



# Wisconsin Act 146 Physician Report

Eau Claire

## 2025 Charge and Reimbursement Information for Healthcare Consumers

### Required by 2009 Wisconsin Act 146

The Wisconsin Act 146 seeks to make cost and charge information available to consumers. Upon request, healthcare providers are required to disclose certain charge and payment information for healthcare 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.

**\*only one of these codes billed per visit**

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
<b>Routine exam</b>					
	99392*	Periodic Preventive Medicine, Established Patient – Age 1–4	\$294.00	\$0.00	\$333.55
	99393*	Periodic Preventive Medicine, Established Patient – Age 5–11	\$315.00	\$0.00	\$346.85
	99395*	Periodic Preventive Medicine, Established Patient – Age 18–39	\$351.00	\$0.00	\$429.35
	99396*	Periodic Preventive Medicine, Established Patient – Age 40–64	\$366.00	\$0.00	\$456.40
	77067	Screening Mammography Bilateral (Female Only)	\$558.00	\$96.30	\$655.15
<b>Hyperlipidemia other</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99396	Periodic Preventive Medicine, Established Patient – Age 40–64	\$366.00	\$0.00	\$456.40
Medicare coverage is based on policy for the individual laboratory test.	80053	Comprehensive Metabolic Panel (laboratory)	\$223.00	\$8.45	\$293.80
	80061	Lipid Panel (laboratory)	\$193.00	\$10.71	\$251.20
<b>Hypertension</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99396	Periodic Preventive Medicine, Established Patient – Age 40–64	\$366.00	\$0.00	\$456.40
	93306	Echocardiography, transthoracic real-time (2D) with M-Mode complete	\$4,447.00	\$573.93	\$4,298.70
Medicare coverage is based on policy for the individual laboratory test.	80053	Comprehensive Metabolic Panel (laboratory)	\$223.00	\$8.45	\$293.80
<b>Other minor orthopedic disorders – back</b>					
	98940	CMT Spine 1–2 Regions (chiropractic)	NA	NA	NA
	98941	CMT Spine 3–4 Regions (chiropractic)	NA	NA	NA
	99213	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	97110	Physical Therapy, 1 or more areas – Each 15 Minutes therapeutic exercise	\$155.00	\$22.40	\$125.05
Medicare coverage is based on policy for the individual radiology study.	72148	MRI Spinal Canal; lumbar spine without contrast (Global charge)	\$4,491.00	\$337.13	\$3,433.60
<b>Joint degeneration, localized – back, without surgery</b>					
	99213	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
Medicare coverage is based on policy for the individual radiology study.	72148	MRI Spinal Canal; lumbar spine without contrast (Global charge)	\$4,491.00	\$337.13	\$3,433.60
	98940	CMT Spine 1–2 Regions (chiropractic)	NA	NA	NA
	98941	CMT Spine 3–4 Regions (chiropractic)	NA	NA	NA
	97110	Physical Therapy, 1 or more areas – Each 15 Minutes therapeutic exercise	\$155.00	\$22.40	\$125.05

# Wisconsin Act 146 Physician Report (continued)

\*only one of these codes billed per visit

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
<b>Isolated signs, symptoms, and non-specific diagnoses or conditions</b>					
Medicare coverage is based on policy for the individual radiology study.	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	70553	MRI Brain (brain stem), with &/or without contrast (Global charge)	\$7,368.00	\$543.22	\$5,267.70
	77067	Screening Mammography Bilateral (Female Only)	\$558.00	\$96.30	\$655.15
	71046	Radiology exam, chest – 2 views (frontal & lateral)	\$296.00	\$95.40	\$354.90
<b>Diabetes without surgery</b>					
Medicare coverage is based on policy for the individual laboratory test.	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	83036	Hgb Glycosylated (laboratory)	\$75.00	\$7.77	\$150.60
	82043	Urine (eg, Microalbumin) Quantitative	\$150.00	\$4.62	\$175.55
	80061	Lipid Panel (laboratory)	\$193.00	\$10.71	\$251.20
<b>Obesity without surgery</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99396	Periodic Preventive Medicine, Established Patient – Age 40–64	\$366.00	\$0.00	\$456.40
Medicare coverage is based on policy for the individual laboratory test.	80061	Lipid Panel (laboratory)	\$193.00	\$10.71	\$251.20
	95811	Polysomnography Sleep Staging, 4 or more parameters of sleep with C-Pap therapy	\$6,997.00	\$1,383.00	\$5,528.75
<b>Hypo-functioning thyroid gland, without surgery</b>					
Medicare coverage is based on policy for the individual laboratory test.	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99396	Periodic Preventive Medicine, Established Patient – Age 40–64	\$366.00	\$0.00	\$456.40
	80061	Lipid Panel (laboratory)	\$193.00	\$10.71	\$251.20
	84443	Thyroid Stimulating Hormone (laboratory)	\$202.00	\$13.44	\$231.50
<b>Acne</b>					
	99212*	Office Outpatient, Established Patient (10 Minutes)	\$155.00	\$42.42	\$145.35
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99202*	Office Outpatient, New Patient (20 Minutes)	\$236.00	\$54.14	\$237.05
	99203*	Office Outpatient, New Patient (30 Minutes)	\$339.00	\$83.16	\$344.75
<b>Acute bronchitis</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	71046	Radiology exam, chest – 2 views (frontal & lateral)	\$296.00	\$95.40	\$354.90
	99284	Emergency Department, High Severity & Urgent Evaluation	\$614.00	\$430.30	\$699.25
	94640	Pressurized/Nonpressurized inhalation treatment or sputum induct	\$196.00	\$170.54	\$202.55
<b>Acute sinusitis without surgery</b>					
Medicare coverage is based on policy for the individual radiology study.	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99203*	Office Outpatient, New Patient (30 Minutes)	\$339.00	\$83.16	\$344.75
	70486	CT Scan – Maxillofacial area without contrast (Global charge)	\$2,263.00	\$183.81	\$1,217.25
	95165	Supervision/Preparation of antigens for allergen immunotherapy	\$44.00	\$47.61	\$64.50

# Wisconsin Act 146 Physician Report (continued)

\*only one of these codes billed per visit

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
<b>Chronic sinusitis without surgery</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	31231	Nasal Endoscopy Diagnostic Unilateral/Bilateral	\$674.00	\$292.68	\$1,051.20
Medicare coverage is based on policy for the individual radiology study.	70486	CT Scan – Maxillofacial area without contrast (Global charge)	\$2,263.00	\$183.81	\$1,217.25
	95004	Percutaneous Tests with Allergenic Extracts – Per Test	\$31.00	\$3.26	\$54.15
<b>Tonsillitis, adenoiditis or pharyngitis, without surgery</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99284	Emergency Department, High Severity & Urgent Evaluation	\$614.00	\$430.30	\$699.25
Medicare coverage is based on policy for the individual laboratory test.	87880	Streptococcus, Group A (Laboratory)	NA	NA	NA
	87081	Culture Presumptive, Pathogenic Organisms Screening	\$54.00	\$5.30	\$66.00
<b>Otitis media without surgery</b>					
	99212*	Office Outpatient, Established Patient (10 Minutes)	\$155.00	\$42.42	\$145.35
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99283*	Emergency Department, Moderate Severity	\$399.00	\$272.21	\$421.35
	69436	Tympanostomy – General Anesthesia (hospital service)	\$2,193.00	\$1,296.31	\$3,108.00
<b>Otolaryngology diseases signs and symptoms</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99283*	Emergency Department, Moderate Severity	\$399.00	\$272.21	\$421.35
	30901	Control Nasal Hemorrhage, Anterior, Simple – Any Method	\$596.00	\$214.58	\$552.85
	31238	Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridement w/ Bleeding Control	\$1,769.00	\$1,495.74	\$2,375.05
<b>Routine inoculation</b>					
	99395*	Periodic Preventive Medicine, Established Patient – Age 18–39	\$351.00	\$0.00	\$429.35
	99396*	Periodic Preventive Medicine, Established Patient – Age 40–64	\$366.00	\$0.00	\$456.40
	90471	Immunization Administration of 1 Vaccine	\$52.00	\$69.96	\$51.25
	90651	HPV Vaccine Non-Valent	\$374.00	\$0.00	\$414.75
	90715	Tdap Vaccine 7 Years or Older	\$61.00	\$0.00	\$75.60
<b>Contraceptive management</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	99395	Periodic Preventive Medicine, Established Patient – Age 18–39	\$351.00	\$0.00	\$429.35
	58300	Insertion of Intrauterine Device (IUD)	\$718.00	\$0.00	\$673.45
	76830	Ultrasound – Transvaginal	\$905.00	\$174.60	\$1,231.85
<b>Gastroenterology diseases signs and symptoms</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
Medicare coverage is based on policy for the individual study.	45378	Scope of Colon (diagnostic colonoscopy)	\$2,684.00	\$957.90	\$2,487.80
Medicare coverage is based on policy for the individual radiology study.	72193	CT Scan – Pelvis, with Contrast (Global charge)	\$2,624.00	\$183.04	\$2,298.20
	74160	CT Scan – Abdomen, with Contrast (Global charge)	\$3,311.00	\$187.02	\$2,466.35

# Wisconsin Act 146 Physician Report (continued)

\*only one of these codes billed per visit

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
<b>Fungal skin infection</b>					
	99212*	Office Outpatient, Established Patient (10 Minutes)	\$155.00	\$42.42	\$145.35
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	11721	Debridement Nail, Any Method 6 or more	\$197.00	\$80.77	\$147.15
	11750	Excision Nail Matrix, Permanent Removal	\$974.00	\$428.86	\$1,178.95
<b>Mood disorder, depressed</b>					
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	90791*	Psychiatric Diagnostic Evaluation	\$484.00	\$255.40	\$440.25
	90832	Individual Psychotherapy 20–30 minutes (office setting)	\$207.00	\$183.20	\$198.95
	90834	Psychotherapy 45 Minutes w/ Patient	\$365.00	\$202.48	\$359.00
	99214*	Pharmacologic Management/Review of medications (E & M CPT code)	\$330.00	\$96.38	\$346.45
<b>Other neuropsychological or behavioral disorders</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
	90791*	Psychiatric Diagnostic Evaluation	\$484.00	\$255.40	\$440.25
	90834	Psychotherapy 45 Minutes w/ Patient	\$365.00	\$202.48	\$359.00
	90847	Family Psychotherapy w/ Patient Present	\$437.00	\$201.87	\$299.30
<b>Visual disturbances without surgery</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	92004*	Comprehensive, New Patient, 1+ Visits	\$265.00	\$215.10	\$231.40
Ophthalmological Medical Exam and Evaluation	92012*	Intermediate, Established Patient	\$189.00	\$169.54	\$181.30
	92014*	Comprehensive, Established Patient, 1+ Visits	\$239.00	\$197.52	\$242.00
	92015	Determination of Refractive State	\$30.00	\$0.00	\$50.00
<b>Cataract without surgery</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
Ophthalmological Medical Exam and Evaluation	92004*	Comprehensive, New Patient, 1+ Visits	\$265.00	\$215.10	\$231.40
	92014*	Comprehensive, Established Patient, 1+ Visits	\$239.00	\$197.52	\$242.00
	92015	Determination of Refractive State	\$30.00	\$0.00	\$50.00
<b>Inflammatory eye disease without surgery</b>					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$220.00	\$68.26	\$228.15
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$330.00	\$96.38	\$346.45
Ophthalmological Medical Exam and Evaluation	92004*	Comprehensive, New Patient, 1+ Visits	\$265.00	\$215.10	\$231.40
	92014*	Comprehensive, Established Patient, 1+ Visits	\$239.00	\$197.52	\$242.00
	92015	Determination of Refractive State	\$30.00	\$0.00	\$50.00

Items marked "NA" (not applicable) are not performed or billed at Mayo Clinic Health System — Eau Claire.