

<div> <div>2025 Mayo Clinic Health System - Ellsworth</div> <div>Charge and Reimbursement Information for Health Care Consumers</div> <div>Required by 2009 Wisconsin Act 146</div> <div>The Wisconsin Act 146 seeks to make cost and charge information available to consumers.</div> <div>Health care providers are required to disclose upon request certain charge and payment information for health care services, tests and procedures.</div> <div>This physicians' report is based on the 25 most common medical conditions (without complications) treated by physicians in Wisconsin.</div> <div>For each medical condition, the services, tests and procedures are listed that are most often charged by physicians.</div> </div>					
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 *	Periodic Preventive Medicine, Established Patient - Age 1-4	\$251.00	\$0.00	\$308.90
	99393 *	Periodic Preventive Medicine, Established Patient - Age 5-11	\$261.00	\$0.00	\$307.70
	99395 *	Periodic Preventive Medicine, Established Patient - Age 18-39	\$319.00	\$0.00	\$346.90
	99396 *	Periodic Preventive Medicine, Established Patient - Age 40-64	\$341.00	\$0.00	\$369.70
	77067	Screening Mammography Bilateral (Female Only)	\$516.00	\$101.66	\$482.30
Hyperlipidemia other					
* = 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 (25 Minutes)	\$313.00	\$208.01	\$370.70
	99396	Periodic Preventive Medicine, Established Patient - Age 40-64	\$341.00	\$0.00	\$369.70
Medicare coverage is based on policy for the individual laboratory test	80053	Comprehensive Metabolic Panel (laboratory)	\$100.00	\$8.45	\$78.10
	80061	Lipid Panel (laboratory)	\$132.00	\$10.71	\$110.20
Hypertension					
* = 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 (25 Minutes)	\$313.00	\$208.01	\$370.70
	99396	Periodic Preventive Medicine, Established Patient - Age 40-64	\$341.00	\$0.00	\$369.70
	93306	Echocardiography, transthoracic real-time (2D) with M-Mode complete spectral & color flow doppler	N/A	N/A	N/A
Medicare coverage is based on policy for the individual laboratory test	80053	Comprehensive Metabolic Panel (laboratory)	\$100.00	\$8.45	\$78.10
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	N/A
	99213	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
	97110	Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise	N/A	N/A	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	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	N/A	N/A	N/A
Isolated signs, symptoms & non-specific diagnoses or conditions					
* = 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 (25 Minutes)	\$313.00	\$208.01	\$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	Screening Mammography Bilateral (Female Only)	\$516.00	\$101.66	\$482.30
	71046	Radiology exam, chest -2 views (frontal & lateral)	N/A	N/A	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 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
Medicare coverage is based on policy for the individual laboratory test	83036	Hgb Glycosylated (laboratory)	\$71.00	\$7.77	\$81.90
	82043	Urine (e.g. Microalbumin) Quantitative	\$80.00	\$4.62	\$77.30
	80061	Lipid Panel (laboratory)	\$132.00	\$10.71	\$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
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	99396	Periodic Preventive Medicine, Established Patient - Age 40-64	\$341.00	\$0.00	\$369.70
Medicare coverage is based on policy for the individual laboratory test	80061	Lipid Panel (laboratory)	\$132.00	\$10.71	\$110.20
	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
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	99396	Periodic Preventive Medicine, Established Patient - Age 40-64	\$341.00	\$0.00	\$369.70
Medicare coverage is based on policy for the individual laboratory test	80061	Lipid Panel (laboratory)	\$132.00	\$10.71	\$110.20
	84443	Thyroid Stimulating Hormone (laboratory)	\$136.00	\$13.44	\$128.80
Acne					
* = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$143.00	\$152.60	\$148.80
	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	99202 *	Office Outpatient, New Patient (20 Minutes)	\$230.00	\$164.69	\$212.70
	99203 *	Office Outpatient, New Patient (30 Minutes)	\$325.00	\$194.42	\$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 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	71046	Radiology exam, chest -2 views (frontal & lateral)	N/A	N/A	N/A
	99284	Emergency Department, High Severity & Urgent Evaluation	N/A	N/A	N/A
	94640	Pressurized/nonpressurized inhalation treatment or sputum induct.	N/A	N/A	N/A
Acute sinusitis 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 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	99203 *	Office Outpatient, New Patient (30 Minutes)	\$325.00	\$194.42	\$330.50
Medicare coverage is based on policy for the individual radiology study	70486	CT Scan - Maxillofacial area without contrast (Global charge)	N/A	N/A	N/A
	95165	Supervision/Preparation of antigens for allergen immunotherapy	N/A	N/A	N/A
Chronic sinusitis 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 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	31231	Nasal Endoscopy Diagnostic Unilateral/Bilateral	N/A	N/A	N/A
Medicare coverage is based on policy for the individual radiology study	70486	CT Scan - Maxillofacial area without contrast (Global charge)	N/A	N/A	N/A
	95004	Percutaneous Tests with Allergenic Extracts - Per Test	N/A	N/A	N/A
Tonsillitis, adenoiditis or pharyngitis, 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 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	99284	Emergency Department, High Severity & Urgent Evaluation	N/A	N/A	N/A
Medicare coverage is based on policy for the individual laboratory test	87880	Streptococcus, Group A (Laboratory)	\$0.00	\$13.22	\$51.30
	87081	Culture Presumptive, Pathogenic Organisms Screening	\$49.00	\$5.30	\$34.20
Otitis media w/o surgery					
* = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$143.00	\$152.60	\$148.80
	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	99283 *	Emergency Department, Moderate Severity	N/A	N/A	N/A
	69436	Tympanostomy - General Anesthesia (hospital service)	N/A	N/A	N/A
Otolaryngology diseases signs & symptoms					

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	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	99283 *	Emergency Department, Moderate Severity	N/A	N/A	N/A
	30901	Control Nasal Hemorrhage, Anterior, Simple - Any Method	N/A	N/A	N/A
	31238	Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding Control	N/A	N/A	N/A
Routine inoculation					
* = only one of these codes billed per visit	99395 *	Periodic Preventive Medicine, Established Patient - Age 18-39	\$319.00	\$0.00	\$346.90
	99396 *	Periodic Preventive Medicine, Established Patient - Age 40-64	\$341.00	\$0.00	\$369.70
	90471	Immunization Administration of 1 Vaccine	\$42.00	\$74.19	\$50.30
	90651	HPV Vaccine Non-Valent	\$374.00	\$0.00	\$345.50
	90715	Tdap Vaccine 7 Years or Older	\$61.00	\$0.00	\$96.40
Contraceptive management					
* = 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 (25 Minutes)	\$313.00	\$208.01	\$370.70
	99395	Periodic Preventive Medicine, Established Patient - Age 18-39	\$319.00	\$0.00	\$346.90
	58300	Insertion of Intrauterine Device (IUD)	\$469.00	\$0.00	\$430.50
	76830	Ultrasound - Transvaginal	N/A	N/A	N/A
Gastroenterology diseases signs & symptoms					
* = 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 (25 Minutes)	\$313.00	\$208.01	\$370.70
Medicare coverage is based on policy for the individual study	45378	Scope of Colon (diagnostic colonoscopy)	N/A	N/A	N/A
Medicare coverage is based on policy for the individual radiology study	72193	CT Scan - Pelvis, with Contrast (Global charge)	N/A	N/A	N/A
	74160	CT Scan - Abdomen, with Contrast (Global charge)	N/A	N/A	N/A
Fungal skin infection					
* = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$143.00	\$152.60	\$148.80
	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	11721	Debridement Nail, Any Method 6 or more	\$137.00	\$85.10	\$109.50
	11750	Excision Nail Matrix, Permanent Removal	N/A	N/A	N/A
Mood disorder, depressed					
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	90791*	Psychiatric Diagnostic Evaluation	N/A	N/A	N/A
	90832	Individual Psychotherapy 20-30 minutes (office setting)	N/A	N/A	N/A
	90834	Psychotherapy 45 Minutes w/Patient	N/A	N/A	N/A
	99214 *	Pharmacologic Management / review of medications (E & M CPT code)	\$313.00	\$208.01	\$370.70
Other neuropsychological or behavioral disorders					
* = 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 (25 Minutes)	\$313.00	\$208.01	\$370.70
	90791 *	Psychiatric Diagnostic Evaluation	N/A	N/A	N/A
	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					
* = 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	N/A	N/A	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
	92015	Determination of Refractive State	N/A	N/A	N/A
Cataract 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 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	92004 *	Comprehensive, New Patient, 1+ Visits	N/A	N/A	N/A
Ophthalmological Medical Exam & Evaluation	92014 *	Comprehensive, Established Patient, 1+ Visits	N/A	N/A	N/A
	92015	Determination of Refractive State	N/A	N/A	N/A
Inflammatory eye disease 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 *	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	92004 *	Comprehensive, New Patient, 1+ Visits	N/A	N/A	N/A
Ophthalmological Medical Exam & Evaluation	92014 *	Comprehensive, Established Patient, 1+ Visits	N/A	N/A	N/A
	92015	Determination of Refractive State	N/A	N/A	N/A

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