



**Hoosier Healthwise (HHW) Physician Reimbursement
Estimates (by procedure)**

Procedure code	Description	Reimbursement Rate
Office Visits (new patient)		
99201	Level One-Minor/short-term problem-approximate 10 minute visit	\$30.65
99202	Level Two-Mild/moderate problem-approximate 20 minute visit	\$52.90
99203	Level Three- Mild/moderate problem-approximate 30 minute visit	\$76.71
99204	Level Four- Moderate/severe problem-approximate 45 minute visit	\$118.22
99205	Level Five – More severe problems-approximate 60 minute visit	\$147.68
Office Visits (established patient)		
99211	Level One- Minimal problems-approximate 5 minute visit	\$14.17
99212	Level Two- Minor/short-term problem- approximate 10 minute visit	\$30.90
99213	Level Three- Mild/moderate problem- approximate 15 minute visit	\$51.99
99214	Level Four- Moderate/severe problem- approximate 25 minute visit	\$76.88
99215	Level Five- Severe problem- approximate 40 minute visit	\$103.18
Preventative Visits		
99385	Preventive visit 18 – 39	\$94.69
99395	Preventative Visit – 18+ Age	\$85.08
OB Office Visits		
59425 with U modifier	Antepartum Care Only; 4-6	\$72.61
59426 with U modifier	Antepartum Care Only; 7 or more	\$78.00
Emergency Room Physician Visit		
99281	ER Visit – Low Severity	\$15.31
99282	ER Visit – Low/Moderate Severity	\$30.00
99283	ER Visit – Moderate Severity	\$44.84
99284	ER Visit – Moderate/High Severity	\$85.38
99285	ER Visit – High Severity	\$125.71
Surgeries		
42820	Tonsil and Adenoid Procedure	\$212.97
43239	Upper Gastrointestinal Endoscopy (with biopsy)	\$282.78
45378	Colonoscopy (flexible/Diagnostic)	\$276.34
47562	Cholecystectomy	\$467.52
58670	Laparoscopy	\$266.47
66984	Cataract Removal	\$472.75
69436	Tympanostomy	\$116.59
Diagnostics		
70450 (26)	CT Scan Head/Brain (without contrast)	\$31.18
71020 (26)	Chest X – ray (2views)	\$8.06
72193 (26)	CT Scan Pelvis (with contrast)	\$42.97
74160 (26)	CT Scan Abdomen (with contrast)	\$46.92
76830 (26)	Pelvic/Transvaginal Ultrasound	\$25.47
76856 (26)	Non Obstetrical Pelvic Scan	\$25.23
80053	Metabolic Lab Panel	\$14.16

81025	Urine Pregnancy Test	\$8.61
85025	Complete Blood Count (CBC) Lab Test	\$10.58
Other		
97110	Physical Therapy Procedure (15 minutes)	\$23.15
95810 (26)	Sleep Study	\$90.12
Chiropractic		
98940	Chiro manipulative treatment, 1-2 regions	\$20.45
98941	Chiro manipulative treatment, 3-4regions	\$29.98
98942	Chiro manipulative treatment, five regions	\$38.92
Vision		
V2020	Frames	\$20.00
92002	MEDICAL EXAMINATION	\$58.74
92012	Eye exam established patient	\$61.55
Deliveries		
59409	Vaginal Delivery Only	\$789.62
59514	Cesarean Delivery Only	\$887.13
Counseling		
90791	Psych interview exam	\$104.56
90837	Individual therapy in office or facility	\$100.60

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

*Non contracted physician fees may exceed these costs.