

# Direct Pay Pricing (Arizona Charge Transparency Law)

Effective December 31, 2013

Arizona law requires certain licensed health care facilities and licensed health care providers to make available the direct pay prices for a certain specified number of their most commonly used codes (facilities) or most commonly provided services (providers). To comply with this law, Mayo Clinic in Arizona is making available the information below regarding "Applicable Mayo Clinic in Arizona Facilities" and "Applicable Mayo Clinic in Arizona Health Care Providers". You may find such information of particular interest if you:

- are uninsured; or
- are enrolled in a health insurance plan that is not contracted with Mayo Clinic in Arizona; or
- otherwise intend to directly pay for your health care services at Mayo Clinic in Arizona regardless of your health insurance status.

If you are enrolled in Medicare or have other governmental insurance (e.g., TRICARE/CHAMPVA, Medicaid/AHCCCS), additional information regarding the fee schedules and billing for such insurance programs can be accessed via the following link: <http://www.mayoclinic.org/patient-visitor-guide/arizona/billing-insurance>.

If you are enrolled in a health insurance plan that is contracted with Mayo Clinic in Arizona, additional information regarding billing and such contracted health insurance plans can be accessed via the following link: <http://www.mayoclinic.org/patient-visitor-guide/arizona/billing-insurance>. If you are thinking about directly paying for any of the items referenced below and are an enrollee of a health insurance plan that is contracted with Mayo Clinic in Arizona, please also refer to the "Important Notice About Direct Payment for Your Health Care Services" at page 3 below.

## **Applicable Mayo Clinic in Arizona Facilities:**

- **Mayo Clinic Hospital (Phoenix Campus)**
  - (a) **50 Most Used Inpatient DRG Codes.** The 50 most used diagnosis-related group ("DRG") codes for Mayo Clinic Hospital and the direct pay prices for such facility codes (i.e., facility fees) are set forth on page 4 below.
  - (b) **50 Most Used Outpatient Service Codes.** The 50 most used outpatient service codes for Mayo Clinic Hospital and the direct pay prices for such codes (i.e., facility fees) are set forth on page 5 below.
- **Ambulatory Surgery Center – ASC Eye Center and GI Endo Suite (Scottsdale Campus)**

**35 Most Used Outpatient Service Codes.** The 35 most used outpatient service codes for the Mayo Clinic ASC Eye Center and GI Endo Suite and the direct pay prices for such codes (i.e., facility fees) are set forth on page 6 below.

## **Applicable Mayo Clinic in Arizona Health Care Providers:**

**30 Most Commonly Provided Services – By Health Care Provider Category.** The 30 most commonly provided services by category of health care provider and the direct pay prices for such services (i.e., professional fees) are as follows:

- Physicians (MDs and DOs) (see page 7 below)
- Optometrists/Ophthalmologists (see page 8 below)
- Therapists (see page 9 below)



Additional information regarding billing and insurance at Mayo Clinic in Arizona (e.g., insurance process, estimates, uninsured patients, charity care, etc.) can be accessed via the following link: <http://www.mayoclinic.org/patient-visitor-guide/arizona/billing-insurance>.

For further information, please call Patient Account Services at 480-301-7033, between 8 a.m. and 5 p.m. Mountain Standard Time, Monday through Friday. For calls outside the Phoenix metropolitan area, please call 800-603-0558.



## IMPORTANT NOTICE

### ABOUT

#### DIRECT PAYMENT FOR YOUR HEALTH CARE SERVICES

The Arizona Constitution permits you to pay a health care facility/provider directly for health care services. Before you make any agreement to do so, please read the following important information.

If you are an enrollee of a health care system (more commonly referred to as a health insurance plan) and Mayo Clinic in Arizona (“Mayo Clinic”) is contracted with the health insurance plan, the following apply:

1. You may not be required to pay Mayo Clinic directly for the services covered by your plan, except for cost share amounts that you are obligated to pay under your plan, such as copayments, coinsurance and deductible amounts.
2. Mayo Clinic’s contract with your health insurance plan may prevent Mayo Clinic from billing you for the difference between Mayo Clinic’s billed charges and the amount allowed by your health insurance plan for covered services.
3. If you pay directly for a health care service, Mayo Clinic will not be responsible for submitting claim documentation to your health insurance plan for that claim, unless it is obligated to do so under a federal or state contract in which it participates. Before paying your claim, your health insurance plan may require you to provide information and submit documentation necessary to determine whether the services are covered under your plan.
4. If you do not pay directly for a health care service, Mayo Clinic may be responsible for submitting claim documentation to your health insurance plan for the health care service.



## 50 Most Used Inpatient DRG Codes – Mayo Clinic Hospital

<u>MS DRG</u>	<u>MS DRG Description</u>	<u>Average Charges</u>
1	3 ECMO TRACH MV 96+H OR PDX EX FACE,MTH,NK W MJ O.R.	\$ 370,752
2	4 TRACH W MV 96+H OR PDX EX FACE,MTH,NK W/O MJ O.R.	\$ 333,736
3	11 TRACHEOSTOMY FOR FACE,MOUTH, NECK DX W MCC	\$ 177,141
4	23 CRAN W MJ DV / AC CPLX CNS PDX W MCC OR CHM IMPLT	\$ 157,664
5	25 CRANIOTOMY ENDOVASC INTRACRANIAL PX W MCC	\$ 109,353
6	26 CRANIOTOMY ENDOVASC INTRACRANIAL PX W CC	\$ 82,843
7	27 CRANIOTOMY ENDOVASC INTRACRANIAL PX W/O CC/MCC	\$ 78,271
8	64 INTRACRAN HEMORRHAGE OR CEREBRAL INFARCTION W MCC	\$ 47,351
9	65 INTRACRAN HEMORRHAGE OR CEREBRAL INFARCTION W CC	\$ 35,353
10	101 SEIZURES W/O MCC	\$ 27,540
11	129 MAJOR HEAD/NECK PX W CC/MCC OR MAJOR DEVICE	\$ 70,321
12	163 MAJOR CHEST PX W MCC	\$ 91,564
13	164 MAJOR CHEST PX W CC	\$ 61,225
14	166 OTHER RESP SYSTEM O.R. PX W MCC	\$ 67,710
15	219 CARD VLV/OTH MJ CARDIOTHOR PX W/O CARD CATH W MCC	\$ 180,040
16	220 CARD VLV/OTH MJ CARDIOTHOR PX W/O CARD CATH W CC	\$ 130,695
17	228 OTHER CARDIOTHORACIC PX W MCC	\$ 155,287
18	247 PERC CARDIOVASC PX W DRUG-ELUTING STENT W/O MCC	\$ 62,805
19	270 OTHER MAJOR CARDIOVASCULAR PX W MCC	\$ 144,449
20	286 CIRC DISORDERS EXCEPT AMI, W CARD CATH W MCC	\$ 77,342
21	291 HEART FAILURE/SHOCK W MCC	\$ 33,633
22	327 STOMACH, ESOPHAGEAL, DUODENAL PX W CC	\$ 86,676
23	329 MAJOR SMALL AND LARGE BOWEL PX W MCC	\$ 109,655
24	330 MAJOR SMALL AND LARGE BOWEL PX W CC	\$ 69,079
25	331 MAJOR SMALL AND LARGE BOWEL PX W/O CC/MCC	\$ 44,161
26	393 OTHER DIGESTIVE SYSTEM DX W MCC	\$ 42,075
27	406 PANCREAS, LIVER AND SHUNT PX W CC	\$ 114,773
28	441 DISORDERS OF LIVER EXC MALIG,CIRR,ALC HEPA W MCC	\$ 49,301
29	453 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	\$ 282,285
30	454 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	\$ 147,286
31	457 SP FUS EX CERV W SPNL CURV/MALIG/INF OR 9+FUS W CC	\$ 143,140
32	460 SPINAL FUSION EXCEPT CERVICAL W/O MCC	\$ 94,698
33	467 REVISION OF HIP OR KNEE REPLACEMENT W CC	\$ 80,872
34	470 MJ JNT REPLACMNT OR REATTACH OF LOWR EXTRM W/O MCC	\$ 48,883
35	483 MJ JOINT/LIMB REATTACH PX OF UPPER EXTRM W CC/MCC	\$ 47,844
36	654 MAJOR BLADDER PX W CC	\$ 98,832
37	655 MAJOR BLADDER PX W/O CC/MCC	\$ 81,037
38	657 KIDNEY/URETER PX FOR NEOPLASM W CC	\$ 59,797
39	660 KIDNEY/URETER PX FOR NON-NEOPLASM W CC	\$ 76,890
40	661 KIDNEY/URETER PX FOR NON-NEOPLASM W/O CC/MCC	\$ 48,334
41	707 MAJOR MALE PELVIC PX W CC/MCC	\$ 55,947
42	708 MAJOR MALE PELVIC PX W/O CC/MCC	\$ 54,510
43	840 LYMPHOMA/NON-ACUTE LEUKEMIA W MCC	\$ 89,949
44	847 CHEMO W/O ACUTE LEUKEMIA AS SECONDARY DX W CC	\$ 34,984
45	853 INFECTIOUS/PARASITIC DISEASES W O.R. PX W MCC	\$ 114,635
46	854 INFECTIOUS/PARASITIC DISEASES W O.R. PX W CC	\$ 55,597
47	856 POSTOP OR POST-TRAUMATIC INFECTION W O.R. PX W MCC	\$ 115,595
48	871 SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	\$ 43,653
49	872 SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HRS W/O MCC	\$ 22,219
50	981 EXTENSIVE O.R. PX UNRELATED TO PRINCIPAL DX W MCC	\$ 120,989



**50 Most Used Outpatient Service Codes – Mayo Clinic Hospital**

CPT Code	Description	Fee
1 20552	HC INJ TRIGGER PNT<=2 MUS	\$ 744
2 32555	HC THORACENTESIS PLEURA W IMG	\$ 1,900
3 36430	HC BLOOD TRANSFUSION	\$ 770
4 36569	HC INS PICC WO PORT/PUMP >=5YR	\$ 2,900
5 36591	HC COLLECT BLOOD FROM IMPLANT VAD	\$ 170
6 36593	HC DECLOT IMPL VAD/CATH	\$ 640
7 36600	HC ARTERIAL PUNCTURE	\$ 203
8 38221	HC BONE MARROW BIOPSY NDL/TROCAR	\$ 1,900
9 43235	HC EGD TRANSORAL DX	\$ 2,448
10 43239	HC EGD W BIOPSY SNGL/MULT	\$ 2,448
11 45380	HC COLONOSCOPY W BIOPSY	\$ 3,070
12 51702	HC INS TEMP INDW BLAD CATH SMPL	\$ 295
13 51798	HC MEAS PST VOID RESID US NON IMG	\$ 170
14 62323	HC INJ SPINE LUMB/SAC W IMG	\$ 1,650
15 64493	HC INJ FACET JT LUMB/SAC 1 LVL	\$ 2,045
16 91200	HC ELASTOGRAPHY LIVER WO IMG I&R	\$ 461
17 93005	HC EKG 12 LEAD TRACE ONLY	\$ 105
18 93017	HC CV STRESS TEST TRACE ONLY	\$ 380
19 93280	HC PROGR DEV EVAL PCMKR DUAL LEAD	\$ 115
20 93306	HC ECHO TTE 2D W DPLR COMPLETE	\$ 1,897
21 93308	HC ECHO TTE 2D FU/LIMITED	\$ 940
22 93312	HC ECHO TEE 2D COMPLETE	\$ 1,717
23 93351	HC ECHO TTE STRESS W CONT ECG	\$ 1,704
24 93454	HC CATH PLC COR ARTY ANGIO S&I	\$ 10,500
25 93970	HC DUP SCAN EXT VEIN BIL	\$ 854
26 93971	HC DUP SCAN EXT VEIN UNILAT/LTD	\$ 578
27 93975	HC DUP SCAN ABD PELV COMPLT	\$ 1,180
28 94010	HC SPIROMETRY	\$ 183
29 94060	HC BRONCHODILATION RESPONSIVENESS	\$ 350
30 94660	HC CPAP INIT & MGMT	\$ 290
31 94726	HC NON-INVASIVE IMPEDENCE STUDY	\$ 350
32 94762	HC MEAS BLD O2 LVL OVNT MONITOR	\$ 220
33 95810	HC PSG >=6 YRS ATTND	\$ 3,100
34 95811	HC PSG >=6 YRS W CPAP	\$ 3,100
35 95812	HC EEG EXTEND MONITOR 41-60MIN	\$ 982
36 95951	HC EEG W VIDEO EA 24 HRS	\$ 2,745
37 95953	HC EEG CPTR PORT EA 24 HRS	\$ 1,725
38 96119	HC NEUROPSYCH TESTING TECH PER HR	\$ 505
39 96153	HC INTERV HLTH/BEHAVE GRP 15MIN	\$ 110
40 96360	HC IV INF HYDRAT INIT 31MIN-1HR	\$ 340
41 96361	HC IV INF HYDRAT EA ADD HR	\$ 113
42 96365	HC IV INF THER INIT 1ST HR	\$ 400
43 96366	HC IV INF THER EA ADD HR	\$ 125
44 96367	HC IV INF THER ADD SEQ NEW 1ST HR	\$ 150
45 96372	HC INJ THER SUBQ/IM	\$ 140
46 96374	HC INJ THER IV PUSH SNGL INITIAL	\$ 280
47 96375	HC IV PUSH EA ADD SEQ NEW DRUG	\$ 125
48 96413	HC CHEMO IV INF 1ST HR	\$ 800
49 96415	HC CHEMO IV INF EA ADD HR	\$ 195
50 G0463	HC VISIT EST PATIENT LEVEL 1	\$ 155



## 35 Most Used Outpatient Service Codes – ASC GI Endo Suite Professional

	<b>CPT Code</b>	<b>Description</b>	<b>Professional Fee</b>	<b>Facility Fee</b>
1	43200	PR ESOPHSCOPY FLEX TRANSORAL DX	\$ 813	\$ 1,749
2	43202	PR ESOPHSCOPY FLEX TXORAL W BX	\$ 1,010	\$ 2,482
3	43235	PR EGD TRANSORAL DX	\$ 1,104	\$ 1,749
4	43236	PR EDG W DIRECT SUBMUCOSAL INJ	\$ 1,526	\$ 1,749
5	43239	PR EGD W BIOPSY SNGL/MULT	\$ 1,228	\$ 1,749
6	43245	PR EGD DILATION GASTR/DUOD STRICT	\$ 1,521	\$ 2,482
7	43246	PR EGD PERC PLC GASTROTOMY TUBE	\$ 1,943	\$ 2,482
8	43247	PR EGD FLEX RMVL FB	\$ 1,521	\$ 1,749
9	43248	PR EGD INSERT GUIDE WIRE	\$ 1,410	\$ 1,749
10	43249	PR EGD BALN DILATION ESOPH <30MM	\$ 1,306	\$ 2,482
11	43251	PR EGD W RMVL SNARE	\$ 1,632	\$ 2,482
12	44361	PR ENDO SM INTESTINE W BX	\$ 1,810	\$ 2,482
13	44380	PR ILEOSCOPY STOMA DX	\$ 1,439	\$ 1,749
14	44385	PR ENDO EVAL SM INTST POUCH DX	\$ 1,856	\$ 1,770
15	44386	PR ENDO EVAL SM INTST POUCH BX	\$ 2,171	\$ 1,770
16	44388	PR COLONOSCOPY STOMA DX	\$ 1,869	\$ 1,770
17	44389	PR COLONOSCOPY STOMA BX SNGL/MULT	\$ 2,452	\$ 1,872
18	45330	PR SIGMOIDOSCOPY FLEXIBLE DX	\$ 514	\$ 908
19	45331	PR SIGMOIDOSCOPY FLEXIBLE W BX	\$ 747	\$ 1,770
20	45335	PR SIGMOID FLEX W SUBMUCOSAL INJ	\$ 112	\$ 1,770
21	45338	PR SIGMOID FLEX W RMVL TMR SNARE	\$ 1,597	\$ 1,872
22	45350	PR SIGMOID FLEX W BAND LIG	\$ 1,133	\$ 1,872
23	45378	PR COLONOSCOPY SCREENING HI RI	\$ 1,642	\$ 1,770
24	45380	PR COLONOSCOPY W BIOPSY	\$ 1,723	\$ 1,872
25	45381	PR COLONOSCOPY W SUBMUC INJ	\$ 2,071	\$ 1,872
26	45382	PR COLONOSCOPY W CTRL BLEED	\$ 2,218	\$ 1,872
27	45384	PR COLONOSCOPY W RMVL TMR HOT BX	\$ 2,231	\$ 1,872
28	45385	PR COLONOSCOPY W RMVL SNARE	\$ 2,311	\$ 1,872
29	45388	PR COLONOSCOPY W TMR ABLATE	\$ 2,300	\$ 1,872
30	45390	PR COLONOSCOPY W EMR	\$ 2,222	\$ 1,872
31	46221	PR HEMORRHOIDECTOMY INTRNL LIGTN	\$ 843	\$ 1,090
32	G0104	PR CANCER SCREEN FLEX SIG	\$ 585	\$ 779
33	G0105	PR COLONOSCOPY SCREENING HI RI	\$ 1,806	\$ 1,770
34	G0121	PR COLONOSCOPY SCREEN NOT HI RI	\$ 1,735	\$ 1,770
35	43255	PR EGD CTRL BLEED ANY	\$ 1,967	\$ 2,482



## 30 Most Commonly Provided Services – Physicians (MDs and DOs)

CPT	Description	Fee
1 17003	PR DEST PREMALIGNANT LESN 2-14	\$ 52
2 93000	PR EKG 12 LEAD W I&R	\$ 150
3 93010	PR EKG I&R ONLY	\$ 71
4 94760	PR PULSE OX O2 SAT SNGL	\$ 48
5 95004	PR PERC TESTS ALLERGENIC EXTRACTS	\$ 17
6 95044	PR ALLERGY PATCH TESTS EA	\$ 26
7 96153	PR INTERV HLTH/BEHAVE GRP 15MIN	\$ 66
8 96375	PR IV PUSH EA ADD SEQ NEW DRUG	\$ 123
9 96413	PR CHEMO IV INF 1ST HR	\$ 732
10 97112	PR NEUROMUSCULAR RE-ED EA15MIN PT	\$ 115
11 99100	PR ANES PT EXTREME AGE <1YR/ >70	\$ 251
12 99152	PR MOD SED SAME PHYS/QHP INITIAL 15 5 YRS OR OLDER-GI	\$ 185
13 99203	PR VISIT NEW PATIENT LEVEL 3	\$ 318
14 99204	PR VISIT NEW PATIENT LEVEL 4	\$ 469
15 99205	PR VISIT NEW PATIENT LEVEL 5	\$ 603
16 99211	PR VISIT EST PATIENT LEVEL 1	\$ 85
17 99212	PR VISIT EST PATIENT LEVEL 2	\$ 131
18 99213	PR VISIT EST PATIENT LEVEL 3	\$ 191
19 99214	PR VISIT EST PATIENT LEVEL 4	\$ 294
20 99215	PR VISIT EST PATIENT LEVEL 5	\$ 455
21 99231	PR SUBSQ HOSPITAL CARE LEVEL 1	\$ 165
22 99232	PR SUBSQ HOSPITAL CARE LEVEL 2	\$ 230
23 99233	PR SUBSQ HOSPITAL CARE LEVEL 3	\$ 315
24 99243	PR OFFICE CONSULT LEVEL 3	\$ 444
25 99244	PR OFFICE CONSULT LEVEL 4	\$ 592
26 99284	PR ED VISIT LEVEL 4	\$ 756
27 99285	PR ED VISIT LEVEL 5	\$ 1,025
28 99396	PR PREV MED EST PAT 40-64Y	\$ 385
29 99397	PR PREV MED EST PAT 65>=YR	\$ 389
30 93306	PR ECHO TTE 2D W DPLR COMPLETE	\$ 883



## 25 Most Commonly Provided – Optometrists/Ophthalmologists

CPT	Description	Fee
1 66821	PR DISC SECNDRY MEMB CATARACT LSR	\$ 1,411
2 66984	PR RMVL CATARACT INSERT LENS	\$ 4,822
3 67028	PR INJECTION INTRAVITREAL	\$ 845
4 67820	PR CORRECT TRICHIASIS EPIL FORCEP	\$ 274
5 68761	PR CLSR LACRIM PUNCTUM BY PLUG EA	\$ 475
6 76514	PR OPHTHAL US DX EYE THICKNESS	\$ 77
7 92002	PR EXAM EYE NEW PATIENT INTERMED	\$ 282
8 92004	PR EXAM EYE NEW PATIENT COMP	\$ 367
9 92012	PR EXAM EYE EST PATIENT INTERMED	\$ 220
10 92014	PR EXAM EYE EST PATIENT COMP	\$ 320
11 92015	PR DETERMINE REFRACTION STATE	\$ 75
12 92020	PR GONIOSCOPY	\$ 128
13 92060	PR SENSORIMOTOR EXAM W MULT MEAS	\$ 179
14 92083	PR EXAM VISUAL FIELD EXTENDED	\$ 266
15 92133	PR COMP OPTH DX IMG OPTIC NERVE	\$ 225
16 92134	PR COMP OPTH DX IMG RETINA	\$ 225
17 92136	PR OPHTHALMIC BIOMETRY IOL	\$ 382
18 92225	PR OPHTHALMOSCOPY EXTENDED INIT	\$ 168
19 92235	PR ANGIOGRAPHY FLUORESCEIN	\$ 509
20 92250	PR FUNDUS PHOTOGRAPHY	\$ 196
21 99204	PR VISIT NEW PATIENT LEVEL 4	\$ 469
22 99213	PR VISIT EST PATIENT LEVEL 3	\$ 191
23 99214	PR VISIT EST PATIENT LEVEL 4	\$ 294
24 99215	PR VISIT EST PATIENT LEVEL 5	\$ 455
25 99244	PR OFFICE CONSULT LEVEL 4	\$ 592





## 25 Most Commonly Provided Services – Therapists

CPT	Description	Fee
1 95992	PR CANALITH REPOSITIONING PROC PT	\$ 400
2 97010	PR HOT/COLD PACK	\$ 21
3 97012	PR PT TRACTION MECHANICAL	\$ 62
4 97033	PR IONTOPHORESIS EA 15MIN PT	\$ 101
5 97035	PR ULTRASOUND EA 15MIN PT	\$ 55
6 97110	PR THERAPEUTIC EXERC EA 15MIN PT	\$ 112
7 97110	PR THERAPEUTIC EXERC EA 15MIN OT	\$ 112
8 97112	PR NEUROMUSCULAR RE-ED EA15MIN PT	\$ 115
9 97112	PR NEUROMUSCULAR RE-ED EA15MIN OT	\$ 115
10 97116	PR PT GAIT TRAINING EA 15MIN	\$ 84
11 97127	PR COGNITIVE REHAB	\$ 109
12 97140	PR MANUAL THERAPY EA 15MIN PT	\$ 106
13 97161	PR PT EVAL LOW COMPLEX 20 MIN	\$ 280
14 97162	PR PT EVAL MOD COMPLEX 30 MIN	\$ 280
15 97163	PR PT EVAL HIGH COMPLEX 45 MIN	\$ 280
16 97164	PR PT RE-EVAL EST PLAN CARE	\$ 180
17 97165	PR OT EVAL LOW COMPLEX 30 MIN	\$ 280
18 97166	PR OT EVAL MOD COMPLEX 45 MIN	\$ 280
19 97530	PR THER FUNCT ACTVITY EA 15MIN PT	\$ 120
20 97535	PR HOME MGMT TRAIN EA 15MIN PT	\$ 120
21 97542	PR WHEELCHAIR MGMT EA 15MIN PT	\$ 98
22 97750	PR PT PHYSICAL PERF TEST EA 15MIN	\$ 168
23 97750	PR PHYSICAL PERF TEST EA 15MIN - OT	\$ 168
24 97760	PR ORTHOTIC MGMT/TRAIN EA15MIN PT	\$ 156
25 97760	PR ORTHOTIC MGMT/TRAIN EA15MIN OT	\$ 156

