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 pages 4 and 5 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 6 and 7 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 8 below.

Applicable Mayo Clinic in Arizona Health Care Providers:

25 Most Commonly Provided Services – By Health Care Provider Category. The 25 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 9 below)
- Podiatrists (see page 10 below)
- Optometrists/Ophthalmologists (see page 11 below)

- Therapists (see page 12 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

	Code (MS-DRG)	MS-DRG Description	Price
1)	1	HRT TRANSPL OR IMPL HRT ASST SYS W MCC	$ 399,586
2)	5	LIVER TRANSPL W MCC OR INTESTINL TRANSPL	$ 219,556
3)	14	ALLOGENEIC BONE MARROW TRANSPLANT	$ 283,425
4)	16	AUTOLOG BONE MARROW TRANSPLANT W CC/MCC	$ 110,040
5)	64	INTRACRAN HEMRRHG/CEREB INFRCT W MCC	$ 33,289
6)	65	INTRACRAN HEMRRHG/CEREB INFRCT W CC	$ 26,793
7)	101	SEIZURES WO MCC	$ 19,033
8)	103	HEADACHES WO MCC	$ 19,482
9)	164	MAJ CHEST PROC W CC	$ 48,838
10)	176	PULMONARY EMBOLISM WO MCC	$ 19,396
11)	177	RESP INF & INFLAM W MCC	$ 28,618
12)	189	PULM EDEMA & RESP FAILURE	$ 23,109
13)	219	CARD VLVE&MAJ CARDTHOR PX WO CATH W MCC	$ 113,057
14)	286	CIRC DIS EXC AMI, W CATH W MCC	$ 52,835
15)	287	CIRC DIS EXC AMI, W CATH WO MCC	$ 32,734
16)	291	HRT FAILURE & SHOCK W MCC	$ 24,082
17)	292	HRT FAILURE & SHOCK W CC	$ 17,282
18)	309	CARD ARRHYTHMIA & COND DIS W CC	$ 14,118
19)	314	OTH CIRC SYS DX W MCC	$ 35,636
20)	327	STOMACH, ESOPH, & DUODENAL PX W CC	$ 45,299
21)	328	STOMACH, ESOPH, & DUODENAL PX WO CC/MCC	$ 29,621
22)	329	MAJ SML & LG BOWEL PX W MCC	$ 81,958
23)	330	MAJ SML & LG BOWEL PX W CC	$ 54,645
24)	331	MAJ SML & LG BOWEL PX WO CC/MCC	$ 41,174
25)	372	MAJ GI DIS & PERITON INF W CC	$ 15,995
26)	377	GI HEMORRHAGE W MCC	$ 32,069
27)	378	GI HEMORRHAGE W CC	$ 20,474
28)	389	GI OBSTRUCTION W CC	$ 15,271
29)	391	ESPHAGITIS,GASTROENT&MISC DIG DIS W MCC	$ 20,978
30)	392	ESPHAGITIS,GASTROENT&MISC DIG DIS WO MCC	$ 15,182
31)	394	OTH DIG SYS DX W CC	$ 19,682
32)	441	DIS LIVR EXC MALIG,CIRR,ALC HEPA W MCC	$ 29,853
33)	467	REV HIP/KNEE REPLACEMENT W CC	$ 69,066
34)	470	MAJ JT REPL/REATTACH LE WO MCC	$ 41,060
35)	484	MAJ JT & LIMB REATTACH PX UE WO CC/MCC	$ 35,845
36)	603	CELLULITIS WO MCC	$ 12,829
37)	641	MISC DIS NUT,METAB,FLU/ELCTRLYTES WO MCC	$ 14,496
38)	652	KIDNEY TRANSPLANT	$ 102,777
39)	657	KIDNEY&URETER PX/NEOPLASM W CC	$ 44,537
40)	661	KIDNEY&URETER PX/NON-NEOPLASM WO CC/MCC	$ 33,914
41)	682	RENAL FAILURE W MCC	$ 20,643
42)	683	RENAL FAILURE W CC	$ 15,518
43)	690	KIDNEY & URIN TRCT INF WO MCC	$ 12,907
44)	708	MAJ MALE PELVIC PX WO CC/MCC	$ 47,731
45)	847	CHEMO WO AC LEUK SDX W CC	$ 21,416
46)	853	INF & PARASIT DIS W OR PX W MCC	$ 63,598
47)	871	SEPTIC OR SEV SEPSIS WO MV 96+ HRS W MCC	$ 28,880

50 Most Used Inpatient DRG Codes – Mayo Clinic Hospital (continued)

	Code (MS-DRG)	MS-DRG Description	Price
48)	872	SEPTIC/SEV SEPSIS WO MV 96+ HRS WO MCC	$ 17,266
49)	920	COMPLICATIONS OF TX W CC	$ 18,587
50)	945	REHABILITATION W CC/MCC	$ 44,735

50 Most Used Outpatient Service Codes – Mayo Clinic Hospital

	CPT Code	CPT Code Description		Price
1	10022	fine needle aspiration; with imaging guidance	$	558.00
2	12001	simple repair of superficial wounds of scalp, neck, axillae,	$	479.00
3	19301	mastectomy, partial (eg, lumpectomy, tylectomy,	$	7,020.00
4	20552	injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	$	9,130.00
5	20610	arthrocentesis, aspiration and/or injection; major joint or bursa	$	295.00
6	20680	removal of implant; deep (eg, buried wire, pin, screw, metal	$	6,862.00
7	26055	tendon sheath incision (eg, for trigger finger)	$	1,210.00
8	29848	endoscopy, wrist, surgical, with release of transverse carpal	$	3,008.00
9	30520	septoplasty or submucous resection, with or without cartilage	$	3,800.00
10	32555	thoracentesis, needle or catheter, aspiration of the pleural	$	1,342.00
11	36522	photopheresis, extracorporeal	$	6,041.00
12	36561	insertion of tunneled centrally inserted central venous access	$	2,850.00
13	36569	insertion of peripherally inserted central venous catheter,	$	1,140.00
14	36593	declotting by thrombolytic agent of implanted vascular access	$	485.00
15	38206	blood-derived hematopoietic progenitor cell harvesting for	$	2,218.00
16	38221	bone marrow; biopsy, needle or trocar	$	875.00
17	38525	biopsy or excision of lymph node(s); open, deep axillary	$	3,057.00
18	38900	intraoperative identification (eg, mapping) of sentinel lymph	$	11,225.00
19	43235	upper gastrointestinal endoscopy including esophagus,	$	1,449.00
20	43239	upper gastrointestinal endoscopy including esophagus,	$	1,449.00
21	43258	upper gastrointestinal endoscopy including esophagus,	$	3,102.00
22	43259	upper gastrointestinal endoscopy including esophagus,	$	3,102.00
23	43264	endoscopic retrograde cholangiopancreatography (ercp); with	$	3,673.00
24	43268	endoscopic retrograde cholangiopancreatography (ercp); with	$	4,304.00
25	43269	endoscopic retrograde cholangiopancreatography (ercp); with	$	4,304.00
26	43271	endoscopic retrograde cholangiopancreatography (ercp); with	$	3,673.00
27	45378	colonoscopy, flexible, proximal to splenic flexure; diagnostic,	$	1,505.00
28	45380	colonoscopy, flexible, proximal to splenic flexure; with biopsy,	$	1,505.00
29	45385	colonoscopy, flexible, proximal to splenic flexure; with removal	$	1,505.00
30	47000	biopsy of liver, needle; percutaneous	$	2,160.00
31	49083	abdominal paracentesis (diagnostic or therapeutic); with	$	1,352.00
32	49505	repair initial inguinal hernia, age 5 years or older; reducible	$	4,900.00
33	50200	renal biopsy; percutaneous, by trocar or needle	$	2,160.00
34	52204	cystourethroscopy, with biopsy(s)	$	4,287.00
35	52332	cystourethroscopy, with insertion of indwelling ureteral stent	$	5,467.00
36	52353	cystourethroscopy, with ureteroscopy and/or pyeloscopy; with	$	7,199.00
37	58558	hysteroscopy, surgical; with sampling (biopsy) of endometrium	$	4,031.00
38	62270	spinal puncture, lumbar, diagnostic	$	624.00
39	62310	injection(s), of diagnostic or therapeutic substance(s) (including	$	1,660.00
40	62311	injection(s), of diagnostic or therapeutic substance(s) lumbar or	$	940.00
41	64405	injection, anesthetic agent; greater occipital nerve	$	977.00
42	64450	injection, anesthetic agent; other peripheral nerve or branch	$	657.00
43	64483	injection(s), anesthetic agent and/or steroid, transforaminal	$	1,868.00
44	64493	injection(s), diagnostic or therapeutic agent, paravertebral	$	1,253.00
45	64494	injection(s), diagnostic or therapeutic agent, paravertebral	$	760.00
46	64615	chemodenervation of muscle(s); muscle(s) innervated by facial,	$	639.00

50 Most Used Outpatient Service Codes – Mayo Clinic Hospital (continued)

47	92960	cardioversion, elective, electrical conversion of arrhythmia;	$ 1,342.00
48	93451	right heart catheterization including measurement(s) of oxygen	$ 10,082.00
49	93454	catheter placement in coronary artery(s) for coronary	$ 10,082.00
50	93505	endomyocardial biopsy	$ 4,162.00

35 Most Used Outpatient Service Codes – ASC Eye Center & GI Endo Suite

	Code	CPT Code Description		Price
1)	43235	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	2,071.00
2)	43236	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	1,514.00
3)	43239	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	1,450.00
4)	43242	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
5)	43244	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
6)	43245	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
7)	43246	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
8)	43248	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
9)	43249	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
10)	43251	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
11)	43255	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
12)	43259	upper gastrointestinal endoscopy including esophagus, stomach, and either	$	3,300.00
13)	43450	dilation of esophagus, by unguided sound or bougie, single or multiple pass	$	1,450.00
14)	44385	endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagn	$	1,530.00
15)	44386	endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with	$	1,789.00
16)	44799	unlisted procedure, intestine	$	4,000.00
17)	45330	sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s	$	3,300.00
18)	45331	sigmoidoscopy, flexible; with biopsy, single or multiple	$	596.00
19)	45338	sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(	$	2,200.00
20)	45378	colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without	$	1,505.00
21)	45380	colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or mul	$	1,723.00
22)	45381	colonoscopy, flexible, proximal to splenic flexure; with directed submucosal	$	2,071.00
23)	45384	colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s),	$	1,408.00
24)	45385	colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s),	$	2,311.00
25)	46221	hemorrhoidectomy, internal, by rubber band ligation(s)	$	1,450.00
26)	65756	keratoplasty (corneal transplant); endothelial	$	5,572.00
27)	65855	trabeculoplasty by laser surgery, 1 or more sessions (defined treatment	$	2,326.00
28)	66175	transluminal dilation of aqueous outflow canal; with retention of device	$	5,253.00
29)	66180	aqueous shunt to extraocular reservoir (eg, molteno, schocket, denver-	$	5,248.00
30)	66761	iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	$	1,983.00
31)	66821	discission of secondary membranous cataract (opacified posterior lens c	$	1,411.00
32)	66982	extracapsular cataract removal with insertion of intraocular lens prosthe	$	4,844.00
33)	66984	extracapsular cataract removal with insertion of intraocular lens prosthe	$	5,076.00
34)	90911	biofeedback training, perineal muscles, anorectal or urethral sphincter,	$	315.00
35)	G0104	colorectal cancer screening; flexible sigmoidoscopy	$	403.00

25 Most Commonly Provided Services – Physicians (MDs and Dos)

	CPT	CPT Description		Price
1)	99214	Office/outpatient visit, established	$	270.00
2)	99213	Office/outpatient visit, established	$	172.00
3)	93010	Electrocardiogram report	$	65.00
4)	99215	Office/outpatient visit, established	$	408.00
5)	99232	Subsequent hospital care	$	213.00
6)	99233	Subsequent hospital care	$	298.00
7)	99204	Office/outpatient visit, new	$	447.00
8)	99211	Office/outpatient visit, established	$	97.00
9)	99203	Office/outpatient visit, new	$	307.00
10)	93005	Electrocardiogram, tracing	$	95.00
11)	93000	Electrocardiogram, complete	$	151.00
12)	93306	Transthoracic echo w/doppler	$	2,350.00
13)	99244	Office consultation	$	586.00
14)	99231	Subsequent hospital care	$	154.00
15)	99285	Emergency dept visit	$	910.00
16)	99205	Office/outpatient visit, new	$	574.00
17)	99212	Office/outpatient visit, established	$	122.00
18)	99284	Emergency department visit	$	625.00
19)	90656	Influenza virus vaccination split v	$	34.00
20)	99243	Office consultation	$	405.00
21)	99396	Periodic preventive medicine	$	385.00
22)	96413	Chemo administration, IV tech; 1 hr	$	687.00
23)	90471	Immunization admin-single	$	88.00
24)	99283	Emergency department visit	$	420.00
25)	99397	Periodic preventive medicine	$	385.00

25 Most Commonly Provided Services – Podiatrists

	CPT	CPT Description		Price
1)	11721	Debridement of nails 6 or >	$	109.00
2)	99213	Office/outpatient visit, established	$	172.00
3)	99203	Office/outpatient visit, new	$	307.00
4)	99242	Office consultation	$	318.00
5)	95851	Range of motion measurement	$	108.00
6)	29799	Unlisted procedure, cast	$	38.00
7)	99202	Office/outpatient visit, new	$	201.00
8)	11056	Paring/cutting lesion 2 to 4	$	172.00
9)	11055	Paring/cutting lesion single	$	120.00
10)	11720	Debridement of nails 1 to 5	$	73.00
11)	99243	Office consultation	$	405.00
12)	99204	Office/outpatient visit, new	$	447.00
13)	11057	Paring/cutting lesion > 4	$	218.00
14)	99024	Post-op follow-up visit	$	0.00
15)	99214	Office/outpatient visit, established	$	270.00
16)	11750	Removal of nail bed	$	532.00
17)	11042	Debride, subcut tissue 20 cm	$	390.00
18)	11730	Removal of nail plate	$	211.00
19)	99205	Office/outpatient visit, new	$	574.00
20)	99244	Office consultation	$	586.00
21)	29425	Application of short leg	$	469.00
22)	11045	Debridement subcutaneous tissue	$	112.00
23)	11732	Remove additional nail plate	$	99.00
24)	99212	Office/outpatient visit, established	$	122.00
25)	99232	Subsequent hospital care	$	213.00

25 Most Commonly Provided – Optometrists/Ophthalmologists

	CPT	CPT Description	Price
1)	92014	Eye exam & treatment	$ 293.00
2)	92012	Eye exam established patient	$ 220.00
3)	92015	Refraction	$ 60.00
4)	99024	Post-op follow-up visit	$ 0.00
5)	92004	Eye exam, new patient	$ 363.00
6)	92083	Visual field examination(s)	$ 280.00
7)	92134	Computerized diagnostic imaging post segment, retina	$ 264.00
8)	99213	Office/outpatient visit, established	$ 172.00
9)	92133	Computerized ophth imaging optic nerve	$ 264.00
10)	66984	Remove cataract, insert lens	$ 4,822.00
11)	67028	Injection eye drug	$ 845.00
12)	92136	Ophthalmic biometry by partial coherence	$ 363.00
13)	68761	Close tear duct opening	$ 504.00
14)	92310	Contact lens fitting	$ 137.00
15)	67820	Revise eyelashes	$ 274.00
16)	92250	Eye exam with photos	$ 196.00
17)	66821	After cataract laser surgery	$1,411.00
18)	17999	Unlisted procedure, skin	varies
19)	99214	Office/outpatient visit, established	$ 270.00
20)	92020	Special eye evaluation	$ 128.00
21)	99203	Office/outpatient visit, new	$ 307.00
22)	92002	Eye exam, new patient	$ 282.00
23)	99212	Office/outpatient visit, established	$ 122.00
24)	65855	Laser surgery of eye	$ 2,326.00
25)	99243	Office consultation	$ 405.00

25 Most Commonly Provided Services – Therapists

	CPT	CPT Description		Price
1)	97110	Therapeutic exercises	$	111.00
2)	97140	Manual lymph drainage	$	106.00
3)	97001	Physical therapy evaluation	$	240.00
4)	97530	Kinetic therapy	$	120.00
5)	97035	Application of a modality	$	55.00
6)	97112	Neuromuscular reeducation	$	115.00
7)	97003	Occupational therapy evaluation	$	240.00
8)	97010	Hot or cold packs therapy	$	21.00
9)	97014	Electric stimulation therapy	$	61 .00
10)	97760	Orthotic(s) management/training	$	118.00
11)	92507	Speech/hearing therapy	$	210.00
12)	97116	Gait training therapy	$	83.00
13)	92610	Evaluation of oral and pharyngeal	$	527.00
14)	92611	Motion fluoroscopic evaluation	$	492.00
15)	97535	Self care/home management	$	120.00
16)	97012	Mechanical traction therapy	$	62.00
17)	92506	Speech & hearing evaluation	$	394.00
18)	97039	Unlisted modality	$	88.00
19)	95992	Canalith repositioning procedure	$	215.00
20)	97033	Iontophoresis, each 15 minutes	$	101.00
21)	97799	Unlisted physical medicine	$	212.00
22)	92612	Endoscopic evaluation of swallowing	$	547.00
23)	92520	Laryngeal function studies	$	445 .00
24)	31579	Diagnostic laryngoscopy	$	1,071.00
25)	97004	Occupational therapy re-evaluation	$	160.00