



**Healthy Indiana Plan (HIP)
Physician Reimbursement Estimates (by procedure)**

Procedure code	Description	Reimbursement Rate
Office Visits (new patient)		
99203	Office Visit (new pt) – Moderate	\$102.63
99204	Office Visit (new pt) – Moderate/Advanced	\$157.49
Office Visits (established patient)		
99213	Office Visit (established pt) – Moderate	\$69.58
99214	Office Visit (established pt) – Moderate/Advanced	\$102.74
99215	Office Visit (established pt) – Advanced	\$138.55
Preventative Visits		
99395	Preventative Visit – 18+ Age	\$110.60
Emergency Room Physician Visit		
99281	ER Visit – Low Severity	\$20.62
99282	ER Visit – Low/Moderate Severity	\$40.20
99283	ER Visit – Moderate Severity	\$60.19
99284	ER Visit – Moderate/High Severity	\$114.22
99285	ER Visit – High Severity	\$168.52
Surgeries		
42820	Tonsil and Adenoid Procedure	\$283.94
43239	Upper Gastrointestinal Endoscopy (with biopsy)	\$375.31
45378	Colonoscopy (flexible/Diagnostic)	\$359.43
47562	Cholecystectomy	\$631.14
58670	Laparoscopy	\$349.85
66984	Cataract Removal	\$614.65
69436	Tympanostomy	\$155.21
Diagnostics		
70450 (26)	CT Scan Head/Brain (without contrast)	\$42.09
71020 (26)	Chest X – ray (2views)	\$10.74
72193 (26)	CT Scan Pelvis (with contrast)	\$57.62
74160 (26)	CT Scan Abdomen (with contrast)	\$62.85
76830 (26)	Pelvic/Transvaginal Ultrasound	\$34.16
76856 (26)	Non Obstetrical Pelvic Scan	\$33.83
80053	Metabolic Lab Panel	\$14.17
81025	Urine Pregnancy Test	\$8.61
85025	Complete Blood Count (CBC) Lab Test	\$10.59
Other		
97110	Physical Therapy Procedure (15 minutes)	\$31.06
95810 (26)	Sleep Study	\$119.97

*Fees listed reflect estimated contracted physician payments; hospital costs are excluded.

*Non contracted physician fees may exceed these costs.