

SagePlus Reimbursement Rates

EFFECTIVE JAN. 1, 2025 THROUGH DEC. 31, 2025



Code	Description of Service	Allowable Rates
Visit – New Patient		
99202	Medically appropriate history/exam; straightforward decision making; 15-29 minutes	\$69.22
99203	Medically appropriate history/exam; low level decision making; 30-44 minutes	\$106.69
99204	Medically appropriate history/exam; moderate level decision making; 45-59 minutes	\$159.70
99386 - 99387	Will be reimbursed at or below the 99203 rate	
Visit – Established Patient		
99211	Evaluation and management, may not require presence of physician; presenting problems are minimal	\$22.83
99212	Medically appropriate history/exam; straightforward decision making; 10-19 minutes	\$54.63
99213	Medically appropriate history/exam; low level decision making; 20-29 minutes	\$87.78
99214	Medically appropriate history/exam; moderate level decision making; 30-39 minutes	\$123.24
G0463	Hospital outpatient clinic visit for assessment and management of a patient	\$128.87
99396 - 99397	Will be reimbursed at or below the 99213 rate	
Social Determinants of Health Assessment (SDoH)		
G0136	Administration of a standardized, evidence-based SDOH assessment, 5–15 minutes	\$18.52
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a CHW; 60 minutes	\$77.69
G0022	Community health integration services performed by certified or trained auxiliary personnel, including a CHW; Add 30 minutes	\$48.23
Education Services		
98960	Education, Standardized curriculum, individual patient	\$22.80*
98962	Education, Standardized curriculum, Group (5-8 patients), per patient	\$8.18*
Nutrition Services (delivered by Registered Dietitians, RD)		
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$35.81
97803	Reassessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$31.23
97804	Group (two or more individuals), each 30 minutes	\$16.47
G0271	Group Medical nutrition therapy 2 or more, each 30 mins	\$16.47

Code	Description of Service	Allowable Rates
Counseling Services		
99401	Counseling, individual (face-to-face or by phone) 15 minutes	\$28.95*
99402	Counseling, individual (face-to-face or by phone) 30minutes	\$46.73*
99403	Counseling, individual (face-to-face or by phone) 45 minutes	\$64.26*
99404	Counseling, individual (face-to-face or by phone) 60 minutes	\$81.87*
99411	Counseling, group; 30 minutes, per patient	\$15.24*
99412	Counseling, group; 60 minutes, per patient	\$18.79*
99406	Counseling Smoking and Tobacco cessation <10 minutes	\$13.59
99407	Counseling Smoking and Tobacco cessation >10 minutes	\$25.84
Medication Therapy Management (MTM)		
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient.	\$52.00*
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient with assessment and intervention if provided; initial 15 minutes, established patient.	\$34.00*
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient with assessment and intervention if provided; each additional 15 minutes (list separately in addition to code for primary service)	\$24.00*
Labs		
36415/36416	Routine Venipuncture	\$9.09
Tests to Assess Cholesterol		
80061	Lipid Panel (TC, HDL, triglycerides)	\$13.39
82465	Cholesterol, Serum or Whole Blood, Total	\$4.35
83718	HDL Cholesterol	\$8.19
Tests to Assess Glucose		
82947	Glucose; blood, quantitative	\$3.93
82948	Glucose; blood, reagent strip	\$5.04
83036	Hemoglobin A1C, glycated	\$9.71
Panels that include Assessment of Glucose		
80048	Basic Metabolic Profile (BMP)	\$8.46
80053	Comprehensive Metabolic Panel (CMP)	\$10.56
Liver Function Blood Test Panel		
80076	Hepatic (Liver) function panel (LFP)	\$8.17
Tests to Assess Complete Blood Cell count		
85025	Complete blood cell count (red cells, white blood cell, platelets), automated	\$7.77

SagePlus rates are based on Medicare CMS rates and subject to adjustment whenever CMS does the same. (Rates on this sheet are based on non-facility fees and subject to adjustment based upon place of service.)

*These amounts are subject to Minnesota Medicaid rates.

Minnesota Department of Health SagePlus Program

PO Box 64975

St. Paul, MN 55165-0975

888-643-2584

health.sage@state.mn.us

www.health.state.mn.us

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To obtain this information in a different format, call: 888-643-2584.