

**Cost and Quality Information for Health Care Consumers
In Compliance Wisconsin Act 146**

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 deductible 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.

GENERATIONS
fertility care


laboratory and diagnostic services

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
Routine Exam - Periodic Preventive Medicine, Established Patient – Age 1-4 (99392) - Periodic Preventive Medicine, Established Patient – Age 5-11 (99393) - Periodic Preventive Medicine, Established Patient – Age 18-39 (99395) - Periodic Preventive Medicine, Established Patient –Age 40-64 (99396) - Screening Mammography Bilateral including Computer Aided Detection. Professional and Tech Comp (77057, replaced with 77067) - Screening Mammography Bilateral including Computer Aided Detection. Professional Comp Only (77057, replaced with 77067-26)	222.00 234.00 323.00 354.00 516.00 150.00	221.00 228.00 315.00 345.00 496.00 183.00	N/A N/A N/A N/A 106.01 30.04	N/A N/A N/A N/A 106.01 30.04	177.00 182.00 211.00 227.00 335.00 98.00	N/A
Hyperlipidemia, Other - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Periodic Preventive Medicine, Established Patient, Age 40-64 (99396) - Comprehensive Metabolic Panel (80053) - Lipid Panel (80061)	176.00 254.00 354.00 134.00 140.00	171.00 246.00 345.00 134.00 140.00	57.64 84.53 N/A 9.39 11.90	39.70 61.5 N/A 9.39 11.90	79.00 131.00 227.00 41.00 63.00	N/A

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
Hypertension - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient, Established Patient, Level 4 (99214) - Periodic Preventive Medicine, Established Patient, Age 40-64 (99396) - Comprehensive Metabolic Panel (80053) - Echocardiography, transthoracic, real time with documentation (2D), M-Mode Compl Spec&Color Dop (93306) - Echocardiography, transthoracic, real time with documentation (2D), M-Mode Compl Spec&Color Dop (93306-26) - Echocardiography, transthoracic, real time with documentation (2D), M-Mode Compl Spec&Color Dop (93306-TC)	176.00 254.00 354.00 134.00 3382.00 937.00 2445.00	171.00 246.00 345.00 134.00 3382.00 914.00 2468.00	57.64 84.53 N/A 9.93 161.76 58.37 103.39	39.70 61.35 N/A 9.39 161.76 58.70 103.39	79.00 131.00 227.00 41.00 1062.00 326.00 NA	Overall: http://www.wchq.org
Other Minor orthopedic Disorders – Back - Office Outpatient Visit, Established Patient, Level 3 (99213) - MRI Spinal Canal & Contents, Lumbar; without contrast material (72148) - MRI Spinal Canal & Contents, Lumbar; W/O contrast material Professional Comp Only (72148-26) - Chiropractic Manipulative Treatment, Spinal, 1-2 regions (98940) - Chiropractic Manipulative Treatment, Spinal, 3-4 regions (98941) - Therapeutic Procedure, 1 or more Areas Each 15 Min, Therapy Exercises (97110)	176.00 3806.00 525.00 N/A N/A 137.00	171.00 3806.00 470.00 N/A N/A N/A	57.64 171.97 58.75 22.29 32.53 24.21	39.70 171.97 58.75 17.88 27.57 24.21	79.00 884.00 205.00 N/A N/A N/A	N/A

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Joint Degeneration, Localized Back, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213)	176.00	171.00	57.64	39.70	79.00	N/A
- MRI Spinal Canal & Contents, Lumbar; without contrast material (72148)	3806.00	3806.00	171.97	171.97	884.00	
- MRI Spinal Canal & Contents, Lumbar; without contrast material Professional Comp Only (72148-26)	525.00	470.00	58.75	58.75	205.00	
- Chiropractic Manipulative Treatment, Spinal, 1-2 regions (98940)	N/A	N/A	22.29	17.88	N/A	
- Chiropractic Manipulative Treatment, Spinal, 3-4 regions (98941)	N/A	N/A	32.53	27.57	N/A	
- Therapeutic Procedure, 1 or more Areas Each 15 Min, Therapy Exercises (97110)	137.00	N/A	24.21	24.21	N/A	

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Isolated Signs, Symptoms & Non-Specific Diagnosis or Conditions						
- Office Outpatient Visit, Established Patient, Level 3 (99213)	176.00	171.00	57.64	39.70	79.00	N/A
- Office Outpatient Visit, Established Patient, Level 4 (99214)	254.00	246.00	84.53	61.35	131.00	
- MRI Brain (including Brain Stem), without contrast, followed by contrast (70553)	6957.00	6957.00	288.53	288.53	1989.00	
- MRI Brain (including Brain Stem), without contrast, followed by contrast Professional Comp Only (70553-26)	900.00	803.00	90.23	90.23	397.00	
- X-Ray Exam, Chest 2 Views (71020, replaced with 71046 in)	245.00	234.00	24.48	24.48	61.00	
- X-Ray Exam, Chest 2 Views, Technical Comp Only (71020-TC, replaced with 71046)	166.00	161.00	15.83	15.83	32.00	
- X-Ray Exam, Chest 2 Views, Professional Comp Only (71020-26, replaced with 71046)	79.00	73.00	8.65	8.65	26.00	
- Screening Mammography Bilateral with Computer Aided Detection (77067)	516.00	496.00	106.01	106.01	335.00	
- Screening Mammography Bilateral with Computer Aided Detection. Professional Comp Only (77067-26)	150.00	183.00	30.04	30.04	98.00	

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
Diabetes, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Lipid Panel (80061) - Albumin Urine Microalbumin Quantitative (82043) - Hemoglobin Glycosylated (83036)	176.00 254.00 140.00 97.00 75.00	171.00 246.00 140.00 97.00 72.00	57.64 84.53 11.90 5.14 8.63	39.70 61.35 11.90 5.14 8.63	79.00 131.00 63.00 25.00 27.00	Overall: http://www.wchq.org
Obesity, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Periodic Preventive Medicine, Established Patient –Age 40-64 (99396) - Lipid Panel (80061) - Polysomnography Sleep Staging with 4 or more Addtnl Parameters with Cpap attended by technologist, Professional Comp Only (95811-26) - Polysomnography Sleep Staging with 4 or more Addtnl Parameters with Cpap attended by technologist, Technical Comp Only (95811-TC)	176.00 254.00 354.00 140.00 1195.00 4387.00	171.00 246.00 345.00 140.00 1195.00 4235.00	57.64 84.53 N/A 11.90 100.07 401.35	39.70 61.35 N/A 11.90 100.07 401.35	79.00 131.00 227.00 63.00 412.00 2254.00	N/A

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
Hypo-functioning Thyroid Gland, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Periodic Preventive Medicine, Established Patient –Age 40-64 (99396) - Lipid Panel (80061) - Thyroid Stimulating Hormone (84443)	176.00 254.00 354.00 140.00 132.00	171.00 246.00 345.00 140.00 132.00	57.64 84.53 N/A 11.90 14.94	39.70 61.35 N/A 11.90 14.94	79.00 131.00 227.00 63.00 44.00	N/A
Acne - Office Outpatient Visit, Established Patient, Level 2 (99212) - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Office Outpatient Visit, New Patient, Level 2 (99202) - Office Outpatient Visit, New Patient, Level 3 (99203)	137.00 176.00 254.00 213.00 280.00	133.00 171.00 246.00 207.00 273.00	34.93 57.64 84.53 59.07 83.45	19.75 39.70 61.35 39.20 58.62	47.00 79.00 131.00 75.00 115.00	N/A

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Acute Bronchitis						
- Office Outpatient Visit, Established Patient, Level 3 (99213)	176.00	171.00	57.64	39.70	79.00	N/A
- Office Outpatient Visit, Established Patient, Level 4 (99214)	254.00	246.00	84.53	61.35	131.00	
- Emergency Dept, High Severity & Urgent Evaluation (99284)	530.00	517.00	90.73	90.73	215.00	
- X-Ray Exam, Chest 2 Views (71020, replaced with 71046)	245.00	234.00	24.48	24.48	61.00	
- X-Ray Exam, Chest 2 Views, Professional Comp Only (71020-26, replaced with 71046)	79.00	73.00	8.65	8.65	26.00	
- X-Ray Exam, Chest 2 Views, Technical component only (71020, replaced with 71046-TC)	166.00	161.00	15.83	15.83	32.00	
- Pressurized or Non-Pressurized Inhalation Treatment (94640)	121.00	121.00	13.90	13.90	35.00	

Acute Sinusitis, w/o surgery						
- Office Outpatient Visit, Established Patient, Level 3 (99213)	176.00	171.00	57.64	39.70	79.00	N/A
- Office Outpatient Visit, Established Patient, Level 4 (99214)	254.00	246.00	84.53	61.35	131.00	
- Office Outpatient Visit, New Patient, Level 3 (99203)	280.00	273.00	83.45	58.62	115.00	
- CT Scan, Maxillofacial Area, Without Contrast Material (70486)	1722.00	1722.00	108.16	106.16	431.00	
- CT Scan, Maxillofacial Area, Without Contrast Material, Prof Only (70486-26)	413.00	413.00	33.84	33.84	155.00	
- Supervision of Prep/Provision of Antigens for Allergen Immunotherapy, Single or Multiple Antigens (95165) *per unit	39.00	19.00	10.94	2.38	18.00	

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Chronic Sinusitis, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Nasal Endoscopy Diagnostic Unilateral or Bilateral, Separate Procedure (31231) - CT Scan, Maxillofacial Area, Without Contrast Material (70486) - CT Scan, Maxillofacial Area, Without Contrast Material, Professional Comp Only (70486-26) - Percutaneous Tests with Allergenic Extracts, Charge per test, total may vary (95004) *per unit	176.00 254.00 907.00 1722.00 413.00 20.00	171.00 246.00 884.00 1722.00 413.00 19.00	57.64 84.53 155.55 108.16 33.84 3.15	39.70 61.35 49.87 108.16 33.84 3.15	79.00 131.00 303.00 431.00 155.00 8.00	N/A
Tonsillitis, Adenoiditis or Pharyngitis, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Emergency Dept, High Severity & Urgent Evaluation (99284) - Culture Presumptive, Pathogenic Organisms, Screening Only (87081) - Microbiology, Streptococcus Group A (87880)	176.00 254.00 530.00 51.00 93.00	171.00 246.00 517.00 50.00 93.00	57.64 84.53 90.73 5.89 13.22	39.70 61.35 90.73 5.89 13.22	79.00 131.00 215.00 15.00 24.00	N/A

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
Otitis Media, w/o surgery - Office Outpatient Visit, Established Patient, Level 2 (99212) - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Emergency Dept, Moderate Severity (99283) - Tympanostomy, bilateral (69436)	137.00 176.00 254.00 356.00 2578.00	133.00 171.00 246.00 345.00 2490.00	34.93 57.64 84.53 47.84 244.01	19.76 39.70 61.35 47.84 244.01	47.00 79.00 131.00 119.00 1438.00	N/A
Otolaryngology Diseases Signs & Symptoms - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Emergency Dept, Moderate Severity (99283) - Control Nasal Hemorrhage Anterior Simple (30901) - Nasal/Sinus Endoscopy, Surgical With Control of Nasal Hemorrhage (31238)	176.00 254.00 356.00 449.00 1928.00	171.00 246.00 345.00 359.00 1928.00	57.64 84.53 47.84 106.61 194.37	39.70 61.35 47.84 43.42 128.98	79.00 131.00 119.00 109.00 790.00	N/A

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
Routine Inoculation - Periodic Preventive Medicine, Established Patient – Age 18-39 (99395) - Periodic Preventive Medicine, Established Patient –Age 40-64 (99396) - Immunization Administration, 1 Vaccine (90471) - Human Papilloma Virus Vaccine, Per dose (90651) - Tetanus, Diphtheria Toxoids and Acellular Pertussis Vaccine, Age 7 or older, Intramuscular (90715)	323.00 354.00 30.00 375.00 63.00	315.00 345.00 30.00 365.00 61.00	N/A N/A 13.00 0.00 25.87	N/A N/A 13.00 0.00 25.87	211.00 227.00 27.00 236.00 52.00	N/A
Contraceptive Management - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Periodic Preventive Medicine, Established Patient – Age 18-39 (99395) - Insertion of Intrauterine Device, Note: Does not include separate charge of IUD (58300) - Ultrasound, Transvaginal (76830) - Ultrasound, Transvaginal, Professional Comp Only (76830-26)	176.00 254.00 323.00 579.00 735.00 264.00	171.00 246.00 315.00 579.00 735.00 264.00	57.64 84.53 N/A N/A 94.89 27.47	39.70 61.35 N/A N/A 94.89 27.47	79.00 131.00 211.00 280.00 261.00 83.00	N/A

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Gastroenterology Diseases Signs and Symptoms						N/A
- Office Outpatient Visit, Established Patient, Level 3 (99213)	176.00	171.00	57.64	39.70	79.00	
- Office Outpatient Visit, Established Patient, Level 4 (99214)	254.00	246.00	84.53	61.35	131.00	
- Scope Of Colon For Diagnosis (45378)	1942.00	1942.00	249.24	145.22	800.00	
- CT Scan of Pelvis With Contrast (72193)	2018.00	2018.00	181.86	181.86	1108.00	
- CT Scan of Pelvis With Contrast Professional Comp Only (72193-26)	435.00	363.00	46.01	46.01	159.00	
- CT Scan of Abdomen with Contrast (74160)	2930.00	2858.00	185.58	185.58	425.00	
- CT Scan of Abdomen with Contrast Professional Comp Only (74160-26)	630.00	543.00	50.28	50.28	216.00	
Fungal Skin Infection						N/A
- Office Outpatient Visit, Established Patient, Level 2 (99212)	137.00	133.00	34.93	19.76	47.00	
- Office Outpatient Visit, Established Patient, Level 3 (99213)	176.00	171.00	57.64	39.70	79.00	
- Office Outpatient Visit, Established Patient, Level 4 (99214)	254.00	246.00	84.53	61.35	131.00	
- Debridement of Nail Any Method, 6 or more (11721)	177.00	177.00	35.56	19.56	108.00	
- Excision Nail Matrix, Permanent Removal (11750)	620.00	523.00	121.53	80.42	194.00	

Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Mood Disorder, Depressed - Office Outpatient Visit, Established Patient, Level 4 (99214) - Psychiatric Diagnosis Interview Exam (90801, replaced with 90792) - Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy with Medical Evaluation and Management Services (90805, replaced with 90833) - Individual Psychotherapy, Insight Oriented, Behavior Modifying and/or Supportive, In Office Outpatient Facility (90806, replaced with 90834) - Individual Psychotherapy, Insight Oriented, Behavior Modifying and/or Supportive, In Office Outpatient Facility (90806, replaced with 90837)	254.00 596.00 244.00 368.00 537.00	246.00 596.00 244.00 236.00 355.00	84.53 121.79 54.98 71.05 106.63	61.35 111.86 51.40 66.09 99.18	131.00 252.00 100.00 102.00 153.00	N/A
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Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Other neuropsychological or Behavioral Disorders - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Psychiatric Diagnosis Interview Exam (90801, replaced with 90792) - Individual Psychotherapy, Insight Oriented, Behavior Modifying and/or Supportive, In Office Outpatient Facility (90806, replaced with 90834) - Individual Psychotherapy, Insight Oriented, Behavior Modifying and/or Supportive, In Office Outpatient Facility (90806, replaced with 90837) - Family Psychotherapy With Patient Present (90847)	176.00 254.00 596.00 368.00 537.00 366.00	171.00 246.00 596.00 236.00 355.00 234.00	57.64 84.53 121.79 71.05 106.63 89.26	39.70 61.35 111.86 66.09 99.18 83.19	79.00 131.00 252.00 102.00 153.00 160.00	N/A
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Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Visual Disturbances, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Ophthalmological Services, Medical Exam and Eval, Comprehensive, New Patient, 1 or more Visits (92004) - Ophthalmological Medical Exam and Eval, Established Patient (92012) - Ophthalmological Medical Exam and Eval, Comprehensive, Established Patient, 1 or more Visits (92014) - Deter Refractive State (92015)	176.00 254.00 320.00 219.00 266.00 70.00	171.00 246.00 305.00 219.00 253.00 70.00	57.64 84.53 118.57 69.14 99.21 N/A	39.70 61.35 78.56 41.55 62.79 N/A	79.00 131.00 161.00 87.00 140.00 26.00	N/A
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Cataract, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Ophthalmological Services, Medical Exam and Eval, Comprehensive, New Patient, 1 or more Visits (92004) - Ophthalmological Medical Exam and Eval, Comprehensive, Established Patient, 1 or more Visits (92014) - Deter Refractive State (92015) - Ophthalmological Medical Exam and Eval, Intermediate, Established Patient, 1 or more Visits (92012)	176.00 254.00 320.00 266.00 70.00 219.00	171.00 246.00 305.00 253.00 70.00 219.00	57.64 84.53 118.57 98.40 N/A 69.14	39.70 61.35 77.86 62.30 N/A 41.55	79.00 131.00 161.00 135.00 25.00 87.00	N/A
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Common Medical Conditions - Related medical services provided by a physician (CPT code)	Current Billed Charge (2019)	Median Billed Charge (Jan-June 2018)	Medicare Payment @ UWMF Location	Medicare Payment @ UWHC Location	Average Private Third Party Payment	Information on Comparative Quality is available at...
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Inflammatory Eye Disease, w/o surgery - Office Outpatient Visit, Established Patient, Level 3 (99213) - Office Outpatient Visit, Established Patient, Level 4 (99214) - Ophthalmological Services, Medical Exam and Eval, Comprehensive, New Patient, 1 or more Visits (92004) - Ophthalmological Medical Exam and Eval, Comprehensive, Established Patient, 1 or more Visits (92014) - Deter Refractive State (92015) - Ophthalmological Medical Exam and Eval, Intermediate, Established Patient, 1 or more Visits (92012)	176.00 254.00 320.00 266.00 70.00 219.00	171.00 246.00 305.00 253.00 70.00 219.00	57.64 84.53 118.57 99.21 N/A 69.14	39.70 61.35 78.56 62.79 N/A 41.55	79.00 131.00 161.00 140.00 26.00 87.00	N/A
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Important Notes:

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.

‘Not applicable’ or ‘NA’ – this physician either does not treat this condition, does not provide this service or could be a non-covered benefit under Medicare.

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 2018. 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.

The Average Private Third Party Payment is the average payment for a particular service to a particular provider after the application of discounts, other contractual amounts, less any patient deductible amounts, coinsurance amounts or copay amounts.

Reports on quality may be publically available for this physician’s services. If so, here is how you can obtain them.

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 <https://www.dhs.wisconsin.gov/wisact146/index.htm>