



Wisconsin Act 146 Physician Report

Ellsworth

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
Routine exam					
	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					
	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					
	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	NA	NA	NA
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)	NA	NA	NA
	98941	CMT Spine 3–4 Regions (chiropractic)	NA	NA	NA
	99213	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
	97110	Physical Therapy, 1 or more areas – Each 15 Minutes therapeutic	NA	NA	NA
Medicare coverage is based on policy for the individual radiology study.	72148	MRI Spinal Canal; lumbar spine without contrast (Global charge)	NA	NA	NA
Joint degeneration, localized – back, without 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)	NA	NA	NA
	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	NA	NA	NA

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
Isolated signs, symptoms, and non-specific diagnoses or conditions					
Medicare coverage is based on policy for the individual radiology study.	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
	70553	MRI Brain (brain stem), with &/or without contrast (Global charge)	NA	NA	NA
	77067	Screening Mammography Bilateral (Female Only)	\$516.00	\$101.66	\$482.30
	71046	Radiology exam, chest – 2 views (frontal & lateral)	NA	NA	NA
Diabetes without surgery					
Medicare coverage is based on policy for the individual laboratory test.	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
	83036	Hgb Glycosylated (laboratory)	\$71.00	\$7.77	\$81.90
	82043	Urine (eg, Microalbumin) Quantitative	\$80.00	\$4.62	\$77.30
	80061	Lipid Panel (laboratory)	\$132.00	\$10.71	\$110.20
Obesity without surgery					
	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	NA	NA	NA
Hypo-functioning thyroid gland, without surgery					
Medicare coverage is based on policy for the individual laboratory test.	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
	80061	Lipid Panel (laboratory)	\$132.00	\$10.71	\$110.20
	84443	Thyroid Stimulating Hormone (laboratory)	\$136.00	\$13.44	\$128.80
Acne					
	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					
	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)	NA	NA	NA
	99284	Emergency Department, High Severity & Urgent Evaluation	NA	NA	NA
	94640	Pressurized/Nonpressurized inhalation treatment or sputum induct	NA	NA	NA
Acute sinusitis without surgery					
	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)	NA	NA	NA
	95165	Supervision/Preparation of antigens for allergen immunotherapy	NA	NA	NA

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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
Chronic sinusitis without surgery					
Medicare coverage is based on policy for the individual radiology study.	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	NA	NA	NA
	70486	CT Scan – Maxillofacial area without contrast (Global charge)	NA	NA	NA
	95004	Percutaneous Tests with Allergenic Extracts – Per Test	NA	NA	NA
Tonsillitis, adenoiditis or pharyngitis, without surgery					
Medicare coverage is based on policy for the individual laboratory test.	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	NA	NA	NA
	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 without surgery					
	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	NA	NA	NA
	69436	Tympanostomy – General Anesthesia (hospital service)	NA	NA	NA
Otolaryngology diseases signs and symptoms					
	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	NA	NA	NA
	30901	Control Nasal Hemorrhage, Anterior, Simple – Any Method	NA	NA	NA
	31238	Nasal/Sinus Endoscopy, Surgical Bx, Polypectomy, Debridement w/ Bleeding Control	NA	NA	NA
Routine inoculation					
	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					
	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	NA	NA	NA
Gastroenterology diseases signs and symptoms					
	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)	NA	NA	NA
Medicare coverage is based on policy for the individual radiology study.	72193	CT Scan – Pelvis, with Contrast (Global charge)	NA	NA	NA
	74160	CT Scan – Abdomen, with Contrast (Global charge)	NA	NA	NA

Wisconsin Act 146 Physician Report (continued)

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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
Fungal skin infection					
	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	NA	NA	NA
Mood disorder, depressed					
	99214*	Office Outpatient, Established Patient (25 Minutes)	\$313.00	\$208.01	\$370.70
	90791*	Psychiatric Diagnostic Evaluation	NA	NA	NA
	90832	Individual Psychotherapy 20–30 minutes (office setting)	NA	NA	NA
	90834	Psychotherapy 45 Minutes w/ Patient	NA	NA	NA
	99214*	Pharmacologic Management/Review of medications (E & M CPT code)	\$313.00	\$208.01	\$370.70
Other neuropsychological or behavioral disorders					
	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	NA	NA	NA
	90834	Psychotherapy 45 Minutes w/ Patient	NA	NA	NA
	90847	Family Psychotherapy w/ Patient Present	NA	NA	NA
Visual disturbances without surgery					
	99213*	Office Outpatient, Established Patient (15 Minutes)	\$210.00	\$179.10	\$260.60
Ophthalmological Medical Exam and Evaluation	92004*	Comprehensive, New Patient, 1+ Visits	NA	NA	NA
	92012*	Intermediate, Established Patient	NA	NA	NA
	92014*	Comprehensive, Established Patient, 1+ Visits	NA	NA	NA
	92015	Determination of Refractive State	NA	NA	NA
Cataract without surgery					
	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
Ophthalmological Medical Exam and Evaluation	92004*	Comprehensive, New Patient, 1+ Visits	NA	NA	NA
	92014*	Comprehensive, Established Patient, 1+ Visits	NA	NA	NA
	92015	Determination of Refractive State	NA	NA	NA
Inflammatory eye disease without surgery					
	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
Ophthalmological Medical Exam and Evaluation	92004*	Comprehensive, New Patient, 1+ Visits	NA	NA	NA
	92014*	Comprehensive, Established Patient, 1+ Visits	NA	NA	NA
	92015	Determination of Refractive State	NA	NA	NA

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