85	\$78
99233 - SUBSEQUENT HOSPITAL CARE	NORTHEAST	\$68	\$68	\$74	\$74
99233 - SUBSEQUENT HOSPITAL CARE	NORTHWEST	\$71	\$68	\$89	\$79
99233 - SUBSEQUENT HOSPITAL CARE	ROCHESTER			\$85	\$78
99233 - SUBSEQUENT HOSPITAL CARE	SOUTHEAST	\$73	\$68	\$88	\$82
99233 - SUBSEQUENT HOSPITAL CARE	SOUTHWEST	\$82	\$91	\$91	\$93
99233 - SUBSEQUENT HOSPITAL CARE	ST. CLOUD	\$73	\$68	\$83	\$75
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DULUTH			\$31	\$24
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FARGO			\$49	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	GRAND FORKS				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MANKATO-NORTH MANKATO	\$39	\$46	\$50	\$48
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$41	\$35	\$56	\$45
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORTHEAST				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORTHWEST	\$51	\$46	\$37	\$34
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ROCHESTER	\$42	\$46	\$41	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SOUTHEAST	\$38	\$46	\$47	\$44

Table B-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	FFS MEAN	FFS MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SOUTHWEST	\$29	\$23	\$86	\$110
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ST. CLOUD	\$29	\$23	\$48	\$44

Table B-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	DULUTH	\$34	\$38	\$25	\$28					\$19	\$18					\$30	\$31
D0120 - PERIODIC ORAL EVALUATION	FARGO	\$35	\$40	\$23	\$18					\$25	\$27					\$29	\$29
D0120 - PERIODIC ORAL EVALUATION	GRAND FORKS	\$25	\$28														
D0120 - PERIODIC ORAL EVALUATION	LACROSSE-ONALASKA																
D0120 - PERIODIC ORAL EVALUATION	MANKATO-NORTH MANKATO	\$28	\$28							\$15	\$16			\$45	\$52	\$25	\$24
D0120 - PERIODIC ORAL EVALUATION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$29	\$28	\$32	\$27	\$25	\$22			\$20	\$23	\$44	\$48	\$35	\$35	\$27	\$28
D0120 - PERIODIC ORAL EVALUATION	NORTHEAST	\$30	\$28	\$24	\$25			\$44	\$45	\$23	\$25			\$27	\$25	\$23	\$22
D0120 - PERIODIC ORAL EVALUATION	NORTHWEST	\$33	\$38	\$22	\$24	\$24	\$25			\$24	\$27	\$39	\$38	\$34	\$39	\$33	\$31
D0120 - PERIODIC ORAL EVALUATION	ROCHESTER	\$33	\$28	\$20	\$21					\$25	\$27			\$35	\$39	\$33	\$32
D0120 - PERIODIC ORAL EVALUATION	SOUTHEAST	\$34	\$38	\$20	\$21					\$22	\$26			\$35	\$38	\$34	\$34
D0120 - PERIODIC ORAL EVALUATION	SOUTHWEST	\$28	\$28	\$24	\$25					\$18	\$18	\$28	\$27	\$40	\$44	\$27	\$28
D0120 - PERIODIC ORAL EVALUATION	ST. CLOUD	\$33	\$28	\$27	\$25					\$17	\$18	\$44	\$47	\$34	\$38	\$31	\$28
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DULUTH	\$18	\$21	\$13	\$12					\$11	\$10					\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FARGO	\$16	\$14													\$15	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	GRAND FORKS	\$12	\$13														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LACROSSE-ONALASKA															\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MANKATO-NORTH MANKATO	\$16	\$15							\$11	\$10			\$24	\$27	\$14	\$12
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$14	\$11	\$13	\$13	\$11	\$11			\$11	\$11	\$18	\$19	\$17	\$18	\$13	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORTHEAST	\$14	\$14	\$11	\$10			\$19	\$18	\$11	\$10			\$14	\$13	\$12	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORTHWEST	\$17	\$14	\$10	\$9	\$14	\$13			\$14	\$14	\$16	\$14	\$19	\$21	\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROCHESTER	\$17	\$14	\$9	\$8					\$13	\$14			\$19	\$21	\$16	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SOUTHEAST	\$16	\$15	\$9	\$8					\$13	\$13			\$18	\$18	\$17	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SOUTHWEST	\$13	\$13	\$11	\$9					\$10	\$10	\$13	\$11	\$21	\$25	\$12	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ST. CLOUD	\$14	\$15	\$13	\$12					\$11	\$10	\$21	\$25	\$16	\$15	\$14	\$10
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DULUTH	\$16	\$18	\$9	\$7					\$8	\$6					\$13	\$17
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FARGO	\$11	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	GRAND FORKS																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LACROSSE-ONALASKA																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MANKATO-NORTH MANKATO	\$16	\$18											\$17	\$18	\$15	\$17
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$10	\$8	\$9	\$7	\$8	\$7			\$7	\$8	\$10	\$8	\$12	\$14	\$9	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORTHEAST	\$12	\$13	\$8	\$7			\$18	\$18					\$10	\$9	\$8	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORTHWEST	\$13	\$10	\$7	\$6	\$11	\$9			\$10	\$9	\$11	\$9			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROCHESTER	\$13	\$9	\$6	\$5									\$15	\$17	\$13	\$10
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SOUTHEAST	\$13	\$11	\$7	\$5									\$12	\$12	\$12	\$10
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SOUTHWEST	\$10	\$8	\$6	\$6					\$7	\$6	\$9	\$8			\$8	\$7
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ST. CLOUD	\$10	\$6	\$7	\$5					\$6	\$6	\$14	\$14			\$8	\$6
D1110 - DENTAL PROPHYLAXIS ADULT	DULUTH	\$50	\$40	\$42	\$40					\$41	\$40					\$48	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	FARGO	\$57	\$58							\$55	\$58					\$59	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	GRAND FORKS	\$40	\$40														
D1110 - DENTAL PROPHYLAXIS ADULT	LACROSSE-ONALASKA																
D1110 - DENTAL PROPHYLAXIS ADULT	MANKATO-NORTH MANKATO	\$47	\$40							\$38	\$40			\$80	\$105	\$45	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$46	\$49	\$49	\$58	\$43	\$47			\$43	\$49	\$64	\$64	\$70	\$76	\$45	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	NORTHEAST	\$52	\$55	\$43	\$41			\$87	\$86	\$48	\$40			\$55	\$55	\$47	\$43

Table B-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	NORTHWEST	\$57	\$58	\$40	\$40					\$54	\$58	\$57	\$60	\$67	\$66	\$58	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	ROCHESTER	\$53	\$58	\$33	\$30	\$48	\$55			\$55	\$58			\$63	\$64	\$54	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	SOUTHEAST	\$53	\$58	\$33	\$30					\$50	\$57			\$70	\$76	\$56	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	SOUTHWEST	\$47	\$40	\$41	\$41					\$41	\$40	\$43	\$44	\$60	\$64	\$48	\$43
D1110 - DENTAL PROPHYLAXIS ADULT	ST. CLOUD	\$43	\$40	\$47	\$41					\$37	\$40	\$53	\$44	\$47	\$40	\$44	\$40
D1206 - TOPICAL FLOURIDE VARNISH	DULUTH	\$28	\$28	\$21	\$21					\$20	\$20					\$25	\$27
D1206 - TOPICAL FLOURIDE VARNISH	FARGO	\$28	\$28	\$22	\$21												
D1206 - TOPICAL FLOURIDE VARNISH	GRAND FORKS	\$18	\$20														
D1206 - TOPICAL FLOURIDE VARNISH	LACROSSE-ONALASKA																
D1206 - TOPICAL FLOURIDE VARNISH	MANKATO-NORTH MANKATO	\$25	\$28											\$40	\$46	\$24	\$27
D1206 - TOPICAL FLOURIDE VARNISH	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$24	\$26	\$28	\$31	\$23	\$25			\$24	\$26	\$31	\$29	\$35	\$38	\$24	\$25
D1206 - TOPICAL FLOURIDE VARNISH	NORTHEAST	\$23	\$27	\$21	\$22			\$29	\$30					\$28	\$28	\$22	\$23
D1206 - TOPICAL FLOURIDE VARNISH	NORTHWEST	\$27	\$28	\$20	\$21					\$27	\$28	\$29	\$29	\$34	\$32	\$29	\$27
D1206 - TOPICAL FLOURIDE VARNISH	ROCHESTER	\$27	\$28	\$18	\$17	\$23	\$27			\$28	\$28			\$30	\$32	\$27	\$27
D1206 - TOPICAL FLOURIDE VARNISH	SOUTHEAST	\$28	\$28	\$18	\$16					\$29	\$30			\$37	\$41	\$29	\$32
D1206 - TOPICAL FLOURIDE VARNISH	SOUTHWEST	\$23	\$20	\$22	\$22					\$22	\$20	\$23	\$23	\$31	\$32	\$23	\$23
D1206 - TOPICAL FLOURIDE VARNISH	ST. CLOUD	\$20	\$20	\$26	\$25					\$19	\$20	\$23	\$23	\$20	\$20	\$20	\$20

Table B-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	DULUTH	\$30	\$37	\$32	\$38
D0120 - PERIODIC ORAL EVALUATION	FARGO	\$38	\$45	\$34	\$40
D0120 - PERIODIC ORAL EVALUATION	GRAND FORKS	\$20	\$14	\$24	\$28
D0120 - PERIODIC ORAL EVALUATION	LACROSSE-ONALASKA				
D0120 - PERIODIC ORAL EVALUATION	MANKATO-NORTH MANKATO	\$28	\$27	\$31	\$28
D0120 - PERIODIC ORAL EVALUATION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$25	\$25	\$29	\$28
D0120 - PERIODIC ORAL EVALUATION	NORTHEAST	\$23	\$20	\$37	\$43
D0120 - PERIODIC ORAL EVALUATION	NORTHWEST	\$28	\$24	\$34	\$38
D0120 - PERIODIC ORAL EVALUATION	ROCHESTER	\$32	\$34	\$33	\$32
D0120 - PERIODIC ORAL EVALUATION	SOUTHEAST	\$24	\$20	\$34	\$35
D0120 - PERIODIC ORAL EVALUATION	SOUTHWEST	\$20	\$14	\$28	\$28
D0120 - PERIODIC ORAL EVALUATION	ST. CLOUD	\$26	\$27	\$32	\$28
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DULUTH	\$15	\$20	\$16	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FARGO			\$15	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	GRAND FORKS			\$12	\$10
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LACROSSE-ONALASKA			\$16	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MANKATO-NORTH MANKATO	\$12	\$7	\$16	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$12	\$9	\$13	\$11
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORTHEAST	\$9	\$7	\$16	\$18
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORTHWEST	\$11	\$10	\$16	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROCHESTER	\$15	\$12	\$17	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SOUTHEAST	\$11	\$9	\$17	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SOUTHWEST	\$9	\$7	\$13	\$12
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ST. CLOUD	\$11	\$7	\$14	\$13
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DULUTH	\$14	\$17	\$14	\$17
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FARGO			\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	GRAND FORKS				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LACROSSE-ONALASKA				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MANKATO-NORTH MANKATO	\$12	\$17	\$16	\$18
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$9	\$6	\$9	\$8
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORTHEAST	\$6	\$5	\$13	\$13
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORTHWEST	\$7	\$4	\$12	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROCHESTER	\$12	\$8	\$13	\$10
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SOUTHEAST	\$7	\$5	\$12	\$10
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SOUTHWEST	\$6	\$5	\$9	\$8
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ST. CLOUD	\$8	\$5	\$9	\$6
D1110 - DENTAL PROPHYLAXIS ADULT	DULUTH	\$39	\$31	\$49	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	FARGO	\$55	\$51	\$56	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	GRAND FORKS	\$33	\$31	\$40	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	LACROSSE-ONALASKA				
D1110 - DENTAL PROPHYLAXIS ADULT	MANKATO-NORTH MANKATO	\$39	\$31	\$50	\$40
D1110 - DENTAL PROPHYLAXIS ADULT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$39	\$39	\$47	\$47
D1110 - DENTAL PROPHYLAXIS ADULT	NORTHEAST	\$37	\$31	\$70	\$81
D1110 - DENTAL PROPHYLAXIS ADULT	NORTHWEST	\$39	\$31	\$56	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	ROCHESTER	\$51	\$51	\$54	\$55
D1110 - DENTAL PROPHYLAXIS ADULT	SOUTHEAST	\$33	\$32	\$59	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	SOUTHWEST	\$32	\$31	\$47	\$43
D1110 - DENTAL PROPHYLAXIS ADULT	ST. CLOUD	\$36	\$31	\$44	\$40
D1206 - TOPICAL FLOURIDE VARNISH	DULUTH	\$27	\$28	\$26	\$27
D1206 - TOPICAL FLOURIDE VARNISH	FARGO	\$33	\$34	\$27	\$28
D1206 - TOPICAL FLOURIDE VARNISH	GRAND FORKS			\$18	\$16

Table B-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	LACROSSE-ONALASKA				
D1206 - TOPICAL FLOURIDE VARNISH	MANKATO-NORTH MANKATO	\$25	\$28	\$29	\$27
D1206 - TOPICAL FLOURIDE VARNISH	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$23	\$21	\$25	\$25
D1206 - TOPICAL FLOURIDE VARNISH	NORTHEAST	\$22	\$20	\$27	\$29
D1206 - TOPICAL FLOURIDE VARNISH	NORTHWEST	\$26	\$27	\$28	\$28
D1206 - TOPICAL FLOURIDE VARNISH	ROCHESTER	\$28	\$28	\$28	\$28
D1206 - TOPICAL FLOURIDE VARNISH	SOUTHEAST	\$22	\$20	\$31	\$32
D1206 - TOPICAL FLOURIDE VARNISH	SOUTHWEST	\$19	\$16	\$23	\$23
D1206 - TOPICAL FLOURIDE VARNISH	ST. CLOUD	\$20	\$20	\$21	\$20

Table B-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
540 - CESAREAN SECTION	DULUTH	\$6,368	\$6,028	\$12,346	\$9,801											\$4,789	\$4,519
540 - CESAREAN SECTION	GRAND FORKS																
540 - CESAREAN SECTION	MANKATO-NORTH MANKATO																
540 - CESAREAN SECTION	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$6,841	\$5,574	\$6,957	\$6,162	\$9,080	\$7,854			\$7,250	\$4,759	\$7,677	\$7,123	\$6,000	\$6,001	\$6,396	\$5,357
540 - CESAREAN SECTION	NORTHEAST																
540 - CESAREAN SECTION	NORTHWEST	\$6,569	\$6,391	\$9,236	\$8,515							\$6,334	\$5,699			\$4,588	\$4,390
540 - CESAREAN SECTION	ROCHESTER																
540 - CESAREAN SECTION	SOUTHEAST	\$4,962	\$4,527											\$5,408	\$5,402	\$4,116	\$3,442
540 - CESAREAN SECTION	SOUTHWEST	\$7,262	\$6,920									\$9,175	\$7,672			\$5,467	\$5,381
540 - CESAREAN SECTION	ST. CLOUD	\$6,868	\$6,314													\$8,217	\$8,188
560 - VAGINAL DELIVERY	DULUTH	\$4,109	\$3,674	\$6,199	\$5,415			\$3,839	\$3,981							\$3,096	\$3,025
560 - VAGINAL DELIVERY	GRAND FORKS																
560 - VAGINAL DELIVERY	MANKATO-NORTH MANKATO																
560 - VAGINAL DELIVERY	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$4,076	\$3,700	\$4,351	\$4,106	\$5,670	\$5,133			\$3,654	\$3,685	\$3,977	\$3,994	\$3,636	\$3,524	\$3,599	\$3,300
560 - VAGINAL DELIVERY	NORTHEAST																
560 - VAGINAL DELIVERY	NORTHWEST	\$3,986	\$3,853	\$5,783	\$5,776							\$4,235	\$3,844			\$3,090	\$2,897
560 - VAGINAL DELIVERY	ROCHESTER																
560 - VAGINAL DELIVERY	SOUTHEAST	\$3,324	\$3,107											\$3,852	\$3,813	\$3,064	\$2,643
560 - VAGINAL DELIVERY	SOUTHWEST	\$4,510	\$4,518									\$5,925	\$5,070	\$4,066	\$4,156	\$3,458	\$3,054
560 - VAGINAL DELIVERY	ST. CLOUD	\$3,900	\$3,849	\$3,906	\$3,140							\$4,581	\$4,094			\$4,692	\$5,482
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DULUTH	\$1,318	\$1,064	\$3,047	\$2,177											\$1,407	\$1,016
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	GRAND FORKS																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MANKATO-NORTH MANKATO																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$1,640	\$1,087	\$2,028	\$1,369	\$2,960	\$2,054			\$1,507	\$935	\$1,875	\$1,409	\$1,895	\$1,415	\$2,364	\$1,351
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NORTHEAST																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NORTHWEST	\$1,246	\$1,103	\$2,368	\$1,943							\$2,154	\$1,331			\$2,622	\$2,057
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ROCHESTER																
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SOUTHEAST	\$1,114	\$995											\$1,671	\$1,437	\$1,585	\$1,294
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SOUTHWEST	\$1,375	\$1,318									\$3,006	\$2,762			\$2,029	\$1,497
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ST. CLOUD	\$1,377	\$1,001	\$3,046	\$2,429							\$2,858	\$1,962			\$3,123	\$2,775
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DULUTH	\$14,945	\$13,823	\$17,119	\$14,853			\$10,648	\$10,912	\$15,344	\$13,765					\$14,291	\$13,170
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	GRAND FORKS																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MANKATO-NORTH MANKATO									\$15,695	\$14,333						
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$16,258	\$10,581	\$17,089	\$11,525	\$18,738	\$11,050	\$18,313	\$7,522	\$17,267	\$13,833	\$15,768	\$12,952	\$15,600	\$13,153	\$18,709	\$13,734

Table B-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NORTHEAST	\$10,262	\$8,988													\$9,708	\$12,246
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NORTHWEST	\$14,046	\$14,121	\$13,099	\$11,241					\$18,600	\$14,758	\$10,921	\$9,687			\$14,090	\$14,307
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ROCHESTER																
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SOUTHEAST	\$11,159	\$10,208							\$17,732	\$15,706			\$14,577	\$15,569	\$12,426	\$13,222
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SOUTHWEST	\$12,278	\$11,728									\$16,883	\$12,741			\$10,916	\$7,766
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ST. CLOUD	\$11,465	\$7,504	\$28,944	\$9,063											\$18,384	\$16,481
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	DULUTH	\$5,328	\$4,872													\$7,183	\$6,799
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MANKATO-NORTH MANKATO																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$2,755	\$1,000	\$6,001	\$4,184	\$12,198	\$10,378			\$16,116	\$9,597	\$8,675	\$7,965	\$7,467	\$7,824	\$10,369	\$9,130
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	NORTHEAST																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	NORTHWEST	\$5,183	\$5,092									\$8,313	\$7,601				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ROCHESTER																
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SOUTHEAST													\$7,287	\$7,350	\$7,588	\$5,178
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SOUTHWEST	\$5,397	\$5,282									\$10,563	\$9,561			\$7,593	\$8,404
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ST. CLOUD																

Table B-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	PROVIDER METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
540 - CESAREAN SECTION	DULUTH	\$5,859	\$5,765	\$6,227	\$5,320
540 - CESAREAN SECTION	GRAND FORKS				
540 - CESAREAN SECTION	MANKATO-NORTH MANKATO				
540 - CESAREAN SECTION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$7,064	\$6,380	\$6,767	\$5,817
540 - CESAREAN SECTION	NORTHEAST				
540 - CESAREAN SECTION	NORTHWEST	\$5,659	\$5,347	\$6,351	\$5,987
540 - CESAREAN SECTION	ROCHESTER				
540 - CESAREAN SECTION	SOUTHEAST	\$5,113	\$5,238	\$4,815	\$4,887
540 - CESAREAN SECTION	SOUTHWEST	\$6,214	\$5,804	\$7,309	\$6,920
540 - CESAREAN SECTION	ST. CLOUD			\$6,914	\$6,314
560 - VAGINAL DELIVERY	DULUTH	\$3,982	\$3,810	\$3,848	\$3,133
560 - VAGINAL DELIVERY	GRAND FORKS				
560 - VAGINAL DELIVERY	MANKATO-NORTH MANKATO				
560 - VAGINAL DELIVERY	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$4,098	\$3,911	\$3,974	\$3,546
560 - VAGINAL DELIVERY	NORTHEAST				
560 - VAGINAL DELIVERY	NORTHWEST	\$3,647	\$3,533	\$4,024	\$3,844
560 - VAGINAL DELIVERY	ROCHESTER				
560 - VAGINAL DELIVERY	SOUTHEAST	\$3,434	\$3,474	\$3,385	\$3,475
560 - VAGINAL DELIVERY	SOUTHWEST	\$3,868	\$4,065	\$4,566	\$4,203
560 - VAGINAL DELIVERY	ST. CLOUD	\$3,972	\$4,094	\$3,969	\$3,747
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DULUTH	\$1,708	\$1,397	\$1,534	\$1,029
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	GRAND FORKS				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MANKATO-NORTH MANKATO				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$1,766	\$1,422	\$2,102	\$1,351
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NORTHEAST				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NORTHWEST	\$2,255	\$1,615	\$1,734	\$1,331
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ROCHESTER				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SOUTHEAST	\$1,634	\$1,317	\$1,469	\$1,294
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SOUTHWEST	\$2,364	\$2,033	\$1,937	\$1,396
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ST. CLOUD	\$2,013	\$1,869	\$1,829	\$1,346
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DULUTH	\$10,405	\$11,478	\$14,721	\$13,313
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	GRAND FORKS				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MANKATO-NORTH MANKATO			\$13,386	\$14,320
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$14,654	\$11,799	\$17,737	\$12,683
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NORTHEAST	\$7,592	\$6,252	\$10,317	\$9,929
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NORTHWEST	\$8,316	\$7,259	\$13,440	\$13,679
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ROCHESTER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SOUTHEAST	\$7,391	\$7,127	\$13,143	\$12,677
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SOUTHWEST	\$9,181	\$8,529	\$13,230	\$12,009
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ST. CLOUD			\$16,053	\$10,647
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	DULUTH			\$6,773	\$6,427
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MANKATO-NORTH MANKATO				

Table B-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	PROVIDER METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$9,290	\$8,612	\$5,623	\$4,145
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	NORTHEAST				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	NORTHWEST	\$7,895	\$6,817	\$6,284	\$5,400
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ROCHESTER			\$9,116	\$7,786
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SOUTHEAST	\$11,482	\$6,921	\$6,654	\$5,983
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SOUTHWEST			\$7,259	\$6,460
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ST. CLOUD				

Table B-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0260 - IV THERAPY, GENERAL	DULUTH	\$126	\$71	\$110	\$80	\$141	\$159	\$103	\$59	\$207	\$102	\$127	\$114	\$85	\$58	\$125	\$94
0260 - IV THERAPY, GENERAL	FARGO																
0260 - IV THERAPY, GENERAL	GRAND FORKS																
0260 - IV THERAPY, GENERAL	LACROSSE-ONALASKA																
0260 - IV THERAPY, GENERAL	MANKATO-NORTH MANKATO																
0260 - IV THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$137	\$101	\$147	\$111	\$158	\$144	\$115	\$147	\$464	\$121	\$126	\$83	\$132	\$113	\$147	\$115
0260 - IV THERAPY, GENERAL	NORTHEAST	\$139	\$89	\$146	\$90	\$145	\$159	\$150	\$121	\$133	\$123	\$143	\$158			\$139	\$123
0260 - IV THERAPY, GENERAL	NORTHWEST	\$122	\$73	\$156	\$98	\$162	\$99	\$87	\$63	\$146	\$98	\$149	\$132			\$123	\$82
0260 - IV THERAPY, GENERAL	ROCHESTER	\$157	\$95											\$149	\$132	\$127	\$75
0260 - IV THERAPY, GENERAL	SOUTHEAST	\$126	\$71	\$111	\$109	\$129	\$116			\$147	\$105	\$123	\$87	\$118	\$73	\$140	\$84
0260 - IV THERAPY, GENERAL	SOUTHWEST	\$161	\$109	\$139	\$99	\$131	\$102			\$209	\$122	\$131	\$104	\$135	\$111	\$141	\$100
0260 - IV THERAPY, GENERAL	ST. CLOUD	\$145	\$71	\$155	\$141					\$173	\$117	\$143	\$120	\$129	\$139	\$148	\$108
0420 - PHYSICAL THERAPY, GENERAL	DULUTH	\$69	\$63	\$90	\$77			\$31	\$28	\$51	\$39	\$36	\$27			\$55	\$42
0420 - PHYSICAL THERAPY, GENERAL	FARGO	\$55	\$60							\$49	\$39					\$40	\$39
0420 - PHYSICAL THERAPY, GENERAL	GRAND FORKS	\$64	\$56							\$40	\$30					\$53	\$39
0420 - PHYSICAL THERAPY, GENERAL	LACROSSE-ONALASKA	\$47	\$39							\$38	\$30					\$37	\$28
0420 - PHYSICAL THERAPY, GENERAL	MANKATO-NORTH MANKATO	\$55	\$40	\$46	\$40					\$33	\$30					\$40	\$30
0420 - PHYSICAL THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$62	\$48	\$105	\$79	\$40	\$28	\$40	\$39	\$53	\$39	\$42	\$42	\$44	\$33	\$43	\$39
0420 - PHYSICAL THERAPY, GENERAL	NORTHEAST	\$99	\$82	\$118	\$95			\$52	\$39	\$60	\$39	\$81	\$81	\$125	\$102	\$72	\$53
0420 - PHYSICAL THERAPY, GENERAL	NORTHWEST	\$82	\$71	\$89	\$71	\$49	\$22			\$62	\$43	\$48	\$32			\$63	\$52
0420 - PHYSICAL THERAPY, GENERAL	ROCHESTER	\$61	\$39							\$49	\$39			\$50	\$42	\$37	\$27
0420 - PHYSICAL THERAPY, GENERAL	SOUTHEAST	\$57	\$46	\$104	\$72					\$44	\$35			\$45	\$38	\$54	\$42
0420 - PHYSICAL THERAPY, GENERAL	SOUTHWEST	\$80	\$61	\$73	\$64					\$27	\$19	\$70	\$56	\$57	\$55	\$63	\$53
0420 - PHYSICAL THERAPY, GENERAL	ST. CLOUD	\$91	\$65	\$90	\$75					\$52	\$39	\$61	\$58			\$63	\$52
0430 - OCCUPATIONAL THERAPY, GENERAL	DULUTH	\$77	\$67	\$85	\$76			\$53	\$56	\$59	\$50					\$59	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	FARGO	\$55	\$60														
0430 - OCCUPATIONAL THERAPY, GENERAL	GRAND FORKS	\$78	\$67							\$44	\$7					\$39	\$30
0430 - OCCUPATIONAL THERAPY, GENERAL	LACROSSE-ONALASKA															\$47	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	MANKATO-NORTH MANKATO	\$67	\$60	\$62	\$56					\$44	\$39					\$48	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$94	\$74	\$120	\$85	\$51	\$48			\$59	\$47	\$58	\$55	\$54	\$51	\$55	\$49
0430 - OCCUPATIONAL THERAPY, GENERAL	NORTHEAST	\$96	\$80	\$133	\$94			\$52	\$43	\$57	\$39					\$61	\$54
0430 - OCCUPATIONAL THERAPY, GENERAL	NORTHWEST	\$78	\$65	\$85	\$71					\$63	\$56	\$56	\$50			\$58	\$47
0430 - OCCUPATIONAL THERAPY, GENERAL	ROCHESTER	\$51	\$39							\$52	\$39			\$47	\$46	\$44	\$39

Table B-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	SOUTHEAST	\$63	\$55							\$48	\$39			\$48	\$38	\$51	\$42
0430 - OCCUPATIONAL THERAPY, GENERAL	SOUTHWEST	\$83	\$64	\$61	\$56					\$54	\$44	\$74	\$55	\$80	\$55	\$74	\$61
0430 - OCCUPATIONAL THERAPY, GENERAL	ST. CLOUD	\$113	\$90	\$107	\$77					\$73	\$67	\$54	\$47			\$70	\$70
0450 - EMERGENCY ROOM, GENERAL	DULUTH	\$242	\$222	\$339	\$302	\$399	\$358	\$278	\$210	\$749	\$532	\$288	\$231	\$273	\$216	\$329	\$350
0450 - EMERGENCY ROOM, GENERAL	FARGO																
0450 - EMERGENCY ROOM, GENERAL	GRAND FORKS																
0450 - EMERGENCY ROOM, GENERAL	MANKATO-NORTH MANKATO																
0450 - EMERGENCY ROOM, GENERAL	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$207	\$216	\$356	\$260	\$472	\$347	\$235	\$210	\$409	\$352	\$374	\$224	\$386	\$333	\$286	\$235
0450 - EMERGENCY ROOM, GENERAL	NORTHEAST	\$288	\$262	\$426	\$376	\$373	\$328	\$310	\$254	\$596	\$487	\$327	\$313	\$393	\$404	\$362	\$366
0450 - EMERGENCY ROOM, GENERAL	NORTHWEST	\$238	\$208	\$452	\$363	\$351	\$307	\$232	\$168	\$480	\$434	\$292	\$231	\$278	\$216	\$292	\$235
0450 - EMERGENCY ROOM, GENERAL	ROCHESTER	\$353	\$265	\$542	\$540									\$331	\$216	\$281	\$229
0450 - EMERGENCY ROOM, GENERAL	SOUTHEAST	\$268	\$259	\$307	\$291	\$295	\$249			\$481	\$398	\$275	\$287	\$274	\$229	\$264	\$228
0450 - EMERGENCY ROOM, GENERAL	SOUTHWEST	\$236	\$227	\$301	\$263	\$233	\$218			\$268	\$153	\$274	\$230	\$227	\$216	\$221	\$194
0450 - EMERGENCY ROOM, GENERAL	ST. CLOUD	\$261	\$217	\$362	\$215					\$518	\$564	\$338	\$220	\$349	\$216	\$306	\$258
0510 - CLINIC, GENERAL	DULUTH	\$143	\$126	\$75	\$64	\$114	\$120	\$111	\$104	\$89	\$75	\$109	\$118	\$100	\$111	\$113	\$118
0510 - CLINIC, GENERAL	FARGO																
0510 - CLINIC, GENERAL	GRAND FORKS																
0510 - CLINIC, GENERAL	LACROSSE-ONALASKA																
0510 - CLINIC, GENERAL	MANKATO-NORTH MANKATO																
0510 - CLINIC, GENERAL	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$122	\$129	\$159	\$124	\$136	\$143	\$98	\$88	\$86	\$60	\$107	\$108	\$108	\$111	\$120	\$128
0510 - CLINIC, GENERAL	NORTHEAST	\$146	\$118	\$77	\$69			\$111	\$108	\$80	\$76			\$71	\$67	\$106	\$121
0510 - CLINIC, GENERAL	NORTHWEST	\$145	\$132	\$66	\$57	\$98	\$122	\$74	\$86	\$80	\$58	\$103	\$118	\$86	\$111	\$69	\$49
0510 - CLINIC, GENERAL	ROCHESTER	\$81	\$54											\$94	\$45	\$80	\$44
0510 - CLINIC, GENERAL	SOUTHEAST	\$70	\$53	\$75	\$50					\$64	\$59	\$21	\$14	\$116	\$117	\$130	\$127
0510 - CLINIC, GENERAL	SOUTHWEST	\$118	\$113	\$41	\$17	\$61	\$37			\$42	\$29	\$73	\$45	\$70	\$39	\$43	\$28
0510 - CLINIC, GENERAL	ST. CLOUD	\$176	\$176	\$159	\$110					\$133	\$123	\$76	\$46			\$121	\$107

Table B-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0260 - IV THERAPY, GENERAL	DULUTH	\$109	\$75	\$127	\$80
0260 - IV THERAPY, GENERAL	FARGO				
0260 - IV THERAPY, GENERAL	GRAND FORKS				
0260 - IV THERAPY, GENERAL	LACROSSE-ONALASKA				
0260 - IV THERAPY, GENERAL	MANKATO-NORTH MANKATO			\$160	\$129
0260 - IV THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$137	\$112	\$154	\$112
0260 - IV THERAPY, GENERAL	NORTHEAST	\$126	\$103	\$143	\$115
0260 - IV THERAPY, GENERAL	NORTHWEST	\$120	\$91	\$131	\$90
0260 - IV THERAPY, GENERAL	ROCHESTER	\$132	\$190	\$138	\$90
0260 - IV THERAPY, GENERAL	SOUTHEAST	\$117	\$75	\$129	\$79
0260 - IV THERAPY, GENERAL	SOUTHWEST	\$129	\$99	\$147	\$105
0260 - IV THERAPY, GENERAL	ST. CLOUD	\$121	\$92	\$148	\$99
0420 - PHYSICAL THERAPY, GENERAL	DULUTH	\$46	\$26	\$62	\$50
0420 - PHYSICAL THERAPY, GENERAL	FARGO			\$52	\$46
0420 - PHYSICAL THERAPY, GENERAL	GRAND FORKS	\$77	\$51	\$62	\$56
0420 - PHYSICAL THERAPY, GENERAL	LACROSSE-ONALASKA			\$44	\$35
0420 - PHYSICAL THERAPY, GENERAL	MANKATO-NORTH MANKATO	\$33	\$26	\$42	\$39
0420 - PHYSICAL THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$52	\$44	\$58	\$43
0420 - PHYSICAL THERAPY, GENERAL	NORTHEAST	\$73	\$57	\$83	\$68
0420 - PHYSICAL THERAPY, GENERAL	NORTHWEST	\$62	\$51	\$66	\$50
0420 - PHYSICAL THERAPY, GENERAL	ROCHESTER	\$49	\$41	\$49	\$38
0420 - PHYSICAL THERAPY, GENERAL	SOUTHEAST	\$49	\$44	\$52	\$42
0420 - PHYSICAL THERAPY, GENERAL	SOUTHWEST	\$78	\$58	\$74	\$58
0420 - PHYSICAL THERAPY, GENERAL	ST. CLOUD	\$49	\$44	\$77	\$56
0430 - OCCUPATIONAL THERAPY, GENERAL	DULUTH	\$74	\$88	\$68	\$61
0430 - OCCUPATIONAL THERAPY, GENERAL	FARGO			\$56	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	GRAND FORKS	\$117	\$139	\$74	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	LACROSSE-ONALASKA			\$60	\$42
0430 - OCCUPATIONAL THERAPY, GENERAL	MANKATO-NORTH MANKATO	\$38	\$29	\$53	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$63	\$57	\$74	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	NORTHEAST	\$90	\$68	\$83	\$71
0430 - OCCUPATIONAL THERAPY, GENERAL	NORTHWEST	\$66	\$58	\$68	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	ROCHESTER	\$50	\$48	\$48	\$39
0430 - OCCUPATIONAL THERAPY, GENERAL	SOUTHEAST	\$50	\$45	\$54	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	SOUTHWEST	\$93	\$86	\$79	\$61
0430 - OCCUPATIONAL THERAPY, GENERAL	ST. CLOUD	\$70	\$57	\$94	\$79
0450 - EMERGENCY ROOM, GENERAL	DULUTH	\$290	\$216	\$308	\$247
0450 - EMERGENCY ROOM, GENERAL	FARGO				
0450 - EMERGENCY ROOM, GENERAL	GRAND FORKS				
0450 - EMERGENCY ROOM, GENERAL	MANKATO-NORTH MANKATO			\$291	\$249
0450 - EMERGENCY ROOM, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$342	\$216	\$295	\$235
0450 - EMERGENCY ROOM, GENERAL	NORTHEAST	\$322	\$322	\$331	\$313
0450 - EMERGENCY ROOM, GENERAL	NORTHWEST	\$265	\$212	\$275	\$224
0450 - EMERGENCY ROOM, GENERAL	ROCHESTER	\$313	\$216	\$308	\$238
0450 - EMERGENCY ROOM, GENERAL	SOUTHEAST	\$261	\$216	\$270	\$229
0450 - EMERGENCY ROOM, GENERAL	SOUTHWEST	\$223	\$190	\$242	\$224
0450 - EMERGENCY ROOM, GENERAL	ST. CLOUD	\$323	\$216	\$294	\$218
0510 - CLINIC, GENERAL	DULUTH	\$108	\$111	\$119	\$116
0510 - CLINIC, GENERAL	FARGO				
0510 - CLINIC, GENERAL	GRAND FORKS				
0510 - CLINIC, GENERAL	LACROSSE-ONALASKA				

Table B-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0510 - CLINIC, GENERAL	MANKATO-NORTH MANKATO				
0510 - CLINIC, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$125	\$111	\$126	\$134
0510 - CLINIC, GENERAL	NORTHEAST	\$103	\$111	\$116	\$108
0510 - CLINIC, GENERAL	NORTHWEST	\$91	\$109	\$116	\$118
0510 - CLINIC, GENERAL	ROCHESTER			\$82	\$48
0510 - CLINIC, GENERAL	SOUTHEAST	\$100	\$111	\$100	\$103
0510 - CLINIC, GENERAL	SOUTHWEST	\$56	\$37	\$84	\$49
0510 - CLINIC, GENERAL	ST. CLOUD	\$109	\$129	\$149	\$132

Table B-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DULUTH	\$123	\$86	\$129	\$83	\$81	\$69	\$77	\$67	\$118	\$92			\$75	\$69	\$125	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FARGO	\$90	\$86	\$83	\$84					\$77	\$70	\$103	\$94			\$92	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GRAND FORKS																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LACROSSE-ONALASKA																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MANKATO-NORTH MANKATO	\$81	\$86	\$100	\$110							\$81	\$87	\$77	\$71	\$80	\$77
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$83	\$84	\$83	\$83	\$94	\$105	\$57	\$54	\$81	\$70	\$84	\$76	\$81	\$78	\$85	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NORTHEAST	\$97	\$89	\$90	\$88			\$83	\$67	\$123	\$70	\$96	\$107	\$80	\$71	\$85	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NORTHWEST	\$92	\$89	\$91	\$88			\$73	\$67	\$79	\$71	\$89	\$78	\$101	\$110	\$88	\$82
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROCHESTER	\$85	\$86	\$75	\$67	\$86	\$70			\$102	\$92			\$82	\$77	\$86	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SOUTHEAST	\$85	\$87	\$84	\$84	\$98	\$107			\$118	\$77	\$97	\$113	\$113	\$89	\$86	\$86
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SOUTHWEST	\$98	\$89	\$72	\$67	\$86	\$69			\$83	\$83	\$88	\$82	\$70	\$69	\$96	\$82
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ST. CLOUD	\$84	\$69	\$77	\$67	\$74	\$69			\$90	\$77	\$83	\$76	\$74	\$71	\$79	\$74
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DULUTH	\$98	\$86	\$112	\$100	\$140	\$160	\$110	\$100	\$87	\$77	\$139	\$136	\$130	\$128	\$119	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FARGO	\$114	\$106	\$131	\$124							\$136	\$138			\$128	\$122
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GRAND FORKS	\$130	\$130														
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LACROSSE-ONALASKA																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MANKATO-NORTH MANKATO	\$97	\$86	\$136	\$160							\$109	\$105	\$115	\$105	\$117	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$98	\$86	\$119	\$100	\$130	\$130	\$97	\$100	\$92	\$77	\$119	\$110	\$122	\$115	\$119	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORTHEAST	\$107	\$86	\$112	\$100			\$120	\$100	\$85	\$77	\$151	\$167	\$105	\$105	\$121	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORTHWEST	\$102	\$104	\$131	\$124	\$161	\$160	\$112	\$121	\$93	\$77	\$123	\$110	\$132	\$130	\$124	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROCHESTER	\$99	\$86	\$118	\$124	\$130	\$130					\$121	\$127	\$112	\$105	\$117	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SOUTHEAST	\$105	\$104	\$117	\$114					\$77	\$70	\$118	\$110	\$118	\$105	\$122	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SOUTHWEST	\$121	\$128	\$129	\$122	\$146	\$158			\$129	\$110	\$121	\$110	\$116	\$105	\$133	\$120
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ST. CLOUD	\$100	\$104	\$120	\$100	\$125	\$105			\$93	\$77	\$124	\$133	\$121	\$130	\$125	\$128
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DULUTH	\$48	\$15	\$11	\$9			\$11	\$9	\$16	\$12					\$17	\$13
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FARGO	\$10	\$8	\$9	\$7											\$6	\$5

Table B-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GRAND FORKS	\$14	\$14														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LACROSSE-ONALASKA																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MANKATO-NORTH MANKATO	\$11	\$8											\$15	\$13	\$12	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$18	\$14	\$17	\$14	\$16	\$13			\$17	\$14	\$22	\$22	\$21	\$17	\$17	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORTHEAST	\$24	\$16	\$20	\$16			\$11	\$7			\$17	\$6	\$30	\$19	\$15	\$8
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORTHWEST	\$19	\$14	\$12	\$8					\$17	\$12	\$12	\$6			\$21	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROCHESTER	\$17	\$14											\$27	\$29	\$12	\$9
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SOUTHEAST	\$9	\$7							\$5	\$4			\$8	\$5	\$8	\$5
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SOUTHWEST	\$20	\$16									\$17	\$10			\$19	\$15
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ST. CLOUD	\$20	\$14	\$13	\$12					\$14	\$11					\$20	\$14
H2014 - SKILLS TRAINING & DEVELOPMENT	DULUTH	\$82	\$40	\$63	\$35											\$67	\$34
H2014 - SKILLS TRAINING & DEVELOPMENT	FARGO	\$80	\$68														
H2014 - SKILLS TRAINING & DEVELOPMENT	GRAND FORKS																
H2014 - SKILLS TRAINING & DEVELOPMENT	MANKATO-NORTH MANKATO	\$74	\$68											\$86	\$69	\$86	\$78
H2014 - SKILLS TRAINING & DEVELOPMENT	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$149	\$90	\$84	\$71	\$183	\$123							\$146	\$81	\$142	\$85
H2014 - SKILLS TRAINING & DEVELOPMENT	NORTHEAST	\$49	\$40	\$57	\$40											\$31	\$26
H2014 - SKILLS TRAINING & DEVELOPMENT	NORTHWEST	\$51	\$28	\$39	\$27							\$54	\$42			\$48	\$38
H2014 - SKILLS TRAINING & DEVELOPMENT	ROCHESTER	\$60	\$55											\$57	\$54	\$72	\$65
H2014 - SKILLS TRAINING & DEVELOPMENT	SOUTHEAST	\$78	\$68											\$78	\$69	\$76	\$65
H2014 - SKILLS TRAINING & DEVELOPMENT	SOUTHWEST	\$77	\$55	\$99	\$94							\$83	\$75			\$79	\$68
H2014 - SKILLS TRAINING & DEVELOPMENT	ST. CLOUD	\$131	\$147	\$94	\$109												
H2017 - PSYCHOSOCIAL REHABILITATION	DULUTH	\$146	\$128	\$142	\$137			\$117	\$110	\$93	\$78					\$133	\$122
H2017 - PSYCHOSOCIAL REHABILITATION	FARGO	\$133	\$147	\$130	\$137											\$106	\$105
H2017 - PSYCHOSOCIAL REHABILITATION	GRAND FORKS	\$62	\$54														
H2017 - PSYCHOSOCIAL REHABILITATION	LACROSSE-ONALASKA																
H2017 - PSYCHOSOCIAL REHABILITATION	MANKATO-NORTH MANKATO	\$117	\$110													\$114	\$122
H2017 - PSYCHOSOCIAL REHABILITATION	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$115	\$110	\$107	\$108	\$128	\$144			\$92	\$82			\$116	\$147	\$141	\$139
H2017 - PSYCHOSOCIAL REHABILITATION	NORTHEAST	\$118	\$110	\$118	\$86			\$87	\$69							\$92	\$70
H2017 - PSYCHOSOCIAL REHABILITATION	NORTHWEST	\$88	\$81							\$59	\$55	\$97	\$96			\$76	\$68
H2017 - PSYCHOSOCIAL REHABILITATION	ROCHESTER	\$61	\$54													\$74	\$75
H2017 - PSYCHOSOCIAL REHABILITATION	SOUTHEAST	\$96	\$92							\$82	\$82			\$108	\$110	\$88	\$77
H2017 - PSYCHOSOCIAL REHABILITATION	SOUTHWEST	\$120	\$72									\$88	\$77			\$107	\$68
H2017 - PSYCHOSOCIAL REHABILITATION	ST. CLOUD	\$126	\$126							\$77	\$68					\$133	\$121

Table B-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DULUTH	\$100	\$88	\$124	\$87
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FARGO	\$86	\$88	\$91	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GRAND FORKS				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LACROSSE-ONALASKA				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MANKATO-NORTH MANKATO	\$79	\$71	\$80	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$84	\$86	\$84	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NORTHEAST	\$90	\$89	\$92	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NORTHWEST	\$85	\$77	\$90	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROCHESTER	\$89	\$89	\$86	\$81
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SOUTHEAST	\$95	\$88	\$94	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SOUTHWEST	\$90	\$89	\$93	\$82
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ST. CLOUD	\$80	\$71	\$82	\$70
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DULUTH	\$118	\$105	\$110	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FARGO	\$123	\$129	\$119	\$118
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GRAND FORKS			\$131	\$130
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LACROSSE-ONALASKA				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MANKATO-NORTH MANKATO	\$111	\$105	\$106	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$121	\$105	\$112	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORTHEAST	\$122	\$105	\$113	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORTHWEST	\$118	\$105	\$113	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROCHESTER	\$116	\$105	\$111	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SOUTHEAST	\$120	\$105	\$114	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SOUTHWEST	\$124	\$105	\$123	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ST. CLOUD	\$118	\$105	\$108	\$104
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DULUTH	\$21	\$14	\$23	\$13
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FARGO	\$10	\$7	\$9	\$7
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GRAND FORKS			\$15	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LACROSSE-ONALASKA				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MANKATO-NORTH MANKATO	\$12	\$10	\$12	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$18	\$14	\$17	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORTHEAST	\$20	\$12	\$18	\$9
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORTHWEST	\$16	\$9	\$17	\$11
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROCHESTER	\$14	\$11	\$13	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SOUTHEAST	\$8	\$5	\$8	\$5
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SOUTHWEST	\$23	\$19	\$19	\$15
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ST. CLOUD	\$17	\$14	\$19	\$14
H2014 - SKILLS TRAINING & DEVELOPMENT	DULUTH	\$54	\$36	\$73	\$36
H2014 - SKILLS TRAINING & DEVELOPMENT	FARGO			\$81	\$71
H2014 - SKILLS TRAINING & DEVELOPMENT	GRAND FORKS				
H2014 - SKILLS TRAINING & DEVELOPMENT	MANKATO-NORTH MANKATO	\$103	\$81	\$80	\$69
H2014 - SKILLS TRAINING & DEVELOPMENT	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$234	\$215	\$134	\$82
H2014 - SKILLS TRAINING & DEVELOPMENT	NORTHEAST	\$52	\$40	\$49	\$34
H2014 - SKILLS TRAINING & DEVELOPMENT	NORTHWEST	\$57	\$40	\$50	\$38
H2014 - SKILLS TRAINING & DEVELOPMENT	ROCHESTER	\$70	\$67	\$71	\$65
H2014 - SKILLS TRAINING & DEVELOPMENT	SOUTHEAST	\$75	\$67	\$78	\$69
H2014 - SKILLS TRAINING & DEVELOPMENT	SOUTHWEST	\$85	\$70	\$79	\$67
H2014 - SKILLS TRAINING & DEVELOPMENT	ST. CLOUD	\$119	\$94	\$124	\$143
H2017 - PSYCHOSOCIAL REHABILITATION	DULUTH	\$101	\$90	\$135	\$122

Table B-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	FARGO	\$117	\$126	\$123	\$137
H2017 - PSYCHOSOCIAL REHABILITATION	GRAND FORKS			\$60	\$54
H2017 - PSYCHOSOCIAL REHABILITATION	LACROSSE-ONALASKA				
H2017 - PSYCHOSOCIAL REHABILITATION	MANKATO-NORTH MANKATO	\$118	\$108	\$116	\$115
H2017 - PSYCHOSOCIAL REHABILITATION	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$119	\$108	\$130	\$139
H2017 - PSYCHOSOCIAL REHABILITATION	NORTHEAST	\$91	\$72	\$96	\$74
H2017 - PSYCHOSOCIAL REHABILITATION	NORTHWEST	\$80	\$72	\$88	\$79
H2017 - PSYCHOSOCIAL REHABILITATION	ROCHESTER	\$62	\$69	\$73	\$72
H2017 - PSYCHOSOCIAL REHABILITATION	SOUTHEAST	\$92	\$90	\$95	\$92
H2017 - PSYCHOSOCIAL REHABILITATION	SOUTHWEST	\$69	\$54	\$101	\$77
H2017 - PSYCHOSOCIAL REHABILITATION	ST. CLOUD	\$106	\$108	\$124	\$110

Table B-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	DULUTH																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$14	\$14	\$24	\$25	\$14	\$13			\$16	\$15	\$14	\$14	\$14	\$13	\$14	\$14
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	NORTHEAST																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	NORTHWEST																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ROCHESTER																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	SOUTHEAST																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	SOUTHWEST																
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ST. CLOUD																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	DULUTH																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$22	\$23	\$27	\$25	\$22	\$23									\$23	\$23
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	ROCHESTER																
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	ST. CLOUD																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DULUTH	\$133	\$107	\$130	\$116	\$138	\$153	\$96	\$86			\$148	\$155	\$136	\$105	\$129	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	FARGO	\$100	\$105													\$103	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	GRAND FORKS	\$88	\$73														
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LACROSSE-ONALASKA																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MANKATO-NORTH MANKATO	\$111	\$107	\$97	\$81									\$106	\$105	\$106	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$143	\$140	\$127	\$118	\$140	\$140	\$131	\$118	\$194	\$153	\$142	\$127	\$134	\$116	\$135	\$140
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NORTHEAST	\$140	\$115	\$142	\$107			\$122	\$107			\$137	\$107			\$156	\$143
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NORTHWEST	\$100	\$105	\$107	\$105	\$109	\$115					\$85	\$73	\$101	\$116	\$100	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ROCHESTER	\$120	\$107	\$116	\$127	\$122	\$153							\$107	\$105	\$101	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SOUTHEAST	\$127	\$107											\$111	\$105	\$97	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SOUTHWEST	\$126	\$116	\$103	\$105	\$99	\$105					\$107	\$107	\$105	\$105	\$119	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ST. CLOUD	\$118	\$105	\$135	\$107	\$132	\$144					\$114	\$107	\$114	\$105	\$114	\$105
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DULUTH	\$3,199	\$2,474	\$2,245	\$1,889	\$3,581	\$3,092	\$2,742	\$2,424			\$3,277	\$2,718	\$3,269	\$912	\$1,893	\$1,329
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	FARGO																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	GRAND FORKS																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MANKATO-NORTH MANKATO																
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$1,115	\$695	\$1,309	\$927	\$2,291	\$1,556	\$1,737	\$1,391	\$2,184	\$1,640	\$1,564	\$1,159	\$1,193	\$683	\$1,358	\$927
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	NORTHEAST	\$1,364	\$1,159	\$1,352	\$1,341	\$2,651	\$2,277	\$291	\$190			\$1,851	\$1,622			\$1,519	\$1,536
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	NORTHWEST	\$1,393	\$1,325	\$1,803	\$696	\$2,639	\$1,735	\$682	\$464			\$1,289	\$774	\$2,993	\$1,518	\$1,773	\$814
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ROCHESTER	\$1,519	\$1,325	\$1,270	\$1,159	\$2,816	\$2,448					\$1,377	\$919	\$1,335	\$930	\$1,273	\$1,063
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SOUTHEAST	\$2,034	\$967											\$1,123	\$930	\$1,106	\$1,161

Table B-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	BLUE PLUS MEAN	BLUE PLUS MEDIAN	HEALTH PARTNERS MEAN	HEALTH PARTNERS MEDIAN	HENNEPIN HEALTH MEAN	HENNEPIN HEALTH MEDIAN	IMCARE MEAN	IMCARE MEDIAN	MEDICA MEAN	MEDICA MEDIAN	PRIME WEST MEAN	PRIME WEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SOUTHWEST	\$3,063	\$2,277									\$3,273	\$2,549	\$3,540	\$2,998	\$3,222	\$2,504
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ST. CLOUD	\$1,488	\$1,063									\$1,499	\$1,230			\$1,495	\$1,391
T1016 - TREATMENT COORDINATION	DULUTH	\$19	\$12	\$19	\$12			\$17	\$12					\$22	\$12	\$19	\$12
T1016 - TREATMENT COORDINATION	FARGO																
T1016 - TREATMENT COORDINATION	GRAND FORKS																
T1016 - TREATMENT COORDINATION	LACROSSE-ONALASKA																
T1016 - TREATMENT COORDINATION	MANKATO-NORTH MANKATO																
T1016 - TREATMENT COORDINATION	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$19	\$12	\$18	\$12	\$18	\$12	\$19	\$12	\$43	\$13	\$23	\$12	\$21	\$12	\$19	\$12
T1016 - TREATMENT COORDINATION	NORTHEAST	\$17	\$12	\$19	\$12											\$24	\$24
T1016 - TREATMENT COORDINATION	NORTHWEST	\$50	\$25	\$28	\$23							\$30	\$24			\$18	\$12
T1016 - TREATMENT COORDINATION	ROCHESTER	\$15	\$12	\$16	\$12									\$14	\$12	\$15	\$12
T1016 - TREATMENT COORDINATION	SOUTHEAST																
T1016 - TREATMENT COORDINATION	SOUTHWEST	\$22	\$12									\$23	\$26			\$18	\$12
T1016 - TREATMENT COORDINATION	ST. CLOUD	\$17	\$12	\$17	\$12							\$22	\$12			\$16	\$12

Table B-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	DULUTH				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$13	\$13	\$16	\$14
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	NORTHEAST				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	NORTHWEST				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ROCHESTER				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	SOUTHEAST				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	SOUTHWEST				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ST. CLOUD				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	DULUTH				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$23	\$23	\$23	\$23
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	NORTHWEST				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	ROCHESTER				
H0047 - NONRESIDENTIAL TREATMENT – MEDICATION ASSISTED THERAPY (ALL OTHER)	ST. CLOUD				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DULUTH	\$144	\$116	\$130	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	FARGO	\$89	\$79	\$101	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	GRAND FORKS			\$88	\$73
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LACROSSE-ONALASKA				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MANKATO-NORTH MANKATO	\$102	\$105	\$108	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$146	\$140	\$138	\$140
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NORTHEAST	\$142	\$115	\$137	\$115
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NORTHWEST	\$94	\$105	\$97	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ROCHESTER	\$116	\$105	\$111	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SOUTHEAST	\$105	\$105	\$114	\$105
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SOUTHWEST	\$109	\$105	\$120	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ST. CLOUD	\$116	\$105	\$120	\$105
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DULUTH	\$2,361	\$1,861	\$2,226	\$1,520
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	FARGO				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	GRAND FORKS				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MANKATO-NORTH MANKATO				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$1,578	\$1,366	\$1,396	\$927
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	NORTHEAST	\$1,641	\$1,594	\$938	\$464
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	NORTHWEST	\$1,215	\$760	\$1,482	\$894
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ROCHESTER	\$1,648	\$1,594	\$1,396	\$1,150
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SOUTHEAST	\$1,208	\$1,076	\$1,281	\$969
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SOUTHWEST	\$3,208	\$2,850	\$3,235	\$2,504
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ST. CLOUD	\$1,388	\$1,517	\$1,454	\$1,158
T1016 - TREATMENT COORDINATION	DULUTH	\$25	\$12	\$19	\$12
T1016 - TREATMENT COORDINATION	FARGO				
T1016 - TREATMENT COORDINATION	GRAND FORKS				

Table B-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Pay System by Metropolitan Statistical Area (MSA) 2021

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1016 - TREATMENT COORDINATION	LACROSSE-ONALASKA				
T1016 - TREATMENT COORDINATION	MANKATO-NORTH MANKATO	\$18	\$12	\$15	\$12
T1016 - TREATMENT COORDINATION	MINNEAPOLIS-ST. PAUL-BLOOMINGTON	\$22	\$12	\$19	\$12
T1016 - TREATMENT COORDINATION	NORTHEAST	\$20	\$12	\$21	\$24
T1016 - TREATMENT COORDINATION	NORTHWEST	\$27	\$23	\$39	\$24
T1016 - TREATMENT COORDINATION	ROCHESTER	\$24	\$12	\$15	\$12
T1016 - TREATMENT COORDINATION	SOUTHEAST	\$18	\$12	\$16	\$12
T1016 - TREATMENT COORDINATION	SOUTHWEST	\$28	\$23	\$22	\$23
T1016 - TREATMENT COORDINATION	ST. CLOUD	\$18	\$12	\$17	\$12