



PRICE LIST – TOP 25 PRIMARY CARE PRICES

To enhance transparency about healthcare costs, the Minnesota Legislature passed a law requiring Minnesota primary care providers to post a list of their top 25 most common preventive care services costing more than \$25, along with the prices for each of those services.

The services are listed below with the allowable amounts.

CPT Code	CPT Description	Charge Amt	Average Commercial Allowable Amount	Medicare Allowable Amount	Medicaid Allowable Amount
99201	New Patient Office Outpatient Visit Level 1	\$112.00	\$79.09	\$45.64	\$35.15
99202	New Patient Office Outpatient Visit Level 2	\$192.00	\$132.98	\$76.10	\$58.86
99203	New Patient Office Outpatient Visit Level 3	\$272.00	\$190.96	\$107.29	\$82.86
99204	New Patient Office Outpatient Visit Level 4	\$421.00	\$291.16	\$162.82	\$125.82
99205	New Patient Office Outpatient Visit Level 5	\$524.00	\$366.16	\$204.48	\$158.19
99211	Established Patient Office Outpatient Visit Level 1	\$54.00	\$38.29	\$23.01	\$17.57
99212	Established Patient Office Outpatient Visit Level 2	\$112.00	\$77.83	\$45.15	\$34.87
99213	Established Patient Office Outpatient Visit Level 3	\$183.00	\$129.35	\$74.13	\$57.19
99214	Established Patient Office Outpatient Visit Level 4	\$273.00	\$190.96	\$108.56	\$83.97
99215	Established Patient Office Outpatient Visit Level 5	\$369.00	\$257.13	\$145.04	\$112.15
99381	Preventative Visit New Infant <1 Year	\$300.00	\$196.63	\$0	\$85.93
99382	Preventative Visit New 1-4 Years	\$263.00	\$205.45	\$0	\$90.11
99383	Preventative Visit New 5-11 Years	\$327.00	\$213.64	\$0	\$93.74
99384	Preventative Visit New 12-17 Years	\$368.00	\$241.06	\$0	\$105.74
99385	Preventative Visit New 18-39 Years	\$342.00	\$233.66	\$0	\$102.11
99391	Preventative Visit Est Infant <1 Years	\$257.00	\$176.46	\$0	\$77.56
99392	Preventative Visit Est 1-4 Years	\$276.00	\$188.44	\$0	\$82.58
99393	Preventative Visit Est 5-11 Years	\$275.00	\$187.81	\$0	\$82.30
99394	Preventative Visit Est 12-17 Years	\$252.00	\$206.08	\$0	\$90.39
99395	Preventative Visit Est 18-39 Years	\$357.00	\$210.49	\$0	\$92.34
90460	Immunization Administration any route 1st vac/tox	\$51.00	\$34.49	\$16.82	\$12.83
90461	Immunization Administration any route addl vac/tox	\$28.00	\$15.68	\$12.82	\$9.76
90686	Flu vaccine no prev 4 val 3 years+	\$37.00	\$19.62	\$0	\$(0) VFC
92551	Pure tone hearing test air	\$28.00	\$22.19	\$0	\$8.19
90471	Immunization Administration, 1 vaccine	\$51.00	\$34.49	\$16.82	\$12.83

For the most accurate estimate of the cost of care a patient will incur, it is best to contact your insurance payer to determine your plan's deductible and co-pay responsibilities.