2025 Mayo Clinic Health System - Chippewa Valley, Northland, Oakridge and Red Cedar Charge and Reimbursement Information for Health Care Consumers Required by 2009 Wisconsin Act 146 The Wisconsin Act 146 seeks to make cost and charge information available to consumers. Health care providers are required to disclose upon request certain charge and payment information for health care services, tests and procedures.									
		25 most common medical conditions (without complications) treated by physical							
For each me Medical Condition (Episode Treatment Group)	edical condition, t Related Services: CPT Code	he services, tests and procedures are listed that are most often charged by Medical Service or Procedure (CPT)	physicians. Median billed charge 1/01/24 - 12/31/24	Medicare paid this practice:	Typical charge in this area (source: Fair Health)				
Routine exam * = only one of these codes billed per visit	99392 *	Periodic Preventive Medicine, Established Patient - Age 1-4	\$294.00	\$0.00					
	99393 * 99395 *	Periodic Preventive Medicine, Established Patient - Age 5-11 Periodic Preventive Medicine, Established Patient - Age 18-39	\$315.00 \$351.00	\$0.00 \$0.00					
	99396 * 77067	Periodic Preventive Medicine, Established Patient - Age 40-64 Screening Mammography Bilateral (Female Only)	\$366.00 \$558.00	\$0.00 \$163.00	\$456.40 \$655.15				
Hyperlipidemia other * = only one of these codes billed per visit	99213 * 99214 * 99396	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$220.00 \$330.00 \$366.00	\$99.12 \$141.77 \$0.00	\$228.15 \$346.45 \$456.40				
Medicare coverage is based on policy for the individual	80053 80061	Comprehensive Metabolic Panel (laboratory)	\$223.00	\$30.57	\$293.80				
laboratory test Hypertension		Lipid Panel (laboratory)	\$193.00	\$30.36	\$251.20				
* = only one of these codes billed per visit	99213 * 99214 * 99396 93306	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64 Echocardiography, transthoracic real-time (2D) with M-Mode complete	\$220.00 \$330.00 \$366.00 \$4,447.00	\$99.12 \$141.77 \$0.00 \$586.78					
Medicare coverage is based on policy for the individual	80053	spectral & color flow doppler Comprehensive Metabolic Panel (laboratory)	\$223.00	\$30.57	\$293.80				
laboratory test Other minor orthopedic disorders - back	98940	CMT Spine 1-2 Regions (chiropractic)		N/A	N/A				
	98940 98941 99213	CMT Spine 1-2 Regions (chiropractic) CMT Spine 3-4 Regions (chiropractic) Office Outpatient, Established Patient (15 Minutes)	N/A N/A \$220.00	N/A N/A \$99.12	N/A N/A \$228.15				
Medicare coverage is based on policy for the individual	99213 97110 72148	Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise		\$40.29	\$125.05				
Medicare coverage is based on policy for the individual radiology study Joint degeneration, localized - back, w/o surgery	/ 2 140	MRI Spinal Canal; lumbar spine without contrast	φ4,491.00	\$590.93	\$3,433.60				
Joint degeneration, localized - back, w/o surgery	98940 98941	CMT Spine 1-2 Regions (chiropractic) CMT Spine 3-4 Regions (chiropractic)	N/A N/A	N/A	N/A N/A				
	99213	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$99.12	\$228.15				
Medicare coverage is based on policy for the individual radiology study Isolated signs, symptoms & non-specific diagnoses	97110 72148 or conditions	Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise MRI Spinal Canal; lumbar spine without contrast	\$155.00 \$4,491.00	\$40.29 \$590.93	\$125.05 \$3,433.60				
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77	\$228.15 \$346.45				
Medicare coverage is based on policy for the individual	70553 77067	MRI Brain (brain stem), with &/or without contrast (Global charge) Screening Mammography Bilateral (Female Only)	\$7,368.00 \$558.00	\$973.72 \$163.00	\$5,267.70 \$655.15				
radiology study Diabetes w/o surgery	71046	Radiology exam, chest -2 views (frontal & lateral)	\$296.00	\$56.68	\$354.90				
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77	\$228.15 \$346.45				
Medicare coverage is based on policy for the individual	83036 82043	Hgb Glycosylated (laboratory) Urine (e.g. Microalbumin) Quantitative	\$75.00	\$15.96 \$19.38	\$150.60 \$175.55				
laboratory test Obesity w/o surgery test	80061	Lipid Panel (laboratory)	\$193.00	\$30.36	\$251.20				
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77	\$228.15 \$346.45				
Medicare coverage is based on policy for the individual	99396 80061	Periodic Preventive Medicine, Established Patient - Age 40-64 Lipid Panel (laboratory)	\$366.00 \$193.00	\$0.00 \$30.36	\$456.40 \$251.20				
laboratory test	95811	Polysomnography Sleep Staging, 4 or more parameters of sleep with C-P	ap \$6,997.00	\$1,317.57	\$5,528.75				
Hypo-functioning thyroid gland, w/o surgery * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$99.12	\$228.15				
	99214 * 99396	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$330.00 \$366.00	\$141.77 \$0.00	\$456.40				
Medicare coverage is based on policy for the individual laboratory test Acne	80061 84443	Lipid Panel (laboratory) Thyroid Stimulating Hormone (laboratory)	\$193.00 \$202.00	\$30.36 \$34.20	\$251.20 \$231.50				
* = only one of these codes billed per visit	99212 * 99213 *	Office Outpatient, Established Patient (10 Minutes) Office Outpatient, Established Patient (15 Minutes)	\$155.00 \$220.00	\$63.32 \$99.12	\$145.35 \$228.15				
Acute bronchitis	99213 99214 * 99202 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, New Patient (20 Minutes)	\$220.00	\$99.12 \$141.77 \$84.28	\$226.15 \$346.45 \$237.05				
	99203 *	Office Outpatient, New Patient (20 Minutes)	\$339.00	\$127.26	\$344.75				
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77	\$228.15 \$346.45				
	71046	Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation	\$330.00 \$296.00 \$614.00	\$56.68 \$158.98	\$340.43 \$354.90 \$699.25				
Acute sinusitis w/o surgery	94640	Pressurized/nonpressurized inhalation treatment or sputum induct.	\$196.00	\$25.01	\$202.55				
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77	\$228.15 \$346.45				
Medicare coverage is based on policy for the individual	99203 * 70486	Office Outpatient, New Patient (30 Minutes) CT Scan - Maxillfacial area without contrast (Global charge)	\$339.00	\$141.77 \$127.26 \$325.79	\$344.75 \$1,217.25				
radiology study				\$325.79					
Chronic sinusitis w/o surgery * = only one of these codes billed per visit	95165 99213 *	Supervision/Preparation of antigens for allergen immunotherapy Office Outpatient, Established Patient (15 Minutes)	\$44.00	\$16.56	\$64.50 \$228.15				
- only one of these codes blied per visit	99213 99214 * 31231	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$141.77	\$346.45				
Medicare coverage is based on policy for the individual radiology study	70486	Nasal Endoscopy Diagnostic Unilateral/Bilateral CT Scan - Maxillfacial area without contrast (Global charge)	\$674.00 \$2,263.00	\$223.74 \$325.79	\$1,051.20 \$1,217.25				
Tonsillitis, adenoiditis or pharyngitis, w/o surgery	95004	Percutaneous Tests with Allergenic Extracts - Per Test	\$31.00	\$5.81	\$54.15				
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77 \$158.08	\$228.15 \$346.45				
Medicare coverage is based on policy for the individual laboratory test	99284 87880 87081	Emergency Department, High Severity & Urgent Evaluation Streptococcus, Group A (Laboratory) Culture Presumptive, Pathogenic Organisms Screening	\$614.00 N/A \$54.00	\$158.98 N/A \$11.02	\$699.25 N/A \$66.00				
Otitis media w/o surgery * = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$155.00	\$63.32	\$145.35				
	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77	\$346.45				
	99283 *	Emergency Department, Moderate Severity	\$399.00	\$96.95	\$421.35				

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This physicians' report is	s based on the	e upon request certain charge and payment information for health care service 25 most common medical conditions (without complications) treated by physic the services, tests and procedures are listed that are most often charged by ph	ians in Wisconsin.	ires.				
Medical Condition (Episode Treatment Group)	Related Services: CPT Code	Medical Service or Procedure (CPT)	Median billed charge 1/01/24 - 12/31/24	Medicare paid this practice:	Typical charge in this area (source: Fair Health)			
()	69436	Tympanostomy - General Anesthesia (hospital service)	\$2,193.00	\$342.15	\$3,108.0			
Otolaryngology diseases signs & symptoms								
= only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77	\$228.1 \$346.4			
	99214 99283 *	Emergency Department, Moderate Severity	\$399.00	\$96.95	\$421.3			
	30901	Control Nasal Hemorrhage, Anterior, Simple - Any Method	\$596.00	\$189.10				
	31238	Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding Control	\$1,769.00	\$378.74	\$2,375.0			
Routine inoculation	00005 +		* • 5 4 •• 1	<u> </u>	* 100 0			
= only one of these codes billed per visit	99395 * 99396 *	Periodic Preventive Medicine, Established Patient - Age 18-39 Periodic Preventive Medicine, Established Patient - Age 40-64	\$351.00 \$366.00	\$0.00 \$0.00	\$429.3 \$456.4			
	99396	Immunization Administration of 1 Vaccine	\$366.00	\$0.00	\$450.4 \$51.2			
	90651	HPV Vaccine Non-Valent	\$374.00	N/A	\$414.7			
	90715	Tdap Vaccine 7 Years or Older	\$61.00	N/A	\$75.6			
Contraceptive management								
= only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$99.12	\$228.1			
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00 \$351.00	\$141.77 \$0.00	\$346.4			
	99395 58300	Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD)	\$351.00	\$0.00	\$429.3 \$673.4			
	76830	Ultrasound - Transvaginal	\$905.00	\$187.98	\$1,231.8			
Gastroenterology diseases signs & symptoms								
<pre>r = only one of these codes billed per visit</pre>	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$99.12 \$141.77	\$228.1 \$346.4			
	45378	Scope of Colon (diagnostic colonoscopy)	\$2,684.00	\$541.48	\$2,487.8			
Medicare coverage is based on policy for the individual adiology study	72193 74160	CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$2,624.00 \$3,311.00	\$293.14 \$362.14	\$2,298.2 \$2,466.3			
Fungal skin infection	74100	CT Scan - Abdomen, with Contrast (Global charge)	\$3,311.00	\$302.14	φ2,400.3			
r = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$155.00	\$63.32	\$145.3			
	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$99.12				
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$141.77	\$346.4			
	11721	Debridement Nail, Any Method 6 or more	\$197.00	\$56.86				
Mood disorder, depressed	11750	Excision Nail Matrix, Permanent Removal	\$974.00	\$230.27	\$1,178.9			
Nood disorder, depressed	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$141.77	\$346.4			
	90791 *	Psychiatric Diagnostic Evaluation	\$484.00	\$197.36	\$440.2			
	90832	Individual Psychotherapy 20-30 minutes (office setting)	\$207.00	\$88.32	\$198.9			
	90834	Psychotherapy 45 Minutes w/Patient	\$365.00	\$125.49	\$359.0			
Other neuropsychological or behavioral disorders	99214 *	Pharmacologic Management / review of medications (E & M CPT code)	\$330.00	\$141.77	\$346.4			
= only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$99.12	\$228.1			
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$141.77	\$346.4			
	90791 *	Psychiatric Diagnostic Evaluation	\$484.00	\$197.36	\$440.2			
	90834	Psychotherapy 45 Minutes w/Patient	\$365.00	\$125.49	\$359.0			
liqual disturbances w/s surram	90847	Family Psychotherapy w/Patient Present	\$437.00	\$131.35	\$299.3			
/isual disturbances w/o surgery = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$99.12	\$228.1			
- only one of these codes blied per visit	92004 *	Comprehensive, New Patient, 1+ Visits	\$265.00	\$154.84	\$231.4			
Ophthalmological Medical Exam & Evaluation	92012 *	Intermediate, Established Patient	\$189.00	\$95.17	\$181.3			
	92014 *	Comprehensive, Established Patient, 1+ Visits	\$239.00	\$132.03	\$242.0			
Cataract w/o surrow	92015	Determination of Refractive State	\$30.00	\$0.00	\$50.0			
Cataract w/o surgery = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$99.12	\$228.1			
	99213	Office Outpatient, Established Patient (15 Minutes)	\$330.00	\$141.77	\$346.4			
Nethalmological Madical Evan & Evaluation	92004 *	Comprehensive, New Patient, 1+ Visits	\$265.00	\$154.84	\$231.4			
Ophthalmological Medical Exam & Evaluation	92014 *	Comprehensive, Established Patient, 1+ Visits	\$239.00	\$132.03	\$242.0			
	92015	Determination of Refractive State	\$30.00	\$0.00				
nflammatory eye disease w/o surgery	00040 *	Office Outputient Established Datient (45 Minutes)	#000.00	*************	# 2000			
= only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$99.12 \$141.77	\$228.1 \$246.4			
	99214 * 92004 *	Office Outpatient, Established Patient (25 Minutes) Comprehensive, New Patient, 1+ Visits	\$330.00 \$265.00	<u>\$141.77</u> \$154.84	\$346.4 \$231.4			
Ophthalmological Medical Exam & Evaluation	92004 * 92014 *	Comprehensive, New Patient, 1+ Visits Comprehensive, Established Patient, 1+ Visits	\$265.00	\$154.84	\$231.4 \$242.0			

Items marked "N/A" (not applicable) are not performed or billed at Mayo Clinic Health System - Chippewa Valley, Northland, Oakridge or Red Cedar.