

**2022 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.

This physicians' report is based on the 25 most common medical conditions (without complications) treated by physicians in Wisconsin. For each medical condition, the services, tests and procedures are listed that are most often charged by physicians.

| Medical Condition<br>(Episode Treatment Group)                          | Related Services:<br>CPT Code | Medical Service or Procedure (CPT)  | Median billed charge 1/01/21 - 12/31/21 | Medicare paid this practice: | Typical charge in this area (source: Fair Health) |
|---|-------------------------------|---|---|------------------------------|---|
| <b>Routine exam</b>   |                               |   |   |                              |   |
| <b>* = only one of these codes billed per visit</b>                     | 99392 *                       | Periodic Preventive Medicine, Established Patient - Age 1-4                                       | \$277.00                                | \$0.00                       | \$274.00  |
|   | 99393 *                       | Periodic Preventive Medicine, Established Patient - Age 5-11                                      | \$296.00                                | \$0.00                       | \$283.00  |
|   | 99395 *                       | Periodic Preventive Medicine, Established Patient - Age 18-39                                     | \$330.00                                | \$0.00                       | \$359.00  |
|   | 99396 *                       | Periodic Preventive Medicine, Established Patient - Age 40-64                                     | \$345.00                                | \$0.00                       | \$381.00  |
|   | 77067                         | Screening Mammography Bilateral (Female Only)   | \$558.00                                | \$160.52                     | \$736.50  |
| <b>Hyperlipidemia, other</b>  |                               |   |   |                              |   |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                       | Office Outpatient, Established Patient (15 Minutes)   | \$171.00                                | \$96.65                      | \$192.00  |
|   | 99214 *                       | Office Outpatient, Established Patient (25 Minutes)   | \$267.00                                | \$139.44                     | \$292.00  |
|   | 99396                         | Periodic Preventive Medicine, Established Patient - Age 40-64                                     | \$345.00                                | \$0.00                       | \$381.00  |
| Medicare coverage is based on policy for the individual laboratory test | 80053                         | Comprehensive Metabolic Panel (laboratory)  | \$381.00                                | \$0.00                       | \$167.00  |
| Medicare coverage is based on policy for the individual laboratory test | 80061                         | Lipid Panel (laboratory)  | \$178.00                                | \$0.00                       | \$153.00  |
| <b>Hypertension</b>   |                               |   |   |                              |   |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                       | Office Outpatient, Established Patient (15 Minutes)   | \$171.00                                | \$96.65                      | \$192.00  |
|   | 99214 *                       | Office Outpatient, Established Patient (25 Minutes)   | \$267.00                                | \$139.44                     | \$292.00  |
|   | 99396                         | Periodic Preventive Medicine, Established Patient - Age 40-64                                     | \$345.00                                | \$0.00                       | \$381.00  |
|   | 93306                         | Echocardiography, transthoracic real-time (2D) with M-Mode complete spectral & color flow doppler | \$4,219.00                              | \$458.57                     | \$3,671.50  |
| Medicare coverage is based on policy for the individual laboratory test | 80053                         | Comprehensive Metabolic Panel (laboratory)  | \$381.00                                | \$0.00                       | \$167.00  |
| <b>Other minor orthopedic disorders - back</b>                          |                               |   |   |                              |   |
|   | 98940                         | CMT Spine 1-2 Regions (chiropractic)  | N/A                                     | N/A                          | N/A   |
|   | 98941                         | CMT Spine 3-4 Regions (chiropractic)  | N/A                                     | N/A                          | N/A   |
|   | 99213                         | Office Outpatient, Established Patient (15 Minutes)   | \$171.00                                | \$96.65                      | \$192.00  |
|   | 97110                         | Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise                          | \$155.00                                | \$41.27                      | \$96.00   |
| Medicare coverage is based on policy for the individual radiology study | 72148                         | MRI Spinal Canal; lumbar spine without contrast   | \$4,624.00                              | \$492.29                     | \$2,292.00  |
| <b>Joint degeneration, localized - back, w/o surgery</b>                |                               |   |   |                              |   |

| Medical Condition<br>(Episode Treatment Group)                             | Related Services:<br>CPT Code | Medical Service or Procedure (CPT)  | Median billed charge 1/01/21 - 12/31/21 | Medicare paid this practice: | Typical charge in this area (source: Fair Health) |
|--|-------------------------------|---|---|------------------------------|---|
|  | 99213                         | Office Outpatient, Established Patient (15 Minutes)                             | \$171.00                                | \$96.65                      | \$192.00  |
| Medicare coverage is based on policy for the individual radiology study    | 72148                         | MRI Spinal Canal; lumbar spine without contrast                                 | \$4,624.00                              | \$492.29                     | \$2,292.00  |
|  | 98940                         | CMT Spine 1-2 Regions (chiropractic)  | N/A                                     | N/A                          | N/A   |
|  | 98941                         | CMT Spine 3-4 Regions (chiropractic)  | N/A                                     | N/A                          | N/A   |
|  | 97110                         | Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise        | \$155.00                                | \$41.27                      | \$96.00   |
| <b>Isolated signs, symptoms &amp; non-specific diagnoses or conditions</b> |                               |   |   |                              |   |
| <b>* = only one of these codes billed per visit</b>                        | 99213 *                       | Office Outpatient, Established Patient (15 Minutes)                             | \$171.00                                | \$96.65                      | \$192.00  |
|  | 99214 *                       | Office Outpatient, Established Patient (25 Minutes)                             | \$267.00                                | \$139.44                     | \$292.00  |
| Medicare coverage is based on policy for the individual radiology study    | 70553                         | MRI Brain (brain stem), with &/or without contrast (Global charge)              | \$8,151.00                              | \$854.40                     | \$3,715.00  |
|  | 77067                         | Screening Mammography Bilateral (Female Only)                                   | \$558.00                                | \$160.52                     | \$736.50  |
|  | 71046                         | Radiology exam, chest -2 views (frontal & lateral)                              | \$283.00                                | \$35.48                      | \$297.50  |
| <b>Diabetes, w/o surgery</b>   |                               |   |   |                              |   |
| <b>* = only one of these codes billed per visit</b>                        | 99213 *                       | Office Outpatient, Established Patient (15 Minutes)                             | \$171.00                                | \$96.65                      | \$192.00  |
|  | 99214 *                       | Office Outpatient, Established Patient (25 Minutes)                             | \$267.00                                | \$139.44                     | \$292.00  |
| Medicare coverage is based on policy for the individual laboratory test    | 83036                         | Hgb Glycosylated (laboratory)   | \$118.00                                | \$0.00                       | \$106.50  |
| Medicare coverage is based on policy for the individual laboratory test    | 82043                         | Urine (e.g. Microalbumin) Quantitative  | \$186.00                                | \$0.00                       | \$121.00  |
| Medicare coverage is based on policy for the individual laboratory test    | 80061                         | Lipid Panel (laboratory)  | \$178.00                                | \$0.00                       | \$153.00  |
| <b>Obesity, w/o surgery</b>  |                               |   |   |                              |   |
| <b>* = only one of these codes billed per visit</b>                        | 99213 *                       | Office Outpatient, Established Patient (15 Minutes)                             | \$171.00                                | \$96.65                      | \$192.00  |
|  | 99214 *                       | Office Outpatient, Established Patient (25 Minutes)                             | \$267.00                                | \$139.44                     | \$292.00  |
|  | 99396                         | Periodic Preventive Medicine, Established Patient - Age 40-64                   | \$345.00                                | \$0.00                       | \$381.00  |
| Medicare coverage is based on policy for the individual laboratory test    | 80061                         | Lipid Panel (laboratory)  | \$178.00                                | \$0.00                       | \$153.00  |
|  | 95811                         | Polysomnography Sleep Staging, 4 or more parameters of sleep with C-Pap therapy | N/A                                     | N/A                          | N/A   |
| <b>Hypo-functioning thyroid gland, w/o surgery</b>                         |                               |   |   |                              |   |
| <b>* = only one of these codes billed per visit</b>                        | 99213 *                       | Office Outpatient, Established Patient (15 Minutes)                             | \$171.00                                | \$96.65                      | \$192.00  |
|  | 99214 *                       | Office Outpatient, Established Patient (25 Minutes)                             | \$267.00                                | \$139.44                     | \$292.00  |
|  | 99396                         | Periodic Preventive Medicine, Established Patient - Age 40-64                   | \$345.00                                | \$0.00                       | \$381.00  |
| Medicare coverage is based on policy for the individual laboratory test    | 80061                         | Lipid Panel (laboratory)  | \$178.00                                | \$0.00                       | \$153.00  |
| Medicare coverage is based on policy for the individual laboratory test    | 84443                         | Thyroid Stimulating Hormone (laboratory)  | \$195.00                                | \$0.00                       | \$180.00  |
| <b>Acne</b>  |                               |   |   |                              |   |
| <b>* = only one of these codes billed per visit</b>                        | 99212 *                       | Office Outpatient, Established Patient (10 Minutes)                             | \$122.00                                | \$61.04                      | \$131.00  |

| Medical Condition<br>(Episode Treatment Group)                          | Related<br>Services:<br>CPT Code | Medical Service or Procedure (CPT)                                | Median billed<br>charge 1/01/21 -<br>12/31/21 | Medicare paid<br>this practice: | Typical charge<br>in this area<br>(source: Fair<br>Health) |
|---|----------------------------------|---|---|---------------------------------|--|
|   | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)               | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)               | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 99202 *                          | Office Outpatient, New Patient (20 Minutes)                       | \$206.00                                      | \$83.43                         | \$221.50   |
|   | 99203 *                          | Office Outpatient, New Patient (30 Minutes)                       | \$275.00                                      | \$124.22                        | \$309.00   |
| <b>Acute bronchitis</b>   |                                  |   |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)               | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)               | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 71046                            | Radiology exam, chest -2 views (frontal & lateral)                | \$283.00                                      | \$35.48                         | \$297.50   |
|   | 99284                            | Emergency Department, High Severity & Urgent Evaluation           | \$578.00                                      | \$161.22                        | \$665.50   |
|   | 94640                            | Pressurized/nonpressurized inhalation treatment or sputum induct. | \$127.00                                      | \$24.14                         | \$111.00   |
| <b>Acute sinusitis, w/o surgery</b>                                     |                                  |   |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)               | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)               | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 99203 *                          | Office Outpatient, New Patient (30 Minutes)                       | \$275.00                                      | \$124.22                        | \$309.00   |
| Medicare coverage is based on policy for the individual radiology study | 70486                            | CT Scan - Maxillofacial area without contrast (Global charge)     | \$2,186.00                                    | \$238.90                        | \$1,239.50   |
|   | 95165                            | Supervision/Preparation of antigens for allergen immunotherapy    | \$39.00                                       | \$17.57                         | \$39.00  |
| <b>Chronic sinusitis, w/o surgery</b>                                   |                                  |   |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)               | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)               | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 31231                            | Nasal Endoscopy Diagnostic Unilateral/Bilateral                   | \$547.00                                      | \$225.34                        | \$750.00   |
| Medicare coverage is based on policy for the individual radiology study | 70486                            | CT Scan - Maxillofacial area without contrast (Global charge)     | \$2,186.00                                    | \$238.90                        | \$1,239.50   |
|   | 95004                            | Percutaneous Tests with Allergenic Extracts - Per Test            | \$27.00                                       | \$3.74                          | \$24.00  |
| <b>Tonsillitis, adenoiditis or pharyngitis, w/o surgery</b>             |                                  |   |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)               | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)               | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 99284                            | Emergency Department, High Severity & Urgent Evaluation           | \$578.00                                      | \$161.22                        | \$665.50   |
| Medicare coverage is based on policy for the individual laboratory test | 87880                            | Streptococcus, Group A (Laboratory)                               | \$85.00                                       | \$0.00                          | \$61.00  |
| Medicare coverage is based on policy for the individual laboratory test | 87081                            | Culture Presumptive, Pathogenic Organisms Screening               | \$40.00                                       | \$0.00                          | \$65.00  |
| <b>Otitis media, w/o surgery</b>  |                                  |   |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99212 *                          | Office Outpatient, Established Patient (10 Minutes)               | \$122.00                                      | \$61.04                         | \$131.00   |
|   | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)               | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)               | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 99283 *                          | Emergency Department, Moderate Severity                           | \$376.00                                      | \$98.24                         | \$373.00   |
|   | 69436                            | Tympanostomy - General Anesthesia (hospital service)              | \$2,071.00                                    | \$331.78                        | \$2,502.00   |
| <b>Otolaryngology diseases signs &amp; symptoms</b>                     |                                  |   |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)               | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)               | \$267.00                                      | \$139.44                        | \$292.00   |

| Medical Condition<br>(Episode Treatment Group)                          | Related<br>Services:<br>CPT Code | Medical Service or Procedure (CPT)   | Median billed<br>charge 1/01/21 -<br>12/31/21 | Medicare paid<br>this practice: | Typical charge<br>in this area<br>(source: Fair<br>Health) |
|---|----------------------------------|--|---|---------------------------------|--|
|   | 99283 *                          | Emergency Department, Moderate Severity  | \$376.00                                      | \$98.24                         | \$373.00   |
|   | 30901                            | Control Nasal Hemorrhage, Anterior, Simple - Any Method                            | \$563.00                                      | \$191.48                        | \$563.50   |
|   | 31238                            | Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy,<br>Debridement w/Bleeding Control | \$1,671.00                                    | \$376.84                        | \$1,947.50   |
| <b>Routine inoculation</b>  |                                  |  |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99395 *                          | Periodic Preventive Medicine, Established Patient - Age 18-39                      | \$330.00                                      | \$0.00                          | \$359.00   |
|   | 99396 *                          | Periodic Preventive Medicine, Established Patient - Age 40-64                      | \$345.00                                      | \$0.00                          | \$381.00   |
|   | 90471                            | Immunization Administration of 1 Vaccine   | \$62.00                                       | \$20.46                         | \$54.50  |
|   | 90651                            | HPV Vaccine Non-Valent   | \$304.85                                      | \$0.00                          | \$406.00   |
|   | 90715                            | Tdap Vaccine 7 Years or Older  | \$56.16                                       | \$0.00                          | \$86.00  |
| <b>Contraceptive management</b>   |                                  |  |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)                                | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)                                | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 99395                            | Periodic Preventive Medicine, Established Patient - Age 18-39                      | \$330.00                                      | \$0.00                          | \$359.00   |
|   | 58300                            | Insertion of Intrauterine Device (IUD)   | \$678.00                                      | \$0.00                          | \$645.50   |
|   | 76830                            | Ultrasound - Transvaginal  | \$887.00                                      | \$110.91                        | \$1,219.00   |
| <b>Gastroenterology diseases signs &amp; symptoms</b>                   |                                  |  |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)                                | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)                                | \$267.00                                      | \$139.44                        | \$292.00   |
| Medicare coverage is based on policy for the individual radiology study | 45378                            | Scope of Colon (diagnostic colonoscopy)  | \$2,906.00                                    | \$579.41                        | \$2,608.00   |
|   | 72193                            | CT Scan - Pelvis, with Contrast (Global charge)                                    | \$2,501.00                                    | \$280.38                        | \$2,150.00   |
| Medicare coverage is based on policy for the individual radiology study | 74160                            | CT Scan - Abdomen, with Contrast (Global charge)                                   | \$3,157.00                                    | \$346.29                        | \$2,072.00   |
| <b>Fungal skin infection</b>  |                                  |  |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99212 *                          | Office Outpatient, Established Patient (10 Minutes)                                | \$122.00                                      | \$61.04                         | \$131.00   |
|   | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)                                | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)                                | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 11721                            | Debridement Nail, Any Method 6 or more   | \$186.00                                      | \$57.06                         | \$152.50   |
|   | 11750                            | Excision Nail Matrix, Permanent Removal  | \$919.00                                      | \$230.71                        | \$1,024.00   |
| <b>Mood disorder, depressed</b>   |                                  |  |   |                                 |  |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)                                | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 90791 *                          | Psychiatric Diagnostic Evaluation  | \$460.00                                      | \$204.00                        | \$300.00   |
|   | 90832                            | Individual Psychotherapy 20-30 minutes (office setting)                            | \$197.00                                      | \$88.07                         | \$178.50   |
|   | 90834                            | Psychotherapy 45 Minutes w/Patient   | \$345.00                                      | \$124.15                        | \$201.00   |
|   | 99214 *                          | Pharmacologic Management / review of medications (E & M CPT code)                  | \$267.00                                      | \$139.44                        | \$292.00   |
| <b>Other neuropsychological or behavioral disorders</b>                 |                                  |  |   |                                 |  |
| <b>* = only one of these codes billed per visit</b>                     | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)                                | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)                                | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 90791 *                          | Psychiatric Diagnostic Evaluation  | \$460.00                                      | \$204.00                        | \$300.00   |
|   | 90834                            | Psychotherapy 45 Minutes w/Patient   | \$345.00                                      | \$124.15                        | \$201.00   |

| Medical Condition<br>(Episode Treatment Group)      | Related<br>Services:<br>CPT Code | Medical Service or Procedure (CPT)   | Median billed<br>charge 1/01/21 -<br>12/31/21 | Medicare paid<br>this practice: | Typical charge<br>in this area<br>(source: Fair<br>Health) |
|---|----------------------------------|--|---|---------------------------------|--|
|   | 90847                            | Family Psychotherapy w/Patient Present   | \$415.00                                      | \$130.59                        | \$312.50   |
| <b>Visual disturbances, w/o surgery</b>             |                                  |  |   |                                 |  |
| <b>* = only one of these codes billed per visit</b> | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)                                      | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 92004 *                          | Ophthalmological Medical Exam & Evaluation Comprehensive, New Patient, 1+ Visits         | \$250.00                                      | \$157.93                        | \$303.00   |
|   | 92012 *                          | Ophthalmological Medical Exam & Evaluation Intermediate, Established Patient             | \$178.00                                      | \$96.68                         | \$202.00   |
|   | 92014 *                          | Ophthalmological Medical Exam & Evaluation Comprehensive, Established Patient, 1+ Visits | \$225.00                                      | \$133.98                        | \$257.50   |
|   | 92015                            | Determination of Refractive State  | \$12.00                                       | \$0.00                          | \$48.50  |
| <b>Cataract, w/o surgery</b>                        |                                  |  |   |                                 |  |
| <b>* = only one of these codes billed per visit</b> | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)                                      | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)                                      | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 92004 *                          | Ophthalmological Medical Exam & Evaluation Comprehensive, New Patient, 1+ Visits         | \$250.00                                      | \$157.93                        | \$303.00   |
|   | 92014 *                          | Ophthalmological Medical Exam & Evaluation Comprehensive, Established Patient, 1+ Visits | \$225.00                                      | \$133.98                        | \$257.50   |
|   | 92015                            | Determination of Refractive State  | \$12.00                                       | \$0.00                          | \$48.50  |
| <b>Inflammatory eye disease, w/o surgery</b>        |                                  |  |   |                                 |  |
| <b>* = only one of these codes billed per visit</b> | 99213 *                          | Office Outpatient, Established Patient (15 Minutes)                                      | \$171.00                                      | \$96.65                         | \$192.00   |
|   | 99214 *                          | Office Outpatient, Established Patient (25 Minutes)                                      | \$267.00                                      | \$139.44                        | \$292.00   |
|   | 92004 *                          | Ophthalmological Medical Exam & Evaluation Comprehensive, New Patient, 1+ Visits         | \$250.00                                      | \$157.93                        | \$303.00   |
|   | 92014 *                          | Ophthalmological Medical Exam & Evaluation Comprehensive, Established Patient, 1+ Visits | \$225.00                                      | \$133.98                        | \$257.50   |
|   | 92015                            | Determination of Refractive State  | \$12.00                                       | \$0.00                          | \$48.50  |

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