

**2018 Mayo Clinic Health System La Crosse (Franciscan Skemp)  
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)	This practice billed 1/01/18 - 12/31/18: (Dates of visit)	Medicare paid this practice:	Average payment received from private third-party payers:
<b>Routine exam</b>					
<b>* = only one of these codes billed per visit</b>	99392 *	Periodic Preventive Medicine, Established Patient - Age 1-4	\$245.00	\$0.00	\$173.42
	99393 *	Periodic Preventive Medicine, Established Patient - Age 5-11	\$260.00	\$0.00	\$178.77
	99395 *	Periodic Preventive Medicine, Established Patient - Age 18-39	\$325.00	\$0.00	\$258.57
	99396 *	Periodic Preventive Medicine, Established Patient - Age 40-64	\$338.00	\$0.00	\$276.24
	77067	Screening Mammography Bilateral (Female Only)	\$169.00	\$36.51	\$339.30
<b>Hyperlipidemia, other</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99396	Periodic Preventive Medicine, Established Patient, Age 40-64	\$338.00	\$0.00	\$276.24
Medicare coverage is based on policy for the individual laboratory test	80053	Comprehensive Metabolic Panel (laboratory)	\$193.00	\$14.49	\$147.52
Medicare coverage is based on policy for the individual laboratory test	80061	Lipid Panel (laboratory)	\$222.00	\$18.37	\$183.66
<b>Hypertension</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99396	Periodic Preventive Medicine, Established Patient, Age 40-64	\$338.00	\$0.00	\$276.24
	93306	Echocardiography, transthoracic real-time (2D) with M-Mode complete spectral & color flow doppler	\$1,247.00	\$63.26	\$862.82
Medicare coverage is based on policy for the individual laboratory test	80053	Comprehensive Metabolic Panel (laboratory)	\$193.00	\$14.49	\$147.52
<b>Other minor orthopedic disorders - back</b>					
	98941	Cmt Spine 3-4 Regions (chiropractic)	n/a	n/a	n/a
	98940	Cmt Spine 1-2 Regions (chiropractic)	n/a	n/a	n/a
	99213	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	97110	Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise	\$115.00	\$31.92	\$133.86
Medicare coverage is based on policy for the individual radiology study	72148	MRI Spinal Canal; lumbar spine without contrast	\$603.00	\$73.80	\$413.01

Medical Condition (Episode Treatment Group)	Related Services: CPT Code	Medical Service or Procedure (CPT)	This practice billed 1/01/18 - 12/31/18: (Dates of visit)	Medicare paid this practice:	Average payment received from private third-party payers:
<b>Joint degeneration, localized - back, w/o surgery</b>					
	99213	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
Medicare coverage is based on policy for the individual radiology study	72148	MRI Spinal Canal; lumbar spine without contrast	\$603.00	\$73.80	\$413.01
	98941	Cmt Spine 3-4 Regions (chiropractic)	n/a	n/a	n/a
	98940	Cmt Spine 1-2 Regions (chiropractic)	n/a	n/a	n/a
	97110	Physical Therapy, 1 or more areas - Each 15 minutes therapeutic exercise	\$115.00	\$31.92	\$133.86
<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)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
Medicare coverage is based on policy for the individual radiology study	70553	MRI Brain (brain stem), with &/or without contrast	\$889.00	\$113.48	\$612.27
	77067	Screening Mammography Bilateral (Female Only)	\$169.00	\$36.51	\$339.30
	71046	Radiology exam, chest -2 views (frontal & lateral)	\$95.00	\$10.80	\$66.84
<b>Diabetes, w/o surgery</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
Medicare coverage is based on policy for the individual laboratory test	83036	Hgb Glycosylated (laboratory)	\$119.00	\$13.32	\$93.61
Medicare coverage is based on policy for the individual laboratory test	82043	Urine (e.g. Microalbumin) Quantitative	\$166.00	\$7.93	\$127.59
Medicare coverage is based on policy for the individual laboratory test	80061	Lipid Panel (laboratory)	\$222.00	\$18.37	\$183.66
<b>Obesity, w/o surgery</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99396	Periodic Preventive Medicine, Established Patient, Age 40-64	\$338.00	\$0.00	\$276.24
Medicare coverage is based on policy for the individual laboratory test	80061	Lipid Panel (laboratory)	\$222.00	\$18.37	\$183.66
	95811	Polysomnography Sleep Staging, 4 or more parameters of sleep with C-Pap therapy	\$1,234.00	\$125.47	\$953.83
<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)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99396	Periodic Preventive Medicine, Established Patient, Age 40-64	\$338.00	\$0.00	\$276.24
Medicare coverage is based on policy for the individual laboratory test	80061	Lipid Panel (laboratory)	\$222.00	\$18.37	\$183.66

Medical Condition (Episode Treatment Group)	Related Services: CPT Code	Medical Service or Procedure (CPT)	This practice billed 1/01/18 - 12/31/18: (Dates of visit)	Medicare paid this practice:	Average payment received from private third-party payers:
Medicare coverage is based on policy for the individual laboratory test	84443	Thyroid Stimulating Hormone (laboratory)	\$209.00	\$23.05	\$157.43
<b>Acne</b>					
<b>* = only one of these codes billed per visit</b>	99212 *	Office Outpatient, Established Patient, (10 Minutes)	\$121.00	\$42.24	\$84.26
	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99202 *	Office Outpatient New Patient, (20 Minutes)	\$208.00	\$72.43	\$155.93
	99203 *	Office Outpatient, New Patient, (30 Minutes)	\$300.00	\$104.20	\$232.74
<b>Acute bronchitis</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	71046	Radiology exam, chest -2 views (frontal & lateral)	\$95.00	\$10.80	\$66.84
	99284	Emergency Department. High Severity & Urgent Evaluation	\$535.00	\$113.83	\$389.15
	94640	Pressurized/nonpressurized inhalation treatment or sputum induct.	\$95.00	\$17.66	\$88.11
<b>Acute sinusitis, w/o surgery</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99203 *	Office Outpatient, New Patient, (30 Minutes)	\$300.00	\$104.20	\$232.74
Medicare coverage is based on policy for the individual radiology study	70486	CT Scan - Maxillfacial area without contrast	\$525.00	\$42.30	\$364.53
	95165	Supervision /Preparation of antigens for allergen immunotherapy	\$36.00	\$12.61	\$430.00
<b>Chronic sinusitis, w/o surgery</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	31231	Nasal Endoscopy Diagnostic Unilateral/Bilateral	\$631.00	\$202.16	\$220.39
Medicare coverage is based on policy for the individual radiology study	70486	CT Scan - Maxillfacial area without contrast	\$525.00	\$42.30	\$364.53
	95004	Percutaneous Tests with Allergenic Extracts	\$16.00	\$6.36	\$387.05
<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 Min	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, 25 Min	\$286.00	\$104.54	\$220.39
	99284	Emergency Department, high severity & urgent evaluation	\$535.00	\$113.83	\$389.15
Medicare coverage is based on policy for the individual laboratory test	87880	Streptococcus, group A (laboratory)	\$104.00	\$16.44	\$72.02
Medicare coverage is based on policy for the individual laboratory test	87081	Culture Presumptive, pathogenic organisms screening	\$66.00	\$9.09	\$47.92
<b>Otitis media, w/o surgery</b>					
<b>* = only one of these codes billed per visit</b>	99212 *	Office Outpatient, Established Patient, (10 Minutes)	\$121.00	\$42.24	\$84.26
	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79

Medical Condition (Episode Treatment Group)	Related Services: CPT Code	Medical Service or Procedure (CPT)	This practice billed 1/01/18 - 12/31/18: (Dates of visit)	Medicare paid this practice:	Average payment received from private third-party payers:
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99283	Emergency Department, Moderate Severity	\$358.00	\$60.01	\$263.76
	69436	Tympanostomy - general anesthesia (hospital service)	\$1,509.00	\$155.12	\$1,541.00
<b>Otolaryngology diseases signs &amp; symptoms</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99283	Emergency Department, Moderate Severity	\$358.00	\$60.01	\$263.76
	30901	Control nasal hemorrhage, anterior, simple - any method	\$447.00	\$91.51	\$262.05
	31238	Nasal/Sinus endoscopy, surgical Bx, polypectomy, debridment w bleeding control	\$1,383.00	\$248.15	\$821.61
<b>Routine inoculation</b>					
<b>* = only one of these codes billed per visit</b>	99395 *	Periodic Preventive Medicine, Established Patient, Age 18-39	\$325.00	\$0.00	\$258.57
	99396 *	Periodic Preventive Medicine, Established Patient, Age 40-64	\$338.00	\$0.00	\$276.24
	90471	Immunization administration of 1 vaccine	\$23.00	\$24.79	\$20.02
	90649	Human Papilloma Virus Vaccine(HPV) Quadrivalent 3 Doses	\$206.80	\$0.00	\$188.75
	90715	Tdap Vaccine 7 Years or older	\$53.53	\$0.00	\$59.03
<b>Contraceptive management</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	99395	Periodic Preventive Medicine, Established Patient, Age 18-39	\$325.00	\$0.00	\$258.57
	58300	Insertion of intrauterine device (IUD)	\$636.00	\$0.00	\$514.78
	76830	Ultrasound - transvaginal	\$1,103.00	\$34.34	\$269.91
<b>Gastroenterology diseases signs &amp; symptoms</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
Medicare coverage is based on policy for the individual radiology study	45378	Scope Of Colon (diagnostic colonoscopy)	\$1,955.00	\$305.17	\$1,486.46
	72193	CT scan Pelvis with contrast	\$467.00	\$219.29	\$334.06
Medicare coverage is based on policy for the individual radiology study	74160	CT scan Abdomen with contrast	\$756.00	\$63.20	\$588.20
<b>Fungal skin infection</b>					
<b>* = only one of these codes billed per visit</b>	99212 *	Office Outpatient, Established Patient, (10 Minutes)	\$121.00	\$42.24	\$84.26
	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	11721	Debridement Nail any method 6 or more	\$201.00	\$43.71	\$82.57
	11750	Excision Nail Matrix, Permanent Removal	\$993.00	\$149.25	\$618.06
<b>Mood disorder, depressed</b>					
	99214	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	90791	Psychiatric Diagnostic Evaluation	\$408.00	\$129.03	\$295.02
	90832	Individual psychotherapy 20 to 30 minutes - (office setting)	\$192.00	\$62.89	\$140.76
	90834	Psychotherapy 45 minutes w patient	\$265.00	\$83.56	\$197.77

Medical Condition (Episode Treatment Group)	Related Services: CPT Code	Medical Service or Procedure (CPT)	This practice billed 1/01/18 - 12/31/18: (Dates of visit)	Medicare paid this practice:	Average payment received from private third-party payers:
	99214	Pharmacologic Management / review of medications (E & M CPT code)	\$286.00	\$104.54	\$220.39
<b>Other neuropsychological or behavioral disorders</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	90791	Psychiatric Diagnostic Evaluation	\$408.00	\$129.03	\$295.02
	90834	Psychotherapy 45 minutes w patient	\$265.00	\$83.56	\$197.77
	90847	Family psychotherapy with patient present	\$487.00	\$104.92	\$374.42
<b>Visual disturbances, w/o surgery</b>					
	99213	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	92004	Ophthalmological Medical exam & evaluation Comprehensive, New Patient, 1+ visits	\$263.00	\$145.72	\$208.00
	92012	Ophthalmological Medical exam & evaluation Intermediate Established Patient	\$159.00	\$83.42	\$120.29
	92014	Ophthalmological Medical exam & evaluation Comprehensive, Established Patient, 1+ visits	\$195.00	\$120.91	\$162.79
	92015	Determination of refractive state	\$10.00	\$0.00	\$4.63
<b>Cataract, w/o surgery</b>					
<b>* = only one of these codes billed per visit</b>	99213 *	Office Outpatient, Established Patient, (15 Minutes)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	92004	Ophthalmological Medical exam & evaluation Comprehensive, New Patient, 1+ Visits	\$263.00	\$145.72	\$208.00
	92014	Ophthalmological Medical exam & evaluation Comprehensive Established, Patient, 1+ visits	\$195.00	\$120.91	\$162.79
	92015	Determination of refractive state	\$10.00	\$0.00	\$4.63
<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)	\$195.00	\$70.96	\$143.79
	99214 *	Office Outpatient, Established Patient, (25 Minutes)	\$286.00	\$104.54	\$220.39
	92004	Ophthalmological Medical exam & evaluation Comprehensive, New Patient, 1+ visits	\$263.00	\$145.72	\$208.00
	92014	Ophthalmological Medical exam & evaluation Comprehensive, Established, Patient, 1+ visits	\$195.00	\$120.91	\$162.79
	92015	Determination of refractive state	\$10.00	\$0.00	\$4.63

Items marked "n/a" (not applicable) are not performed or billed at Mayo Clinic Health System - La Crosse (Franciscan Skemp)