



Fort HealthCare
 611 East Sherman Avenue
 Fort Atkinson, WI 53538

920-568-5000

Charges for Top 25 CPTs for the Top 25 Presenting Conditions in Wisconsin: FY 2016

NR = No Conditions Reported		n/a = Service Not Provided by this Provider		Act 146 Required Data	FY 2016 Fee Schedule	Estimated Insurance Payments *	
Rank	Medical Condition	CPT Code	Medical Service or Procedure CPT	Median Billed Charge (Jan-Jun 2015)	Current Billed Charge	Medicare	Private Insurance
1	Routine Exam	99396	PREVENTIVE CHECK UP EST AGE 40-64	\$340.00	\$367.00	n/a	\$244.77
		99392	PREVENTIVE CHECK UP EST AGE 1-4 YRS	\$205.25	\$221.00	n/a	\$183.99
		99395	PREVENTIVE CHECK UP EST AGE 18-39	\$311.25	\$336.00	n/a	\$227.53
		77057-26	MM MAMMO BILAT SCREEN (READING ONLY)	\$149.00	\$161.00	\$34.70	\$84.78
		99393	PREVENTIVE CHECK UP EST AGE 5-11YR	\$224.00	\$242.00	n/a	\$193.49
2	Hyperlipidemia, other	80061	LIPID PROFILE	\$154.00	\$166.00	\$0.00	\$62.10
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		99396	PREVENTIVE CHECK UP EST AGE 40-64	\$340.00	\$367.00	n/a	\$244.77
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		80053	METABOLIC PANEL, COMPREHENSIVE	\$135.50	\$146.00	\$0.00	\$47.50
3	Hypertension	99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99396	PREVENTIVE CHECK UP EST AGE 40-64	\$340.00	\$367.00	n/a	\$244.77
		93306-26	Tte W/DOPPLER, COMPLETE (READING ONLY)	\$822.75	\$888.00	\$62.37	\$332.97
		80053	METABOLIC PANEL, COMPREHENSIVE	\$135.50	\$146.00	\$0.00	\$47.50
4	Other minor orthopedic disorders - back	98941	CMP SPI 3-4 REGIONS	n/a	\$0.00	\$0.00	\$0.00
		98940	CMP SPI 1-2 REGIONS	n/a	\$0.00	\$0.00	\$0.00
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		97110	THER PX 1+AREAS EA 15 MIN THER XERSS	n/a	\$0.00	\$0.00	\$0.00
		72148-26	MRI LUMBAR SPINE (READING ONLY)	\$504.25	\$544.00	\$73.63	\$242.25
5	Joint degeneration, localized-back, w/o surgery	72148-26	MRI LUMBAR SPINE (READING ONLY)	\$504.25	\$544.00	\$73.63	\$242.25
		98941	CMP SPI 3-4 REGIONS	n/a	\$0.00	\$0.00	\$0.00
		98940	CMP SPI 1-2 REGIONS	n/a	\$0.00	\$0.00	\$0.00
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		97110	THER PX 1+AREAS EA 15 MIN THER XERSS	n/a	\$0.00	\$0.00	\$0.00
6	Isolated signs, symptoms & non-specific diagnoses or	99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		70553-26	MRI HEAD W/WO CONTRAST	\$829.00	\$895.00	\$113.48	\$381.94
		77057-26	MM MAMMO BILAT SCREEN (READ ONLY)	\$149.00	\$161.00	\$34.70	\$84.78
		71020	CHEST X-RAY	\$240.25	\$259.00	\$70.65	\$98.37
71020-26	CHEST X-RAY (READING ONLY)	\$74.00	\$80.00	\$10.74	\$34.79		
7	Diabetes, w/o surgery	99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		83036	GLYCOSYLATED HEMOGLOBIN ASSA	\$94.75	\$103.00	\$0.00	\$38.88
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		82043	ASSY, ALBUMIN, URINE MICROAL	\$118.25	\$128.00	\$0.00	\$30.38
		80061	LIPID PROFILE	\$154.00	\$166.00	\$0.00	\$62.10
8	Obesity, w/o surgery	80061	LIPID PROFILE	\$154.00	\$166.00	\$0.00	\$65.32
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		95811	POLYSM SLEEP STAGING 4/> ADDL PARAM W/CPAP	n/a	\$0.00	\$0.00	\$0.00
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99396	PREVENTIVE CHECK UP EST AGE 40-64	\$340.00	\$367.00	n/a	\$244.77
9	Hypo-functioning thyroid gland, w/o surgery	84443	ASSAY, THYROID STIMULATING H	\$157.00	\$169.00	\$0.00	\$59.88
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		80061	LIPID PROFILE	\$154.00	\$166.00	\$0.00	\$62.10
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99396	PREVENTIVE CHECK UP EST AGE 40-64	\$340.00	\$367.00	n/a	\$244.77
10	Acne	99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		99202	OFFICE/OUTPATIENT VISIT, NEW	\$177.75	\$192.00	\$149.90	\$131.45
		99212	OFFICE/OUTPATIENT VISIT, EST	\$124.25	\$134.00	\$125.66	\$73.75
		99203	OFFICE/OUTPATIENT VISIT, NEW	\$231.00	\$249.00	\$176.37	\$185.59
11	Acute bronchitis	99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43

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Rank	Medical Condition	CPT Code	Medical Service or Procedure CPT	Median Billed Charge (Jan-Jun 2015)	Current Billed Charge	Medicare	Private Insurance
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		71020	CHEST X-RAY	\$240.25	\$259.00	\$70.65	\$98.37
		71020-26	CHEST X-RAY (READING ONLY)	\$74.00	\$80.00	\$10.74	\$34.79
		99284	EMERGENCY DEPT VISIT, DETAIL	\$0.00	\$0.00	\$0.00	N/A
		94640	AIRWAY INHALATION TREATMENT	\$99.75	\$108.00	\$163.01	\$47.50
12	Acute sinusitis, w/o surgery	99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		70486-26	CT MAXILLOFAC AREA WO CON (READ ONLY)	\$446.75	\$482.00	\$42.33	\$196.67
		99203	OFFICE/OUTPATIENT VISIT, NEW	\$231.00	\$249.00	\$176.37	\$185.59
		95165	SUPVJ PREPJ&PRV AGS F/ALLG IMMNTX 1/MLT AGS	\$21.00	\$21.00	\$0.00	\$0.00
13	Chronic sinusitis, w/o surgery	99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		70486-26	CT MAXILLOFAC AREA WO CON	\$446.75	\$482.00	\$42.33	\$196.67
		95004	PERCUTANEOUS ALLERGY TESTS W/EXTRACTS	\$19.75	\$22.00	\$95.86	\$11.91
		31231	NASAL ENDOSCOPY, DX	\$723.00	\$780.00	\$202.19	\$453.63
14	Tonsillitis, adenoiditis or pharyngitis, w/o surgery	99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		87880	INFCTS ANTIGN, STREPTOCOCCUS	\$94.75	\$103.00	\$0.00	\$50.82
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		87081	CULT, PATHGNC ORGNM, SCREEN	\$55.00	\$52.00	\$0.00	\$23.04
		99284	EMERGENCY DEPT VISIT, DETAIL	\$0.00	\$0.00	\$0.00	N/A
15	Otitis media, w/o surgery	99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		99283	EMERGENCY DEPT VISIT	\$0.00	\$0.00	\$0.00	N/A
		99212	OFFICE/OUTPATIENT VISIT, EST	\$124.25	\$134.00	\$125.66	\$73.75
		69436	CREATE EARDRUM OPENING	\$1,279.00	\$1,381.00	\$1,748.75	\$600.40
16	Otolaryngology diseases signs & symptoms	99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		30901	CONTROL OF NOSEBLEED	\$367.75	\$397.00	\$147.69	\$236.99
		31238	NASAL/SINUS ENDOSCOPY, SURG	\$1,653.75	\$1,785.00	\$1,190.87	\$810.87
		99283	EMERGENCY DEPT VISIT	\$0.00	\$0.00	\$0.00	N/A
17	Routine inoculation	99396	PREVENTIVE CHECK UP EST AGE 40-64	\$340.00	\$367.00	n/a	\$244.77
		90715	Tdap VACCINE >7 IM	\$43.25	\$47.00	n/a	\$44.27
		99395	PREVENTIVE CHECK UP EST AGE 18-39	\$311.25	\$336.00	n/a	\$227.53
		90471	IMMUNIZATION ADMIN	\$31.00	\$31.00	\$41.02	\$28.69
		90649	HUMAN PAPILLOMA VIRUS VACCINE	\$215.75	\$233.00	n/a	\$202.27
18	Contraceptive management	99395	PREVENTIVE CHECK UP EST AGE 18-39	\$311.25	\$336.00	n/a	\$244.77
		58300	INSERT INTRAUTERINE DEVICE	\$575.00	\$620.00	n/a	\$263.56
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		76830	TRANSVAGINAL US, NON-OB	\$728.50	\$787.00	\$259.53	\$230.51
19	Gastroenterology diseases signs & symptoms	45378	COLONOSCOPY	\$2,086.00	\$2,251.00	\$194.85	\$891.91
		72193-26	CT PELVIS WITH CON (READING ONLY)	\$389.25	\$420.00	\$57.65	\$181.13
		74160-26	CT ABDOMEN WITH CON (READING ONLY)	\$442.75	\$478.00	\$62.79	\$202.24
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
20	Fungal skin infection	11721	DEBRIDE NAIL, 6 OR MORE	\$145.50	\$159.00	\$80.20	\$101.64
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
		11750	REMOVAL OF NAIL BED	\$715.00	\$772.00	\$352.84	\$513.49
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		99212	OFFICE/OUTPATIENT VISIT, EST	\$124.25	\$134.00	\$125.66	\$73.75
21	Mood disorder, depressed	90806	INDIVIDUAL PSYCH 45 TO 50 MINUTES FACE T	\$0.00	\$0.00	Not Found	Not Used in 2016
		90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	\$0.00	\$0.00	Not Found	Not Used in 2016
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		90862	PHARMACOLOGIC MANAGEMENT	\$0.00	\$0.00	Not Found	Not Used in 2016
		90805	INDIVIDUAL PSYCHOTHERAPY WITH MED EVAL	\$0.00	\$0.00	Not Found	Not Used in 2016

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22	Other neuropsychological or behavioral disorders	90806	INDIVIDUAL PSYCH 45 TO 50 MINUTES FACE T	\$0.00	\$0.00	Not Found	Not Used in 2016
		90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	\$0.00	\$0.00	Not Found	Not Used in 2016
		90847	FAMILY THERAPY W/PATIENT	\$221.25	\$0.00	\$228.31	\$0.00
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
23	Visual disturbances, w/o surgery	92014	EYE EXAM EST PATIENT	n/a	\$0.00	\$0.00	\$0.00
		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
		92012	EYE EXAM ESTABLISHED PAT	n/a	n/a	n/a	n/a
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
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	\$242.25	\$261.00	\$177.24	\$183.55
		92004	EYE EXAM, NEW PATIENT	n/a	n/a	n/a	n/a
		99213	OUTPATIENT OFFICE VISIT EST	\$162.25	\$175.00	\$150.58	\$119.43
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	\$162.25	\$175.00	\$150.58	\$119.43
		92015	DETERMINATION OF REFRACTIVE	n/a	n/a	n/a	n/a
		99214	OFFICE/OUTPATIENT VISIT, EST	\$242.25	\$261.00	\$177.24	\$183.55
		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.