## 2025 Mayo Clinic Health System - Ellsworth 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 (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)
Routine exam * = only one of these codes billed per visit	99392 * 99393 *	Periodic Preventive Medicine, Established Patient - Age 1-4 Periodic Preventive Medicine, Established Patient - Age 5-11	\$251.00 \$261.00	\$0.00 \$0.00	\$308.90 \$307.70
	99395 * 99396 *	Periodic Preventive Medicine, Established Patient - Age 18-39 Periodic Preventive Medicine, Established Patient - Age 40-64	\$319.00 \$341.00	\$0.00 \$0.00	\$346.90 \$369.70
Hyperlipidemia other	77067	Screening Mammography Bilateral (Female Only)	\$516.00	\$101.66	\$482.30
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$210.00 \$313.00	\$179.10 \$208.01	\$260.60 \$370.70
Medicare coverage is based on policy for the individual	99396 80053	Periodic Preventive Medicine, Established Patient - Age 40-64  Comprehensive Metabolic Panel (laboratory)	\$341.00 \$100.00	\$0.00 \$8.45	\$369.70 \$78.10
laboratory test  Hypertension	80061	Lipid Panel (laboratory)	\$132.00	\$10.71	\$110.20
* = only one of these codes billed per visit  Medicare coverage is based on policy for the individual laboratory test  Other minor orthopedic disorders - back	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$210.00 \$313.00	\$179.10 \$208.01	\$260.60 \$370.70
	99396	Periodic Preventive Medicine, Established Patient - Age 40-64 Echocardiography, transthoracic real-time (2D) with M-Mode complete	\$341.00	\$0.00	\$369.70
	93306	spectral & color flow doppler	N/A	N/A	N/A
	80053	Comprehensive Metabolic Panel (laboratory)	\$100.00	\$8.45	\$78.10
	98940 98941	CMT Spine 1-2 Regions (chiropractic) CMT Spine 3-4 Regions (chiropractic)	N/A N/A	N/A N/A	N/A N/A
	99213 97110	Office Outpatient, Established Patient (15 Minutes) Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise	\$210.00 N/A	\$179.10 N/A	\$260.60 N/A
Medicare coverage is based on policy for the individual radiology study	72148	MRI Spinal Canal; lumbar spine without contrast (Global charge)	N/A	N/A	N/A
Joint degeneration, localized - back, w/o surgery	99213	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
Medicare coverage is based on policy for the individual radiology study	72148	MRI Spinal Canal; lumbar spine without contrast (Global charge)	N/A	N/A	N/A
	98940 98941	CMT Spine 1-2 Regions (chiropractic) CMT Spine 3-4 Regions (chiropractic)	N/A N/A	N/A N/A	N/A N/A
Isolated signs, symptoms & non-specific diagnoses of	97110	Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise	N/A	N/A	N/A
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$210.00 \$313.00	\$179.10 \$208.01	\$260.60 \$370.70
Medicare coverage is based on policy for the individual radiology study	70553	MRI Brain (brain stem), with &/or without contrast (Global charge)	N/A	N/A	N/A
	77067 71046	Screening Mammography Bilateral (Female Only) Radiology exam, chest -2 views (frontal & lateral)	\$516.00 N/A	\$101.66 N/A	\$482.30 N/A
Diabetes w/o surgery * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
	99214 * 83036	Office Outpatient, Established Patient (25 Minutes) Hgb Glycosylated (laboratory)	\$313.00 \$71.00	\$208.01 \$7.77	\$370.70 \$81.90
Medicare coverage is based on policy for the individual laboratory test	82043 80061	Urine (e.g. Microalbumin) Quantitative Lipid Panel (laboratory)	\$80.00 \$132.00	\$4.62 \$10.71	\$77.30 \$110.20
Obesity w/o surgery * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
only one of those codes shield per visit	99214 * 99396	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$313.00 \$341.00	\$208.01 \$0.00	\$370.70 \$369.70
Medicare coverage is based on policy for the individual laboratory test	80061	Lipid Panel (laboratory)	\$132.00	\$10.71	\$110.20
insportation, there	95811	Polysomnography Sleep Staging, 4 or more parameters of sleep with C-Pap therapy	N/A	N/A	N/A
Hypo-functioning thyroid gland w/o surgery * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
only one of those codes shield per visit	99214 * 99396	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$313.00 \$341.00	\$208.01 \$0.00	\$370.70 \$369.70
Medicare coverage is based on policy for the individual laboratory test	80061 84443	Lipid Panel (laboratory) Thyroid Stimulating Hormone (laboratory)	\$132.00 \$136.00	\$10.71 \$13.44	\$110.20 \$128.80
* = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$143.00	\$152.60	\$148.80
Sing one of these seaso since per viol	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes)  Office Outpatient, Established Patient (25 Minutes)	\$210.00 \$313.00	\$179.10 \$208.01	\$260.60 \$370.70
	99202 * 99203 *	Office Outpatient, New Patient (20 Minutes) Office Outpatient, New Patient (30 Minutes)	\$230.00 \$325.00	\$164.69 \$194.42	\$212.70 \$330.50
Acute bronchitis  * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
	99214 * 71046	Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral)	\$313.00 N/A	\$208.01 N/A	\$370.70 N/A
	99284 94640	Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct.	N/A N/A	N/A N/A	N/A N/A
Acute sinusitis w/o surgery	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
* = only one of these codes billed per visit				\$208.01	\$370.70 \$330.50
* = only one of these codes billed per visit	99214 *	Office Outpatient, Established Patient (25 Minutes)  Office Outpatient, New Patient (30 Minutes)	\$313.00 \$325.00	\$194.42	
* = only one of these codes billed per visit  Medicare coverage is based on policy for the individual radiology study		Office Outpatient, Established Patient (25 Minutes) Office Outpatient, New Patient (30 Minutes) CT Scan - Maxillfacial area without contrast (Global charge)	\$313.00 \$325.00 N/A	\$194.42 N/A	
Medicare coverage is based on policy for the individual	99214 * 99203 *	Office Outpatient, New Patient (30 Minutes)	\$325.00		N/A
Medicare coverage is based on policy for the individual radiology study	99214 * 99203 * 70486 95165  99213 * 99214 *	Office Outpatient, New Patient (30 Minutes)  CT Scan - Maxillfacial area without contrast (Global charge)  Supervision/Preparation of antigens for allergen immunotherapy  Office Outpatient, Established Patient (15 Minutes)  Office Outpatient, Established Patient (25 Minutes)	\$325.00 N/A N/A \$210.00 \$313.00	N/A N/A \$179.10 \$208.01	N/A N/A \$260.60 \$370.70
Medicare coverage is based on policy for the individual radiology study  Chronic sinusitis w/o surgery  * = only one of these codes billed per visit  Medicare coverage is based on policy for the individual	99214 * 99203 * 70486 95165 99213 * 99214 * 31231	Office Outpatient, New Patient (30 Minutes)  CT Scan - Maxilifacial area without contrast (Global charge) Supervision/Preparation of antigens for allergen immunotherapy  Office Outpatient, Established Patient (15 Minutes)  Office Outpatient, Established Patient (25 Minutes) Nasal Endoscopy Diagnostic Unilateral/Bilateral	\$325.00 N/A N/A \$210.00 \$313.00 N/A	N/A N/A \$179.10 \$208.01 N/A	N/A N/A \$260.60 \$370.70 N/A
Medicare coverage is based on policy for the individual radiology study  Chronic sinusitis w/o surgery * = only one of these codes billed per visit  Medicare coverage is based on policy for the individual radiology study	99214 * 99203 * 70486 95165  99213 * 99214 *	Office Outpatient, New Patient (30 Minutes)  CT Scan - Maxillfacial area without contrast (Global charge)  Supervision/Preparation of antigens for allergen immunotherapy  Office Outpatient, Established Patient (15 Minutes)  Office Outpatient, Established Patient (25 Minutes)	\$325.00 N/A N/A \$210.00 \$313.00	N/A N/A \$179.10 \$208.01	N/A N/A \$260.60 \$370.70 N/A
Medicare coverage is based on policy for the individual radiology study  Chronic sinusitis w/o surgery * = only one of these codes billed per visit  Medicare coverage is based on policy for the individual	99214 * 99203 *  70486 95165  99213 * 99214 * 31231  70486 95004	Office Outpatient, New Patient (30 Minutes)  CT Scan - Maxillfacial area without contrast (Global charge) Supervision/Preparation of antigens for allergen immunotherapy  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Nasal Endoscopy Diagnostic Unilateral/Bilateral  CT Scan - Maxillfacial area without contrast (Global charge) Percutaneous Tests with Allergenic Extracts - Per Test  Office Outpatient, Established Patient (15 Minutes)	\$325.00  N/A  N/A  \$210.00  \$313.00  N/A  N/A  N/A  \$1,00  \$210.00	N/A N/A \$179.10 \$208.01 N/A N/A N/A \$179.10	N/A N/A \$260.60 \$370.70 N/A N/A N/A \$260.60
Medicare coverage is based on policy for the individual radiology study  Chronic sinusitis w/o surgery * = only one of these codes billed per visit  Medicare coverage is based on policy for the individual radiology study  Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit	99214 * 99203 * 70486 95165  99213 * 99214 * 31231  70486 95004  99213 * 99214 * 99214 *	Office Outpatient, New Patient (30 Minutes)  CT Scan - Maxillfacial area without contrast (Global charge) Supervision/Preparation of antigens for allergen immunotherapy  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Nasal Endoscopy Diagnostic Unilateral/Bilateral  CT Scan - Maxillfacial area without contrast (Global charge) 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	\$325.00  N/A  N/A  N/A  \$210.00  \$313.00  N/A  N/A  N/A  N/A  \$210.00  \$313.00  N/A	N/A N/A \$179.10 \$208.01 N/A N/A N/A \$179.10 \$208.01 N/A	N/A N/A \$260.60 \$370.70 N/A N/A \$260.60 \$370.70 N/A
Medicare coverage is based on policy for the individual radiology study  Chronic sinusitis w/o surgery * = only one of these codes billed per visit  Medicare coverage is based on policy for the individual 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	99214 * 99203 * 70486 95165  99213 * 99214 * 31231  70486 95004  99213 * 99214 *	Office Outpatient, New Patient (30 Minutes)  CT Scan - Maxillfacial area without contrast (Global charge) Supervision/Preparation of antigens for allergen immunotherapy  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Nasal Endoscopy Diagnostic Unilateral/Bilateral  CT Scan - Maxillfacial area without contrast (Global charge) Percutaneous Tests with Allergenic Extracts - Per Test  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$325.00  N/A  N/A  \$210.00  \$313.00  N/A  N/A  N/A  \$210.00  \$313.00  \$313.00	N/A N/A \$179.10 \$208.01 N/A N/A N/A \$179.10 \$208.01	N/A N/A \$260.60 \$370.70 N/A N/A \$260.60 \$370.70 N/A \$51.30
Medicare coverage is based on policy for the individual radiology study  Chronic sinusitis w/o surgery * = only one of these codes billed per visit  Medicare coverage is based on policy for the individual 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	99214 * 99203 * 70486 95165  99213 * 99214 * 31231  70486 95004  99213 * 99214 * 99214 * 99213 * 99214 *	Office Outpatient, New Patient (30 Minutes)  CT Scan - Maxilifacial area without contrast (Global charge) Supervision/Preparation of antigens for allergen immunotherapy  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Nasal Endoscopy Diagnostic Unilateral/Bilateral  CT Scan - Maxilifacial area without contrast (Global charge) 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)	\$325.00  N/A  N/A  N/A  \$210.00  \$313.00  N/A  N/A  N/A  N/A  \$210.00  \$313.00  N/A  \$49.00  \$143.00	N/A N/A \$179.10 \$208.01 N/A N/A N/A \$179.10 \$208.01 N/A \$13.22 \$5.30	N/A N/A \$260.60 \$370.70 N/A N/A N/A N/A \$260.60 \$370.77 N/A \$340.70 \$340.20 \$148.80
Medicare coverage is based on policy for the individual radiology study  Chronic sinusitis w/o surgery * = only one of these codes billed per visit  Medicare coverage is based on policy for the individual 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	99214 * 99203 * 70486 95165  99213 * 99214 * 31231  70486 95004  99213 * 99214 * 99214 * 99214 * 99214 *	Office Outpatient, New Patient (30 Minutes)  CT Scan - Maxillfacial area without contrast (Global charge) Supervision/Preparation of antigens for allergen immunotherapy  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Nasal Endoscopy Diagnostic Unilateral/Bilateral  CT Scan - Maxillfacial area without contrast (Global charge) 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	\$325.00  N/A  N/A  \$210.00  \$313.00  N/A  N/A  N/A  N/A  N/A  N/A  \$210.00  \$313.00  N/A  \$210.00  \$313.00  N/A  \$49.00	N/A N/A \$179.10 \$208.01 N/A N/A N/A \$179.10 \$208.01 N/A \$13.22 \$5.30	N/A N/A \$260.60 \$370.70

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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.

(Episode Treatment Group)         CPT           * = only one of these codes billed per visit         99213           99283         30901           30901         31238           Routine inoculation           * = only one of these codes billed per visit         99395           90471         90651           90715         90715           Contraceptive management           * = only one of these codes billed per visit         99213           98395         583000           76830         76830           Gastroenterology diseases signs & symptoms           * = only one of these codes billed per visit         99213           99214         99213           Medicare coverage is based on policy for the individual study         74160           Fungal skin infection         99213           * = only one of these codes billed per visit         99214           11721         11750           Mood disorder, depressed           99214         90791           90832         90832           90843         90832           90844         90832           90854         90832           90855         90856           90	* * * * * * * * * * * * * * * * * * * *	Medical Service or Procedure (CPT) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Emergency Department, Moderate Severity Control Nasal Hemorrhage, Anterior, Simple - Any Method Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding Control  Periodic Preventive Medicine, Established Patient - Age 18-39 Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (25 Minutes) Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$210.00 \$313.00 \$13.00 \$13.00 \$13.00 \$14.00 \$341.00 \$42.00 \$374.00 \$61.00 \$210.00 \$313.00 \$469.00 \$133.00 \$133.00 \$1469.00 \$1469.00	\$179.10 \$208.01 \$179.10 \$208.01 \$179.10 \$208.01 \$179.10 \$179.10 \$208.01 \$179.10 \$208.01 \$179.10 \$208.01 \$179.10 \$208.01 \$179.10 \$179.1	### Health  \$260.60 \$370.70  N/A  N/A  N/A  \$346.90 \$369.70 \$50.30 \$345.50 \$96.40  \$260.60 \$370.70 \$346.90 \$430.50  N/A  \$260.60 \$370.70
99214   99283   30901   31238	* * * * * * * * * * * * * * * * * * * *	Office Outpatient, Established Patient (25 Minutes)  Emergency Department, Moderate Severity Control Nasal Hemorrhage, Anterior, Simple - Any Method Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding Control  Periodic Preventive Medicine, Established Patient - Age 18-39 Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (25 Minutes) Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$313.00 N/A N/A N/A N/A  \$319.00 \$341.00 \$42.00 \$374.00 \$61.00  \$210.00 \$313.00 \$319.00 \$469.00 N/A  \$210.00 \$313.00	\$208.01 N/A N/A N/A \$0.00 \$0.00 \$74.19 \$0.00 \$0.00 \$179.10 \$208.01 \$179.10 \$208.01 N/A	\$370.70 N/A N/A N/A  \$346.90 \$369.70 \$50.30 \$345.50 \$96.40 \$260.60 \$370.70 \$346.90 \$430.50 N/A
99283   30901     31238     30901     31238     30901     31238     30901     31238     30901     30901     30901     309396     309396     309471   30651   30715     30901   30901	* * * * * * * * * * * * * * * * * * * *	Emergency Department, Moderate Severity Control Nasal Hemorrhage, Anterior, Simple - Any Method Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding Control  Periodic Preventive Medicine, Established Patient - Age 18-39 Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	N/A N/A N/A N/A \$319.00 \$341.00 \$42.00 \$374.00 \$61.00 \$313.00 \$319.00 \$469.00 N/A \$210.00	N/A N/A N/A \$0.00 \$0.00 \$74.19 \$0.00 \$179.10 \$208.01 \$179.10 \$179.10 \$208.01 N/A	N/A N/A N/A \$346.90 \$369.70 \$50.30 \$345.50 \$96.40 \$370.70 \$346.90 \$430.50 N/A
Routine inoculation   * = only one of these codes billed per visit   99395     99396   99396     99396   99471     99615   99715     100	* * * * * * * * * * * * * * * * * * * *	Control Nasal Hemorrhage, Anterior, Simple - Any Method Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding Control  Periodic Preventive Medicine, Established Patient - Age 18-39 Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (25 Minutes) Office Outpatient, Established Patient (25 Minutes)  Coffice Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	N/A N/A N/A  \$319.00 \$341.00 \$42.00 \$374.00 \$61.00  \$210.00 \$313.00 \$319.00 \$1469.00 N/A  \$210.00 \$313.00	N/A N/A \$0.00 \$0.00 \$74.19 \$0.00 \$179.10 \$208.01 \$0.00 N/A \$179.10 \$208.01	N/A  \$346.90 \$369.70 \$550.30 \$345.50 \$96.40  \$260.60 \$370.70 \$346.90 \$430.50 N/A
Routine inoculation   99395   99395   99396   99471   99395   99396   99471   99395   99396   99471   99395   99471   99395   99471	* * * * * *	Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding Control  Periodic Preventive Medicine, Established Patient - Age 18-39 Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	N/A \$319.00 \$341.00 \$42.00 \$374.00 \$61.00 \$313.00 \$319.00 \$469.00 N/A \$210.00	N/A \$0.00 \$0.00 \$74.19 \$0.00 \$0.00 \$179.10 \$208.01 \$0.00 N/A \$179.10 \$208.01	N/A \$346.90 \$369.70 \$50.30 \$345.50 \$96.40 \$260.60 \$370.70 \$346.90 \$430.50 N/A
Routine inoculation  * = only one of these codes billed per visit 99396 99396 99471 90651 90715  Contraceptive management  * = only one of these codes billed per visit 99213 99214 99395 68300 76830  Gastroenterology diseases signs & symptoms  * = only one of these codes billed per visit 99213 99214 Medicare coverage is based on policy for the individual study 45378 Medicare coverage is based on policy for the individual 72193 radiology study 74160 Fungal skin infection  * = only one of these codes billed per visit 99212 99213 99214 11750 Mood disorder, depressed 99214 99791 99214 10791 99214 99215 99214 99214 99214 99214 99214 99215  Mood disorder, depressed 99214 99214 99215 99214 99214 99214 99215	* * * * * *	Control  Periodic Preventive Medicine, Established Patient - Age 18-39 Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine Non-Valent Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (25 Minutes) Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$319.00 \$341.00 \$42.00 \$374.00 \$61.00 \$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00	\$0.00 \$0.00 \$74.19 \$0.00 \$0.00 \$179.10 \$208.01 \$0.00 N/A \$179.10 \$208.01	\$346.90 \$369.70 \$50.30 \$345.50 \$96.40 \$260.60 \$370.70 \$346.90 \$430.50 N/A
Provided   Provided	* * * * * *	Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$341.00 \$42.00 \$374.00 \$61.00 \$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00	\$0.00 \$74.19 \$0.00 \$0.00 \$179.10 \$208.01 \$0.00 N/A \$179.10 \$208.01	\$369.70 \$50.30 \$345.50 \$96.40 \$260.60 \$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
99396   90471   90651   90715   90715   90715   90715   90715   90715   90715   90715   90715   90715   90715   90715   90715   90716   90716   90716   90717   9071	* * * * *	Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$341.00 \$42.00 \$374.00 \$61.00 \$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00	\$0.00 \$74.19 \$0.00 \$0.00 \$179.10 \$208.01 \$0.00 N/A \$179.10 \$208.01	\$369.70 \$50.30 \$345.50 \$96.40 \$260.60 \$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
99396   90471   90651   90715   90715   90715   90715   90715   90715   90715   90715   90715   90715   90715   90715   90715   90716   90716   90716   90717   9071	* * *	Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$341.00 \$42.00 \$374.00 \$61.00 \$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00	\$74.19 \$0.00 \$0.00 \$179.10 \$208.01 \$0.00 \$0.00 N/A \$179.10 \$208.01	\$369.70 \$50.30 \$345.50 \$96.40 \$260.60 \$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
90471   90651   90715   Contraceptive management   * = only one of these codes billed per visit   99213   99214   99214   99335   58300   76830   76830   Gastroenterology diseases signs & symptoms   99214   99214   Medicare coverage is based on policy for the individual study   45378   Medicare coverage is based on policy for the individual radiology study   74160   Fungal skin infection   99213   99214   11750   Mood disorder, depressed   99213   99214   11750   Mood disorder, depressed   99213   99214   90791   90791   90791   90834   90834   90834   90834   90834   90834   90834   90834   908186**   Other neuropsychological or behavioral disorders   99213	* * *	Immunization Administration of 1 Vaccine HPV Vaccine Non-Valent Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$42.00 \$374.00 \$61.00 \$210.00 \$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00	\$74.19 \$0.00 \$0.00 \$179.10 \$208.01 \$0.00 \$0.00 N/A \$179.10 \$208.01	\$50.30 \$345.50 \$96.40 \$260.60 \$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
Contraceptive management  * = only one of these codes billed per visit  99213  99395  58300  76830  Gastroenterology diseases signs & symptoms  * = only one of these codes billed per visit  99213  99214  Medicare coverage is based on policy for the individual study 45378 Medicare coverage is based on policy for the individual 72193 74160  Fungal skin infection  * = only one of these codes billed per visit  99212  99213  99214  11725  Mood disorder, depressed  99214  99215  Mood disorder, depressed  99214  99217  99218  99219  99219  99219  99219  99219  99214  99219  99214  99214  99214  99214  99214  99214	* * *	Tdap Vaccine 7 Years or Older  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$61.00 \$210.00 \$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00 N/A	\$0.00 \$179.10 \$208.01 \$0.00 \$0.00 N/A \$179.10 \$208.01 N/A	\$96.40 \$260.60 \$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
Contraceptive management  * = only one of these codes billed per visit  99213  99214  99395  58300  76830  Gastroenterology diseases signs & symptoms  * = only one of these codes billed per visit  99213  Medicare coverage is based on policy for the individual study Medicare coverage is based on policy for the individual radiology study  Fungal skin infection  * = only one of these codes billed per visit  99213  99214  11721  11750  Mood disorder, depressed  99214  90791  90834  90834  90834  90834  90834  Other neuropsychological or behavioral disorders  * = only one of these codes billed per visit  99213	* * *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$210.00 \$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00 N/A N/A	\$179.10 \$208.01 \$0.00 \$0.00 N/A \$179.10 \$208.01	\$260.60 \$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
* = only one of these codes billed per visit  99213  99214  99395  58300  76830  Gastroenterology diseases signs & symptoms  * = only one of these codes billed per visit  99214  Medicare coverage is based on policy for the individual study Medicare coverage is based on policy for the individual radiology study  Fungal skin infection  * = only one of these codes billed per visit  99214  99213  99214  11750  Mood disorder, depressed  99214  99791  99791  99791  90791  90791  90834  90834  90834  90834  90814  Other neuropsychological or behavioral disorders  * = only one of these codes billed per visit  99213	* * *	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00 N/A	\$208.01 \$0.00 \$0.00 N/A \$179.10 \$208.01 N/A	\$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
* = only one of these codes billed per visit  99213  99214  99395  58300  76830  Gastroenterology diseases signs & symptoms  * = only one of these codes billed per visit  99214  Medicare coverage is based on policy for the individual study Medicare coverage is based on policy for the individual radiology study  Fungal skin infection  * = only one of these codes billed per visit  99214  99213  99214  11750  Mood disorder, depressed  99214  99791  99791  99791  90791  90791  90834  90834  90834  90834  90814  Other neuropsychological or behavioral disorders  * = only one of these codes billed per visit  99213	* * *	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00 N/A	\$208.01 \$0.00 \$0.00 N/A \$179.10 \$208.01 N/A	\$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
99214   99395   58300   76830   Gastroenterology diseases signs & symptoms   99214   99395   99214   99214   99214   99214   99214   99214   99214   99214   99214   99214   99214   99214   99214   99214   99214   99218   99218   99219	* * *	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$313.00 \$319.00 \$469.00 N/A \$210.00 \$313.00 N/A	\$0.00 \$0.00 N/A \$179.10 \$208.01 N/A N/A	\$370.70 \$346.90 \$430.50 N/A \$260.60 \$370.70
99395 58300 76830 Gastroenterology diseases signs & symptoms * = only one of these codes billed per visit 99214  Medicare coverage is based on policy for the individual study 45378 Medicare coverage is based on policy for the individual 72193 radiology study 74160 Fungal skin infection * = only one of these codes billed per visit 99212 99213 99214 11725 Mood disorder, depressed 99214 90791 90834 90834 90834 90834  Other neuropsychological or behavioral disorders * = only one of these codes billed per visit	*	Periodic Preventive Medicine, Established Patient - Age 18-39 Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$319.00 \$469.00 N/A \$210.00 \$313.00 N/A N/A	\$0.00 \$0.00 N/A \$179.10 \$208.01 N/A N/A	\$346.90 \$430.50 N/A \$260.60 \$370.70
Gastroenterology diseases signs & symptoms  * = only one of these codes billed per visit  99214  Medicare coverage is based on policy for the individual study Medicare coverage is based on policy for the individual radiology study  Fungal skin infection  * = only one of these codes billed per visit  99214  99219  Mood disorder, depressed  99214  99791  99791  90791	*	Insertion of Intrauterine Device (IUD) Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$469.00 N/A \$210.00 \$313.00 N/A N/A	\$0.00 N/A \$179.10 \$208.01 N/A N/A	\$430.50 N/A \$260.60 \$370.70
Gastroenterology diseases signs & symptoms  * = only one of these codes billed per visit  Medicare coverage is based on policy for the individual study Medicare coverage is based on policy for the individual radiology study  Fungal skin infection  * = only one of these codes billed per visit  99213 99214 11750  Mood disorder, depressed  99214 90791 90791 90834 90834 90834 90834 90834 90845  Other neuropsychological or behavioral disorders  * = only one of these codes billed per visit  99213	*	Ultrasound - Transvaginal  Office Outpatient, Established Patient (15 Minutes)  Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy)  CT Scan - Pelvis, with Contrast (Global charge)  CT Scan - Abdomen, with Contrast (Global charge)	\$210.00 \$313.00 N/A N/A	\$179.10 \$208.01 N/A N/A	\$260.60 \$370.70
Gastroenterology diseases signs & symptoms  * = only one of these codes billed per visit  99213  Medicare coverage is based on policy for the individual study Medicare coverage is based on policy for the individual radiology study 74160  Fungal skin infection  * = only one of these codes billed per visit  99213  99214  11750  Mood disorder, depressed  99214  99214  90739  90832  90833  90834  Other neuropsychological or behavioral disorders  * = only one of these codes billed per visit  99213	*	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	\$210.00 \$313.00 N/A N/A	\$179.10 \$208.01 N/A N/A	\$260.60 \$370.70 N/A
* = only one of these codes billed per visit  99213  99214  Medicare coverage is based on policy for the individual study Medicare coverage is based on policy for the individual radiology study Fungal skin infection  * = only one of these codes billed per visit  99213  99214  11725  Mood disorder, depressed  99214  99215  Mood disorder, depressed  99214  99217  99218  99219  99219  99219  99219  99219  99219  99219  99219  99219  99218  99218  99218  Other neuropsychological or behavioral disorders  * = only one of these codes billed per visit  99219	*	Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy)  CT Scan - Pelvis, with Contrast (Global charge)  CT Scan - Abdomen, with Contrast (Global charge)	\$313.00 N/A N/A	\$208.01 N/A N/A	\$370.70 N/A
99214	*	Office Outpatient, Established Patient (25 Minutes)  Scope of Colon (diagnostic colonoscopy)  CT Scan - Pelvis, with Contrast (Global charge)  CT Scan - Abdomen, with Contrast (Global charge)	\$313.00 N/A N/A	\$208.01 N/A N/A	\$370.70 N/A
Medicare coverage is based on policy for the individual study   45378	*	Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	N/A N/A	N/A N/A	N/A
Medicare coverage is based on policy for the individual radiology study		CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	N/A	N/A	
Medicare coverage is based on policy for the individual radiology study		CT Scan - Pelvis, with Contrast (Global charge) CT Scan - Abdomen, with Contrast (Global charge)	N/A	N/A	
radiology study  Fungal skin infection  * = only one of these codes billed per visit  99213  99214  11750  Mood disorder, depressed  99214  90791  90791  90791  90791  90791  90834  90834  90834  90834  90845  Other neuropsychological or behavioral disorders  * = only one of these codes billed per visit  99213		CT Scan - Abdomen, with Contrast (Global charge)			
Fungal skin infection  * = only one of these codes billed per visit		, , , , , , , , , , , , , , , , , , , ,	19/75		N/A
* = only one of these codes billed per visit 99212 99213 99214 11721 11750 Mood disorder, depressed 99214 99214 99214 99214 99214 00ther neuropsychological or behavioral disorders * = only one of these codes billed per visit 99213				11//3	19/73
99213   99214   11721   11752   Mood disorder, depressed   99214   99214   90832   90834   99214   Other neuropsychological or behavioral disorders   99213		Office Outpatient, Established Patient (10 Minutes)	\$143.00	\$152.60	\$148.80
99214   11721   11750     11750		Office Outpatient, Established Patient (10 Minutes)	\$210.00	\$179.10	\$260.60
11721   11750     11750		Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
11750   Mood disorder, depressed   99214   90791   90832   90833   90214   Other neuropsychological or behavioral disorders * = only one of these codes billed per visit   99213		Debridement Nail, Any Method 6 or more	\$137.00	\$85.10	\$109.50
Mood disorder, depressed         99214           90791         90791           90832         90834           99214         99214           Other neuropsychological or behavioral disorders         * = only one of these codes billed per visit         99213		Excision Nail Matrix, Permanent Removal	N/A	W/A	W/A
99214 90791 90832 90834 909214  Other neuropsychological or behavioral disorders * = only one of these codes billed per visit 99213		Excision real matrix, i cimanent removal	19/73	11/73	19/73
90791 90832 90834 90814 Other neuropsychological or behavioral disorders * = only one of these codes billed per visit 99213	*	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
90832 90834 90214  Other neuropsychological or behavioral disorders * = only one of these codes billed per visit 99213		Psychiatric Diagnostic Evaluation	W/A	N/A	W/A
90834 99214  Other neuropsychological or behavioral disorders * = only one of these codes billed per visit 99213		Individual Psychotherapy 20-30 minutes (office setting)	N/A	N/A	N/A
99214 Other neuropsychological or behavioral disorders * = only one of these codes billed per visit 99213		Psychotherapy 45 Minutes w/Patient	N/A	N/A	N/A
Other neuropsychological or behavioral disorders * = only one of these codes billed per visit 99213	*	Pharmacologic Management / review of medications (E & M CPT code)	\$313.00	\$208.01	\$370.70
* = only one of these codes billed per visit 99213		I harmacologic Management/ Teview of medications (E. a. W. of T. code)	ψ515.00	Ψ200.01	ψ310.10
	*	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
		Office Outpatient, Established Patient (15 Minutes)	\$313.00	\$208.01	\$370.70
		Psychiatric Diagnostic Evaluation	Ψ313.00 N/A	Ψ200.01 N/A	W/A
90791 90834		Psychotherapy 45 Minutes w/Patient	N/A	N/A	N/A
90847		Family Psychotherapy w/Patient Present	N/A	N/A	N/A
Visual disturbances w/o surgery		p	13/73	13/73	14/73
* = only one of these codes billed per visit 99213	*	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
92004		Comprehensive, New Patient, 1+ Visits	Ψ2 10.00 N/A	Ψ173.10 N/A	Ψ200.00 N/A
Ophthalmological Medical Exam & Evaluation 92012		Intermediate, Established Patient	N/A	N/A	N/A
92014		Comprehensive, Established Patient, 1+ Visits	N/A	N/A	N/A
92014		Determination of Refractive State	N/A	N/A	N/A N/A
Cataract w/o surgery		DOCUMENTATION OF TOTAL OUT OF THE PROPERTY OF	19/74	11///	IN/A
* = only one of these codes billed per visit 99213	*	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
99214		Office Outpatient, Established Patient (15 Minutes)	\$313.00	\$208.01	\$370.70
92004		Comprehensive, New Patient, 1+ Visits	\$313.00 N/A	Ψ200.01 N/A	\$370.70 N/A
Ophthalmological Medical Exam & Evaluation 92014		Comprehensive, New Fatient, 11 Visits  Comprehensive, Established Patient, 1+ Visits	N/A	N/A	N/A
92014		Determination of Refractive State	N/A N/A	N/A N/A	N/A N/A
Inflammatory eye disease w/o surgery		Determination of Meliactive State	IN/A	IN/A	IN/A
* = only one of these codes billed per visit 99213	*	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
99214		Office Outpatient, Established Patient (15 Minutes)  Office Outpatient, Established Patient (25 Minutes)		\$208.01	
			\$313.00	\$208.01 N/A	\$370.70
Ophthalmological Medical Exam & Evaluation 92004		Comprehensive, New Patient, 1+ Visits	N/A		N/A
92014 92015	*	Comprehensive, Established Patient, 1+ Visits	N/A N/A	N/A N/A	N/A N/A

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