



Fort HealthCare

611 East Sherman Avenue

Fort Atkinson, WI 53538

Charges for Top 5 CPTs for the Top 25 Presenting Conditions in Wisconsin: FY 2011

920-568-5000

NR = No Conditions Reported		n/a = Service Not Provided by this Provider		Act 146 Required Data	FY 2011 Fee Schedule	Estimated Insurance Payments *	
Rank	Medical Condition	CPT Code	Medical Service or Procedure CPT	Median Billed Charge (Jan-Jun 2010)	Current Billed Charge	Medicare	Private Insurance
1	Routine Exam	99396	PREVENTIVE CHECK UP EST AGE 40-64	\$297.00	\$306.00	\$0.00	\$181.91
		99392	PREVENTIVE CHECK UP EST AGE 1-4 YRS	\$188.00	\$185.00	NR	\$146.03
		99395	PREVENTIVE CHECK UP EST AGE 18-39	\$271.00	\$280.00	\$0.00	\$160.39
		77057-26	MM MAMMO BILAT SCREEN (READING ONLY)	\$128.00	\$134.00	\$27.83	\$49.82
		99393	PREVENTIVE CHECK UP EST AGE 5-11YR	\$204.00	\$202.00	NR	\$149.34
2	Hyperlipidemia, other	80061	LIPID PROFILE	\$132.00	\$138.00	NR	\$40.41
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		99396	PREVENTIVE CHECK UP EST AGE 40-64	\$297.00	\$306.00	\$0.00	\$181.91
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		80053	METABOLIC PANEL, COMPREHENSIVE	\$115.00	\$122.00	\$15.14	\$31.17
3	Hypertension	99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99396	PREVENTIVE CHECK UP EST AGE 40-64	\$297.00	\$306.00	\$0.00	\$181.91
		93306-26	Tte W/DOPPLER, COMPLETE (READING ONLY)	\$674.00	\$770.00	\$51.25	\$143.39
		80053	METABOLIC PANEL, COMPREHENSIVE	\$115.00	\$122.00	\$15.14	\$31.17
4	Other minor orthopedic disorders - back	98941	CMP SPI 3-4 REGIONS	n/a	n/a	n/a	n/a
		98940	CMP SPI 1-2 REGIONS	n/a	n/a	n/a	n/a
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		97110	THER PX 1+AREAS EA 15 MIN THER XERSS	n/a	n/a	n/a	n/a
		72148-26	MRI LUMBAR SPINE (READING ONLY)	\$441.00	\$454.00	\$48.19	\$115.22
5	Joint degeneration, localized-back, w/o surgery	72148-26	MRI LUMBAR SPINE (READING ONLY)	\$441.00	\$454.00	\$48.19	\$115.22
		98941	CMP SPI 3-4 REGIONS	n/a	n/a	n/a	n/a
		98940	CMP SPI 1-2 REGIONS	n/a	n/a	n/a	n/a
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		97110	THER PX 1+AREAS EA 15 MIN THER XERSS	n/a	n/a	n/a	n/a
6	Isolated signs, symptoms & non-specific diagnoses or	99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		70553-26	MRI HEAD W/WO CONTRAST	\$684.00	\$746.00	\$80.44	\$154.50
		77057-26	MM MAMMO BILAT SCREEN (READ ONLY)	\$128.00	\$134.00	\$27.83	\$49.82
		71020	CHEST X-RAY	\$205.00	\$216.00	\$43.08	\$59.06
		71020-26	CHEST X-RAY (READING ONLY)	\$64.00	\$66.00	\$7.69	\$13.45
7	Diabetes, w/o surgery	99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		83036	GLYCOSYLATED HEMOGLOBIN ASSA	\$83.00	\$85.00	\$13.90	\$23.07
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		82043	ASSY, ALBUMIN, URINE MICROAL	\$103.00	\$107.00	NR	\$18.32
		80061	LIPID PROFILE	\$132.00	\$138.00	NR	\$40.41
8	Obesity, w/o surgery	80061	LIPID PROFILE	\$132.00	\$138.00	NR	\$40.41
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		95811	POLYSM SLEEP STAGING 4/> ADDL PARAM W/CPAP	n/a	n/a	n/a	n/a
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99396	PREVENTIVE CHECK UP EST AGE 40-64	\$297.00	\$306.00	NR	\$181.91
9	Hypo-functioning thyroid gland, w/o surgery	84443	ASSAY, THYROID STIMULATING H	\$136.00	\$141.00	NR	\$37.04
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		80061	LIPID PROFILE	\$132.00	\$138.00	NR	\$40.41
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99396	PREVENTIVE CHECK UP EST AGE 40-64	\$297.00	\$306.00	NR	\$181.91
10	Acne	99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		99202	OFFICE/OUTPATIENT VISIT, NEW	\$155.00	\$160.00	NR	\$76.13
		99212	OFFICE/OUTPATIENT VISIT, EST	\$109.00	\$112.00	\$71.84	\$46.97
		99203	OFFICE/OUTPATIENT VISIT, NEW	\$180.00	\$208.00	\$116.24	\$118.28
11	Acute bronchitis	99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		71020	CHEST X-RAY	\$205.00	\$216.00	\$43.08	\$59.06
		71020-26	CHEST X-RAY (READING ONLY)	\$64.00	\$66.00	\$7.69	\$13.45

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Rank	Medical Condition	CPT Code	Medical Service or Procedure CPT	Median Billed Charge (Jan-Jun 2010)	Current Billed Charge	Medicare	Private Insurance
		99284	EMERGENCY DEPT VISIT, DETAIL	\$456.00	\$474.00	NR	NR
		94640	AIRWAY INHALATION TREATMENT	\$85.00	\$93.00	NR	\$23.64
12	Acute sinusitis, w/o surgery	99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		70486-26	CT MAXILLOFAC AREA WO CON (READ ONLY)	\$390.00	\$402.00	\$45.74	\$103.86
		99203	OFFICE/OUTPATIENT VISIT, NEW	\$180.00	\$208.00	\$116.24	\$118.28
		95165	SUPVJ PREP&PRV AGS F/ALLG IMMNTX 1/MLT AGS	n/a	n/a	n/a	n/a
13	Chronic sinusitis, w/o surgery	99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		70486-26	CT MAXILLOFAC AREA WO CON	\$390.00	\$402.00	\$45.74	\$103.86
		95004	PERCUTANEOUS ALLERGY TESTS W/EXTRACTS	n/a	\$17.00	NR	\$48.22
		31231	NASAL ENDOSCOPY, DX	\$626.00	\$651.00	\$156.93	\$300.69
14	Tonsillitis, adenoiditis or pharyngitis, w/o surgery	99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		87880	INFCTS ANTIGN, STREPTOCOCCUS	\$82.00	\$85.00	\$17.18	\$25.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		87081	CULT, PATHGNC ORGNM, SCREEN	\$50.00	\$52.00	NR	\$16.37
		99284	EMERGENCY DEPT VISIT, DETAIL	\$456.00	\$474.00	NR	NR
15	Otitis media, w/o surgery	99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		99283	EMERGENCY DEPT VISIT	\$305.00	\$317.00	NR	NR
		99212	OFFICE/OUTPATIENT VISIT, EST	\$109.00	\$112.00	\$71.84	\$46.97
		69436	CREATE EARDRUM OPENING	\$1,105.00	\$1,151.00	\$120.83	\$240.70
16	Otolaryngology diseases signs & symptoms	99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	124.4	\$128.03
		30901	CONTROL OF NOSEBLEED	\$317.00	\$331.00	\$99.65	\$159.01
		31238	NASAL/SINUS ENDOSCOPY, SURG	\$1,431.00	\$1,488.00	NR	\$0.00
		99283	EMERGENCY DEPT VISIT	\$305.00	\$317.00	NR	NR
17	Routine inoculation	99396	PREVENTIVE CHECK UP EST AGE 40-64	\$297.00	\$306.00	NR	\$181.91
		90715	Tdap VACCINE >7 IM	\$38.00	\$38.00	NR	\$32.19
		99395	PREVENTIVE CHECK UP EST AGE 18-39	\$271.00	\$280.00	NR	\$160.39
		90471	IMMUNIZATION ADMIN	\$29.00	\$29.00	\$17.61	\$22.53
		90649	HUMAN PAPILLOMA VIRUS VACCINE	\$180.00	\$194.00	NR	\$161.74
18	Contraceptive management	99395	PREVENTIVE CHECK UP EST AGE 18-39	\$271.00	\$280.00	NR	\$160.39
		58300	INSERT INTRAUTERINE DEVICE	\$482.00	\$517.00	NR	\$129.48
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		76830	TRANSVAGINAL US, NON-OB	\$639.00	\$656.00	\$87.04	\$211.68
19	Gastroenterology diseases signs & symptoms	45378	COLONOSCOPY	\$1,749.00	\$1,878.00	\$149.08	\$521.06
		72193-26	CT PELVIS WITH CON (READING ONLY)	\$340.00	\$350.00	\$42.93	\$77.32
		74160-26	CT ABDOMEN WITH CON (READING ONLY)	\$386.00	\$398.00	\$47.37	\$84.91
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
20	Fungal skin infection	11721	DEBRIDE NAIL, 6 OR MORE	\$130.00	\$131.00	\$20.82	NR
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		11750	REMOVAL OF NAIL BED	\$624.00	\$643.00	\$358.68	\$146.03
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		99212	OFFICE/OUTPATIENT VISIT, EST	\$109.00	\$112.00	\$71.84	\$46.97
21	Mood disorder, depressed	90806	INDIVIDUAL PSYCH 45 TO 50 MINUTES FACE T	\$189.00	\$218.00	\$134.50	\$100.09
		90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	\$264.00	\$275.00	\$191.68	\$134.53
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		90862	PHARMACOLOGIC MANAGEMENT	\$142.00	\$163.00	\$89.70	\$65.09
		90805	INDIVIDUAL PSYCHOTHERAPY WITH MED EVAL	NR	\$189.00	\$88.93	\$90.39
22	Other neuropsychological or behavioral disorders	90806	INDIVIDUAL PSYCH 45 TO 50 MINUTES FACE T	\$189.00	\$218.00	\$134.50	\$100.09
		90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	\$264.00	\$275.00	\$191.68	\$134.53
		90847	FAMILY THERAPY W/PATIENT	\$214.00	\$223.00	\$174.75	\$114.40
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
23	Visual disturbances, w/o surgery	92014	EYE EXAM EST PATIENT	n/a	n/a	n/a	n/a
		92004	EYE EXAM, NEW PATIENT	n/a	n/a	n/a	n/a
		92015	DETERMINATION OF REFRACTIVE	n/a	n/a	n/a	n/a

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		92012	EYE EXAM ESTABLISHED PAT	n/a	n/a	n/a	n/a
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
24	Cataract, w/o surgery	92014	EYE EXAM EST PATIENT	n/a	n/a	n/a	n/a
		92015	DETERMINATION OF REFRACTIVE	n/a	n/a	n/a	n/a
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		92004	EYE EXAM, NEW PATIENT	n/a	n/a	n/a	n/a
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
25	Inflammatory eye disease, w/o surgery	92014	EYE EXAM EST PATIENT	n/a	n/a	n/a	n/a
		99213	OUTPATIENT OFFICE VISIT EST	\$142.00	\$146.00	\$89.64	\$79.13
		92015	DETERMINATION OF REFRACTIVE	n/a	n/a	n/a	n/a
		99214	OFFICE/OUTPATIENT VISIT, EST	\$212.00	\$218.00	\$124.40	\$128.03
		92004	EYE EXAM, NEW PATIENT	n/a	n/a	n/a	n/a

Comparative information about quality of care may be found at <http://www.wchq.org/reporting>

Data Source: Internal Health Information System

* Estimated Insurance Payments based on average percent of billed charges collected.