



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

Procedure code	Description	Reimbursement Rate
Office Visits (new patient)		
99202	Level Two-Mild/moderate problem-approximate 20 minute visit	\$53.72
99203	Level Three- Mild/moderate problem-approximate 30 minute visit	\$82.87
99204	Level Four– Moderate/severe problem-approximate 45 minute visit	\$124.19
99205	Level Five – More severe problems-approximate 60 minute visit	\$164.06
Office Visits (established patient)		
99211	Level One- Minimal problems-approximate 5 minute visit	\$16.64
99212	Level Two- Minor/short-term problem- approximate 10 minute visit	\$41.43
99213	Level Three- Mild/moderate problem- approximate 15 minute visit	\$67.54
99214	Level Four- Moderate/severe problem- approximate 25 minute visit	\$96.01
99215	Level Five- Severe problem- approximate 40 minute visit	\$134.19
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)	\$243.40
45378	Colonoscopy (flexible/Diagnostic)	\$225.65
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
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	\$10.56
81025	Urine Pregnancy Test	\$8.61
85025	Complete Blood Count (CBC) Lab Test	\$7.77

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	\$818.87
59514	Cesarean Delivery Only	\$818.87

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.