



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:** 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 |
|----------|---|----------|----------|----------|----------|
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient, Level One | \$52.11 | \$23.43 | \$17.57 | \$77.00 |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, Level Two | \$104.12 | \$45.36 | \$34.87 | \$151.00 |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, Level Three | \$172.00 | \$74.75 | \$57.19 | \$249.00 |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, Level Four | \$251.24 | \$108.51 | \$83.97 | \$364.00 |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, Level Five | \$336.57 | \$145.65 | \$112.15 | \$488.00 |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, Level Two | \$175.50 | \$75.63 | \$58.86 | \$256.00 |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, Level Three | \$249.01 | \$106.98 | \$82.86 | \$363.00 |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, Level Four | \$378.67 | \$162.85 | \$125.82 | \$551.00 |

| CPT Code | Description | Average | Medicare | MHCP | Self-Pay |
|-----------------|--|----------------|-----------------|-------------|-----------------|
| 99490 | Chronic care management services | \$95.68 | \$41.29 | N/A | \$140.00 |
| 99442 | Telephone evaluation and management service, established patient, 11 to 20 minutes of medical discussion | \$56.32 | \$74.75 | \$50.53 | \$91.00 |
| 99395 | Preventive medicine, established patient, age 18-39 years | \$276.60 | N/A | \$92.34 | \$400.00 |
| 99396 | Preventive medicine, established patient, age 40-64 years | \$294.41 | N/A | \$98.20 | \$426.00 |
| 99397 | Preventive medicine, established patient, age 65+ years | \$316.50 | N/A | \$105.74 | \$458.00 |
| G0439 | Annual Wellness Visit, subsequent | \$237.52 | \$115.92 | \$82.68 | \$390.00 |
| 99391 | Well-child visit, established patient, age under 1 year | \$231.99 | N/A | \$77.56 | \$336.00 |
| 99392 | Well-child visit, established patient, age 1-4 years | \$247.18 | N/A | \$82.58 | \$358.00 |
| 90471 | Immunization administration, 1 vaccine | \$36.86 | \$14.30 | \$12.83 | \$73.00 |
| 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older | \$37.64 | \$34.28 | \$33.63 | \$60.00 |
| 77067 | Screening mammography, bilateral, including computer-aided detection when performed | \$292.21 | \$139.23 | \$98.30 | \$457.00 |
| 90670 | Pneumococcal conjugate vaccine, 13 valent (PCV13) | \$209.28 | \$230.14 | \$214.62 | \$288.00 |
| 84443 | Thyroid stimulating hormone (TSH) | \$20.32 | \$16.80 | \$18.67 | \$30.00 |
| 93000 | Electrocardiogram, with interpretation and report | \$39.38 | \$16.98 | \$12.03 | \$58.00 |
| 87804 | Infectious agent antigen detection, influenza | \$17.08 | \$16.55 | \$16.55 | \$29.00 |
| 71046 | Radiologic Examination, chest, 2 views | \$67.77 | \$33.03 | \$22.52 | \$106.00 |
| 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 | \$28.09 | \$26.61 | \$29.44 | \$47.00 |

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