



Primary Care Price Transparency

To improve price transparency, all MN Primary Care practices are required to provide the cost of common services to our patients. This document provides the average cost for Voyage Healthcare’s most common primary care services. You are encouraged to contact your insurance company as they will be able to provide information regarding your plan. Your deductible, coinsurance and copay all affect what you will pay. In addition, some preventative services are covered 100 percent by your insurance, which means there’s no cost to you.

In order to provide accurate cost information, the following information is provided for Voyage Healthcare’s most common primary care services.

- **Average:** This is the average amount commercial insurances pay for this service. Your deductible, coinsurance, copay and coverage affect how much you will pay. If you have questions about your insurance, we recommend you call your insurance company.
- **Medicare payment:** If you have Medicare, this is the most you will pay for this procedure. Depending on your Medicare plan, you may not be expected to pay anything.
- **MHCP:** If you have insurance from a Minnesota Health Care Program (MHCP) from the State of Minnesota, this is the most you’ll pay for this service. Depending on your plan, you may not be expected to pay anything.
- **Self-Pay:** If you do not have any insurance, this is the most you should expect to pay.

The service cost reflects data from Voyage Healthcare’s most common insurance companies, but not all. Patients are recommended to contact their insurance company for specific information regarding your plan.

Service Cost

CPT Code	Description	Average	Medicare	MHCP	Self-Pay
99490	Chronic care management services	\$95.29	\$41.29	N/A	\$128.00
99211	Office or other outpatient visit for the evaluation and management of an established patient, Level One	\$50.54	\$23.43	\$17.57	\$70.00
99212	Office or other outpatient visit for the evaluation and management of an established patient, Level Two	\$101.44	\$45.36	\$34.87	\$132.00
99213	Office or other outpatient visit for the evaluation and management of an established patient, Level Three	\$167.76	\$74.75	\$57.19	\$224.00
99214	Office or other outpatient visit for the evaluation and management of an established patient, Level Four	\$246.63	\$108.51	\$83.97	\$327.00
99215	Office or other outpatient visit for the evaluation and management of an established patient, Level Five	\$330.95	\$145.65	\$112.15	\$436.00
99201	Office or other outpatient visit for the evaluation and management of a new patient, Level One	\$103.06	\$45.72	\$35.15	\$135.00
99202	Office or other outpatient visit for the evaluation and management of a new patient, Level Two	\$172.41	\$75.63	\$58.86	\$226.00

CPT Code	Description	Average	Medicare	MHCP	Self-Pay
99203	Office or other outpatient visit for the evaluation and management of a new patient, Level Three	\$245.77	\$106.98	\$82.86	\$324.00
99204	Office or other outpatient visit for the evaluation and management of a new patient, Level Four	\$373.90	\$162.85	\$125.82	\$495.00
99395	Preventive medicine, established patient, age 18-39 years	\$271.36	N/A	\$92.34	\$357.00
99396	Preventive medicine, established patient, age 40-64 years	\$289.00	N/A	\$98.20	\$380.00
99397	Preventive medicine, established patient, age 65+ years	\$311.09	N/A	\$105.74	\$410.00
G0438	Annual Wellness Visit, initial	\$338.46	\$170.82	\$121.85	\$519.00
G0439	Annual Wellness Visit, subsequent	\$229.72	\$115.92	\$82.68	\$352.00
77080	Bone Density (DEXA) Scan	\$84.52	\$39.98	\$28.67	\$130.00
77067	Screening mammography, bilateral	\$282.65	\$139.23	\$98.30	\$390.00
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older	\$36.24	N/A	\$33.63	\$58.00
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13)	\$205.05	\$215.33	\$214.62	\$258.00
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	\$36.28	\$26.61	\$29.44	\$55.00
80048	Basic metabolic panel	\$11.38	\$8.46	\$9.40	\$45.00
80061	Lipid panel	\$18.03	\$13.39	\$14.88	\$52.00
84443	Thyroid stimulating hormone (TSH)	\$22.66	\$16.80	\$18.67	\$68.00
85027	Blood count; complete (CBC), automated	\$8.64	\$6.47	\$7.18	\$35.00
83036	Hemoglobin; glycosylated (A1C)	\$13.13	\$9.71	\$10.79	\$60.00

Please contact our Business Office with any questions at (763) 587-7811.