

# Price Transparency Compliance

## Quick Reference for Primary Care

In 2018, the Minnesota legislature passed a new policy (Minnesota Statute 62J.812) which requires the prices for certain health care procedures be made available to patients.

### WHO DOES THIS LAW IMPACT?

If any provider in your clinic specializes in family medicine, general internal medicine, gynecology, or general pediatrics you must comply with this statute. If you practice within a health system, the health system may develop and post this information for physicians within the system.

### WHAT PRICES MUST BE DISCLOSED?

The top 25 most frequently billed services that cost over \$25. These must include the ten most frequently billed evaluation and management codes (CPT Codes 99201-99499) and the ten most frequently billed preventative services (CPT codes 99381—99429). This list does not have to include more than 25 services.

### WHAT INFORMATION MUST BE INCLUDED?

For each service on this list, you must include four separate prices. These are:

- 1) The price charged to self pay patients
- 2) The average reimbursement rate paid by commercial insurers (weighted or unweighted)
- 3) The Medicare reimbursement, if applicable
- 4) The Medical Assistance fee-for-service reimbursement rate, if applicable

### WHERE DOES THIS INFORMATION NEED TO BE MADE AVAILABLE?

This list must be posted in the reception area of the clinic or office and must be made available on the provider's website, if they have one.

### HOW OFTEN MUST LIST THIS BE UPDATED?

This list must be updated annually, including any changes to the most frequently billed services.

### WHEN DOES THIS LAW TAKE EFFECT?

**July 1, 2019.**

Find a Price Transparency Tool Template provided free of charge online at [www.mmgma.org/pricetransparencytool](http://www.mmgma.org/pricetransparencytool)



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