2025 Mayo Clinic Health System - Eau Claire 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.

		e services, tests and procedures are listed that are most often charged by phy	Median billed		charge in this
Medical Condition (Episode Treatment Group)	Related Services: CPT Code	Medical Service or Procedure (CPT)	charge 1/01/24 - 12/31/24	Medicare paid this practice:	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	\$333.55
	99393 *	Periodic Preventive Medicine, Established Patient - Age 5-11	\$315.00	\$0.00	\$346.85
	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	\$429.35 \$456.40
Hyperlipidemia other	77067	Screening Mammography Bilateral (Female Only)	\$558.00	\$96.30	\$655.15
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214 * 99396	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$330.00 \$366.00	\$96.38 \$0.00	\$346.45 \$456.40
Medicare coverage is based on policy for the individual laboratory test <b>Hypertension</b>	80053 80061	Comprehensive Metabolic Panel (laboratory) Lipid Panel (laboratory)	\$223.00 \$193.00	\$8.45 \$10.71	\$293.80 \$251.20
Hypertension * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214 * 99396	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$330.00 \$366.00	\$96.38 \$0.00	\$346.45 \$456.40
Medicare coverage is based on policy for the individual	93306	Echocardiography, transthoracic real-time (2D) with M-Mode complete	\$4,447.00	\$573.93	\$4,298.70
laboratory test	80053	Comprehensive Metabolic Panel (laboratory)	\$223.00	\$8.45	\$293.80
Other minor orthopedic disorders - back	98940	CMT Spine 1-2 Regions (chiropractic)	N/A	N/A	N/A
	98941	CMT Spine 3-4 Regions (chiropractic)	N/A	N/A \$68.26	N/A
	99213 97110	Office Outpatient, Established Patient (15 Minutes) Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise	\$220.00 \$155.00	\$00.20 \$22.40	\$228.15 \$125.05
Medicare coverage is based on policy for the individual radiology study	72148	MRI Spinal Canal; lumbar spine without contrast (Global charge)	\$4,491.00	\$337.13	\$3,433.60
Joint degeneration localized - back, w/o surgery					
Medicare coverage is based on policy for the individual	99213	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
radiology study	72148 98940	MRI Spinal Canal; lumbar spine without contrast (Global charge)	\$4,491.00 N/A	\$337.13 N/A	\$3,433.60
	98941	CMT Spine 1-2 Regions (chiropractic) CMT Spine 3-4 Regions (chiropractic)	N/A	N/A	N/A N/A
Isolated signs, symptoms & non-specific diagnoses	97110 or conditions	Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise	\$155.00	\$22.40	\$125.05
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
Medicara coverage is been a policy for the individual	99214 * 70553	Office Outpatient, Established Patient (25 Minutes) MRI Brain (brain stem), with &/or without contrast (Global charge)	\$330.00 \$7,368.00	\$96.38 \$543.22	\$346.45 \$5,267.70
Medicare coverage is based on policy for the individual radiology study Diabetes w/o surgery	77067 71046	Screening Mammography Bilateral (Female Only) Radiology exam, chest -2 views (frontal & lateral)	\$558.00 \$296.00	\$96.30 \$95.40	\$655.15 \$354.90
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214 * 83036	Office Outpatient, Established Patient (25 Minutes) Hgb Glycosylated (laboratory)	\$330.00 \$75.00	\$96.38 \$7.77	\$346.45 \$150.60
Medicare coverage is based on policy for the individual laboratory test	82043 80061	Urine (e.g. Microalbumin) Quantitative Lipid Panel (laboratory)	\$150.00 \$193.00	\$4.62 \$10.71	\$175.55 \$251.20
Obesity w/o surgery * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214 * 99396	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$330.00 \$366.00	\$96.38 \$0.00	\$346.45 \$456.40
Medicare coverage is based on policy for the individual laboratory test	80061	Lipid Panel (laboratory) Polysomnography Sleep Staging, 4 or more parameters of sleep with C-Pap	\$193.00	\$10.71	\$251.20
	95811	therapy	\$6,997.00	\$1,383.00	\$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	\$68.26	\$228.15
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$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 \$10.71	\$456.40 \$251.20
laboratory test Acne	84443	Thyroid Stimulating Hormone (laboratory)	\$202.00	\$13.44	\$231.50
* = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$155.00	\$42.42	\$145.35
	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$68.26 \$96.38	\$228.15 \$346.45
	99202 *	Office Outpatient, New Patient (20 Minutes)	\$236.00	\$54.14	\$237.05
Acute bronchitis	99203 *	Office Outpatient, New Patient (30 Minutes)	\$339.00	\$83.16	\$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	\$68.26 \$96.38	\$228.15 \$346.45
	71046	Radiology exam, chest -2 views (frontal & lateral)	\$296.00	\$95.40	\$354.90
	99284 94640	Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct.	\$614.00 \$196.00	\$430.30 \$170.54	\$699.25 \$202.55
Acute sinusitis w/o surgery					
* = only one of these codes billed per visit Medicare coverage is based on policy for the individual	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$220.00 \$330.00	\$68.26 \$96.38	\$228.15 \$346.45
	99203 *	Office Outpatient, New Patient (30 Minutes)	\$339.00	\$83.16	\$344.75
radiology study	70486 95165	CT Scan - Maxillfacial area without contrast (Global charge) Supervision/Preparation of antigens for allergen immunotherapy	\$2,263.00 \$44.00	\$183.81 \$47.61	\$1,217.25 \$64.50
Chronic sinusitis w/o surgery					
* = 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	\$68.26 \$96.38	\$228.15 \$346.45
	31231	Nasal Endoscopy Diagnostic Unilateral/Bilateral	\$674.00	\$292.68	\$1,051.20
Medicare coverage is based on policy for the individual					\$1,217.25
radiology study	70486 95004	CT Scan - Maxillfacial area without contrast (Global charge) Percutaneous Tests with Allergenic Extracts - Per Test	\$2,263.00 \$31.00	\$183.81 \$3.26	
radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery	95004	Percutaneous Tests with Allergenic Extracts - Per Test	\$31.00	\$3.26	\$54.15
radiology study	95004 99213 * 99214 *	Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$31.00 \$220.00 \$330.00	\$3.26 \$68.26 \$96.38	\$54.15 \$228.15 \$346.45
radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit	95004 99213 * 99214 * 99284	Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, High Severity & Urgent Evaluation	\$31.00	\$3.26 \$68.26	\$54.15 \$228.15 \$346.45 \$699.25
radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual laboratory test	95004 99213 * 99214 *	Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$31.00 \$220.00 \$330.00 \$614.00	\$3.26 \$68.26 \$96.38 \$430.30	\$54.15 \$228.15 \$346.45 \$699.25 N/A
radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual laboratory test	95004 99213 * 99214 * 99284 87880 87081 99212 *	Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, High Severity & Urgent Evaluation Streptococcus, Group A (Laboratory) Culture Presumptive, Pathogenic Organisms Screening Office Outpatient, Established Patient (10 Minutes)	\$31.00 \$220.00 \$330.00 \$614.00 N/A \$54.00 \$155.00	\$3.26 \$68.26 \$96.38 \$430.30 N/A \$5.30 \$42.42	\$54.15 \$228.15 \$346.45 \$699.25 N/A \$66.00 \$145.35
radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual laboratory test Otitis media w/o surgery	95004 99213 * 99214 * 99284 87880 87081 99212 * 99213 *	Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, High Severity & Urgent Evaluation Streptococcus, Group A (Laboratory) Culture Presumptive, Pathogenic Organisms Screening Office Outpatient, Established Patient (10 Minutes) Office Outpatient, Established Patient (15 Minutes)	\$31.00 \$220.00 \$330.00 \$614.00 N/A \$54.00 \$155.00 \$220.00	\$3.26 \$68.26 \$96.38 \$430.30 N/A \$5.30 \$42.42 \$68.26	\$54.15 \$228.15 \$346.45 \$669.25 N/A \$66.00 \$145.35 \$228.15
radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual laboratory test Otitis media w/o surgery	95004 99213 * 99214 * 99284 87880 87081 99212 * 99213 * 99214 * 99224 *	Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, High Severity & Urgent Evaluation Streptococcus, Group A (Laboratory) Culture Presumptive, Pathogenic Organisms Screening Office Outpatient, Established Patient (10 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, Moderate Severity	\$31.00 \$220.00 \$330.00 \$614.00 N/A \$54.00 \$155.00 \$220.00 \$330.00 \$339.00	\$3.26 \$68.26 \$96.38 \$430.30 N/A \$5.30 \$42.42 \$68.26 \$96.38 \$272.21	\$54.15 \$228.15 \$346.45 \$699.25 N/A \$66.00 \$145.35 \$228.15 \$346.45 \$346.45 \$346.45
radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual laboratory test Otitis media w/o surgery * = only one of these codes billed per visit	95004 99213 * 99214 * 99284 87880 87081 99212 * 99213 * 99214 *	Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, High Severity & Urgent Evaluation Streptococcus, Group A (Laboratory) Culture Presumptive, Pathogenic Organisms Screening Office Outpatient, Established Patient (10 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$31.00 \$220.00 \$330.00 \$614.00 N/A \$54.00 \$155.00 \$220.00 \$330.00	\$3.26 \$68.26 \$96.38 \$430.30 N/A \$5.30 \$42.42 \$68.26 \$68.26 \$96.38	\$54.15 \$228.15 \$346.45 \$699.25 N/A \$660.00 \$145.35 \$228.15 \$346.45
radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual laboratory test Otitis media w/o surgery	95004 99213 * 99214 * 99284 87880 87081 99212 * 99213 * 99214 * 99224 *	Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, High Severity & Urgent Evaluation Streptococcus, Group A (Laboratory) Culture Presumptive, Pathogenic Organisms Screening Office Outpatient, Established Patient (10 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, Moderate Severity	\$31.00 \$220.00 \$330.00 \$614.00 N/A \$54.00 \$155.00 \$220.00 \$330.00 \$339.00	\$3.26 \$68.26 \$96.38 \$430.30 N/A \$5.30 \$42.42 \$68.26 \$96.38 \$272.21	\$54.15 \$228.15 \$346.45 \$699.25 N/A \$66.00 \$145.35 \$228.15 \$346.45 \$346.45 \$346.45

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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.

	Related	e services, tests and procedures are listed that are most often charged by phy	Median billed charge	Medicare	charge in this area
Medical Condition	Services:		1/01/24 -	paid this	
		Madiaal Ormaina on December (ODT)			(source: Fair
(Episode Treatment Group)	CPT Code	Medical Service or Procedure (CPT)	12/31/24	practice:	Health)
	99283 *	Emergency Department, Moderate Severity	\$399.00	\$272.21	\$421.35
	30901	Control Nasal Hemorrhage, Anterior, Simple - Any Method	\$596.00	\$214.58	\$552.85
		Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding			
	31238	Control	\$1,769.00	\$1,495.74	\$2,375.05
Routine inoculation					
* = only one of these codes billed per visit	99395 *	Periodic Preventive Medicine, Established Patient - Age 18-39	\$351.00	\$0.00	\$429.35
	99396 *	Periodic Preventive Medicine, Established Patient - Age 40-64	\$366.00	\$0.00	\$456.40
	90471	Immunization Administration of 1 Vaccine	\$52.00	\$69.96	\$51.25
	90651	HPV Vaccine Non-Valent	\$374.00	\$0.00	\$414.75
	90715	Tdap Vaccine 7 Years or Older	\$61.00	\$0.00	\$75.60
Contraceptive management					
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99395	Periodic Preventive Medicine, Established Patient - Age 18-39	\$351.00	\$0.00	\$429.35
	58300	Insertion of Intrauterine Device (IUD)	\$718.00	\$0.00	\$673.45
	76830	Ultrasound - Transvaginal	\$905.00	\$174.60	\$1,231.85
Gastroenterology diseases signs & symptoms			φ000.00	ψ174.00	ψ1,201.00
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
* = only one of these codes billed per visit	99213	Office Outpatient, Established Patient (15 Minutes)	\$330.00	\$96.38	\$346.45
	332 14	Onios Outpatient, Lotabiloneu Fatient (20 Minutes)	φ330.00	\$90.30	φ <del>34</del> 0.45
Medicare coverage is based on policy for the individual study	45378	Seens of Colon (diagnostic colonescent)	¢0.694.00	\$957.90	¢0 407 00
		Scope of Colon (diagnostic colonoscopy)	\$2,684.00		\$2,487.80
Medicare coverage is based on policy for the individual	72193	CT Scan - Pelvis, with Contrast (Global charge)	\$2,624.00	\$183.04	\$2,298.20
radiology study	74160	CT Scan - Abdomen, with Contrast (Global charge)	\$3,311.00	\$187.02	\$2,466.35
Fungal skin infection			1 A ( == 0.0 ]	<b>.</b>	<b></b>
* = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$155.00	\$42.42	\$145.35
	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	
	11721	Debridement Nail, Any Method 6 or more	\$197.00	\$80.77	\$147.15
	11750	Excision Nail Matrix, Permanent Removal	\$974.00	\$428.86	\$1,178.95
Mood disorder, depressed					
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	90791 *	Psychiatric Diagnostic Evaluation	\$484.00	\$255.40	\$440.25
	90832	Individual Psychotherapy 20-30 minutes (office setting)	\$207.00	\$183.20	\$198.95
	90834	Psychotherapy 45 Minutes w/Patient	\$365.00	\$202.48	\$359.00
	99214 *	Pharmacologic Management / review of medications (E & M CPT code)	\$330.00	\$96.38	\$346.45
Other neuropsychological or behavioral disorders				·	
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	90791 *	Psychiatric Diagnostic Evaluation	\$484.00	\$255.40	\$440.25
	90834	Psychotherapy 45 Minutes w/Patient	\$365.00	\$202.48	\$359.00
	90847	Family Psychotherapy w/Patient Present	\$437.00	\$201.87	\$299.30
Visual disturbances w/o surgery	100047		ψ-37.00	ψ201.07	ψ2.39.30
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
- only one of these codes billed per visit	92004 *	Comprehensive, New Patient, 1+ Visits	\$265.00	\$215.10	
Ophthalmological Medical Exam & Evaluation	92004 92012 *	Intermediate, Established Patient	\$265.00	\$215.10	\$181.30
	92014 *	Comprehensive, Established Patient, 1+ Visits	\$239.00	\$197.52	\$242.00
0-4	92015	Determination of Refractive State	\$30.00	\$0.00	\$50.00
Cataract w/o surgery				*** ***	****
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
		Comprehensive, New Patient, 1+ Visits	\$265.00	\$215.10	
Ophthalmological Medical Exam & Evaluation	92004 *				
Ophthalmological Medical Exam & Evaluation	92014 *	Comprehensive, Established Patient, 1+ Visits	\$239.00	\$197.52	
				\$197.52 \$0.00	
Inflammatory eye disease w/o surgery	92014 * 92015	Comprehensive, Established Patient, 1+ Visits Determination of Refractive State	\$239.00 \$30.00	\$0.00	\$50.00
Ophthalmological Medical Exam & Evaluation Inflammatory eye disease w/o surgery * = only one of these codes billed per visit	92014 *	Comprehensive, Established Patient, 1+ Visits	\$239.00 \$30.00 \$220.00		\$242.00 \$50.00 \$228.15
Inflammatory eye disease w/o surgery	92014 * 92015	Comprehensive, Established Patient, 1+ Visits Determination of Refractive State	\$239.00 \$30.00	\$0.00	\$50.00 \$228.1
Inflammatory eye disease w/o surgery * = only one of these codes billed per visit	92014 * 92015 99213 *	Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes)	\$239.00 \$30.00 \$220.00	\$0.00	\$50.00 \$228.15 \$346.45
Inflammatory eye disease w/o surgery	92014 * 92015 99213 * 99214 *	Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$239.00 \$30.00 \$220.00 \$330.00	\$0.00 \$68.26 \$96.38	\$50.00 \$228.15 \$346.45

Items marked "N/A" (not applicable) are not performed or billed at Mayo Clinic Health System - Eau Claire