Important Information About Costs: Effective July 1, 2019, Minnesota State law requires all primary care providers to display a list of their most frequently used services over \$25 and to disclose their charge and average reimbursement. The pricing information included in the document is not a quote or guarantee. Your actual fee may be higher or lower depending on many factors, including, but not limited to, your provider's treatment plan, actual services rendered, complications, and the details of your insurance coverage, if any.

> Please check with your health insurance provider to confirm whether you're covered, and what your financial responsibility will be. For more information or to receive an individualized estimate of your financial responsibility please call 612-262-4930 or visit our website at https://www.allinahealth.org/customer-service/billing-and-insurance

ALLINA HEALTH'S TOP 25 PRIMARY CARE CPT CODES AND 2022 PRICING

What is the CPT Description?

What is the reimbursement rate?

The amount we receive in payment from commercial insurance companies (e.g. Blue Cross Blue

| A universal code used to describe the medical services rendered. It is common for more than one CPT code to be used in a single visit. | | | The amount we receive in payment from commercial insurance companies (e.g. Blue Cross Blue Shield) and government payers (Medicare & Medicaid) | | |
|--|---|--------|--|--------------------------------|--------------------------------|
| PREVENTITIVE VISIT - PROCEDURE CODE | PREVENTITIVE VISIT - CPT DESCRIPTION | CHARGE | COMMERCIAL PAYER REIMBURSEMENT RATE (AVERAGE) | MEDICARE REIMBURSEMENT RATE | MEDICAID REIMBURSEMENT RATE |
| 99391 | Preventive visits, established patient, ages less than 1 year | \$281 | \$245 | \$99 | \$72 |
| 99392 | Preventive visits, established patient, ages 1-4 | \$299 | \$262 | \$105 | \$77 |
| 99393 | Preventive visits, established patient, ages 5-11 | \$298 | \$261 | \$104 | \$77 |
| 99394 | Preventive visits, established patient, ages 12-17 | \$328 | \$286 | \$114 | \$84 |
| 99395 | Preventive visits, established patient, ages 18-39 | \$336 | \$292 | \$117 | \$86 |
| 99396 | Preventive visits, established patient, ages 40-64 | \$358 | \$311 | \$125 | \$91 |
| 99397 | Preventive visits, established patient, ages 65 and over | \$385 | \$334 | \$134 | \$98 |
| 99381 | Preventive visits, new patient, ages less than 1 year | \$311 | \$272 | \$109 | \$80 |
| 99382 | Preventive visits, new patient, ages 1-4 | \$326 | \$285 | \$114 | \$84 |
| 99383 | Preventive visits, new patient, ages 5-11 | \$340 | \$296 | \$118 | \$87 |
| 99384 | Preventive visits, new patient, ages 12-17 | \$385 | \$334 | \$134 | \$98 |
| 99385 | Preventive visits, new patient, ages 18-39 | \$373 | \$324 | \$130 | \$95 |
| 99386 | Preventive visits, new patient, ages 40-64 | \$431 | \$375 | \$150 | \$110 |
| 99387 | Preventive visits, new patient, ages 65 and over | \$469 | \$407 | \$162 | \$118 |
| OFFICE VISIT - PROCEDURE CODE | OFFICE VISIT - CPT DESCRIPTION | CHARGE | COMMERCIAL PAYER REIMBURSEMENT RATE (AVERAGE) | MEDICARE REIMBURSEMENT RATE | MEDICAID REIMBURSEMENT RATE |
| 99211 | Office visit, established patient, level 1 | \$68 | \$57 | \$24 | \$17 |
| 99212 | Office visit, established patient, level 2 | \$166 | \$137 | \$56 | \$41 |
| 99213 | Office visit, established patient, level 3 | \$266 | \$211 | \$90 | \$66 |
| 99214 | Office visit, established patient, level 4 | \$379 | \$303 | \$128 | \$94 |
| 99215 | Office visit, established patient, level 5 | \$530 | \$440 | \$179 | \$131 |
| 99202 | Office visit, new patient, level 2 | \$212 | \$182 | \$73 | \$53 |
| 99203 | Office visit, new patient, level 3 | \$326 | \$274 | \$111 | \$81 |
| 99204 | Office visit, new patient, level 4 | \$490 | \$413 | \$165 | \$121 |
| MOST COMMON LAB CHARGES - PROCEDURE CODE | MOST COMMON LAB CHARGES - CPT DESCRIPTION | CHARGE | COMMERCIAL PAYER REIMBURSEMENT RATE (AVERAGE) | MEDICARE REIMBURSEMENT RATE | MEDICAID REIMBURSEMENT RATE |
| 36415 | Blood Draw (Venipuncture) | \$17 | \$4 | \$3 | \$3 |
| 80061 | Blood Test - Lipid Panel | \$60 | \$22 | \$13 | \$13 |
| 80048 | Blood Test - Basic Metobolic Panel | \$38 | \$12 | \$8 | \$8 |
| 83036 | Hemoglobin A1C | \$43 | \$14 | \$10 | \$10 |