

Aspirus Clinics Inc. Cost Information for Health Care Consumers

July 1, 2014 - June 30, 2015

<u>Common Medical Conditions Seen by This Practice</u>	<u>CPT Code</u>	<u>Description</u>	<u>Current Billed Charge</u>	<u>Median Billed Charge (Jan-June 2014)</u>	<u>2014 Medicare Reimb.</u>	<u>Typical Charge in This Area *</u>
Routine Exam	99396	PREV VISIT EST AGE 40-64	\$302.00	\$295.00	\$120.77	\$293.00
	99392	PREV VISIT EST AGE 1-4	\$241.00	\$235.00	\$101.89	\$169.00
	99395	PREV VISIT EST AGE 18-39	\$287.00	\$280.00	\$113.33	\$268.00
	77057 **	MAMMOGRAM SCREENING	n/a	\$223.00	\$45.59	\$205.00
	99393	PREV VISIT EST AGE 5-11	\$256.00	\$250.00	\$101.56	\$184.00
Hyperlipidemia, Other	80061	LIPID PANEL	\$111.00	\$108.00	\$22.86	\$91.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	99396	PREV VISIT EST AGE 40-64	\$302.00	\$295.00	\$120.77	\$293.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	80053	COMPREHEN METABOLIC PANEL	\$98.00	\$95.00	\$14.04	\$79.00
Hypertension	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99396	PREV VISIT EST AGE 40-64	\$302.00	\$295.00	\$120.77	\$293.00
	93306	TTE W/DOPPLER COMPLETE	\$1,926.00	\$1,885.00	\$182.99	\$4,464.00
	80053	COMPREHEN METABOLIC PANEL	\$98.00	\$95.00	\$14.04	\$79.00
Other Minor Orthopedic Disorders - Back	98941	CHIROPRACTIC MANIPULATION	n/a	n/a	\$35.41	\$69.00
	98940	CHIROPRACTIC MANIPULATION	n/a	n/a	\$25.62	\$54.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	97110	THERAPEUTIC EXERCISES	\$85.00	\$83.00	\$31.17	\$85.00
	72148 **	MRI LUMBAR SPINE W/O DYE	\$3,402.00	\$3,330.00	\$367.26	\$3,527.00
Joint Degeneration, Localized Back, w/o Surgery	72148 **	MRI LUMBAR SPINE W/O DYE	\$3,402.00	\$3,330.00	\$297.41	\$3,527.00
	98941	CHIROPRACTIC MANIPULATION	n/a	n/a	\$35.41	\$69.00
	98940	CHIROPRACTIC MANIPULATION	n/a	n/a	\$25.62	\$54.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	97110	THERAPEUTIC EXERCISES	\$85.00	\$83.00	\$31.17	\$85.00
Isolated Signs, Symptoms & Specific Diagnoses or Conditions	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	70553 **	MRI BRAIN W/O & W/DYE	\$5,078.00	\$4,971.00	\$439.49	\$6,152.00
	77057 **	MAMMOGRAM SCREENING	n/a	\$223.00	\$45.59	\$205.00
	71020	CHEST X-RAY	\$206.00	\$201.00	\$29.74	\$219.00
Diabetes, w/o Surgery	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	83036	GLYCOSYLATED HEMOGLOBIN TEST	\$79.00	\$77.00	\$12.74	\$43.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	82043	MICROALBUMIN QUANTITATIVE	\$117.00	\$114.00	\$7.51	\$93.00
	80061	LIPID PANEL	\$111.00	\$108.00	\$22.86	\$91.00
Obesity, w/o Surgery	80061	LIPID PANEL	\$111.00	\$108.00	\$22.86	\$91.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	95811	POLYSOMNOGRAPHY W/CPAP	\$4,181.00	\$4,093.00	\$650.61	\$4,295.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00

<u>Common Medical Conditions Seen by This Practice</u>	<u>CPT Code</u>	<u>Description</u>	<u>Current Billed Charge</u>	<u>Median Billed Charge (Jan-June 2014)</u>	<u>2014 Medicare Reimb.</u>	<u>Typical Charge in This Area *</u>
	99396	PREV VISIT EST AGE 40-64	\$302.00	\$295.00	\$120.77	\$293.00
Hypo-functioning Thyroid Gland, w/o Surgery	84443	ASSAY THYROID STIM HORMONE	\$111.00	\$108.00	\$22.21	\$100.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	80061	LIPID PANEL	\$111.00	\$108.00	\$22.86	\$91.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99396	PREV VISIT EST AGE 40-64	\$302.00	\$295.00	\$120.77	\$293.00
Acne	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	99202	OFFICE/OUTPATIENT VISIT NEW	\$177.00	\$173.00	\$71.81	\$187.00
	99212	OFFICE/OUTPATIENT VISIT EST	\$112.00	\$109.00	\$42.23	\$119.00
	99203	OFFICE/OUTPATIENT VISIT NEW	\$230.00	\$225.00	\$103.83	\$243.00
Acute Bronchitis	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	71020	CHEST X-RAY	\$206.00	\$201.00	\$29.74	\$219.00
	99284	EMERGENCY DEPT VISIT	\$374.00	\$366.00	\$110.46	\$477.00
	94640	AIRWAY INHALATION TREATMENT	\$72.00	\$70.00	\$18.48	\$79.00
Acute Sinusitis, w/o Surgery	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	70486	** CT MAXILLOFACIAL W/O DYE	\$1,417.00	\$1,387.00	\$169.05	\$1,437.00
	99203	OFFICE/OUTPATIENT VISIT NEW	\$230.00	\$225.00	\$103.83	\$243.00
	95165	ANTIGEN THERAPY SERVICES	n/a	n/a	\$12.68	\$0.00
Chronic Sinusitis, w/o Surgery	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	70486	** CT MAXILLOFACIAL W/O DYE	\$1,417.00	\$1,387.00	\$169.05	\$1,437.00
	95004	PERCUT ALLERGY SKIN TESTS	n/a	n/a	\$6.41	\$14.00
	31231	NASAL ENDOSCOPY DX	n/a	n/a	\$209.83	\$837.00
Tonsillitis, Adenoiditis or Pharyngitis, w/o Surgery	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	87880	STREP A ASSAY W/OPTIC	\$82.00	\$80.00	\$15.68	\$72.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	87081	CULTURE SCREEN ONLY	\$55.00	\$53.00	\$8.82	\$42.00
	99284	EMERGENCY DEPT VISIT	\$374.00	\$366.00	\$110.46	\$477.00
Otitis Media, w/o Surgery	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	99283	EMERGENCY DEPT VISIT	\$261.00	\$255.00	\$57.90	\$319.00
	99212	OFFICE/OUTPATIENT VISIT EST	\$112.00	\$109.00	\$42.23	\$119.00
	69436	CREATE EARDRUM OPENING	n/a	n/a	\$158.15	\$1,299.00
Otolaryngology Diseases Signs & Symptoms	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	30901	CONTROL OF NOSEBLEED	\$411.00	\$356.00	\$93.64	\$411.00
	31238	NASAL/SINUS ENDOSCOPY SURG	n/a	n/a	\$328.56	\$1,826.00
	99283	EMERGENCY DEPT VISIT	\$261.00	\$255.00	\$57.90	\$319.00
Routine Inoculation	99396	PREV VISIT EST AGE 40-64	\$302.00	\$295.00	\$120.77	\$293.00
	90715	TDAP VACCINE >7 IM	\$98.00	\$95.00	\$32.34	\$52.00

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	99395	PREV VISIT EST AGE 18-39	\$287.00	\$280.00	\$113.33	\$268.00
	90471	IMMUNIZATION ADMIN	\$57.00	\$55.00	\$24.91	\$51.00
	90649	HPV VACCINE 4 VALENT IM	\$260.00	\$254.00	\$125.75	\$291.00
Contraceptive Management	99395	PREV VISIT EST AGE 18-39	\$287.00	\$280.00	\$113.33	\$268.00
	58300	INSERT INTRAUTERINE DEVICE	\$371.00	\$363.00	\$67.67	\$473.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	76830	TRANSVAGINAL US NON-OB	\$657.00	\$571.00	\$73.54	\$657.00
Gastroenterology Diseases Signs & Symptoms	45378	DIAGNOSTIC COLONOSCOPY	\$1,977.00	\$1,935.00	\$390.96	\$1,950.00
	72193	** CT PELVIS W/DYE	\$1,790.00	\$1,752.00	\$212.82	\$1,853.00
	74160	** CT ABDOMEN W/DYE	\$1,739.00	\$1,702.00	\$212.16	\$1,628.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
Fungal Skin Infection	11721	DEBRIDE NAIL 6 OR MORE	\$205.00	\$200.00	\$43.29	\$69.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	11750	REMOVAL OF NAIL BED	\$704.00	\$689.00	\$217.84	\$346.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	99212	OFFICE/OUTPATIENT VISIT EST	\$112.00	\$109.00	\$42.23	\$119.00
Mood Disorder, Depressed	90791	PSYCH DIAG EVALUATION	\$338.00	\$330.00	\$146.96	\$301.00
	90792	PSY DIAG EVAL W/ MEDICAL SERVICES	\$409.00	\$400.00	\$121.70	\$317.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	90863	MEDICATION MANAGEMENT	n/a	n/a	\$0.00	\$183.00
	90832	PSYTX PATIENT & FAMILY 30 MINUTES	\$174.00	\$170.00	\$61.10	\$128.00
Other Neuropsychological or Behavioral Disorders	90834	PSYTX PATIENT & FAMILY 45 MINUTES	\$222.00	\$217.00	\$79.00	\$176.00
	90791	PSYCH DIAG EVALUATION	\$338.00	\$330.00	\$146.96	\$301.00
	90847	FAMILY PSYTX W/PATIENT	\$275.00	\$269.00	\$86.80	\$163.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
Visual Disturbances, w/o Surgery	92014	EYE EXAM & TREATMENT	n/a	n/a	\$121.70	\$142.00
	92004	EYE EXAM NEW PATIENT	n/a	n/a	\$146.14	\$174.00
	92015	REFRACTION	n/a	n/a	\$19.04	\$40.00
	92012	EYE EXAM ESTABLISHED PAT	n/a	n/a	\$84.21	\$116.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
Cataract, w/o Surgery	92014	EYE EXAM & TREATMENT	n/a	n/a	\$121.70	\$142.00
	92015	REFRACTION	n/a	n/a	\$19.04	\$40.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	92004	EYE EXAM NEW PATIENT	n/a	n/a	\$146.14	\$174.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
Inflammatory Eye Disease, w/o Surgery	92014	EYE EXAM & TREATMENT	n/a	n/a	\$121.70	\$142.00
	99213	OFFICE/OUTPATIENT VISIT EST	\$144.00	\$140.00	\$70.23	\$153.00
	92015	REFRACTION	n/a	n/a	\$19.04	\$40.00
	99214	OFFICE/OUTPATIENT VISIT EST	\$205.00	\$200.00	\$103.20	\$221.00
	92004	EYE EXAM NEW PATIENT	n/a	n/a	\$146.14	\$174.00

<u>Common Medical Conditions Seen by This Practice</u>	<u>CPT Code</u>	<u>Description</u>	<u>Current Billed Charge</u>	<u>Median Billed Charge (Jan-June 2014)</u>	<u>2014 Medicare Reimb.</u>	<u>Typical Charge in This Area *</u>
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** Typical charge in this area was derived from Ingenix Custom Fee Analyzer for the zip code of 544xx (50th percentile)*

*** Denotes that charge is for Technical Component of procedure only*

****Emergency Room visit codes are for professional charges only*

Please note that CPT codes illustrated in this document are not inclusive of treatment and may include additional codes (charges)