



# Legislative Report

## Provider Payment and Reimbursement Rates

### Healthcare Administration

### Healthcare Research and Quality Division

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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 \$11,519.

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# I. Executive summary

This report was created to provide information to the Legislature 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 healthcare. 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 payment systems (MCO). 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

Sec. 20. Minnesota Statutes 2020, section 256B.69, is amended by adding a subdivision to read:

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

## Legislative Mandate

This report is submitted to the Minnesota Legislature pursuant to Minnesota Statutes 2020, section 256B.69. Subd. 9f, which requires the Minnesota Department of Human Services (DHS) to provide an annual report to the Legislature on managed care organizations' and county-based purchasing organizations' aggregate provider reimbursement rate data.

## 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 fourth year of the report provided to the Legislature under this requirement. While no significant updates in service criteria or methodology were made in report year 2024 compared to 2023, the tables provided in this year's report should not be used as a direct comparison to data provided in 2021 due to updates implemented in 2022.

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 September 18, 2024. Payment data reflects claims and encounters for service dates that occurred between January 1, 2023 and December 31, 2023 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.

## Metropolitan Statistical Area (MSA) Tables

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 sixteen 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 across pay systems and not varied by county. The titles and content for each of these tables are outlined below.

No major changes in methodology were made in 2024, but service criteria specifications were modified 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 data reported in 2021.

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 sixteen 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- CY2023**

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	\$54	\$55	\$62	\$62
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	\$76	\$74	\$92	\$89
59400 - OBSTETRICAL CARE	\$1,306	\$1,303	\$1,447	\$1,365
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	\$111	\$115	\$132	\$127
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	\$69	\$75	\$76	\$76

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.

CPT code 99203 replaces CPT code 99212 as one of the top five billed physician prenatal services in report year 2024. All other CPT codes in the top five most frequently billed are unchanged from report year 2023.

*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 2023

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 2023

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) 2023

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) 2023

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- CY2023**

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
S0302 - COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)	–	–	\$52	\$55
99392 - PREVENTIVE VISIT, EST, AGE 1-4	\$69	\$71	\$77	\$81
99391 - PREVENTIVE VISIT, EST, INFANT	\$67	\$67	\$72	\$76
99393 - PREVENTIVE VISIT, EST, AGE5-11	\$69	\$71	\$77	\$80
99396 - PREVENTIVE VISIT, EST, 40-64	\$87	\$95	\$93	\$97

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

Please note that Minnesota Health Care Programs (MHCP) FFS does not require the use of code S0302 and considers it as informational only. If a submitted charge is entered on the same line as code S0302, FFS will deduct that amount from the total charges on the claim. MCOs may reimburse this code at a provider rate or use it as a placeholder and pay a minor amount, such as \$0.01.

CPT code 99396 replaces CPT code 99394 as one of the top five billed physician preventive services in report year 2024. All other CPT codes in the top five most frequently billed are unchanged from report year 2023.

*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 2023

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 2023

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) 2023**

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) 2023**

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)- CY2023**

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	\$90	\$87	\$99	\$95
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	\$59	\$61	\$65	\$66
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	\$50	\$46	\$74	\$61
99232 - SUBSEQUENT HOSPITAL CARE	\$56	\$53	\$70	\$58
99284 - EMERGENCY DEPT VISIT	\$79	\$79	\$93	\$84

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.

CPT code 99232 and 99284 are two of the top five billed physician services other than prenatal or preventive in report year 2024. They replace CPT code 99233 and 99232. The remaining three CPT codes remain the same from report year 2023.

*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 2023

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 2023

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) 2023

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) 2023

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- CY2023**

CDT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	\$34	\$38	\$42	\$41
D1206 - TOPICAL FLOURIDE VARNISH	\$30	\$34	\$36	\$37
D1110 - DENTAL PROPHYLAXIS ADULT	\$51	\$53	\$67	\$69
D0230 - INTRAORAL-PERIAPICAL, EACH ADDITIONAL	\$11	\$10	\$14	\$11
D0220 - INTRAORAL-PERIAPICAL, FIRST FILM	\$16	\$15	\$19	\$16

Dental services saw no changes in the top five most billed CDT codes between report years 2023 and 2024.

*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 2023**

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 2023**

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) 2023**

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) 2023**

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- CY2023**

APR-DRG CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	\$1,800	\$1,421	\$2,208	\$1,255
560 - VAGINAL DELIVERY	\$3,909	\$3,753	\$4,359	\$3,749
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	\$14,200	\$9,951	\$16,927	\$12,805
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	\$9,026	\$8,394	\$9,961	\$6,317
540 - CESAREAN SECTION	\$6,488	\$6,078	\$7,561	\$6,365

Inpatient hospital service claims identified as mental health or substance use disorder (SUD) services were excluded from the final data set 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.

Inpatient hospital service claims are facility claims and therefore only represent services administered by the hospital. Services performed within the hospital by healthcare professionals not employed by the hospital, such as physicians with admitting privileges, are billed separately on professional claims.

Inpatient hospital services saw no changes in the top five most billed APR-DRG codes between report years 2023 and 2024.

*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 2023**

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 2023

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) 2023

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) 2023

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 revenue 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- CY2023**

REVENUE CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0510 - CLINIC, GENERAL	\$110	\$113	\$114	\$120
0450 - EMERGENCY ROOM, GENERAL	\$318	\$228	\$303	\$251
0420 - PHYSICAL THERAPY, GENERAL	\$60	\$45	\$64	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	\$71	\$57	\$73	\$55
0260 - IV THERAPY, GENERAL	\$134	\$118	\$177	\$118

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

Outpatient hospital service claims are facility claims and therefore only represent services administered by the hospital. Services performed within the hospital by healthcare professionals not employed by the hospital, such as physicians with admitting privileges, are billed separately on professional claims.

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

Outpatient hospital services saw no changes in the top five most billed revenue codes between report years 2023 and 2024.

*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 2023

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 2023

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) 2023

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) 2023

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- CY2023**

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	\$123	\$104	\$125	\$109
H2017 - PSYCHOSOCIAL REHABILITATION	\$141	\$144	\$150	\$171
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 45MINS	\$105	\$88	\$107	\$88
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	\$21	\$12	\$18	\$12
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES	\$93	\$29	\$111	\$99

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.

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

CPT code H2015 replaces H2014 for report year 2024. The remaining CPT codes remain unchanged between report years 2023 and 2024.

*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 2023**

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 2023**

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) 2023

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) 2023

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- CY2023**

CPT CODE	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	\$14	\$13	\$16	\$14
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	\$157	\$140	\$152	\$142
H0038 - SELF-HELP/PEER SVC	\$78	\$90	\$67	\$61
T1016 - TREATMENT COORDINATION	\$22	\$12	\$20	\$12
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	\$1,673	\$1,228	\$1,422	\$787

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

While the CPT codes in the top five most frequently billed are unchanged between report year 2023 and 2024, H2036 and T1016 swapped places in their rank.

*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 2023

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 2023

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) 2023

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) 2023

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 2023 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**

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
59400 - OBSTETRICAL CARE	AITKIN																		
59400 - OBSTETRICAL CARE	ANOKA	\$1,494	\$1,481	\$1,395	\$1,360											\$1,332	\$1,328	\$1,527	\$1,527
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	CROW WING	\$1,402	\$1,410																
59400 - OBSTETRICAL CARE	DAKOTA	\$1,482	\$1,509	\$1,354	\$1,384											\$1,328	\$1,328		
59400 - OBSTETRICAL CARE	DODGE																		
59400 - OBSTETRICAL CARE	DOUGLAS																		
59400 - OBSTETRICAL CARE	FARIBAULT																		
59400 - OBSTETRICAL CARE	GOODHUE																		
59400 - OBSTETRICAL CARE	HENNEPIN	\$1,654	\$1,481	\$1,430	\$1,384	\$2,381	\$1,413			\$930	\$790					\$1,676	\$1,328	\$1,778	\$1,499
59400 - OBSTETRICAL CARE	ISANTI																		
59400 - OBSTETRICAL CARE	ITASCA																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	NICOLLET																		
59400 - OBSTETRICAL CARE	NOBLES																		
59400 - OBSTETRICAL CARE	OLMSTED																		
59400 - OBSTETRICAL CARE	OTTER TAIL																		
59400 - OBSTETRICAL CARE	PENNINGTON																		
59400 - OBSTETRICAL CARE	PIPESTONE																		
59400 - OBSTETRICAL CARE	RAMSEY	\$1,427	\$1,410	\$1,349	\$1,360											\$1,324	\$1,328	\$1,480	\$1,499
59400 - OBSTETRICAL CARE	RICE	\$1,370	\$1,410											\$1,318	\$1,308	\$1,341	\$1,365		
59400 - OBSTETRICAL CARE	ROCK																		
59400 - OBSTETRICAL CARE	ROSEAU																		
59400 - OBSTETRICAL CARE	SCOTT															\$1,328	\$1,328		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
59400 - OBSTETRICAL CARE	ST. LOUIS	\$1,438	\$1,452													\$1,359	\$1,365		
59400 - OBSTETRICAL CARE	STEARNS																		
59400 - OBSTETRICAL CARE	STEELE																		
59400 - OBSTETRICAL CARE	TRAVERSE																		
59400 - OBSTETRICAL CARE	WASHINGTON	\$1,377	\$1,358	\$1,256	\$1,241											\$1,334	\$1,328	\$1,451	\$1,499
59400 - OBSTETRICAL CARE	WINONA																		
59400 - OBSTETRICAL CARE	WRIGHT																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ANOKA	\$68	\$70	\$85	\$89	\$83	\$90			\$81	\$82					\$72	\$76		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BECKER																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BELTRAMI																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BIG STONE																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BLUE EARTH																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BROWN																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CARLTON																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CARVER	\$70	\$71	\$75	\$78											\$81	\$83		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CASS																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CHIPPEWA																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CHISAGO																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CLAY																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	COTTONWOOD																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CROW WING	\$67	\$70																
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	DAKOTA	\$65	\$63	\$78	\$82											\$74	\$74		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	DOUGLAS																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	FARIBAULT																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	FREEBORN																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	GOODHUE																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	HENNEPIN	\$68	\$65	\$79	\$77	\$101	\$82			\$84	\$82	\$61	\$52	\$64	\$56	\$83	\$77	\$79	\$73
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ISANTI																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ITASCA																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	KANABEC																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	KANDIYOHI																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	KOOCHICHING																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	LAKE																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	LESUEUR																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	LYON																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MARTIN																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MCLEOD																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MEEKER																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MILLE LACS																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MORRISON																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MOWER																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	NICOLLET																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	NOBLES																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	OLMSTED																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	OTTER TAIL																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	PENNINGTON																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	PIPESTONE																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	POLK																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	RAMSEY	\$60	\$50	\$79	\$85											\$69	\$64	\$69	\$64
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	RICE															\$86	\$87		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	SCOTT															\$83	\$88		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	SHERBURNE	\$78	\$85																
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ST. LOUIS	\$60	\$61													\$65	\$65		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	STEARNS	\$70	\$74	\$67	\$70											\$86	\$92		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	STEELE																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WASHINGTON	\$68	\$73	\$79	\$82											\$74	\$77		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WATONWAN																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WILKIN																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WINONA																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WRIGHT	\$79	\$82	\$83	\$82														
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	AITKIN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ANOKA	\$55	\$57	\$67	\$72											\$57	\$52	\$64	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BECKER	\$47	\$49																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BELTRAMI											\$48	\$46						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BENTON																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BIG STONE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BLUE EARTH																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BROWN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CARLTON	\$61	\$63													\$64	\$67		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CARVER	\$61	\$64	\$65	\$65											\$67	\$70		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CASS																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CHIPPEWA																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CHISAGO	\$59	\$57													\$66	\$69		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CLAY	\$49	\$49																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	COTTONWOOD																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CROW WING	\$50	\$48													\$52	\$51		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DAKOTA	\$55	\$57	\$65	\$67					\$67	\$67			\$56	\$62	\$62	\$65	\$64	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DODGE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DOUGLAS																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FARIBAULT																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FILLMORE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FREEBORN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GOODHUE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GRANT																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HENNEPIN	\$62	\$57	\$65	\$66	\$90	\$100			\$84	\$67	\$48	\$42	\$51	\$46	\$72	\$67	\$68	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HOUSTON																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ISANTI																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ITASCA																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KANABEC																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KANDIYOHI	\$60	\$61																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KITTSON																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KOOCHICHING																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAC QUI PARLE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAKE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LESUEUR	\$51	\$50													\$61	\$63		



Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LYON																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MARSHALL																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MARTIN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MCLEOD																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MEEKER																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MILLE LACS	\$62	\$68																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MORRISON																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MOWER																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NICOLLET																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NOBLES											\$47	\$46						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	OLMSTED	\$51	\$49											\$56	\$63	\$56	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	OTTER TAIL																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PENNINGTON																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PINE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PIPESTONE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	POLK																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	POPE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RAMSEY	\$53	\$54	\$64	\$67	\$62	\$60			\$65	\$66					\$61	\$65	\$58	\$62
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	REDWOOD																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RICE	\$64	\$67											\$64	\$71	\$68	\$71		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROCK																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROSEAU																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SCOTT	\$67	\$70	\$69	\$71											\$64	\$65	\$66	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SHERBURNE	\$64	\$67													\$69	\$71		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ST. LOUIS	\$48	\$49	\$53	\$50			\$42	\$42	\$63	\$70					\$53	\$52		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEARNS	\$54	\$60	\$56	\$58					\$64	\$67	\$56	\$60			\$63	\$71		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEELE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEVENS																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	TODD																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WABASHA																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WADENA																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WASECA																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WASHINGTON	\$56	\$57	\$64	\$66					\$69	\$66					\$63	\$65	\$58	\$52
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WATONWAN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WILKIN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WINONA															\$59	\$64		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WRIGHT	\$64	\$67	\$66	\$67											\$66	\$69		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	YELLOW MEDICINE																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	AITKIN																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ANOKA	\$75	\$74	\$94	\$101	\$99	\$103							\$76	\$76	\$79	\$75		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BECKER																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BELTRAMI																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BENTON																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BIG STONE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BLUE EARTH																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BROWN																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CARLTON	\$81	\$78																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CARVER	\$78	\$75													\$95	\$99		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CASS																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CHIPPEWA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CHISAGO	\$86	\$87																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CLAY	\$70	\$73																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	COTTONWOOD																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CROW WING	\$81	\$71													\$86	\$78		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DAKOTA	\$84	\$87	\$94	\$94									\$80	\$88	\$91	\$93	\$91	\$100
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DODGE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DOUGLAS																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FARIBAULT																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FILLMORE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FREEBORN																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GOODHUE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GRANT																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	HENNEPIN	\$95	\$81	\$97	\$91	\$135	\$153			\$110	\$94	\$71	\$63	\$72	\$67	\$109	\$97	\$99	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ISANTI																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ITASCA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	JACKSON																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KANABEC																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KANDIYOHI																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KOOCHICHING																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAC QUI PARLE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAKE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LESUEUR																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LYON																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MARTIN																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MCLEOD																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MEEKER											\$78	\$79						

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MILLE LACS																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MORRISON																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MOWER																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NICOLLET																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NOBLES																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	OLMSTED	\$79	\$74											\$82	\$89	\$85	\$79		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	OTTER TAIL																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PENNINGTON																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PINE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PIPESTONE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	POLK	\$71	\$64																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RAMSEY	\$83	\$80	\$94	\$98	\$86	\$79			\$105	\$95					\$87	\$91	\$85	\$89
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	REDWOOD																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RICE	\$90	\$95											\$86	\$91	\$96	\$100		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROCK																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROSEAU																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SCOTT	\$92	\$97	\$95	\$98											\$97	\$100		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SHERBURNE	\$92	\$97																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ST. LOUIS	\$73	\$73	\$75	\$71					\$86	\$86					\$78	\$78		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEARNS	\$78	\$82	\$77	\$81					\$91	\$95	\$74	\$68			\$92	\$101		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEELE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEVENS																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	TODD																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WABASHA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WADENA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WASECA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WASHINGTON	\$79	\$79	\$89	\$89											\$90	\$91	\$85	\$83
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WATONWAN																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WINONA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WRIGHT	\$92	\$94	\$97	\$95					\$94	\$95	\$86	\$84			\$94	\$97		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	YELLOW MEDICINE																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ANOKA	\$116	\$110	\$138	\$144											\$120	\$122		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BECKER																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BELTRAMI																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BIG STONE																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BLUE EARTH																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BROWN																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CARLTON																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CARVER	\$119	\$128	\$130	\$131											\$133	\$137		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CASS																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CHIPPEWA																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CHISAGO																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CLAY																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CROW WING	\$133	\$129																
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	DAKOTA	\$118	\$123	\$133	\$137											\$133	\$140	\$138	\$141
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	DODGE																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	DOUGLAS																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	FARIBAULT																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	FREEBORN																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	GRANT																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	HENNEPIN	\$124	\$112	\$139	\$138	\$173	\$147			\$154	\$133	\$101	\$91			\$143	\$130	\$144	\$126
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ISANTI																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ITASCA																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	KANABEC																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	KANDIYOHI																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	LYON																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MARTIN																		

Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MCLEOD																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MILLE LACS																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MOWER																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	NICOLLET																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	OLMSTED	\$109	\$107													\$121	\$117		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	OTTER TAIL																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	PENNINGTON																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	POLK																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	RAMSEY	\$114	\$112	\$132	\$137	\$128	\$132									\$124	\$125	\$127	\$129
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	REDWOOD																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	RICE																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SCOTT															\$126	\$125		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SHERBURNE																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ST. LOUIS	\$111	\$107													\$112	\$114		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	STEARNS	\$110	\$105	\$108	\$107							\$104	\$98			\$127	\$127		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	STEELE																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	STEVENS																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WABASHA																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WASHINGTON	\$115	\$119	\$131	\$134											\$129	\$125		



**Table A-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WATONWAN																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WINONA																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WRIGHT	\$126	\$134													\$136	\$140		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	YELLOW MEDICINE																		

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
59400 - OBSTETRICAL CARE	AITKIN				
59400 - OBSTETRICAL CARE	ANOKA	\$1,303	\$1,303	\$1,391	\$1,360
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			\$1,342	\$1,328
59400 - OBSTETRICAL CARE	CHIPPEWA				
59400 - OBSTETRICAL CARE	CHISAGO				
59400 - OBSTETRICAL CARE	CROW WING			\$1,318	\$1,410
59400 - OBSTETRICAL CARE	DAKOTA	\$1,303	\$1,303	\$1,376	\$1,328
59400 - OBSTETRICAL CARE	DODGE				
59400 - OBSTETRICAL CARE	DOUGLAS				
59400 - OBSTETRICAL CARE	FARIBAULT				
59400 - OBSTETRICAL CARE	GOODHUE				

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
59400 - OBSTETRICAL CARE	HENNEPIN	\$1,304	\$1,303	\$1,628	\$1,384
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	NICOLLET				
59400 - OBSTETRICAL CARE	NOBLES				
59400 - OBSTETRICAL CARE	OLMSTED				
59400 - OBSTETRICAL CARE	OTTER TAIL			\$1,263	\$1,410
59400 - OBSTETRICAL CARE	PENNINGTON				
59400 - OBSTETRICAL CARE	PIPESTONE				
59400 - OBSTETRICAL CARE	RAMSEY	\$1,314	\$1,303	\$1,356	\$1,328

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
59400 - OBSTETRICAL CARE	RICE			\$1,346	\$1,334
59400 - OBSTETRICAL CARE	ROCK				
59400 - OBSTETRICAL CARE	ROSEAU				
59400 - OBSTETRICAL CARE	SCOTT			\$1,399	\$1,384
59400 - OBSTETRICAL CARE	ST. LOUIS	\$1,303	\$1,303	\$1,356	\$1,365
59400 - OBSTETRICAL CARE	STEARNS			\$1,336	\$1,365
59400 - OBSTETRICAL CARE	STEELE				
59400 - OBSTETRICAL CARE	TRAVERSE				
59400 - OBSTETRICAL CARE	WASHINGTON	\$1,303	\$1,303	\$1,326	\$1,328
59400 - OBSTETRICAL CARE	WINONA				
59400 - OBSTETRICAL CARE	WRIGHT				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ANOKA	\$72	\$75	\$77	\$85
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BECKER				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BELTRAMI				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BIG STONE				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BLUE EARTH				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	BROWN				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CARLTON				

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CARVER	\$76	\$75	\$74	\$79
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CASS				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CHIPPEWA				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CHISAGO				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CLAY	\$67	\$66	\$76	\$70
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	COTTONWOOD				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	CROW WING			\$67	\$70
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	DAKOTA	\$73	\$75	\$73	\$75
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	DOUGLAS				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	FARIBAULT				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	FREEBORN				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	GOODHUE				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	HENNEPIN	\$65	\$62	\$81	\$76
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ISANTI				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ITASCA				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	KANABEC				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	KANDIYOHI				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	KOOCHICHING				

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	LAKE				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	LESUEUR				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	LYON				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MARTIN				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MCLEOD				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MEEKER				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MILLE LACS				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MORRISON				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MOWER				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	NICOLLET				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	NOBLES				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	OLMSTED			\$74	\$77
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	OTTER TAIL				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	PENNINGTON				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	PIPESTONE				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	POLK				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	RAMSEY	\$72	\$75	\$73	\$76
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	RICE	\$80	\$81	\$81	\$84

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ROSEAU				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	SCOTT	\$75	\$75	\$83	\$87
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	SHERBURNE			\$78	\$84
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ST. LOUIS	\$56	\$54	\$62	\$61
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	STEARNS	\$78	\$75	\$72	\$72
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	STEELE				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WASHINGTON	\$73	\$75	\$74	\$77
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WATONWAN				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WILKIN				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WINONA				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	WRIGHT	\$76	\$75	\$81	\$82
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	AITKIN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ANOKA	\$58	\$61	\$60	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BECKER			\$47	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BELTRAMI			\$47	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BENTON				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BIG STONE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BLUE EARTH			\$59	\$60

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BROWN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CARLTON			\$62	\$63
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CARVER			\$64	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CASS				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CHIPPEWA				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CHISAGO			\$61	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CLAY			\$50	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	COTTONWOOD				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CROW WING	\$44	\$44	\$52	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DAKOTA	\$58	\$61	\$62	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DODGE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DOUGLAS			\$48	\$45
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FARIBAULT				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FILLMORE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FREEBORN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GOODHUE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GRANT				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HENNEPIN	\$52	\$50	\$70	\$66



**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HOUSTON				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ISANTI				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ITASCA				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KANABEC				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KANDIYOHI			\$62	\$63
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KITTSOON				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KOOCHICHING				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAC QUI PARLE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAKE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LESUEUR			\$56	\$58
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LYON				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MARSHALL				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MARTIN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MCLEOD				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MEEKER				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MILLE LACS			\$70	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MORRISON				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MOWER				

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NICOLLET				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NOBLES	\$45	\$44	\$46	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	OLMSTED	\$51	\$45	\$55	\$52
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	OTTER TAIL				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PENNINGTON				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PINE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PIPESTONE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	POLK				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	POPE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RAMSEY	\$61	\$61	\$61	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	REDWOOD				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RENVILLE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RICE	\$66	\$70	\$66	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROCK				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROSEAU				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SCOTT	\$61	\$61	\$66	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SHERBURNE	\$63	\$61	\$67	\$71
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SIBLEY				

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ST. LOUIS	\$46	\$44	\$51	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEARNS	\$60	\$61	\$56	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEELE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEVENS				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	TODD				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WABASHA				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WADENA				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WASECA				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WASHINGTON	\$59	\$61	\$62	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WATONWAN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WILKIN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WINONA			\$56	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WRIGHT	\$60	\$61	\$65	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	YELLOW MEDICINE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	AITKIN				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ANOKA	\$79	\$84	\$84	\$87
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BECKER				

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BELTRAMI				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BENTON				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BIG STONE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BLUE EARTH				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BROWN				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CARLTON			\$81	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CARVER	\$87	\$87	\$86	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CASS				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CHIPPEWA				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CHISAGO			\$89	\$91
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CLAY			\$71	\$73
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	COTTONWOOD				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CROW WING	\$67	\$65	\$82	\$78
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DAKOTA	\$84	\$87	\$90	\$91
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DODGE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DOUGLAS			\$67	\$66
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FARIBAULT				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FILLMORE				

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FREEBORN				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GOODHUE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GRANT				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	HENNEPIN	\$72	\$65	\$106	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ISANTI				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ITASCA				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	JACKSON				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KANABEC				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KANDIYOHI				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KOOCHICHING				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAC QUI PARLE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAKE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LESUEUR				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LYON				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MARTIN				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MCLEOD				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MEEKER			\$83	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MILLE LACS			\$101	\$97

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MORRISON				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MOWER				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NICOLLET				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NOBLES				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	OLMSTED	\$79	\$84	\$83	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	OTTER TAIL				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PENNINGTON				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PINE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PIPESTONE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	POLK			\$72	\$66
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RAMSEY	\$84	\$87	\$90	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	REDWOOD				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RENVILLE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RICE			\$93	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROCK				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROSEAU				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SCOTT	\$88	\$87	\$96	\$99
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SHERBURNE			\$90	\$96

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ST. LOUIS	\$70	\$66	\$76	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEARNS	\$81	\$84	\$79	\$82
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEELE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEVENS				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	TODD				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WABASHA				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WADENA				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WASECA				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WASHINGTON	\$84	\$87	\$87	\$90
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WATONWAN				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WINONA			\$83	\$89
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WRIGHT	\$86	\$87	\$92	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	YELLOW MEDICINE				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ANOKA	\$118	\$121	\$126	\$131
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BECKER				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BELTRAMI				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BIG STONE				

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BLUE EARTH				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	BROWN				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CARLTON				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CARVER			\$124	\$130
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CASS				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CHIPPEWA				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CHISAGO				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CLAY				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	CROW WING			\$133	\$130
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	DAKOTA	\$120	\$121	\$130	\$137
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	DODGE				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	DOUGLAS				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	FARIBAULT				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	FREEBORN				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	GOODHUE				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	GRANT				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	HENNEPIN	\$108	\$100	\$141	\$130
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ISANTI				



**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ITASCA				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	KANABEC				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	KANDIYOHI				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	LYON				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MARTIN				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MCLEOD				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MILLE LACS				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MOWER				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	NICOLLET				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	NOBLES				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	OLMSTED			\$116	\$117
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	OTTER TAIL				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	PENNINGTON				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	POLK				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	RAMSEY	\$116	\$121	\$127	\$133
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	REDWOOD				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	RICE			\$132	\$138
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SCOTT			\$129	\$128

**Table A-1.2: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Service by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SHERBURNE				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SIBLEY				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ST. LOUIS			\$112	\$110
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	STEARNS	\$108	\$96	\$112	\$106
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	STEELE				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	STEVENS				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WABASHA				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WASHINGTON	\$120	\$121	\$128	\$132
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WATONWAN				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WINONA			\$116	\$127
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	WRIGHT			\$129	\$135
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	YELLOW MEDICINE				

**Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	ANOKA	\$76	\$76	\$77	\$79	\$76	\$76			\$71	\$72					\$76	\$77	\$77	\$78
99391 - PREVENTIVE VISIT,EST,INFANT	BECKER	\$48	\$45																
99391 - PREVENTIVE VISIT,EST,INFANT	BELTRAMI																		
99391 - PREVENTIVE VISIT,EST,INFANT	BIG STONE																		
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	\$73	\$72	\$73	\$72											\$77	\$77		
99391 - PREVENTIVE VISIT,EST,INFANT	CASS																		
99391 - PREVENTIVE VISIT,EST,INFANT	CHIPPEWA																		
99391 - PREVENTIVE VISIT,EST,INFANT	CHISAGO	\$76	\$77	\$70	\$73											\$76	\$77		
99391 - PREVENTIVE VISIT,EST,INFANT	CLAY																		
99391 - PREVENTIVE VISIT,EST,INFANT	COTTONWOOD																		
99391 - PREVENTIVE VISIT,EST,INFANT	CROW WING	\$56	\$49																
99391 - PREVENTIVE VISIT,EST,INFANT	DAKOTA	\$75	\$76	\$76	\$76	\$74	\$81			\$74	\$72			\$68	\$68	\$77	\$78	\$76	\$78
99391 - PREVENTIVE VISIT,EST,INFANT	DODGE																		
99391 - PREVENTIVE VISIT,EST,INFANT	DOUGLAS																		
99391 - PREVENTIVE VISIT,EST,INFANT	FARIBAULT																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	\$76	\$77	\$77	\$93	\$80			\$79	\$73	\$63	\$64			\$79	\$78	\$75	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	HOUSTON																		
99391 - PREVENTIVE VISIT,EST,INFANT	HUBBARD																		
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																		
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																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	NICOLLET																		
99391 - PREVENTIVE VISIT,EST,INFANT	NOBLES																		
99391 - PREVENTIVE VISIT,EST,INFANT	OLMSTED																		
99391 - PREVENTIVE VISIT,EST,INFANT	OTTER TAIL																		
99391 - PREVENTIVE VISIT,EST,INFANT	PENNINGTON																		
99391 - PREVENTIVE VISIT,EST,INFANT	PIPESTONE																		
99391 - PREVENTIVE VISIT,EST,INFANT	POLK	\$56	\$49																
99391 - PREVENTIVE VISIT,EST,INFANT	RAMSEY	\$72	\$76	\$75	\$76	\$67	\$73									\$74	\$77	\$73	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	REDWOOD																		
99391 - PREVENTIVE VISIT,EST,INFANT	RICE	\$74	\$76											\$72	\$70	\$78	\$78		
99391 - PREVENTIVE VISIT,EST,INFANT	ROCK																		
99391 - PREVENTIVE VISIT,EST,INFANT	ROSEAU																		
99391 - PREVENTIVE VISIT,EST,INFANT	SCOTT	\$76	\$77	\$77	\$78											\$78	\$78		
99391 - PREVENTIVE VISIT,EST,INFANT	SHERBURNE	\$75	\$76	\$75	\$73											\$76	\$77		
99391 - PREVENTIVE VISIT,EST,INFANT	SIBLEY																		
99391 - PREVENTIVE VISIT,EST,INFANT	ST. LOUIS	\$50	\$50					\$53	\$49	\$64	\$72					\$54	\$53	\$52	\$48
99391 - PREVENTIVE VISIT,EST,INFANT	STEARNS	\$72	\$73	\$68	\$69							\$71	\$69			\$79	\$80		
99391 - PREVENTIVE VISIT,EST,INFANT	STEELE																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	WABASHA																		
99391 - PREVENTIVE VISIT,EST,INFANT	WASECA																		
99391 - PREVENTIVE VISIT,EST,INFANT	WASHINGTON	\$75	\$76	\$74	\$76											\$76	\$77	\$76	\$78
99391 - PREVENTIVE VISIT,EST,INFANT	WATONWAN																		
99391 - PREVENTIVE VISIT,EST,INFANT	WINONA																		
99391 - PREVENTIVE VISIT,EST,INFANT	WRIGHT	\$72	\$73	\$73	\$73					\$71	\$72	\$65	\$64			\$74	\$77		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ANOKA	\$80	\$81	\$82	\$84					\$76	\$77					\$81	\$82	\$81	\$83
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BECKER																		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BELTRAMI																		
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	\$78	\$77					\$78	\$79	\$68	\$68	\$71	\$72	\$81	\$82		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CASS	\$54	\$53																
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CHIPPEWA																		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CHISAGO	\$80	\$82	\$75	\$77											\$80	\$82		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CLAY																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	COTTONWOOD																		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CROW WING	\$61	\$53													\$63	\$60		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	DAKOTA	\$80	\$81	\$81	\$82	\$82	\$83							\$77	\$73	\$81	\$82	\$81	\$83
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	\$81	\$81	\$81	\$82	\$105	\$85			\$81	\$78	\$74	\$73	\$70	\$72	\$84	\$82	\$80	\$82
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	\$85		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MARSHALL																		
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																		
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	\$68	\$69																
99392 - PREVENTIVE VISIT,EST,AGE 1-4	RAMSEY	\$76	\$81	\$79	\$81	\$69	\$67			\$75	\$77					\$78	\$82	\$77	\$82
99392 - PREVENTIVE VISIT,EST,AGE 1-4	REDWOOD																		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	RICE	\$79	\$81											\$77	\$75	\$82	\$83		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROCK																		



Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROSEAU																		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SCOTT	\$81	\$81	\$82	\$82											\$83	\$83	\$83	\$83
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SHERBURNE	\$79	\$81	\$80	\$83					\$77	\$77					\$81	\$82		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SIBLEY																		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ST. LOUIS	\$55	\$55					\$60	\$53	\$71	\$77					\$59	\$60	\$62	\$54
99392 - PREVENTIVE VISIT,EST,AGE 1-4	STEARNS	\$77	\$78	\$73	\$74					\$76	\$78	\$74	\$73			\$83	\$85		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	STEELE																		
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	\$80	\$81	\$79	\$81											\$81	\$82	\$82	\$83
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WATONWAN																		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WINONA																		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WRIGHT	\$77	\$78	\$78	\$78							\$75	\$78			\$79	\$82		
99392 - PREVENTIVE VISIT,EST,AGE 1-4	YELLOW MEDICINE																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	ANOKA	\$80	\$81	\$82	\$83	\$79	\$77									\$80	\$82	\$80	\$83
99393 - PREVENTIVE VISIT,EST,AGE5-11	BECKER																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	BELTRAMI																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	\$77	\$77	\$78	\$76									\$73	\$71	\$81	\$82		
99393 - PREVENTIVE VISIT,EST,AGE5-11	CASS	\$52	\$53																
99393 - PREVENTIVE VISIT,EST,AGE5-11	CHIPPEWA																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	CHISAGO	\$79	\$82	\$75	\$77											\$81	\$82		
99393 - PREVENTIVE VISIT,EST,AGE5-11	CLAY																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	COTTONWOOD																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	CROW WING	\$61	\$53							\$70	\$77					\$66	\$60		
99393 - PREVENTIVE VISIT,EST,AGE5-11	DAKOTA	\$79	\$81	\$80	\$81									\$74	\$73	\$81	\$82	\$81	\$83
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																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99393 - PREVENTIVE VISIT,EST,AGE5-11	HENNEPIN	\$80	\$81	\$81	\$81	\$112	\$86			\$84	\$77	\$71	\$71	\$68	\$72	\$83	\$82	\$79	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	HOUSTON																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	HUBBARD																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	ISANTI																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	ITASCA																		
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															\$82	\$85		
99393 - PREVENTIVE VISIT,EST,AGE5-11	MARSHALL																		
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																		
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																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99393 - PREVENTIVE VISIT,EST,AGE5-11	OLMSTED																		
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	\$65	\$69																
99393 - PREVENTIVE VISIT,EST,AGE5-11	RAMSEY	\$76	\$81	\$79	\$80	\$70	\$67			\$80	\$78					\$77	\$82	\$77	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	REDWOOD																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	RICE	\$79	\$81											\$78	\$74	\$81	\$82		
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROCK																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROSEAU																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	SCOTT	\$80	\$81	\$81	\$82											\$82	\$82	\$82	\$83
99393 - PREVENTIVE VISIT,EST,AGE5-11	SHERBURNE	\$78	\$81	\$78	\$77					\$76	\$77					\$80	\$82		
99393 - PREVENTIVE VISIT,EST,AGE5-11	SIBLEY																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	ST. LOUIS	\$55	\$55							\$73	\$77					\$59	\$59		
99393 - PREVENTIVE VISIT,EST,AGE5-11	STEARNS	\$76	\$78	\$72	\$73					\$77	\$78	\$73	\$72			\$83	\$85		
99393 - PREVENTIVE VISIT,EST,AGE5-11	STEELE																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	WABASHA																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	WASECA																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99393 - PREVENTIVE VISIT,EST,AGE5-11	WASHINGTON	\$80	\$81	\$78	\$80											\$81	\$82	\$82	\$83
99393 - PREVENTIVE VISIT,EST,AGE5-11	WATONWAN																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	WINONA																		
99393 - PREVENTIVE VISIT,EST,AGE5-11	WRIGHT	\$77	\$77	\$77	\$77							\$71	\$69			\$79	\$81		
99396 - PREVENTIVE VISIT,EST,40-64	ANOKA	\$94	\$96	\$97	\$98	\$99	\$102			\$101	\$93					\$97	\$99	\$97	\$98
99396 - PREVENTIVE VISIT,EST,40-64	BECKER																		
99396 - PREVENTIVE VISIT,EST,40-64	BELTRAMI																		
99396 - PREVENTIVE VISIT,EST,40-64	BENTON																		
99396 - PREVENTIVE VISIT,EST,40-64	BIG STONE																		
99396 - PREVENTIVE VISIT,EST,40-64	BLUE EARTH																		
99396 - PREVENTIVE VISIT,EST,40-64	BROWN																		
99396 - PREVENTIVE VISIT,EST,40-64	CARLTON																		
99396 - PREVENTIVE VISIT,EST,40-64	CARVER	\$90	\$91	\$92	\$91					\$102	\$96					\$96	\$97		
99396 - PREVENTIVE VISIT,EST,40-64	CASS	\$67	\$68													\$78	\$76		
99396 - PREVENTIVE VISIT,EST,40-64	CHIPPEWA																		
99396 - PREVENTIVE VISIT,EST,40-64	CHISAGO	\$96	\$97	\$91	\$93											\$97	\$99		
99396 - PREVENTIVE VISIT,EST,40-64	CLAY																		
99396 - PREVENTIVE VISIT,EST,40-64	COTTONWOOD																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99396 - PREVENTIVE VISIT,EST,40-64	CROW WING	\$75	\$68							\$90	\$93					\$92	\$76		
99396 - PREVENTIVE VISIT,EST,40-64	DAKOTA	\$95	\$96	\$94	\$97	\$101	\$102			\$105	\$93			\$93	\$98	\$97	\$99	\$98	\$98
99396 - PREVENTIVE VISIT,EST,40-64	DODGE																		
99396 - PREVENTIVE VISIT,EST,40-64	DOUGLAS																		
99396 - PREVENTIVE VISIT,EST,40-64	FILLMORE																		
99396 - PREVENTIVE VISIT,EST,40-64	FREEBORN																		
99396 - PREVENTIVE VISIT,EST,40-64	GOODHUE																		
99396 - PREVENTIVE VISIT,EST,40-64	HENNEPIN	\$95	\$96	\$96	\$97	\$128	\$102			\$99	\$92	\$75	\$80	\$87	\$86	\$104	\$99	\$97	\$97
99396 - PREVENTIVE VISIT,EST,40-64	HOUSTON																		
99396 - PREVENTIVE VISIT,EST,40-64	HUBBARD																		
99396 - PREVENTIVE VISIT,EST,40-64	ISANTI																		
99396 - PREVENTIVE VISIT,EST,40-64	ITASCA															\$72	\$69		
99396 - PREVENTIVE VISIT,EST,40-64	KANABEC																		
99396 - PREVENTIVE VISIT,EST,40-64	KANDIYOHI																		
99396 - PREVENTIVE VISIT,EST,40-64	LAKE																		
99396 - PREVENTIVE VISIT,EST,40-64	LESUEUR																		
99396 - PREVENTIVE VISIT,EST,40-64	MARTIN																		
99396 - PREVENTIVE VISIT,EST,40-64	MCLEOD																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99396 - PREVENTIVE VISIT,EST,40-64	MILLE LACS																		
99396 - PREVENTIVE VISIT,EST,40-64	MORRISON																		
99396 - PREVENTIVE VISIT,EST,40-64	MOWER																		
99396 - PREVENTIVE VISIT,EST,40-64	NICOLLET																		
99396 - PREVENTIVE VISIT,EST,40-64	NOBLES																		
99396 - PREVENTIVE VISIT,EST,40-64	OLMSTED																		
99396 - PREVENTIVE VISIT,EST,40-64	OTTER TAIL																		
99396 - PREVENTIVE VISIT,EST,40-64	PENNINGTON																		
99396 - PREVENTIVE VISIT,EST,40-64	PIPESTONE																		
99396 - PREVENTIVE VISIT,EST,40-64	POLK	\$84	\$82																
99396 - PREVENTIVE VISIT,EST,40-64	RAMSEY	\$96	\$97	\$95	\$95	\$100	\$102			\$99	\$93					\$98	\$99	\$96	\$97
99396 - PREVENTIVE VISIT,EST,40-64	RICE	\$95	\$96											\$93	\$97	\$99	\$99		
99396 - PREVENTIVE VISIT,EST,40-64	ROCK																		
99396 - PREVENTIVE VISIT,EST,40-64	ROSEAU																		
99396 - PREVENTIVE VISIT,EST,40-64	SCOTT	\$96	\$97	\$97	\$99					\$105	\$97					\$98	\$99	\$98	\$98
99396 - PREVENTIVE VISIT,EST,40-64	SHERBURNE	\$92	\$92	\$90	\$90					\$91	\$91					\$95	\$97		
99396 - PREVENTIVE VISIT,EST,40-64	SIBLEY																		
99396 - PREVENTIVE VISIT,EST,40-64	ST. LOUIS	\$70	\$70					\$77	\$79	\$89	\$91					\$77	\$76	\$77	\$68

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99396 - PREVENTIVE VISIT,EST,40-64	STEARNS	\$90	\$92	\$85	\$87					\$93	\$92	\$93	\$97			\$99	\$100		
99396 - PREVENTIVE VISIT,EST,40-64	STEELE																		
99396 - PREVENTIVE VISIT,EST,40-64	WABASHA																		
99396 - PREVENTIVE VISIT,EST,40-64	WASECA																		
99396 - PREVENTIVE VISIT,EST,40-64	WASHINGTON	\$96	\$96	\$92	\$93					\$104	\$96					\$97	\$99	\$97	\$98
99396 - PREVENTIVE VISIT,EST,40-64	WATONWAN																		
99396 - PREVENTIVE VISIT,EST,40-64	WINONA																		
99396 - PREVENTIVE VISIT,EST,40-64	WRIGHT	\$90	\$91	\$89	\$91					\$90	\$91					\$92	\$96		
99396 - PREVENTIVE VISIT,EST,40-64	YELLOW MEDICINE																		
S0302 - COMPLETED EPSDT	ANOKA	\$21	\$21	\$56	\$55	\$41	\$41			\$87	\$87					\$73	\$75		
S0302 - COMPLETED EPSDT	BECKER																		
S0302 - COMPLETED EPSDT	BELTRAMI																		
S0302 - COMPLETED EPSDT	BLUE EARTH																		
S0302 - COMPLETED EPSDT	BROWN																		
S0302 - COMPLETED EPSDT	CARLTON																		
S0302 - COMPLETED EPSDT	CARVER	\$21	\$20	\$56	\$54					\$85	\$87					\$77	\$80		
S0302 - COMPLETED EPSDT	CASS	\$20	\$20													\$60	\$60		
S0302 - COMPLETED EPSDT	CHIPPEWA																		



Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
S0302 - COMPLETED EPSDT	CHISAGO																		
S0302 - COMPLETED EPSDT	CLAY																		
S0302 - COMPLETED EPSDT	CROW WING	\$20	\$20							\$89	\$87					\$60	\$60		
S0302 - COMPLETED EPSDT	DAKOTA	\$21	\$21	\$57	\$54	\$41	\$41			\$88	\$87					\$74	\$75	\$163	\$173
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	\$21	\$21	\$58	\$61	\$50	\$41			\$86	\$87					\$74	\$75	\$110	\$100
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																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	NOBLES																		
S0302 - COMPLETED EPSDT	OLMSTED																		
S0302 - COMPLETED EPSDT	OTTER TAIL																		
S0302 - COMPLETED EPSDT	PENNINGTON																		
S0302 - COMPLETED EPSDT	POLK																		
S0302 - COMPLETED EPSDT	RAMSEY	\$21	\$21	\$53	\$54	\$41	\$41			\$89	\$87					\$72	\$75	\$111	\$100
S0302 - COMPLETED EPSDT	REDWOOD																		
S0302 - COMPLETED EPSDT	RICE	\$21	\$21																
S0302 - COMPLETED EPSDT	SCOTT	\$22	\$22													\$79	\$80		
S0302 - COMPLETED EPSDT	SHERBURNE	\$21	\$22	\$58	\$55					\$87	\$87					\$74	\$75		
S0302 - COMPLETED EPSDT	SIBLEY																		

Table A-2.1: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
S0302 - COMPLETED EPSDT	ST. LOUIS	\$21	\$21	\$58	\$70					\$92	\$92					\$60	\$60	\$33	\$15
S0302 - COMPLETED EPSDT	STEARNS	\$21	\$21	\$70	\$68					\$88	\$88					\$60	\$60		
S0302 - COMPLETED EPSDT	STEELE																		
S0302 - COMPLETED EPSDT	WABASHA																		
S0302 - COMPLETED EPSDT	WASECA																		
S0302 - COMPLETED EPSDT	WASHINGTON	\$21	\$21	\$56	\$54					\$90	\$88					\$72	\$75	\$184	\$187
S0302 - COMPLETED EPSDT	WATONWAN																		
S0302 - COMPLETED EPSDT	WINONA																		
S0302 - COMPLETED EPSDT	WRIGHT	\$21	\$21	\$54	\$53					\$87	\$87					\$64	\$60		

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	ANOKA	\$70	\$67	\$76	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	BECKER			\$49	\$46
99391 - PREVENTIVE VISIT,EST,INFANT	BELTRAMI				
99391 - PREVENTIVE VISIT,EST,INFANT	BIG STONE				
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			\$73	\$72
99391 - PREVENTIVE VISIT,EST,INFANT	CASS			\$50	\$50
99391 - PREVENTIVE VISIT,EST,INFANT	CHIPPEWA				
99391 - PREVENTIVE VISIT,EST,INFANT	CHISAGO	\$69	\$67	\$75	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	CLAY				
99391 - PREVENTIVE VISIT,EST,INFANT	COTTONWOOD				
99391 - PREVENTIVE VISIT,EST,INFANT	CROW WING			\$57	\$50
99391 - PREVENTIVE VISIT,EST,INFANT	DAKOTA	\$73	\$76	\$76	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	DODGE				
99391 - PREVENTIVE VISIT,EST,INFANT	DOUGLAS				
99391 - PREVENTIVE VISIT,EST,INFANT	FARIBAULT				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	FILLMORE				
99391 - PREVENTIVE VISIT,EST,INFANT	FREEBORN				
99391 - PREVENTIVE VISIT,EST,INFANT	GOODHUE				
99391 - PREVENTIVE VISIT,EST,INFANT	HENNEPIN	\$71	\$76	\$78	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	HOUSTON				
99391 - PREVENTIVE VISIT,EST,INFANT	HUBBARD				
99391 - PREVENTIVE VISIT,EST,INFANT	ISANTI				
99391 - PREVENTIVE VISIT,EST,INFANT	ITASCA			\$47	\$44
99391 - PREVENTIVE VISIT,EST,INFANT	KANABEC				
99391 - PREVENTIVE VISIT,EST,INFANT	KANDIYOHI				
99391 - PREVENTIVE VISIT,EST,INFANT	LAKE				
99391 - PREVENTIVE VISIT,EST,INFANT	LESUEUR				
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				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	NICOLLET				
99391 - PREVENTIVE VISIT,EST,INFANT	NOBLES				
99391 - PREVENTIVE VISIT,EST,INFANT	OLMSTED				
99391 - PREVENTIVE VISIT,EST,INFANT	OTTER TAIL				
99391 - PREVENTIVE VISIT,EST,INFANT	PENNINGTON				
99391 - PREVENTIVE VISIT,EST,INFANT	PIPESTONE				
99391 - PREVENTIVE VISIT,EST,INFANT	POLK			\$57	\$49
99391 - PREVENTIVE VISIT,EST,INFANT	RAMSEY	\$72	\$76	\$74	\$76
99391 - PREVENTIVE VISIT,EST,INFANT	REDWOOD				
99391 - PREVENTIVE VISIT,EST,INFANT	RICE	\$72	\$76	\$76	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	ROCK				
99391 - PREVENTIVE VISIT,EST,INFANT	ROSEAU				
99391 - PREVENTIVE VISIT,EST,INFANT	SCOTT	\$70	\$67	\$78	\$78
99391 - PREVENTIVE VISIT,EST,INFANT	SHERBURNE	\$71	\$67	\$75	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	SIBLEY				
99391 - PREVENTIVE VISIT,EST,INFANT	ST. LOUIS	\$51	\$51	\$52	\$50
99391 - PREVENTIVE VISIT,EST,INFANT	STEARNS			\$72	\$73
99391 - PREVENTIVE VISIT,EST,INFANT	STEELE				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	WABASHA				
99391 - PREVENTIVE VISIT,EST,INFANT	WASECA				
99391 - PREVENTIVE VISIT,EST,INFANT	WASHINGTON	\$73	\$76	\$75	\$76
99391 - PREVENTIVE VISIT,EST,INFANT	WATONWAN				
99391 - PREVENTIVE VISIT,EST,INFANT	WINONA				
99391 - PREVENTIVE VISIT,EST,INFANT	WRIGHT	\$70	\$67	\$73	\$73
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ANOKA	\$74	\$71	\$81	\$82
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BECKER				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	BELTRAMI				
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			\$78	\$77
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CASS			\$54	\$53
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CHIPPEWA				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CHISAGO			\$79	\$78
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CLAY				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	COTTONWOOD				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	CROW WING			\$61	\$53
99392 - PREVENTIVE VISIT,EST,AGE 1-4	DAKOTA	\$77	\$81	\$81	\$82
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	\$76	\$81	\$83	\$82
99392 - PREVENTIVE VISIT,EST,AGE 1-4	HOUSTON			\$63	\$60
99392 - PREVENTIVE VISIT,EST,AGE 1-4	HUBBARD				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ISANTI				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ITASCA			\$51	\$48
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			\$81	\$81



**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MARSHALL				
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				
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			\$69	\$77
99392 - PREVENTIVE VISIT,EST,AGE 1-4	RAMSEY	\$76	\$81	\$78	\$81
99392 - PREVENTIVE VISIT,EST,AGE 1-4	REDWOOD				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	RICE	\$77	\$81	\$81	\$82
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROCK				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROSEAU				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SCOTT	\$75	\$71	\$82	\$82
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SHERBURNE			\$80	\$81
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SIBLEY				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ST. LOUIS	\$55	\$56	\$58	\$57
99392 - PREVENTIVE VISIT,EST,AGE 1-4	STEARNS	\$73	\$71	\$76	\$78
99392 - PREVENTIVE VISIT,EST,AGE 1-4	STEELE				
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	\$75	\$71	\$80	\$81
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WATONWAN				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WINONA				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	WRIGHT			\$78	\$78
99392 - PREVENTIVE VISIT,EST,AGE 1-4	YELLOW MEDICINE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ANOKA	\$74	\$71	\$80	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	BECKER				
99393 - PREVENTIVE VISIT,EST,AGE5-11	BELTRAMI				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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			\$78	\$77
99393 - PREVENTIVE VISIT,EST,AGE5-11	CASS			\$53	\$53
99393 - PREVENTIVE VISIT,EST,AGE5-11	CHIPPEWA				
99393 - PREVENTIVE VISIT,EST,AGE5-11	CHISAGO			\$78	\$78
99393 - PREVENTIVE VISIT,EST,AGE5-11	CLAY				
99393 - PREVENTIVE VISIT,EST,AGE5-11	COTTONWOOD				
99393 - PREVENTIVE VISIT,EST,AGE5-11	CROW WING	\$57	\$56	\$62	\$53
99393 - PREVENTIVE VISIT,EST,AGE5-11	DAKOTA	\$77	\$81	\$80	\$82
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				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99393 - PREVENTIVE VISIT,EST,AGE5-11	HENNEPIN	\$76	\$81	\$82	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	HOUSTON			\$66	\$60
99393 - PREVENTIVE VISIT,EST,AGE5-11	HUBBARD				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ISANTI				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ITASCA			\$53	\$49
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			\$80	\$81
99393 - PREVENTIVE VISIT,EST,AGE5-11	MARSHALL				
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				
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				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99393 - PREVENTIVE VISIT,EST,AGE5-11	OLMSTED				
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			\$67	\$69
99393 - PREVENTIVE VISIT,EST,AGE5-11	RAMSEY	\$73	\$71	\$78	\$81
99393 - PREVENTIVE VISIT,EST,AGE5-11	REDWOOD				
99393 - PREVENTIVE VISIT,EST,AGE5-11	RICE			\$80	\$81
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROCK				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROSEAU				
99393 - PREVENTIVE VISIT,EST,AGE5-11	SCOTT			\$82	\$82
99393 - PREVENTIVE VISIT,EST,AGE5-11	SHERBURNE	\$72	\$71	\$78	\$81
99393 - PREVENTIVE VISIT,EST,AGE5-11	SIBLEY				
99393 - PREVENTIVE VISIT,EST,AGE5-11	ST. LOUIS	\$55	\$56	\$57	\$55
99393 - PREVENTIVE VISIT,EST,AGE5-11	STEARNS	\$76	\$81	\$76	\$78
99393 - PREVENTIVE VISIT,EST,AGE5-11	STEELE				
99393 - PREVENTIVE VISIT,EST,AGE5-11	WABASHA				
99393 - PREVENTIVE VISIT,EST,AGE5-11	WASECA				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99393 - PREVENTIVE VISIT,EST,AGE5-11	WASHINGTON	\$77	\$81	\$80	\$81
99393 - PREVENTIVE VISIT,EST,AGE5-11	WATONWAN				
99393 - PREVENTIVE VISIT,EST,AGE5-11	WINONA				
99393 - PREVENTIVE VISIT,EST,AGE5-11	WRIGHT			\$77	\$77
99396 - PREVENTIVE VISIT,EST,40-64	ANOKA	\$90	\$95	\$96	\$98
99396 - PREVENTIVE VISIT,EST,40-64	BECKER				
99396 - PREVENTIVE VISIT,EST,40-64	BELTRAMI				
99396 - PREVENTIVE VISIT,EST,40-64	BENTON				
99396 - PREVENTIVE VISIT,EST,40-64	BIG STONE				
99396 - PREVENTIVE VISIT,EST,40-64	BLUE EARTH				
99396 - PREVENTIVE VISIT,EST,40-64	BROWN				
99396 - PREVENTIVE VISIT,EST,40-64	CARLTON				
99396 - PREVENTIVE VISIT,EST,40-64	CARVER	\$93	\$95	\$93	\$93
99396 - PREVENTIVE VISIT,EST,40-64	CASS			\$70	\$68
99396 - PREVENTIVE VISIT,EST,40-64	CHIPPEWA				
99396 - PREVENTIVE VISIT,EST,40-64	CHISAGO			\$95	\$97
99396 - PREVENTIVE VISIT,EST,40-64	CLAY				
99396 - PREVENTIVE VISIT,EST,40-64	COTTONWOOD				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99396 - PREVENTIVE VISIT,EST,40-64	CROW WING			\$79	\$69
99396 - PREVENTIVE VISIT,EST,40-64	DAKOTA	\$91	\$95	\$96	\$97
99396 - PREVENTIVE VISIT,EST,40-64	DODGE				
99396 - PREVENTIVE VISIT,EST,40-64	DOUGLAS				
99396 - PREVENTIVE VISIT,EST,40-64	FILLMORE			\$72	\$71
99396 - PREVENTIVE VISIT,EST,40-64	FREEBORN				
99396 - PREVENTIVE VISIT,EST,40-64	GOODHUE				
99396 - PREVENTIVE VISIT,EST,40-64	HENNEPIN	\$90	\$95	\$101	\$97
99396 - PREVENTIVE VISIT,EST,40-64	HOUSTON			\$91	\$90
99396 - PREVENTIVE VISIT,EST,40-64	HUBBARD				
99396 - PREVENTIVE VISIT,EST,40-64	ISANTI				
99396 - PREVENTIVE VISIT,EST,40-64	ITASCA			\$67	\$68
99396 - PREVENTIVE VISIT,EST,40-64	KANABEC				
99396 - PREVENTIVE VISIT,EST,40-64	KANDIYOHI				
99396 - PREVENTIVE VISIT,EST,40-64	LAKE				
99396 - PREVENTIVE VISIT,EST,40-64	LESUEUR				
99396 - PREVENTIVE VISIT,EST,40-64	MARTIN				
99396 - PREVENTIVE VISIT,EST,40-64	MCLEOD				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99396 - PREVENTIVE VISIT,EST,40-64	MILLE LACS				
99396 - PREVENTIVE VISIT,EST,40-64	MORRISON				
99396 - PREVENTIVE VISIT,EST,40-64	MOWER				
99396 - PREVENTIVE VISIT,EST,40-64	NICOLLET				
99396 - PREVENTIVE VISIT,EST,40-64	NOBLES				
99396 - PREVENTIVE VISIT,EST,40-64	OLMSTED				
99396 - PREVENTIVE VISIT,EST,40-64	OTTER TAIL				
99396 - PREVENTIVE VISIT,EST,40-64	PENNINGTON				
99396 - PREVENTIVE VISIT,EST,40-64	PIPESTONE				
99396 - PREVENTIVE VISIT,EST,40-64	POLK			\$84	\$82
99396 - PREVENTIVE VISIT,EST,40-64	RAMSEY	\$92	\$95	\$97	\$97
99396 - PREVENTIVE VISIT,EST,40-64	RICE	\$90	\$95	\$97	\$97
99396 - PREVENTIVE VISIT,EST,40-64	ROCK				
99396 - PREVENTIVE VISIT,EST,40-64	ROSEAU				
99396 - PREVENTIVE VISIT,EST,40-64	SCOTT	\$92	\$95	\$98	\$99
99396 - PREVENTIVE VISIT,EST,40-64	SHERBURNE	\$89	\$92	\$92	\$92
99396 - PREVENTIVE VISIT,EST,40-64	SIBLEY				
99396 - PREVENTIVE VISIT,EST,40-64	ST. LOUIS	\$71	\$71	\$75	\$74



**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99396 - PREVENTIVE VISIT,EST,40-64	STEARNS	\$91	\$95	\$90	\$92
99396 - PREVENTIVE VISIT,EST,40-64	STEELE				
99396 - PREVENTIVE VISIT,EST,40-64	STEVENS				
99396 - PREVENTIVE VISIT,EST,40-64	WABASHA				
99396 - PREVENTIVE VISIT,EST,40-64	WASECA				
99396 - PREVENTIVE VISIT,EST,40-64	WASHINGTON	\$94	\$95	\$95	\$97
99396 - PREVENTIVE VISIT,EST,40-64	WATONWAN				
99396 - PREVENTIVE VISIT,EST,40-64	WINONA				
99396 - PREVENTIVE VISIT,EST,40-64	WRIGHT	\$89	\$95	\$90	\$91
99396 - PREVENTIVE VISIT,EST,40-64	YELLOW MEDICINE				
S0302 - COMPLETED EPSDT	ANOKA			\$56	\$55
S0302 - COMPLETED EPSDT	BECKER				
S0302 - COMPLETED EPSDT	BELTRAMI				
S0302 - COMPLETED EPSDT	BLUE EARTH				
S0302 - COMPLETED EPSDT	BROWN				
S0302 - COMPLETED EPSDT	CARLTON				
S0302 - COMPLETED EPSDT	CARVER			\$50	\$54
S0302 - COMPLETED EPSDT	CASS			\$25	\$20

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
S0302 - COMPLETED EPSDT	CHIPPEWA				
S0302 - COMPLETED EPSDT	CHISAGO				
S0302 - COMPLETED EPSDT	CLAY				
S0302 - COMPLETED EPSDT	CROW WING			\$26	\$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			\$62	\$70
S0302 - COMPLETED EPSDT	HOUSTON				
S0302 - COMPLETED EPSDT	HUBBARD				
S0302 - COMPLETED EPSDT	ISANTI				
S0302 - COMPLETED EPSDT	ITASCA			\$44	\$60
S0302 - COMPLETED EPSDT	KANABEC				
S0302 - COMPLETED EPSDT	KANDIYOHI				

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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	NOBLES				
S0302 - COMPLETED EPSDT	OLMSTED				
S0302 - COMPLETED EPSDT	OTTER TAIL				
S0302 - COMPLETED EPSDT	PENNINGTON				
S0302 - COMPLETED EPSDT	POLK				
S0302 - COMPLETED EPSDT	RAMSEY			\$62	\$54
S0302 - COMPLETED EPSDT	REDWOOD				
S0302 - COMPLETED EPSDT	RICE			\$30	\$21
S0302 - COMPLETED EPSDT	SCOTT			\$64	\$61
S0302 - COMPLETED EPSDT	SHERBURNE			\$34	\$22

**Table A-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
S0302 - COMPLETED EPSDT	SIBLEY				
S0302 - COMPLETED EPSDT	ST. LOUIS			\$42	\$60
S0302 - COMPLETED EPSDT	STEARNS			\$31	\$21
S0302 - COMPLETED EPSDT	STEELE				
S0302 - COMPLETED EPSDT	WABASHA				
S0302 - COMPLETED EPSDT	WASECA				
S0302 - COMPLETED EPSDT	WASHINGTON			\$57	\$54
S0302 - COMPLETED EPSDT	WATONWAN				
S0302 - COMPLETED EPSDT	WINONA				
S0302 - COMPLETED EPSDT	WRIGHT			\$29	\$21

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	AITKIN	\$46	\$48																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ANOKA	\$65	\$67	\$64	\$66	\$67	\$68			\$77	\$78	\$58	\$58	\$65	\$61	\$67	\$69	\$67	\$72
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BECKER	\$57	\$50							\$81	\$77	\$53	\$53			\$61	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BELTRAMI	\$50	\$49									\$48	\$47			\$52	\$52		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BENTON	\$63	\$66																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BIG STONE	\$49	\$48									\$48	\$48						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BLUE EARTH	\$63	\$66	\$56	\$60					\$77	\$78	\$56	\$58	\$60	\$61	\$68	\$70		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BROWN	\$66	\$70									\$66	\$67	\$66	\$67				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CARLTON	\$61	\$63	\$51	\$50					\$85	\$96					\$68	\$66	\$68	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CARVER	\$65	\$66	\$61	\$64	\$64	\$66			\$78	\$74	\$55	\$58	\$59	\$61	\$66	\$68	\$60	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CASS	\$49	\$48							\$80	\$89					\$55	\$52		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CHIPPEWA																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CHISAGO	\$62	\$67	\$56	\$61					\$77	\$80			\$62	\$63	\$60	\$64		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CLAY	\$56	\$49							\$66	\$63	\$68	\$71			\$64	\$63		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CLEARWATER																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	COTTONWOOD	\$66	\$66									\$62	\$70			\$74	\$74		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CROW WING	\$54	\$48	\$53	\$55			\$44	\$45	\$70	\$67	\$60	\$61	\$58	\$61	\$61	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DAKOTA	\$66	\$66	\$64	\$68	\$84	\$70			\$81	\$88	\$58	\$58	\$62	\$62	\$67	\$68	\$66	\$69

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DODGE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DOUGLAS	\$54	\$48	\$78	\$45					\$60	\$54	\$53	\$51			\$57	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FARIBAULT																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FILLMORE	\$54	\$49																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FREEBORN	\$54	\$50							\$57	\$56					\$52	\$48		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GOODHUE	\$57	\$50											\$48	\$48				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GRANT											\$64	\$64						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HENNEPIN	\$68	\$66	\$65	\$66	\$91	\$79	\$43	\$44	\$80	\$74	\$59	\$59	\$62	\$61	\$71	\$69	\$67	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HOUSTON															\$62	\$64		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HUBBARD	\$59	\$60									\$59	\$61			\$58	\$66		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ISANTI	\$67	\$70	\$67	\$72					\$77	\$78			\$64	\$64	\$71	\$71		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ITASCA	\$52	\$51					\$45	\$43	\$79	\$69	\$55	\$48			\$56	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	JACKSON															\$72	\$72		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KANABEC													\$64	\$65				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KANDIYOHI	\$65	\$67							\$73	\$66	\$65	\$68			\$69	\$70		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KITTSON																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KOOCHICHING																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAC QUI PARLE																		

**Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAKE	\$56	\$60													\$63	\$66		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAKE OF WOODS																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LESUEUR	\$61	\$63	\$54	\$59					\$74	\$66			\$62	\$63	\$63	\$70		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LINCOLN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LYON	\$73	\$63									\$84	\$62						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MAHNOMEN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MARSHALL																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MARTIN	\$57	\$60													\$61	\$63		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MCLEOD	\$53	\$51	\$47	\$43					\$82	\$69	\$46	\$46			\$60	\$58		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MEEKER											\$48	\$46						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MILLE LACS	\$63	\$60	\$145	\$92					\$72	\$66			\$60	\$62	\$62	\$66		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MORRISON	\$49	\$48							\$64	\$49					\$51	\$52		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MOWER																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MURRAY	\$59	\$50																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NICOLLET	\$63	\$66	\$58	\$62									\$64	\$67	\$70	\$73		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NOBLES	\$49	\$49									\$46	\$46			\$53	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORMAN																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	OLMSTED	\$60	\$55	\$61	\$46					\$75	\$71			\$55	\$55	\$56	\$53	\$45	\$43

**Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	OTTER TAIL	\$48	\$48							\$53	\$48	\$50	\$46			\$60	\$56		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PENNINGTON	\$53	\$49									\$53	\$48			\$60	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PINE	\$44	\$44																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PIPESTONE	\$47	\$48									\$48	\$48						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	POLK	\$62	\$63							\$86	\$69	\$59	\$67			\$75	\$74		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	POPE	\$73	\$81									\$64	\$70						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RAMSEY	\$68	\$67	\$65	\$67	\$66	\$70	\$42	\$34	\$82	\$78	\$55	\$58	\$57	\$60	\$67	\$68	\$65	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RED LAKE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	REDWOOD	\$65	\$65									\$57	\$59			\$72	\$72		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RENVILLE											\$62	\$68						
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RICE	\$67	\$67	\$64	\$64	\$67	\$66			\$82	\$88			\$63	\$63	\$68	\$71	\$60	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROCK	\$52	\$49																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROSEAU	\$63	\$63																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SCOTT	\$67	\$68	\$67	\$70	\$70	\$73			\$80	\$88	\$62	\$62	\$62	\$63	\$67	\$68	\$66	\$72
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SHERBURNE	\$65	\$64	\$62	\$64	\$64	\$67			\$64	\$60	\$78	\$68	\$61	\$63	\$69	\$72		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SIBLEY													\$57	\$56				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ST. LOUIS	\$53	\$49	\$52	\$50	\$63	\$66	\$44	\$43	\$71	\$66	\$54	\$52	\$50	\$44	\$54	\$52	\$53	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEARNS	\$64	\$66	\$57	\$61	\$60	\$65	\$43	\$45	\$78	\$82	\$59	\$62	\$59	\$61	\$69	\$73		



Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEELE	\$113	\$70													\$93	\$66		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEVENS																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SWIFT															\$61	\$66		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	TODD	\$69	\$66													\$56	\$62		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	TRAVERSE																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WABASHA	\$51	\$50											\$55	\$58				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WADENA															\$65	\$65		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WASECA																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WASHINGTON	\$67	\$67	\$63	\$66	\$65	\$67	\$48	\$47	\$78	\$77	\$56	\$59	\$56	\$61	\$66	\$68	\$64	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WATONWAN	\$56	\$50																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WINONA	\$54	\$54											\$57	\$53	\$58	\$58		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WRIGHT	\$63	\$66	\$60	\$63	\$64	\$68			\$68	\$66	\$60	\$64	\$42	\$46	\$64	\$65	\$63	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	YELLOW MEDICINE	\$56	\$53									\$63	\$68			\$69	\$73		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	AITKIN	\$74	\$71																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ANOKA	\$108	\$97	\$92	\$95	\$93	\$94	\$68	\$66	\$114	\$122	\$90	\$88	\$90	\$88	\$94	\$97	\$92	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BECKER	\$90	\$74							\$122	\$128	\$76	\$65			\$92	\$88		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BELTRAMI	\$99	\$73					\$66	\$66	\$94	\$96	\$86	\$75			\$87	\$79		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BENTON	\$91	\$91																

**Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BIG STONE	\$75	\$71									\$75	\$74						
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BLUE EARTH	\$119	\$94	\$85	\$91					\$124	\$116	\$92	\$85	\$95	\$96	\$102	\$104		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BROWN	\$112	\$98							\$113	\$124	\$98	\$102	\$95	\$92	\$102	\$100		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CARLTON	\$90	\$91							\$127	\$136					\$98	\$101		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CARVER	\$102	\$94	\$87	\$90	\$82	\$83			\$113	\$105	\$76	\$75	\$83	\$86	\$96	\$97	\$83	\$84
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CASS	\$75	\$71							\$117	\$116					\$83	\$78		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CHIPPEWA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CHISAGO	\$96	\$97	\$84	\$91					\$112	\$116			\$91	\$92	\$91	\$97		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CLAY	\$101	\$95							\$98	\$94	\$91	\$91			\$102	\$109		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CLEARWATER																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	COTTONWOOD	\$94	\$91									\$97	\$99			\$106	\$104		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CROW WING	\$87	\$72	\$86	\$86	\$76	\$71	\$62	\$63	\$116	\$99	\$92	\$97	\$90	\$96	\$92	\$90		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DAKOTA	\$97	\$95	\$91	\$96	\$90	\$93	\$68	\$64	\$118	\$124	\$90	\$91	\$91	\$89	\$95	\$97	\$92	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DODGE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DOUGLAS	\$97	\$71	\$94	\$74					\$95	\$93	\$83	\$77			\$89	\$79		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FARIBAULT																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FILLMORE	\$77	\$73																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FREEBORN	\$111	\$75													\$79	\$76		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GOODHUE	\$97	\$74	\$77	\$76									\$77	\$76				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GRANT											\$87	\$90						
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	HENNEPIN	\$111	\$95	\$92	\$91	\$134	\$107	\$62	\$64	\$121	\$116	\$90	\$88	\$91	\$88	\$104	\$99	\$97	\$97
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	HOUSTON															\$87	\$79		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	HUBBARD	\$153	\$183							\$105	\$96	\$101	\$104			\$110	\$109		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ISANTI	\$98	\$97	\$93	\$101					\$121	\$130			\$96	\$98	\$108	\$102		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ITASCA	\$91	\$75					\$71	\$68	\$102	\$94	\$94	\$99			\$89	\$78		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	JACKSON																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KANABEC	\$91	\$91											\$93	\$92				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KANDIYOHI	\$98	\$94	\$92	\$90					\$96	\$94	\$94	\$90			\$98	\$99		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KITTSO																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KOOCHICHING																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAC QUI PARLE	\$90	\$94																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAKE	\$86	\$91													\$93	\$94		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAKE OF WOODS																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LESUEUR	\$93	\$94	\$99	\$87					\$115	\$124			\$96	\$98	\$98	\$101		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LINCOLN																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LYON	\$118	\$92									\$138	\$88			\$150	\$114		

**Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MARSHALL																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MARTIN	\$80	\$74													\$83	\$79		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MCLEOD	\$86	\$75	\$72	\$69							\$73	\$73	\$72	\$71	\$93	\$94		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MEEKER											\$83	\$85						
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MILLE LACS	\$94	\$97	\$283	\$347					\$108	\$100			\$86	\$88	\$95	\$99		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MORRISON	\$89	\$71							\$100	\$98					\$77	\$78		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MOWER															\$77	\$78		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MURRAY	\$92	\$84													\$90	\$92		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NICOLLET	\$94	\$94													\$103	\$104		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NOBLES	\$78	\$73									\$77	\$70			\$82	\$78		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORMAN																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	OLMSTED	\$96	\$95	\$125	\$86	\$77	\$71			\$114	\$132	\$80	\$81	\$85	\$86	\$89	\$88		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	OTTER TAIL	\$86	\$71							\$96	\$93	\$83	\$78			\$87	\$83		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PENNINGTON	\$99	\$118									\$109	\$121			\$103	\$114		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PINE	\$92	\$84																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PIPESTONE	\$70	\$71									\$74	\$76						
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	POLK	\$100	\$84							\$129	\$128	\$91	\$95			\$113	\$104		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	POPE											\$95	\$98						

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RAMSEY	\$122	\$100	\$94	\$95	\$84	\$84	\$78	\$74	\$123	\$124	\$82	\$74	\$90	\$89	\$98	\$99	\$92	\$97
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RED LAKE																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	REDWOOD	\$88	\$74									\$75	\$66			\$93	\$94		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RENVILLE											\$102	\$102						
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RICE	\$104	\$95	\$93	\$93	\$95	\$98			\$116	\$130			\$94	\$98	\$99	\$99	\$93	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROCK																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROSEAU	\$94	\$94							\$104	\$94								
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SCOTT	\$104	\$97	\$95	\$100	\$95	\$100			\$120	\$124	\$86	\$88	\$97	\$99	\$98	\$99	\$92	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SHERBURNE	\$108	\$95	\$91	\$90	\$79	\$71			\$101	\$94			\$91	\$89	\$101	\$102		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SIBLEY	\$89	\$84											\$79	\$78				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ST. LOUIS	\$87	\$73	\$82	\$82	\$85	\$92	\$64	\$63	\$112	\$99	\$80	\$78	\$76	\$67	\$81	\$78	\$80	\$81
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEARNS	\$98	\$94	\$82	\$87	\$84	\$88	\$69	\$66	\$121	\$124	\$84	\$85	\$90	\$86	\$99	\$103		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEELE	\$97	\$95																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEVENS	\$83	\$84									\$91	\$106						
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SWIFT											\$81	\$84						
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	TODD	\$89	\$94													\$79	\$69		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	TRAVERSE											\$109	\$116						
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WABASHA																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WADENA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WASECA																		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WASHINGTON	\$112	\$97	\$91	\$91	\$82	\$79	\$66	\$66	\$123	\$122	\$90	\$88	\$94	\$90	\$97	\$99	\$91	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WATONWAN	\$75	\$74																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WINONA	\$84	\$76							\$104	\$93					\$86	\$82		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WRIGHT	\$97	\$94	\$89	\$92	\$100	\$103			\$104	\$94	\$99	\$94	\$67	\$67	\$97	\$98		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	YELLOW MEDICINE	\$84	\$76													\$99	\$103		
99232 - SUBSEQUENT HOSPITAL CARE	AITKIN																		
99232 - SUBSEQUENT HOSPITAL CARE	ANOKA	\$82	\$60	\$59	\$55	\$60	\$63			\$94	\$79	\$57	\$57	\$62	\$62	\$59	\$51	\$59	\$62
99232 - SUBSEQUENT HOSPITAL CARE	BECKER	\$65	\$59																
99232 - SUBSEQUENT HOSPITAL CARE	BELTRAMI																		
99232 - SUBSEQUENT HOSPITAL CARE	BIG STONE																		
99232 - SUBSEQUENT HOSPITAL CARE	BLUE EARTH															\$58	\$60		
99232 - SUBSEQUENT HOSPITAL CARE	BROWN									\$102	\$79								
99232 - SUBSEQUENT HOSPITAL CARE	CARLTON	\$65	\$59							\$81	\$83								
99232 - SUBSEQUENT HOSPITAL CARE	CARVER	\$81	\$77	\$50	\$47					\$74	\$75	\$55	\$54			\$61	\$60		
99232 - SUBSEQUENT HOSPITAL CARE	CASS																		
99232 - SUBSEQUENT HOSPITAL CARE	CHIPPEWA																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	CHISAGO									\$74	\$81								
99232 - SUBSEQUENT HOSPITAL CARE	CLAY																		
99232 - SUBSEQUENT HOSPITAL CARE	CLEARWATER																		
99232 - SUBSEQUENT HOSPITAL CARE	COTTONWOOD																		
99232 - SUBSEQUENT HOSPITAL CARE	CROW WING	\$63	\$57							\$74	\$78					\$79	\$60		
99232 - SUBSEQUENT HOSPITAL CARE	DAKOTA	\$72	\$61	\$51	\$48	\$62	\$64			\$75	\$80			\$57	\$55	\$56	\$54	\$57	\$61
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	\$82	\$61	\$69	\$52	\$104	\$64	\$48	\$48	\$81	\$75	\$55	\$50	\$61	\$56	\$75	\$57	\$70	\$61
99232 - SUBSEQUENT HOSPITAL CARE	HUBBARD																		
99232 - SUBSEQUENT HOSPITAL CARE	ISANTI	\$94	\$81	\$55	\$52					\$73	\$79					\$61	\$52		
99232 - SUBSEQUENT HOSPITAL CARE	ITASCA																		
99232 - SUBSEQUENT HOSPITAL CARE	JACKSON																		
99232 - SUBSEQUENT HOSPITAL CARE	KANABEC																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	KANDIYOHI															\$58	\$60		
99232 - SUBSEQUENT HOSPITAL CARE	KOOCHICHING																		
99232 - SUBSEQUENT HOSPITAL CARE	LAC QUI PARLE																		
99232 - SUBSEQUENT HOSPITAL CARE	LAKE																		
99232 - SUBSEQUENT HOSPITAL CARE	LAKE OF WOODS																		
99232 - SUBSEQUENT HOSPITAL CARE	LESUEUR																		
99232 - SUBSEQUENT HOSPITAL CARE	LINCOLN																		
99232 - SUBSEQUENT HOSPITAL CARE	LYON																		
99232 - SUBSEQUENT HOSPITAL CARE	MAHNOMEN																		
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	\$61							\$74	\$81								
99232 - SUBSEQUENT HOSPITAL CARE	MORRISON																		
99232 - SUBSEQUENT HOSPITAL CARE	MOWER																		
99232 - SUBSEQUENT HOSPITAL CARE	MURRAY																		
99232 - SUBSEQUENT HOSPITAL CARE	NICOLLET	\$69	\$77													\$54	\$55		



Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	NOBLES	\$66	\$59																
99232 - SUBSEQUENT HOSPITAL CARE	OLMSTED															\$56	\$55		
99232 - SUBSEQUENT HOSPITAL CARE	OTTER TAIL																		
99232 - SUBSEQUENT HOSPITAL CARE	PENNINGTON	\$106	\$127																
99232 - SUBSEQUENT HOSPITAL CARE	PINE																		
99232 - SUBSEQUENT HOSPITAL CARE	PIPESTONE																		
99232 - SUBSEQUENT HOSPITAL CARE	POLK	\$63	\$57																
99232 - SUBSEQUENT HOSPITAL CARE	POPE																		
99232 - SUBSEQUENT HOSPITAL CARE	RAMSEY	\$72	\$61	\$56	\$52	\$57	\$57			\$84	\$79	\$52	\$50	\$58	\$54	\$56	\$54	\$59	\$61
99232 - SUBSEQUENT HOSPITAL CARE	REDWOOD																		
99232 - SUBSEQUENT HOSPITAL CARE	RICE	\$74	\$77							\$78	\$75			\$63	\$68	\$62	\$55		
99232 - SUBSEQUENT HOSPITAL CARE	ROCK																		
99232 - SUBSEQUENT HOSPITAL CARE	ROSEAU																		
99232 - SUBSEQUENT HOSPITAL CARE	SCOTT	\$65	\$60	\$61	\$58					\$68	\$71					\$58	\$51		
99232 - SUBSEQUENT HOSPITAL CARE	SHERBURNE																		
99232 - SUBSEQUENT HOSPITAL CARE	SIBLEY																		
99232 - SUBSEQUENT HOSPITAL CARE	ST. LOUIS	\$75	\$59	\$52	\$50	\$56	\$57	\$53	\$48	\$81	\$78	\$58	\$55	\$66	\$73	\$55	\$54	\$57	\$56
99232 - SUBSEQUENT HOSPITAL CARE	STEARNS	\$65	\$58	\$48	\$45					\$74	\$75	\$58	\$54			\$60	\$62		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	STEELE													\$64	\$65				
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	WADENA																		
99232 - SUBSEQUENT HOSPITAL CARE	WASECA																		
99232 - SUBSEQUENT HOSPITAL CARE	WASHINGTON	\$72	\$61	\$51	\$48					\$72	\$80					\$55	\$54	\$58	\$61
99232 - SUBSEQUENT HOSPITAL CARE	WATONWAN																		
99232 - SUBSEQUENT HOSPITAL CARE	WILKIN																		
99232 - SUBSEQUENT HOSPITAL CARE	WINONA																		
99232 - SUBSEQUENT HOSPITAL CARE	WRIGHT	\$69	\$60	\$60	\$52					\$74	\$79	\$69	\$71						
99232 - SUBSEQUENT HOSPITAL CARE	YELLOW MEDICINE																		
99284 - EMERGENCY DEPT VISIT	AITKIN																		
99284 - EMERGENCY DEPT VISIT	ANOKA	\$88	\$86	\$76	\$75											\$83	\$83		
99284 - EMERGENCY DEPT VISIT	BECKER	\$89	\$88																
99284 - EMERGENCY DEPT VISIT	BELTRAMI																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99284 - EMERGENCY DEPT VISIT	BIG STONE																		
99284 - EMERGENCY DEPT VISIT	BLUE EARTH	\$89	\$90																
99284 - EMERGENCY DEPT VISIT	BROWN													\$89	\$84				
99284 - EMERGENCY DEPT VISIT	CARLTON																		
99284 - EMERGENCY DEPT VISIT	CARVER																		
99284 - EMERGENCY DEPT VISIT	CASS																		
99284 - EMERGENCY DEPT VISIT	CHIPPEWA																		
99284 - EMERGENCY DEPT VISIT	CHISAGO																		
99284 - EMERGENCY DEPT VISIT	CLAY																		
99284 - EMERGENCY DEPT VISIT	CLEARWATER																		
99284 - EMERGENCY DEPT VISIT	COOK																		
99284 - EMERGENCY DEPT VISIT	COTTONWOOD																		
99284 - EMERGENCY DEPT VISIT	CROW WING	\$81	\$86																
99284 - EMERGENCY DEPT VISIT	DAKOTA	\$84	\$86	\$75	\$75					\$96	\$87					\$83	\$84		
99284 - EMERGENCY DEPT VISIT	DODGE																		
99284 - EMERGENCY DEPT VISIT	DOUGLAS																		
99284 - EMERGENCY DEPT VISIT	FARIBAULT																		
99284 - EMERGENCY DEPT VISIT	FILLMORE																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99284 - EMERGENCY DEPT VISIT	FREEBORN																		
99284 - EMERGENCY DEPT VISIT	GOODHUE																		
99284 - EMERGENCY DEPT VISIT	GRANT																		
99284 - EMERGENCY DEPT VISIT	HENNEPIN	\$107	\$86	\$90	\$77	\$157	\$96	\$61	\$60	\$118	\$113	\$76	\$75	\$79	\$79	\$109	\$84	\$105	\$91
99284 - EMERGENCY DEPT VISIT	HUBBARD																		
99284 - EMERGENCY DEPT VISIT	ISANTI																		
99284 - EMERGENCY DEPT VISIT	ITASCA																		
99284 - EMERGENCY DEPT VISIT	JACKSON																		
99284 - EMERGENCY DEPT VISIT	KANABEC																		
99284 - EMERGENCY DEPT VISIT	KANDIYOHI																		
99284 - EMERGENCY DEPT VISIT	KOOCHICHING																		
99284 - EMERGENCY DEPT VISIT	LAC QUI PARLE																		
99284 - EMERGENCY DEPT VISIT	LAKE																		
99284 - EMERGENCY DEPT VISIT	LAKE OF WOODS																		
99284 - EMERGENCY DEPT VISIT	LESUEUR																		
99284 - EMERGENCY DEPT VISIT	LINCOLN																		
99284 - EMERGENCY DEPT VISIT	LYON																		
99284 - EMERGENCY DEPT VISIT	MAHNOMEN																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99284 - EMERGENCY DEPT VISIT	MARSHALL																		
99284 - EMERGENCY DEPT VISIT	MARTIN																		
99284 - EMERGENCY DEPT VISIT	MCLEOD																		
99284 - EMERGENCY DEPT VISIT	MEEKER																		
99284 - EMERGENCY DEPT VISIT	MILLE LACS																		
99284 - EMERGENCY DEPT VISIT	MORRISON																		
99284 - EMERGENCY DEPT VISIT	MOWER																		
99284 - EMERGENCY DEPT VISIT	MURRAY																		
99284 - EMERGENCY DEPT VISIT	NICOLLET																		
99284 - EMERGENCY DEPT VISIT	NOBLES																		
99284 - EMERGENCY DEPT VISIT	OLMSTED																		
99284 - EMERGENCY DEPT VISIT	OTTER TAIL	\$85	\$86																
99284 - EMERGENCY DEPT VISIT	PENNINGTON																		
99284 - EMERGENCY DEPT VISIT	PINE																		
99284 - EMERGENCY DEPT VISIT	PIPESTONE																		
99284 - EMERGENCY DEPT VISIT	POLK																		
99284 - EMERGENCY DEPT VISIT	POPE																		
99284 - EMERGENCY DEPT VISIT	RAMSEY	\$88	\$86	\$76	\$77	\$87	\$86			\$97	\$91	\$73	\$75	\$79	\$79	\$82	\$84	\$82	\$84

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99284 - EMERGENCY DEPT VISIT	REDWOOD																		
99284 - EMERGENCY DEPT VISIT	RICE	\$84	\$86																
99284 - EMERGENCY DEPT VISIT	ROCK																		
99284 - EMERGENCY DEPT VISIT	ROSEAU																		
99284 - EMERGENCY DEPT VISIT	SCOTT	\$87	\$86																
99284 - EMERGENCY DEPT VISIT	SIBLEY																		
99284 - EMERGENCY DEPT VISIT	ST. LOUIS	\$89	\$88	\$80	\$82			\$74	\$75	\$99	\$91	\$79	\$76			\$81	\$83	\$88	\$84
99284 - EMERGENCY DEPT VISIT	STEARNS	\$83	\$86	\$74	\$75							\$75	\$75			\$84	\$84		
99284 - EMERGENCY DEPT VISIT	STEELE																		
99284 - EMERGENCY DEPT VISIT	STEVENS																		
99284 - EMERGENCY DEPT VISIT	SWIFT																		
99284 - EMERGENCY DEPT VISIT	TODD																		
99284 - EMERGENCY DEPT VISIT	TRAVERSE																		
99284 - EMERGENCY DEPT VISIT	WABASHA																		
99284 - EMERGENCY DEPT VISIT	WADENA																		
99284 - EMERGENCY DEPT VISIT	WASECA																		
99284 - EMERGENCY DEPT VISIT	WASHINGTON			\$76	\$75					\$103	\$113								
99284 - EMERGENCY DEPT VISIT	WATONWAN																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99284 - EMERGENCY DEPT VISIT	WILKIN																		
99284 - EMERGENCY DEPT VISIT	WINONA																		
99284 - EMERGENCY DEPT VISIT	WRIGHT																		
99284 - EMERGENCY DEPT VISIT	YELLOW MEDICINE																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ANOKA	\$97	\$127	\$50	\$44	\$63	\$50									\$94	\$113		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BENTON																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BLUE EARTH	\$56	\$51																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BROWN																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CARVER			\$46	\$44											\$42	\$48		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CHIPPEWA																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CHISAGO																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CLAY	\$43	\$38																
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	\$42	\$50	\$51	\$44											\$45	\$48		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DODGE																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DOUGLAS																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FREEBORN																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	GOODHUE																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	HENNEPIN	\$50	\$48	\$60	\$45	\$45	\$38			\$113	\$140					\$84	\$97	\$47	\$50
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ISANTI																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	JACKSON																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	KANDIYOHI	\$79	\$64									\$72	\$80						
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	LYON																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MCLEOD																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MEEKER																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MILLE LACS																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MORRISON																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MOWER																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MURRAY																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NICOLLET																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NOBLES																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORMAN																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	OLMSTED	\$47	\$50													\$48	\$48		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	OTTER TAIL																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	PINE																		



Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	PIPESTONE																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	POLK																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	POPE																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RAMSEY	\$64	\$51	\$51	\$44	\$97	\$100									\$51	\$48	\$72	\$50
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	REDWOOD																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RENVILLE																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RICE	\$43	\$38													\$36	\$35		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ROCK																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SCOTT			\$45	\$44											\$41	\$47		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SHERBURNE	\$35	\$38																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ST. LOUIS																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	STEARNS	\$48	\$51	\$57	\$44							\$36	\$34						
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	STEELE													\$52	\$50				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	TODD																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WABASHA																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WASECA																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WASHINGTON	\$45	\$40	\$50	\$44											\$45	\$47		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WATONWAN																		

Table A-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WINONA																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WRIGHT	\$29	\$25	\$40	\$44											\$46	\$48		

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	AITKIN			\$47	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ANOKA	\$63	\$61	\$66	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BECKER	\$50	\$44	\$58	\$52
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BELTRAMI	\$47	\$44	\$48	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BENTON			\$63	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BIG STONE	\$49	\$50	\$48	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BLUE EARTH	\$61	\$61	\$65	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	BROWN			\$66	\$69
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CARLTON	\$65	\$66	\$63	\$63
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CARVER	\$62	\$61	\$64	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CASS			\$51	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CHIPPEWA				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CHISAGO	\$58	\$61	\$61	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CLAY	\$56	\$50	\$57	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CLEARWATER				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	COTTONWOOD	\$68	\$70	\$67	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	CROW WING	\$52	\$50	\$56	\$49

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DAKOTA	\$63	\$61	\$66	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DODGE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DOUGLAS	\$54	\$50	\$54	\$51
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FARIBAULT				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FILLMORE	\$49	\$50	\$52	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FREEBORN	\$46	\$44	\$54	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GOODHUE	\$48	\$45	\$50	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GRANT			\$63	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HENNEPIN	\$60	\$61	\$71	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HOUSTON			\$63	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	HUBBARD			\$60	\$61
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ISANTI	\$64	\$63	\$68	\$70
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ITASCA	\$49	\$50	\$47	\$45
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	JACKSON			\$74	\$80
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KANABEC			\$64	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KANDIYOHI	\$64	\$63	\$65	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KITTSOON				

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	KOOCHICHING				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAC QUI PARLE			\$62	\$62
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAKE			\$57	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LAKE OF WOODS				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LESUEUR	\$60	\$63	\$62	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LINCOLN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LYON	\$89	\$61	\$79	\$63
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MAHNOMEN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MARSHALL				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MARTIN	\$57	\$56	\$58	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MCLEOD	\$45	\$44	\$47	\$46
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MEEKER			\$48	\$46
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MILLE LACS	\$63	\$63	\$65	\$63
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MORRISON	\$45	\$44	\$50	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MOWER				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MURRAY			\$60	\$55
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NICOLLET	\$63	\$61	\$66	\$67

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NOBLES	\$45	\$44	\$49	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORMAN				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	OLMSTED	\$54	\$55	\$57	\$53
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	OTTER TAIL	\$49	\$44	\$49	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PENNINGTON	\$56	\$50	\$54	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PINE			\$45	\$44
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	PIPESTONE	\$57	\$50	\$48	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	POLK	\$55	\$50	\$63	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	POPE			\$65	\$70
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RAMSEY	\$64	\$61	\$67	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RED LAKE				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	REDWOOD			\$64	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RENVILLE			\$61	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	RICE	\$64	\$66	\$67	\$68
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROCK			\$52	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROSEAU			\$63	\$63
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SCOTT	\$64	\$63	\$67	\$69

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SHERBURNE	\$61	\$61	\$65	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SIBLEY			\$58	\$59
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ST. LOUIS	\$50	\$44	\$54	\$51
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEARNS	\$63	\$61	\$63	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEELE			\$95	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	STEVENS				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SWIFT			\$68	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	TODD	\$54	\$60	\$58	\$61
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	TRAVERSE			\$64	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WABASHA			\$53	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WADENA			\$60	\$64
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WASECA				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WASHINGTON	\$63	\$61	\$65	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WATONWAN			\$54	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WINONA	\$46	\$44	\$56	\$57
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	WRIGHT	\$62	\$61	\$63	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	YELLOW MEDICINE			\$59	\$60

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	AITKIN	\$65	\$62	\$74	\$71
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ANOKA	\$92	\$92	\$98	\$97
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BECKER	\$78	\$74	\$92	\$78
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BELTRAMI	\$86	\$74	\$88	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BENTON			\$91	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BIG STONE	\$70	\$68	\$75	\$73
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BLUE EARTH	\$96	\$95	\$109	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	BROWN	\$97	\$98	\$103	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CARLTON	\$107	\$95	\$94	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CARVER	\$92	\$93	\$95	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CASS	\$71	\$74	\$78	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CHIPPEWA				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CHISAGO	\$87	\$87	\$93	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CLAY	\$91	\$96	\$101	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CLEARWATER				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	COTTONWOOD	\$99	\$99	\$99	\$99
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	CROW WING	\$81	\$74	\$90	\$79



**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DAKOTA	\$89	\$88	\$96	\$97
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DODGE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DOUGLAS	\$87	\$80	\$86	\$77
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FARIBAULT				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FILLMORE			\$77	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FREEBORN			\$96	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GOODHUE	\$75	\$70	\$80	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GRANT			\$88	\$89
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	HENNEPIN	\$90	\$87	\$106	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	HOUSTON			\$93	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	HUBBARD	\$99	\$92	\$115	\$104
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ISANTI	\$97	\$98	\$101	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ITASCA	\$82	\$74	\$77	\$71
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	JACKSON			\$108	\$116
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KANABEC	\$90	\$92	\$93	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KANDIYOHI	\$100	\$92	\$97	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KITTSOON				

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	KOOCHICHING				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAC QUI PARLE			\$87	\$85
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAKE	\$93	\$95	\$87	\$91
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LAKE OF WOODS				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LESUEUR	\$92	\$98	\$96	\$97
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LINCOLN				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LYON	\$165	\$216	\$128	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MARSHALL				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MARTIN	\$74	\$70	\$82	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MCLEOD	\$75	\$74	\$75	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MEEKER			\$85	\$85
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MILLE LACS	\$91	\$92	\$100	\$97
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MORRISON	\$74	\$70	\$82	\$78
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MOWER			\$85	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MURRAY	\$98	\$100	\$94	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NICOLLET	\$93	\$94	\$98	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NOBLES	\$79	\$70	\$78	\$73

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORMAN				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	OLMSTED	\$87	\$87	\$91	\$89
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	OTTER TAIL	\$76	\$74	\$86	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PENNINGTON	\$93	\$93	\$101	\$115
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PINE			\$91	\$84
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	PIPESTONE	\$78	\$74	\$74	\$76
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	POLK	\$97	\$74	\$102	\$91
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	POPE			\$96	\$97
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RAMSEY	\$91	\$92	\$100	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RED LAKE				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	REDWOOD			\$85	\$77
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RENVILLE			\$124	\$111
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	RICE	\$90	\$92	\$101	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROCK				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROSEAU			\$95	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SCOTT	\$94	\$95	\$99	\$99
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SHERBURNE	\$94	\$96	\$104	\$97

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SIBLEY			\$81	\$81
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ST. LOUIS	\$79	\$74	\$85	\$78
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEARNS	\$94	\$88	\$95	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEELE			\$108	\$98
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	STEVENS			\$90	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SWIFT			\$99	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	TODD	\$78	\$80	\$83	\$82
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	TRAVERSE			\$107	\$104
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WABASHA				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WADENA			\$86	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WASECA				
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WASHINGTON	\$94	\$92	\$98	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WATONWAN			\$77	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WINONA	\$72	\$68	\$87	\$81
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	WRIGHT	\$103	\$95	\$96	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	YELLOW MEDICINE			\$87	\$88
99232 - SUBSEQUENT HOSPITAL CARE	AITKIN				

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	ANOKA	\$60	\$53	\$66	\$57
99232 - SUBSEQUENT HOSPITAL CARE	BECKER	\$52	\$53	\$64	\$59
99232 - SUBSEQUENT HOSPITAL CARE	BELTRAMI				
99232 - SUBSEQUENT HOSPITAL CARE	BIG STONE			\$62	\$63
99232 - SUBSEQUENT HOSPITAL CARE	BLUE EARTH			\$64	\$60
99232 - SUBSEQUENT HOSPITAL CARE	BROWN			\$74	\$60
99232 - SUBSEQUENT HOSPITAL CARE	CARLTON			\$68	\$63
99232 - SUBSEQUENT HOSPITAL CARE	CARVER	\$53	\$53	\$66	\$60
99232 - SUBSEQUENT HOSPITAL CARE	CASS				
99232 - SUBSEQUENT HOSPITAL CARE	CHIPPEWA				
99232 - SUBSEQUENT HOSPITAL CARE	CHISAGO			\$65	\$61
99232 - SUBSEQUENT HOSPITAL CARE	CLAY				
99232 - SUBSEQUENT HOSPITAL CARE	CLEARWATER				
99232 - SUBSEQUENT HOSPITAL CARE	COTTONWOOD				
99232 - SUBSEQUENT HOSPITAL CARE	CROW WING	\$53	\$53	\$70	\$57
99232 - SUBSEQUENT HOSPITAL CARE	DAKOTA	\$55	\$53	\$61	\$57
99232 - SUBSEQUENT HOSPITAL CARE	DODGE				

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	DOUGLAS				
99232 - SUBSEQUENT HOSPITAL CARE	FARIBAULT				
99232 - SUBSEQUENT HOSPITAL CARE	FREEBORN				
99232 - SUBSEQUENT HOSPITAL CARE	GOODHUE			\$63	\$60
99232 - SUBSEQUENT HOSPITAL CARE	GRANT				
99232 - SUBSEQUENT HOSPITAL CARE	HENNEPIN	\$56	\$53	\$78	\$60
99232 - SUBSEQUENT HOSPITAL CARE	HUBBARD				
99232 - SUBSEQUENT HOSPITAL CARE	ISANTI	\$63	\$63	\$73	\$60
99232 - SUBSEQUENT HOSPITAL CARE	ITASCA				
99232 - SUBSEQUENT HOSPITAL CARE	JACKSON				
99232 - SUBSEQUENT HOSPITAL CARE	KANABEC				
99232 - SUBSEQUENT HOSPITAL CARE	KANDIYOHI			\$67	\$59
99232 - SUBSEQUENT HOSPITAL CARE	KOOCHICHING				
99232 - SUBSEQUENT HOSPITAL CARE	LAC QUI PARLE				
99232 - SUBSEQUENT HOSPITAL CARE	LAKE				
99232 - SUBSEQUENT HOSPITAL CARE	LAKE OF WOODS				
99232 - SUBSEQUENT HOSPITAL CARE	LESUEUR			\$65	\$62

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	LINCOLN				
99232 - SUBSEQUENT HOSPITAL CARE	LYON			\$68	\$72
99232 - SUBSEQUENT HOSPITAL CARE	MAHNOMEN				
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	\$52	\$53	\$70	\$77
99232 - SUBSEQUENT HOSPITAL CARE	MORRISON				
99232 - SUBSEQUENT HOSPITAL CARE	MOWER			\$61	\$60
99232 - SUBSEQUENT HOSPITAL CARE	MURRAY				
99232 - SUBSEQUENT HOSPITAL CARE	NICOLLET	\$53	\$53	\$63	\$60
99232 - SUBSEQUENT HOSPITAL CARE	NOBLES			\$65	\$59
99232 - SUBSEQUENT HOSPITAL CARE	OLMSTED			\$64	\$60
99232 - SUBSEQUENT HOSPITAL CARE	OTTER TAIL			\$77	\$75
99232 - SUBSEQUENT HOSPITAL CARE	PENNINGTON			\$84	\$74
99232 - SUBSEQUENT HOSPITAL CARE	PINE				

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	PIPESTONE				
99232 - SUBSEQUENT HOSPITAL CARE	POLK			\$65	\$63
99232 - SUBSEQUENT HOSPITAL CARE	POPE				
99232 - SUBSEQUENT HOSPITAL CARE	RAMSEY	\$54	\$53	\$61	\$54
99232 - SUBSEQUENT HOSPITAL CARE	REDWOOD				
99232 - SUBSEQUENT HOSPITAL CARE	RICE	\$53	\$53	\$68	\$63
99232 - SUBSEQUENT HOSPITAL CARE	ROCK				
99232 - SUBSEQUENT HOSPITAL CARE	ROSEAU				
99232 - SUBSEQUENT HOSPITAL CARE	SCOTT	\$52	\$53	\$60	\$54
99232 - SUBSEQUENT HOSPITAL CARE	SHERBURNE				
99232 - SUBSEQUENT HOSPITAL CARE	SIBLEY				
99232 - SUBSEQUENT HOSPITAL CARE	ST. LOUIS	\$59	\$53	\$65	\$59
99232 - SUBSEQUENT HOSPITAL CARE	STEARNS	\$55	\$53	\$62	\$58
99232 - SUBSEQUENT HOSPITAL CARE	STEELE			\$71	\$65
99232 - SUBSEQUENT HOSPITAL CARE	STEVENS				
99232 - SUBSEQUENT HOSPITAL CARE	SWIFT				
99232 - SUBSEQUENT HOSPITAL CARE	TODD				



**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99232 - SUBSEQUENT HOSPITAL CARE	TRAVERSE				
99232 - SUBSEQUENT HOSPITAL CARE	WABASHA				
99232 - SUBSEQUENT HOSPITAL CARE	WADENA				
99232 - SUBSEQUENT HOSPITAL CARE	WASECA				
99232 - SUBSEQUENT HOSPITAL CARE	WASHINGTON	\$57	\$53	\$59	\$54
99232 - SUBSEQUENT HOSPITAL CARE	WATONWAN				
99232 - SUBSEQUENT HOSPITAL CARE	WILKIN				
99232 - SUBSEQUENT HOSPITAL CARE	WINONA				
99232 - SUBSEQUENT HOSPITAL CARE	WRIGHT	\$57	\$53	\$69	\$71
99232 - SUBSEQUENT HOSPITAL CARE	YELLOW MEDICINE				
99284 - EMERGENCY DEPT VISIT	AITKIN				
99284 - EMERGENCY DEPT VISIT	ANOKA	\$80	\$79	\$82	\$83
99284 - EMERGENCY DEPT VISIT	BECKER			\$89	\$88
99284 - EMERGENCY DEPT VISIT	BELTRAMI				
99284 - EMERGENCY DEPT VISIT	BIG STONE				
99284 - EMERGENCY DEPT VISIT	BLUE EARTH			\$86	\$84
99284 - EMERGENCY DEPT VISIT	BROWN			\$90	\$90

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99284 - EMERGENCY DEPT VISIT	CARLTON				
99284 - EMERGENCY DEPT VISIT	CARVER				
99284 - EMERGENCY DEPT VISIT	CASS				
99284 - EMERGENCY DEPT VISIT	CHIPPEWA				
99284 - EMERGENCY DEPT VISIT	CHISAGO			\$86	\$82
99284 - EMERGENCY DEPT VISIT	CLAY				
99284 - EMERGENCY DEPT VISIT	CLEARWATER				
99284 - EMERGENCY DEPT VISIT	COOK				
99284 - EMERGENCY DEPT VISIT	COTTONWOOD				
99284 - EMERGENCY DEPT VISIT	CROW WING			\$85	\$86
99284 - EMERGENCY DEPT VISIT	DAKOTA	\$79	\$79	\$82	\$83
99284 - EMERGENCY DEPT VISIT	DODGE				
99284 - EMERGENCY DEPT VISIT	DOUGLAS			\$80	\$81
99284 - EMERGENCY DEPT VISIT	FARIBAULT				
99284 - EMERGENCY DEPT VISIT	FILLMORE				
99284 - EMERGENCY DEPT VISIT	FREEBORN				
99284 - EMERGENCY DEPT VISIT	GOODHUE			\$83	\$84

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99284 - EMERGENCY DEPT VISIT	GRANT				
99284 - EMERGENCY DEPT VISIT	HENNEPIN	\$80	\$79	\$110	\$84
99284 - EMERGENCY DEPT VISIT	HUBBARD				
99284 - EMERGENCY DEPT VISIT	ISANTI			\$83	\$84
99284 - EMERGENCY DEPT VISIT	ITASCA				
99284 - EMERGENCY DEPT VISIT	JACKSON				
99284 - EMERGENCY DEPT VISIT	KANABEC				
99284 - EMERGENCY DEPT VISIT	KANDIYOHI				
99284 - EMERGENCY DEPT VISIT	KOOCHICHING				
99284 - EMERGENCY DEPT VISIT	LAC QUI PARLE				
99284 - EMERGENCY DEPT VISIT	LAKE				
99284 - EMERGENCY DEPT VISIT	LAKE OF WOODS				
99284 - EMERGENCY DEPT VISIT	LESUEUR			\$84	\$84
99284 - EMERGENCY DEPT VISIT	LINCOLN				
99284 - EMERGENCY DEPT VISIT	LYON				
99284 - EMERGENCY DEPT VISIT	MAHNOMEN				
99284 - EMERGENCY DEPT VISIT	MARSHALL				

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99284 - EMERGENCY DEPT VISIT	MARTIN				
99284 - EMERGENCY DEPT VISIT	MCLEOD				
99284 - EMERGENCY DEPT VISIT	MEEKER				
99284 - EMERGENCY DEPT VISIT	MILLE LACS			\$86	\$83
99284 - EMERGENCY DEPT VISIT	MORRISON				
99284 - EMERGENCY DEPT VISIT	MOWER				
99284 - EMERGENCY DEPT VISIT	MURRAY				
99284 - EMERGENCY DEPT VISIT	NICOLLET				
99284 - EMERGENCY DEPT VISIT	NOBLES				
99284 - EMERGENCY DEPT VISIT	OLMSTED				
99284 - EMERGENCY DEPT VISIT	OTTER TAIL			\$88	\$86
99284 - EMERGENCY DEPT VISIT	PENNINGTON				
99284 - EMERGENCY DEPT VISIT	PINE				
99284 - EMERGENCY DEPT VISIT	PIPESTONE				
99284 - EMERGENCY DEPT VISIT	POLK				
99284 - EMERGENCY DEPT VISIT	POPE				
99284 - EMERGENCY DEPT VISIT	RAMSEY	\$78	\$79	\$81	\$83

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99284 - EMERGENCY DEPT VISIT	REDWOOD				
99284 - EMERGENCY DEPT VISIT	RICE			\$83	\$84
99284 - EMERGENCY DEPT VISIT	ROCK				
99284 - EMERGENCY DEPT VISIT	ROSEAU				
99284 - EMERGENCY DEPT VISIT	SCOTT			\$83	\$84
99284 - EMERGENCY DEPT VISIT	SIBLEY				
99284 - EMERGENCY DEPT VISIT	ST. LOUIS	\$79	\$79	\$85	\$84
99284 - EMERGENCY DEPT VISIT	STEARNS	\$78	\$79	\$82	\$86
99284 - EMERGENCY DEPT VISIT	STEELE				
99284 - EMERGENCY DEPT VISIT	STEVENS				
99284 - EMERGENCY DEPT VISIT	SWIFT				
99284 - EMERGENCY DEPT VISIT	TODD				
99284 - EMERGENCY DEPT VISIT	TRAVERSE				
99284 - EMERGENCY DEPT VISIT	WABASHA				
99284 - EMERGENCY DEPT VISIT	WADENA				
99284 - EMERGENCY DEPT VISIT	WASECA				
99284 - EMERGENCY DEPT VISIT	WASHINGTON			\$81	\$83

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99284 - EMERGENCY DEPT VISIT	WATONWAN				
99284 - EMERGENCY DEPT VISIT	WILKIN				
99284 - EMERGENCY DEPT VISIT	WINONA				
99284 - EMERGENCY DEPT VISIT	WRIGHT			\$82	\$84
99284 - EMERGENCY DEPT VISIT	YELLOW MEDICINE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ANOKA	\$65	\$92	\$78	\$63
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BENTON				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BIG STONE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BLUE EARTH	\$45	\$46	\$56	\$51
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	BROWN				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CARVER			\$44	\$45
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CHIPPEWA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CHISAGO				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	CLAY			\$44	\$38
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	\$41	\$46	\$47	\$45

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DODGE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DOUGLAS			\$32	\$29
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FREEBORN			\$18	\$12
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	GOODHUE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	HENNEPIN	\$50	\$46	\$81	\$97
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	HOUSTON				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ISANTI				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	JACKSON				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	KANDIYOHI	\$27	\$23	\$110	\$113
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	LESUEUR				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	LYON				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MCLEOD				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MEEKER				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MILLE LACS			\$64	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MORRISON				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MOWER				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MURRAY				

**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NICOLLET	\$27	\$23		
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	\$48	\$48
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	POPE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RAMSEY	\$63	\$46	\$52	\$48
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	REDWOOD				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RENVILLE				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	RICE	\$37	\$35	\$38	\$35
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ROCK				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SCOTT	\$66	\$88	\$46	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SHERBURNE	\$26	\$12	\$42	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SIBLEY				



**Table A-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ST. LOUIS				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	STEARNS	\$37	\$30	\$51	\$48
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	STEELE			\$52	\$50
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	TODD				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WABASHA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WASECA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WASHINGTON	\$39	\$35	\$49	\$44
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WATONWAN				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WILKIN				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WINONA			\$51	\$45
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	WRIGHT	\$33	\$23	\$46	\$48

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	AITKIN																		
D0120 - PERIODIC ORAL EVALUATION	ANOKA	\$41	\$44	\$38	\$40	\$35	\$32			\$32	\$32			\$35	\$32	\$39	\$41	\$42	\$38
D0120 - PERIODIC ORAL EVALUATION	BECKER																		
D0120 - PERIODIC ORAL EVALUATION	BELTRAMI	\$42	\$49									\$58	\$63						
D0120 - PERIODIC ORAL EVALUATION	BENTON	\$35	\$41													\$28	\$27		
D0120 - PERIODIC ORAL EVALUATION	BIG STONE			\$31	\$26														
D0120 - PERIODIC ORAL EVALUATION	BLUE EARTH	\$36	\$41	\$35	\$38					\$25	\$27			\$45	\$49	\$32	\$27		
D0120 - PERIODIC ORAL EVALUATION	BROWN	\$36	\$41											\$43	\$49				
D0120 - PERIODIC ORAL EVALUATION	CARLTON	\$33	\$37	\$32	\$32					\$26	\$27					\$31	\$27		
D0120 - PERIODIC ORAL EVALUATION	CARVER	\$36	\$41	\$34	\$38	\$33	\$32			\$28	\$27					\$35	\$37		
D0120 - PERIODIC ORAL EVALUATION	CASS																		
D0120 - PERIODIC ORAL EVALUATION	CHIPPEWA																		
D0120 - PERIODIC ORAL EVALUATION	CHISAGO	\$43	\$50	\$33	\$38														
D0120 - PERIODIC ORAL EVALUATION	CLAY	\$44	\$50							\$34	\$32					\$34	\$32		
D0120 - PERIODIC ORAL EVALUATION	CLEARWATER																		
D0120 - PERIODIC ORAL EVALUATION	COOK																		
D0120 - PERIODIC ORAL EVALUATION	COTTONWOOD	\$38	\$41																
D0120 - PERIODIC ORAL EVALUATION	CROW WING	\$38	\$37	\$34	\$40					\$35	\$32					\$35	\$32		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	DAKOTA	\$42	\$41	\$43	\$40	\$39	\$41			\$29	\$27			\$42	\$41	\$42	\$49		
D0120 - PERIODIC ORAL EVALUATION	DODGE																		
D0120 - PERIODIC ORAL EVALUATION	DOUGLAS	\$44	\$49	\$33	\$38					\$36	\$32	\$67	\$80			\$41	\$49		
D0120 - PERIODIC ORAL EVALUATION	FARIBAULT																		
D0120 - PERIODIC ORAL EVALUATION	FREEBORN																		
D0120 - PERIODIC ORAL EVALUATION	GOODHUE	\$40	\$49	\$35	\$38									\$42	\$49	\$40	\$41		
D0120 - PERIODIC ORAL EVALUATION	HENNEPIN	\$40	\$41	\$38	\$40	\$38	\$32			\$31	\$32	\$62	\$67	\$36	\$32	\$40	\$41	\$43	\$49
D0120 - PERIODIC ORAL EVALUATION	HOUSTON																		
D0120 - PERIODIC ORAL EVALUATION	HUBBARD																		
D0120 - PERIODIC ORAL EVALUATION	ISANTI	\$40	\$41	\$36	\$39											\$33	\$27		
D0120 - PERIODIC ORAL EVALUATION	ITASCA	\$36	\$37					\$45	\$45							\$31	\$29		
D0120 - PERIODIC ORAL EVALUATION	JACKSON																		
D0120 - PERIODIC ORAL EVALUATION	KANABEC	\$36	\$41	\$34	\$38									\$35	\$41	\$31	\$27		
D0120 - PERIODIC ORAL EVALUATION	KANDIYOHI	\$36	\$41							\$27	\$27	\$48	\$53			\$27	\$27		
D0120 - PERIODIC ORAL EVALUATION	KOOCHICHING																		
D0120 - PERIODIC ORAL EVALUATION	LAC QUI PARLE	\$36	\$41									\$43	\$38						
D0120 - PERIODIC ORAL EVALUATION	LAKE			\$32	\$32														
D0120 - PERIODIC ORAL EVALUATION	LESUEUR	\$35	\$41	\$33	\$38											\$27	\$27		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	LINCOLN																		
D0120 - PERIODIC ORAL EVALUATION	LYON	\$38	\$41	\$33	\$38							\$45	\$45						
D0120 - PERIODIC ORAL EVALUATION	MARSHALL																		
D0120 - PERIODIC ORAL EVALUATION	MARTIN	\$43	\$49													\$38	\$32		
D0120 - PERIODIC ORAL EVALUATION	MCLEOD	\$39	\$41									\$50	\$44	\$36	\$32	\$36	\$32		
D0120 - PERIODIC ORAL EVALUATION	MEEKER																		
D0120 - PERIODIC ORAL EVALUATION	MILLE LACS	\$41	\$41	\$33	\$38														
D0120 - PERIODIC ORAL EVALUATION	MORRISON															\$40	\$41		
D0120 - PERIODIC ORAL EVALUATION	MOWER	\$32	\$27													\$32	\$27		
D0120 - PERIODIC ORAL EVALUATION	MURRAY																		
D0120 - PERIODIC ORAL EVALUATION	NICOLLET	\$35	\$41													\$33	\$27		
D0120 - PERIODIC ORAL EVALUATION	NOBLES																		
D0120 - PERIODIC ORAL EVALUATION	NORMAN																		
D0120 - PERIODIC ORAL EVALUATION	OLMSTED	\$42	\$41	\$30	\$26					\$31	\$32			\$41	\$41	\$40	\$41		
D0120 - PERIODIC ORAL EVALUATION	OTTER TAIL	\$44	\$49	\$34	\$40					\$35	\$32	\$66	\$70			\$36	\$32		
D0120 - PERIODIC ORAL EVALUATION	PENNINGTON																		
D0120 - PERIODIC ORAL EVALUATION	PINE			\$33	\$38														
D0120 - PERIODIC ORAL EVALUATION	PIPESTONE																		

**Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	POLK	\$35	\$41																
D0120 - PERIODIC ORAL EVALUATION	POPE											\$32	\$38						
D0120 - PERIODIC ORAL EVALUATION	RAMSEY	\$43	\$50	\$41	\$40	\$35	\$32			\$31	\$32	\$53	\$45	\$39	\$37	\$43	\$50	\$50	\$56
D0120 - PERIODIC ORAL EVALUATION	REDWOOD																		
D0120 - PERIODIC ORAL EVALUATION	RENVILLE																		
D0120 - PERIODIC ORAL EVALUATION	RICE	\$45	\$49	\$34	\$40											\$46	\$49		
D0120 - PERIODIC ORAL EVALUATION	ROCK																		
D0120 - PERIODIC ORAL EVALUATION	ROSEAU	\$40	\$49													\$29	\$27		
D0120 - PERIODIC ORAL EVALUATION	SCOTT	\$42	\$49	\$54	\$71	\$39	\$32			\$31	\$32			\$38	\$32	\$41	\$49	\$42	\$49
D0120 - PERIODIC ORAL EVALUATION	SHERBURNE	\$33	\$27	\$34	\$40											\$30	\$27		
D0120 - PERIODIC ORAL EVALUATION	SIBLEY																		
D0120 - PERIODIC ORAL EVALUATION	ST. LOUIS	\$43	\$49	\$33	\$38					\$37	\$41					\$39	\$41	\$45	\$49
D0120 - PERIODIC ORAL EVALUATION	STEARNS	\$42	\$41	\$37	\$40					\$30	\$27	\$74	\$77	\$45	\$49	\$39	\$41		
D0120 - PERIODIC ORAL EVALUATION	STEELE	\$33	\$27											\$32	\$27	\$31	\$27		
D0120 - PERIODIC ORAL EVALUATION	SWIFT																		
D0120 - PERIODIC ORAL EVALUATION	TODD															\$30	\$27		
D0120 - PERIODIC ORAL EVALUATION	TRAVERSE																		
D0120 - PERIODIC ORAL EVALUATION	WABASHA	\$42	\$41	\$33	\$38									\$44	\$50	\$48	\$50		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	WADENA																		
D0120 - PERIODIC ORAL EVALUATION	WASECA																		
D0120 - PERIODIC ORAL EVALUATION	WASHINGTON	\$39	\$41	\$37	\$40	\$35	\$32			\$27	\$27			\$44	\$49	\$39	\$41		
D0120 - PERIODIC ORAL EVALUATION	WATONWAN																		
D0120 - PERIODIC ORAL EVALUATION	WINONA	\$47	\$49	\$32	\$38											\$45	\$49		
D0120 - PERIODIC ORAL EVALUATION	WRIGHT	\$42	\$41	\$40	\$44					\$35	\$32	\$46	\$38			\$39	\$41		
D0120 - PERIODIC ORAL EVALUATION	YELLOW MEDICINE																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	AITKIN																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ANOKA	\$18	\$16	\$17	\$15	\$16	\$16			\$15	\$16			\$17	\$16	\$18	\$16	\$16	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BECKER																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BELTRAMI	\$18	\$16									\$25	\$21						
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BENTON	\$15	\$13													\$13	\$13		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BIG STONE																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BLUE EARTH	\$20	\$22	\$14	\$12									\$23	\$27	\$18	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BROWN	\$19	\$13											\$20	\$14				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CARLTON	\$15	\$13	\$14	\$13					\$13	\$13					\$14	\$13		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CARVER	\$16	\$14	\$14	\$13					\$14	\$14					\$15	\$14		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CASS																		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CHIPPEWA																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CHISAGO			\$15	\$13														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CLAY	\$19	\$16							\$17	\$16					\$16	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CLEARWATER																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	COOK																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	COTTONWOOD	\$19	\$16																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CROW WING	\$18	\$16	\$14	\$13					\$16	\$16					\$17	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DAKOTA	\$20	\$16	\$16	\$13	\$17	\$16			\$15	\$16			\$20	\$19	\$20	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DOUGLAS	\$19	\$16	\$15	\$13							\$27	\$23			\$18	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FARIBAULT																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FILLMORE																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FREEBORN																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	GOODHUE	\$20	\$16	\$15	\$13									\$20	\$16	\$24	\$27		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HENNEPIN	\$19	\$16	\$16	\$14	\$17	\$16			\$16	\$16	\$26	\$21	\$18	\$16	\$19	\$16	\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HOUSTON																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HUBBARD																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ISANTI	\$18	\$16	\$15	\$13														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ITASCA	\$17	\$16					\$19	\$19							\$14	\$15		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	JACKSON																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KANABEC	\$19	\$22	\$14	\$12									\$18	\$16	\$15	\$13		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KANDIYOHI	\$16	\$13									\$22	\$17			\$13	\$13		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KOOCHICHING																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LAC QUI PARLE	\$16	\$13									\$21	\$21						
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LAKE			\$14	\$13														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LESUEUR	\$14	\$13	\$15	\$13														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LINCOLN																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LYON											\$24	\$23						
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MAHNOMEN																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MARSHALL																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MARTIN	\$19	\$16													\$18	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MCLEOD	\$17	\$16									\$19	\$17	\$18	\$16				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MEEKER																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MILLE LACS			\$15	\$13											\$14	\$14		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MORRISON																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MOWER															\$14	\$13		
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 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NICOLLET	\$17	\$13													\$16	\$13		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NOBLES																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORMAN																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	OLMSTED	\$20	\$16	\$14	\$13									\$20	\$16	\$19	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	OTTER TAIL	\$19	\$16	\$16	\$13					\$16	\$16	\$30	\$34			\$17	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PENNINGTON																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PINE			\$15	\$13														
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PIPESTONE																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	POLK	\$16	\$13																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	POPE											\$16	\$12						
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RAMSEY	\$20	\$16	\$18	\$15	\$16	\$16			\$16	\$16	\$26	\$22	\$18	\$16	\$20	\$16	\$24	\$21
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	REDWOOD																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RENVILLE																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RICE	\$25	\$27	\$15	\$13											\$26	\$27		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROCK																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROSEAU	\$20	\$16													\$15	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SCOTT	\$18	\$16	\$16	\$13	\$16	\$16			\$16	\$16			\$17	\$16	\$18	\$16	\$17	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SHERBURNE	\$16	\$13	\$16	\$13					\$15	\$13					\$14	\$13		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SIBLEY																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ST. LOUIS	\$21	\$25	\$15	\$13			\$24	\$25	\$17	\$16					\$19	\$16	\$23	\$27
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEARNS	\$18	\$16	\$16	\$15					\$15	\$13	\$33	\$42	\$19	\$16	\$15	\$13		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEELE	\$16	\$13											\$15	\$13	\$14	\$13		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEVENS																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SWIFT																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	TODD															\$15	\$12		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	TRAVERSE																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WABASHA	\$24	\$27	\$16	\$13									\$23	\$27				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WADENA																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WASECA																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WASHINGTON	\$19	\$16	\$16	\$13	\$17	\$16			\$15	\$16			\$20	\$16	\$18	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WATONWAN																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WILKIN																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WINONA	\$22	\$27	\$15	\$13											\$20	\$22		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WRIGHT	\$20	\$16	\$19	\$14					\$18	\$16	\$28	\$31			\$19	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	YELLOW MEDICINE																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	AITKIN																		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ANOKA	\$14	\$11	\$13	\$10	\$11	\$11			\$10	\$11			\$13	\$11	\$13	\$11	\$21	\$21
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BECKER																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BELTRAMI	\$13	\$11									\$16	\$14						
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BENTON	\$12	\$9																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BIG STONE																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BLUE EARTH	\$18	\$22	\$11	\$8									\$18	\$22	\$17	\$22		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BROWN																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CARLTON	\$10	\$9	\$9	\$9											\$9	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CARVER	\$11	\$9	\$10	\$9					\$9	\$9					\$11	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CASS																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CHIPPEWA																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CHISAGO			\$12	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CLAY	\$13	\$11							\$11	\$11					\$11	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CLEARWATER																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	COOK																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	COTTONWOOD	\$18	\$23																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CROW WING	\$12	\$11	\$10	\$9					\$10	\$11					\$11	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DAKOTA	\$15	\$11	\$10	\$9	\$12	\$11			\$11	\$11			\$15	\$11	\$15	\$11		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DOUGLAS	\$14	\$11	\$11	\$9							\$20	\$15						
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FARIBAULT																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FREEBORN																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	GOODHUE	\$14	\$11	\$11	\$9									\$14	\$11	\$20	\$22		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HENNEPIN	\$14	\$11	\$12	\$9	\$12	\$11			\$11	\$11	\$18	\$14	\$14	\$11	\$14	\$11	\$20	\$17
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HOUSTON																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HUBBARD																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ISANTI	\$16	\$19	\$11	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ITASCA	\$13	\$11					\$19	\$19							\$11	\$10		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	JACKSON																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KANABEC	\$16	\$19	\$10	\$8									\$15	\$19	\$11	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KANDIYOHI	\$11	\$9									\$14	\$11			\$9	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KOOCHICHING																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LAC QUI PARLE																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LAKE			\$9	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LESUEUR																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LINCOLN																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LYON											\$25	\$29						

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MAHNOMEN																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MARSHALL																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MARTIN																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MCLEOD	\$12	\$11									\$12	\$11						
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MEEKER																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MILLE LACS			\$10	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MORRISON																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MOWER															\$11	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MURRAY																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NICOLLET															\$12	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NOBLES																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORMAN																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	OLMSTED	\$16	\$11	\$10	\$9									\$16	\$11	\$15	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	OTTER TAIL	\$16	\$11	\$12	\$9											\$14	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PENNINGTON																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PINE			\$11	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PIPESTONE																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	POLK	\$12	\$9																

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	POPE											\$18	\$14						
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RAMSEY	\$15	\$11	\$13	\$9	\$11	\$11			\$11	\$11	\$19	\$14	\$14	\$11	\$15	\$11	\$26	\$25
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	REDWOOD																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RENVILLE																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RICE	\$21	\$22	\$10	\$9														
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROCK																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROSEAU																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SCOTT	\$12	\$11	\$11	\$9	\$11	\$11			\$11	\$11					\$12	\$11	\$30	\$32
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SHERBURNE			\$11	\$9											\$10	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SIBLEY																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ST. LOUIS	\$19	\$22	\$11	\$9					\$15	\$11					\$17	\$22		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	STEARNS	\$13	\$9	\$12	\$9					\$12	\$9	\$17	\$17	\$12	\$9	\$10	\$9		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	STEELE	\$11	\$9											\$10	\$9				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	STEVENS																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SWIFT																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	TODD																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	TRAVERSE																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WABASHA	\$21	\$23	\$11	\$9														

**Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0230 - INTRAORAL-PERiapical,each additional	WADENA																		
D0230 - INTRAORAL-PERiapical,each additional	WASECA																		
D0230 - INTRAORAL-PERiapical,each additional	WASHINGTON	\$14	\$11	\$12	\$9					\$10	\$11			\$13	\$11	\$13	\$11		
D0230 - INTRAORAL-PERiapical,each additional	WATONWAN																		
D0230 - INTRAORAL-PERiapical,each additional	WILKIN																		
D0230 - INTRAORAL-PERiapical,each additional	WINONA	\$17	\$22	\$11	\$9														
D0230 - INTRAORAL-PERiapical,each additional	WRIGHT	\$15	\$11	\$14	\$9					\$13	\$11	\$22	\$19			\$14	\$11		
D0230 - INTRAORAL-PERiapical,each additional	YELLOW MEDICINE																		
D1110 - DENTAL PROPHYLAXIS ADULT	AITKIN																		
D1110 - DENTAL PROPHYLAXIS ADULT	ANOKA	\$65	\$69	\$61	\$65	\$67	\$69			\$68	\$70			\$67	\$69	\$66	\$69	\$66	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	BECKER																		
D1110 - DENTAL PROPHYLAXIS ADULT	BELTRAMI	\$68	\$69									\$83	\$90						
D1110 - DENTAL PROPHYLAXIS ADULT	BENTON	\$57	\$58													\$56	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	BIG STONE			\$55	\$53														
D1110 - DENTAL PROPHYLAXIS ADULT	BLUE EARTH	\$60	\$58	\$54	\$53					\$52	\$58			\$76	\$87	\$60	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	BROWN	\$58	\$58											\$69	\$58				
D1110 - DENTAL PROPHYLAXIS ADULT	CARLTON	\$57	\$58	\$56	\$56					\$57	\$58					\$57	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	CARVER	\$59	\$59	\$57	\$58					\$57	\$59					\$60	\$59		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	CASS															\$70	\$70		
D1110 - DENTAL PROPHYLAXIS ADULT	CHIPPEWA																		
D1110 - DENTAL PROPHYLAXIS ADULT	CHISAGO			\$55	\$53														
D1110 - DENTAL PROPHYLAXIS ADULT	CLAY	\$68	\$70							\$67	\$70					\$68	\$70		
D1110 - DENTAL PROPHYLAXIS ADULT	CLEARWATER																		
D1110 - DENTAL PROPHYLAXIS ADULT	COOK																		
D1110 - DENTAL PROPHYLAXIS ADULT	COTTONWOOD	\$66	\$66													\$68	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	CROW WING	\$65	\$69	\$56	\$56					\$68	\$69					\$67	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	DAKOTA	\$63	\$64	\$60	\$56	\$64	\$69			\$62	\$59			\$61	\$58	\$65	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	DODGE																		
D1110 - DENTAL PROPHYLAXIS ADULT	DOUGLAS	\$69	\$69	\$55	\$53					\$69	\$69	\$96	\$99			\$68	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	FARIBAULT																		
D1110 - DENTAL PROPHYLAXIS ADULT	FREEBORN																		
D1110 - DENTAL PROPHYLAXIS ADULT	GOODHUE	\$72	\$69	\$55	\$55									\$73	\$69	\$69	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	HENNEPIN	\$65	\$69	\$59	\$56	\$65	\$69			\$64	\$69	\$91	\$90	\$64	\$65	\$65	\$69	\$71	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	HOUSTON																		
D1110 - DENTAL PROPHYLAXIS ADULT	HUBBARD																		
D1110 - DENTAL PROPHYLAXIS ADULT	ISANTI	\$60	\$58	\$55	\$56											\$59	\$58		



Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	ITASCA	\$61	\$63					\$89	\$90							\$60	\$63		
D1110 - DENTAL PROPHYLAXIS ADULT	JACKSON																		
D1110 - DENTAL PROPHYLAXIS ADULT	KANABEC	\$58	\$58	\$54	\$53									\$59	\$58	\$58	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	KANDIYOHI	\$57	\$58							\$58	\$58	\$66	\$64			\$57	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	KOOCHICHING																		
D1110 - DENTAL PROPHYLAXIS ADULT	LAC QUI PARLE	\$59	\$58									\$60	\$53						
D1110 - DENTAL PROPHYLAXIS ADULT	LAKE	\$56	\$59	\$55	\$56											\$59	\$59		
D1110 - DENTAL PROPHYLAXIS ADULT	LESUEUR	\$58	\$58	\$55	\$56											\$56	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	LINCOLN																		
D1110 - DENTAL PROPHYLAXIS ADULT	LYON	\$59	\$58																
D1110 - DENTAL PROPHYLAXIS ADULT	MAHNOMEN																		
D1110 - DENTAL PROPHYLAXIS ADULT	MARSHALL																		
D1110 - DENTAL PROPHYLAXIS ADULT	MARTIN	\$67	\$69													\$68	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	MCLEOD	\$65	\$69							\$58	\$53	\$74	\$75	\$65	\$69	\$66	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	MEEKER																		
D1110 - DENTAL PROPHYLAXIS ADULT	MILLE LACS	\$60	\$58	\$56	\$56											\$58	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	MORRISON																		
D1110 - DENTAL PROPHYLAXIS ADULT	MOWER	\$57	\$58													\$57	\$58		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	MURRAY																		
D1110 - DENTAL PROPHYLAXIS ADULT	NICOLLET	\$57	\$58													\$57	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	NOBLES																		
D1110 - DENTAL PROPHYLAXIS ADULT	NORMAN																		
D1110 - DENTAL PROPHYLAXIS ADULT	OLMSTED	\$65	\$70	\$54	\$53					\$67	\$70			\$65	\$70	\$65	\$70		
D1110 - DENTAL PROPHYLAXIS ADULT	OTTER TAIL	\$67	\$70	\$55	\$56					\$65	\$70	\$102	\$109			\$68	\$70		
D1110 - DENTAL PROPHYLAXIS ADULT	PENNINGTON	\$54	\$53																
D1110 - DENTAL PROPHYLAXIS ADULT	PINE			\$55	\$56														
D1110 - DENTAL PROPHYLAXIS ADULT	PIPESTONE																		
D1110 - DENTAL PROPHYLAXIS ADULT	POLK	\$57	\$58																
D1110 - DENTAL PROPHYLAXIS ADULT	POPE											\$54	\$53						
D1110 - DENTAL PROPHYLAXIS ADULT	RAMSEY	\$67	\$70	\$61	\$62	\$67	\$69			\$67	\$70	\$83	\$90	\$68	\$70	\$68	\$70	\$82	\$79
D1110 - DENTAL PROPHYLAXIS ADULT	REDWOOD																		
D1110 - DENTAL PROPHYLAXIS ADULT	RENVILLE																		
D1110 - DENTAL PROPHYLAXIS ADULT	RICE	\$78	\$87	\$55	\$56											\$82	\$87		
D1110 - DENTAL PROPHYLAXIS ADULT	ROCK																		
D1110 - DENTAL PROPHYLAXIS ADULT	ROSEAU	\$65	\$69													\$62	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	SCOTT	\$69	\$69	\$66	\$56	\$67	\$69			\$67	\$69			\$68	\$69	\$68	\$69	\$69	\$70

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	SHERBURNE	\$57	\$58	\$56	\$58					\$58	\$58					\$58	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	SIBLEY																		
D1110 - DENTAL PROPHYLAXIS ADULT	ST. LOUIS	\$62	\$59	\$55	\$53					\$59	\$58					\$59	\$58	\$64	\$62
D1110 - DENTAL PROPHYLAXIS ADULT	STEARNS	\$64	\$58	\$61	\$65					\$58	\$58	\$95	\$100	\$80	\$87	\$63	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	STEELE	\$57	\$58											\$58	\$58	\$57	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	STEVENS																		
D1110 - DENTAL PROPHYLAXIS ADULT	SWIFT																		
D1110 - DENTAL PROPHYLAXIS ADULT	TODD															\$56	\$58		
D1110 - DENTAL PROPHYLAXIS ADULT	TRAVERSE																		
D1110 - DENTAL PROPHYLAXIS ADULT	WABASHA	\$76	\$88	\$55	\$53									\$78	\$88	\$86	\$88		
D1110 - DENTAL PROPHYLAXIS ADULT	WADENA																		
D1110 - DENTAL PROPHYLAXIS ADULT	WASECA																		
D1110 - DENTAL PROPHYLAXIS ADULT	WASHINGTON	\$60	\$58	\$59	\$56	\$66	\$69			\$60	\$58					\$65	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	WATONWAN																		
D1110 - DENTAL PROPHYLAXIS ADULT	WILKIN																		
D1110 - DENTAL PROPHYLAXIS ADULT	WINONA	\$65	\$69	\$55	\$56											\$65	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	WRIGHT	\$66	\$69	\$61	\$62	\$65	\$69			\$67	\$70	\$77	\$90			\$67	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	YELLOW MEDICINE																		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	AITKIN																		
D1206 - TOPICAL FLOURIDE VARNISH	ANOKA	\$35	\$37	\$33	\$34	\$36	\$37			\$36	\$37			\$36	\$37	\$36	\$37	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	BECKER																		
D1206 - TOPICAL FLOURIDE VARNISH	BELTRAMI	\$36	\$37									\$45	\$47						
D1206 - TOPICAL FLOURIDE VARNISH	BENTON	\$30	\$31																
D1206 - TOPICAL FLOURIDE VARNISH	BIG STONE																		
D1206 - TOPICAL FLOURIDE VARNISH	BLUE EARTH	\$33	\$32	\$28	\$28									\$43	\$46	\$32	\$30		
D1206 - TOPICAL FLOURIDE VARNISH	BROWN	\$33	\$30											\$43	\$46				
D1206 - TOPICAL FLOURIDE VARNISH	CARLTON	\$30	\$30	\$29	\$30											\$33	\$31		
D1206 - TOPICAL FLOURIDE VARNISH	CARVER	\$31	\$31	\$30	\$30					\$31	\$31			\$34	\$31	\$31	\$31		
D1206 - TOPICAL FLOURIDE VARNISH	CASS																		
D1206 - TOPICAL FLOURIDE VARNISH	CHIPPEWA																		
D1206 - TOPICAL FLOURIDE VARNISH	CHISAGO			\$29	\$30														
D1206 - TOPICAL FLOURIDE VARNISH	CLAY	\$36	\$37							\$33	\$37					\$35	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	CLEARWATER																		
D1206 - TOPICAL FLOURIDE VARNISH	COOK																		
D1206 - TOPICAL FLOURIDE VARNISH	COTTONWOOD	\$31	\$31													\$30	\$31		
D1206 - TOPICAL FLOURIDE VARNISH	CROW WING	\$35	\$37	\$29	\$30					\$36	\$37					\$36	\$37		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	DAKOTA	\$34	\$37	\$35	\$30	\$35	\$37			\$33	\$37			\$34	\$37	\$35	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	DODGE																		
D1206 - TOPICAL FLOURIDE VARNISH	DOUGLAS	\$36	\$37	\$29	\$30							\$49	\$52			\$36	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	FARIBAULT																		
D1206 - TOPICAL FLOURIDE VARNISH	FREEBORN																		
D1206 - TOPICAL FLOURIDE VARNISH	GOODHUE	\$38	\$37	\$29	\$28									\$38	\$37	\$37	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	HENNEPIN	\$35	\$37	\$33	\$30	\$35	\$37			\$34	\$37	\$47	\$47	\$31	\$37	\$35	\$37	\$38	\$37
D1206 - TOPICAL FLOURIDE VARNISH	HOUSTON																		
D1206 - TOPICAL FLOURIDE VARNISH	HUBBARD																		
D1206 - TOPICAL FLOURIDE VARNISH	ISANTI	\$37	\$37	\$29	\$30														
D1206 - TOPICAL FLOURIDE VARNISH	ITASCA	\$31	\$33					\$30	\$30							\$31	\$33		
D1206 - TOPICAL FLOURIDE VARNISH	JACKSON																		
D1206 - TOPICAL FLOURIDE VARNISH	KANABEC	\$32	\$31	\$29	\$28									\$32	\$31				
D1206 - TOPICAL FLOURIDE VARNISH	KANDIYOHI	\$30	\$30							\$30	\$30	\$37	\$39			\$30	\$30		
D1206 - TOPICAL FLOURIDE VARNISH	KOOCHICHING																		
D1206 - TOPICAL FLOURIDE VARNISH	LAC QUI PARLE	\$31	\$30																
D1206 - TOPICAL FLOURIDE VARNISH	LAKE			\$29	\$30														
D1206 - TOPICAL FLOURIDE VARNISH	LESUEUR																		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	LINCOLN																		
D1206 - TOPICAL FLOURIDE VARNISH	LYON			\$29	\$30							\$39	\$34						
D1206 - TOPICAL FLOURIDE VARNISH	MAHNOMEN																		
D1206 - TOPICAL FLOURIDE VARNISH	MARSHALL																		
D1206 - TOPICAL FLOURIDE VARNISH	MARTIN															\$36	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	MCLEOD	\$35	\$37									\$37	\$39			\$35	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	MEEKER																		
D1206 - TOPICAL FLOURIDE VARNISH	MILLE LACS			\$29	\$30														
D1206 - TOPICAL FLOURIDE VARNISH	MORRISON			\$29	\$30														
D1206 - TOPICAL FLOURIDE VARNISH	MOWER															\$30	\$30		
D1206 - TOPICAL FLOURIDE VARNISH	MURRAY																		
D1206 - TOPICAL FLOURIDE VARNISH	NICOLLET	\$30	\$30													\$30	\$30		
D1206 - TOPICAL FLOURIDE VARNISH	NOBLES																		
D1206 - TOPICAL FLOURIDE VARNISH	NORMAN																		
D1206 - TOPICAL FLOURIDE VARNISH	OLMSTED	\$37	\$37	\$29	\$28					\$35	\$37			\$38	\$37	\$37	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	OTTER TAIL	\$37	\$37	\$29	\$30					\$36	\$37	\$49	\$51			\$38	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	PENNINGTON	\$29	\$30																
D1206 - TOPICAL FLOURIDE VARNISH	PINE			\$29	\$30														

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	PIPESTONE																		
D1206 - TOPICAL FLOURIDE VARNISH	POLK	\$31	\$31																
D1206 - TOPICAL FLOURIDE VARNISH	POPE																		
D1206 - TOPICAL FLOURIDE VARNISH	RAMSEY	\$36	\$37	\$36	\$33	\$36	\$37			\$36	\$37	\$44	\$47	\$35	\$37	\$36	\$37	\$39	\$38
D1206 - TOPICAL FLOURIDE VARNISH	REDWOOD																		
D1206 - TOPICAL FLOURIDE VARNISH	RENVILLE																		
D1206 - TOPICAL FLOURIDE VARNISH	RICE	\$43	\$46	\$29	\$30											\$44	\$46		
D1206 - TOPICAL FLOURIDE VARNISH	ROCK																		
D1206 - TOPICAL FLOURIDE VARNISH	ROSEAU	\$35	\$37																
D1206 - TOPICAL FLOURIDE VARNISH	SCOTT	\$36	\$37	\$40	\$30					\$36	\$37			\$36	\$37	\$36	\$37	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	SHERBURNE	\$31	\$30	\$30	\$30											\$32	\$30		
D1206 - TOPICAL FLOURIDE VARNISH	SIBLEY																		
D1206 - TOPICAL FLOURIDE VARNISH	ST. LOUIS	\$35	\$37	\$29	\$30					\$35	\$37					\$35	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	STEARNS	\$34	\$31	\$32	\$34					\$34	\$30	\$53	\$57	\$39	\$46	\$36	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	STEELE	\$32	\$33											\$31	\$31	\$31	\$33		
D1206 - TOPICAL FLOURIDE VARNISH	STEVENS																		
D1206 - TOPICAL FLOURIDE VARNISH	SWIFT																		
D1206 - TOPICAL FLOURIDE VARNISH	TODD																		

Table A-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	TRAVERSE																		
D1206 - TOPICAL FLOURIDE VARNISH	WABASHA			\$29	\$30														
D1206 - TOPICAL FLOURIDE VARNISH	WADENA	\$36	\$37													\$36	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	WASECA																		
D1206 - TOPICAL FLOURIDE VARNISH	WASHINGTON	\$34	\$37	\$33	\$30	\$36	\$37			\$34	\$37					\$35	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	WATONWAN																		
D1206 - TOPICAL FLOURIDE VARNISH	WILKIN																		
D1206 - TOPICAL FLOURIDE VARNISH	WINONA	\$36	\$37	\$29	\$30											\$36	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	WRIGHT	\$35	\$37	\$32	\$33					\$36	\$37					\$35	\$37		
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 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	AITKIN			\$34	\$41
D0120 - PERIODIC ORAL EVALUATION	ANOKA	\$37	\$38	\$39	\$41
D0120 - PERIODIC ORAL EVALUATION	BECKER				
D0120 - PERIODIC ORAL EVALUATION	BELTRAMI	\$40	\$45	\$54	\$51
D0120 - PERIODIC ORAL EVALUATION	BENTON	\$29	\$25	\$34	\$38
D0120 - PERIODIC ORAL EVALUATION	BIG STONE			\$30	\$25
D0120 - PERIODIC ORAL EVALUATION	BLUE EARTH	\$38	\$45	\$37	\$41
D0120 - PERIODIC ORAL EVALUATION	BROWN			\$40	\$41
D0120 - PERIODIC ORAL EVALUATION	CARLTON	\$28	\$25	\$32	\$27
D0120 - PERIODIC ORAL EVALUATION	CARVER	\$36	\$38	\$35	\$41
D0120 - PERIODIC ORAL EVALUATION	CASS			\$42	\$49
D0120 - PERIODIC ORAL EVALUATION	CHIPPEWA				
D0120 - PERIODIC ORAL EVALUATION	CHISAGO			\$44	\$50
D0120 - PERIODIC ORAL EVALUATION	CLAY	\$41	\$45	\$43	\$50
D0120 - PERIODIC ORAL EVALUATION	CLEARWATER				
D0120 - PERIODIC ORAL EVALUATION	COOK				
D0120 - PERIODIC ORAL EVALUATION	COTTONWOOD			\$37	\$32
D0120 - PERIODIC ORAL EVALUATION	CROW WING	\$22	\$19	\$37	\$32

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	DAKOTA	\$37	\$38	\$42	\$41
D0120 - PERIODIC ORAL EVALUATION	DODGE				
D0120 - PERIODIC ORAL EVALUATION	DOUGLAS	\$37	\$38	\$56	\$49
D0120 - PERIODIC ORAL EVALUATION	FARIBAULT				
D0120 - PERIODIC ORAL EVALUATION	FREEBORN				
D0120 - PERIODIC ORAL EVALUATION	GOODHUE	\$36	\$38	\$41	\$49
D0120 - PERIODIC ORAL EVALUATION	HENNEPIN	\$36	\$38	\$40	\$41
D0120 - PERIODIC ORAL EVALUATION	HOUSTON				
D0120 - PERIODIC ORAL EVALUATION	HUBBARD			\$49	\$49
D0120 - PERIODIC ORAL EVALUATION	ISANTI			\$38	\$40
D0120 - PERIODIC ORAL EVALUATION	ITASCA	\$33	\$29	\$44	\$45
D0120 - PERIODIC ORAL EVALUATION	JACKSON				
D0120 - PERIODIC ORAL EVALUATION	KANABEC			\$35	\$41
D0120 - PERIODIC ORAL EVALUATION	KANDIYOHI	\$21	\$12	\$39	\$41
D0120 - PERIODIC ORAL EVALUATION	KOOCHICHING				
D0120 - PERIODIC ORAL EVALUATION	LAC QUI PARLE			\$37	\$41
D0120 - PERIODIC ORAL EVALUATION	LAKE			\$32	\$27
D0120 - PERIODIC ORAL EVALUATION	LESUEUR	\$25	\$25	\$33	\$27

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	LINCOLN				
D0120 - PERIODIC ORAL EVALUATION	LYON			\$39	\$41
D0120 - PERIODIC ORAL EVALUATION	MARSHALL				
D0120 - PERIODIC ORAL EVALUATION	MARTIN	\$38	\$45	\$42	\$49
D0120 - PERIODIC ORAL EVALUATION	MCLEOD	\$30	\$25	\$43	\$44
D0120 - PERIODIC ORAL EVALUATION	MEEKER			\$36	\$38
D0120 - PERIODIC ORAL EVALUATION	MILLE LACS			\$35	\$38
D0120 - PERIODIC ORAL EVALUATION	MORRISON			\$41	\$49
D0120 - PERIODIC ORAL EVALUATION	MOWER	\$26	\$25	\$32	\$27
D0120 - PERIODIC ORAL EVALUATION	MURRAY				
D0120 - PERIODIC ORAL EVALUATION	NICOLLET	\$31	\$25	\$34	\$41
D0120 - PERIODIC ORAL EVALUATION	NOBLES	\$32	\$29	\$39	\$41
D0120 - PERIODIC ORAL EVALUATION	NORMAN				
D0120 - PERIODIC ORAL EVALUATION	OLMSTED	\$39	\$45	\$41	\$41
D0120 - PERIODIC ORAL EVALUATION	OTTER TAIL	\$29	\$29	\$45	\$49
D0120 - PERIODIC ORAL EVALUATION	PENNINGTON				
D0120 - PERIODIC ORAL EVALUATION	PINE			\$37	\$32
D0120 - PERIODIC ORAL EVALUATION	PIPESTONE				

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	POLK			\$35	\$37
D0120 - PERIODIC ORAL EVALUATION	POPE			\$32	\$38
D0120 - PERIODIC ORAL EVALUATION	RAMSEY	\$37	\$38	\$43	\$46
D0120 - PERIODIC ORAL EVALUATION	REDWOOD				
D0120 - PERIODIC ORAL EVALUATION	RENVILLE				
D0120 - PERIODIC ORAL EVALUATION	RICE	\$20	\$12	\$46	\$49
D0120 - PERIODIC ORAL EVALUATION	ROCK				
D0120 - PERIODIC ORAL EVALUATION	ROSEAU			\$40	\$41
D0120 - PERIODIC ORAL EVALUATION	SCOTT	\$36	\$29	\$42	\$49
D0120 - PERIODIC ORAL EVALUATION	SHERBURNE			\$32	\$27
D0120 - PERIODIC ORAL EVALUATION	SIBLEY				
D0120 - PERIODIC ORAL EVALUATION	ST. LOUIS	\$39	\$45	\$41	\$49
D0120 - PERIODIC ORAL EVALUATION	STEARNS	\$38	\$38	\$43	\$41
D0120 - PERIODIC ORAL EVALUATION	STEELE	\$30	\$25	\$32	\$27
D0120 - PERIODIC ORAL EVALUATION	SWIFT				
D0120 - PERIODIC ORAL EVALUATION	TODD			\$30	\$27
D0120 - PERIODIC ORAL EVALUATION	TRAVERSE				
D0120 - PERIODIC ORAL EVALUATION	WABASHA			\$44	\$50

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	WADENA	\$33	\$38		
D0120 - PERIODIC ORAL EVALUATION	WASECA				
D0120 - PERIODIC ORAL EVALUATION	WASHINGTON	\$34	\$38	\$38	\$40
D0120 - PERIODIC ORAL EVALUATION	WATONWAN				
D0120 - PERIODIC ORAL EVALUATION	WINONA	\$34	\$38	\$45	\$49
D0120 - PERIODIC ORAL EVALUATION	WRIGHT	\$34	\$29	\$41	\$44
D0120 - PERIODIC ORAL EVALUATION	YELLOW MEDICINE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	AITKIN			\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ANOKA	\$17	\$15	\$17	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BECKER				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BELTRAMI	\$18	\$15	\$23	\$21
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BENTON	\$13	\$12	\$15	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BIG STONE			\$17	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BLUE EARTH	\$17	\$15	\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	BROWN			\$18	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CARLTON	\$13	\$12	\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CARVER	\$18	\$21	\$15	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CASS			\$19	\$16

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CHIPPEWA				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CHISAGO			\$23	\$27
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CLAY	\$18	\$15	\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CLEARWATER				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	COOK				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	COTTONWOOD			\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	CROW WING	\$10	\$6	\$17	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DAKOTA	\$17	\$15	\$18	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DODGE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DOUGLAS	\$17	\$15	\$23	\$23
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FARIBAULT				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FILLMORE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FREEBORN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	GOODHUE			\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HENNEPIN	\$17	\$15	\$18	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HOUSTON				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	HUBBARD				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ISANTI			\$16	\$13

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ITASCA	\$14	\$12	\$19	\$19
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	JACKSON				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KANABEC			\$17	\$14
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KANDIYOHI	\$7	\$6	\$17	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	KOOCHICHING				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LAC QUI PARLE	\$14	\$12	\$17	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LAKE			\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LESUEUR			\$14	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LINCOLN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LYON			\$18	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MAHNOMEN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MARSHALL				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MARTIN			\$18	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MCLEOD	\$14	\$12	\$18	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MEEKER				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MILLE LACS			\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MORRISON			\$18	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MOWER			\$15	\$13

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MURRAY				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NICOLLET			\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NOBLES			\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORMAN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	OLMSTED	\$19	\$15	\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	OTTER TAIL	\$10	\$6	\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PENNINGTON				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PINE			\$18	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	PIPESTONE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	POLK			\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	POPE			\$16	\$12
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RAMSEY	\$17	\$15	\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	REDWOOD				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RENVILLE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	RICE	\$10	\$6	\$25	\$27
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROCK				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROSEAU	\$17	\$15	\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SCOTT	\$16	\$15	\$18	\$16



**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SHERBURNE			\$15	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SIBLEY				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ST. LOUIS	\$20	\$25	\$20	\$22
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEARNS	\$17	\$15	\$18	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEELE			\$15	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	STEVENS				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SWIFT				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	TODD			\$15	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	TRAVERSE				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WABASHA			\$24	\$27
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WADENA	\$16	\$13		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WASECA				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WASHINGTON	\$17	\$15	\$17	\$15
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WATONWAN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WILKIN				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WINONA	\$17	\$18	\$19	\$21
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	WRIGHT	\$18	\$15	\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	YELLOW MEDICINE				

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	AITKIN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ANOKA	\$12	\$10	\$13	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BECKER				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BELTRAMI	\$13	\$10	\$15	\$14
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BENTON			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BIG STONE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BLUE EARTH	\$16	\$21	\$18	\$22
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	BROWN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CARLTON			\$9	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CARVER			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CASS			\$14	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CHIPPEWA				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CHISAGO			\$18	\$23
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CLAY			\$13	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CLEARWATER				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	COOK				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	COTTONWOOD			\$17	\$22
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	CROW WING	\$5	\$4	\$11	\$11

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DAKOTA	\$12	\$10	\$13	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DOUGLAS	\$12	\$10	\$17	\$15
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FARIBAULT				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FREEBORN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	GOODHUE			\$14	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HENNEPIN	\$13	\$10	\$13	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HOUSTON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	HUBBARD				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ISANTI			\$13	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ITASCA	\$10	\$8	\$18	\$19
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	JACKSON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KANABEC			\$14	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KANDIYOHI	\$4	\$4	\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	KOOCHICHING				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LAC QUI PARLE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LAKE			\$9	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LESUEUR			\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LINCOLN				

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LYON			\$17	\$19
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MAHNOMEN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MARSHALL				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MARTIN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MCLEOD			\$12	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MEEKER				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MILLE LACS			\$12	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MORRISON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MOWER			\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MURRAY				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NICOLLET			\$12	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NOBLES				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORMAN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	OLMSTED	\$14	\$10	\$16	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	OTTER TAIL	\$6	\$4	\$17	\$17
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PENNINGTON				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PINE			\$14	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	PIPESTONE				

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	POLK			\$12	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	POPE			\$18	\$14
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RAMSEY	\$13	\$10	\$15	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	REDWOOD				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RENVILLE				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	RICE	\$6	\$4	\$21	\$22
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROCK				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROSEAU			\$18	\$22
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SCOTT			\$12	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SHERBURNE			\$11	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SIBLEY				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ST. LOUIS	\$17	\$21	\$17	\$22
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	STEARNS	\$13	\$10	\$13	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	STEELE			\$10	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	STEVENS				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SWIFT				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	TODD				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	TRAVERSE				

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WABASHA			\$20	\$23
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WADENA				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WASECA				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WASHINGTON	\$13	\$10	\$12	\$10
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WATONWAN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WILKIN				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WINONA	\$13	\$17	\$13	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	WRIGHT	\$13	\$10	\$15	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	YELLOW MEDICINE				
D1110 - DENTAL PROPHYLAXIS ADULT	AITKIN			\$58	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	ANOKA	\$62	\$64	\$65	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	BECKER			\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	BELTRAMI	\$62	\$64	\$79	\$90
D1110 - DENTAL PROPHYLAXIS ADULT	BENTON	\$53	\$53	\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	BIG STONE			\$57	\$53
D1110 - DENTAL PROPHYLAXIS ADULT	BLUE EARTH	\$58	\$53	\$62	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	BROWN			\$63	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	CARLTON	\$53	\$53	\$57	\$58

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	CARVER	\$53	\$53	\$59	\$59
D1110 - DENTAL PROPHYLAXIS ADULT	CASS			\$69	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	CHIPPEWA				
D1110 - DENTAL PROPHYLAXIS ADULT	CHISAGO			\$76	\$88
D1110 - DENTAL PROPHYLAXIS ADULT	CLAY	\$63	\$64	\$68	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	CLEARWATER				
D1110 - DENTAL PROPHYLAXIS ADULT	COOK				
D1110 - DENTAL PROPHYLAXIS ADULT	COTTONWOOD			\$66	\$66
D1110 - DENTAL PROPHYLAXIS ADULT	CROW WING	\$34	\$27	\$64	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	DAKOTA	\$56	\$53	\$63	\$64
D1110 - DENTAL PROPHYLAXIS ADULT	DODGE				
D1110 - DENTAL PROPHYLAXIS ADULT	DOUGLAS	\$63	\$64	\$83	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	FARIBAULT				
D1110 - DENTAL PROPHYLAXIS ADULT	FREEBORN				
D1110 - DENTAL PROPHYLAXIS ADULT	GOODHUE	\$60	\$64	\$73	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	HENNEPIN	\$59	\$64	\$65	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	HOUSTON				
D1110 - DENTAL PROPHYLAXIS ADULT	HUBBARD			\$82	\$82

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	ISANTI	\$28	\$27	\$58	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	ITASCA	\$58	\$53	\$86	\$90
D1110 - DENTAL PROPHYLAXIS ADULT	JACKSON				
D1110 - DENTAL PROPHYLAXIS ADULT	KANABEC			\$58	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	KANDIYOHI	\$33	\$27	\$59	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	KOOCHICHING				
D1110 - DENTAL PROPHYLAXIS ADULT	LAC QUI PARLE			\$59	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	LAKE			\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	LESUEUR	\$53	\$53	\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	LINCOLN				
D1110 - DENTAL PROPHYLAXIS ADULT	LYON			\$60	\$63
D1110 - DENTAL PROPHYLAXIS ADULT	MAHNOMEN				
D1110 - DENTAL PROPHYLAXIS ADULT	MARSHALL				
D1110 - DENTAL PROPHYLAXIS ADULT	MARTIN	\$62	\$64	\$68	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	MCLEOD	\$54	\$53	\$69	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	MEEKER				
D1110 - DENTAL PROPHYLAXIS ADULT	MILLE LACS			\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	MORRISON			\$69	\$69



**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	MOWER	\$53	\$53	\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	MURRAY				
D1110 - DENTAL PROPHYLAXIS ADULT	NICOLLET	\$53	\$53	\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	NOBLES			\$66	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	NORMAN				
D1110 - DENTAL PROPHYLAXIS ADULT	OLMSTED	\$62	\$64	\$65	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	OTTER TAIL	\$36	\$27	\$70	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	PENNINGTON			\$54	\$53
D1110 - DENTAL PROPHYLAXIS ADULT	PINE			\$67	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	PIPESTONE				
D1110 - DENTAL PROPHYLAXIS ADULT	POLK			\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	POPE			\$55	\$53
D1110 - DENTAL PROPHYLAXIS ADULT	RAMSEY	\$61	\$64	\$67	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	REDWOOD				
D1110 - DENTAL PROPHYLAXIS ADULT	RENVILLE				
D1110 - DENTAL PROPHYLAXIS ADULT	RICE	\$29	\$27	\$81	\$87
D1110 - DENTAL PROPHYLAXIS ADULT	ROCK				
D1110 - DENTAL PROPHYLAXIS ADULT	ROSEAU			\$64	\$69

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	SCOTT	\$63	\$64	\$68	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	SHERBURNE			\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	SIBLEY				
D1110 - DENTAL PROPHYLAXIS ADULT	ST. LOUIS	\$58	\$53	\$61	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	STEARNS	\$56	\$53	\$63	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	STEELE	\$53	\$53	\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	STEVENS				
D1110 - DENTAL PROPHYLAXIS ADULT	SWIFT				
D1110 - DENTAL PROPHYLAXIS ADULT	TODD			\$56	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	TRAVERSE				
D1110 - DENTAL PROPHYLAXIS ADULT	WABASHA			\$79	\$88
D1110 - DENTAL PROPHYLAXIS ADULT	WADENA	\$54	\$53	\$67	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	WASECA				
D1110 - DENTAL PROPHYLAXIS ADULT	WASHINGTON	\$56	\$53	\$61	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	WATONWAN				
D1110 - DENTAL PROPHYLAXIS ADULT	WILKIN				
D1110 - DENTAL PROPHYLAXIS ADULT	WINONA	\$54	\$53	\$63	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	WRIGHT	\$60	\$64	\$65	\$69

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	YELLOW MEDICINE				
D1206 - TOPICAL FLOURIDE VARNISH	AITKIN			\$32	\$31
D1206 - TOPICAL FLOURIDE VARNISH	ANOKA	\$32	\$34	\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	BECKER				
D1206 - TOPICAL FLOURIDE VARNISH	BELTRAMI	\$33	\$34	\$43	\$47
D1206 - TOPICAL FLOURIDE VARNISH	BENTON	\$28	\$28	\$30	\$31
D1206 - TOPICAL FLOURIDE VARNISH	BIG STONE			\$35	\$33
D1206 - TOPICAL FLOURIDE VARNISH	BLUE EARTH	\$32	\$34	\$35	\$32
D1206 - TOPICAL FLOURIDE VARNISH	BROWN			\$40	\$46
D1206 - TOPICAL FLOURIDE VARNISH	CARLTON			\$30	\$30
D1206 - TOPICAL FLOURIDE VARNISH	CARVER			\$31	\$31
D1206 - TOPICAL FLOURIDE VARNISH	CASS			\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	CHIPPEWA				
D1206 - TOPICAL FLOURIDE VARNISH	CHISAGO			\$40	\$46
D1206 - TOPICAL FLOURIDE VARNISH	CLAY	\$34	\$34	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	CLEARWATER				
D1206 - TOPICAL FLOURIDE VARNISH	COOK				
D1206 - TOPICAL FLOURIDE VARNISH	COTTONWOOD			\$31	\$31

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	CROW WING	\$24	\$14	\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	DAKOTA	\$29	\$28	\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	DODGE				
D1206 - TOPICAL FLOURIDE VARNISH	DOUGLAS	\$34	\$34	\$43	\$37
D1206 - TOPICAL FLOURIDE VARNISH	FARIBAULT				
D1206 - TOPICAL FLOURIDE VARNISH	FREEBORN				
D1206 - TOPICAL FLOURIDE VARNISH	GOODHUE			\$38	\$37
D1206 - TOPICAL FLOURIDE VARNISH	HENNEPIN	\$31	\$34	\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	HOUSTON				
D1206 - TOPICAL FLOURIDE VARNISH	HUBBARD			\$40	\$40
D1206 - TOPICAL FLOURIDE VARNISH	ISANTI			\$33	\$30
D1206 - TOPICAL FLOURIDE VARNISH	ITASCA	\$31	\$34	\$30	\$30
D1206 - TOPICAL FLOURIDE VARNISH	JACKSON			\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	KANABEC			\$32	\$31
D1206 - TOPICAL FLOURIDE VARNISH	KANDIYOHI	\$20	\$14	\$32	\$30
D1206 - TOPICAL FLOURIDE VARNISH	KOOCHICHING				
D1206 - TOPICAL FLOURIDE VARNISH	LAC QUI PARLE			\$32	\$30
D1206 - TOPICAL FLOURIDE VARNISH	LAKE			\$28	\$28

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	LESUEUR			\$30	\$30
D1206 - TOPICAL FLOURIDE VARNISH	LINCOLN				
D1206 - TOPICAL FLOURIDE VARNISH	LYON	\$31	\$34	\$33	\$33
D1206 - TOPICAL FLOURIDE VARNISH	MAHNOMEN				
D1206 - TOPICAL FLOURIDE VARNISH	MARSHALL				
D1206 - TOPICAL FLOURIDE VARNISH	MARTIN			\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	MCLEOD	\$28	\$28	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	MEEKER				
D1206 - TOPICAL FLOURIDE VARNISH	MILLE LACS			\$33	\$30
D1206 - TOPICAL FLOURIDE VARNISH	MORRISON			\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	MOWER			\$30	\$30
D1206 - TOPICAL FLOURIDE VARNISH	MURRAY				
D1206 - TOPICAL FLOURIDE VARNISH	NICOLLET	\$28	\$28	\$30	\$30
D1206 - TOPICAL FLOURIDE VARNISH	NOBLES	\$25	\$17	\$32	\$37
D1206 - TOPICAL FLOURIDE VARNISH	NORMAN				
D1206 - TOPICAL FLOURIDE VARNISH	OLMSTED	\$33	\$34	\$37	\$37
D1206 - TOPICAL FLOURIDE VARNISH	OTTER TAIL	\$26	\$34	\$38	\$37
D1206 - TOPICAL FLOURIDE VARNISH	PENNINGTON			\$29	\$30

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	PINE			\$34	\$37
D1206 - TOPICAL FLOURIDE VARNISH	PIPESTONE				
D1206 - TOPICAL FLOURIDE VARNISH	POLK			\$31	\$31
D1206 - TOPICAL FLOURIDE VARNISH	POPE				
D1206 - TOPICAL FLOURIDE VARNISH	RAMSEY	\$32	\$34	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	REDWOOD				
D1206 - TOPICAL FLOURIDE VARNISH	RENVILLE				
D1206 - TOPICAL FLOURIDE VARNISH	RICE	\$19	\$14	\$44	\$46
D1206 - TOPICAL FLOURIDE VARNISH	ROCK				
D1206 - TOPICAL FLOURIDE VARNISH	ROSEAU	\$31	\$34	\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	SCOTT	\$34	\$34	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	SHERBURNE			\$31	\$30
D1206 - TOPICAL FLOURIDE VARNISH	SIBLEY				
D1206 - TOPICAL FLOURIDE VARNISH	ST. LOUIS	\$33	\$34	\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	STEARNS	\$30	\$28	\$35	\$31
D1206 - TOPICAL FLOURIDE VARNISH	STEELE	\$26	\$28	\$31	\$31
D1206 - TOPICAL FLOURIDE VARNISH	STEVENS				
D1206 - TOPICAL FLOURIDE VARNISH	SWIFT				

**Table A-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	TODD				
D1206 - TOPICAL FLOURIDE VARNISH	TRAVERSE				
D1206 - TOPICAL FLOURIDE VARNISH	WABASHA			\$42	\$46
D1206 - TOPICAL FLOURIDE VARNISH	WADENA	\$29	\$28	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	WASECA				
D1206 - TOPICAL FLOURIDE VARNISH	WASHINGTON	\$31	\$28	\$34	\$34
D1206 - TOPICAL FLOURIDE VARNISH	WATONWAN				
D1206 - TOPICAL FLOURIDE VARNISH	WILKIN				
D1206 - TOPICAL FLOURIDE VARNISH	WINONA	\$28	\$28	\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	WRIGHT	\$33	\$34	\$34	\$33
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 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE 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																		



Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

540 - CESAREAN SECTION	HENNEPIN	\$7,305	\$5,234	\$8,413	\$6,216	\$12,356	\$10,744			\$9,901	\$5,908					\$10,045	\$7,711	\$11,357	\$9,750
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	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	\$6,953	\$5,468	\$6,815	\$7,138														

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

540 - CESAREAN SECTION	REDWOOD																		
540 - CESAREAN SECTION	RICE																		
540 - CESAREAN SECTION	ROCK																		
540 - CESAREAN SECTION	SCOTT																		
540 - CESAREAN SECTION	ST. LOUIS	\$5,738	\$5,698													\$5,759	\$5,553		
540 - CESAREAN SECTION	STEARNS	\$7,180	\$6,111	\$6,894	\$5,282														
540 - CESAREAN SECTION	STEELE																		
540 - CESAREAN SECTION	STEVENS																		
540 - CESAREAN SECTION	TODD																		
540 - CESAREAN SECTION	WADENA																		
540 - CESAREAN SECTION	WASHINGTON			\$6,258	\$5,724														
540 - CESAREAN SECTION	WINONA																		
540 - CESAREAN SECTION	WRIGHT																		
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																		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

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	\$4,831	\$3,250	\$4,672	\$4,041	\$8,600	\$5,254			\$6,179	\$3,880	\$4,168	\$4,005	\$3,979	\$3,531	\$5,634	\$4,270	\$6,957	\$4,741
560 - VAGINAL DELIVERY	HUBBARD																		
560 - VAGINAL DELIVERY	ITASCA																		
560 - VAGINAL DELIVERY	KANABEC																		
560 - VAGINAL DELIVERY	KANDIYOHI																		
560 - VAGINAL DELIVERY	LESUEUR																		
560 - VAGINAL DELIVERY	LYON																		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

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			\$3,918	\$3,979														
560 - VAGINAL DELIVERY	REDWOOD																		
560 - VAGINAL DELIVERY	RICE																		
560 - VAGINAL DELIVERY	ROCK																		
560 - VAGINAL DELIVERY	SCOTT																		
560 - VAGINAL DELIVERY	ST. LOUIS	\$3,417	\$3,368							\$2,275	\$2,091					\$3,282	\$3,086		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

560 - VAGINAL DELIVERY	STEARNS	\$3,860	\$3,613	\$4,312	\$3,460														
560 - VAGINAL DELIVERY	STEELE																		
560 - VAGINAL DELIVERY	STEVENS																		
560 - VAGINAL DELIVERY	TODD																		
560 - VAGINAL DELIVERY	WADENA																		
560 - VAGINAL DELIVERY	WASHINGTON			\$3,987	\$4,143														
560 - VAGINAL DELIVERY	WINONA																		
560 - VAGINAL DELIVERY	WRIGHT																		
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																		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

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	\$1,351	\$1,117																
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	\$3,845	\$1,117	\$2,845	\$1,667	\$7,076	\$5,372			\$4,957	\$1,201	\$2,979	\$2,238	\$2,727	\$1,395	\$3,665	\$1,300	\$3,526	\$1,965
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																		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

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	\$2,018	\$1,189	\$1,656	\$1,450														
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	REDWOOD																		
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	SHERBURNE																		
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ST. LOUIS	\$1,395	\$1,025							\$1,134	\$708					\$1,091	\$912		
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	STEARNS	\$1,402	\$1,329	\$3,671	\$2,911							\$2,451	\$1,727						
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																		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WASHINGTON			\$1,664	\$627														
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WINONA																		
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WRIGHT																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	AITKIN																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ANOKA																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BECKER																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BELTRAMI																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BIG STONE																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BLUE EARTH																		
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									\$19,547	\$12,794								
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CLEARWATER																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	COTTONWOOD																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CROW WING																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DAKOTA									\$12,563	\$14,401								
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DODGE																		



Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DOUGLAS																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	FARIBAULT																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	FREEBORN																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	GOODHUE																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	GRANT																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	HENNEPIN	\$22,705	\$9,020	\$21,816	\$12,320	\$26,539	\$11,795			\$17,473	\$14,278					\$18,765	\$15,037	\$39,005	\$11,131
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	HUBBARD																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ISANTI																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ITASCA																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	JACKSON																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KANABEC																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KANDIYOHI																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KITTSO																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KOOCHICHING																		
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																		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

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									\$25,814	\$14,278								
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	NORMAN																		
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	\$15,862	\$15,258	\$16,716	\$12,478					\$20,200	\$14,289							\$12,817	\$12,018

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

720 - SEPTICEMIA & DISSEMINATED INFECTIONS	REDWOOD																		
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	\$14,171	\$14,830							\$12,241	\$14,081					\$14,049	\$14,102		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEARNS	\$12,178	\$9,617													\$21,203	\$17,846		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEELE																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SWIFT																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	TODD																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	TRAVERSE																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WABASHA																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WADENA																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WASECA																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WASHINGTON			\$16,698	\$11,182														
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WATONWAN																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WILKIN																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WINONA																		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WRIGHT									\$18,706	\$14,474								
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	CARVER																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	CROW WING																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	DAKOTA																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	FREEBORN																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	HENNEPIN	\$9,887	\$6,497	\$15,091	\$6,140	\$27,478	\$11,864			\$29,161	\$12,555			\$8,321	\$8,641	\$13,696	\$6,157		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	HUBBARD																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ISANTI																		
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	MORRISON																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	OLMSTED																		

Table A-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by County 2023

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	\$6,878	\$6,560							\$18,562	\$13,425					\$7,419	\$5,324		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SCOTT																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ST. LOUIS	\$5,417	\$5,065													\$5,353	\$4,213		
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	WRIGHT																		

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

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				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
540 - CESAREAN SECTION	GOODHUE				
540 - CESAREAN SECTION	HENNEPIN	\$7,867	\$7,557	\$9,411	\$7,685
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	NOBLES				
540 - CESAREAN SECTION	OLMSTED				
540 - CESAREAN SECTION	OTTER TAIL				
540 - CESAREAN SECTION	PENNINGTON				
540 - CESAREAN SECTION	PIPESTONE				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
540 - CESAREAN SECTION	POLK				
540 - CESAREAN SECTION	POPE				
540 - CESAREAN SECTION	RAMSEY			\$7,337	\$7,138
540 - CESAREAN SECTION	REDWOOD				
540 - CESAREAN SECTION	RICE				
540 - CESAREAN SECTION	ROCK				
540 - CESAREAN SECTION	SCOTT				
540 - CESAREAN SECTION	ST. LOUIS	\$5,637	\$5,690	\$5,750	\$5,553
540 - CESAREAN SECTION	STEARNS			\$7,319	\$6,111
540 - CESAREAN SECTION	STEELE				
540 - CESAREAN SECTION	STEVENS				
540 - CESAREAN SECTION	TODD				
540 - CESAREAN SECTION	WADENA				
540 - CESAREAN SECTION	WASHINGTON			\$6,007	\$5,972
540 - CESAREAN SECTION	WINONA				
540 - CESAREAN SECTION	WRIGHT				
560 - VAGINAL DELIVERY	AITKIN				



**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
560 - VAGINAL DELIVERY	HENNEPIN	\$4,169	\$4,028	\$5,531	\$4,031
560 - VAGINAL DELIVERY	HUBBARD				
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				
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				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
560 - VAGINAL DELIVERY	PIPESTONE				
560 - VAGINAL DELIVERY	POLK				
560 - VAGINAL DELIVERY	POPE				
560 - VAGINAL DELIVERY	RAMSEY			\$4,041	\$3,855
560 - VAGINAL DELIVERY	REDWOOD				
560 - VAGINAL DELIVERY	RICE				
560 - VAGINAL DELIVERY	ROCK				
560 - VAGINAL DELIVERY	ROSEAU				
560 - VAGINAL DELIVERY	SCOTT				
560 - VAGINAL DELIVERY	ST. LOUIS	\$4,024	\$3,837	\$3,359	\$3,368
560 - VAGINAL DELIVERY	STEARNS	\$4,265	\$4,221	\$4,075	\$3,613
560 - VAGINAL DELIVERY	STEELE				
560 - VAGINAL DELIVERY	STEVENS				
560 - VAGINAL DELIVERY	TODD				
560 - VAGINAL DELIVERY	WADENA				
560 - VAGINAL DELIVERY	WASHINGTON			\$3,495	\$3,318
560 - VAGINAL DELIVERY	WINONA				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
560 - VAGINAL DELIVERY	WRIGHT			\$3,952	\$3,268
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			\$1,249	\$950
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DOUGLAS				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	FARIBAULT				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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	\$1,787	\$1,597	\$3,750	\$1,529
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-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO 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	\$1,593	\$1,294	\$1,577	\$1,450
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	REDWOOD				
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	SHERBURNE				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ST. LOUIS	\$1,418	\$1,201	\$1,265	\$1,025
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	STEARNS	\$1,860	\$1,645	\$1,843	\$1,329
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				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WASHINGTON			\$1,303	\$898
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WINONA				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	WRIGHT				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	AITKIN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ANOKA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BECKER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BELTRAMI				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BIG STONE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	BLUE EARTH				
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			\$14,465	\$12,577
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CLEARWATER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	COTTONWOOD				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	CROW WING			\$14,883	\$15,293

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DAKOTA			\$16,360	\$11,631
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	GRANT				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	HENNEPIN	\$17,960	\$12,968	\$20,491	\$14,129
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	HUBBARD				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ISANTI				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ITASCA			\$13,906	\$13,401
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	JACKSON				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KANABEC				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KANDIYOHI				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KITTSOON				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	KOOCHICHING				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LAC QUI PARLE				



**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LAKE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LESUEUR				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LINCOLN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	LYON				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MARSHALL				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MARTIN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MCLEOD			\$17,887	\$17,130
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MEEKER				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MILLE LACS			\$21,694	\$14,284
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	NORMAN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	OLMSTED				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	OTTER TAIL				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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	\$13,593	\$9,951	\$16,878	\$14,502
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	REDWOOD				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	RENVILLE			\$12,746	\$13,356
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	\$11,479	\$9,048	\$13,706	\$14,102
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEARNS			\$15,013	\$10,271
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	STEELE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SWIFT				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	TODD				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	TRAVERSE				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WABASHA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WADENA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WASECA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WASHINGTON			\$13,320	\$11,182
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WATONWAN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WILKIN				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WINONA				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	WRIGHT			\$11,886	\$10,300
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	CARVER				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	CROW WING				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	DAKOTA				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	FREEBORN				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	HENNEPIN	\$9,863	\$8,542	\$13,699	\$6,585
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	HUBBARD				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ISANTI				
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	MORRISON				
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			\$8,680	\$6,696
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SCOTT				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ST. LOUIS			\$5,948	\$5,494
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	STEARNS				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	STEELE				

**Table A-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	TODD				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	WASHINGTON				
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 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0260 - IV THERAPY, GENERAL	AITKIN																		
0260 - IV THERAPY, GENERAL	ANOKA									\$619	\$114								
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	\$113	\$93	\$131	\$88					\$1,468	\$1,157								

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	\$177	\$156	\$152	\$132	\$201	\$167	\$128	\$148	\$805	\$167	\$145	\$141	\$153	\$193	\$154	\$133	\$186	\$137
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	KITTSON																		
0260 - IV THERAPY, GENERAL	KOOCHICHING																		
0260 - IV THERAPY, GENERAL	LAC QUI PARLE																		
0260 - IV THERAPY, GENERAL	LAKE																		

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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																		
0260 - IV THERAPY, GENERAL	MOWER																		
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	\$206	\$129																
0260 - IV THERAPY, GENERAL	OTTER TAIL									\$576	\$214								
0260 - IV THERAPY, GENERAL	PENNINGTON																		
0260 - IV THERAPY, GENERAL	PINE																		



**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0260 - IV THERAPY, GENERAL	PIPESTONE																		
0260 - IV THERAPY, GENERAL	POLK																		
0260 - IV THERAPY, GENERAL	POPE																		
0260 - IV THERAPY, GENERAL	RAMSEY	\$171	\$114	\$141	\$145					\$777	\$128	\$140	\$185	\$144	\$121	\$151	\$129	\$185	\$170
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	SHERBURNE																		
0260 - IV THERAPY, GENERAL	SIBLEY																		
0260 - IV THERAPY, GENERAL	ST. LOUIS	\$198	\$149	\$125	\$97			\$110	\$77	\$1,677	\$138	\$149	\$126	\$87	\$63	\$131	\$88	\$124	\$86
0260 - IV THERAPY, GENERAL	STEARNS	\$268	\$228	\$172	\$185					\$971	\$334	\$113	\$80			\$165	\$111		
0260 - IV THERAPY, GENERAL	STEELE																		
0260 - IV THERAPY, GENERAL	STEVENS																		
0260 - IV THERAPY, GENERAL	SWIFT																		
0260 - IV THERAPY, GENERAL	TODD																		

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	\$103	\$62	\$106	\$77														
0260 - IV THERAPY, GENERAL	WATONWAN																		
0260 - IV THERAPY, GENERAL	WILKIN																		
0260 - IV THERAPY, GENERAL	WINONA																		
0260 - IV THERAPY, GENERAL	WRIGHT	\$274	\$167	\$173	\$125							\$163	\$174						
0260 - IV THERAPY, GENERAL	YELLOW MEDICINE																		
0420 - PHYSICAL THERAPY, GENERAL	AITKIN																		
0420 - PHYSICAL THERAPY, GENERAL	ANOKA	\$45	\$39	\$116	\$65	\$39	\$28			\$43	\$34					\$40	\$27		
0420 - PHYSICAL THERAPY, GENERAL	BECKER	\$93	\$88							\$81	\$53					\$41	\$37		
0420 - PHYSICAL THERAPY, GENERAL	BELTRAMI											\$44	\$44						
0420 - PHYSICAL THERAPY, GENERAL	BENTON																		
0420 - PHYSICAL THERAPY, GENERAL	BIG STONE											\$87	\$65						
0420 - PHYSICAL THERAPY, GENERAL	BLUE EARTH	\$50	\$40	\$41	\$38					\$36	\$34					\$36	\$27		
0420 - PHYSICAL THERAPY, GENERAL	BROWN	\$60	\$50											\$67	\$49				

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	CARLTON	\$92	\$87							\$60	\$38					\$71	\$53		
0420 - PHYSICAL THERAPY, GENERAL	CARVER			\$117	\$118					\$71	\$38					\$36	\$26		
0420 - PHYSICAL THERAPY, GENERAL	CASS																		
0420 - PHYSICAL THERAPY, GENERAL	CHIPPEWA																		
0420 - PHYSICAL THERAPY, GENERAL	CHISAGO	\$46	\$40	\$106	\$105					\$55	\$38					\$36	\$30		
0420 - PHYSICAL THERAPY, GENERAL	CLAY	\$60	\$45							\$52	\$38								
0420 - PHYSICAL THERAPY, GENERAL	CLEARWATER																		
0420 - PHYSICAL THERAPY, GENERAL	COOK																		
0420 - PHYSICAL THERAPY, GENERAL	COTTONWOOD	\$74	\$59													\$61	\$51		
0420 - PHYSICAL THERAPY, GENERAL	CROW WING	\$67	\$55							\$56	\$34					\$40	\$34		
0420 - PHYSICAL THERAPY, GENERAL	DAKOTA	\$57	\$39	\$92	\$66					\$39	\$30					\$35	\$28		
0420 - PHYSICAL THERAPY, GENERAL	DODGE																		
0420 - PHYSICAL THERAPY, GENERAL	DOUGLAS	\$86	\$77									\$36	\$28			\$35	\$27		
0420 - PHYSICAL THERAPY, GENERAL	FARIBAULT																		
0420 - PHYSICAL THERAPY, GENERAL	FILLMORE	\$31	\$24													\$30	\$24		
0420 - PHYSICAL THERAPY, GENERAL	FREEBORN	\$41	\$29											\$39	\$27	\$39	\$29		
0420 - PHYSICAL THERAPY, GENERAL	GOODHUE													\$40	\$31	\$50	\$47		
0420 - PHYSICAL THERAPY, GENERAL	GRANT																		

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	HENNEPIN	\$73	\$53	\$105	\$79	\$80	\$68			\$57	\$30	\$37	\$27	\$44	\$42	\$52	\$42	\$50	\$41
0420 - PHYSICAL THERAPY, GENERAL	HOUSTON																		
0420 - PHYSICAL THERAPY, GENERAL	HUBBARD																		
0420 - PHYSICAL THERAPY, GENERAL	ISANTI																		
0420 - PHYSICAL THERAPY, GENERAL	ITASCA	\$65	\$49					\$47	\$39							\$55	\$44		
0420 - PHYSICAL THERAPY, GENERAL	JACKSON																		
0420 - PHYSICAL THERAPY, GENERAL	KANABEC																		
0420 - PHYSICAL THERAPY, GENERAL	KANDIYOHI	\$97	\$83													\$43	\$39		
0420 - PHYSICAL THERAPY, GENERAL	KITTSON	\$159	\$64																
0420 - PHYSICAL THERAPY, GENERAL	KOOCHICHING																		
0420 - PHYSICAL THERAPY, GENERAL	LAC QUI PARLE	\$67	\$53													\$93	\$67		
0420 - PHYSICAL THERAPY, GENERAL	LAKE																		
0420 - PHYSICAL THERAPY, GENERAL	LESUEUR	\$60	\$46													\$69	\$63		
0420 - PHYSICAL THERAPY, GENERAL	LINCOLN	\$136	\$64													\$60	\$38		
0420 - PHYSICAL THERAPY, GENERAL	LYON	\$99	\$77													\$66	\$42		
0420 - PHYSICAL THERAPY, GENERAL	MAHNOMEN																		
0420 - PHYSICAL THERAPY, GENERAL	MARSHALL																		
0420 - PHYSICAL THERAPY, GENERAL	MARTIN	\$52	\$40													\$49	\$38		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	MCLEOD	\$65	\$57	\$88	\$62							\$52	\$46			\$47	\$48		
0420 - PHYSICAL THERAPY, GENERAL	MEEKER											\$69	\$55						
0420 - PHYSICAL THERAPY, GENERAL	MILLE LACS	\$67	\$53							\$79	\$55					\$45	\$44		
0420 - PHYSICAL THERAPY, GENERAL	MORRISON	\$79	\$58							\$60	\$38					\$68	\$58		
0420 - PHYSICAL THERAPY, GENERAL	MOWER	\$42	\$27							\$25	\$30					\$30	\$25		
0420 - PHYSICAL THERAPY, GENERAL	MURRAY																		
0420 - PHYSICAL THERAPY, GENERAL	NICOLLET																		
0420 - PHYSICAL THERAPY, GENERAL	NOBLES	\$73	\$67																
0420 - PHYSICAL THERAPY, GENERAL	NORMAN																		
0420 - PHYSICAL THERAPY, GENERAL	OLMSTED	\$62	\$45							\$32	\$13			\$39	\$37	\$34	\$26		
0420 - PHYSICAL THERAPY, GENERAL	OTTER TAIL	\$79	\$66							\$89	\$56					\$55	\$42		
0420 - PHYSICAL THERAPY, GENERAL	PENNINGTON	\$53	\$40																
0420 - PHYSICAL THERAPY, GENERAL	PINE																		
0420 - PHYSICAL THERAPY, GENERAL	PIPESTONE																		
0420 - PHYSICAL THERAPY, GENERAL	POLK	\$71	\$58							\$61	\$65					\$86	\$69		
0420 - PHYSICAL THERAPY, GENERAL	POPE																		
0420 - PHYSICAL THERAPY, GENERAL	RAMSEY	\$55	\$45	\$112	\$80	\$35	\$28			\$49	\$30			\$40	\$38	\$42	\$35	\$48	\$34
0420 - PHYSICAL THERAPY, GENERAL	RED LAKE																		

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	REDWOOD	\$111	\$57													\$51	\$44		
0420 - PHYSICAL THERAPY, GENERAL	RENVILLE	\$76	\$67									\$80	\$58						
0420 - PHYSICAL THERAPY, GENERAL	RICE	\$61	\$50							\$46	\$34					\$79	\$70		
0420 - PHYSICAL THERAPY, GENERAL	ROCK																		
0420 - PHYSICAL THERAPY, GENERAL	ROSEAU	\$112	\$92																
0420 - PHYSICAL THERAPY, GENERAL	SCOTT	\$56	\$41	\$174	\$150					\$49	\$34								
0420 - PHYSICAL THERAPY, GENERAL	SHERBURNE																		
0420 - PHYSICAL THERAPY, GENERAL	SIBLEY																		
0420 - PHYSICAL THERAPY, GENERAL	ST. LOUIS	\$71	\$66	\$128	\$154			\$35	\$30	\$58	\$38	\$56	\$55			\$54	\$43	\$44	\$44
0420 - PHYSICAL THERAPY, GENERAL	STEARNS	\$95	\$57	\$100	\$87					\$40	\$30	\$71	\$55			\$42	\$34		
0420 - PHYSICAL THERAPY, GENERAL	STEELE																		
0420 - PHYSICAL THERAPY, GENERAL	STEVENS																		
0420 - PHYSICAL THERAPY, GENERAL	SWIFT	\$93	\$66									\$133	\$133			\$86	\$66		
0420 - PHYSICAL THERAPY, GENERAL	TODD	\$115	\$61							\$83	\$42					\$74	\$70		
0420 - PHYSICAL THERAPY, GENERAL	TRAVERSE																		
0420 - PHYSICAL THERAPY, GENERAL	WABASHA	\$60	\$56											\$77	\$69	\$85	\$73		
0420 - PHYSICAL THERAPY, GENERAL	WADENA																		
0420 - PHYSICAL THERAPY, GENERAL	WASECA													\$41	\$37				

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	WASHINGTON	\$41	\$34	\$41	\$38					\$41	\$34					\$34	\$25		
0420 - PHYSICAL THERAPY, GENERAL	WATONWAN	\$52	\$43													\$85	\$78		
0420 - PHYSICAL THERAPY, GENERAL	WILKIN																		
0420 - PHYSICAL THERAPY, GENERAL	WINONA	\$68	\$56							\$41	\$34					\$37	\$28		
0420 - PHYSICAL THERAPY, GENERAL	WRIGHT	\$46	\$40	\$91	\$73					\$49	\$30					\$38	\$33		
0420 - PHYSICAL THERAPY, GENERAL	YELLOW MEDICINE	\$74	\$57													\$74	\$55		
0430 - OCCUPATIONAL THERAPY, GENERAL	AITKIN																		
0430 - OCCUPATIONAL THERAPY, GENERAL	ANOKA	\$107	\$120	\$133	\$136					\$62	\$60					\$52	\$48		
0430 - OCCUPATIONAL THERAPY, GENERAL	BECKER	\$78	\$63							\$87	\$48					\$41	\$41		
0430 - OCCUPATIONAL THERAPY, GENERAL	BELTRAMI	\$86	\$79									\$46	\$32						
0430 - OCCUPATIONAL THERAPY, GENERAL	BENTON																		
0430 - OCCUPATIONAL THERAPY, GENERAL	BIG STONE											\$73	\$51						
0430 - OCCUPATIONAL THERAPY, GENERAL	BLUE EARTH	\$56	\$43	\$52	\$44					\$45	\$38					\$46	\$42		
0430 - OCCUPATIONAL THERAPY, GENERAL	BROWN	\$105	\$83											\$52	\$47				
0430 - OCCUPATIONAL THERAPY, GENERAL	CARLTON	\$100	\$87							\$42	\$33					\$68	\$52		
0430 - OCCUPATIONAL THERAPY, GENERAL	CARVER									\$54	\$60					\$59	\$54		
0430 - OCCUPATIONAL THERAPY, GENERAL	CASS																		
0430 - OCCUPATIONAL THERAPY, GENERAL	CHIPPEWA																		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	CHISAGO	\$97	\$73							\$72	\$76					\$51	\$44		
0430 - OCCUPATIONAL THERAPY, GENERAL	CLAY	\$39	\$34							\$53	\$38								
0430 - OCCUPATIONAL THERAPY, GENERAL	CLEARWATER																		
0430 - OCCUPATIONAL THERAPY, GENERAL	COOK																		
0430 - OCCUPATIONAL THERAPY, GENERAL	COTTONWOOD	\$109	\$112													\$56	\$53		
0430 - OCCUPATIONAL THERAPY, GENERAL	CROW WING	\$87	\$91							\$53	\$33					\$46	\$34		
0430 - OCCUPATIONAL THERAPY, GENERAL	DAKOTA	\$92	\$66	\$100	\$67					\$56	\$54					\$52	\$48		
0430 - OCCUPATIONAL THERAPY, GENERAL	DODGE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	DOUGLAS	\$99	\$106									\$49	\$47						
0430 - OCCUPATIONAL THERAPY, GENERAL	FARIBAULT																		
0430 - OCCUPATIONAL THERAPY, GENERAL	FILLMORE	\$35	\$32							\$15	\$5					\$30	\$24		
0430 - OCCUPATIONAL THERAPY, GENERAL	FREEBORN	\$50	\$53													\$48	\$47		
0430 - OCCUPATIONAL THERAPY, GENERAL	GOODHUE													\$44	\$43	\$59	\$53		
0430 - OCCUPATIONAL THERAPY, GENERAL	GRANT																		
0430 - OCCUPATIONAL THERAPY, GENERAL	HENNEPIN	\$105	\$80	\$113	\$90	\$80	\$55			\$55	\$38	\$67	\$71	\$58	\$53	\$69	\$53	\$60	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	HOUSTON																		
0430 - OCCUPATIONAL THERAPY, GENERAL	HUBBARD																		
0430 - OCCUPATIONAL THERAPY, GENERAL	ISANTI																		



**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	ITASCA	\$71	\$49					\$52	\$43							\$50	\$34		
0430 - OCCUPATIONAL THERAPY, GENERAL	JACKSON																		
0430 - OCCUPATIONAL THERAPY, GENERAL	KANABEC																		
0430 - OCCUPATIONAL THERAPY, GENERAL	KANDIYOHI	\$116	\$140																
0430 - OCCUPATIONAL THERAPY, GENERAL	KITTSON	\$148	\$83																
0430 - OCCUPATIONAL THERAPY, GENERAL	KOOCHICHING																		
0430 - OCCUPATIONAL THERAPY, GENERAL	LAC QUI PARLE	\$69	\$50																
0430 - OCCUPATIONAL THERAPY, GENERAL	LAKE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	LESUEUR	\$64	\$58													\$61	\$55		
0430 - OCCUPATIONAL THERAPY, GENERAL	LINCOLN	\$83	\$58																
0430 - OCCUPATIONAL THERAPY, GENERAL	LYON	\$108	\$97													\$53	\$42		
0430 - OCCUPATIONAL THERAPY, GENERAL	MAHNOMEN																		
0430 - OCCUPATIONAL THERAPY, GENERAL	MARSHALL																		
0430 - OCCUPATIONAL THERAPY, GENERAL	MARTIN	\$68	\$65													\$56	\$51		
0430 - OCCUPATIONAL THERAPY, GENERAL	MCLEOD	\$68	\$57									\$63	\$53						
0430 - OCCUPATIONAL THERAPY, GENERAL	MEEKER											\$91	\$70						
0430 - OCCUPATIONAL THERAPY, GENERAL	MILLE LACS	\$143	\$102							\$66	\$60					\$49	\$45		
0430 - OCCUPATIONAL THERAPY, GENERAL	MORRISON	\$79	\$65							\$41	\$33					\$69	\$47		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	MOWER	\$63	\$43							\$54	\$49					\$37	\$33		
0430 - OCCUPATIONAL THERAPY, GENERAL	MURRAY																		
0430 - OCCUPATIONAL THERAPY, GENERAL	NICOLLET																		
0430 - OCCUPATIONAL THERAPY, GENERAL	NOBLES	\$95	\$97																
0430 - OCCUPATIONAL THERAPY, GENERAL	NORMAN																		
0430 - OCCUPATIONAL THERAPY, GENERAL	OLMSTED	\$70	\$52							\$49	\$33			\$53	\$47	\$47	\$41		
0430 - OCCUPATIONAL THERAPY, GENERAL	OTTER TAIL	\$84	\$93							\$63	\$60					\$48	\$42		
0430 - OCCUPATIONAL THERAPY, GENERAL	PENNINGTON	\$49	\$45																
0430 - OCCUPATIONAL THERAPY, GENERAL	PINE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	PIPESTONE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	POLK	\$80	\$84							\$72	\$58					\$72	\$49		
0430 - OCCUPATIONAL THERAPY, GENERAL	POPE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	RAMSEY	\$79	\$58	\$142	\$113	\$51	\$44			\$84	\$38	\$47	\$39			\$53	\$47	\$64	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	RED LAKE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	REDWOOD	\$97	\$50													\$50	\$46		
0430 - OCCUPATIONAL THERAPY, GENERAL	RENVILLE	\$78	\$64									\$62	\$52						
0430 - OCCUPATIONAL THERAPY, GENERAL	RICE	\$54	\$45							\$62	\$34					\$59	\$48		
0430 - OCCUPATIONAL THERAPY, GENERAL	ROCK																		

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	ROSEAU	\$79	\$58																
0430 - OCCUPATIONAL THERAPY, GENERAL	SCOTT	\$108	\$68							\$46	\$33								
0430 - OCCUPATIONAL THERAPY, GENERAL	SHERBURNE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	SIBLEY																		
0430 - OCCUPATIONAL THERAPY, GENERAL	ST. LOUIS	\$84	\$83	\$111	\$117			\$36	\$26	\$52	\$38					\$61	\$53	\$51	\$40
0430 - OCCUPATIONAL THERAPY, GENERAL	STEARNS	\$117	\$91	\$130	\$106					\$50	\$34	\$72	\$55			\$52	\$48		
0430 - OCCUPATIONAL THERAPY, GENERAL	STEELE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	STEVENS																		
0430 - OCCUPATIONAL THERAPY, GENERAL	SWIFT	\$120	\$92									\$118	\$76			\$64	\$42		
0430 - OCCUPATIONAL THERAPY, GENERAL	TODD	\$106	\$77							\$68	\$58					\$71	\$70		
0430 - OCCUPATIONAL THERAPY, GENERAL	TRAVERSE																		
0430 - OCCUPATIONAL THERAPY, GENERAL	WABASHA													\$55	\$46				
0430 - OCCUPATIONAL THERAPY, GENERAL	WADENA																		
0430 - OCCUPATIONAL THERAPY, GENERAL	WASECA													\$46	\$42				
0430 - OCCUPATIONAL THERAPY, GENERAL	WASHINGTON	\$63	\$53	\$62	\$50					\$65	\$67					\$55	\$51		
0430 - OCCUPATIONAL THERAPY, GENERAL	WATONWAN	\$56	\$43																
0430 - OCCUPATIONAL THERAPY, GENERAL	WILKIN																		
0430 - OCCUPATIONAL THERAPY, GENERAL	WINONA	\$62	\$54													\$43	\$41		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	WRIGHT	\$91	\$60	\$88	\$78					\$45	\$38					\$48	\$42		
0430 - OCCUPATIONAL THERAPY, GENERAL	YELLOW MEDICINE	\$90	\$63													\$85	\$71		
0450 - EMERGENCY ROOM, GENERAL	AITKIN																		
0450 - EMERGENCY ROOM, GENERAL	ANOKA									\$199	\$145								
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	CASS																		
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																		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0450 - EMERGENCY ROOM, GENERAL	CROW WING																		
0450 - EMERGENCY ROOM, GENERAL	DAKOTA	\$210	\$223	\$330	\$267					\$311	\$190								
0450 - EMERGENCY ROOM, GENERAL	DOUGLAS																		
0450 - EMERGENCY ROOM, GENERAL	FARIBAULT																		
0450 - EMERGENCY ROOM, GENERAL	FILLMORE																		
0450 - EMERGENCY ROOM, GENERAL	FREEBORN																		
0450 - EMERGENCY ROOM, GENERAL	GOODHUE																		
0450 - EMERGENCY ROOM, GENERAL	GRANT																		
0450 - EMERGENCY ROOM, GENERAL	HENNEPIN	\$269	\$226	\$382	\$284	\$446	\$310	\$221	\$177	\$348	\$296	\$463	\$250	\$436	\$233	\$322	\$251	\$393	\$306
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	KITTSON																		
0450 - EMERGENCY ROOM, GENERAL	KOOCHICHING																		
0450 - EMERGENCY ROOM, GENERAL	LAC QUI PARLE																		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	MOWER																		
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			\$558	\$445														
0450 - EMERGENCY ROOM, GENERAL	OTTER TAIL																		

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	\$221	\$192	\$382	\$278	\$426	\$357	\$337	\$276	\$236	\$201	\$361	\$246	\$335	\$233	\$299	\$248	\$327	\$282
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	\$270	\$222	\$373	\$287	\$402	\$396	\$302	\$246	\$394	\$285	\$375	\$270	\$268	\$229	\$378	\$358	\$299	\$245
0450 - EMERGENCY ROOM, GENERAL	STEARNS	\$252	\$220	\$369	\$260					\$272	\$233	\$323	\$232	\$314	\$227	\$330	\$283		
0450 - EMERGENCY ROOM, GENERAL	STEELE																		
0450 - EMERGENCY ROOM, GENERAL	STEVENS																		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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			\$298	\$223					\$263	\$187								
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																		



Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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	\$69	\$28	\$151	\$132									\$100	\$111				
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	\$147	\$149	\$142	\$141	\$150	\$87	\$87	\$115	\$97	\$105	\$109	\$109	\$114	\$127	\$126	\$167	\$157
0510 - CLINIC, GENERAL	HOUSTON																		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0510 - CLINIC, GENERAL	HUBBARD																		
0510 - CLINIC, GENERAL	ISANTI																		
0510 - CLINIC, GENERAL	ITASCA	\$91	\$67					\$111	\$109										
0510 - CLINIC, GENERAL	JACKSON																		
0510 - CLINIC, GENERAL	KANABEC																		
0510 - CLINIC, GENERAL	KANDIYOHI																		
0510 - CLINIC, GENERAL	KOOCHICHING																		
0510 - CLINIC, GENERAL	LAC QUI PARLE																		
0510 - CLINIC, GENERAL	LAKE																		
0510 - CLINIC, GENERAL	LESUEUR																		
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																		

Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0510 - CLINIC, GENERAL	MURRAY																		
0510 - CLINIC, GENERAL	NICOLLET																		
0510 - CLINIC, GENERAL	NOBLES																		
0510 - CLINIC, GENERAL	OLMSTED	\$98	\$77											\$86	\$45				
0510 - CLINIC, GENERAL	OTTER TAIL	\$124	\$122																
0510 - CLINIC, GENERAL	PENNINGTON																		
0510 - CLINIC, GENERAL	PIPESTONE																		
0510 - CLINIC, GENERAL	POLK	\$63	\$58																
0510 - CLINIC, GENERAL	RAMSEY	\$122	\$131	\$160	\$121	\$147	\$133			\$256	\$190	\$110	\$109	\$108	\$114	\$108	\$125	\$132	\$139
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	SHERBURNE																		
0510 - CLINIC, GENERAL	ST. LOUIS	\$131	\$119	\$80	\$63	\$102	\$122	\$113	\$104	\$92	\$57	\$101	\$120	\$132	\$113	\$115	\$118	\$117	\$120
0510 - CLINIC, GENERAL	STEARNS	\$213	\$199	\$207	\$132					\$199	\$167	\$89	\$67			\$166	\$130		

**Table A-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by County 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
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			\$120	\$110														
0510 - CLINIC, GENERAL	WATONWAN																		
0510 - CLINIC, GENERAL	WILKIN																		
0510 - CLINIC, GENERAL	WINONA																		
0510 - CLINIC, GENERAL	WRIGHT	\$149	\$125	\$112	\$124					\$226	\$171	\$58	\$47						
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 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0260 - IV THERAPY, GENERAL	AITKIN				
0260 - IV THERAPY, GENERAL	ANOKA			\$186	\$108
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			\$168	\$105

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0260 - IV THERAPY, GENERAL	DAKOTA	\$136	\$118	\$161	\$93
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	\$138	\$118	\$198	\$151
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	KOOCHICHING				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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				
0260 - IV THERAPY, GENERAL	MOWER				
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			\$150	\$87

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0260 - IV THERAPY, GENERAL	OTTER TAIL			\$187	\$105
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	\$143	\$188	\$169	\$143
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	SHERBURNE				
0260 - IV THERAPY, GENERAL	SIBLEY				
0260 - IV THERAPY, GENERAL	ST. LOUIS	\$118	\$79	\$227	\$111
0260 - IV THERAPY, GENERAL	STEARNS	\$132	\$118	\$229	\$198



**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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			\$134	\$78
0260 - IV THERAPY, GENERAL	WADENA				
0260 - IV THERAPY, GENERAL	WASECA				
0260 - IV THERAPY, GENERAL	WASHINGTON			\$154	\$86
0260 - IV THERAPY, GENERAL	WATONWAN				
0260 - IV THERAPY, GENERAL	WILKIN				
0260 - IV THERAPY, GENERAL	WINONA				
0260 - IV THERAPY, GENERAL	WRIGHT	\$140	\$85	\$219	\$125
0260 - IV THERAPY, GENERAL	YELLOW MEDICINE				
0420 - PHYSICAL THERAPY, GENERAL	AITKIN				
0420 - PHYSICAL THERAPY, GENERAL	ANOKA	\$43	\$28	\$53	\$40
0420 - PHYSICAL THERAPY, GENERAL	BECKER			\$86	\$74

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	BELTRAMI			\$55	\$47
0420 - PHYSICAL THERAPY, GENERAL	BENTON				
0420 - PHYSICAL THERAPY, GENERAL	BIG STONE			\$87	\$65
0420 - PHYSICAL THERAPY, GENERAL	BLUE EARTH			\$41	\$33
0420 - PHYSICAL THERAPY, GENERAL	BROWN			\$65	\$49
0420 - PHYSICAL THERAPY, GENERAL	CARLTON	\$98	\$64	\$83	\$65
0420 - PHYSICAL THERAPY, GENERAL	CARVER			\$66	\$55
0420 - PHYSICAL THERAPY, GENERAL	CASS				
0420 - PHYSICAL THERAPY, GENERAL	CHIPPEWA				
0420 - PHYSICAL THERAPY, GENERAL	CHISAGO	\$41	\$28	\$57	\$44
0420 - PHYSICAL THERAPY, GENERAL	CLAY			\$53	\$38
0420 - PHYSICAL THERAPY, GENERAL	CLEARWATER				
0420 - PHYSICAL THERAPY, GENERAL	COOK				
0420 - PHYSICAL THERAPY, GENERAL	COTTONWOOD	\$93	\$74	\$72	\$61
0420 - PHYSICAL THERAPY, GENERAL	CROW WING			\$59	\$50
0420 - PHYSICAL THERAPY, GENERAL	DAKOTA	\$73	\$52	\$54	\$38
0420 - PHYSICAL THERAPY, GENERAL	DODGE				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	DOUGLAS	\$41	\$29	\$40	\$29
0420 - PHYSICAL THERAPY, GENERAL	FARIBAULT				
0420 - PHYSICAL THERAPY, GENERAL	FILLMORE			\$30	\$23
0420 - PHYSICAL THERAPY, GENERAL	FREEBORN			\$40	\$29
0420 - PHYSICAL THERAPY, GENERAL	GOODHUE	\$40	\$26	\$42	\$33
0420 - PHYSICAL THERAPY, GENERAL	GRANT				
0420 - PHYSICAL THERAPY, GENERAL	HENNEPIN	\$51	\$44	\$65	\$44
0420 - PHYSICAL THERAPY, GENERAL	HOUSTON				
0420 - PHYSICAL THERAPY, GENERAL	HUBBARD				
0420 - PHYSICAL THERAPY, GENERAL	ISANTI				
0420 - PHYSICAL THERAPY, GENERAL	ITASCA	\$62	\$45	\$50	\$40
0420 - PHYSICAL THERAPY, GENERAL	JACKSON				
0420 - PHYSICAL THERAPY, GENERAL	KANABEC				
0420 - PHYSICAL THERAPY, GENERAL	KANDIYOHI			\$76	\$63
0420 - PHYSICAL THERAPY, GENERAL	KITTSOON			\$155	\$64
0420 - PHYSICAL THERAPY, GENERAL	KOOCHICHING				
0420 - PHYSICAL THERAPY, GENERAL	LAC QUI PARLE			\$73	\$56

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	LAKE				
0420 - PHYSICAL THERAPY, GENERAL	LESUEUR			\$60	\$45
0420 - PHYSICAL THERAPY, GENERAL	LINCOLN			\$120	\$64
0420 - PHYSICAL THERAPY, GENERAL	LYON			\$91	\$77
0420 - PHYSICAL THERAPY, GENERAL	MAHNOMEN				
0420 - PHYSICAL THERAPY, GENERAL	MARSHALL				
0420 - PHYSICAL THERAPY, GENERAL	MARTIN			\$51	\$39
0420 - PHYSICAL THERAPY, GENERAL	MCLEOD			\$55	\$47
0420 - PHYSICAL THERAPY, GENERAL	MEEKER			\$69	\$55
0420 - PHYSICAL THERAPY, GENERAL	MILLE LACS			\$63	\$52
0420 - PHYSICAL THERAPY, GENERAL	MORRISON	\$81	\$61	\$70	\$58
0420 - PHYSICAL THERAPY, GENERAL	MOWER			\$33	\$26
0420 - PHYSICAL THERAPY, GENERAL	MURRAY				
0420 - PHYSICAL THERAPY, GENERAL	NICOLLET				
0420 - PHYSICAL THERAPY, GENERAL	NOBLES			\$59	\$44
0420 - PHYSICAL THERAPY, GENERAL	NORMAN				
0420 - PHYSICAL THERAPY, GENERAL	OLMSTED			\$43	\$30

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	OTTER TAIL			\$76	\$58
0420 - PHYSICAL THERAPY, GENERAL	PENNINGTON			\$51	\$38
0420 - PHYSICAL THERAPY, GENERAL	PINE				
0420 - PHYSICAL THERAPY, GENERAL	PIPESTONE				
0420 - PHYSICAL THERAPY, GENERAL	POLK			\$73	\$58
0420 - PHYSICAL THERAPY, GENERAL	POPE				
0420 - PHYSICAL THERAPY, GENERAL	RAMSEY	\$67	\$49	\$59	\$40
0420 - PHYSICAL THERAPY, GENERAL	RED LAKE				
0420 - PHYSICAL THERAPY, GENERAL	REDWOOD	\$58	\$28	\$82	\$54
0420 - PHYSICAL THERAPY, GENERAL	RENVILLE			\$79	\$60
0420 - PHYSICAL THERAPY, GENERAL	RICE			\$68	\$54
0420 - PHYSICAL THERAPY, GENERAL	ROCK				
0420 - PHYSICAL THERAPY, GENERAL	ROSEAU			\$111	\$92
0420 - PHYSICAL THERAPY, GENERAL	SCOTT			\$74	\$52
0420 - PHYSICAL THERAPY, GENERAL	SHERBURNE				
0420 - PHYSICAL THERAPY, GENERAL	SIBLEY				
0420 - PHYSICAL THERAPY, GENERAL	ST. LOUIS	\$42	\$28	\$60	\$47

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	STEARNS	\$67	\$58	\$72	\$49
0420 - PHYSICAL THERAPY, GENERAL	STEELE				
0420 - PHYSICAL THERAPY, GENERAL	STEVENS			\$56	\$43
0420 - PHYSICAL THERAPY, GENERAL	SWIFT			\$98	\$71
0420 - PHYSICAL THERAPY, GENERAL	TODD			\$92	\$60
0420 - PHYSICAL THERAPY, GENERAL	TRAVERSE				
0420 - PHYSICAL THERAPY, GENERAL	WABASHA			\$74	\$64
0420 - PHYSICAL THERAPY, GENERAL	WADENA				
0420 - PHYSICAL THERAPY, GENERAL	WASECA			\$44	\$41
0420 - PHYSICAL THERAPY, GENERAL	WASHINGTON	\$34	\$28	\$38	\$30
0420 - PHYSICAL THERAPY, GENERAL	WATONWAN			\$65	\$47
0420 - PHYSICAL THERAPY, GENERAL	WILKIN				
0420 - PHYSICAL THERAPY, GENERAL	WINONA			\$54	\$45
0420 - PHYSICAL THERAPY, GENERAL	WRIGHT	\$42	\$42	\$51	\$40
0420 - PHYSICAL THERAPY, GENERAL	YELLOW MEDICINE			\$76	\$58
0430 - OCCUPATIONAL THERAPY, GENERAL	AITKIN				
0430 - OCCUPATIONAL THERAPY, GENERAL	ANOKA	\$56	\$57	\$84	\$66

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	BECKER			\$73	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	BELTRAMI			\$52	\$44
0430 - OCCUPATIONAL THERAPY, GENERAL	BENTON				
0430 - OCCUPATIONAL THERAPY, GENERAL	BIG STONE			\$73	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	BLUE EARTH	\$43	\$48	\$50	\$44
0430 - OCCUPATIONAL THERAPY, GENERAL	BROWN			\$60	\$47
0430 - OCCUPATIONAL THERAPY, GENERAL	CARLTON	\$87	\$75	\$89	\$75
0430 - OCCUPATIONAL THERAPY, GENERAL	CARVER			\$101	\$89
0430 - OCCUPATIONAL THERAPY, GENERAL	CASS				
0430 - OCCUPATIONAL THERAPY, GENERAL	CHIPPEWA				
0430 - OCCUPATIONAL THERAPY, GENERAL	CHISAGO	\$50	\$53	\$88	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	CLAY			\$43	\$37
0430 - OCCUPATIONAL THERAPY, GENERAL	CLEARWATER				
0430 - OCCUPATIONAL THERAPY, GENERAL	COOK				
0430 - OCCUPATIONAL THERAPY, GENERAL	COTTONWOOD	\$120	\$129	\$102	\$112
0430 - OCCUPATIONAL THERAPY, GENERAL	CROW WING			\$76	\$65
0430 - OCCUPATIONAL THERAPY, GENERAL	DAKOTA	\$74	\$57	\$67	\$53

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	DODGE				
0430 - OCCUPATIONAL THERAPY, GENERAL	DOUGLAS	\$63	\$76	\$57	\$51
0430 - OCCUPATIONAL THERAPY, GENERAL	FARIBAULT				
0430 - OCCUPATIONAL THERAPY, GENERAL	FILLMORE	\$35	\$28	\$31	\$26
0430 - OCCUPATIONAL THERAPY, GENERAL	FREEBORN			\$48	\$47
0430 - OCCUPATIONAL THERAPY, GENERAL	GOODHUE			\$45	\$43
0430 - OCCUPATIONAL THERAPY, GENERAL	GRANT				
0430 - OCCUPATIONAL THERAPY, GENERAL	HENNEPIN	\$62	\$56	\$76	\$59
0430 - OCCUPATIONAL THERAPY, GENERAL	HOUSTON				
0430 - OCCUPATIONAL THERAPY, GENERAL	HUBBARD				
0430 - OCCUPATIONAL THERAPY, GENERAL	ISANTI				
0430 - OCCUPATIONAL THERAPY, GENERAL	ITASCA	\$85	\$85	\$54	\$43
0430 - OCCUPATIONAL THERAPY, GENERAL	JACKSON				
0430 - OCCUPATIONAL THERAPY, GENERAL	KANABEC				
0430 - OCCUPATIONAL THERAPY, GENERAL	KANDIYOHI			\$91	\$87
0430 - OCCUPATIONAL THERAPY, GENERAL	KITTSOON			\$145	\$83
0430 - OCCUPATIONAL THERAPY, GENERAL	KOOCHICHING				



**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	LAC QUI PARLE			\$72	\$51
0430 - OCCUPATIONAL THERAPY, GENERAL	LAKE				
0430 - OCCUPATIONAL THERAPY, GENERAL	LESUEUR			\$67	\$59
0430 - OCCUPATIONAL THERAPY, GENERAL	LINCOLN			\$87	\$57
0430 - OCCUPATIONAL THERAPY, GENERAL	LYON			\$102	\$86
0430 - OCCUPATIONAL THERAPY, GENERAL	MAHNOMEN				
0430 - OCCUPATIONAL THERAPY, GENERAL	MARSHALL				
0430 - OCCUPATIONAL THERAPY, GENERAL	MARTIN			\$63	\$59
0430 - OCCUPATIONAL THERAPY, GENERAL	MCLEOD			\$67	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	MEEKER			\$91	\$70
0430 - OCCUPATIONAL THERAPY, GENERAL	MILLE LACS			\$109	\$75
0430 - OCCUPATIONAL THERAPY, GENERAL	MORRISON			\$66	\$51
0430 - OCCUPATIONAL THERAPY, GENERAL	MOWER			\$46	\$37
0430 - OCCUPATIONAL THERAPY, GENERAL	MURRAY				
0430 - OCCUPATIONAL THERAPY, GENERAL	NICOLLET				
0430 - OCCUPATIONAL THERAPY, GENERAL	NOBLES			\$83	\$75
0430 - OCCUPATIONAL THERAPY, GENERAL	NORMAN				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	OLMSTED			\$56	\$48
0430 - OCCUPATIONAL THERAPY, GENERAL	OTTER TAIL			\$79	\$68
0430 - OCCUPATIONAL THERAPY, GENERAL	PENNINGTON			\$50	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	PINE				
0430 - OCCUPATIONAL THERAPY, GENERAL	PIPESTONE				
0430 - OCCUPATIONAL THERAPY, GENERAL	POLK			\$79	\$74
0430 - OCCUPATIONAL THERAPY, GENERAL	POPE				
0430 - OCCUPATIONAL THERAPY, GENERAL	RAMSEY	\$66	\$54	\$83	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	RED LAKE				
0430 - OCCUPATIONAL THERAPY, GENERAL	REDWOOD			\$70	\$47
0430 - OCCUPATIONAL THERAPY, GENERAL	RENVILLE			\$63	\$52
0430 - OCCUPATIONAL THERAPY, GENERAL	RICE			\$57	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	ROCK				
0430 - OCCUPATIONAL THERAPY, GENERAL	ROSEAU			\$79	\$58
0430 - OCCUPATIONAL THERAPY, GENERAL	SCOTT			\$96	\$67
0430 - OCCUPATIONAL THERAPY, GENERAL	SHERBURNE				
0430 - OCCUPATIONAL THERAPY, GENERAL	SIBLEY				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0430 - OCCUPATIONAL THERAPY, GENERAL	ST. LOUIS	\$70	\$85	\$67	\$58
0430 - OCCUPATIONAL THERAPY, GENERAL	STEARNS	\$81	\$87	\$92	\$65
0430 - OCCUPATIONAL THERAPY, GENERAL	STEELE				
0430 - OCCUPATIONAL THERAPY, GENERAL	STEVENS				
0430 - OCCUPATIONAL THERAPY, GENERAL	SWIFT			\$111	\$75
0430 - OCCUPATIONAL THERAPY, GENERAL	TODD			\$88	\$66
0430 - OCCUPATIONAL THERAPY, GENERAL	TRAVERSE				
0430 - OCCUPATIONAL THERAPY, GENERAL	WABASHA			\$58	\$47
0430 - OCCUPATIONAL THERAPY, GENERAL	WADENA				
0430 - OCCUPATIONAL THERAPY, GENERAL	WASECA			\$47	\$42
0430 - OCCUPATIONAL THERAPY, GENERAL	WASHINGTON	\$40	\$28	\$60	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	WATONWAN			\$54	\$43
0430 - OCCUPATIONAL THERAPY, GENERAL	WILKIN				
0430 - OCCUPATIONAL THERAPY, GENERAL	WINONA			\$57	\$49
0430 - OCCUPATIONAL THERAPY, GENERAL	WRIGHT	\$60	\$57	\$71	\$48
0430 - OCCUPATIONAL THERAPY, GENERAL	YELLOW MEDICINE			\$94	\$72
0450 - EMERGENCY ROOM, GENERAL	AITKIN				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0450 - EMERGENCY ROOM, GENERAL	ANOKA			\$236	\$221
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			\$308	\$263
0450 - EMERGENCY ROOM, GENERAL	CASS				
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				
0450 - EMERGENCY ROOM, GENERAL	DAKOTA			\$312	\$248

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0450 - EMERGENCY ROOM, GENERAL	DOUGLAS				
0450 - EMERGENCY ROOM, GENERAL	FARIBAULT				
0450 - EMERGENCY ROOM, GENERAL	FILLMORE				
0450 - EMERGENCY ROOM, GENERAL	FREEBORN				
0450 - EMERGENCY ROOM, GENERAL	GOODHUE				
0450 - EMERGENCY ROOM, GENERAL	GRANT				
0450 - EMERGENCY ROOM, GENERAL	HENNEPIN	\$388	\$228	\$343	\$270
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	KOOCHICHING				
0450 - EMERGENCY ROOM, GENERAL	LAC QUI PARLE				
0450 - EMERGENCY ROOM, GENERAL	LAKE				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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	MOWER				
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			\$321	\$251
0450 - EMERGENCY ROOM, GENERAL	OTTER TAIL			\$210	\$175

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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	\$356	\$228	\$318	\$253
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	\$346	\$355	\$341	\$276
0450 - EMERGENCY ROOM, GENERAL	STEARNS	\$296	\$222	\$285	\$223
0450 - EMERGENCY ROOM, GENERAL	STEELE				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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			\$297	\$237
0450 - EMERGENCY ROOM, GENERAL	WATONWAN				
0450 - EMERGENCY ROOM, GENERAL	WILKIN				
0450 - EMERGENCY ROOM, GENERAL	WINONA			\$261	\$213
0450 - EMERGENCY ROOM, GENERAL	WRIGHT			\$282	\$267
0450 - EMERGENCY ROOM, GENERAL	YELLOW MEDICINE				
0510 - CLINIC, GENERAL	AITKIN				
0510 - CLINIC, GENERAL	ANOKA				
0510 - CLINIC, GENERAL	BECKER				
0510 - CLINIC, GENERAL	BELTRAMI				



**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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			\$118	\$117
0510 - CLINIC, GENERAL	COTTONWOOD				
0510 - CLINIC, GENERAL	CROW WING				
0510 - CLINIC, GENERAL	DAKOTA	\$175	\$214	\$118	\$122
0510 - CLINIC, GENERAL	DOUGLAS				
0510 - CLINIC, GENERAL	FARIBAULT				
0510 - CLINIC, GENERAL	FILLMORE				
0510 - CLINIC, GENERAL	FREEBORN				
0510 - CLINIC, GENERAL	GOODHUE			\$127	\$120

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0510 - CLINIC, GENERAL	GRANT				
0510 - CLINIC, GENERAL	HENNEPIN	\$111	\$113	\$130	\$146
0510 - CLINIC, GENERAL	HOUSTON				
0510 - CLINIC, GENERAL	HUBBARD				
0510 - CLINIC, GENERAL	ISANTI				
0510 - CLINIC, GENERAL	ITASCA			\$111	\$109
0510 - CLINIC, GENERAL	JACKSON				
0510 - CLINIC, GENERAL	KANABEC				
0510 - CLINIC, GENERAL	KANDIYOHI				
0510 - CLINIC, GENERAL	KOOCHICHING				
0510 - CLINIC, GENERAL	LAC QUI PARLE				
0510 - CLINIC, GENERAL	LAKE				
0510 - CLINIC, GENERAL	LESUEUR				
0510 - CLINIC, GENERAL	LYON				
0510 - CLINIC, GENERAL	MARSHALL				
0510 - CLINIC, GENERAL	MARTIN				
0510 - CLINIC, GENERAL	MCLEOD				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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			\$88	\$49
0510 - CLINIC, GENERAL	OTTER TAIL			\$123	\$117
0510 - CLINIC, GENERAL	PENNINGTON				
0510 - CLINIC, GENERAL	PIPESTONE				
0510 - CLINIC, GENERAL	POLK			\$66	\$58
0510 - CLINIC, GENERAL	RAMSEY	\$168	\$214	\$137	\$125
0510 - CLINIC, GENERAL	REDWOOD				
0510 - CLINIC, GENERAL	RENVILLE				
0510 - CLINIC, GENERAL	RICE				
0510 - CLINIC, GENERAL	ROCK				

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0510 - CLINIC, GENERAL	ROSEAU				
0510 - CLINIC, GENERAL	SCOTT				
0510 - CLINIC, GENERAL	SHERBURNE				
0510 - CLINIC, GENERAL	ST. LOUIS	\$106	\$113	\$120	\$118
0510 - CLINIC, GENERAL	STEARNS	\$108	\$113	\$187	\$159
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			\$110	\$122
0510 - CLINIC, GENERAL	WATONWAN				
0510 - CLINIC, GENERAL	WILKIN				
0510 - CLINIC, GENERAL	WINONA			\$108	\$119
0510 - CLINIC, GENERAL	WRIGHT	\$63	\$45	\$144	\$124

**Table A-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
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 2023**

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	AITKIN	\$130	\$108																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ANOKA	\$83	\$76	\$94	\$79	<b>\$87</b>	<b>\$79</b>			\$111	\$100	\$86	\$89	\$82	\$71	\$90	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BECKER	\$96	\$91							\$88	\$83					\$88	\$89		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BELTRAMI	\$115	\$114									\$168	\$97			\$121	\$92		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BENTON	\$151	\$114	\$86	\$84														
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BIG STONE											\$73	\$74						
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BLUE EARTH	\$80	\$71	\$99	\$113					\$85	\$70	\$78	\$74	\$76	\$71	\$85	\$77		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BROWN	\$92	\$93									\$93	\$92	\$86	\$88	\$84	\$72		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CARLTON	\$153	\$193							\$141	\$87					\$147	\$113		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CARVER	\$89	\$84	\$89	\$84	<b>\$81</b>	<b>\$89</b>			\$98	\$87	\$93	\$92	\$86	\$88	\$90	\$92		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CASS	\$75	\$71													\$117	\$84		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CHIPPEWA																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CHISAGO	\$74	\$71	\$80	\$88											\$74	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CLAY	\$95	\$88	\$87	\$84					\$83	\$71	\$99	\$94	\$82	\$88	\$92	\$92		
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	\$119	\$140																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CROW WING	\$120	\$112	\$115	\$113					\$122	\$101	\$93	\$71			\$113	\$102		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DAKOTA	\$90	\$76	\$81	\$75	\$114	\$86			\$99	\$79	\$83	\$89	\$79	\$72	\$80	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DODGE	\$101	\$89											\$122	\$90	\$95	\$93		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DOUGLAS	\$81	\$71	\$88	\$86					\$97	\$81	\$88	\$92	\$77	\$71	\$83	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FARIBAULT	\$68	\$71													\$69	\$65		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FILLMORE	\$111	\$74													\$221	\$113		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FREEBORN	\$92	\$93													\$70	\$66		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GOODHUE	\$89	\$88											\$85	\$88	\$84	\$92		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GRANT																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HENNEPIN	\$88	\$84	\$97	\$88	\$106	\$99	\$55	\$54	\$118	\$100	\$83	\$76	\$82	\$73	\$97	\$90	\$79	\$79
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HOUSTON															\$74	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HUBBARD	\$89	\$71									\$100	\$74			\$86	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ISANTI	\$77	\$71	\$84	\$67					\$162	\$189	\$81	\$71	\$79	\$73	\$84	\$76		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ITASCA	\$107	\$108	\$101	\$108			\$92	\$83	\$87	\$79	\$127	\$113			\$92	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	JACKSON																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KANABEC	\$71	\$71	\$69	\$67									\$72	\$71	\$74	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KANDIYOHI	\$141	\$114	\$116	\$112					\$239	\$270	\$205	\$270			\$133	\$89		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KOOCHICHING																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LAC QUI PARLE																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LAKE	\$191	\$226													\$181	\$226		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LESUEUR	\$80	\$74													\$83	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LYON	\$215	\$220																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MARTIN	\$84	\$89													\$88	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MCLEOD	\$76	\$71	\$70	\$67					\$94	\$80	\$81	\$82	\$70	\$71	\$75	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MEEKER																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MILLE LACS	\$81	\$89							\$82	\$70					\$80	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MORRISON	\$103	\$71							\$101	\$100					\$100	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MOWER	\$82	\$89											\$83	\$84	\$83	\$88		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MURRAY															\$74	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NICOLLET	\$98	\$110											\$81	\$88	\$84	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NOBLES	\$73	\$71													\$94	\$107		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	OLMSTED	\$133	\$89	\$83	\$67					\$97	\$100	\$80	\$71	\$119	\$88	\$131	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	OTTER TAIL	\$96	\$108							\$89	\$77	\$109	\$115			\$97	\$102		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PENNINGTON	\$76	\$73																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PINE	\$104	\$114	\$89	\$90									\$101	\$88	\$82	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PIPESTONE																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	POLK	\$216	\$303																



Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	POPE	\$80	\$71																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RAMSEY	\$86	\$76	\$115	\$84	\$84	\$71			\$114	\$87	\$94	\$74	\$86	\$71	\$106	\$74	\$74	\$69
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																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RICE	\$85	\$89	\$84	\$90					\$150	\$165			\$82	\$88	\$85	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROCK	\$103	\$108									\$111	\$115			\$93	\$108		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROSEAU																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SCOTT	\$94	\$93	\$65	\$58	\$94	\$97			\$115	\$134			\$94	\$108	\$103	\$113		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SHERBURNE	\$115	\$88	\$103	\$84	\$86	\$71			\$84	\$73	\$82	\$74	\$87	\$88	\$90	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SIBLEY													\$80	\$84				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ST. LOUIS	\$127	\$89	\$88	\$67	\$113	\$110	\$90	\$67	\$156	\$134	\$113	\$92	\$76	\$80	\$125	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEARNS	\$99	\$71	\$96	\$79	\$90	\$71			\$133	\$101	\$86	\$76			\$93	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEELE	\$150	\$89											\$244	\$304	\$240	\$304		
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	\$142	\$108													\$121	\$113		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	TRAVERSE																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WABASHA																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WADENA											\$88	\$74			\$114	\$113		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WASECA													\$135	\$88	\$84	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WASHINGTON	\$185	\$93	\$162	\$89	\$195	\$110			\$133	\$100	\$90	\$92	\$205	\$110	\$167	\$92	\$72	\$69
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WATONWAN	\$71	\$71													\$73	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WILKIN																		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WINONA	\$112	\$71											\$148	\$190	\$91	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WRIGHT	\$105	\$71	\$104	\$67	\$91	\$87			\$127	\$100	\$102	\$91	\$86	\$89	\$96	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	YELLOW MEDICINE																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	AITKIN	\$110	\$104													\$122	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ANOKA	\$116	\$104	\$124	\$99	\$115	\$104			\$116	\$105	\$119	\$110	\$115	\$105	\$122	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BECKER	\$143	\$134							\$106	\$103					\$132	\$135		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BELTRAMI	\$154	\$129	\$158	\$166					\$143	\$135	\$156	\$115			\$132	\$135		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BENTON	\$124	\$129	\$129	\$124											\$107	\$107		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BIG STONE											\$108	\$110						
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BLUE EARTH	\$116	\$104	\$130	\$124					\$120	\$135	\$124	\$130	\$115	\$105	\$118	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BROWN	\$113	\$104	\$118	\$114							\$120	\$110	\$117	\$105	\$124	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CARLTON	\$127	\$130							\$119	\$103					\$116	\$109		

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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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CARVER	\$114	\$104	\$117	\$99	\$120	\$104			\$128	\$124	\$134	\$136	\$121	\$130	\$115	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CASS	\$108	\$104													\$113	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CHIPPEWA															\$108	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CHISAGO	\$107	\$104	\$116	\$104											\$112	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CLAY	\$129	\$129	\$131	\$124					\$106	\$103	\$141	\$138	\$116	\$130	\$127	\$133		
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	\$107	\$104									\$134	\$110			\$110	\$104		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CROW WING	\$117	\$104	\$125	\$124					\$116	\$103	\$120	\$110			\$123	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DAKOTA	\$121	\$110	\$122	\$107	\$140	\$131			\$124	\$135	\$124	\$136	\$118	\$113	\$117	\$109	\$127	\$103
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DODGE	\$113	\$104											\$123	\$118	\$116	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DOUGLAS	\$129	\$129	\$143	\$159					\$112	\$103	\$133	\$136			\$127	\$135		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FARIBAULT	\$104	\$104													\$109	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FILLMORE	\$116	\$104													\$133	\$107		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FREEBORN	\$139	\$159											\$128	\$141	\$103	\$98		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GOODHUE	\$121	\$104											\$122	\$130	\$121	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GRANT																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HENNEPIN	\$122	\$104	\$120	\$99	\$127	\$104	\$82	\$79	\$125	\$119	\$121	\$110	\$126	\$128	\$124	\$109	\$128	\$125

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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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HOUSTON															\$112	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HUBBARD	\$122	\$104							\$130	\$144	\$128	\$110			\$114	\$107		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ISANTI	\$115	\$104	\$138	\$166					\$131	\$144			\$118	\$105	\$121	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ITASCA	\$144	\$159	\$127	\$124			\$122	\$121	\$115	\$105	\$159	\$167			\$131	\$133		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	JACKSON																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KANABEC	\$105	\$104	\$100	\$99					\$125	\$119			\$105	\$105	\$110	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KANDIYOHI	\$158	\$130	\$138	\$166					\$235	\$270	\$177	\$136	\$126	\$130	\$145	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KOOCHICHING	\$121	\$104													\$149	\$165		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LAC QUI PARLE																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LAKE	\$110	\$104	\$99	\$99											\$113	\$107		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LESUEUR	\$117	\$104	\$112	\$99											\$116	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LINCOLN																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LYON	\$205	\$220																
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	\$120	\$130													\$124	\$136		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MCLEOD	\$108	\$104	\$118	\$99							\$117	\$110	\$118	\$130	\$114	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MEEKER	\$104	\$104	\$107	\$99							\$111	\$110						

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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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MILLE LACS	\$110	\$104	\$107	\$99					\$118	\$110			\$115	\$121	\$111	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MORRISON	\$117	\$104	\$102	\$99					\$129	\$144					\$121	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MOWER	\$118	\$104							\$144	\$144			\$132	\$131	\$123	\$130		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MURRAY															\$114	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NICOLLET	\$135	\$129											\$116	\$105	\$123	\$133		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NOBLES	\$105	\$104									\$138	\$129			\$136	\$132		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	OLMSTED	\$133	\$104	\$136	\$129	\$136	\$161			\$94	\$70	\$133	\$136	\$126	\$105	\$139	\$127		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	OTTER TAIL	\$122	\$104	\$139	\$166					\$110	\$103	\$135	\$136			\$117	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PENNINGTON	\$111	\$107																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PINE	\$130	\$104	\$118	\$99									\$113	\$105	\$114	\$107		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PIPESTONE	\$105	\$104									\$114	\$110						
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	POLK	\$222	\$165																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	POPE	\$118	\$104									\$119	\$112						
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RAMSEY	\$120	\$104	\$128	\$109	\$126	\$104	\$92	\$98	\$127	\$119	\$121	\$110	\$114	\$105	\$126	\$109	\$123	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	REDWOOD																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RENVILLE	\$106	\$104																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RICE	\$129	\$129	\$107	\$99					\$101	\$110			\$118	\$123	\$119	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROCK	\$128	\$104									\$130	\$112			\$116	\$109		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROSEAU																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SCOTT	\$121	\$104	\$109	\$99	\$110	\$104			\$107	\$119	\$113	\$110	\$106	\$105	\$122	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SHERBURNE	\$122	\$129	\$140	\$166	\$149	\$161			\$121	\$110	\$131	\$136	\$138	\$130	\$124	\$133		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SIBLEY													\$115	\$105				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ST. LOUIS	\$126	\$104	\$121	\$99	\$147	\$161	\$120	\$99	\$117	\$103	\$124	\$134	\$118	\$130	\$122	\$109	\$117	\$103
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEARNS	\$121	\$104	\$128	\$99	\$112	\$104			\$145	\$144	\$128	\$136	\$130	\$130	\$124	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEELE	\$118	\$130											\$113	\$105	\$116	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEVENS											\$117	\$120						
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SWIFT																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	TODD	\$116	\$104													\$121	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	TRAVERSE																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WABASHA																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WADENA	\$111	\$104									\$149	\$110			\$118	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WASECA													\$124	\$130	\$128	\$133		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WASHINGTON	\$126	\$129	\$129	\$109	\$150	\$153			\$128	\$135	\$131	\$136	\$140	\$130	\$127	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WATONWAN	\$105	\$104													\$109	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WILKIN																		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WINONA	\$139	\$129	\$144	\$124					\$113	\$105			\$173	\$190	\$131	\$109		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WRIGHT	\$116	\$104	\$108	\$99	\$105	\$104			\$134	\$119	\$116	\$110	\$109	\$105	\$115	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	YELLOW MEDICINE																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	AITKIN																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ANOKA	\$20	\$19	\$17	\$14					\$22	\$21					\$19	\$15		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BECKER																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BELTRAMI	\$31	\$13									\$24	\$10						
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BENTON																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BLUE EARTH	\$11	\$10											\$20	\$21	\$12	\$8		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BROWN	\$9	\$7											\$10	\$4				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CARLTON	\$133	\$226							\$164	\$226					\$28	\$16		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CARVER	\$16	\$14	\$8	\$7											\$8	\$7		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CASS	\$25	\$24																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CHIPPEWA																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CHISAGO	\$22	\$19																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CLAY	\$10	\$7							\$4	\$3					\$6	\$5		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CLEARWATER																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	COOK																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	COTTONWOOD																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CROW WING	\$21	\$19													\$17	\$14		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DAKOTA	\$22	\$16	\$15	\$14	\$41	\$16			\$19	\$15					\$26	\$29		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DODGE																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DOUGLAS	\$18	\$14									\$8	\$4						
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FARIBAULT																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FILLMORE																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FREEBORN																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GOODHUE													\$19	\$13				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GRANT																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HENNEPIN	\$20	\$14	\$13	\$12	\$17	\$13			\$17	\$11	\$50	\$65			\$13	\$10		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HUBBARD																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ISANTI	\$21	\$19																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ITASCA							\$6	\$6										
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	JACKSON																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KANABEC																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KANDIYOHI																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KOOCHICHING																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LAC QUI PARLE																		



Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LAKE	\$102	\$31																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LESUEUR																		
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																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MCLEOD	\$24	\$21									\$14	\$6						
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MEEKER																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MILLE LACS	\$21	\$14																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MORRISON	\$28	\$26																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MOWER															\$9	\$5		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MURRAY																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NICOLLET	\$14	\$9													\$13	\$12		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NOBLES																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORMAN																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	OLMSTED	\$12	\$11													\$13	\$10		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	OTTER TAIL																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PENNINGTON																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PINE	\$26	\$19																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PIPESTONE																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	POLK																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	POPE																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RAMSEY	\$17	\$14	\$16	\$14	\$14	\$11			\$19	\$16	\$32	\$34			\$18	\$15	\$18	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RED LAKE																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	REDWOOD																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RICE	\$6	\$3													\$5	\$3		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROCK																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROSEAU																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SCOTT			\$12	\$15														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SHERBURNE			\$16	\$9														
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SIBLEY													\$21	\$23				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ST. LOUIS	\$57	\$15							\$15	\$10					\$26	\$13		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEARNS	\$18	\$14	\$14	\$11					\$15	\$12	\$30	\$26			\$14	\$12		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEELE																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEVENS																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SWIFT																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	TODD																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	TRAVERSE																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WABASHA																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WADENA	\$29	\$25																
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WASECA													\$5	\$3				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WASHINGTON	\$18	\$15	\$20	\$20					\$16	\$14					\$18	\$15		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WATONWAN																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WILKIN																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WINONA	\$183	\$190													\$136	\$190		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WRIGHT	\$22	\$19																
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	AITKIN																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ANOKA	\$93	\$80	\$146	\$124					\$139	\$148					\$99	\$99		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	BECKER																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	BELTRAMI											\$113	\$93						
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	BENTON																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	BLUE EARTH															\$184	\$179		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CARLTON																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CARVER	\$163	\$146																
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CASS																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CHISAGO																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CLAY																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CLEARWATER																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	COTTONWOOD																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CROW WING	\$116	\$111							\$81	\$87								
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	DAKOTA			\$112	\$99					\$143	\$94					\$98	\$99		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	DODGE																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	HENNEPIN	\$112	\$99	\$117	\$124					\$102	\$99					\$96	\$87		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	HUBBARD																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ISANTI																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ITASCA	\$95	\$99																
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	KANABEC																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	KANDIYOHI																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	LAKE																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	LYON																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MCLEOD																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MILLE LACS																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MORRISON																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MOWER																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	NICOLLET																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	NOBLES																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	OLMSTED															\$120	\$99		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	OTTER TAIL	\$66	\$49																
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	PENNINGTON																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	PINE																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	POLK																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	RAMSEY	\$108	\$99	\$111	\$99					\$183	\$124					\$107	\$99		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	RICE																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SCOTT			\$144	\$136											\$146	\$130		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SHERBURNE																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SIBLEY																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ST. LOUIS	\$147	\$155							\$101	\$98					\$109	\$99		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	STEARNS			\$118	\$105					\$103	\$80								
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	STEELE																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	STEVENS																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	WASHINGTON			\$178	\$198					\$73	\$68					\$138	\$148		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	WINONA																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	WRIGHT																		
H2017 - PSYCHOSOCIAL REHABILITATION	AITKIN																		
H2017 - PSYCHOSOCIAL REHABILITATION	ANOKA	\$139	\$137	\$108	\$108					\$132	\$144					\$164	\$171		
H2017 - PSYCHOSOCIAL REHABILITATION	BECKER																		
H2017 - PSYCHOSOCIAL REHABILITATION	BELTRAMI	\$205	\$117									\$211	\$161						
H2017 - PSYCHOSOCIAL REHABILITATION	BENTON																		
H2017 - PSYCHOSOCIAL REHABILITATION	BIG STONE																		
H2017 - PSYCHOSOCIAL REHABILITATION	BLUE EARTH															\$136	\$137		
H2017 - PSYCHOSOCIAL REHABILITATION	BROWN																		
H2017 - PSYCHOSOCIAL REHABILITATION	CARLTON	\$191	\$226							\$216	\$226					\$167	\$171		
H2017 - PSYCHOSOCIAL REHABILITATION	CARVER	\$122	\$110																
H2017 - PSYCHOSOCIAL REHABILITATION	CASS																		
H2017 - PSYCHOSOCIAL REHABILITATION	CHIPPEWA																		
H2017 - PSYCHOSOCIAL REHABILITATION	CHISAGO																		
H2017 - PSYCHOSOCIAL REHABILITATION	CLAY	\$146	\$146							\$107	\$110					\$114	\$120		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	CLEARWATER																		
H2017 - PSYCHOSOCIAL REHABILITATION	COOK																		
H2017 - PSYCHOSOCIAL REHABILITATION	COTTONWOOD																		
H2017 - PSYCHOSOCIAL REHABILITATION	CROW WING																		
H2017 - PSYCHOSOCIAL REHABILITATION	DAKOTA	\$131	\$144	\$117	\$108	\$152	\$144			\$76	\$55					\$139	\$154		
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	\$152	\$146	\$154	\$172	\$151	\$144			\$157	\$162	\$123	\$126			\$162	\$171		
H2017 - PSYCHOSOCIAL REHABILITATION	HOUSTON																		
H2017 - PSYCHOSOCIAL REHABILITATION	HUBBARD																		
H2017 - PSYCHOSOCIAL REHABILITATION	ISANTI																		
H2017 - PSYCHOSOCIAL REHABILITATION	ITASCA	\$132	\$144																
H2017 - PSYCHOSOCIAL REHABILITATION	JACKSON																		
H2017 - PSYCHOSOCIAL REHABILITATION	KANABEC																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	KANDIYOHI	\$212	\$270																
H2017 - PSYCHOSOCIAL REHABILITATION	KOOCHICHING																		
H2017 - PSYCHOSOCIAL REHABILITATION	LAC QUI PARLE																		
H2017 - PSYCHOSOCIAL REHABILITATION	LAKE																		
H2017 - PSYCHOSOCIAL REHABILITATION	LESUEUR																		
H2017 - PSYCHOSOCIAL REHABILITATION	LYON																		
H2017 - PSYCHOSOCIAL REHABILITATION	MAHNOMEN																		
H2017 - PSYCHOSOCIAL REHABILITATION	MARTIN																		
H2017 - PSYCHOSOCIAL REHABILITATION	MCLEOD																		
H2017 - PSYCHOSOCIAL REHABILITATION	MEEKER																		
H2017 - PSYCHOSOCIAL REHABILITATION	MILLE LACS																		
H2017 - PSYCHOSOCIAL REHABILITATION	MORRISON																		
H2017 - PSYCHOSOCIAL REHABILITATION	MOWER	\$91	\$73													\$82	\$68		
H2017 - PSYCHOSOCIAL REHABILITATION	NICOLLET	\$122	\$110																
H2017 - PSYCHOSOCIAL REHABILITATION	NOBLES																		
H2017 - PSYCHOSOCIAL REHABILITATION	OLMSTED	\$212	\$183													\$193	\$171		
H2017 - PSYCHOSOCIAL REHABILITATION	OTTER TAIL																		
H2017 - PSYCHOSOCIAL REHABILITATION	PENNINGTON																		



Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	PINE																		
H2017 - PSYCHOSOCIAL REHABILITATION	PIPESTONE																		
H2017 - PSYCHOSOCIAL REHABILITATION	POLK																		
H2017 - PSYCHOSOCIAL REHABILITATION	POPE																		
H2017 - PSYCHOSOCIAL REHABILITATION	RAMSEY	\$135	\$146	\$124	\$130	\$144	\$144			\$104	\$103					\$132	\$137		
H2017 - PSYCHOSOCIAL REHABILITATION	RED LAKE																		
H2017 - PSYCHOSOCIAL REHABILITATION	RENVILLE																		
H2017 - PSYCHOSOCIAL REHABILITATION	RICE																		
H2017 - PSYCHOSOCIAL REHABILITATION	ROCK																		
H2017 - PSYCHOSOCIAL REHABILITATION	ROSEAU																		
H2017 - PSYCHOSOCIAL REHABILITATION	SCOTT																		
H2017 - PSYCHOSOCIAL REHABILITATION	SHERBURNE																		
H2017 - PSYCHOSOCIAL REHABILITATION	SIBLEY																		
H2017 - PSYCHOSOCIAL REHABILITATION	ST. LOUIS	\$136	\$126							\$102	\$90					\$138	\$137		
H2017 - PSYCHOSOCIAL REHABILITATION	STEARNS	\$171	\$183	\$150	\$155	\$183	\$180			\$150	\$180					\$160	\$171		
H2017 - PSYCHOSOCIAL REHABILITATION	STEELE																		
H2017 - PSYCHOSOCIAL REHABILITATION	SWIFT																		
H2017 - PSYCHOSOCIAL REHABILITATION	TODD																		

Table A-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	WABASHA																		
H2017 - PSYCHOSOCIAL REHABILITATION	WADENA																		
H2017 - PSYCHOSOCIAL REHABILITATION	WASECA																		
H2017 - PSYCHOSOCIAL REHABILITATION	WASHINGTON															\$254	\$338		
H2017 - PSYCHOSOCIAL REHABILITATION	WATONWAN																		
H2017 - PSYCHOSOCIAL REHABILITATION	WINONA	\$183	\$190													\$186	\$190		
H2017 - PSYCHOSOCIAL REHABILITATION	WRIGHT	\$113	\$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**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	AITKIN			\$128	\$108
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ANOKA	\$88	\$78	\$89	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BECKER	\$97	\$108	\$95	\$91
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BELTRAMI	\$123	\$90	\$141	\$97
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BENTON	\$122	\$71	\$119	\$87
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BIG STONE	\$89	\$90	\$73	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BLUE EARTH	\$77	\$71	\$82	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	BROWN	\$72	\$71	\$87	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CARLTON	\$183	\$226	\$150	\$113
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CARVER	\$80	\$71	\$89	\$84
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CASS	\$83	\$71	\$81	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CHIPPEWA			\$68	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CHISAGO	\$80	\$71	\$82	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CLAY	\$98	\$108	\$94	\$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	\$100	\$108	\$102	\$112
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	CROW WING	\$108	\$88	\$118	\$102

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DAKOTA	\$97	\$71	\$84	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DODGE	\$104	\$90	\$110	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DOUGLAS	\$79	\$71	\$87	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FARIBAULT	\$67	\$71	\$68	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FILLMORE			\$175	\$108
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FREEBORN	\$88	\$89	\$82	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GOODHUE	\$86	\$88	\$88	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GRANT				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HENNEPIN	\$88	\$88	\$97	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HOUSTON			\$78	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	HUBBARD	\$134	\$71	\$96	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ISANTI	\$78	\$71	\$83	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ITASCA	\$106	\$108	\$98	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	JACKSON				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KANABEC	\$71	\$71	\$72	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KANDIYOHI	\$156	\$90	\$157	\$114
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	KOOCHICHING				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LAC QUI PARLE				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LAKE	\$197	\$226	\$190	\$226

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LESUEUR	\$85	\$90	\$84	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LINCOLN				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LYON			\$212	\$220
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MAHNOMEN				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MARTIN	\$86	\$90	\$85	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MCLEOD	\$73	\$71	\$79	\$75
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MEEKER	\$79	\$71	\$74	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MILLE LACS	\$88	\$90	\$82	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MORRISON	\$89	\$71	\$100	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MOWER	\$81	\$85	\$83	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MURRAY			\$72	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NICOLLET	\$83	\$90	\$94	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NOBLES	\$102	\$108	\$89	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	OLMSTED	\$117	\$88	\$129	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	OTTER TAIL	\$96	\$108	\$98	\$108
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PENNINGTON	\$73	\$78	\$76	\$73
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PINE	\$87	\$90	\$100	\$110
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	PIPESTONE			\$78	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	POLK			\$213	\$303

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	POPE			\$82	\$76
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RAMSEY	\$107	\$88	\$105	\$76
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	\$125	\$89		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	RICE	\$74	\$71	\$86	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROCK	\$98	\$108	\$101	\$108
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROSEAU				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SCOTT	\$93	\$108	\$90	\$93
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SHERBURNE	\$99	\$88	\$103	\$82
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SIBLEY	\$77	\$71	\$79	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ST. LOUIS	\$133	\$90	\$126	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEARNS	\$86	\$71	\$98	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	STEELE	\$268	\$304	\$214	\$304
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	\$119	\$108	\$125	\$113
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	TRAVERSE				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WABASHA			\$86	\$86

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WADENA	\$107	\$108	\$113	\$108
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WASECA	\$122	\$90	\$131	\$84
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WASHINGTON	\$172	\$89	\$168	\$92
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WATONWAN	\$71	\$71	\$72	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WILKIN				
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WINONA	\$105	\$71	\$104	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	WRIGHT	\$104	\$90	\$104	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	YELLOW MEDICINE				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	AITKIN	\$119	\$104	\$110	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ANOKA	\$124	\$104	\$121	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BECKER	\$115	\$104	\$141	\$134
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BELTRAMI	\$141	\$104	\$154	\$129
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BENTON	\$124	\$129	\$118	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BIG STONE	\$140	\$132	\$108	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BLUE EARTH	\$112	\$104	\$117	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	BROWN	\$108	\$104	\$117	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CARLTON	\$132	\$130	\$123	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CARVER	\$117	\$104	\$116	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CASS	\$107	\$104	\$108	\$104

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CHIPPEWA	\$106	\$91	\$101	\$98
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CHISAGO	\$114	\$104	\$111	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CLAY	\$141	\$159	\$129	\$129
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	\$109	\$104	\$112	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	CROW WING	\$121	\$104	\$118	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DAKOTA	\$116	\$104	\$120	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DODGE	\$129	\$132	\$118	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DOUGLAS	\$126	\$129	\$132	\$135
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FARIBAULT	\$104	\$104	\$107	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FILLMORE			\$125	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FREEBORN	\$146	\$159	\$123	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GOODHUE	\$123	\$129	\$124	\$129
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GRANT				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HENNEPIN	\$120	\$104	\$123	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HOUSTON	\$120	\$104	\$109	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	HUBBARD	\$125	\$104	\$126	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ISANTI	\$116	\$104	\$120	\$109



**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ITASCA	\$134	\$129	\$129	\$124
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	JACKSON				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KANABEC	\$104	\$104	\$106	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KANDIYOHI	\$137	\$104	\$160	\$133
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	KOOCHICHING	\$124	\$104	\$128	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LAC QUI PARLE				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LAKE	\$107	\$104	\$111	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LESUEUR	\$125	\$132	\$116	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LINCOLN				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LYON			\$203	\$220
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	\$121	\$130	\$121	\$130
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MCLEOD	\$112	\$104	\$115	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MEEKER	\$104	\$104	\$109	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MILLE LACS	\$114	\$104	\$110	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MORRISON	\$115	\$104	\$119	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MOWER	\$115	\$104	\$121	\$124
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MURRAY			\$112	\$109

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NICOLLET	\$121	\$132	\$128	\$129
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NOBLES	\$135	\$132	\$123	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	OLMSTED	\$130	\$125	\$136	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	OTTER TAIL	\$113	\$104	\$122	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PENNINGTON	\$107	\$104	\$111	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PINE	\$116	\$104	\$125	\$107
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	PIPESTONE	\$104	\$104	\$112	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	POLK	\$209	\$159	\$218	\$165
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	POPE			\$117	\$112
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RAMSEY	\$128	\$129	\$125	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	REDWOOD				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RENVILLE	\$144	\$130	\$112	\$112
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	RICE	\$118	\$104	\$123	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROCK	\$114	\$104	\$125	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROSEAU				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SCOTT	\$115	\$104	\$117	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SHERBURNE	\$121	\$129	\$125	\$129
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SIBLEY	\$105	\$104	\$111	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ST. LOUIS	\$121	\$104	\$123	\$109

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEARNS	\$120	\$104	\$123	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEELE	\$118	\$104	\$115	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	STEVENS			\$117	\$120
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SWIFT				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	TODD	\$115	\$104	\$120	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	TRAVERSE			\$116	\$121
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WABASHA			\$137	\$136
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WADENA	\$114	\$104	\$116	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WASECA	\$130	\$132	\$122	\$130
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WASHINGTON	\$127	\$104	\$128	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WATONWAN	\$108	\$104	\$107	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WILKIN				
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WINONA	\$141	\$129	\$139	\$129
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	WRIGHT	\$115	\$104	\$115	\$104
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	YELLOW MEDICINE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	AITKIN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ANOKA	\$18	\$16	\$20	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BECKER				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BELTRAMI	\$17	\$8	\$24	\$10

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BENTON	\$16	\$11	\$19	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BLUE EARTH	\$11	\$9	\$12	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	BROWN	\$10	\$7	\$10	\$6
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CARLTON	\$84	\$28	\$92	\$28
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CARVER	\$9	\$7	\$11	\$8
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CASS	\$31	\$29	\$26	\$23
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CHIPPEWA				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CHISAGO	\$20	\$17	\$18	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	CLAY	\$9	\$7	\$8	\$5
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	\$19	\$17	\$19	\$17
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DAKOTA	\$19	\$15	\$24	\$21
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DODGE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DOUGLAS	\$5	\$3	\$8	\$4
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FARIBAULT				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FILLMORE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FREEBORN				

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GOODHUE	\$21	\$18	\$25	\$13
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GRANT				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HENNEPIN	\$24	\$14	\$14	\$11
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	HUBBARD			\$11	\$6
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ISANTI			\$18	\$18
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ITASCA	\$8	\$8	\$7	\$6
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	JACKSON				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KANABEC			\$15	\$12
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KANDIYOHI				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	KOOCHICHING				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LAC QUI PARLE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LAKE	\$75	\$10	\$87	\$30
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	LESUEUR	\$11	\$9	\$13	\$8
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				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MCLEOD	\$10	\$5	\$14	\$6

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MEEKER				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MILLE LACS			\$17	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MORRISON	\$20	\$15	\$21	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MOWER	\$8	\$5	\$9	\$5
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MURRAY				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NICOLLET	\$13	\$11	\$13	\$9
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NOBLES				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORMAN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	OLMSTED	\$11	\$9	\$14	\$11
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	OTTER TAIL				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PENNINGTON				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PINE	\$21	\$17	\$22	\$17
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	PIPESTONE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	POLK				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	POPE			\$18	\$13
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RAMSEY	\$17	\$14	\$18	\$15
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RED LAKE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	REDWOOD				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	RICE	\$5	\$3	\$5	\$3

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROCK				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROSEAU				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SCOTT	\$7	\$4	\$9	\$8
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SHERBURNE	\$21	\$18	\$21	\$18
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SIBLEY			\$21	\$23
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ST. LOUIS	\$58	\$19	\$30	\$13
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEARNS	\$16	\$14	\$16	\$13
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEELE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	STEVENS				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SWIFT				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	TODD	\$23	\$19	\$24	\$21
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	TRAVERSE				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WABASHA				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WADENA	\$29	\$28	\$19	\$12
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WASECA	\$6	\$4	\$5	\$3
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WASHINGTON	\$18	\$14	\$18	\$16
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WATONWAN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WILKIN				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WINONA	\$153	\$190	\$163	\$190

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	WRIGHT	\$20	\$19	\$19	\$15
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	AITKIN				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ANOKA			\$113	\$99
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	BECKER				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	BELTRAMI			\$112	\$93
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	BENTON				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	BLUE EARTH			\$284	\$192
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CARLTON				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CARVER			\$141	\$124
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CASS				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CHISAGO			\$103	\$99
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CLAY				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CLEARWATER				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	COOK				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	COTTONWOOD				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	CROW WING			\$115	\$111
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	DAKOTA			\$110	\$99
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	DODGE				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	HENNEPIN			\$102	\$99



**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	HUBBARD				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ISANTI				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ITASCA			\$98	\$99
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	KANABEC				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	KANDIYOHI				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	LAKE				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	LYON				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MCLEOD				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MILLE LACS			\$132	\$124
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MORRISON				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MOWER				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	NICOLLET				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	NOBLES				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	OLMSTED			\$130	\$136
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	OTTER TAIL			\$67	\$56
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	PENNINGTON				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	PINE				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	POLK				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	RAMSEY			\$126	\$99

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	RICE				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SCOTT			\$143	\$134
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SHERBURNE			\$106	\$99
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SIBLEY				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ST. LOUIS			\$123	\$111
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	STEARNS			\$106	\$98
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	STEELE				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	STEVENS				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	TODD				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	WASECA				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	WASHINGTON			\$138	\$124
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	WATONWAN				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	WINONA				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	WRIGHT			\$110	\$123
H2017 - PSYCHOSOCIAL REHABILITATION	AITKIN				
H2017 - PSYCHOSOCIAL REHABILITATION	ANOKA	\$141	\$144	\$159	\$171
H2017 - PSYCHOSOCIAL REHABILITATION	BECKER				
H2017 - PSYCHOSOCIAL REHABILITATION	BELTRAMI	\$217	\$162	\$211	\$161
H2017 - PSYCHOSOCIAL REHABILITATION	BENTON				

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	BIG STONE				
H2017 - PSYCHOSOCIAL REHABILITATION	BLUE EARTH	\$127	\$144	\$134	\$137
H2017 - PSYCHOSOCIAL REHABILITATION	BROWN				
H2017 - PSYCHOSOCIAL REHABILITATION	CARLTON	\$172	\$144	\$184	\$226
H2017 - PSYCHOSOCIAL REHABILITATION	CARVER			\$107	\$103
H2017 - PSYCHOSOCIAL REHABILITATION	CASS	\$101	\$72	\$120	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	CHIPPEWA				
H2017 - PSYCHOSOCIAL REHABILITATION	CHISAGO				
H2017 - PSYCHOSOCIAL REHABILITATION	CLAY	\$129	\$144	\$133	\$146
H2017 - PSYCHOSOCIAL REHABILITATION	CLEARWATER				
H2017 - PSYCHOSOCIAL REHABILITATION	COOK				
H2017 - PSYCHOSOCIAL REHABILITATION	COTTONWOOD				
H2017 - PSYCHOSOCIAL REHABILITATION	CROW WING				
H2017 - PSYCHOSOCIAL REHABILITATION	DAKOTA	\$120	\$108	\$130	\$137
H2017 - PSYCHOSOCIAL REHABILITATION	DODGE				
H2017 - PSYCHOSOCIAL REHABILITATION	DOUGLAS				
H2017 - PSYCHOSOCIAL REHABILITATION	FARIBAULT				
H2017 - PSYCHOSOCIAL REHABILITATION	FILLMORE				
H2017 - PSYCHOSOCIAL REHABILITATION	FREEBORN				

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	GOODHUE				
H2017 - PSYCHOSOCIAL REHABILITATION	HENNEPIN	\$153	\$176	\$160	\$171
H2017 - PSYCHOSOCIAL REHABILITATION	HOUSTON				
H2017 - PSYCHOSOCIAL REHABILITATION	HUBBARD				
H2017 - PSYCHOSOCIAL REHABILITATION	ISANTI				
H2017 - PSYCHOSOCIAL REHABILITATION	ITASCA			\$113	\$103
H2017 - PSYCHOSOCIAL REHABILITATION	JACKSON				
H2017 - PSYCHOSOCIAL REHABILITATION	KANABEC				
H2017 - PSYCHOSOCIAL REHABILITATION	KANDIYOHI			\$232	\$270
H2017 - PSYCHOSOCIAL REHABILITATION	KOOCHICHING				
H2017 - PSYCHOSOCIAL REHABILITATION	LAC QUI PARLE				
H2017 - PSYCHOSOCIAL REHABILITATION	LAKE				
H2017 - PSYCHOSOCIAL REHABILITATION	LESUEUR				
H2017 - PSYCHOSOCIAL REHABILITATION	LYON				
H2017 - PSYCHOSOCIAL REHABILITATION	MAHNOMEN				
H2017 - PSYCHOSOCIAL REHABILITATION	MARTIN				
H2017 - PSYCHOSOCIAL REHABILITATION	MCLEOD				
H2017 - PSYCHOSOCIAL REHABILITATION	MEEKER				
H2017 - PSYCHOSOCIAL REHABILITATION	MILLE LACS				

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	MORRISON				
H2017 - PSYCHOSOCIAL REHABILITATION	MOWER			\$84	\$73
H2017 - PSYCHOSOCIAL REHABILITATION	NICOLLET	\$150	\$144	\$119	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	NOBLES				
H2017 - PSYCHOSOCIAL REHABILITATION	OLMSTED	\$208	\$162	\$191	\$171
H2017 - PSYCHOSOCIAL REHABILITATION	OTTER TAIL				
H2017 - PSYCHOSOCIAL REHABILITATION	PENNINGTON				
H2017 - PSYCHOSOCIAL REHABILITATION	PINE				
H2017 - PSYCHOSOCIAL REHABILITATION	PIPESTONE				
H2017 - PSYCHOSOCIAL REHABILITATION	POLK				
H2017 - PSYCHOSOCIAL REHABILITATION	POPE				
H2017 - PSYCHOSOCIAL REHABILITATION	RAMSEY	\$139	\$144	\$129	\$137
H2017 - PSYCHOSOCIAL REHABILITATION	RED LAKE				
H2017 - PSYCHOSOCIAL REHABILITATION	RENVILLE				
H2017 - PSYCHOSOCIAL REHABILITATION	RICE	\$104	\$108		
H2017 - PSYCHOSOCIAL REHABILITATION	ROCK				
H2017 - PSYCHOSOCIAL REHABILITATION	ROSEAU				
H2017 - PSYCHOSOCIAL REHABILITATION	SCOTT	\$128	\$122	\$131	\$120
H2017 - PSYCHOSOCIAL REHABILITATION	SHERBURNE				

**Table A-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by County by Pay System**  
**2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	SIBLEY				
H2017 - PSYCHOSOCIAL REHABILITATION	ST. LOUIS	\$149	\$144	\$134	\$120
H2017 - PSYCHOSOCIAL REHABILITATION	STEARNS	\$164	\$180	\$164	\$171
H2017 - PSYCHOSOCIAL REHABILITATION	STEELE				
H2017 - PSYCHOSOCIAL REHABILITATION	STEVENS				
H2017 - PSYCHOSOCIAL REHABILITATION	SWIFT				
H2017 - PSYCHOSOCIAL REHABILITATION	TODD				
H2017 - PSYCHOSOCIAL REHABILITATION	WABASHA				
H2017 - PSYCHOSOCIAL REHABILITATION	WADENA				
H2017 - PSYCHOSOCIAL REHABILITATION	WASECA				
H2017 - PSYCHOSOCIAL REHABILITATION	WASHINGTON	\$227	\$334	\$264	\$338
H2017 - PSYCHOSOCIAL REHABILITATION	WATONWAN				
H2017 - PSYCHOSOCIAL REHABILITATION	WILKIN				
H2017 - PSYCHOSOCIAL REHABILITATION	WINONA	\$184	\$190	\$186	\$190
H2017 - PSYCHOSOCIAL REHABILITATION	WRIGHT			\$145	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	YELLOW MEDICINE				

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	ANOKA																		
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CARLTON																		
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	\$15	\$14	\$24	\$25	\$17	\$13			\$16	\$15	\$15	\$14	\$14	\$13	\$16	\$14		
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	KANABEC																		
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	OLMSTED																		
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	PINE																		
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	RAMSEY									\$17	\$17								
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)	TODD																		
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	WASHINGTON																		

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	WRIGHT																		
H0038 - SELF-HELP/PEER SVC	AITKIN																		
H0038 - SELF-HELP/PEER SVC	ANOKA																		
H0038 - SELF-HELP/PEER SVC	BELTRAMI	\$92	\$61																
H0038 - SELF-HELP/PEER SVC	BLUE EARTH																		
H0038 - SELF-HELP/PEER SVC	CARVER																		
H0038 - SELF-HELP/PEER SVC	CLAY																		
H0038 - SELF-HELP/PEER SVC	CROW WING																		
H0038 - SELF-HELP/PEER SVC	DAKOTA	\$47	\$45	\$56	\$46	\$78	\$60									\$69	\$61		
H0038 - SELF-HELP/PEER SVC	DOUGLAS																		
H0038 - SELF-HELP/PEER SVC	FREEBORN																		
H0038 - SELF-HELP/PEER SVC	GOODHUE																		
H0038 - SELF-HELP/PEER SVC	HENNEPIN	\$55	\$45	\$58	\$46	\$75	\$75	\$73	\$92	\$69	\$60	\$67	\$61	\$39	\$15	\$71	\$61		
H0038 - SELF-HELP/PEER SVC	ISANTI																		
H0038 - SELF-HELP/PEER SVC	ITASCA																		
H0038 - SELF-HELP/PEER SVC	KANABEC																		
H0038 - SELF-HELP/PEER SVC	KANDIYOHI																		
H0038 - SELF-HELP/PEER SVC	LESUEUR																		



Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H0038 - SELF-HELP/PEER SVC	MCLEOD																		
H0038 - SELF-HELP/PEER SVC	MILLE LACS																		
H0038 - SELF-HELP/PEER SVC	MORRISON																		
H0038 - SELF-HELP/PEER SVC	NICOLLET																		
H0038 - SELF-HELP/PEER SVC	OLMSTED	\$83	\$92			\$85	\$105							\$84	\$105	\$97	\$107		
H0038 - SELF-HELP/PEER SVC	OTTER TAIL																		
H0038 - SELF-HELP/PEER SVC	PINE																		
H0038 - SELF-HELP/PEER SVC	RAMSEY	\$58	\$45	\$52	\$45	\$50	\$45			\$56	\$45	\$64	\$61	\$58	\$45	\$56	\$46		
H0038 - SELF-HELP/PEER SVC	SCOTT																		
H0038 - SELF-HELP/PEER SVC	SHERBURNE																		
H0038 - SELF-HELP/PEER SVC	ST. LOUIS	\$56	\$46	\$45	\$31											\$41	\$33		
H0038 - SELF-HELP/PEER SVC	STEARNS	\$85	\$60	\$77	\$61											\$82	\$76		
H0038 - SELF-HELP/PEER SVC	STEELE																		
H0038 - SELF-HELP/PEER SVC	WASHINGTON																		
H0038 - SELF-HELP/PEER SVC	WINONA																		
H0038 - SELF-HELP/PEER SVC	WRIGHT																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	AITKIN																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ANOKA	\$142	\$123	\$149	\$132	\$144	\$105					\$140	\$142			\$132	\$107		

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BECKER																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BELTRAMI	\$117	\$88									\$135	\$88			\$130	\$134		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BLUE EARTH	\$129	\$116	\$136	\$132									\$129	\$105	\$131	\$116		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BROWN																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CARLTON	\$164	\$142													\$118	\$107		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CARVER	\$146	\$138																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CHIPPEWA																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CHISAGO																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CLAY	\$100	\$107													\$111	\$107		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	COTTONWOOD																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CROW WING	\$121	\$128													\$118	\$128		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DAKOTA	\$134	\$126	\$128	\$107	\$123	\$105					\$125	\$128	\$119	\$105	\$161	\$128		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DODGE																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DOUGLAS											\$113	\$107						
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	FREEBORN																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	GOODHUE	\$134	\$138																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HENNEPIN	\$163	\$154	\$142	\$142	\$153	\$140	\$169	\$184	\$204	\$168	\$159	\$163	\$146	\$142	\$156	\$155		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HOUSTON																		

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023																			
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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HUBBARD																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ISANTI																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ITASCA	\$189	\$175					\$135	\$142							\$191	\$178		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KANABEC																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KANDIYOHI											\$169	\$128						
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KOOCHICHING																		
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	\$122	\$116	\$173	\$176							\$109	\$107			\$115	\$128		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MEEKER																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MILLE LACS																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MORRISON																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MOWER																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NICOLLET																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NOBLES																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	OLMSTED	\$139	\$128	\$124	\$126	\$135	\$126					\$124	\$103	\$135	\$105	\$143	\$128		

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	OTTER TAIL	\$119	\$107									\$117	\$88			\$113	\$114		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PENNINGTON																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PINE																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PIPESTONE																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	POLK	\$116	\$107																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	POPE																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	RAMSEY	\$163	\$142	\$153	\$142	\$155	\$140	\$141	\$116	\$220	\$148	\$157	\$142	\$172	\$174	\$167	\$142		
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	\$115	\$107													\$119	\$142		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SHERBURNE	\$157	\$171	\$153	\$171					\$167	\$168					\$161	\$178		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ST. LOUIS	\$151	\$128	\$136	\$132	\$161	\$168	\$119	\$103	\$142	\$136	\$173	\$184			\$145	\$152		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEARNS	\$148	\$142	\$159	\$168	\$161	\$181			\$207	\$181	\$132	\$107	\$155	\$174	\$152	\$147		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEELE																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	TODD																		

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023																			
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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WABASHA																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WADENA																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WASHINGTON	\$194	\$210	\$158	\$107	\$153	\$140			\$328	\$338			\$201	\$175	\$190	\$178		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WILKIN																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WINONA															\$152	\$171		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WRIGHT	\$179	\$142	\$177	\$154	\$180	\$153			\$169	\$168	\$176	\$142			\$191	\$142		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	YELLOW MEDICINE																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ANOKA	\$1,711	\$1,219	\$1,239	\$1,182	\$1,716	\$1,219					\$1,536	\$1,238			\$1,845	\$1,238		
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																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CARVER																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CHISAGO																		
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 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DAKOTA																		
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	\$2,364	\$2,147	\$2,698	\$2,171	\$3,065	\$2,583	\$3,587	\$3,743	\$2,402	\$2,120	\$3,405	\$3,229	\$4,279	\$3,757	\$3,091	\$2,566		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	HUBBARD																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ITASCA							\$229	\$145			\$3,116	\$3,538			\$2,945	\$2,896		
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	MCLEOD																		
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	NICOLLET																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	OLMSTED	\$2,037	\$1,675	\$1,400	\$1,248	\$2,537	\$1,965					\$1,652	\$1,042	\$2,369	\$1,228	\$1,911	\$998		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	OTTER TAIL					\$1,854	\$1,409					\$887	\$454			\$1,671	\$1,193		
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																		

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023																			
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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	RAMSEY	\$555	\$416	\$1,174	\$998	\$2,186	\$1,405	\$1,282	\$1,747	\$4,175	\$3,574	\$1,548	\$1,620	\$1,232	\$1,228	\$1,139	\$1,002		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	REDWOOD																		
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							\$2,232	\$1,990			\$2,189	\$1,628						
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	STEARNS																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WADENA																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WASHINGTON			\$1,185	\$1,248	\$2,750	\$1,965									\$679	\$228		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WINONA																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WRIGHT																		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	YELLOW MEDICINE																		
T1016 - TREATMENT COORDINATION	ANOKA	\$19	\$12													\$20	\$12		
T1016 - TREATMENT COORDINATION	BELTRAMI	\$30	\$12																
T1016 - TREATMENT COORDINATION	BLUE EARTH																		
T1016 - TREATMENT COORDINATION	CARLTON																		
T1016 - TREATMENT COORDINATION	CARVER																		
T1016 - TREATMENT COORDINATION	CLAY																		

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
T1016 - TREATMENT COORDINATION	CROW WING																		
T1016 - TREATMENT COORDINATION	DAKOTA	\$16	\$12	\$13	\$12	\$13	\$12									\$13	\$12		
T1016 - TREATMENT COORDINATION	DOUGLAS																		
T1016 - TREATMENT COORDINATION	GOODHUE																		
T1016 - TREATMENT COORDINATION	HENNEPIN	\$15	\$12	\$15	\$12	\$15	\$12	\$22	\$24	\$25	\$22	\$14	\$12	\$18	\$12	\$16	\$12		
T1016 - TREATMENT COORDINATION	HOUSTON																		
T1016 - TREATMENT COORDINATION	ITASCA																		
T1016 - TREATMENT COORDINATION	KANABEC																		
T1016 - TREATMENT COORDINATION	KANDIYOHI																		
T1016 - TREATMENT COORDINATION	KOOCHICHING																		
T1016 - TREATMENT COORDINATION	LESUEUR																		
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	NICOLLET																		



Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
T1016 - TREATMENT COORDINATION	OLMSTED	\$21	\$12	\$21	\$12									\$14	\$12	\$20	\$12		
T1016 - TREATMENT COORDINATION	OTTER TAIL																		
T1016 - TREATMENT COORDINATION	PINE																		
T1016 - TREATMENT COORDINATION	PIPESTONE																		
T1016 - TREATMENT COORDINATION	POLK																		
T1016 - TREATMENT COORDINATION	RAMSEY	\$16	\$12	\$17	\$12	\$16	\$12			\$13	\$12			\$15	\$12	\$16	\$12		
T1016 - TREATMENT COORDINATION	RENVILLE																		
T1016 - TREATMENT COORDINATION	RICE																		
T1016 - TREATMENT COORDINATION	ROCK																		
T1016 - TREATMENT COORDINATION	ROSEAU																		
T1016 - TREATMENT COORDINATION	SCOTT															\$12	\$12		
T1016 - TREATMENT COORDINATION	SHERBURNE																		
T1016 - TREATMENT COORDINATION	ST. LOUIS	\$18	\$12	\$23	\$12											\$17	\$13		
T1016 - TREATMENT COORDINATION	STEARNS	\$16	\$12	\$15	\$12							\$18	\$12			\$16	\$12		
T1016 - TREATMENT COORDINATION	STEELE																		
T1016 - TREATMENT COORDINATION	TODD																		
T1016 - TREATMENT COORDINATION	WABASHA																		
T1016 - TREATMENT COORDINATION	WASHINGTON	\$56	\$47	\$76	\$48											\$59	\$47		

Table A-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by County 2023

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	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
T1016 - TREATMENT COORDINATION	WILKIN																		
T1016 - TREATMENT COORDINATION	WINONA																		
T1016 - TREATMENT COORDINATION	WRIGHT	\$31	\$23													\$31	\$23		

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

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)	CARLTON				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	CASS				
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	\$13	\$17	\$15
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)	PINE				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	RAMSEY			\$15	\$16
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)	TODD				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	WASHINGTON				
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	WRIGHT				
H0038 - SELF-HELP/PEER SVC	AITKIN				
H0038 - SELF-HELP/PEER SVC	ANOKA			\$58	\$60
H0038 - SELF-HELP/PEER SVC	BELTRAMI			\$193	\$161
H0038 - SELF-HELP/PEER SVC	BLUE EARTH				
H0038 - SELF-HELP/PEER SVC	CARLTON				
H0038 - SELF-HELP/PEER SVC	CARVER				
H0038 - SELF-HELP/PEER SVC	CLAY				
H0038 - SELF-HELP/PEER SVC	CROW WING				
H0038 - SELF-HELP/PEER SVC	DAKOTA	\$49	\$30	\$68	\$61
H0038 - SELF-HELP/PEER SVC	DOUGLAS				
H0038 - SELF-HELP/PEER SVC	FREEBORN				
H0038 - SELF-HELP/PEER SVC	GOODHUE				
H0038 - SELF-HELP/PEER SVC	HENNEPIN	\$88	\$105	\$68	\$61
H0038 - SELF-HELP/PEER SVC	ISANTI				
H0038 - SELF-HELP/PEER SVC	ITASCA				
H0038 - SELF-HELP/PEER SVC	KANABEC				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0038 - SELF-HELP/PEER SVC	KANDIYOHI				
H0038 - SELF-HELP/PEER SVC	LESUEUR				
H0038 - SELF-HELP/PEER SVC	MCLEOD				
H0038 - SELF-HELP/PEER SVC	MEEKER				
H0038 - SELF-HELP/PEER SVC	MILLE LACS				
H0038 - SELF-HELP/PEER SVC	MORRISON				
H0038 - SELF-HELP/PEER SVC	MOWER				
H0038 - SELF-HELP/PEER SVC	NICOLLET				
H0038 - SELF-HELP/PEER SVC	OLMSTED	\$91	\$120	\$92	\$107
H0038 - SELF-HELP/PEER SVC	OTTER TAIL				
H0038 - SELF-HELP/PEER SVC	PINE				
H0038 - SELF-HELP/PEER SVC	POLK				
H0038 - SELF-HELP/PEER SVC	RAMSEY	\$61	\$60	\$55	\$46
H0038 - SELF-HELP/PEER SVC	SCOTT				
H0038 - SELF-HELP/PEER SVC	SHERBURNE				
H0038 - SELF-HELP/PEER SVC	ST. LOUIS	\$50	\$30	\$46	\$33
H0038 - SELF-HELP/PEER SVC	STEARNS	\$74	\$60	\$84	\$61
H0038 - SELF-HELP/PEER SVC	STEELE				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0038 - SELF-HELP/PEER SVC	WASHINGTON				
H0038 - SELF-HELP/PEER SVC	WINONA				
H0038 - SELF-HELP/PEER SVC	WRIGHT			\$98	\$120
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	AITKIN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ANOKA	\$158	\$168	\$140	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BECKER				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BELTRAMI	\$97	\$72	\$130	\$91
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BLUE EARTH	\$117	\$105	\$130	\$116
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	BROWN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CARLTON	\$137	\$105	\$158	\$142
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CARVER			\$149	\$138
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CHIPPEWA				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CHISAGO				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CLAY	\$101	\$105	\$105	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	COTTONWOOD				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	CROW WING			\$120	\$128
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DAKOTA	\$151	\$140	\$147	\$126
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DODGE				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DOUGLAS			\$119	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	FREEBORN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	GOODHUE			\$125	\$116
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HENNEPIN	\$166	\$161	\$156	\$149
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HOUSTON				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	HUBBARD				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ISANTI				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ITASCA	\$180	\$144	\$168	\$142
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KANABEC				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KANDIYOHI			\$170	\$128
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	KOOCHICHING				
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	\$108	\$115	\$120	\$116
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MEEKER			\$112	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MILLE LACS				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MORRISON				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MOWER				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NICOLLET			\$122	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NOBLES				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	OLMSTED	\$145	\$126	\$140	\$128
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	OTTER TAIL			\$118	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PENNINGTON				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PINE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	PIPESTONE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	POLK	\$187	\$105	\$115	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	POPE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	RAMSEY	\$165	\$174	\$163	\$142
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	\$125	\$140	\$118	\$140



**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SHERBURNE	\$160	\$175	\$158	\$171
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ST. LOUIS	\$149	\$126	\$147	\$136
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEARNS	\$143	\$126	\$150	\$142
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	STEELE				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	TODD				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WABASHA				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WADENA				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WASHINGTON	\$183	\$168	\$181	\$171
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WILKIN				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WINONA			\$154	\$171
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	WRIGHT	\$180	\$153	\$182	\$142
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	YELLOW MEDICINE				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ANOKA	\$1,176	\$1,140	\$1,691	\$1,238
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				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CARLTON				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CARVER				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	CHISAGO				
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				
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	\$3,084	\$2,605	\$3,021	\$2,495
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	HUBBARD				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ITASCA	\$2,851	\$2,874	\$473	\$145
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	MCLEOD				
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	NICOLLET				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	OLMSTED	\$2,251	\$1,528	\$1,909	\$1,215
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	OTTER TAIL	\$928	\$894	\$1,384	\$716
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	\$1,071	\$986	\$1,204	\$1,002
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	REDWOOD				
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			\$2,066	\$1,594
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	STEARNS				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WADENA				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WASHINGTON	\$1,184	\$1,228	\$933	\$499
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WINONA				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	WRIGHT				
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	YELLOW MEDICINE				
T1016 - TREATMENT COORDINATION	ANOKA	\$22	\$12	\$19	\$12

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1016 - TREATMENT COORDINATION	BELTRAMI	\$40	\$23	\$42	\$12
T1016 - TREATMENT COORDINATION	BLUE EARTH				
T1016 - TREATMENT COORDINATION	BROWN				
T1016 - TREATMENT COORDINATION	CARLTON	\$35	\$23		
T1016 - TREATMENT COORDINATION	CARVER				
T1016 - TREATMENT COORDINATION	CASS				
T1016 - TREATMENT COORDINATION	CHIPPEWA				
T1016 - TREATMENT COORDINATION	CHISAGO				
T1016 - TREATMENT COORDINATION	CLAY	\$19	\$12		
T1016 - TREATMENT COORDINATION	CROW WING	\$56	\$12		
T1016 - TREATMENT COORDINATION	DAKOTA	\$14	\$12	\$14	\$12
T1016 - TREATMENT COORDINATION	DODGE				
T1016 - TREATMENT COORDINATION	DOUGLAS				
T1016 - TREATMENT COORDINATION	FREEBORN				
T1016 - TREATMENT COORDINATION	GOODHUE				
T1016 - TREATMENT COORDINATION	HENNEPIN	\$16	\$12	\$15	\$12
T1016 - TREATMENT COORDINATION	HOUSTON				
T1016 - TREATMENT COORDINATION	ISANTI				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1016 - TREATMENT COORDINATION	ITASCA				
T1016 - TREATMENT COORDINATION	KANABEC				
T1016 - TREATMENT COORDINATION	KANDIYOHI				
T1016 - TREATMENT COORDINATION	KOOCHICHING				
T1016 - TREATMENT COORDINATION	LAKE				
T1016 - TREATMENT COORDINATION	LESUEUR				
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	MOWER				
T1016 - TREATMENT COORDINATION	NICOLLET				
T1016 - TREATMENT COORDINATION	NOBLES				
T1016 - TREATMENT COORDINATION	OLMSTED	\$24	\$12	\$20	\$12
T1016 - TREATMENT COORDINATION	OTTER TAIL				
T1016 - TREATMENT COORDINATION	PINE				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1016 - TREATMENT COORDINATION	PIPESTONE				
T1016 - TREATMENT COORDINATION	POLK				
T1016 - TREATMENT COORDINATION	RAMSEY	\$18	\$12	\$16	\$12
T1016 - TREATMENT COORDINATION	REDWOOD				
T1016 - TREATMENT COORDINATION	RENVILLE				
T1016 - TREATMENT COORDINATION	RICE				
T1016 - TREATMENT COORDINATION	ROCK				
T1016 - TREATMENT COORDINATION	ROSEAU				
T1016 - TREATMENT COORDINATION	SCOTT			\$13	\$12
T1016 - TREATMENT COORDINATION	SHERBURNE				
T1016 - TREATMENT COORDINATION	ST. LOUIS	\$21	\$12	\$18	\$13
T1016 - TREATMENT COORDINATION	STEARNS	\$18	\$12	\$16	\$12
T1016 - TREATMENT COORDINATION	STEELE				
T1016 - TREATMENT COORDINATION	TODD				
T1016 - TREATMENT COORDINATION	WABASHA				
T1016 - TREATMENT COORDINATION	WADENA				
T1016 - TREATMENT COORDINATION	WASHINGTON	\$72	\$47	\$60	\$47
T1016 - TREATMENT COORDINATION	WILKIN				

**Table A-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by County by Pay System 2023**

BILLING CODE	PROVIDER COUNTY NAME	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1016 - TREATMENT COORDINATION	WRIGHT	\$25	\$18	\$30	\$23

## VII. Appendix B



Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
59400 - OBSTETRICAL CARE	DULUTH	\$1,437	\$1,452													\$1,359	\$1,365		
59400 - OBSTETRICAL CARE	MANKATO-NORTH MANKATO																		
59400 - OBSTETRICAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$1,536	\$1,481	\$1,392	\$1,360	\$2,337	\$1,413			\$915	\$790	\$1,299	\$1,328	\$1,326	\$1,334	\$1,506	\$1,328	\$1,552	\$1,499
59400 - OBSTETRICAL CARE	NORTHEAST																		
59400 - OBSTETRICAL CARE	NORTHWEST	\$1,400	\$1,410							\$706	\$684	\$1,361	\$1,365			\$1,302	\$1,326		
59400 - OBSTETRICAL CARE	ROCHESTER																		
59400 - OBSTETRICAL CARE	SOUTHEAST	\$1,442	\$1,481											\$1,349	\$1,334	\$1,352	\$1,365		
59400 - OBSTETRICAL CARE	SOUTHWEST	\$1,452	\$1,452									\$1,332	\$1,328			\$1,372	\$1,365		
59400 - OBSTETRICAL CARE	ST. CLOUD																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	DULUTH	\$62	\$61													\$66	\$65		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	FARGO																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	GRAND FORKS																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MANKATO-NORTH MANKATO																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$68	\$67	\$80	\$83	\$98	\$82			\$84	\$82	\$61	\$52	\$65	\$56	\$78	\$77	\$74	\$69
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	NORTHEAST																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	NORTHWEST	\$62	\$59									\$61	\$57			\$66	\$65		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ROCHESTER																		
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	SOUTHEAST	\$75	\$82											\$73	\$77	\$73	\$66		

Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	SOUTHWEST	\$72	\$73									\$66	\$69						
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ST. CLOUD	\$70	\$74	\$67	\$70											\$86	\$92		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DULUTH	\$54	\$49	\$53	\$50			\$42	\$42	\$63	\$70					\$54	\$52		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FARGO	\$49	\$49																
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GRAND FORKS																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LACROSSE-ONALASKA																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MANKATO-NORTH MANKATO																		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$59	\$60	\$65	\$67	\$88	\$100			\$78	\$66	\$52	\$56	\$59	\$61	\$67	\$65	\$63	\$62
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORTHEAST	\$51	\$49					\$44	\$43							\$55	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORTHWEST	\$48	\$49							\$60	\$60	\$47	\$45			\$52	\$52		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROCHESTER	\$52	\$49											\$55	\$63	\$56	\$53		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SOUTHEAST	\$55	\$53											\$67	\$63	\$60	\$62		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SOUTHWEST	\$53	\$52									\$56	\$51			\$55	\$52		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ST. CLOUD	\$54	\$60	\$56	\$58					\$64	\$67	\$56	\$60			\$63	\$71		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DULUTH	\$74	\$73	\$74	\$71					\$86	\$86					\$78	\$78	\$73	\$72
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FARGO	\$70	\$73																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GRAND FORKS	\$71	\$64																
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MANKATO-NORTH MANKATO													\$89	\$89				

Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$89	\$81	\$95	\$98	\$133	\$151			\$107	\$94	\$73	\$67	\$75	\$67	\$102	\$94	\$92	\$89
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORTHEAST	\$72	\$71													\$79	\$76		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORTHWEST	\$71	\$71									\$68	\$66			\$76	\$78		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROCHESTER	\$79	\$74											\$82	\$89	\$85	\$79		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SOUTHEAST	\$82	\$81											\$84	\$91	\$90	\$91		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SOUTHWEST	\$81	\$84									\$83	\$88			\$89	\$91		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ST. CLOUD	\$78	\$82	\$77	\$81					\$91	\$95	\$74	\$68			\$92	\$101		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	DULUTH	\$110	\$107													\$112	\$114		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	FARGO																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	GRAND FORKS																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MANKATO-NORTH MANKATO																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$122	\$118	\$136	\$137	\$172	\$147			\$152	\$133	\$101	\$91	\$116	\$122	\$139	\$129	\$137	\$129
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	NORTHEAST																		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	NORTHWEST	\$122	\$107									\$125	\$98						
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ROCHESTER	\$108	\$107											\$109	\$96	\$121	\$117		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SOUTHEAST	\$135	\$135											\$131	\$129	\$131	\$140		
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SOUTHWEST	\$116	\$122									\$113	\$111						
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ST. CLOUD	\$110	\$105	\$108	\$107							\$104	\$98			\$127	\$127		

**Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
59400 - OBSTETRICAL CARE	DULUTH	\$1,303	\$1,303	\$1,358	\$1,365
59400 - OBSTETRICAL CARE	MANKATO-NORTH MANKATO			\$1,377	\$1,365
59400 - OBSTETRICAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$1,306	\$1,303	\$1,489	\$1,360
59400 - OBSTETRICAL CARE	NORTHEAST				
59400 - OBSTETRICAL CARE	NORTHWEST	\$1,303	\$1,303	\$1,341	\$1,410
59400 - OBSTETRICAL CARE	ROCHESTER				
59400 - OBSTETRICAL CARE	SOUTHEAST	\$1,303	\$1,303	\$1,392	\$1,365
59400 - OBSTETRICAL CARE	SOUTHWEST	\$1,302	\$1,303	\$1,383	\$1,330
59400 - OBSTETRICAL CARE	ST. CLOUD			\$1,336	\$1,365
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	DULUTH	\$58	\$54	\$63	\$61
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	FARGO	\$67	\$66	\$76	\$70
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	GRAND FORKS				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MANKATO-NORTH MANKATO				
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$69	\$75	\$77	\$77
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	NORTHEAST	\$58	\$58	\$65	\$65
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	NORTHWEST	\$59	\$55	\$63	\$58
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ROCHESTER			\$74	\$77

**Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	SOUTHEAST	\$70	\$75	\$74	\$76
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	SOUTHWEST	\$68	\$68	\$70	\$70
99203 - OFFICE/OUTPATIENT VISIT, NEW, 30-44 MINS	ST. CLOUD	\$78	\$75	\$72	\$72
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DULUTH	\$50	\$44	\$54	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FARGO			\$50	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GRAND FORKS				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LACROSSE-ONALASKA				
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MANKATO-NORTH MANKATO			\$59	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$55	\$61	\$66	\$66
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORTHEAST	\$50	\$45	\$49	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORTHWEST	\$45	\$44	\$48	\$48
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROCHESTER	\$52	\$45	\$55	\$52
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SOUTHEAST	\$56	\$61	\$59	\$60
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SOUTHWEST	\$53	\$50	\$54	\$51
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ST. CLOUD	\$60	\$61	\$56	\$60
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DULUTH	\$70	\$66	\$76	\$75
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FARGO			\$71	\$73
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GRAND FORKS			\$72	\$66

**Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MANKATO-NORTH MANKATO			\$99	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$76	\$74	\$98	\$94
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORTHEAST	\$72	\$72	\$74	\$71
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORTHWEST	\$68	\$65	\$70	\$67
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROCHESTER	\$81	\$87	\$83	\$79
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SOUTHEAST	\$81	\$83	\$85	\$91
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SOUTHWEST	\$81	\$87	\$82	\$84
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ST. CLOUD	\$81	\$84	\$79	\$82
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	DULUTH			\$111	\$110
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	FARGO				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	GRAND FORKS				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MANKATO-NORTH MANKATO			\$132	\$122
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$112	\$121	\$136	\$131
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	NORTHEAST				
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	NORTHWEST	\$112	\$109	\$123	\$107
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ROCHESTER	\$106	\$96	\$116	\$117
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SOUTHEAST	\$131	\$123	\$132	\$135
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	SOUTHWEST	\$108	\$109	\$115	\$118

**Table B-1.1: Reimbursement Amounts for Top Five Billing Codes for Physician Prenatal Services by Health Plan by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99215 - OFFICE/OUTPATIENT VISIT, EST, 40-54 MINS	ST. CLOUD	\$108	\$96	\$112	\$106

**Table B-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99391 - PREVENTIVE VISIT,EST,INFANT	DULUTH	\$51	\$51	\$53	\$50
99391 - PREVENTIVE VISIT,EST,INFANT	FARGO				
99391 - PREVENTIVE VISIT,EST,INFANT	GRAND FORKS			\$57	\$49
99391 - PREVENTIVE VISIT,EST,INFANT	LACROSSE-ONALASKA				
99391 - PREVENTIVE VISIT,EST,INFANT	MANKATO-NORTH MANKATO				
99391 - PREVENTIVE VISIT,EST,INFANT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$71	\$76	\$76	\$77
99391 - PREVENTIVE VISIT,EST,INFANT	NORTHEAST	\$54	\$51	\$58	\$49
99391 - PREVENTIVE VISIT,EST,INFANT	NORTHWEST	\$51	\$51	\$53	\$49
99391 - PREVENTIVE VISIT,EST,INFANT	ROCHESTER	\$66	\$67	\$63	\$55
99391 - PREVENTIVE VISIT,EST,INFANT	SOUTHEAST	\$65	\$67	\$65	\$70
99391 - PREVENTIVE VISIT,EST,INFANT	SOUTHWEST	\$54	\$51	\$68	\$74
99391 - PREVENTIVE VISIT,EST,INFANT	ST. CLOUD			\$72	\$73
99392 - PREVENTIVE VISIT,EST,AGE 1-4	DULUTH	\$55	\$56	\$59	\$59
99392 - PREVENTIVE VISIT,EST,AGE 1-4	FARGO				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	GRAND FORKS			\$69	\$77
99392 - PREVENTIVE VISIT,EST,AGE 1-4	LACROSSE-ONALASKA			\$63	\$60
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MANKATO-NORTH MANKATO				
99392 - PREVENTIVE VISIT,EST,AGE 1-4	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$76	\$81	\$81	\$82



**Table B-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99392 - PREVENTIVE VISIT,EST,AGE 1-4	NORTHEAST	\$60	\$56	\$61	\$53
99392 - PREVENTIVE VISIT,EST,AGE 1-4	NORTHWEST	\$56	\$56	\$57	\$53
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ROCHESTER			\$68	\$60
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SOUTHEAST	\$66	\$64	\$70	\$74
99392 - PREVENTIVE VISIT,EST,AGE 1-4	SOUTHWEST	\$72	\$76	\$73	\$79
99392 - PREVENTIVE VISIT,EST,AGE 1-4	ST. CLOUD	\$73	\$71	\$76	\$78
99393 - PREVENTIVE VISIT,EST,AGE5-11	DULUTH	\$56	\$56	\$58	\$55
99393 - PREVENTIVE VISIT,EST,AGE5-11	FARGO				
99393 - PREVENTIVE VISIT,EST,AGE5-11	GRAND FORKS			\$67	\$69
99393 - PREVENTIVE VISIT,EST,AGE5-11	LACROSSE-ONALASKA			\$66	\$60
99393 - PREVENTIVE VISIT,EST,AGE5-11	MANKATO-NORTH MANKATO				
99393 - PREVENTIVE VISIT,EST,AGE5-11	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$75	\$81	\$80	\$81
99393 - PREVENTIVE VISIT,EST,AGE5-11	NORTHEAST			\$61	\$53
99393 - PREVENTIVE VISIT,EST,AGE5-11	NORTHWEST	\$56	\$56	\$57	\$53
99393 - PREVENTIVE VISIT,EST,AGE5-11	ROCHESTER			\$68	\$60
99393 - PREVENTIVE VISIT,EST,AGE5-11	SOUTHEAST	\$66	\$56	\$68	\$73
99393 - PREVENTIVE VISIT,EST,AGE5-11	SOUTHWEST	\$66	\$71	\$73	\$79
99393 - PREVENTIVE VISIT,EST,AGE5-11	ST. CLOUD	\$76	\$81	\$76	\$78

**Table B-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99396 - PREVENTIVE VISIT,EST,40-64	DULUTH	\$73	\$71	\$76	\$74
99396 - PREVENTIVE VISIT,EST,40-64	FARGO				
99396 - PREVENTIVE VISIT,EST,40-64	GRAND FORKS			\$84	\$82
99396 - PREVENTIVE VISIT,EST,40-64	LACROSSE-ONALASKA			\$91	\$90
99396 - PREVENTIVE VISIT,EST,40-64	MANKATO-NORTH MANKATO				
99396 - PREVENTIVE VISIT,EST,40-64	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$91	\$95	\$98	\$97
99396 - PREVENTIVE VISIT,EST,40-64	NORTHEAST	\$72	\$71	\$72	\$68
99396 - PREVENTIVE VISIT,EST,40-64	NORTHWEST	\$69	\$70	\$74	\$69
99396 - PREVENTIVE VISIT,EST,40-64	ROCHESTER			\$76	\$74
99396 - PREVENTIVE VISIT,EST,40-64	SOUTHEAST	\$84	\$92	\$89	\$96
99396 - PREVENTIVE VISIT,EST,40-64	SOUTHWEST	\$87	\$95	\$87	\$94
99396 - PREVENTIVE VISIT,EST,40-64	ST. CLOUD	\$91	\$95	\$90	\$92
S0302 - COMPLETED EPSDT	DULUTH			\$40	\$21
S0302 - COMPLETED EPSDT	FARGO				
S0302 - COMPLETED EPSDT	GRAND FORKS				
S0302 - COMPLETED EPSDT	LACROSSE-ONALASKA				
S0302 - COMPLETED EPSDT	MANKATO-NORTH MANKATO				
S0302 - COMPLETED EPSDT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON		\$58	\$61	

**Table B-2.2: Reimbursement Amounts for Top Five Billing Codes for Physician Preventive Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
S0302 - COMPLETED EPSDT	NORTHEAST			\$28	\$20
S0302 - COMPLETED EPSDT	NORTHWEST			\$26	\$20
S0302 - COMPLETED EPSDT	ROCHESTER			\$49	\$60
S0302 - COMPLETED EPSDT	SOUTHEAST			\$35	\$21
S0302 - COMPLETED EPSDT	SOUTHWEST			\$22	\$21
S0302 - COMPLETED EPSDT	ST. CLOUD			\$31	\$21

Table B-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DULUTH	\$55	\$49	\$52	\$50	\$63	\$66	\$44	\$43	\$72	\$66	\$54	\$52	\$52	\$44	\$54	\$52	\$54	\$55
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FARGO	\$56	\$49							\$66	\$63	\$68	\$71			\$64	\$63		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GRAND FORKS	\$62	\$63							\$86	\$69	\$59	\$67			\$75	\$74		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LACROSSE-ONALASKA															\$62	\$64		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MANKATO-NORTH MANKATO	\$63	\$66	\$57	\$60					\$79	\$82	\$55	\$58	\$60	\$61	\$68	\$71		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$66	\$66	\$65	\$66	\$89	\$75	\$44	\$45	\$79	\$74	\$58	\$59	\$61	\$62	\$69	\$69	\$66	\$67
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORTHEAST	\$55	\$51	\$76	\$90			\$45	\$43	\$73	\$69	\$56	\$60	\$64	\$65	\$58	\$53	\$60	\$62
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORTHWEST	\$53	\$48	\$57	\$51	\$53	\$49	\$43	\$45	\$67	\$66	\$51	\$48	\$54	\$54	\$57	\$53	\$50	\$47
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROCHESTER	\$59	\$53	\$61	\$46					\$75	\$69			\$56	\$60	\$56	\$53	\$45	\$43
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SOUTHEAST	\$59	\$60	\$59	\$59	\$65	\$66			\$72	\$68	\$65	\$67	\$70	\$63	\$60	\$62	\$60	\$65
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SOUTHWEST	\$59	\$61	\$54	\$46	\$58	\$59			\$74	\$66	\$53	\$51	\$46	\$45	\$63	\$64		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ST. CLOUD	\$64	\$66	\$57	\$61	\$60	\$65	\$43	\$45	\$78	\$82	\$59	\$62	\$59	\$61	\$69	\$73		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DULUTH	\$87	\$73	\$82	\$84	\$85	\$92	\$64	\$63	\$113	\$101	\$80	\$78	\$80	\$67	\$82	\$78	\$80	\$81
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FARGO	\$101	\$95							\$98	\$94	\$91	\$91			\$102	\$109		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GRAND FORKS	\$100	\$84							\$129	\$128	\$91	\$95			\$113	\$104		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LACROSSE-ONALASKA															\$87	\$79		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MANKATO-NORTH MANKATO	\$115	\$94	\$85	\$91					\$124	\$120	\$91	\$85	\$95	\$96	\$102	\$104		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$108	\$95	\$92	\$94	\$127	\$105	\$65	\$66	\$120	\$122	\$88	\$87	\$90	\$89	\$100	\$99	\$94	\$97

Table B-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORTHEAST	\$89	\$84	\$114	\$138			\$71	\$68	\$99	\$94	\$91	\$98	\$93	\$92	\$89	\$80		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORTHWEST	\$89	\$73	\$89	\$86	\$74	\$71	\$65	\$64	\$112	\$99	\$85	\$78	\$99	\$99	\$90	\$79	\$77	\$69
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROCHESTER	\$94	\$95	\$125	\$86	\$77	\$72			\$114	\$132	\$80	\$81	\$86	\$87	\$89	\$86		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SOUTHEAST	\$95	\$84	\$90	\$88	\$92	\$94			\$108	\$102	\$99	\$103	\$94	\$89	\$88	\$88	\$92	\$92
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SOUTHWEST	\$93	\$91	\$79	\$73	\$110	\$94			\$105	\$94	\$83	\$77	\$75	\$71	\$96	\$99		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ST. CLOUD	\$98	\$94	\$82	\$87	\$84	\$88	\$69	\$66	\$121	\$124	\$84	\$85	\$90	\$86	\$99	\$103		
99232 - SUBSEQUENT HOSPITAL CARE	DULUTH	\$75	\$59	\$52	\$50	\$56	\$57	\$53	\$48	\$81	\$78	\$58	\$55	\$66	\$73	\$55	\$54	\$57	\$56
99232 - SUBSEQUENT HOSPITAL CARE	FARGO																		
99232 - SUBSEQUENT HOSPITAL CARE	GRAND FORKS	\$63	\$57																
99232 - SUBSEQUENT HOSPITAL CARE	MANKATO-NORTH MANKATO	\$75	\$60											\$59	\$54	\$58	\$60		
99232 - SUBSEQUENT HOSPITAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$80	\$61	\$63	\$52	\$100	\$64	\$48	\$48	\$81	\$75	\$55	\$50	\$60	\$55	\$68	\$54	\$64	\$61
99232 - SUBSEQUENT HOSPITAL CARE	NORTHEAST	\$63	\$61							\$69	\$75					\$57	\$60		
99232 - SUBSEQUENT HOSPITAL CARE	NORTHWEST	\$69	\$59	\$133	\$160	\$53	\$51	\$57	\$54	\$74	\$78	\$59	\$55			\$69	\$57		
99232 - SUBSEQUENT HOSPITAL CARE	ROCHESTER	\$76	\$60											\$63	\$65	\$56	\$55		
99232 - SUBSEQUENT HOSPITAL CARE	SOUTHEAST	\$90	\$81	\$55	\$58					\$92	\$79			\$65	\$65	\$58	\$55		
99232 - SUBSEQUENT HOSPITAL CARE	SOUTHWEST	\$72	\$77	\$59	\$50							\$61	\$62			\$61	\$62		
99232 - SUBSEQUENT HOSPITAL CARE	ST. CLOUD	\$65	\$58	\$48	\$45					\$74	\$75	\$58	\$54			\$60	\$62		
99284 - EMERGENCY DEPT VISIT	DULUTH	\$89	\$88	\$79	\$78			\$74	\$75	\$100	\$96	\$79	\$76			\$81	\$83	\$88	\$84

Table B-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
99284 - EMERGENCY DEPT VISIT	FARGO																		
99284 - EMERGENCY DEPT VISIT	GRAND FORKS																		
99284 - EMERGENCY DEPT VISIT	MANKATO-NORTH MANKATO	\$88	\$90													\$83	\$84		
99284 - EMERGENCY DEPT VISIT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$96	\$86	\$82	\$77	\$150	\$90	\$61	\$60	\$113	\$113	\$76	\$75	\$78	\$78	\$98	\$84	\$92	\$84
99284 - EMERGENCY DEPT VISIT	NORTHEAST	\$85	\$86	\$81	\$83	\$86	\$86	\$76	\$75	\$101	\$86	\$75	\$75			\$83	\$84	\$86	\$84
99284 - EMERGENCY DEPT VISIT	NORTHWEST	\$84	\$86	\$116	\$77	\$86	\$86	\$61	\$60	\$98	\$91	\$82	\$83			\$91	\$84	\$85	\$84
99284 - EMERGENCY DEPT VISIT	ROCHESTER	\$89	\$90											\$80	\$81	\$83	\$84		
99284 - EMERGENCY DEPT VISIT	SOUTHEAST	\$88	\$90	\$81	\$75	\$87	\$86			\$99	\$88	\$81	\$85	\$81	\$81	\$82	\$83	\$83	\$84
99284 - EMERGENCY DEPT VISIT	SOUTHWEST	\$86	\$86	\$87	\$77	\$86	\$86			\$84	\$86	\$78	\$77	\$79	\$78	\$85	\$84		
99284 - EMERGENCY DEPT VISIT	ST. CLOUD	\$83	\$86	\$74	\$75							\$75	\$75			\$84	\$84		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DULUTH																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FARGO	\$43	\$38																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	GRAND FORKS																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MANKATO-NORTH MANKATO	\$56	\$51																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$58	\$50	\$54	\$44	\$48	\$41			\$54	\$44	\$46	\$50	\$50	\$50	\$74	\$61	\$63	\$50
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORTHEAST																		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORTHWEST	\$46	\$38																
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ROCHESTER	\$47	\$50													\$48	\$48		

Table B-3.1: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SOUTHEAST	\$37	\$38											\$51	\$50	\$39	\$36		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SOUTHWEST	\$75	\$64									\$70	\$80						
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ST. CLOUD	\$47	\$51	\$56	\$44					\$50	\$44	\$36	\$34						

**Table B-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	DULUTH	\$55	\$52	\$52	\$49
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	FARGO	\$57	\$50	\$56	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	GRAND FORKS	\$63	\$65	\$55	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	LACROSSE-ONALASKA	\$63	\$65		
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MANKATO-NORTH MANKATO	\$65	\$66	\$61	\$61
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$68	\$67	\$62	\$61
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORTHEAST	\$52	\$48	\$53	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	NORTHWEST	\$53	\$49	\$50	\$46
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ROCHESTER	\$57	\$53	\$54	\$55
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SOUTHEAST	\$62	\$61	\$56	\$50
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	SOUTHWEST	\$56	\$53	\$56	\$55
99213 - OFFICE/OUTPATIENT VISIT, EST, 20-29 MINS	ST. CLOUD	\$63	\$64	\$63	\$61
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	DULUTH	\$86	\$78	\$81	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	FARGO	\$101	\$98	\$91	\$96
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	GRAND FORKS	\$102	\$91	\$97	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	LACROSSE-ONALASKA	\$93	\$92		
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MANKATO-NORTH MANKATO	\$107	\$98	\$95	\$95
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$102	\$97	\$91	\$88



**Table B-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORTHEAST	\$81	\$75	\$84	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	NORTHWEST	\$89	\$78	\$83	\$74
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ROCHESTER	\$90	\$88	\$86	\$87
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SOUTHEAST	\$93	\$89	\$88	\$87
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	SOUTHWEST	\$89	\$85	\$91	\$87
99214 - OFFICE/OUTPATIENT VISIT, EST, 30-39 MINS	ST. CLOUD	\$95	\$92	\$94	\$88
99232 - SUBSEQUENT HOSPITAL CARE	DULUTH	\$65	\$59	\$59	\$53
99232 - SUBSEQUENT HOSPITAL CARE	FARGO				
99232 - SUBSEQUENT HOSPITAL CARE	GRAND FORKS	\$65	\$63		
99232 - SUBSEQUENT HOSPITAL CARE	MANKATO-NORTH MANKATO	\$64	\$60	\$55	\$53
99232 - SUBSEQUENT HOSPITAL CARE	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$72	\$58	\$55	\$53
99232 - SUBSEQUENT HOSPITAL CARE	NORTHEAST	\$59	\$57	\$52	\$53
99232 - SUBSEQUENT HOSPITAL CARE	NORTHWEST	\$66	\$59	\$55	\$53
99232 - SUBSEQUENT HOSPITAL CARE	ROCHESTER	\$64	\$60	\$57	\$53
99232 - SUBSEQUENT HOSPITAL CARE	SOUTHEAST	\$71	\$62	\$63	\$71
99232 - SUBSEQUENT HOSPITAL CARE	SOUTHWEST	\$66	\$62	\$62	\$71
99232 - SUBSEQUENT HOSPITAL CARE	ST. CLOUD	\$62	\$58	\$55	\$53
99284 - EMERGENCY DEPT VISIT	DULUTH	\$85	\$84	\$79	\$79

**Table B-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
99284 - EMERGENCY DEPT VISIT	FARGO				
99284 - EMERGENCY DEPT VISIT	GRAND FORKS				
99284 - EMERGENCY DEPT VISIT	MANKATO-NORTH MANKATO	\$85	\$84		
99284 - EMERGENCY DEPT VISIT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$98	\$84	\$79	\$79
99284 - EMERGENCY DEPT VISIT	NORTHEAST	\$82	\$83	\$79	\$79
99284 - EMERGENCY DEPT VISIT	NORTHWEST	\$85	\$83	\$78	\$79
99284 - EMERGENCY DEPT VISIT	ROCHESTER	\$85	\$84	\$78	\$79
99284 - EMERGENCY DEPT VISIT	SOUTHEAST	\$84	\$84	\$78	\$79
99284 - EMERGENCY DEPT VISIT	SOUTHWEST	\$83	\$83	\$79	\$79
99284 - EMERGENCY DEPT VISIT	ST. CLOUD	\$82	\$86	\$78	\$79
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	DULUTH				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	FARGO	\$44	\$38		
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	GRAND FORKS				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	LACROSSE-ONALASKA				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MANKATO-NORTH MANKATO	\$56	\$51	\$39	\$46
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$70	\$54	\$52	\$46
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORTHEAST				
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	NORTHWEST	\$42	\$38	\$53	\$46

**Table B-3.2: Reimbursement Amounts for Top Five Billing Codes for Other Physician Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ROCHESTER	\$48	\$48	\$45	\$46
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SOUTHEAST	\$41	\$44	\$38	\$46
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	SOUTHWEST	\$109	\$113	\$29	\$23
T1013 - SIGN LANGUAGE OR ORAL INTERPRETER SVS	ST. CLOUD	\$51	\$45	\$35	\$23

Table B-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0120 - PERIODIC ORAL EVALUATION	DULUTH	\$42	\$49	\$33	\$38					\$37	\$32			\$40	\$37	\$39	\$41	\$45	\$49
D0120 - PERIODIC ORAL EVALUATION	FARGO	\$44	\$50							\$34	\$32					\$34	\$32		
D0120 - PERIODIC ORAL EVALUATION	GRAND FORKS	\$35	\$41																
D0120 - PERIODIC ORAL EVALUATION	LACROSSE-ONALASKA																		
D0120 - PERIODIC ORAL EVALUATION	MANKATO-NORTH MANKATO	\$36	\$41	\$35	\$38					\$25	\$27			\$44	\$49	\$33	\$27	\$25	\$25
D0120 - PERIODIC ORAL EVALUATION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$41	\$41	\$40	\$40	\$37	\$32			\$31	\$32	\$63	\$73	\$43	\$49	\$41	\$44	\$48	\$49
D0120 - PERIODIC ORAL EVALUATION	NORTHEAST	\$37	\$35	\$33	\$38			\$45	\$45	\$31	\$32			\$35	\$41	\$33	\$32		
D0120 - PERIODIC ORAL EVALUATION	NORTHWEST	\$41	\$49	\$34	\$38			\$33	\$38	\$34	\$32	\$59	\$60	\$35	\$32	\$39	\$32	\$34	\$32
D0120 - PERIODIC ORAL EVALUATION	ROCHESTER	\$42	\$41	\$31	\$26					\$31	\$32			\$42	\$49	\$41	\$41		
D0120 - PERIODIC ORAL EVALUATION	SOUTHEAST	\$42	\$49	\$34	\$38					\$36	\$32	\$52	\$62	\$42	\$49	\$42	\$49	\$32	\$32
D0120 - PERIODIC ORAL EVALUATION	SOUTHWEST	\$39	\$41	\$32	\$38					\$26	\$27	\$48	\$44	\$36	\$32	\$34	\$32		
D0120 - PERIODIC ORAL EVALUATION	ST. CLOUD	\$41	\$41	\$37	\$40					\$30	\$27	\$74	\$77	\$45	\$49	\$39	\$41		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DULUTH	\$21	\$25	\$15	\$13			\$24	\$25	\$17	\$16					\$19	\$16	\$23	\$27
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FARGO	\$19	\$16							\$17	\$16					\$16	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	GRAND FORKS	\$16	\$13																
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LACROSSE-ONALASKA																		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MANKATO-NORTH MANKATO	\$19	\$20	\$14	\$12									\$22	\$27	\$17	\$16	\$12	\$12
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$19	\$16	\$17	\$14	\$17	\$16			\$16	\$16	\$26	\$21	\$22	\$27	\$19	\$16	\$22	\$18

Table B-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORTHEAST	\$18	\$16	\$14	\$13			\$19	\$19	\$15	\$16			\$18	\$16	\$15	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORTHWEST	\$19	\$16	\$15	\$13					\$16	\$16	\$26	\$23	\$17	\$16	\$18	\$16	\$21	\$21
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROCHESTER	\$20	\$16	\$15	\$13									\$21	\$16	\$20	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SOUTHEAST	\$21	\$16	\$15	\$13					\$21	\$16			\$21	\$16	\$22	\$27	\$16	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SOUTHWEST	\$18	\$16	\$14	\$12					\$14	\$13	\$24	\$23	\$18	\$16	\$16	\$16		
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ST. CLOUD	\$18	\$16	\$16	\$15					\$15	\$13	\$33	\$42	\$19	\$16	\$15	\$13		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DULUTH	\$18	\$22	\$10	\$9					\$15	\$11					\$17	\$22	\$29	\$22
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FARGO	\$13	\$11							\$11	\$11					\$11	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	GRAND FORKS	\$12	\$9																
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LACROSSE-ONALASKA																		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MANKATO-NORTH MANKATO	\$17	\$22	\$11	\$8									\$18	\$22	\$16	\$18		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$14	\$11	\$12	\$9	\$12	\$11			\$11	\$11	\$18	\$14	\$16	\$20	\$14	\$11	\$25	\$25
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORTHEAST	\$16	\$19	\$10	\$9			\$19	\$19	\$11	\$11			\$15	\$19	\$12	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORTHWEST	\$15	\$11	\$10	\$9					\$11	\$11	\$19	\$15			\$13	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROCHESTER	\$16	\$11	\$11	\$9									\$17	\$22	\$16	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SOUTHEAST	\$15	\$11	\$10	\$9					\$17	\$22			\$15	\$11	\$17	\$22	\$32	\$32
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SOUTHWEST	\$14	\$11	\$11	\$9							\$18	\$15	\$15	\$11	\$12	\$11		
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ST. CLOUD	\$13	\$9	\$12	\$9					\$12	\$9	\$17	\$17	\$12	\$9	\$10	\$9		

Table B-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	DULUTH	\$61	\$58	\$55	\$56					\$58	\$58					\$59	\$58	\$64	\$62
D1110 - DENTAL PROPHYLAXIS ADULT	FARGO	\$68	\$70							\$67	\$70					\$68	\$70		
D1110 - DENTAL PROPHYLAXIS ADULT	GRAND FORKS	\$57	\$58																
D1110 - DENTAL PROPHYLAXIS ADULT	LACROSSE-ONALASKA																		
D1110 - DENTAL PROPHYLAXIS ADULT	MANKATO-NORTH MANKATO	\$59	\$58	\$54	\$53					\$53	\$58			\$74	\$87	\$59	\$58	\$54	\$54
D1110 - DENTAL PROPHYLAXIS ADULT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$65	\$69	\$60	\$58	\$65	\$69			\$65	\$69	\$91	\$90	\$75	\$69	\$66	\$69	\$78	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	NORTHEAST	\$64	\$66	\$55	\$56			\$89	\$90	\$64	\$66			\$59	\$58	\$64	\$66		
D1110 - DENTAL PROPHYLAXIS ADULT	NORTHWEST	\$67	\$69	\$56	\$56	\$65	\$69			\$67	\$69	\$89	\$90	\$69	\$69	\$68	\$69	\$66	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	ROCHESTER	\$67	\$70	\$54	\$53					\$67	\$70			\$70	\$70	\$67	\$70		
D1110 - DENTAL PROPHYLAXIS ADULT	SOUTHEAST	\$69	\$70	\$55	\$56					\$72	\$70	\$84	\$99	\$72	\$69	\$73	\$70	\$70	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	SOUTHWEST	\$62	\$58	\$55	\$53					\$58	\$58	\$70	\$75	\$65	\$69	\$64	\$69		
D1110 - DENTAL PROPHYLAXIS ADULT	ST. CLOUD	\$63	\$58	\$61	\$65					\$58	\$58	\$95	\$100	\$80	\$87	\$63	\$58		
D1206 - TOPICAL FLOURIDE VARNISH	DULUTH	\$35	\$37	\$29	\$30					\$35	\$37					\$35	\$37	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	FARGO	\$36	\$37							\$33	\$37					\$35	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	GRAND FORKS	\$31	\$31																
D1206 - TOPICAL FLOURIDE VARNISH	LACROSSE-ONALASKA																		
D1206 - TOPICAL FLOURIDE VARNISH	MANKATO-NORTH MANKATO	\$32	\$30	\$28	\$28									\$42	\$46	\$32	\$30	\$28	\$28
D1206 - TOPICAL FLOURIDE VARNISH	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$35	\$37	\$34	\$30	\$35	\$37			\$35	\$37	\$47	\$47	\$39	\$37	\$36	\$37	\$38	\$38

Table B-4.1: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	NORTHEAST	\$29	\$31	\$29	\$30			\$30	\$30	\$28	\$30			\$32	\$31	\$30	\$31		
D1206 - TOPICAL FLOURIDE VARNISH	NORTHWEST	\$36	\$37	\$29	\$30			\$31	\$34	\$36	\$37	\$45	\$47	\$37	\$37	\$36	\$37	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	ROCHESTER	\$37	\$37	\$29	\$28					\$35	\$37			\$38	\$37	\$37	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	SOUTHEAST	\$38	\$37	\$29	\$30					\$39	\$46	\$44	\$51	\$39	\$37	\$41	\$46	\$37	\$37
D1206 - TOPICAL FLOURIDE VARNISH	SOUTHWEST	\$33	\$31	\$30	\$30					\$31	\$30	\$39	\$39	\$36	\$37	\$34	\$37		
D1206 - TOPICAL FLOURIDE VARNISH	ST. CLOUD	\$34	\$31	\$32	\$34					\$33	\$30	\$53	\$57	\$39	\$46	\$36	\$37		

**Table B-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0120 - PERIODIC ORAL EVALUATION	DULUTH	\$39	\$45	\$40	\$43
D0120 - PERIODIC ORAL EVALUATION	FARGO	\$41	\$45	\$43	\$50
D0120 - PERIODIC ORAL EVALUATION	GRAND FORKS			\$35	\$37
D0120 - PERIODIC ORAL EVALUATION	LACROSSE-ONALASKA				
D0120 - PERIODIC ORAL EVALUATION	MANKATO-NORTH MANKATO	\$37	\$43	\$36	\$41
D0120 - PERIODIC ORAL EVALUATION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$36	\$38	\$41	\$41
D0120 - PERIODIC ORAL EVALUATION	NORTHEAST	\$34	\$29	\$40	\$45
D0120 - PERIODIC ORAL EVALUATION	NORTHWEST	\$33	\$38	\$46	\$49
D0120 - PERIODIC ORAL EVALUATION	ROCHESTER	\$39	\$45	\$41	\$41
D0120 - PERIODIC ORAL EVALUATION	SOUTHEAST	\$28	\$29	\$42	\$49
D0120 - PERIODIC ORAL EVALUATION	SOUTHWEST	\$27	\$25	\$41	\$41
D0120 - PERIODIC ORAL EVALUATION	ST. CLOUD	\$37	\$38	\$42	\$41
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	DULUTH	\$20	\$25	\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	FARGO	\$18	\$15	\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	GRAND FORKS			\$16	\$13
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	LACROSSE-ONALASKA				
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MANKATO-NORTH MANKATO	\$16	\$12	\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$17	\$15	\$19	\$16



**Table B-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORTHEAST	\$14	\$12	\$18	\$19
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	NORTHWEST	\$13	\$15	\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ROCHESTER	\$19	\$15	\$20	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SOUTHEAST	\$13	\$15	\$21	\$22
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	SOUTHWEST	\$10	\$6	\$19	\$16
D0220 - INTRAORAL-PERIAPICAL,FIRST FILM	ST. CLOUD	\$17	\$15	\$17	\$15
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	DULUTH	\$17	\$21	\$17	\$21
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	FARGO			\$13	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	GRAND FORKS			\$12	\$9
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	LACROSSE-ONALASKA				
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MANKATO-NORTH MANKATO	\$14	\$10	\$16	\$19
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$12	\$10	\$14	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORTHEAST	\$11	\$10	\$15	\$19
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	NORTHWEST	\$7	\$4	\$15	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ROCHESTER	\$14	\$10	\$16	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SOUTHEAST	\$7	\$4	\$16	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	SOUTHWEST	\$6	\$4	\$15	\$11
D0230 - INTRAORAL-PERIAPICAL,EACH ADDITIONAL	ST. CLOUD	\$12	\$8	\$12	\$9

**Table B-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1110 - DENTAL PROPHYLAXIS ADULT	DULUTH	\$57	\$53	\$60	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	FARGO	\$63	\$64	\$68	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	GRAND FORKS			\$57	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	LACROSSE-ONALASKA				
D1110 - DENTAL PROPHYLAXIS ADULT	MANKATO-NORTH MANKATO	\$57	\$53	\$61	\$58
D1110 - DENTAL PROPHYLAXIS ADULT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$59	\$64	\$66	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	NORTHEAST	\$59	\$64	\$74	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	NORTHWEST	\$46	\$53	\$73	\$69
D1110 - DENTAL PROPHYLAXIS ADULT	ROCHESTER	\$62	\$64	\$67	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	SOUTHEAST	\$35	\$27	\$71	\$70
D1110 - DENTAL PROPHYLAXIS ADULT	SOUTHWEST	\$41	\$27	\$64	\$59
D1110 - DENTAL PROPHYLAXIS ADULT	ST. CLOUD	\$56	\$53	\$63	\$58
D1206 - TOPICAL FLOURIDE VARNISH	DULUTH	\$33	\$34	\$35	\$37
D1206 - TOPICAL FLOURIDE VARNISH	FARGO	\$34	\$34	\$36	\$37
D1206 - TOPICAL FLOURIDE VARNISH	GRAND FORKS			\$31	\$31
D1206 - TOPICAL FLOURIDE VARNISH	LACROSSE-ONALASKA				
D1206 - TOPICAL FLOURIDE VARNISH	MANKATO-NORTH MANKATO	\$32	\$34	\$34	\$31
D1206 - TOPICAL FLOURIDE VARNISH	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$32	\$34	\$36	\$37

**Table B-4.2: Reimbursement Amounts for Top Five Billing Codes for Dental Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
D1206 - TOPICAL FLOURIDE VARNISH	NORTHEAST	\$30	\$34	\$30	\$30
D1206 - TOPICAL FLOURIDE VARNISH	NORTHWEST	\$29	\$34	\$38	\$37
D1206 - TOPICAL FLOURIDE VARNISH	ROCHESTER	\$33	\$34	\$37	\$37
D1206 - TOPICAL FLOURIDE VARNISH	SOUTHEAST	\$24	\$28	\$39	\$37
D1206 - TOPICAL FLOURIDE VARNISH	SOUTHWEST	\$25	\$28	\$34	\$37
D1206 - TOPICAL FLOURIDE VARNISH	ST. CLOUD	\$30	\$28	\$34	\$31

Table B-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
540 - CESAREAN SECTION	DULUTH	\$6,223	\$5,698													\$5,788	\$5,553		
540 - CESAREAN SECTION	GRAND FORKS																		
540 - CESAREAN SECTION	MANKATO-NORTH MANKATO																		
540 - CESAREAN SECTION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$6,634	\$5,468	\$7,168	\$6,216	\$11,985	\$9,057			\$8,575	\$4,958	\$6,714	\$6,401	\$6,796	\$5,941	\$8,681	\$7,583	\$9,054	\$7,823
540 - CESAREAN SECTION	NORTHEAST																		
540 - CESAREAN SECTION	NORTHWEST	\$6,511	\$6,258							\$4,138	\$4,058	\$6,101	\$5,688			\$5,359	\$4,862		
540 - CESAREAN SECTION	ROCHESTER																		
540 - CESAREAN SECTION	SOUTHEAST	\$5,131	\$5,009											\$5,910	\$5,853	\$4,937	\$4,888		
540 - CESAREAN SECTION	SOUTHWEST	\$7,392	\$7,589									\$8,722	\$7,533			\$6,848	\$6,826		
540 - CESAREAN SECTION	ST. CLOUD	\$7,180	\$6,111	\$6,894	\$5,282														
560 - VAGINAL DELIVERY	DULUTH	\$3,602	\$3,368							\$2,250	\$2,021					\$3,350	\$3,086	\$3,538	\$3,405
560 - VAGINAL DELIVERY	GRAND FORKS																		
560 - VAGINAL DELIVERY	MANKATO-NORTH MANKATO																		
560 - VAGINAL DELIVERY	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$4,125	\$3,383	\$4,092	\$3,956	\$8,344	\$5,045			\$5,819	\$3,886	\$3,740	\$3,576	\$3,482	\$3,348	\$4,727	\$3,791	\$4,939	\$4,102
560 - VAGINAL DELIVERY	NORTHEAST																		
560 - VAGINAL DELIVERY	NORTHWEST	\$3,795	\$3,817							\$3,074	\$3,000	\$4,438	\$3,836			\$3,548	\$3,143		
560 - VAGINAL DELIVERY	ROCHESTER																		
560 - VAGINAL DELIVERY	SOUTHEAST	\$3,533	\$3,576											\$3,935	\$3,971	\$3,061	\$2,931		

Table B-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
560 - VAGINAL DELIVERY	SOUTHWEST	\$4,110	\$4,458									\$5,740	\$4,851			\$4,007	\$4,141		
560 - VAGINAL DELIVERY	ST. CLOUD	\$3,860	\$3,613	\$4,312	\$3,460														
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DULUTH	\$1,438	\$1,025							\$1,134	\$708					\$1,143	\$912		
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	\$2,486	\$1,117	\$2,010	\$1,450	\$6,872	\$5,372			\$4,392	\$1,201	\$1,886	\$1,378	\$1,770	\$1,360	\$2,506	\$1,173	\$2,435	\$1,589
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NORTHEAST																		
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NORTHWEST	\$1,270	\$1,206							\$1,316	\$924	\$1,902	\$1,252			\$2,957	\$2,158		
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ROCHESTER																		
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SOUTHEAST	\$1,252	\$1,209											\$1,570	\$1,421	\$1,202	\$943		
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SOUTHWEST	\$1,318	\$1,206									\$2,927	\$2,034			\$3,170	\$2,959		
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ST. CLOUD	\$1,402	\$1,329	\$3,671	\$2,911							\$2,451	\$1,727						
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DULUTH	\$13,871	\$14,830							\$12,250	\$14,081					\$14,078	\$14,102		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	GRAND FORKS																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MANKATO-NORTH MANKATO																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$17,985	\$11,684	\$17,504	\$11,881	\$25,372	\$11,351			\$18,623	\$14,290	\$15,925	\$11,229	\$12,916	\$14,758	\$17,066	\$14,278	\$18,987	\$11,841
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NORTHEAST	\$13,487	\$10,099							\$10,819	\$12,398					\$14,052	\$11,553		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NORTHWEST	\$12,843	\$10,038							\$13,810	\$14,821	\$11,981	\$10,577			\$13,530	\$14,304		

Table B-5.1: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ROCHESTER																		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SOUTHEAST	\$12,751	\$10,647							\$15,714	\$14,745			\$12,812	\$10,633	\$11,946	\$10,051		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SOUTHWEST	\$11,861	\$10,370							\$18,106	\$14,380	\$16,936	\$17,130			\$16,264	\$16,534		
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ST. CLOUD	\$12,178	\$9,617													\$21,203	\$17,846		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	DULUTH	\$5,417	\$5,065													\$5,353	\$4,213		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MANKATO-NORTH MANKATO																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$9,211	\$6,497	\$13,106	\$8,227	\$23,294	\$10,352			\$25,029	\$11,830			\$8,235	\$8,030	\$11,377	\$6,157		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	NORTHWEST	\$6,357	\$5,850									\$7,224	\$6,290						
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ROCHESTER																		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SOUTHEAST															\$5,887	\$3,976		
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SOUTHWEST															\$4,882	\$4,194		
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) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
540 - CESAREAN SECTION	DULUTH	\$5,792	\$5,690	\$5,984	\$5,698
540 - CESAREAN SECTION	GRAND FORKS				
540 - CESAREAN SECTION	MANKATO-NORTH MANKATO				
540 - CESAREAN SECTION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$7,028	\$6,358	\$8,051	\$6,691
540 - CESAREAN SECTION	NORTHEAST				
540 - CESAREAN SECTION	NORTHWEST	\$5,248	\$4,596	\$6,213	\$5,843
540 - CESAREAN SECTION	ROCHESTER				
540 - CESAREAN SECTION	SOUTHEAST	\$5,424	\$4,941	\$5,268	\$5,028
540 - CESAREAN SECTION	SOUTHWEST	\$6,121	\$5,972	\$7,894	\$7,533
540 - CESAREAN SECTION	ST. CLOUD			\$7,319	\$6,111
560 - VAGINAL DELIVERY	DULUTH	\$4,041	\$3,837	\$3,476	\$3,368
560 - VAGINAL DELIVERY	GRAND FORKS				
560 - VAGINAL DELIVERY	MANKATO-NORTH MANKATO				
560 - VAGINAL DELIVERY	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$3,841	\$3,544	\$4,596	\$3,791
560 - VAGINAL DELIVERY	NORTHEAST				
560 - VAGINAL DELIVERY	NORTHWEST	\$3,578	\$3,459	\$3,930	\$3,817
560 - VAGINAL DELIVERY	ROCHESTER				
560 - VAGINAL DELIVERY	SOUTHEAST	\$3,883	\$3,972	\$3,488	\$3,454

**Table B-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
560 - VAGINAL DELIVERY	SOUTHWEST	\$4,303	\$4,410	\$4,801	\$4,458
560 - VAGINAL DELIVERY	ST. CLOUD	\$4,265	\$4,221	\$4,075	\$3,613
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	DULUTH	\$1,520	\$1,201	\$1,314	\$1,025
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	\$1,671	\$1,355	\$2,521	\$1,267
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NORTHEAST				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	NORTHWEST	\$2,260	\$1,469	\$1,643	\$1,243
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ROCHESTER				
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SOUTHEAST	\$1,571	\$1,219	\$1,336	\$1,209
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	SOUTHWEST	\$2,331	\$1,715	\$2,048	\$1,476
640 - NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	ST. CLOUD	\$1,860	\$1,645	\$1,843	\$1,329
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	DULUTH	\$11,254	\$8,897	\$13,640	\$14,102
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	GRAND FORKS				
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MANKATO-NORTH MANKATO			\$18,143	\$15,601
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$15,141	\$11,513	\$17,869	\$12,320



**Table B-5.2: Reimbursement Amounts for Top Five Billing Codes for Inpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NORTHEAST			\$13,525	\$12,346
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	NORTHWEST	\$9,052	\$8,697	\$13,119	\$12,395
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ROCHESTER			\$19,752	\$16,951
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SOUTHEAST	\$8,847	\$9,237	\$12,626	\$10,640
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	SOUTHWEST	\$9,939	\$8,448	\$14,716	\$12,968
720 - SEPTICEMIA & DISSEMINATED INFECTIONS	ST. CLOUD			\$15,013	\$10,271
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	DULUTH			\$5,948	\$5,494
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MANKATO-NORTH MANKATO				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$9,831	\$8,542	\$11,880	\$6,497
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	NORTHWEST	\$6,969	\$7,141	\$6,242	\$5,850
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	ROCHESTER				
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SOUTHEAST			\$6,794	\$5,985
751 - MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	SOUTHWEST			\$7,129	\$6,372
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) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0260 - IV THERAPY, GENERAL	DULUTH	\$195	\$148	\$126	\$97			\$110	\$77	\$1,445	\$90	\$147	\$105	\$87	\$63	\$131	\$89	\$124	\$85
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	\$167	\$114	\$146	\$116	\$195	\$167	\$122	\$148	\$791	\$166	\$139	\$132	\$132	\$113	\$149	\$119	\$188	\$159
0260 - IV THERAPY, GENERAL	NORTHEAST	\$132	\$97	\$210	\$137			\$132	\$115	\$908	\$283	\$117	\$108			\$134	\$114		
0260 - IV THERAPY, GENERAL	NORTHWEST	\$148	\$107	\$194	\$111	\$144	\$87	\$174	\$111	\$662	\$142	\$147	\$138			\$120	\$87	\$142	\$134
0260 - IV THERAPY, GENERAL	ROCHESTER	\$198	\$105											\$126	\$79	\$123	\$79		
0260 - IV THERAPY, GENERAL	SOUTHEAST	\$140	\$91	\$161	\$123	\$120	\$95			\$241	\$113	\$132	\$83	\$131	\$84	\$141	\$96	\$161	\$163
0260 - IV THERAPY, GENERAL	SOUTHWEST	\$177	\$105	\$176	\$125					\$558	\$71	\$134	\$103	\$138	\$110	\$144	\$111	\$159	\$155
0260 - IV THERAPY, GENERAL	ST. CLOUD	\$268	\$228	\$172	\$185					\$971	\$334	\$113	\$80			\$165	\$111		
0420 - PHYSICAL THERAPY, GENERAL	DULUTH	\$75	\$68	\$128	\$154			\$35	\$30	\$58	\$38	\$56	\$55			\$55	\$44	\$44	\$44
0420 - PHYSICAL THERAPY, GENERAL	FARGO	\$60	\$45							\$52	\$38								
0420 - PHYSICAL THERAPY, GENERAL	GRAND FORKS	\$71	\$58							\$61	\$65					\$86	\$69		
0420 - PHYSICAL THERAPY, GENERAL	LACROSSE-ONALASKA																		
0420 - PHYSICAL THERAPY, GENERAL	MANKATO-NORTH MANKATO	\$64	\$47	\$41	\$38					\$56	\$30			\$75	\$61	\$45	\$33		
0420 - PHYSICAL THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$63	\$47	\$106	\$78	\$78	\$63	\$40	\$32	\$53	\$30	\$40	\$38	\$42	\$31	\$49	\$39	\$49	\$35

Table B-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	NORTHEAST	\$102	\$102					\$47	\$39	\$79	\$30					\$80	\$62		
0420 - PHYSICAL THERAPY, GENERAL	NORTHWEST	\$86	\$64	\$76	\$49	\$38	\$22			\$77	\$40	\$49	\$31			\$65	\$53		
0420 - PHYSICAL THERAPY, GENERAL	ROCHESTER	\$49	\$34							\$29	\$11			\$54	\$41	\$35	\$26		
0420 - PHYSICAL THERAPY, GENERAL	SOUTHEAST	\$55	\$46	\$116	\$81					\$38	\$30			\$48	\$42	\$55	\$43		
0420 - PHYSICAL THERAPY, GENERAL	SOUTHWEST	\$86	\$70	\$66	\$55					\$37	\$14	\$74	\$57	\$72	\$62	\$61	\$45		
0420 - PHYSICAL THERAPY, GENERAL	ST. CLOUD	\$87	\$52	\$94	\$76					\$39	\$30	\$71	\$55			\$41	\$33		
0430 - OCCUPATIONAL THERAPY, GENERAL	DULUTH	\$88	\$83	\$111	\$117			\$36	\$26	\$52	\$38					\$62	\$53	\$51	\$40
0430 - OCCUPATIONAL THERAPY, GENERAL	FARGO	\$39	\$34							\$53	\$38								
0430 - OCCUPATIONAL THERAPY, GENERAL	GRAND FORKS	\$80	\$84							\$72	\$58					\$72	\$49		
0430 - OCCUPATIONAL THERAPY, GENERAL	LACROSSE-ONALASKA																		
0430 - OCCUPATIONAL THERAPY, GENERAL	MANKATO-NORTH MANKATO	\$63	\$47	\$52	\$44					\$45	\$38					\$47	\$44		
0430 - OCCUPATIONAL THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$98	\$76	\$125	\$100	\$78	\$55			\$61	\$38	\$57	\$53	\$52	\$48	\$63	\$53	\$62	\$55
0430 - OCCUPATIONAL THERAPY, GENERAL	NORTHEAST	\$113	\$80					\$52	\$43	\$51	\$33					\$71	\$57		
0430 - OCCUPATIONAL THERAPY, GENERAL	NORTHWEST	\$84	\$64	\$62	\$40					\$66	\$38	\$63	\$47			\$60	\$46		
0430 - OCCUPATIONAL THERAPY, GENERAL	ROCHESTER	\$52	\$38							\$34	\$15			\$49	\$44	\$42	\$33		
0430 - OCCUPATIONAL THERAPY, GENERAL	SOUTHEAST	\$61	\$51							\$50	\$33			\$45	\$42	\$51	\$44		
0430 - OCCUPATIONAL THERAPY, GENERAL	SOUTHWEST	\$98	\$83	\$68	\$44					\$41	\$15	\$79	\$58	\$105	\$124	\$62	\$47		
0430 - OCCUPATIONAL THERAPY, GENERAL	ST. CLOUD	\$110	\$80	\$130	\$106					\$55	\$38	\$72	\$55			\$56	\$51		

Table B-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0450 - EMERGENCY ROOM, GENERAL	DULUTH	\$230	\$183	\$361	\$287	\$385	\$396	\$295	\$243	\$378	\$267	\$335	\$244	\$292	\$229	\$365	\$358	\$297	\$245
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	\$242	\$225	\$365	\$267	\$441	\$310	\$229	\$177	\$302	\$246	\$380	\$250	\$400	\$357	\$299	\$251	\$344	\$306
0450 - EMERGENCY ROOM, GENERAL	NORTHEAST	\$324	\$287	\$466	\$454	\$387	\$328	\$316	\$286	\$327	\$257	\$390	\$388	\$397	\$414	\$346	\$299	\$304	\$245
0450 - EMERGENCY ROOM, GENERAL	NORTHWEST	\$244	\$194	\$480	\$430	\$308	\$250	\$212	\$177	\$329	\$245	\$297	\$237	\$308	\$254	\$310	\$250	\$344	\$245
0450 - EMERGENCY ROOM, GENERAL	ROCHESTER	\$365	\$261	\$557	\$445									\$347	\$229	\$298	\$242		
0450 - EMERGENCY ROOM, GENERAL	SOUTHEAST	\$267	\$261	\$335	\$277	\$333	\$290			\$214	\$117	\$273	\$238	\$281	\$242	\$283	\$251	\$315	\$288
0450 - EMERGENCY ROOM, GENERAL	SOUTHWEST	\$248	\$210	\$301	\$263	\$305	\$278			\$156	\$51	\$260	\$227	\$266	\$218	\$250	\$212	\$284	\$245
0450 - EMERGENCY ROOM, GENERAL	ST. CLOUD	\$252	\$220	\$369	\$260					\$272	\$233	\$323	\$232	\$314	\$227	\$330	\$283		
0510 - CLINIC, GENERAL	DULUTH	\$130	\$118	\$79	\$63	\$101	\$122	\$113	\$104	\$92	\$57	\$98	\$120	\$129	\$113	\$115	\$118	\$117	\$120
0510 - CLINIC, GENERAL	FARGO																		
0510 - CLINIC, GENERAL	GRAND FORKS	\$63	\$58																
0510 - CLINIC, GENERAL	LACROSSE-ONALASKA																		
0510 - CLINIC, GENERAL	MANKATO-NORTH MANKATO																		
0510 - CLINIC, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$109	\$125	\$150	\$132	\$141	\$150	\$87	\$87	\$134	\$97	\$105	\$109	\$112	\$113	\$123	\$126	\$156	\$151
0510 - CLINIC, GENERAL	NORTHEAST	\$153	\$127	\$90	\$78			\$111	\$109	\$91	\$60					\$101	\$90		

Table B-6.1: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
0510 - CLINIC, GENERAL	NORTHWEST	\$117	\$100	\$118	\$98	\$111	\$124	\$90	\$87	\$86	\$71	\$124	\$120	\$84	\$113	\$79	\$50	\$114	\$121
0510 - CLINIC, GENERAL	ROCHESTER	\$92	\$62											\$88	\$47				
0510 - CLINIC, GENERAL	SOUTHEAST	\$66	\$51	\$71	\$63	\$128	\$126			\$73	\$55	\$24	\$16	\$123	\$120	\$124	\$129		
0510 - CLINIC, GENERAL	SOUTHWEST	\$82	\$42	\$92	\$91	\$71	\$53			\$91	\$31	\$74	\$55	\$82	\$47	\$77	\$51		
0510 - CLINIC, GENERAL	ST. CLOUD	\$213	\$199	\$207	\$132					\$199	\$167	\$89	\$67			\$166	\$130		

**Table B-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0260 - IV THERAPY, GENERAL	DULUTH	\$118	\$79	\$224	\$109
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	\$142	\$118	\$180	\$120
0260 - IV THERAPY, GENERAL	NORTHEAST	\$114	\$93	\$140	\$104
0260 - IV THERAPY, GENERAL	NORTHWEST	\$127	\$101	\$163	\$108
0260 - IV THERAPY, GENERAL	ROCHESTER	\$119	\$79	\$149	\$87
0260 - IV THERAPY, GENERAL	SOUTHEAST	\$130	\$118	\$140	\$91
0260 - IV THERAPY, GENERAL	SOUTHWEST	\$139	\$97	\$154	\$105
0260 - IV THERAPY, GENERAL	ST. CLOUD	\$132	\$118	\$229	\$198
0420 - PHYSICAL THERAPY, GENERAL	DULUTH	\$47	\$42	\$63	\$50
0420 - PHYSICAL THERAPY, GENERAL	FARGO			\$53	\$38
0420 - PHYSICAL THERAPY, GENERAL	GRAND FORKS			\$73	\$58
0420 - PHYSICAL THERAPY, GENERAL	LACROSSE-ONALASKA				
0420 - PHYSICAL THERAPY, GENERAL	MANKATO-NORTH MANKATO	\$78	\$78	\$46	\$38
0420 - PHYSICAL THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$56	\$44	\$62	\$44

**Table B-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0420 - PHYSICAL THERAPY, GENERAL	NORTHEAST	\$94	\$68	\$83	\$61
0420 - PHYSICAL THERAPY, GENERAL	NORTHWEST	\$62	\$55	\$68	\$51
0420 - PHYSICAL THERAPY, GENERAL	ROCHESTER	\$47	\$42	\$43	\$30
0420 - PHYSICAL THERAPY, GENERAL	SOUTHEAST	\$52	\$44	\$53	\$43
0420 - PHYSICAL THERAPY, GENERAL	SOUTHWEST	\$78	\$57	\$78	\$58
0420 - PHYSICAL THERAPY, GENERAL	ST. CLOUD	\$61	\$53	\$67	\$45
0430 - OCCUPATIONAL THERAPY, GENERAL	DULUTH	\$72	\$85	\$69	\$60
0430 - OCCUPATIONAL THERAPY, GENERAL	FARGO			\$43	\$37
0430 - OCCUPATIONAL THERAPY, GENERAL	GRAND FORKS			\$79	\$74
0430 - OCCUPATIONAL THERAPY, GENERAL	LACROSSE-ONALASKA				
0430 - OCCUPATIONAL THERAPY, GENERAL	MANKATO-NORTH MANKATO	\$55	\$49	\$51	\$44
0430 - OCCUPATIONAL THERAPY, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$64	\$56	\$78	\$57
0430 - OCCUPATIONAL THERAPY, GENERAL	NORTHEAST	\$109	\$94	\$82	\$61
0430 - OCCUPATIONAL THERAPY, GENERAL	NORTHWEST	\$74	\$62	\$73	\$56
0430 - OCCUPATIONAL THERAPY, GENERAL	ROCHESTER	\$50	\$45	\$46	\$37
0430 - OCCUPATIONAL THERAPY, GENERAL	SOUTHEAST	\$57	\$50	\$54	\$46
0430 - OCCUPATIONAL THERAPY, GENERAL	SOUTHWEST	\$90	\$69	\$86	\$63
0430 - OCCUPATIONAL THERAPY, GENERAL	ST. CLOUD	\$73	\$56	\$89	\$65

**Table B-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0450 - EMERGENCY ROOM, GENERAL	DULUTH	\$322	\$228	\$312	\$254
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	\$355	\$228	\$313	\$253
0450 - EMERGENCY ROOM, GENERAL	NORTHEAST	\$323	\$308	\$339	\$315
0450 - EMERGENCY ROOM, GENERAL	NORTHWEST	\$264	\$214	\$274	\$220
0450 - EMERGENCY ROOM, GENERAL	ROCHESTER	\$318	\$228	\$321	\$251
0450 - EMERGENCY ROOM, GENERAL	SOUTHEAST	\$270	\$228	\$277	\$242
0450 - EMERGENCY ROOM, GENERAL	SOUTHWEST	\$219	\$192	\$253	\$218
0450 - EMERGENCY ROOM, GENERAL	ST. CLOUD	\$296	\$222	\$285	\$223
0510 - CLINIC, GENERAL	DULUTH	\$104	\$113	\$120	\$118
0510 - CLINIC, GENERAL	FARGO			\$118	\$117
0510 - CLINIC, GENERAL	GRAND FORKS			\$66	\$58
0510 - CLINIC, GENERAL	LACROSSE-ONALASKA				
0510 - CLINIC, GENERAL	MANKATO-NORTH MANKATO				
0510 - CLINIC, GENERAL	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$126	\$113	\$128	\$132
0510 - CLINIC, GENERAL	NORTHEAST	\$98	\$113	\$120	\$109



**Table B-6.2: Reimbursement Amounts for Top Five Billing Codes for Outpatient Hospital Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
0510 - CLINIC, GENERAL	NORTHWEST	\$106	\$113	\$114	\$119
0510 - CLINIC, GENERAL	ROCHESTER			\$86	\$49
0510 - CLINIC, GENERAL	SOUTHEAST	\$106	\$113	\$98	\$100
0510 - CLINIC, GENERAL	SOUTHWEST	\$70	\$45	\$78	\$49
0510 - CLINIC, GENERAL	ST. CLOUD	\$108	\$113	\$187	\$159

Table B-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DULUTH	\$134	\$89	\$88	\$67	\$108	\$110	\$88	\$67	\$153	\$134	\$113	\$92	\$76	\$80	\$127	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FARGO	\$95	\$88	\$87	\$84					\$83	\$71	\$99	\$94	\$82	\$88	\$92	\$92		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GRAND FORKS	\$216	\$303																
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LACROSSE-ONALASKA															\$74	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MANKATO-NORTH MANKATO	\$85	\$88	\$99	\$113					\$85	\$70	\$77	\$74	\$77	\$71	\$85	\$77		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$98	\$76	\$107	\$84	\$107	\$89	\$57	\$54	\$116	\$100	\$89	\$88	\$92	\$82	\$105	\$86	\$76	\$71
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NORTHEAST	\$112	\$110	\$91	\$90			\$92	\$83	\$143	\$100	\$115	\$113	\$83	\$71	\$98	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NORTHWEST	\$104	\$91	\$93	\$90			\$81	\$59	\$103	\$87	\$102	\$92	\$81	\$86	\$106	\$92		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROCHESTER	\$131	\$89	\$83	\$67					\$97	\$100	\$80	\$71	\$120	\$88	\$130	\$90		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SOUTHEAST	\$98	\$88	\$90	\$78	\$93	\$78			\$135	\$134	\$86	\$92	\$173	\$91	\$90	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SOUTHWEST	\$129	\$108	\$92	\$67					\$202	\$270	\$123	\$82	\$78	\$71	\$109	\$74		
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ST. CLOUD	\$100	\$71	\$96	\$82	\$90	\$71			\$133	\$101	\$86	\$76			\$92	\$74		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DULUTH	\$126	\$104	\$121	\$99	\$147	\$161	\$120	\$99	\$117	\$103	\$124	\$134	\$120	\$129	\$121	\$109	\$117	\$103
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FARGO	\$129	\$129	\$131	\$124					\$106	\$103	\$141	\$138	\$116	\$130	\$127	\$133		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GRAND FORKS	\$222	\$165																
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LACROSSE-ONALASKA															\$112	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MANKATO-NORTH MANKATO	\$120	\$104	\$126	\$124					\$121	\$135	\$121	\$130	\$116	\$105	\$119	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$120	\$104	\$123	\$99	\$127	\$104	\$86	\$80	\$125	\$119	\$124	\$112	\$121	\$121	\$124	\$109	\$123	\$105

Table B-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORTHEAST	\$123	\$104	\$114	\$99			\$121	\$121	\$119	\$110	\$148	\$167	\$105	\$105	\$125	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORTHWEST	\$122	\$104	\$135	\$132	\$136	\$161	\$86	\$80	\$117	\$103	\$140	\$110	\$119	\$130	\$122	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROCHESTER	\$132	\$104	\$136	\$127	\$131	\$105			\$94	\$70	\$133	\$136	\$126	\$105	\$139	\$121		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SOUTHEAST	\$125	\$129	\$123	\$99	\$156	\$161			\$114	\$119	\$122	\$118	\$122	\$123	\$122	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SOUTHWEST	\$147	\$107	\$126	\$99	\$135	\$161			\$159	\$119	\$136	\$112	\$120	\$130	\$134	\$109		
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ST. CLOUD	\$121	\$104	\$128	\$99	\$112	\$104			\$144	\$144	\$127	\$136	\$130	\$130	\$122	\$109		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DULUTH	\$75	\$20							\$31	\$11					\$26	\$13		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FARGO	\$10	\$7							\$4	\$3					\$6	\$5		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GRAND FORKS																		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MANKATO-NORTH MANKATO	\$12	\$9											\$13	\$9	\$12	\$10		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$19	\$14	\$15	\$14	\$17	\$12			\$18	\$14	\$33	\$30	\$21	\$19	\$16	\$13	\$16	\$13
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORTHEAST	\$32	\$16					\$6	\$6	\$11	\$11			\$15	\$10	\$12	\$8		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORTHWEST	\$21	\$16							\$13	\$10	\$14	\$6			\$15	\$11		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROCHESTER	\$17	\$14											\$17	\$14	\$13	\$10		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SOUTHEAST	\$31	\$5							\$5	\$4			\$35	\$6	\$11	\$5		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SOUTHWEST	\$20	\$14									\$21	\$15			\$22	\$17		
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ST. CLOUD	\$18	\$14	\$14	\$11					\$15	\$12	\$30	\$26			\$13	\$12		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	DULUTH	\$147	\$155							\$101	\$98					\$109	\$99		

Table B-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	FARGO																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	GRAND FORKS																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MANKATO-NORTH MANKATO															\$184	\$179		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$111	\$99	\$121	\$123					\$117	\$99			\$108	\$99	\$99	\$93		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	NORTHEAST	\$89	\$74													\$117	\$99		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	NORTHWEST	\$103	\$111							\$85	\$87	\$110	\$99			\$83	\$99		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ROCHESTER															\$120	\$99		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SOUTHEAST																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SOUTHWEST																		
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ST. CLOUD	\$94	\$99	\$118	\$105					\$98	\$74								
H2017 - PSYCHOSOCIAL REHABILITATION	DULUTH	\$151	\$144							\$132	\$110					\$140	\$137		
H2017 - PSYCHOSOCIAL REHABILITATION	FARGO	\$146	\$146							\$107	\$110					\$114	\$120		
H2017 - PSYCHOSOCIAL REHABILITATION	GRAND FORKS																		
H2017 - PSYCHOSOCIAL REHABILITATION	LACROSSE-ONALASKA																		
H2017 - PSYCHOSOCIAL REHABILITATION	MANKATO-NORTH MANKATO	\$125	\$128											\$129	\$110	\$133	\$137		
H2017 - PSYCHOSOCIAL REHABILITATION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$143	\$146	\$137	\$137	\$149	\$144			\$133	\$123	\$121	\$115	\$106	\$110	\$154	\$171		
H2017 - PSYCHOSOCIAL REHABILITATION	NORTHEAST	\$134	\$126							\$102	\$81					\$113	\$103		
H2017 - PSYCHOSOCIAL REHABILITATION	NORTHWEST	\$112	\$108							\$116	\$82	\$134	\$96			\$106	\$86		

Table B-7.1: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	ROCHESTER	\$216	\$183													\$194	\$171		
H2017 - PSYCHOSOCIAL REHABILITATION	SOUTHEAST	\$128	\$110							\$84	\$82			\$195	\$190	\$130	\$120		
H2017 - PSYCHOSOCIAL REHABILITATION	SOUTHWEST	\$204	\$220									\$199	\$270			\$179	\$220		
H2017 - PSYCHOSOCIAL REHABILITATION	ST. CLOUD	\$171	\$183	\$150	\$155	\$183	\$180			\$150	\$180					\$160	\$171		

**Table B-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	DULUTH	\$143	\$90	\$130	\$90
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	FARGO	\$98	\$108	\$94	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	GRAND FORKS			\$213	\$303
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	LACROSSE-ONALASKA			\$78	\$74
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MANKATO-NORTH MANKATO	\$77	\$71	\$84	\$83
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$103	\$88	\$104	\$85
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NORTHEAST	\$98	\$90	\$105	\$91
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	NORTHWEST	\$98	\$71	\$104	\$91
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ROCHESTER	\$116	\$88	\$128	\$89
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SOUTHEAST	\$114	\$71	\$116	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	SOUTHWEST	\$121	\$89	\$124	\$88
90834 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER , 45MINS	ST. CLOUD	\$87	\$71	\$98	\$74
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	DULUTH	\$122	\$104	\$123	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	FARGO	\$141	\$159	\$129	\$129

**Table B-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	GRAND FORKS	\$209	\$159	\$218	\$165
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	LACROSSE-ONALASKA	\$120	\$104	\$109	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MANKATO-NORTH MANKATO	\$113	\$104	\$119	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$122	\$104	\$123	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORTHEAST	\$122	\$104	\$121	\$105
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	NORTHWEST	\$123	\$104	\$127	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ROCHESTER	\$129	\$125	\$135	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SOUTHEAST	\$124	\$104	\$123	\$109
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	SOUTHWEST	\$129	\$104	\$141	\$110
90837 - PSYCHOTHERAPY, WITH PATIENT AND/OR FAMILY MEMBER, 60MINS	ST. CLOUD	\$121	\$104	\$123	\$109
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	DULUTH	\$61	\$20	\$36	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	FARGO	\$9	\$7	\$8	\$5
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	GRAND FORKS				
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MANKATO-NORTH MANKATO	\$12	\$9	\$13	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$20	\$14	\$17	\$14
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORTHEAST	\$15	\$8	\$17	\$8

**Table B-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	NORTHWEST	\$17	\$11	\$17	\$10
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ROCHESTER	\$12	\$9	\$15	\$11
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SOUTHEAST	\$23	\$5	\$21	\$5
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	SOUTHWEST	\$21	\$14	\$21	\$15
H0046 - MENTAL HEALTH PROVIDER TRAVEL TIME	ST. CLOUD	\$16	\$13	\$16	\$13
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	DULUTH			\$124	\$111
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	FARGO				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	GRAND FORKS				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MANKATO-NORTH MANKATO			\$278	\$179
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$27	\$29	\$110	\$99
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	NORTHEAST			\$97	\$80
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	NORTHWEST			\$103	\$99
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ROCHESTER			\$130	\$136
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SOUTHEAST	\$82	\$14	\$82	\$80
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	SOUTHWEST				
H2015 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, 15MINS	ST. CLOUD			\$106	\$98
H2017 - PSYCHOSOCIAL REHABILITATION	DULUTH	\$153	\$144	\$141	\$137
H2017 - PSYCHOSOCIAL REHABILITATION	FARGO	\$129	\$144	\$133	\$146



**Table B-7.2: Reimbursement Amounts for Top Five Billing Codes for Mental Health Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2017 - PSYCHOSOCIAL REHABILITATION	GRAND FORKS				
H2017 - PSYCHOSOCIAL REHABILITATION	LACROSSE-ONALASKA				
H2017 - PSYCHOSOCIAL REHABILITATION	MANKATO-NORTH MANKATO	\$131	\$144	\$131	\$137
H2017 - PSYCHOSOCIAL REHABILITATION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$144	\$144	\$151	\$171
H2017 - PSYCHOSOCIAL REHABILITATION	NORTHEAST	\$120	\$108	\$114	\$103
H2017 - PSYCHOSOCIAL REHABILITATION	NORTHWEST	\$132	\$90	\$122	\$96
H2017 - PSYCHOSOCIAL REHABILITATION	ROCHESTER	\$209	\$162	\$192	\$171
H2017 - PSYCHOSOCIAL REHABILITATION	SOUTHEAST	\$128	\$108	\$135	\$110
H2017 - PSYCHOSOCIAL REHABILITATION	SOUTHWEST	\$164	\$144	\$194	\$220
H2017 - PSYCHOSOCIAL REHABILITATION	ST. CLOUD	\$161	\$180	\$164	\$171

Table B-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	DULUTH																		
H0020 - NONRESIDENTIAL TREATMENT - MEDICATION ASSISTED THERAPY (METHADONE)	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$15	\$14	\$24	\$25	\$16	\$13			\$16	\$15	\$14	\$14	\$14	\$13	\$15	\$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)	ST. CLOUD																		
H0038 - SELF-HELP/PEER SVC	DULUTH	\$56	\$46	\$45	\$31											\$41	\$33		
H0038 - SELF-HELP/PEER SVC	FARGO																		
H0038 - SELF-HELP/PEER SVC	MANKATO-NORTH MANKATO																		
H0038 - SELF-HELP/PEER SVC	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$68	\$60	\$60	\$46	\$65	\$60	\$65	\$61	\$58	\$45	\$65	\$61	\$61	\$45	\$67	\$61		
H0038 - SELF-HELP/PEER SVC	NORTHEAST	\$55	\$45																
H0038 - SELF-HELP/PEER SVC	NORTHWEST	\$63	\$60									\$180	\$161						
H0038 - SELF-HELP/PEER SVC	ROCHESTER	\$83	\$92			\$85	\$105							\$84	\$105	\$97	\$107		
H0038 - SELF-HELP/PEER SVC	SOUTHEAST	\$57	\$45																
H0038 - SELF-HELP/PEER SVC	SOUTHWEST																		
H0038 - SELF-HELP/PEER SVC	ST. CLOUD	\$85	\$60	\$77	\$61											\$82	\$76		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DULUTH	\$152	\$128	\$136	\$132	\$161	\$168	\$119	\$103	\$154	\$165	\$173	\$184			\$144	\$142		

Table B-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	FARGO	\$100	\$107													\$111	\$107		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	GRAND FORKS	\$116	\$107																
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LACROSSE-ONALASKA																		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MANKATO-NORTH MANKATO	\$127	\$107	\$136	\$132							\$135	\$128	\$128	\$105	\$128	\$109		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$159	\$142	\$148	\$142	\$153	\$140	\$157	\$154	\$204	\$168	\$157	\$142	\$154	\$140	\$161	\$142	\$142	\$181
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NORTHEAST	\$138	\$115	\$174	\$152	\$210	\$245	\$135	\$142			\$120	\$73	\$137	\$136	\$160	\$138		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NORTHWEST	\$113	\$107	\$131	\$138					\$143	\$115	\$123	\$107			\$125	\$128		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ROCHESTER	\$136	\$124	\$124	\$126	\$135	\$126					\$124	\$103	\$127	\$105	\$143	\$128		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SOUTHEAST	\$150	\$147	\$120	\$107									\$169	\$115	\$128	\$107		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SOUTHWEST	\$147	\$126	\$173	\$176	\$103	\$105					\$131	\$128	\$104	\$105	\$149	\$128		
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ST. CLOUD	\$148	\$142	\$159	\$168	\$161	\$181			\$207	\$181	\$132	\$107	\$155	\$174	\$152	\$147		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DULUTH			\$2,805	\$1,809	\$2,425	\$1,827	\$2,625	\$2,358			\$2,871	\$2,358			\$2,902	\$2,363		
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	\$1,082	\$499	\$1,243	\$749	\$1,899	\$982	\$1,789	\$1,622	\$2,810	\$2,460	\$1,280	\$749	\$1,106	\$491	\$1,285	\$749		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	NORTHEAST			\$1,481	\$1,497			\$255	\$145			\$1,944	\$1,747	\$1,213	\$1,034	\$1,799	\$1,747		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	NORTHWEST			\$1,941	\$1,061	\$1,384	\$861	\$592	\$154			\$753	\$193	\$2,978	\$1,069	\$1,562	\$973		

Table B-8.1: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Health Plan by Metropolitan Statistical Area (MSA) 2023

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	PRIMEWEST MEAN	PRIMEWEST MEDIAN	SCHA MEAN	SCHA MEDIAN	UCARE MEAN	UCARE MEDIAN	UNITED HEALTHCARE MEAN	UNITED HEALTHCARE MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ROCHESTER	\$2,037	\$1,675	\$1,400	\$1,248	\$2,537	\$1,965					\$1,652	\$1,042	\$2,369	\$1,228	\$1,911	\$998		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SOUTHEAST	\$3,320	\$1,351			\$1,163	\$1,163							\$737	\$224	\$1,338	\$1,350		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SOUTHWEST			\$1,665	\$1,428	\$4,276	\$3,313					\$2,520	\$2,025	\$3,292	\$2,574	\$3,264	\$2,434		
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ST. CLOUD			\$1,067	\$998							\$1,353	\$1,248			\$1,181	\$1,055		
T1016 - TREATMENT COORDINATION	DULUTH	\$18	\$12	\$23	\$12											\$17	\$13		
T1016 - TREATMENT COORDINATION	FARGO																		
T1016 - TREATMENT COORDINATION	GRAND FORKS																		
T1016 - TREATMENT COORDINATION	LACROSSE-ONALASKA																		
T1016 - TREATMENT COORDINATION	MANKATO-NORTH MANKATO	\$15	\$12													\$12	\$12		
T1016 - TREATMENT COORDINATION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$18	\$12	\$18	\$12	\$16	\$12	\$23	\$24	\$15	\$12	\$15	\$12	\$15	\$12	\$17	\$12		
T1016 - TREATMENT COORDINATION	NORTHEAST	\$17	\$12													\$14	\$12		
T1016 - TREATMENT COORDINATION	NORTHWEST	\$33	\$12													\$19	\$12		
T1016 - TREATMENT COORDINATION	ROCHESTER	\$21	\$12	\$21	\$12									\$14	\$12	\$20	\$12		
T1016 - TREATMENT COORDINATION	SOUTHEAST	\$60	\$12													\$72	\$12		
T1016 - TREATMENT COORDINATION	SOUTHWEST	\$170	\$220	\$79	\$47											\$70	\$31		
T1016 - TREATMENT COORDINATION	ST. CLOUD	\$16	\$12	\$15	\$12							\$18	\$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) 2023**

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	\$14	\$13	\$17	\$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)	ST. CLOUD				
H0038 - SELF-HELP/PEER SVC	DULUTH	\$50	\$30	\$46	\$33
H0038 - SELF-HELP/PEER SVC	FARGO				
H0038 - SELF-HELP/PEER SVC	GRAND FORKS				
H0038 - SELF-HELP/PEER SVC	MANKATO-NORTH MANKATO	\$95	\$120	\$45	\$31
H0038 - SELF-HELP/PEER SVC	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$78	\$90	\$65	\$60
H0038 - SELF-HELP/PEER SVC	NORTHEAST	\$64	\$60	\$57	\$46
H0038 - SELF-HELP/PEER SVC	NORTHWEST	\$94	\$60	\$78	\$60
H0038 - SELF-HELP/PEER SVC	ROCHESTER	\$91	\$120	\$92	\$107
H0038 - SELF-HELP/PEER SVC	SOUTHEAST			\$59	\$60

**Table B-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H0038 - SELF-HELP/PEER SVC	SOUTHWEST	\$45	\$38	\$80	\$90
H0038 - SELF-HELP/PEER SVC	ST. CLOUD	\$74	\$60	\$84	\$61
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	DULUTH	\$148	\$126	\$147	\$138
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	FARGO	\$101	\$105	\$105	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	GRAND FORKS	\$187	\$105	\$115	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	LACROSSE-ONALASKA				
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MANKATO-NORTH MANKATO	\$115	\$105	\$129	\$109
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$164	\$167	\$158	\$142
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NORTHEAST	\$152	\$136	\$143	\$138
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	NORTHWEST	\$118	\$105	\$118	\$107
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ROCHESTER	\$142	\$126	\$139	\$128
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SOUTHEAST	\$139	\$105	\$145	\$124
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	SOUTHWEST	\$136	\$126	\$141	\$126
H2035 - NONRESIDENTIAL INDIVIDUAL TREATMENT	ST. CLOUD	\$143	\$126	\$150	\$142
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	DULUTH	\$2,986	\$2,599	\$2,846	\$2,212
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			\$3,766	\$3,060

**Table B-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Pay System by Metropolitan Statistical Area (MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$1,701	\$1,302	\$1,342	\$749
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	NORTHEAST	\$1,927	\$1,719	\$968	\$190
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	NORTHWEST	\$917	\$447	\$1,118	\$477
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ROCHESTER	\$2,251	\$1,528	\$1,909	\$1,215
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SOUTHEAST	\$1,333	\$1,329	\$1,322	\$1,193
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	SOUTHWEST	\$2,948	\$2,461	\$2,815	\$2,147
H2036 - ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM	ST. CLOUD	\$1,132	\$1,118	\$1,162	\$998
T1016 - TREATMENT COORDINATION	DULUTH	\$22	\$12	\$18	\$13
T1016 - TREATMENT COORDINATION	FARGO	\$19	\$12		
T1016 - TREATMENT COORDINATION	GRAND FORKS				
T1016 - TREATMENT COORDINATION	LACROSSE-ONALASKA				
T1016 - TREATMENT COORDINATION	MANKATO-NORTH MANKATO	\$26	\$12	\$13	\$12
T1016 - TREATMENT COORDINATION	MINNEAPOLIS-ST. PAUL- BLOOMINGTON	\$19	\$12	\$17	\$12
T1016 - TREATMENT COORDINATION	NORTHEAST	\$16	\$12	\$15	\$12
T1016 - TREATMENT COORDINATION	NORTHWEST	\$38	\$23	\$27	\$12
T1016 - TREATMENT COORDINATION	ROCHESTER	\$27	\$23	\$20	\$12
T1016 - TREATMENT COORDINATION	SOUTHEAST	\$95	\$23	\$121	\$12
T1016 - TREATMENT COORDINATION	SOUTHWEST	\$64	\$35	\$158	\$220

**Table B-8.2: Reimbursement Amounts for Top Five Billing Codes for SUD Services by Pay System by Metropolitan Statistical Area**  
**(MSA) 2023**

BILLING CODE	METROPOLITAN STATISTICAL AREA	FFS MEAN	FFS MEDIAN	MCO MEAN	MCO MEDIAN
T1016 - TREATMENT COORDINATION	ST. CLOUD	\$18	\$12	\$16	\$12