# Cost and Quality Information for Health Care Consumers

Required by 2009 Wisconsin Act 146

2009 Wisconsin Act 146 seeks to make health care costs and charges clearer to consumers. It requires health care providers to disclose, upon request, certain charge and payment information for health care services, tests, and procedures.

Health insurance plans will often reimburse your provider for less than the full charge. Consumers may be responsible for some or all of the rest. How much you are responsible for depends on the details of your insurance, such as your deductable and your co-payment responsibilities.

Your insurance plan is required to advise you on your possible actual costs. You must tell your insurer the exact health care services you are considering. Your health care provider can give you the technical descriptions ("CPT codes").

Act 146 also requires health care providers to offer information on charges, payments, and possibly on their comparative quality. The Wisconsin Department of Health Services determined that this requirement will be phased in, beginning in 2011 with physicians.

This physicians' report is based on the 25 most common medical conditions (without complications) treated by physicians in Wisconsin among those under age 65. For each medical condition, the five "Related Medical Services" are listed that account for most charges by physicians. (Again, assuming there are no complications.)

- You probably will not require all of these services or even any of them, depending on your physician's judgment and your decisions. Your physician also may recommend additional services and supplies from some other health care provider.

- Patients should ask their physician what might be provided or recommended for their unique situation. Charges for specific services ("CPT codes") are available from this practice on request, if it is a service provided by this practice.

There are important notes and definitions following the table.

BAYCARE CLINIC®

25 Most Common Health Conditions as Identified by the Wisconsin Health Care Transparency Law (Act 146)

| Common Medical Conditions Seen by this Practice | | | Current Billed Charge | Current Billed Charge if seen in Emergency Room | Median Billed Charge (2022) | Medicare pays this practice | Average Payment from 3rd Party Payor |
|---|---|---|---|---|---|---|---|
| Routine Exam | 99396 | PREVENTIVE VISIT, EST, 40-64 | N/A | | | | |
| | 99392 | PREVENTIVE VISIT, EST, AGE 1-4 | N/A | | | | |
| | 99395 | PREVENTIVE VISIT, EST, 18-39 | N/A | | | | |
| | 77057 | SCREENING MAMMOGRAPHY BILATERAL | N/A | | | | |
| | 99393 | PREVENTIVE VISIT, EST, AGE5-11 | N/A | | | | |
| | | | | | | | |
| Hyperlipidemia, other | 80061 | LIPID PANEL | N/A | | | | |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 99396 | PREVENTIVE VISIT, EST, 40-64 | N/A | | | | |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 80053 | COMPREHEN METABOLIC PANEL | $35 | | | $11 | $8 |
| | | | | | | | |
| Hypertension | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99396 | PREVENTIVE VISIT, EST, 40-64 | N/A | | | | |
| | 93306 | ECHOCARDIOGRAPHY TRANSTHORACIC WITH DOPPLER AND CO | $4,586 | | | $185 | $833 |
| | 80053 | COMPREHEN METABOLIC PANEL | $35 | | | $11 | $8 |
| | | | | | | | |
| Other minor orthopedic disorders - back | 98941 | CHIROPRACTIC MANIPULATION | N/A | | | | |
| | 98940 | CHIROPRACTIC MANIPULATION | N/A | | | | |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 97110 | THERAPEUTIC EXERCISES | N/A | | | | |
| | 72148-26* | MAGNETIC IMAGE, LUMBAR SPINE | $617 | | $617 | $67 | $282 |
| | | | | | | | |
| Joint degeneration, localized back, w/o surgery | 72148-26* | MAGNETIC IMAGE, LUMBAR SPINE | $617 | | $617 | $67 | $282 |
| | 98941 | CHIROPRACTIC MANIPULATION | N/A | | | | |
| | 98940 | CHIROPRACTIC MANIPULATION | N/A | | | | |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 97110 | THERAPEUTIC EXERCISES | N/A | | | | |
| | | | | | | | |
| Isolated signs, symptoms, & non-specific | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 70553-26* | MAGNETIC IMAGE, BRAIN | $1,767 | | $1,767 | $103 | $435 |
| | 77057-26* | SCREENING MAMMOGRAPHY BILATERAL | N/A | | | | |
| | 71020 (Global) | CHEST X-RAY | $284 | | | $0 | $0 |
| | 71020-26* | CHEST X-RAY | $95 | | | $0 | $0 |
| | 71020-TC** | CHEST X-RAY | $189 | | | $0 | $0 |

BAYCARE CLINIC®

25 Most Common Health Conditions as Identified by the Wisconsin Health Care Transparency Law (Act 146)

| Common Medical Conditions Seen by this Practice | | | Current Billed Charge | Current Billed Charge if seen in Emergency Room | Median Billed Charge (2022) | Medicare pays this practice | Average Payment from 3rd Party Payor |
|---|---|---|---|---|---|---|---|
| Diabetes, w/o surgery | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 83036 | GLYCATED HEMOGLOBIN TEST | N/A | | | | |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 82043 | MICROALBUMIN, QUANTITATIVE | N/A | | | | |
| | 80061 | LIPID PANEL | N/A | | | | |
| Obesity, w/o surgery | 80061 | LIPID PANEL | N/A | | | | |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 95811-26* | POLYSOMNOGRAPHY W/CPAP | $1,752 | | $1,752 | $115 | $431 |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99396 | PREVENTIVE VISIT, EST, 40-64 | N/A | | | | |
| Hypo-functioning thyroid gland, w/o surgery | 84443 | ASSAY THYROID STIM HORMONE | N/A | | | | |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 80061 | LIPID PANEL | N/A | | | | |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99396 | PREVENTIVE VISIT, EST, 40-64 | N/A | | | | |
| Acne | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 99202 | OFFICE/OUTPATIENT VISIT, NEW | $310 | | $310 | $67 | $233 |
| | 99212 | OFFICE OUTPATIENT VISIT EST | $191 | | $191 | $53 | $137 |
| | 99203 | OFFICE/OUTPATIENT VISIT, NEW | $441 | | $441 | $104 | $334 |
| Acute bronchitis | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 71020 (Global) | CHEST X-RAY | $284 | | | $0 | $0 |
| | 71020-26* | CHEST X-RAY | $95 | | | $0 | $0 |
| | 71020-TC** | CHEST X-RAY | $189 | | | $0 | $0 |
| | 99284 | URGENT CARE/EMERGENCY | $576 | | $576 | $111 | $417 |
| | 94640 | PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT | N/A | | | | |
| Acute sinusitis, w/o surgery | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 70486-26* | COMPUTED TOMOGRAPHY MAXILLOFACIAL AREA W/O CONTRAS | $427 | | $427 | $39 | $163 |
| | 99203 | OFFICE/OUTPATIENT VISIT, NEW | $441 | | $441 | $104 | $334 |

BAYCARE CLINIC®

25 Most Common Health Conditions as Identified by the Wisconsin Health Care Transparency Law (Act 146)

| Common Medical Conditions Seen by this Practice | | | Current Billed Charge | Current Billed Charge if seen in Emergency Room | Median Billed Charge (2022) | Medicare pays this practice | Average Payment from 3rd Party Payor |
|---|---|---|---|---|---|---|---|
| | 95165 | ANTIGEN THERAPY SERVICES | N/A | | | | |
| | | | | | | | |
| Chronic sinusitis, w/o surgery | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 70486-26* | COMPUTED TOMOGRAPHY MAXILLOFACIAL AREA W/O CONTRAS | $427 | | $427 | $39 | $163 |
| | 95004 | ALLERGY SKIN TESTS | N/A | | | | |
| | 31231 | NASAL ENDOSCOPY, DX | $1,003 | | $1,003 | $177 | $763 |
| | | | | | | | |
| Tonsillitis, adenoiditis or pharyngitis, w/o surgery | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 87880 | STREP A ASSAY W/OPTIC | $110 | | | $17 | $25 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 87081 | BACTERIA CULTURE SCREEN | N/A | | | | |
| | 99284 | URGENT CARE/EMERGENCY | $576 | | $576 | $111 | $417 |
| | | | | | | | |
| Otitis Media, w/o surgery | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 99283 | URGENT CARE/EMERGENCY | $372 | | $372 | $66 | $223 |
| | 99212 | OFFICE OUTPATIENT VISIT EST | $191 | | $191 | $53 | $137 |
| | 69436 | CREATE EARDRUM OPENING | $962 | | | $148 | $667 |
| | | | | | | | |
| Otolaryngology diseases signs & symptoms | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 30901 | CONTROL OF NOSEBLEED | $586 | | $586 | $147 | $520 |
| | 31238 | NASAL/SINUS ENDOSCOPY, SURG | $2,263 | | $2,263 | $233 | $1,083 |
| | 99283 | URGENT CARE/EMERGENCY | $372 | | $372 | $66 | $223 |
| | | | | | | | |
| Routine Inoculation | 99396 | PREVENTIVE VISIT, EST, 40-64 | N/A | | | | |
| | 90715 | TETANUS, DIPTHERIA TOXOIDS AND ACELLULAR PERTUSSIS | $119 | | | $37 | $32 |
| | 99395 | PREVENTIVE VISIT, EST, 18-39 | N/A | | | | |
| | 90471 | IMMUNIZATION ADMINISTRATION | $99 | | | $19 | $27 |
| | 90649 | HUMAN PAPILLOMA VIRUS VACCINE TYPES 6 11 16 18 THR | N/A | | | | |
| | | | | | | | |
| Contraceptive management | 99395 | PREVENTIVE VISIT, EST, 18-39 | N/A | | | | |
| | 58300 | INSERT INTRAUTERINE DEVICE | N/A | | | | |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |

BAYCARE CLINIC®

25 Most Common Health Conditions as Identified by the Wisconsin Health Care Transparency Law (Act 146)

| Common Medical Conditions Seen by this Practice | | | Current Billed Charge | Current Billed Charge if seen in Emergency Room | Median Billed Charge (2022) | Medicare pays this practice | Average Payment from 3rd Party Payor |
|---|---|---|---|---|---|---|---|
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 76830-26* | ECHO EXAM, TRANSVAGINAL | $263 | | $263 | $31 | $132 |
| Gastroenterology diseases signs & symptoms | 45378 | DIAGNOSTIC COLONOSCOPY | N/A | | | | |
| | 72193-26* | CONTRAST CAT SCAN OF PELVIS | $477 | | $477 | $52 | $221 |
| | 74160-26* | CONTRAST CAT SCAN OF ABDOMEN | $565 | | $565 | $57 | $242 |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| Fungal skin infection | 11721 | DEBRIDE NAIL, 6 OR MORE | $125 | | $125 | $42 | $195 |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 11750 | REMOVAL OF NAIL BED | $860 | | $860 | $150 | $711 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 99212 | OFFICE OUTPATIENT VISIT EST | $191 | | $191 | $53 | $137 |
| Mood disorder, depressed | 90806 | PSYTX, OFFICE (45-50) | N/A | | | | |
| | 90801 | PSY DX INTERVIEW | N/A | | | | |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 90862 | MEDICATION MANAGEMENT | N/A | | | | |
| | 90805 | PSYTX, OFFICE (20-30) W/E&M | N/A | | | | |
| Other neuropsychological or behavioral disorders | 90806 | PSYTX, OFFICE (45-50) | N/A | | | | |
| | 90801 | PSY DX INTERVIEW | N/A | | | | |
| | 90847 | FAMILY PSYTX W/PATIENT | $459 | | | $95 | $364 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| Visual disturbances, w/o surgery | 92014 | EYE EXAM & TREATMENT | $324 | | $324 | $119 | $437 |
| | 92004 | EYE EXAM, NEW PATIENT | $395 | | $395 | $142 | $524 |
| | 92015 | REFRACTION | $48 | | $48 | $18 | $70 |
| | 92012 | EYE EXAM ESTABLISHED PT | $231 | | $231 | $85 | $304 |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| Cataract, w/o surgery | 92014 | EYE EXAM & TREATMENT | $324 | | $324 | $119 | $437 |
| | 92015 | REFRACTION | $48 | | $48 | $18 | $70 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 92004 | EYE EXAM, NEW PATIENT | $395 | | $395 | $142 | $524 |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |

BAYCARE CLINIC®

25 Most Common Health Conditions as Identified by the Wisconsin Health Care Transparency Law (Act 146)

| Common Medical Conditions Seen by this Practice | | | Current Billed Charge | Current Billed Charge if seen in Emergency Room | Median Billed Charge (2022) | Medicare pays this practice | Average Payment from 3rd Party Payor |
|---|---|---|---|---|---|---|---|
| Inflammatory eye disease, w/o surgery | 92014 | EYE EXAM & TREATMENT | $324 | | $324 | $119 | $437 |
| | 99213 | OFFICE/OUTPATIENT VISIT, EST | $307 | | $307 | $84 | $229 |
| | 92015 | REFRACTION | $48 | | $48 | $18 | $70 |
| | 99214 | OFFICE/OUTPATIENT VISIT, EST | $446 | | $446 | $119 | $337 |
| | 92004 | EYE EXAM, NEW PATIENT | $395 | | $395 | $142 | $524 |

BAYCARE CLINIC®

**25 Most Common Health Conditions as Identified by the Wisconsin Health Care Transparency Law (Act 146)**

| Common Medical Conditions Seen by this Practice | | Current Billed Charge | Current Billed Charge if seen in Emergency Room | Median Billed Charge (2022) | Medicare pays this practice | Average Payment from 3rd Party Payor |
|---|---|---|---|---|---|---|

**Important Notes:**

- If fee is not indicated for Emergency Room or ICU, it would be billed at the Current Billed Rate. For example, if a patient is seen in the ER and is billed for CPT 90847, the patient would be billed $459.
- Information on quality can be found at www.baycare.net
- The most common conditions and related medical services. If your condition is listed, you can see some common services provided by physicians to diagnosis and treat that condition, assuming there are no medical complications. The "CPT code" is used by insurers to determine their reimbursement to The physician. If you provide this code to your insurer, they will tell you what part of The charge they will pay and how much you may be responsible for at this time. The actual services for a given condition may be different from those listed.
- Other related services and supplies. Many conditions require medical services and supplies from other physicians and other providers (prescription drugs, for example). Your physician can tell you what other services and supplies may be recommended for your treatment, but you should consult the other providers and your insurer if you want an estimate of the probable cost to you. Additional charges may include facility costs, diagnostic testing (such as radiology or lab work), anesthesia administration, and so on. Your financial responsibility will depend on your insurance plan and on payment plans negotiated between insurers and providers.
- 'N/A' – this physician either does not treat this condition or does not provide this service.
- The current charge is the standard amount this physician charges for this service. Individual charges may be lower or higher, depending on the individual's medical condition. This is not a required part of this report.
- The "median billed charge" is required by Act 146. It is this physician's charge in effect during the first half of 2021. If the charge changed during this period, it is the middle of the charges that were in effect.
- The Medicare payment is how much Medicare will pay this physician for the listed service, each time.
- Reports on quality are publicly available at www.baycare.net
- The Wisconsin Department of Health Services defined the methods for calculating this information and determined that this report will be phased in, beginning in March 2011 with physicians. More information is available at http://www.dhs.wisconsin.gov/2009wisact146.
- "Global" - When this term is noted on this schedule, it indicates that the code can be billed with a physician service or facility component. When the code is billed "globally", it represents both components.

* The fee noted on this schedule, and denoted with - 26, is only for the physician service portion of the fee which would be billed by BayCare Clinic. Patients should expect to also be billed by the facility for the technical portion of this procedure.

** The fee noted on this schedule, and denoted with - TC, is only for the technical or facility portion of the fee. Patients should expect to also be billed for the physician portion of this service.