



Direct Pay Pricing (Arizona Charge Transparency Law)

Arizona law (Arizona Revised Statutes §32-3216 and §36-437) 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 (eg, TRICARE/CHAMPVA, Medicaid/AHCCCS), additional information regarding the fee schedules and billing for such insurance programs can be accessed via the following link: 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:

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, also refer to the “Important Notice About Direct Payment for Your Health Care Services” on 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 (ie, 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 (ie, 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 (ie, 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 (ie, 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 (eg, insurance process, estimates, uninsured patients, charity care) can be accessed via the following link: www.mayoclinic.org/patient-visitorguide/arizona/billing-insurance.

For further information, call Patient Account Services at 844-217-9591, between 8 am and 5 pm Mountain Standard Time, Monday through Friday.

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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, 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.

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50 Most Used Inpatient DRG Codes – Mayo Clinic Hospital

MS DRG	MS DRG Description	Average Charges
1 5	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	\$364,197
2 16	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	\$184,756
3 25	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	\$153,743
4 27	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WO CC/MCC	\$87,473
5 64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	\$57,123
6 65	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	\$31,397
7 101	SEIZURES W/O MCC	\$25,719
8 164	MAJOR CHEST PROCEDURES W CC	\$76,422
9 177	RESPIRATORY INFECTIONS AND INFLAMMATIONS W MCC	\$47,551
10 178	RESPIRATORY INFECTIONS AND INFLAMMATIONS W CC	\$29,107
11 193	SIMPLE PNEUMONIA AND PLEURISY W MCC	\$47,736
12 194	SIMPLE PNEUMONIA AND PLEURISY W CC	\$23,142
13 247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT WO MCC	\$71,030
14 267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WO MCC	\$118,877
15 286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	\$78,054
16 287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH WO MCC	\$42,742
17 291	HEART FAILURE AND SHOCK W MCC	\$42,030
18 292	HEART FAILURE AND SHOCK W CC	\$26,152
19 308	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS W MCC	\$34,307
20 309	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS W CC	\$23,394
21 314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	\$51,232
22 329	MAJOR SMALL AND LARGE BOWEL PROCEDURES W MCC	\$144,839
23 330	MAJOR SMALL AND LARGE BOWEL PROCEDURES W CC	\$77,540
24 331	MAJOR SMALL AND LARGE BOWEL PROCEDURES WO CC/MCC	\$53,933
25 372	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS W CC	\$24,677
26 377	GASTROINTESTINAL HEMORRHAGE W MCC	\$52,015
27 378	G.I. HEMORRHAGE W CC	\$33,946
28 389	G.I. OBSTRUCTION W CC	\$20,060
29 392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WO MCC	\$21,933
30 393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	\$35,683
31 394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	\$27,127
32 441	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCOHOLIC HEPATITIS W MCC	\$69,166
33 454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	\$129,454
34 470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WO MCC	\$52,051
35 483	MAJOR JOINT OR LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITIES	\$50,535
36 603	CELLULITIS WO MCC	\$19,454
37 640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES W MCC	\$39,719
38 641	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WO MCC	\$22,083
39 652	KIDNEY TRANSPLANT	\$159,918
40 661	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WO CC/MCC	\$8,798
41 682	RENAL FAILURE W MCC	\$49,760
42 683	RENAL FAILURE W CC	\$21,255
43 690	KIDNEY AND URINARY TRACT INFECTIONS W/O MCC	\$18,104
44 698	OTHER KIDNEY AND URINARY TRACT DIAGNOSES W MCC	\$46,101
45 699	OTHER KIDNEY AND URINARY TRACT DIAGNOSES W CC	\$30,796
46 847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	\$29,369
47 853	INFECTIOUS AND PARASITIC DISEASES W O.R. PROCEDURE W MCC	\$162,615
48 871	SEPTICEMIA OR SEVERE SEPSIS WO MV >96 HOURS W MCC	\$57,539
49 872	SEPTICEMIA OR SEVERE SEPSIS WO MV >96 HOURS W/O MCC	\$22,991
50 919	COMPLICATIONS OF TREATMENT W MCC	\$66,495

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50 Most Used Outpatient Service Codes – Mayo Clinic Hospital

CPT Code	Description	Fee
1 36000	INTRO NDL/CATH VEIN	\$120
2 36415	VENIPUNCTURE	\$26
3 36430	BLOOD TRANSFUSION	\$770
4 43239	EGD W BIOPSY SNGL/MULT	\$2,750
5 45380	COLONOSCOPY W BIOPSY	\$3,300
6 70450	CT HEAD/BRAIN WO CNTRST	\$783
7 70553	MRI BRAIN WO/W CNTRST	\$2,954
8 71045	XR EXAM CHEST 1V	\$94
9 71046	XR EXAM CHEST 2V	\$146
10 74176	CT ABD & PELVIS WO CNTRST	\$1,240
11 74177	CT ABD & PELVIS W CNTRST	\$1,901
12 76376	3D WO IND WORKSTATION	\$649
13 77300	BASIC CALCULATE RADTN DOSE	\$309
14 77332	RAD TX DEV DESIGN SIMPLE	\$290
15 77334	RAD TX DEV DESIGN COMPLEX	\$629
16 77336	CONSULT RAD PHYSICS/ WEEK	\$551
17 77385	IMRT SIMPLE	\$4,718
18 77386	IMRT COMPLEX	\$4,718
19 77387	GUIDANCE FOR LOC RAD TX	\$186
20 77412	RADTN TX DEL >=1 MEV COMPLEX	\$648
21 77523	PROTON TX DEL INTERMEDIATE	\$4,718
22 78815	PET/CT TRUNK	\$4,526
23 93005	EKG 12 LEAD TRACE ONLY	\$128
24 93306	ECHO TTE 2D W DPLR COMPLETE	\$1,905
25 93321	ECHO DPLR FU/LIMITED	\$637
26 93325	ECHO DPLR COLOR FLOW MAP	\$886
27 94640	TX INHAL AERO SPUTUM	\$415
28 94761	PULSE OX O2 SAT MULT	\$153
29 96165	HLTH BHV IVNTJ GRP EA ADDL 15	\$110
30 96360	IV INF HYDRAT INIT 31 MIN-1 HR	\$395
31 96361	IV INF HYDRAT EA ADD HR	\$140
32 96365	IV INF THER INIT 1ST HR	\$460
33 96366	IV INF THER EA ADD HR	\$150
34 96372	INJ THER SUBQ/IM	\$177
35 96374	INJ THER IV PUSH SNGL INITIAL	\$336
36 96375	IV PUSH EA ADD SEQ NEW DRUG	\$157
37 96376	IV PUSH EA ADD SEQ DRUG	\$135
38 97150	GROUP THERAPY PT	\$77
39 99001	SPEC HANDLE &/OR CONVEY OTHER	\$45
40 99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	\$93
41 99213	VISIT EST PATIENT LEVEL 3	\$200
42 99214	VISIT EST PATIENT LEVEL 4	\$220
43 99215	VISIT EST PATIENT LEVEL 5	\$250
44 99283	ED VISIT LEVEL 3	\$1,025
45 99284	ED VISIT LEVEL 4	\$1,900
46 99285	ED VISIT LEVEL 5	\$3,115
47 C9803	COVID-19 SPEC COLLECT	\$46
48 G0378	OBSERVATION PER HR	\$110
49 G0378	OBS INTERMEDIATE PER HR	\$185
50 U0003	COVID-19 HI THRUPUT	\$75

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

CPT Code	Description	Professional Fee	Facility Fee
1 43200	ESOPHSCOPY FLEX TRANSORAL DX	\$854	\$1,749
2 43235	EGD TRANSORAL DX	\$1,104	\$1,749
3 43236	EDG W DIRECT SUBMUCOSAL INJ	\$1,526	\$1,749
4 43239	EGD W BIOPSY SNGL/MULT	\$1,228	\$1,749
5 43245	EGD DILATION GASTR/DUOD STRICT	\$1,521	\$2,482
6 43247	EGD FLEX RMVL FB	\$1,521	\$1,749
7 43248	EGD INSERT GUIDE WIRE	\$1,521	\$1,749
8 43249	EGD BALN DILATION ESOPH <30MM	\$1,306	\$2,482
9 43251	EGD W RMVL SNARE	\$1,632	\$2,482
10 43255	EGD CTRL BLEED ANY	\$1,967	\$2,482
11 43450	DIL ESOPHAGUS UNGUIDED SOUND	\$619	\$1,749
12 44380	ILEOSCOPY STOMA DX	\$1,439	\$1,749
13 44382	ILEOSCOPY STOMA W BX SNGL/MULT	\$1,594	\$1,749
14 44385	ENDO EVAL SM INTST POUCH DX	\$1,800	\$1,770
15 44386	ENDO EVAL SM INTST POUCH BX	\$2,171	\$1,770
16 44389	COLONOSCOPY STOMA BX SNGL/MULT	\$2,452	\$1,872
17 45330	SIGMOIDOSCOPY FLEXIBLE DX	\$514	\$908
18 45331	SIGMOIDOSCOPY FLEXIBLE W BX	\$881	\$1,770
19 45334	SIGMOID FLEX W CTRL BLEED	\$1,250	\$1,872
20 45335	SIGMOID FLEX W SUBMUCOSAL INJ	\$959	\$1,770
21 45338	SIGMOID FLEX W RMVL TMR SNARE	\$1,567	\$1,872
22 45350	SIGMOID FLEX W BAND LIG	\$1,133	\$1,872
23 45378	COLONOSCOPY DIAGNOSTIC	\$1,542	\$1,770
24 45380	COLONOSCOPY W BIOPSY	\$1,713	\$1,872
25 45381	COLONOSCOPY W SUBMUC INJ	\$2,051	\$1,872
26 45384	COLONOSCOPY W RMVL TMR HOT BX	\$2,231	\$1,872
27 45385	COLONOSCOPY W RMVL SNARE	\$2,291	\$1,872
28 45388	COLONOSCOPY W TMR ABLATE	\$2,200	\$1,872
29 45390	COLONOSCOPY W EMR	\$2,122	\$1,872
30 46221	HEMORRHOIDECTOMY INTRNL LIGTN	\$914	\$1,090
31 99152	MOD SED SAME PHYS/QHP INITIAL 15 5 YRS OR OLDER-GI	\$245	\$540
32 99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	NA	\$80
33 G0104	CANCER SCREEN FLEX SIG	\$1,054	\$779
34 G0105	COLONOSCOPY SCREENING HI RI	\$1,910	\$1,770
35 G0121	COLONOSCOPY SCREEN NOT HI RI	\$1,810	\$1,770

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

CPT Code	Description	Fee
1 17000	DEST PREMALIGNANT LESN 1ST	\$212
2 17003	DEST PREMALIGNANT LESN 2–14	\$51
3 52000	CYSTOURETHROSCOPY	\$793
4 70450	CT HEAD/BRAIN WO CNTRST	\$1,213
5 71045	XR EXAM CHEST 1V	\$161
6 71046	XR EXAM CHEST 2V	\$206
7 71275	CTA CHEST WO/W CNTRST	\$2,679
8 74018	XR EXAM ABDOMEN 1V	\$165
9 74176	CT ABD & PELVIS WO CNTRST	\$2,150
10 74177	CT ABD & PELVIS W CNTRST	\$2,563
11 90935	HEMODIALYSIS W SINGLE EVAL	\$487
12 90945	OTHER NON HEMO W SINGLE EVAL	\$574
13 93970	DUP SCAN EXT VEIN BIL	\$1,038
14 93971	DUP SCAN EXT VEIN UNILAT/LTD	\$712
15 99202	VISIT NEW PATIENT LEVEL 2	\$235
16 99203	VISIT NEW PATIENT LEVEL 3	\$355
17 99204	VISIT NEW PATIENT LEVEL 4	\$505
18 99205	VISIT NEW PATIENT LEVEL 5	\$672
19 99212	VISIT EST PATIENT LEVEL 2	\$145
20 99213	VISIT EST PATIENT LEVEL 3	\$215
21 99214	VISIT EST PATIENT LEVEL 4	\$325
22 99215	VISIT EST PATIENT LEVEL 5	\$485
23 99221	INIT HOSPITAL CARE LEVEL 1	\$424
24 99222	INIT HOSPITAL CARE LEVEL 2	\$475
25 99223	INIT HOSPITAL CARE LEVEL 3	\$620
26 99231	SUBSQ HOSPITAL CARE LEVEL 1	\$177
27 99232	SUBSQ HOSPITAL CARE LEVEL 2	\$250
28 99233	SUBSQ HOSPITAL CARE LEVEL 3	\$340
29 99239	HOSP D/C DAY MGMT >30 MIN	\$340
30 99291	CRITICAL CARE 30–74 MIN	\$1,600

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25 Most Commonly Provided – Optometrists/Ophthalmologists

CPT Code	Description	Fee
1 65778	PLC AMNIOTIC MEMB OCLR WO SUTR	\$2,420
2 67820	CORRECT TRICHIASIS EPIL FORCEP	\$250
3 68761	CLSR LACRIM PUNCTUM BY PLUG EA	\$465
4 76514	OPHTHAL US DX EYE THICKNESS	\$90
5 92002	EXAM EYE NEW PATIENT INTERMED	\$275
6 92004	EXAM EYE NEW PATIENT COMP	\$385
7 92012	EXAM EYE EST PATIENT INTERMED	\$232
8 92014	EXAM EYE EST PATIENT COMP	\$326
9 92015	DETERMINE REFRACTION STATE	\$85
10 92020	GONIOSCOPY	\$125
11 92025	COMP CORNEAL TOPOGRAPHY	\$215
12 92060	SENSORIMOTOR EXAM W MULT MEAS	\$170
13 92072	FIT CONTACT LENS KERATCNS INIT	\$595
14 92081	EXAM VISUAL FIELD LIMITED	\$125
15 92083	EXAM VISUAL FIELD EXTENDED	\$245
16 92132	COMP OPTH DX IMG ANTERIOR SGMT	\$220
17 92133	COMP OPTH DX IMG OPTIC NERVE	\$205
18 92134	COMP OPTH DX IMG RETINA	\$205
19 92250	FUNDUS PHOTOGRAPHY	\$204
20 92285	EXTERNAL OCULAR PHOTOGRAPHY	\$170
21 92310	CONTACT LENS FITTING, BILAT	\$80
22 92310	CONTACT LENS FITTING, STANDARD	\$80
23 92313	CONTACT LENS FIT CORNEOSCLERAL	\$415
24 92499	OCULUS KERATOGRAPH 5M	\$75
25 99202	VISIT NEW PATIENT LEVEL 2	\$235
26 99212	VISIT EST PATIENT LEVEL 2	\$145
27 99231	SUBSQ HOSPITAL CARE LEVEL 1	\$177
28 99232	SUBSQ HOSPITAL CARE LEVEL 2	\$250
29 99252	INPATIENT CONSULT LEVEL 2	\$460
30 99441	TELEPHONE E&M EST PAT 5–10 MIN	\$75

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25 Most Commonly Provided Services – Therapists

CPT Code	Description	Fee
1 95992	CANALITH REPOSITIONING PROC PT	\$575
2 95992	CANALITH REPOSITIONING PROC OT	\$575
3 97012	PT TRACTION MECHANICAL	\$62
4 97014	ELECTRIC STIMULATION THERAPY PT	\$66
5 97033	IONTOPHORESIS EA 15 MIN OT	\$101
6 97035	ULTRASOUND EA 15 MIN PT	\$55
7 97035	ULTRASOUND EA 15 MIN OT	\$55
8 97039	FLUIDOTHERAPY OT	\$88
9 97110	THERAPEUTIC EXERC EA 15 MIN PT	\$112
10 97110	THERAPEUTIC EXERC EA 15 MIN OT	\$112
11 97112	NEUROMUSCULAR RE-ED EA 15 MIN PT	\$115
12 97112	NEUROMUSCULAR RE-ED EA 15 MIN OT	\$115
13 97116	PT GAIT TRAINING EA 15 MIN	\$90
14 97140	MANUAL THERAPY EA 15 MIN PT	\$106
15 97140	MANUAL THERAPY EA 15 MIN OT	\$106
16 97161	PT EVAL LOW COMPLEX 20 MIN	\$280
17 97162	PT EVAL MOD COMPLEX 30 MIN	\$320
18 97163	PT EVAL HIGH COMPLEX 45 MIN	\$360
19 97164	PT RE-EVAL EST PLAN CARE	\$180
20 97165	OT EVAL LOW COMPLEX 30 MIN	\$280
21 97166	OT EVAL MOD COMPLEX 45 MIN	\$320
22 97530	THER FUNCT ACTVTY EA 15 MIN OT	\$120
23 97530	THER FUNCT ACTVTY EA 15 MIN PT	\$120
24 97535	HOME MGMT TRAIN EA 15 MIN OT	\$120
25 97535	HOME MGMT TRAIN EA 15MIN PT	\$120
26 97750	PHYSICAL PERF TEST EA 15 MIN PT	\$168
27 97760	ORTHOTIC MGMT/TRAIN EA 15 MIN OT	\$156
28 97763	ORTHC/PROSTC MGMT SBSQ ENC OT	\$115
29 97810	ACUPUNC WO E-STIM INIT 15 MIN	\$118
30 97811	ACUPUNC WO E-STIM EA ADD 15 MIN	\$101

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