

Cost and Quality Information for Health Care Consumers In Compliance 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 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.

Practice: Group Health Cooperative of South-Central Wisconsin (GHC-SCW)

Common Medical Conditions Seen by This Practice • Related medical services provided by a physician (CPT code)	Current billed charge (2026)	Median billed charge (Jan-June 2025)	Medicare pays to GHC-SCW	Average Private Third-Party Payment	Information on comparative quality is available at...
Routine Exam					https://www.wchq.org
• Periodic Preventive Med, Established Patient – Age 1-4 (99392)	\$297.00	\$278.00	\$0.00	\$205.12	
• Periodic Preventive Med, Established Patient – Age 5-11 (99393)	\$297.00	\$278.00	\$0.00	\$225.19	
• Periodic Preventive Med, Established Patient – Age 18-39 (99395)	\$368.00	\$345.00	\$0.00	\$256.09	
• Periodic Preventive Med, Established Patient – Age 40-64 (99396)	\$405.00	\$379.00	\$0.00	\$271.56	
• Screening Mammography Bilateral (77067)	\$809.00	\$758.00	\$79.38	\$208.90	
Hyperlipidemia, other					
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
• Periodic Preventive Med, Established Patient, Age 40-64 (99396)	\$405.00	\$379.00	\$0.00	\$271.56	
• Lipid Panel (80061)	\$223.00	\$209.00	\$13.12	\$28.25	
• Comprehensive Metabolic Panel (80053)	\$215.00	\$201.00	\$10.35	\$19.55	
Hypertension					
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
• Office Outpatient, Established Patient, 15 Min (99213)	\$268.00	\$245.00	\$66.24	\$140.60	
• Periodic Preventive Med, Established Patient, Age 40-64 (99396)	\$405.00	\$379.00	\$0.00	\$271.56	
• Echo Tthrc R-T 2d -+M-Mode Compl Spec&Color Dop (93306)	n/a	n/a	n/a	n/a	
• Comprehensive Metabolic Panel (80053)	\$215.00	\$201.00	\$10.35	\$19.55	

Common Medical Conditions Seen by This Practice • Related medical services provided by a physician (CPT code)	Current billed charge (2026)	Median billed charge (Jan-June 2025)	Medicare pays to GHC-SCW	Average Private Third-Party Payment	Information on comparative quality is available at...
Other minor orthopedic disorders – back • Cmt, Spinal 1-2 Regions (98940) • Cmt, Spinal, 3-4 Regions (98941) • Office Outpatient, Established Patient, 15 Min (99213) • Therapeutic Exercises, Each 15 Min (97110)	\$122.00 \$155.00 \$265.00 \$113.00	\$114.00 \$145.00 \$248.00 \$106.00	\$20.45 \$29.53 \$66.24 \$25.17	\$5.20 \$38.61 \$140.60 \$72.70	
Joint degeneration, localized – back, w/o surgery • Arthrocentesis, major joint w/o US (20610) • Arthrocentesis, interm joint w/o US (20605) • Cmt, Spinal 1-2 Regions (98940) • Cmt, Spinal, 3-4 Regions (98941) • Office Outpatient, Established Patient, 15 Min (99213) • Therapeutic Exercises, Each 15 Min (97110)	\$470.00 \$368.00 \$122.00 \$155.00 \$265.00 \$113.00	\$440.00 \$345.00 \$114.00 \$145.00 \$248.00 \$106.00	\$57.40 n/a \$20.45 \$29.53 \$66.24 \$25.17	\$90.86 \$33.23 \$5.20 \$38.61 \$140.60 \$72.70	
Isolated signs, symptoms & non-specific diagnoses or conditions • Office Outpatient, Established Patient, 15 Min (99213) • Office Outpatient, Established Patient, 25 Min (99214) • MRI Brn Brn Stem C-/C+ (70553) • Screening Mammography Bilateral (77067) • Radex Ch 2 Views Frnt&Lat (71046)	\$265.00 \$376.00 n/a \$809.00 \$527.00	\$248.00 \$352.00 n/a \$758.00 \$494.00	\$66.24 \$84.33 n/a \$79.38 \$23.99	\$140.60 \$165.48 n/a \$208.90 \$41.66	
Diabetes, w/o surgery					

• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60
• Hgb Glycosylated (83036)	\$119.00	\$111.00	\$9.52	\$20.48
• Albumin Urine Micoralbumin Quant (82043)	\$157.00	\$147.00	\$5.66	\$10.44
• Lipid Panel (80061)	\$223.00	\$209.00	\$13.12	\$28.25

Common Medical Conditions Seen by This Practice • Related medical services provided by a physician (CPT code)	Current billed charge (2026)	Median billed charge (Jan-June 2025)	Medicare pays to GHC-SCW	Average Private Third-Party Payment	Information on comparative quality is available at...
Obesity, w/o surgery					
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
• Periodic Preventive Med, Established Patient, Age 40-64 (99396)	\$405.00	\$379.00	\$0.00	\$271.56	
• Polysm Sleep Staging 4/>Addl Param W/Cpap Tx (95811)	n/a	n/a	n/a	n/a	
• Lipid Panel (80061)	\$223.00	\$209.00	\$13.12	\$28.25	
Hypo-functioning thyroid gland, w/o surgery					
• Periodic Preventive Med, Established Patient, Age 40-64 (99396)	\$405.00	\$379.00	\$0.00	\$271.56	
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
• Lipid Panel (80061)	\$223.00	\$209.00	\$13.12	\$28.25	

• Thyroid Stimulating Hormone (84443)	\$196.00	\$184.00	\$16.46	\$29.29	
Acne					
• Office Outpatient New Patient, 20 Minutes (99202)	\$261.00	\$244.00	\$56.44	\$112.57	
• Office Outpatient, New Patient, 30 Min (99203)	\$335.00	\$314.00	\$75.46	\$196.39	
• Office Outpatient, Established Patient, 10 Min (99212)	\$178.00	\$167.00	\$41.20	\$99.07	
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	

Common Medical Conditions Seen by This Practice • Related medical services provided by a physician (CPT code)	Current billed charge (2026)	Median billed charge (Jan-June 2025)	Medicare pays to GHC-SCW	Average Private Third-Party Payment	Information on comparative quality is available at...
Acute bronchitis					
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
• Radiologic Exam, Chest, 2 Views (71046)	\$527.00	\$494.00	\$23.99	\$41.66	
• Emer Dept Hi Severity & Urgent Eval (99284)	n/a	n/a	n/a	n/a	
• Airway Inhalation Treatment (94640)	\$121.00	\$113.00	\$5.90	\$12.04	
Acute Sinusitis, w/o surgery					

Office Outpatient, New Patient, 30 Min (99203)	\$335.00	\$314.00	\$75.46	\$196.39	
Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
Ct Maxi-Face, Jaw (70486)	\$2,865.00	\$2,683.00	n/a	\$124.29	
Supvj Prepj&Prv Ags F/Allg Immntx 1/Mlt Ags (95165)	n/a	n/a	n/a	n/a	
Chronic sinusitis, w/o surgery					
Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
Ct Maxi-Face, Jaw (70486)	\$2,865.00	\$2,683.00	n/a	\$124.29	
Percutaneous Tests with Allergenic Extracts (95004)	n/a	n/a	n/a	n/a	
Nasal Endoscopy Diagnostic Uni/Bi Spx (31231)	n/a	n/a	n/a	n/a	
Tonsillitis, adenoiditis or pharyngitis, w/o surgery					
Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
Streptococcus Grp A (87880)	\$126.00	\$118.00	n/a	\$44.23	
Cul Prsmptv Pthgnc Organisms Scr (87081)	\$108.00	\$101.00	\$6.50	\$47.05	
Emer Dept Hi Severity&Urgent Eval (99284)	n/a	n/a	n/a	n/a	

Common Medical Conditions Seen by This Practice • Related medical services provided by a physician (CPT code)	Current billed charge (2026)	Median billed charge (Jan-June 2025)	Medicare pays to GHC-SCW	Average Private Third-Party Payment	Information on comparative quality is available at...
Otitis media, w/o surgery					
• Office Outpatient, Established Patient, 10 Min (99212)	\$178.00	\$167.00	\$41.20	\$99.07	
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
• Emergency Dept, Moderate Severity (99283)	n/a	n/a	n/a	n/a	
• Tmpst Anes (69436)	n/a	n/a	n/a	n/a	
Otolaryngology diseases signs & symptoms					
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
• Control Nasal Hemorrhage Anterior Simple (30901)	\$496.00	\$465.00	n/a	n/a	
• Nsl/Sinus Ndsc Surg W/Ctrl Nsl Hemrrg (31238)	n/a	n/a	n/a	n/a	
• Emergency Department, Moderate Severity (99283)	n/a	n/a	n/a	n/a	
Routine inoculation					

• Periodic Preventive Med, Established Patient, Age 18-39 (99395)	\$368.00	\$345.00	\$0.00	\$256.09
• Periodic Preventive Med, Established Patient, Age 40-64 (99396)	\$405.00	\$379.00	\$0.00	\$271.56
• Immunization Administration, Single Vaccine (90471)	\$77.00	\$72.00	\$15.80	\$39.81
• Tdap Vaccine 7 Yr + Im (90715)	\$94.00	\$88.00	\$0.00	\$59.96
• Human Papilloma Virus Vaccine Nonvalent, 2 or 3 Dose Im (90651)	\$417.00	\$391.00	n/a	\$247.63

Common Medical Conditions Seen by This Practice • Related medical services provided by a physician (CPT code)	Current billed charge (2026)	Median billed charge (Jan-June 2025)	Medicare pays to GHC-SCW	Average Private Third-Party Payment	Information on comparative quality is available at...
Contraceptive management					
• Periodic Preventive Med, Established Patient, Age 18-39 (99395)	\$368.00	\$345.00	\$0.00	\$256.09	
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
• Insert Intrauterine Dev (58300) Note: Charge does not include separate charge of device itself	\$698.00	\$654.00	\$0.00	\$243.07	
• Ultrasound, Transvaginal (76830)	\$817.00	\$765.00	\$76.26	\$309.31	
Gastroenterology diseases signs & symptoms					
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	

Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
CT Scan, Pelvis with Contrast (72193)	\$3,688.00	\$3,454.00	n/a	\$215.49	
CT Scan, Abdomen with Contrast (74160)	\$4,093.00	\$3,834.00	n/a	n/a	
Scope of Colon for Diagnosis (45378)	n/a	n/a	n/a	n/a	
Fungal skin infection					
Office Outpatient, Established Patient, 10 Min (99212)	\$178.00	\$167.00	\$41.20	\$99.07	
Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60	
Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	
Debridement Nail, Any Method 6 or more (11721)	\$278.00	\$260.00	n/a	n/a	
Excision Nail Matrix, Permanent Removal (11750)	\$670.00	\$628.00	n/a	n/a	
Mood disorder, depressed					
Psychiatric diagnostic evaluation (90791)	\$459.00	\$430.00	\$102.50	\$265.33	
Psychiatric diag eval w/medical svs (90792)	\$556.00	\$521.00	\$129.89	\$275.99	
Psychotherapy, 30 min (90832)	\$190.00	\$178.00	\$58.23	\$137.64	
Psychotherapy, 45 min (90834)	\$258.00	\$242.00	\$77.15	\$200.73	
Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48	

Common Medical Conditions Seen by This Practice • Related medical services provided by a physician (CPT code)	Current billed charge (2026)	Median billed charge (Jan-June 2025)	Medicare pays to GHC-SCW	Average Private Third-Party Payment	Information on comparative quality is available at...
Other neuropsychological or behavioral disorder • Psychiatric diagnostic evaluation (90791) • Psychiatric diag eval w/medical svs (90792) • Psychotherapy, 30 min (90832) • Office Outpatient, Established Patient, 15 Min (99213) • Office Outpatient, Established Patient, 25 Min (99214)	\$459.00 \$556.00 \$190.00 \$265.00 \$376.00	\$430.00 \$521.00 \$178.00 \$248.00 \$352.00	\$102.50 \$129.89 \$58.23 \$66.24 \$84.33	\$265.33 \$275.99 \$137.64 \$140.60 \$165.48	
Visual disturbances, w/o surgery • Eye Exam, Comprehensive, New Patient, 1+ Visits (92004) • Eye Exam, Intermediate, Est Patient (92012) • Eye Exam, Comprehensive, Est Patient 1+ Visits (92014) • Deter Refractive State (92015) • Office Outpatient, Established Patient, 15 Min (99213)	\$393.00 \$244.00 \$333.00 \$89.00 \$265.00	\$368.00 \$229.00 \$312.00 \$83.00 \$248.00	\$113.88 n/a \$96.76 \$0.00 \$66.24	\$222.71 n/a \$194.30 \$27.64 \$140.60	
Cataract, w/o surgery • Eye Exam, Comprehensive, New Patient, 1+ Visits (92004) • Eye Exam, Comprehensive, Est Patient 1+ Visits (92014) • Deter Refractive State (92015) • Office Outpatient, Established Patient, 15 Min (99213) • Office Outpatient, Established Patient, 25 Min (99214)	\$393.00 \$333.00 \$89.00 \$265.00 \$376.00	\$368.00 \$312.00 \$83.00 \$248.00 \$352.00	\$113.88 \$96.76 \$0.00 \$66.24 \$84.33	\$222.71 \$194.30 \$27.65 \$140.60 \$165.48	
Inflammatory eye disease, w/o surgery • Eye Exam, Comprehensive, New Patient, 1+ Visits (92004)	\$393.00	\$368.00	\$113.88	\$222.71	

• Eye Exam, Comprehensive, Est Patient 1+ Visits (92014)	\$333.00	\$312.00	\$96.76	\$194.30
• Office Outpatient, Established Patient, 15 Min (99213)	\$265.00	\$248.00	\$66.24	\$140.60
• Office Outpatient, Established Patient, 25 Min (99214)	\$376.00	\$352.00	\$84.33	\$165.48
• Deter Refractive State (92015)	\$89.00	\$83.00	\$0.00	\$27.65

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 2024. 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 publicly 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>.