

Practice: Brain, Spine, & Pain Clinic

Common Medical Conditions Seen by This Practice Related medical services provided by a physician (CPT code)	Current billed charge	Median billed charge (Jan-June 2010)	Medicare pays this practice <i>Medicare Allowable</i>	Typical charge in the area	Information on comparative quality If available, attainable at http://www.wchq.org/reporting/
Joint degeneration, localized - back, w/o surgery * MRI Spi Canal & Cnts Lmbr C-Matrl (72148) Cmt Spi 3-4 Regions (98941) Cmt Spi 1-2 Regions (98940) Office Outpatients, Established Patient, 15 Min (99213) Ther Px 1+ Areas Ea 15 Min Ther Xerss (97110)	\$ 2,171.00 NA NA \$ 401.00 \$ 92.00	\$ 2,097.00 NA NA \$ 390.00 \$ 89.00	\$ 394.47 NA NA \$ 47.55 \$ 28.91	\$ 1,600.00 NA NA \$ 123.00 \$ 69.00	
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 (77057) Radex Ch 2 Views Frnt & Lat (71020)	\$ 401.00 \$ 607.00 \$ 3,249.00 \$ 151.00 \$ 222.00	\$ 390.00 \$ 589.00 \$ 3,138.00 \$ 134.00 \$ 213.36	\$ 47.55 \$ 73.26 \$ 609.88 \$ 78.42 \$ 30.12	\$ 116.00 \$ 191.00 \$ 1,193.00 \$ 205.00 \$ 134.00	

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 others and your insurer if you want an estimate of the 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 or does not provide this services

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. Charges of some services are contingent on the service being ordered and provided within the Bellin health system. Certain services, indicated with an *, include only the technical component of charges. For these services, the charge will also include a professional fee.

The "median billed charge" is required by Act 146. It is this physician's charge in effect during the first half of 2010. If the charge changed during this period, it is the middle of the charges that were in effect.

The Medicare payment - Medicare Allowable amount is reported

Medicare Allowable is the amount paid to the provider after any annual deductible is met by the patient. Medicare will pay 20% less than this amount if the patient is responsible for a 20% co-payment

The typical charge in this area is the average of median charge for this service by physicians in this part of Wisconsin, according to one of the standard sources. This practice used the Wisconsin Medical Society's Average Billed Charges Report. The average payment to this practice by private third-party payers (such as insurance companies) will be less than this.

Reports on quality may be publically available for this physician's services. They may be attainable at <http://www.wchq.org/reporting/>