2025 Mayo Clinic Health System - Sparta 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 *	Periodic Preventive Medicine, Established Patient - Age 1-4	\$293.00	\$0.00	\$333.55
	99393 * 99395 *	Periodic Preventive Medicine, Established Patient - Age 5-11 Periodic Preventive Medicine, Established Patient - Age 18-39	\$310.00 \$388.00	\$0.00 \$0.00	\$346.85 \$429.35
	99396 *	Periodic Preventive Medicine, Established Patient - Age 10-39 Periodic Preventive Medicine, Established Patient - Age 40-64	\$405.00	\$0.00	\$456.40
Hyperlipidemia, other	77067	Screening Mammography Bilateral (Female Only)	\$435.00	\$151.52	\$655.15
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.15
Medicare coverage is based on policy for the individual Hypertension	99214 * 99396	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$350.00 \$405.00	\$143.64 \$0.00	\$346.45 \$456.40
	80053	Comprehensive Metabolic Panel (laboratory)	\$223.00	\$30.80	\$293.80
	80061	Lipid Panel (laboratory)	\$193.00	\$30.59	\$251.20
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.15
	99214 * 99396	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 40-64	\$350.00 \$405.00	\$143.64 \$0.00	\$346.45 \$456.40
		Echocardiography, transthoracic real-time (2D) with M-Mode complete			
Medicare coverage is based on policy for the individual	93306	spectral & color flow doppler	\$4,565.00	\$598.02	\$4,298.70
laboratory test	80053	Comprehensive Metabolic Panel (laboratory)	\$223.00	\$30.80	\$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	N/A
	99213 97110	Office Outpatient, Established Patient (15 Minutes) Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise	\$240.00 \$155.00	\$100.99 \$40.29	\$228.15 \$125.05
Medicare coverage is based on policy for the individual					
radiology study Joint degeneration, localized - back, w/o surgery	72148	MRI Spinal Canal; lumbar spine without contrast (Global charge)	\$4,576.00	\$599.13	\$6,801.30
	99213	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.15
Medicare coverage is based on policy for the individual radiology study	72148	MRI Spinal Canal; lumbar spine without contrast (Global charge)	\$4,576.00	\$599.13	\$6,801.30
	98940	CMT Spine 1-2 Regions (chiropractic)	N/A	N/A	N/A
	98941 97110	CMT Spine 3-4 Regions (chiropractic) Physical Therapy, 1 or more areas - Each 15 Minutes therapeutic exercise	N/A \$155.00	N/A \$40.29	N/A \$125.05
Isolated signs, symptoms & non-specific diagnoses of	or				
* = only one of these codes billed per visit	99213 * 99214 *	Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$240.00 \$350.00	\$100.99 \$143.64	\$228.15 \$346.45
Medicare coverage is based on policy for the individual					
radiology study	70553 77067	MRI Brain (brain stem), with &/or without contrast (Global charge) Screening Mammography Bilateral (Female Only)	\$8,441.00 \$435.00	\$1,074.47 \$151.52	\$11,148.60 \$655.15
	71046	Radiology exam, chest -2 views (frontal & lateral)	\$417.00	\$68.16	\$598.95
Diabetes w/o surgery * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.15
= only one of these codes blied per visit	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$350.00	\$100.99	\$346.45
Medicare coverage is based on policy for the individual	83036 82043	Hgb Glycosylated (laboratory) Urine (e.g. Microalbumin) Quantitative	\$75.00 \$150.00	\$15.96 \$19.38	\$150.60 \$175.55
	80061	Lipid Panel (laboratory)	\$193.00	\$30.59	\$251.20
Obesity w/o surgery * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.15
- only one of these codes blied per visit	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$350.00	\$143.64	\$346.45
Medicare coverage is based on policy for the individual	99396	Periodic Preventive Medicine, Established Patient - Age 40-64	\$405.00	\$0.00	\$456.40
laboratory test	80061	Lipid Panel (laboratory)	\$193.00	\$30.59	\$251.20
	95811	Polysomnography Sleep Staging, 4 or more parameters of sleep with C-Pap therapy	\$6.508.00	\$1,271.88	\$5,528.75
Hypo-functioning thyroid gland 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)	\$240.00 \$350.00	\$100.99 \$143.64	\$228.15 \$346.45
	99396	Periodic Preventive Medicine, Established Patient - Age 40-64	\$405.00	\$0.00	\$456.40
Medicare coverage is based on policy for the individual	80061 84443	Lipid Panel (laboratory) Thyroid Stimulating Hormone (laboratory)	\$193.00 \$238.00	\$30.59 \$37.95	\$251.20 \$231.50
Acne					
* = only one of these codes billed per visit	99212 * 99213 *	Office Outpatient, Established Patient (10 Minutes) Office Outpatient, Established Patient (15 Minutes)	\$155.00 \$240.00	\$63.32 \$100.99	\$145.35 \$228.15
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$350.00	\$143.64	\$346.45
				\$04.50	
	99202 * 99203 *	Office Outpatient, New Patient (20 Minutes) Office Outpatient, New Patient (30 Minutes)	\$236.00 \$339.00	\$84.52 \$127.49	\$237.05 \$344.75
Acute bronchitis	99202 * 99203 *	Office Outpatient, New Patient (30 Minutes)	\$236.00 \$339.00	\$127.49	\$344.75
Acute bronchitis * = only one of these codes billed per visit	99202 *		\$236.00		
	99202 * 99203 * 99213 * 99214 * 71046	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral)	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00	\$127.49 \$100.99 \$143.64 \$68.16	\$344.75 \$228.15 \$346.45 \$598.95
	99202 * 99203 * 99213 * 99214 * 71046 99284	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00	\$127.49 \$100.99 \$143.64	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25
* = only one of these codes billed per visit Acute sinusitis w/o surgery	99202 * 99203 * 99213 * 99214 * 71046 99284 94640	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct.	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55
* = only one of these codes billed per visit	99202 * 99203 * 99213 * 99214 * 71046 99284	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit	99202 * 99203 * 99213 * 99214 * 71046 99284 94640 99213 *	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes)	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00 \$240.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55 \$228.15
* = only one of these codes billed per visit Acute sinusitis w/o surgery	99202 * 99203 * 99213 * 99214 * 71046 99284 94640 99213 * 99213 *	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, New Patient (30 Minutes)	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00 \$240.00 \$350.00 \$339.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55 \$228.15 \$346.45 \$346.45 \$344.75
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual radiology study	99202 * 99203 * 99213 * 99214 * 71046 99284 94640 99213 * 99213 * 99214 * 99214 *	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00 \$240.00 \$350.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55 \$202.55 \$228.15 \$346.45
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual	99202 * 99203 * 99213 * 99214 * 71046 99284 94640 99213 * 99213 * 99213 * 99213 * 99213 * 99203 * 70486	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, New Patient (30 Minutes) CT Scan - Maxillfacial area without contrast (Global charge)	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00 \$240.00 \$350.00 \$339.00 \$2,434.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$341.96	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55 \$202.55 \$202.55 \$346.45 \$344.75 \$344.75 \$3,079.25
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual radiology study Chronic sinusitis w/o surgery	99202 * 99203 * 99213 * 99214 * 71046 99284 9440 99213 * 99213 * 99214 * 99203 * 70486 95165 99213 * 99213 *	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, Established Patient (25 Minutes) 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 (15 Minutes)	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00 \$240.00 \$339.00 \$2,434.00 \$2,434.00 \$240.00 \$240.00 \$240.00 \$350.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$341.96 N/A \$100.99 \$143.64	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55 \$202.55 \$202.55 \$346.45 \$344.75 \$3,079.25 N/P \$228.15 \$346.45 \$346.45
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual radiology study Chronic sinusitis w/o surgery	99202 * 99203 * 99213 * 99214 * 71046 99244 94640 99213 * 99213 * 99203 * 70486 99213 *	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) 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)	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00 \$240.00 \$350.00 \$339.00 \$339.00 \$2,434.00 N/A \$240.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$341.96 N/A \$100.99	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55 \$202.55 \$346.45 \$346.45 \$344.76 \$3,079.25 N/A
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual radiology study Chronic sinusitis w/o surgery * = only one of these codes billed per visit	99202 * 99203 * 99213 * 99214 * 71046 99284 94640 99213 * 99203 * 70486 99213 * 99213 * 99213 * 99213 * 99213 * 99214 * 31231 70486	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) 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, 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)	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00 \$2240.00 \$350.00 \$339.00 \$2,434.00 N/A \$2240.00 \$350.00 \$1,044.00 \$2,434.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$341.96 N/A \$100.99 \$143.64 \$258.65 \$341.96	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55 \$202.55 \$202.55 \$346.45 \$346.45 \$344.75 \$346.45 \$346.45 \$346.45 \$346.45 \$346.45 \$346.45 \$346.45
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* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit 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	99202 * 99203 * 99213 * 99214 * 71046 99284 94640 99213 * 99214 * 70486 99213 * 99214 * 31231 70486 95004 99213 * 99214 * 31231 70486 95004 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 *	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) 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) 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) Office Outpatient, Established Patient (25 Minutes)	\$236.00 \$339.00 \$240.00 \$417.00 \$639.00 \$115.00 \$240.00 \$350.00 \$339.00 \$2,434.00 \$240.00 \$350.00 \$1,044.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,435.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$341.96 N/A \$100.99 \$143.64 \$258.65 \$341.96 \$4.87 \$100.99 \$143.64	\$344.7 \$228.1 \$346.4 \$598.9 \$699.2 \$202.5 \$228.1 \$246.4 \$344.7 \$344.7 \$344.7 \$344.7 \$346.4 \$1,051.20 \$346.4 \$346.4 \$1,051.20 \$346.4 \$346.4 \$1,051.20 \$346.4 \$346.4 \$1,051.20 \$346.4 \$
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit 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	99202 * 99203 * 99213 * 99214 * 71046 99284 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99214 * 31231 70486 99213 * 99213 * 99213 * 99213 * 99214 * 99213 * 99214 * 99213 * 99214 * 99218 * 99218 * 99284 87880	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, New Patient (30 Minutes) Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Nasal Endoscopy Diagnostic Unilateral/Bilateral Office Outpatient, Established Patient (25 Minutes) Percutaneous Tests with Allergenic Extracts - Per Test Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Mi	\$236.00 \$339.00 \$417.00 \$639.00 \$115.00 \$240.00 \$350.00 \$350.00 \$2,434.00 \$350.00 \$2,434.00 \$3,00 \$2,434.00 \$3,000 \$3,0000\$3,000 \$3,000 \$3,000 \$3,000 \$3,000 \$3,0000\$3,0000\$3,000 \$3	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$143.64 \$127.49 \$341.96 \$341.96 \$44.87 \$100.99 \$143.64 \$258.65 \$341.96 \$44.87 \$100.99 \$143.64 \$15.21	\$344.7 \$228.1 \$346.4 \$598.9 \$699.22 \$202.55 \$222.51 \$344.7 \$346.4 \$344.7 \$344.7 \$344.7 \$344.7 \$346.4 \$3.079.22 \$1.051.20 \$3.079.22 \$228.11 \$228.11 \$228.11 \$228.12
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit 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 radiology study Tonsillitis, adenoiditis or pharyngitis, w/o surgery * = only one of these codes billed per visit	99202 * 99203 * 99213 * 99214 * 71046 99284 99284 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 31231 70486 99213 * 99213 * 99214 * 31231	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, New Patient (30 Minutes) 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) 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) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatien	\$236.00 \$339.00 \$350.00 \$417.00 \$639.00 \$115.00 \$240.00 \$350.00 \$2,434.00 \$2,434.00 \$350.00 \$2,434.00 \$350.00 \$2,434.00 \$2,000 \$2,000 \$2,434.00 \$2,000 \$2,434.00 \$2,000\$\$	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$341.96 N/A \$100.99 \$143.64 \$258.65 \$341.96 \$4.87 \$100.99 \$143.64 \$143.64 \$161.56	\$344.7 \$228.1 \$346.4 \$598.9 \$699.22 \$202.55 \$222.51 \$344.7 \$346.4 \$344.7 \$344.7 \$344.7 \$344.7 \$346.4 \$3.079.22 \$1.051.20 \$3.079.22 \$228.11 \$228.11 \$228.11 \$228.12
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit 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	99202 * 99203 * 99213 * 99214 * 71046 99284 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99214 * 31231 70486 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99214 * 99214 * 99214 * 99214 * 99214 * 99214 * 99214 * 99214 * 99214 * 99214 * 99214 *	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, Established Patient (26 Minutes) Office Outpatient, Established Patient (26 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, Established Patient (26 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 (26 Minutes) Emergency Department, High Severity & Urgent Evaluation Streptococcus, Group A (Laboratory) Culture Presumptive, Pathogenic Organism	\$236.00 \$339.00 \$350.00 \$417.00 \$639.00 \$115.00 \$240.00 \$350.00 \$339.00 \$2,434.00 \$350.00 \$2,434.00 \$350.00 \$1,044.00 \$240.00 \$220.00 \$2240.00 \$350.00 \$240.00 \$350.00 \$240.00 \$350.00 \$240.00 \$350.00 \$240.00 \$350.00 \$240.00 \$350.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$341.96 N/A \$100.99 \$143.64 \$258.65 \$341.96 \$4.87 \$100.99 \$143.64 \$258.65 \$341.96 \$4.87 \$100.99 \$143.64 \$15.21 \$11.25 \$63.32	\$344.7 \$228.1 \$346.4 \$598.9 \$699.2 \$202.5 \$202.5 \$202.5 \$202.5 \$346.4 \$346.4 \$344.7 \$3,079.2 \$3,079.2 \$346.4 \$1,051.2 \$3,079.2 \$346.4 \$1,051.2 \$3,079.2 \$346.4 \$228.1 \$346.4 \$346.4 \$346.4 \$346.4 \$346.4 \$3,079.2 \$346.4
* = only one of these codes billed per visit Acute sinusitis w/o surgery * = only one of these codes billed per visit 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 Chronic sinusitis or pharyngitis, w/o surgery * = only one of these codes billed per visit Medicare coverage is based on policy for the individual Otitis media w/o surgery	99202 * 99203 * 99213 * 99214 * 71046 99284 94640 99213 * 99214 * 70486 99213 * 99213 * 99214 * 31231 70486 95004 99213 * 99214 * 31231 70486 95004 99213 * 99214 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99213 * 99214 * 99284 8780 87081	Office Outpatient, New Patient (30 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Radiology exam, chest -2 views (frontal & lateral) Emergency Department, High Severity & Urgent Evaluation Pressurized/nonpressurized inhalation treatment or sputum induct. Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Office Outpatient, Established Patient (25 Minutes) 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) Office O	\$236.00 \$339.00 \$240.00 \$350.00 \$417.00 \$639.00 \$115.00 \$339.00 \$339.00 \$339.00 \$2,434.00 \$350.00 \$350.00 \$1,044.00 \$2240.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$2,434.00 \$3,50.00 \$3,00 \$3,50.00	\$127.49 \$100.99 \$143.64 \$68.16 \$161.56 \$17.51 \$100.99 \$143.64 \$127.49 \$341.96 N/A \$100.99 \$143.64 \$258.65 \$341.96 \$4.87 \$100.99 \$143.64 \$143.64 \$161.56 \$15.21 \$11.25	\$344.75 \$228.15 \$346.45 \$598.95 \$699.25 \$202.55 \$228.15 \$346.45 \$344.75 \$3,079.25 \$346.45 \$346.45 \$346.45 \$346.45 \$346.45 \$346.45 \$346.45

2025 Mayo Clinic Health System - Sparta 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.									
		25 most common medical conditions (without complications) treated by physic he services, tests and procedures are listed that are most often charged by ph							
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)				
Otolaryngology diseases signs & symptoms									
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.1				
	99214 * 99283 *	Office Outpatient, Established Patient (25 Minutes) Emergency Department, Moderate Severity	\$350.00 \$427.00	\$143.64 \$99.77	\$346.4 \$421.3				
	30901	Control Nasal Hemorrhage, Anterior, Simple - Any Method	\$527.00	\$182.78	\$552.8				
		Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridment w/Bleeding	¢021100	¢102.10	¢002:0				
	31238	Control	\$1,631.00	\$366.09	\$2,375.0				
Routine inoculation	00005 *		4000 5-1						
* = only one of these codes billed per visit	99395 * 99396 *	Periodic Preventive Medicine, Established Patient - Age 18-39	\$388.00 \$405.00	\$0.00 \$0.00	\$429.3 \$456.4				
	99396 ^	Periodic Preventive Medicine, Established Patient - Age 40-64 Immunization Administration of 1 Vaccine	\$405.00	\$0.00 \$22.82	\$456.4 \$51.2				
	90651	HPV Vaccine Non-Valent	\$374.00	\$0.00	\$414.7				
	90715	Tdap Vaccine 7 Years or Older	\$61.00	\$0.00	\$75.6				
Contraceptive management			-						
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.1				
	99214 * 99395	Office Outpatient, Established Patient (25 Minutes) Periodic Preventive Medicine, Established Patient - Age 18-39	\$350.00	\$143.64 \$0.00	\$346.4 \$429.3				
	58300	Insertion of Intrauterine Device (IUD)	\$388.00 \$749.00	\$0.00	\$673.4				
	76830	Ultrasound - Transvaginal	\$1,208.00	\$216.56	\$1,231.8				
Gastroenterology diseases signs & symptoms	1	1	+.,		+ · j= = · · =				
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.1				
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$350.00	\$143.64	\$346.4				
	45070	Seens of Colon (diagnostic colonoscenu)	¢0 171 00	¢402.60	¢0 407 0				
Medicare coverage is based on policy for the individual study Medicare coverage is based on policy for the individual	45378 72193	Scope of Colon (diagnostic colonoscopy) CT Scan - Pelvis, with Contrast (Global charge)	\$2,171.00 \$2,928.00	\$493.69 \$321.96	\$2,487.8 \$4,775.7				
medicate coverage is based on policy for the individual	74160	CT Scan - Abdomen, with Contrast (Global charge)	\$3,778.00	\$406.19	\$5,183.1				
Fungal skin infection	1	1 · · · · · · · · · · · · · · · · · · ·	++++++++++++++++++++++++++++++++++++++		+=,.==				
* = only one of these codes billed per visit	99212 *	Office Outpatient, Established Patient (10 Minutes)	\$155.00	\$63.32	\$145.3				
	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.1				
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$350.00	\$143.64	\$346.4				
	11721 11750	Debridement Nail, Any Method 6 or more Excision Nail Matrix, Permanent Removal	\$237.00 \$1,170.00	\$60.84 \$248.78	\$147.1 \$1,178.9				
Mood disorder, depressed	11750		φ1,170.00	φ240.70	φ1,170.9				
	99214 *	Office Outpatient, Established Patient (25 Minutes)	\$350.00	\$143.64	\$346.4				
	90791*	Psychiatric Diagnostic Evaluation	\$484.00	\$197.59	\$440.2				
	90832	Individual Psychotherapy 20-30 minutes (office setting)	\$228.00	\$90.67	\$198.9				
	90834	Psychotherapy 45 Minutes w/Patient	\$337.00	\$122.91	\$359.0				
Other neuropsychological or heheuteral disorders	99214 *	Pharmacologic Management / review of medications (E & M CPT code)	\$350.00	\$143.64	\$346.4				
Other neuropsychological or behavioral disorders * = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)	\$240.00	\$100.99	\$228.1				
they one of these bould billed pol tion	99214 *	Office Outpatient, Established Patient (15 Minutes)	\$350.00	\$100.99	\$346.4				
	90791 *	Psychiatric Diagnostic Evaluation	\$484.00	\$197.59	\$440.2				
	90834	Psychotherapy 45 Minutes w/Patient	\$337.00	\$122.91	\$359.0				
	90847	Family Psychotherapy w/Patient Present	\$538.00	\$141.19	\$299.3				
			\$240.00						
Visual disturbances w/o surgery	00040 *		\$240.00	\$100.99	\$228.1 \$231.4				
* = only one of these codes billed per visit	99213 *	Office Outpatient, Established Patient (15 Minutes)		¢159 50					
	92004 *	Comprehensive, New Patient, 1+ Visits	\$304.00	\$158.58 \$91.66					
* = only one of these codes billed per visit				\$158.58 \$91.66 \$132.97	\$181.3				
* = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation	92004 * 92012 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient	\$304.00 \$149.00	\$91.66	\$181.3 \$242.0				
* = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation Cataract w/o surgery	92004 * 92012 * 92014 * 92015	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State	\$304.00 \$149.00 \$247.00 \$41.00	\$91.66 \$132.97 \$0.00	\$181.3 \$242.0 \$50.0				
* = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation Cataract w/o surgery	92004 * 92012 * 92014 * 92015 99213 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes)	\$304.00 \$149.00 \$247.00 \$41.00 \$240.00	\$91.66 \$132.97 \$0.00 \$100.99	\$181.3 \$242.0 \$50.0 \$228.1				
* = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation Cataract w/o surgery * = only one of these codes billed per visit	92004 * 92012 * 92014 * 92015 99213 * 99214 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$304.00 \$149.00 \$247.00 \$41.00 \$240.00 \$350.00	\$91.66 \$132.97 \$0.00 \$100.99 \$143.64	\$181.3 \$242.0 \$50.0 \$228.1 \$346.4				
* = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation	92004 * 92012 * 92014 * 92015 99213 * 99214 * 92004 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Comprehensive, New Patient, 1+ Visits	\$304.00 \$149.00 \$247.00 \$41.00 \$240.00 \$350.00 \$304.00	\$91.66 \$132.97 \$0.00 \$100.99 \$143.64 \$158.58	\$181.3 \$242.0 \$50.0 \$228.1 \$346.4 \$231.4				
* = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation Cataract w/o surgery * = only one of these codes billed per visit	92004 * 92012 * 92014 * 92015 99213 * 99213 * 99214 * 92004 * 92014 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Comprehensive, New Patient, 1+ Visits Comprehensive, Established Patient, 1+ Visits	\$304.00 \$149.00 \$247.00 \$41.00 \$20.00 \$350.00 \$350.00 \$350.00 \$247.00	\$91.66 \$132.97 \$0.00 \$100.99 \$143.64 \$158.58 \$132.97	\$181.3 \$242.0 \$50.0 \$228.1 \$346.4 \$231.4 \$221.4				
r = only one of these codes billed per visit Dynthalmological Medical Exam & Evaluation Cataract w/o surgery r = only one of these codes billed per visit Dynthalmological Medical Exam & Evaluation	92004 * 92012 * 92014 * 92015 99213 * 99214 * 92004 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Comprehensive, New Patient, 1+ Visits	\$304.00 \$149.00 \$247.00 \$41.00 \$240.00 \$350.00 \$304.00	\$91.66 \$132.97 \$0.00 \$100.99 \$143.64 \$158.58	\$181.3 \$242.0 \$50.0 \$228.1 \$346.4 \$231.4 \$221.4				
r = only one of these codes billed per visit Dynthalmological Medical Exam & Evaluation Cataract w/o surgery r = only one of these codes billed per visit Dynthalmological Medical Exam & Evaluation	92004 * 92012 * 92014 * 92015 * 99213 * 99214 * 92014 * 92014 * 92014 * 92015 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient, (25 Minutes) Comprehensive, New Patient, 1+ Visits Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes)	\$304.00 \$149.00 \$247.00 \$41.00 \$20.00 \$350.00 \$350.00 \$350.00 \$247.00	\$91.66 \$132.97 \$0.00 \$100.99 \$143.64 \$158.58 \$132.97 \$0.00 \$100.99	\$181.3 \$242.0 \$50.0 \$228.1 \$346.4 \$231.4 \$242.0 \$50.0				
* = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation Cataract w/o surgery * = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation Inflammatory eye disease w/o surgery * = only one of these codes billed per visit	92004 * 92012 * 92014 * 92015 99213 * 99214 * 92014 * 92014 * 92014 * 92015 99213 * 99213 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes) Comprehensive, New Patient, 1+ Visits Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient (25 Minutes)	\$304.00 \$149.00 \$247.00 \$41.00 \$350.00 \$350.00 \$350.00 \$247.00 \$41.00 \$247.00 \$247.00 \$41.00 \$350.00	\$91.66 \$132.97 \$0.00 \$100.99 \$143.64 \$158.58 \$132.97 \$0.00 \$100.99 \$143.64	\$181.3 \$242.0 \$50.0 \$228.1 \$346.4 \$242.0 \$50.0 \$228.1 \$346.4				
* = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation Cataract w/o surgery * = only one of these codes billed per visit Ophthalmological Medical Exam & Evaluation Inflammatory eye disease w/o surgery	92004 * 92012 * 92014 * 92015 * 99213 * 99214 * 92014 * 92014 * 92014 * 92015 *	Comprehensive, New Patient, 1+ Visits Intermediate, Established Patient Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes) Office Outpatient, Established Patient, (25 Minutes) Comprehensive, New Patient, 1+ Visits Comprehensive, Established Patient, 1+ Visits Determination of Refractive State Office Outpatient, Established Patient (15 Minutes)	\$304.00 \$149.00 \$247.00 \$41.00 \$350.00 \$350.00 \$304.00 \$247.00 \$41.00 \$240.00	\$91.66 \$132.97 \$0.00 \$100.99 \$143.64 \$158.58 \$132.97 \$0.00 \$100.99	\$181.3 \$242.0 \$50.0 \$228.1 \$346.4 \$231.4 \$242.0 \$50.0 \$228.1				

92015 Determination of Refractive State Items marked "N/A" (not applicable) are not performed or billed at Mayo Clinic Health System - Sparta.