

**DIVISION
Of
DISABILITY DETERMINATION
SERVICES**
(Independent of DSHS)

Providing Medical Decisions for
**SOCIAL SECURITY DISABILITY INSURANCE
AND
SUPPLEMENTAL SECURITY INCOME**

**Schedule of Maximum Allowances
For Medical Services**



Effective October, 1 2008

This document can be found online at: <http://fortress.wa.gov/dshs/maa/DDDS/Provider.htm>

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INTRODUCTION

Medical professionals who perform disability evaluations play a crucial role in the Social Security Disability and Supplemental Security Income (SSI) program. The Division of Disability Determination Services (DDS) is responsible for developing medical evidence and rendering a determination on whether the claimant is or is not disabled under the law. We rely on your unbiased, objective evaluations to help us effectively and fairly administer claims using the best available medical information.

The Social Security Administration and the Division of Disability Determination Services expects that claimants be treated with dignity and respect. We are also committed to providing you and your office staff with clear, understandable information and answers to your questions.

OVERVIEW

Most disability claims are initially processed through a network of local Social Security field offices and state agencies (DDS). Subsequent appeals of unfavorable determinations may be decided in the DDS or by administrative law judges in SSA Office of Disability Adjudication and Review (ODAR).

The DDS will try and obtain evidence from the claimant's own medical sources first. If the evidence is unavailable or insufficient to make a determination, the DDS will arrange for a consultative evaluation (CE) in order to obtain the additional information needed. The claimant's treating source (TP) is the preferred source for a CE. There are, however, a myriad of reasons why treating physicians do not wish to perform evaluations on their patients. Additionally, the TP may not be the necessary specialty. In these cases, a CE is ordered from an independent source.

MEDICAL EVIDENCE OF RECORD

Physicians, psychologists, and other health professionals are frequently asked by the DDS to submit reports about an individual's impairment; therefore, it is important to know what evidence SSA needs. Medical reports should include:

- Medical history
- Clinical findings (such as blood pressure, x-rays, laboratory findings)
- Diagnosis
- Treatment prescribed with response and prognosis; and a
- Statement providing an opinion about what the claimant can still do despite his or her impairment(s) based on the medical source's findings on the above factors (also known as Medical Source Statement or MSS)

BECOMING A CONSULTATIVE EXAMINER

If you are not currently providing services and are interested in becoming a Consultative Examiner, you may find a Request for Qualifications at the following website: <http://www1.dshs.wa.gov/msa/ccs/>. Locate the RFQ associated with your expertise.

RFQ 0735-257	DDDS Psychological Consultative Examinations
RFQ 0635-256	DDDS Consultative Medical Examinations
RFQ 0735-274	DDDS Consultative Medical Exams--Hearing/Pediatric/Vision
RFQ 0634-250	DDDS Consultative Psychiatric Examinations
RFQ 0736-287	DDDS Consultative Examinations--OT-PT/SLP/Audiology
RFQ 0836-330	DDDS One-Day Vocational Workshop Evaluation

Questions about the RFQ or contracts with the DDS, contact: Ladd Wikstrom
Professional Relations/Contracts Specialist 360-664-7523 ladd.wikstrom@ssa.gov

CONSULTATIVE EXAMINERS ROLES AND RESPONSIBILITIES

Performing CEs requires considerable judgement and understanding of specialized terms and requirements. We ask you to provide information and functional assessments that may not be part of your original training or everyday practice. We do not expect you, nor do we want you to make the disability decision. As an examiner for SSA/DDS, you agree to provide an unbiased evaluation based solely on your expertise in the medical field.

Disability evaluations can often be an anxious time for the claimant. Some suggestions to improve your evaluation time with claimants would be:

- ◆ Introduce yourself to the claimant.
- ◆ Explain the examination procedure and perhaps your role as the examiner for the DDS.
- ◆ Answer the claimant's questions about the examination, but refer the claimant to their adjudicator for questions about the claim or the program.
- ◆ Provide adequate privacy.
- ◆ Allow a friend or family member to attend non-psychiatric/psychological evaluations if requested. The friend or family member must quietly observe the exam, cooperate with the examiner and must not interfere.
- ◆ Refrain from derogatory comments, such as comments about the claimant's habits, ethnic background or religious beliefs.
- ◆ Refrain from comments regarding the claimant's previous medical treatment.
- ◆ Do not prescribe or recommend medications.
- ◆ Do not give your opinion of disability.
- ◆ Close the examination by telling the claimant the exam is over and ask if there is any further information they would like to provide.

REQUESTS FOR COPY OF REPORT

You should direct all requests for CE reports to the DDS. Even though you may be covered by the HIPAA Privacy Rule, you still must also comply with all of SSA's rules regarding disclosure of information and access to information that you gather and maintain while performing work for SSA. The Privacy Act of 1974, as amended, Section 1106 of the Social Security Act, and our regulations at 20 CFR Part 401 concerns disclosure of information and access to information. If you receive a request for information, forward the request to the DDS Professional Relations Department for processing. For more information, please visit:

<http://www.ssa.gov/disability/professionals/hipaa-cefactsheet.htm> .

REQUESTS BY CLAIMANTS FOR CHANGES TO REPORTS

Refer all requests for amendment of CE reports to the DDS because SSA has rules regarding correcting records that need to be followed. Although you may also have obligations under 45 CFR 164.526 with respect to amending information generally, it is important that SSA's rules are followed with respect to information used in SSA's programs.

AUTHORIZATION FOR DIAGNOSTIC TESTS

According to SSA regulations, we are permitted to order only those items specifically required by SSA documentation criteria. For most claimants, the existing medical records partially fulfill the SSA documentation requirements. CEs are scheduled to update the medical information or answer specific questions rather than provide an extensive base of knowledge on which to base treatment and rehabilitation.

The consultative exam is limited to those tests or procedures listed under the description section of the voucher. Do not send disability applicants to x-rays or laboratory facilities for procedures that have not been pre-authorized. **We may not pay for additional tests or procedures not included on the original voucher, unless prior authorization is given by supervisor, PR or management.** If a physician believes additional tests are needed, he/she should explain this in the CE report. Additional tests, if required for documentation by Social Security regulations, will be scheduled at a later date.

PSYCHOLOGICAL TESTING

Generally the psychological testing profiles lay out exactly what tests need to be performed. There are occasions when the psychologist may feel a different test would better serve our assessment needs. Substitution of tests is permitted, however, an explanation of why the substituted test was used is required in the report. Please read the narrative section of the authorization voucher as these instructions may supercede the requirements of the "traditional" profile. Substitution of tests will be reimbursed at the same rate of the original authorization. The most current versions tests are preferred.

FEES & CODES

The enclosed fee schedule lists the maximum payments that will be made for the listed procedures. Any maximum fee not listed in this fee schedule will be determined by report on an individual basis. Many of the CPT codes for examination procedures are “in-house” codes unique to the DDDS. You will not find these codes in the AMA Current Procedural Terminology® book. We also realize a few of our “in-house” codes are now being used by the AMA CPT. Unfortunately, we are unable to make corrections to our system at this time. Please pay attention to the description as well as the CPT code in this fee schedule booklet in order to provide the proper information.

FAILED APPOINTMENTS

In the event that a claimant does not appear for an examination, the Division of Disability Determination Services (DDDS) will reimburse the health professional \$50.00 No Show Fee. An examination can be considered failed if a claimant is more than 15 minutes late following the appointed time. An appointment will not be considered failed if a physician is not required to be in attendance (e.g., blood work only, x-ray only, etc.). If the DDDS cancels an appointment less than 48 hours in advance of the appointed time, the physician may bill for the No Show Fee.

FAILED APPOINTMENT NOTIFICATION

Please notify the DDDS (via telephone, fax, email or SSA secure website) within 24 hours if a claimant fails to show for his/her appointment.

RESCHEDULING

Do not cancel and/or reschedule appointments directly with the claimants. All changes to scheduling need to be done through the DDDS. Rescheduling directly with claimants may result in denial of payment. Always refer the claimant to their disability examiner at the DDDS for changes in scheduling.

PAYMENT PROCEDURES

In order to be reimbursed for services provided, the physician (or other authorized person) **must sign and date the payment voucher**. All charges must be itemized on the voucher*, or an itemized billing statement must be attached. Return the voucher with a copy of the report to the requesting office. If a claimant does not show for the scheduled appointment, write "no show" on the voucher and "\$50.00" in the itemized charge section. The doctor should keep the second copy of the voucher for his/her records.

**see page 8 & 9 for sample examination authorization vouchers*

AUTHORIZATION FOR SERVICES

Generally, the DDDS will pay only for procedures initially listed on the payment voucher. Additional procedures subsequently written on the voucher or discussed on the telephone may not be authorized for payment. Any exceptions to this policy will need prior approval by DDDS management or Professional Relations.

The DDDS is responsible for paying for all services requested in a consultative examination. **Under no circumstances should a claimant be billed for services (or any portion of services) requested and authorized by the DDDS.**

REPORT TIMELINESS

The DDDS is mandated to process cases in a timely manner. Therefore, you are required to submit your report to us within **Fourteen Calendar Days** (ten business days) of the appointment.

BILLING TIME LIMITATIONS

Billing should be submitted with the report, but no later than 30 days from the date of service. Bills submitted for payment more than 12 months after the date of service may be denied for payment.

ADDITIONAL INFORMATION

The DDDS will pay for extraneous services such as: "Extensive Chart Review" (over 25 pages of background material) CPT code 99086; "Complete Case File Review/Per Hr" CPT 99080; "Extended Service: Exam with an Interpreter" CPT code 99016; and "Completion of Medical Assessment Form" (Form HA 1151 and HA 1152) required by the Administrative Law Judges, CPT code 99085.

** see page 13 (Miscellaneous Procedures).

SUBMITTING REPORTS

The Social Security Administration and Disability Determination Services now processes claims electronically. In order to facilitate this process there are two options for you to submit your reports:

TOLL-FREE FAX LINES for REPORTS/RECORDS

Toll-free fax lines are dedicated to receiving CE reports and medical evidence of record. Using these Fax lines will help expedite your report to our office and it will place the evidence in the electronic folder. **Remember to fax a copy of the voucher** or itemized billing statement also (In this order: DDS Bar-coded page, voucher, report). These lines are available 24 hours a day, seven days a week.

OLYMPIA:	1-866-324-3313
SEATTLE:	1-866-625-3815
SPOKANE:	1-866-478-0546

SEND MEDICAL RECORDS AND CE REPORTS ELECTRONICALLY

If you already have electronic medical records, SSA has a secure website that can safely upload your files. This service is FREE to medical providers who have access to the internet. SSA encrypts all transmissions of protected health information received through the EME Services website.

The website also includes the Electronic Outbound Request (EOR) feature which allows you to receive records requests or vouchers and background material electronically if you choose.

SSA's secure website address is: <http://eme.ssa.gov>, however you must obtain a UserID & PASSWORD through the Professional Relations Department. For more information contact:

Jennifer Elsen, Professional Relations Specialist	360-664-7356	jennifer.elsen@ssa.gov
Dawn Bolender, Professional Relations Specialist	360-664-7383	dawn.bolender@ssa.gov

MEDICAL EVIDENCE OF RECORD (MER)

We will pay \$22.00 search fee for "no records found" **or** \$22.00 for first 20 pages of medical records and an additional 50¢ per page in excess of 20 pages.

SAMPLE BARCODE COVERSHEET



Claimant: PRECIOUS HANSON
Case No: 1024484
Date/Time: July 19, 2008 at 10:00 AM
Adjudicator: DAVE VAN ARNAM (TEST)
Phone: 206-654-7223

Claimant & adjudicator information

Date & time of examination

LAURA TP WHITE MAILING
MAILING ADDRESS
1516 2ND AVE #303 ING
SEATTLE, WA 98101

SSA
S54 OLYMPIA WA DDS
PO BOX 34312
SEATTLE WA 98124-1312

20080718110001 S54 (Y)



RQID:L00001J56Y000 SITE:S54 DR:S
SSN: DOCTYPE:0002 RF:D CS:4566

Options to submit reports

HOW TO SUBMIT CONSULTATIVE EXAMINATION (CE) REPORTS

Option 1 - FAX:

Fax **together** (in this order) Barcode coversheet, CE voucher, CE report to: **1-866-324-3313** - Use this barcode page as the first page of the report you are faxing.

Option 2 - UPLOAD:

Upload your electronic records to a secure website (<http://eme.ssa.gov>). For a PIN & Password contact Professional Relations at: 1-800-562-6074.

**** If you use the website, please fax the CE payment voucher to the requesting office: (Barcode page not needed):**

CE BILLING ONLY FAX NUMBERS

Olympia: 1-800-456-5170 Seattle: 1-800-216-4519 Spokane: 1-800-918-9939

****Fax CE authorization vouchers to the requesting DDS office if they cannot be included in the upload.**

SAMPLE CE AUTHORIZATION VOUCHER



20080718110001 S54 (Y)

<div style="border: 1px solid black; background-color: #e0ffe0; padding: 2px; width: fit-content;">Date & Time of exam</div>	EXAMINATION AUTHORIZATION FOR SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS	DIV OF DISABILITY DETERM SVCS OLYMPIA, WA Local: (360) 664-7500 Toll Free: 800-562-6074 (TOLL FREE) Fax: 206-389-3083	<div style="border: 1px solid black; background-color: #ffff00; padding: 2px; width: fit-content;">DDS office requesting the examination</div>
APPROVED DATE AND TIME July 19, 2008 10:00 AM		AUTHORIZED BY: DAVE VAN ARNAM (TEST)	
Return this form and report within 10 days after examination		REPORT FAILED APPOINTMENTS WITHIN 24 HOURS. CALL: 800-843-4440 Ext 7223	
EXAM WITH: LAURA TP WHITE OFFICE OFFICE ADDRESS 1516 2ND AVE #303 ING SEATTLE, WA 98101		TID: 999999999 VEND: 0234324A PT: 1501973A WAVEND: 000000VOD100 AUTH: 20080718110001	
FOR: PRECIOUS HANSON 1700 SUNNYSIDE BLVD SEATTLE WA 98101		CASE: 1024484 DOB: 05/01/1973 PHONE: 206-888-8888	
Our medical consultant is particularly interested in your evaluation of the foll Back problem		<div style="border: 1px solid black; background-color: #add8e6; padding: 2px; width: fit-content;">Allegations and specific information we need covered in exam.</div>	

You are hereby authorized to provide the following medical service payable in accordance with our agency fee schedule.

DESCRIPTION	BILLED AMT	STATE USE ONLY
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5557 INTERPRETER MILEAGE & MEALS
 90601 PHYSICAL DISABILITY EVAL W/ROM

SECONDARY VENDOR SERVICES:

Services authorized

Write in charges here

RETURN ONE COPY TO DISABILITY DETERMINATION SERVICES FOR PAYMENT.

VENDOR'S CERTIFICATE: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for services furnished to the State of Washington, and that all services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.

PROVIDER SIGNATURE	DATE	TITLE
FOR STATE OFFICE USE ONLY		
ADJUDICATOR'S APPROVAL FOR PAYMENT		ACCOUNTING APPROVAL FOR PAYMENT
TSTLTB	L9CEVCHR	

Doctor or doctor's representative sign and date.

SAMPLE SECONDARY (A-19) CE AUTHORIZATION VOUCHER



STATE OF WASHINGTON INVOICE VOUCHER		20050808110113 S54 (N) TITLE II 08/08/2005 M
INSTRUCTIONS TO VENDOR. Submit this form to claim payment for services. Show complete detail for each item.		Vendor:
AUTHORITY NUMBER INVOICE DATE	RADIOLOGY ASSOC OF LEWIS CNTY PO BOX 1201 CHEHALIS, WA 98532	
Billing representative signature	Agency Name: DIV OF DISABILITY DETERM SVCS PO BOX 9303 MS 45550 OLYMPIA, WA 98507-9303	
SIGN IN INK BY: _____ (Title) _____ (Date)	AGENCY NO: 0300 LOCATION CODE: GA4 TID: 911433361 Vendor: 0180182A	

Authorization date & Authorization number

Billing representative signature

Requesting office

DESCRIPTION	BILLED AMOUNT	STATE USE ONLY
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72100-TC X-RAY SPINE LUMBOSACRAL AP/LAT 2 VWS

Write in charges here

Authorized Services

CLAIMANT: PELE GRACE () - REFERRED BY: LAURA TP WHITE PHONE: 206-654-7227	SSN: _____ CASE: 1825356 DOB: 01/01/1985 EXAM DATE: 08/25/2005
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Claimant information

Date of service

I certify all services billed have been performed by: _____
 Referring doctor: _____
 ADJUDICATOR: JAN A BENEDICT (OLYJAB)

APPROVED FOR PAYMENT BY: (MEDICAL CLAIMS EXAMINER)	DATE	WARRANT TOTAL	WARRANT NUMBER
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RETURN ONE COPY TO DDS FOR PAYMENT

SUPPVCHR A19

CONSULTATIVE EXAMS--PHYSICAL

DDS CODE	SERVICE	DDS FEE
90601 *(99204)	PHYSICAL DISABILITY EVALUATION W/ROM	\$203.45
90631 *(99205)	COMPLEX ORTHOPEDIC EXAM	\$271.90
90632 *(99205)	NEUROLOGICAL EXAM	\$271.90
90633 *(99204)	PEDIATRIC EXAM	\$203.45
90634 *(99204)	INTERNAL MEDICINE EXAM	\$203.45
90635 *(99205)	PULMONARY EXAM	\$271.90
90636 *(99205)	CARDIAC EXAM	\$271.90
90637 *(99204)	OTOLARYNGOLOGY 'ENT' EXAM	\$203.45
90647 *(99205)	RHEUMATOLOGICAL EXAMINATION	\$271.90
92004	COMPREHENSIVE EYE EXAMINATION	\$193.82
92506	SPEECH AND LANGUAGE (done by SLP)	\$220.40
99020	ONE DAY VOCATIONAL WORKSHOP EVALUATION	\$635.20

CONSULTATIVE EXAMINATIONS--MENTAL

90612	PSYCHOLOGICAL DX INTERVIEW (MSE, ADLS, MSS)	\$180.00
90613 *(96101)	INTELLECTUAL ASSESSMENT (MSE, ADLS, WAIS, MSS)	\$465.00
90614 *(96101)	MEMORY ASSESSMENT (MSE, ADLS, WMS, TRAILS A&B, MSS)	\$465.00
90615 *(961001)	COMPLEX PSYCHOLOGICAL (MSE, ADLS, WAIS, WMS, TRAILS A&B, MSS)	\$598.00
90616	CHILD PSYCHOLOGICAL DX EVAL	\$187.80
90617 *(96111)	COMPLEX CHILD PSYCHOLOGICAL ASSESSMENT (MSE, ADLS AND UP TO 3 TESTS AS SPECIFIED ON VOUCHER--\$132.90/hr with maximum 4 hours)	\$531.60
90639	NEURO/PSYCHOLOGICAL EVALUATION (max 10 hrs)	\$172.22/hr
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	\$218.62
90802	CHILD PSYCHIATRIC DX INTERVIEW	\$220.95
96100	MMPI	\$89.00
96102 *(96101)	MILLION CLINICAL MULTIAXIAL INVENTORY (MCMII)	\$89.00
96106 *(96101)	VALIDITY TESTING (FOR EXAMPLE: M-fast, Portland, TOMM, Validity Indicator Profile, SIMS) – 1TEST	\$66.45
96107 *(96101)	ADDITIONAL VALIDITY TEST	\$66.45
96111	BAYLEY SCALES OF INFANT DEVELOPMENT (done by OT/PT)	\$199.91
97003	PEABODY MOTOR SCALES	\$107.43

MEDICINE

EYE PROCEDURES

92083	VISUAL FIELD EXAM (GOLDMAN or HUMPHREY 30-2)	\$123.68
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EAR, NOSE AND THROAT PROCEDURES

92557	BASIC COMPREHENSIVE AUDIOMETRY <u>with and without sound amplification</u> (ear phones or inserts) (92553 & 92556 COMBINED)	\$88.60
92591	AIDED HEARING EXAMINATION, BINAURAL	\$51.59

CARDIOGRAPHY

93000	ELECTROCARDIOGRAM, ROUTINE ECG-12 LEADS W/INTERP & REPT	\$38.15
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	\$B.R.

VASCULAR STUDIES

93924-TC	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST & FOLLOWING TREADMILL STRESS TEST, COMPLETE BILATERAL	\$335.95
93924-26		\$43.69
93924		\$379.64

PULMONARY FUNCTION TESTS

94060-TC	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, <u>BEFORE & AFTER</u> BRONCHODIALATOR (graphs must be reproducible and meet SSA criteria)	\$76.22
94060-26		\$29.31
94060		\$105.54
94720-TC	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	\$65.84
94720-26		\$20.92
94720		\$86.76

MISCELLANEOUS PROCEDURES

36415	ROUTINE VENIPUNCTURE	\$4.20
99015	EXTENDED SERVICE: EXCESS TIME (explanation on voucher required)	\$41.04
99016	EXTENDED SERVICE: EXAM WITH INTERPRETER	\$41.04
99022	TESTIMONY, DEPOSITION OR INTERROGATORY WITH REPORT	\$87.70/HR
99083	OUT OF OFFICE EXAM Pre-Approved Travel – # HRS _____ (max 4 Hrs)	\$48.30/HR
99081	HOME/JAIL/FACILITY VISIT—Travel # HRS _____	\$48.30/HR
99085	COMPLETION OF MEDICAL ASSESSMENT FORM	\$35.18
99086	EXTENSIVE CHART REVIEW (25 pages or more)	\$35.18
99080	<u>COMPLETE</u> CASE FILE REVIEW (for ALJ. Max 5 hours)	\$64.49/HR
99199	UNLISTED PROCEDURE	\$ B.R.

RADIOLOGY

Code -TC.... Is taking of x-ray (technical)

Code -26... Is reading of x-ray (professional)

CHEST

71020-TC	X-RAY, CHEST; TWO VIEWS FRONTAL & LATERAL	\$36.92
71020-26		\$18.46
71020		\$55.38

SPINE AND PELVIS

72040-TC	X-RAY, SPINE, CERVICAL; AP & LATERAL	\$42.46
72040-26		\$18.46
72040		\$60.91
72070-TC	X-RAY, SPINE, THORACIC; AP & LATERAL	\$39.99
72070-26		\$18.46
72070		\$65.22
72100-TC	X-RAY, SPINE, LUMBOSACRAL; AP AND LATERAL	\$45.53
72100-26		\$18.46
72100		\$63.99
72190-TC	X-RAY, PELVIS; ANTEROPOSTERIOR ONLY	\$46.76
72190-26		\$17.84
72190		\$64.61

UPPER EXTREMITIES

73031-TC	X-RAY, SHOULDER; LEFT, 2 VIEWS	\$35.69
73031-26		\$15.38
*73030		\$51.07
73032-TC	X-RAY, SHOULDER; RIGHT, 2 VIEWS	\$35.69
73032-26		\$15.38
*73030		\$51.07

UPPER EXTREMITIES CONTINUED

Code -TC... Is taking of x-ray (technical)

Code -26... Is reading of x-ray (professional)

73061-TC		\$35.69
73061-26	HUMERUS; RIGHT, TWO VIEWS	\$14.77
*73060		\$50.45
73062-TC		\$35.69
73062-26	HUMERUS; LEFT, TWO VIEWS	\$14.77
*73060		\$50.45
73071-TC		\$32.61
73071-26	X-RAY, ELBOW; LEFT AP & LATERAL VIEWS	\$12.92
*73070		\$45.53
73072-TC		\$32.61
73072-26	X-RAY, ELBOW; RIGHT AP & LATERAL VIEWS	\$12.92
*73070		\$45.53
73091-TC		\$32.61
73091-26	X-RAY, FOREARM; RIGHT AP AND LATERAL VIEWS	\$13.54
*73090		\$46.15
73092-TC		\$32.61
73092-26	X-RAY, FOREARM; LEFT AP AND LATERAL VIEWS	\$13.54
*73090		\$46.15
73101-TC		\$33.23
73101-26	X-RAY, WRIST; LEFT, AP AND LATERAL VIEWS	\$13.54
*73100		\$46.76
73102-TC		\$33.23
73102-26	X-RAY, WRIST; RIGHT, AP AND LATERAL VIEWS	\$13.54
*73100		\$46.76
73121-TC		\$32.00
73121-26	X-RAY, HAND; LEFT TWO VIEWS	\$13.54
*73120		\$45.53
73122-TC		\$32.00
73122-26	X-RAY, HAND; RIGHT TWO VIEWS	\$13.54
*73120		\$45.53

LOWER EXTREMITIES

Code -TC.... Is taking of x-ray (technical)

Code -26... Is reading of x-ray (professional)

73511-TC		\$41.84
73511-26	X-RAY, HIP; LEFT, 2 VIEWS	\$17.84
*73510		\$59.68
73512-TC		\$41.84
73512-26	X-RAY, HIP; RIGHT, 2 VIEWS	\$17.84
*73510		\$59.68
73520-TC		\$44.30
73520-26	X-RAY, HIPS; BILATERAL, MIN. 2 VIEWS OF EACH HIP INCL AP VIEW OF PELVIS	\$22.15
73520		\$66.45
73551-TC		\$35.07
73551-26	X-RAY, FEMUR; LEFT AP AND LATERAL VIEWS	\$14.77
*73550		\$49.84
73552-TC		\$35.07
73552-26	X-RAY, FEMUR; RIGHT AP AND LATERAL VIEWS	\$14.77
*73550		\$49.84
73561-TC		\$33.23
73561-26	X-RAY, KNEE; LEFT AP AND LATERAL VIEWS	\$14.77
*73560		\$47.99
73563-TC		\$33.23
73563-26	X-RAY, KNEE; RIGHT AP AND LATERAL VIEWS	\$14.77
*73560		\$47.99
73591-TC		\$32.00
73591-26	X-RAY, TIBIA & FIBULA; RIGHT AP & LATERAL VIEWS	\$14.77
*73590		\$46.76
73592-TC		\$32.00
73592-26	X-RAY, TIBIA & FIBULA; LEFT AP & LATERAL VIEWS	\$14.77
*73590		\$46.76
73601-TC		\$32.00
73601-26	X-RAY, ANKLE; LEFT AP AND LATERAL VIEWS	\$13.54
*73600		\$45.53
73602-TC		\$32.00
73602-26	X-RAY, ANKLE; RIGHT AP AND LATERAL VIEWS	\$13.54
*73600		\$45.53

LOWER EXTREMITIES CONTINUED

Code -TC.... Is taking of x-ray (technical)

Code -26... Is reading of x-ray (professional)

73621-TC	X-RAY, FOOT; LEFT AP AND LATERAL VIEWS	\$31.38
73621-26		\$13.54
*73620		\$44.92
73622-TC	X-RAY, FOOT; RIGHT AP AND LATERAL VIEWS	\$31.38
73622-26		\$13.54
*73620		\$44.92

MISCELLANEOUS

76020-TC	BONE AGE STUDIES	\$32.33
76020-26		\$15.28
76020		\$47.62
79999	UNLISTED X-RAY PROCEDURE	\$ B.R.

PATHOLOGY AND LABORATORY

PROFILES, PANELS & THERAPEUTIC DRUG MONITORING

80053	COMPREHENSIVE METABOLIC PANEL (albumin, bilirubin, calcium, carbon dioxide, chloride, creatinine, glucose, phosphatase alkaline, potassium, protein, sodium, SGPT, SGOT, BUN)	\$16.69
80074	HEPATITIS PANEL (HAAb, HbcAb, HbsAg, Hepatitis C)	\$93.16
80076	HEPATIC FUNCTION PANEL (albumin, bilirubin-total & direct, phosphatase alkaline, protein, SGPT, SGOT)	\$12.50
80152	AMITRIPTYLINE	\$35.01
80154	BENZODIAZEPINES (CLONAZEPAM)	\$36.18
80156	CARBAMAZEPINE, (TEGRETOL)	\$28.48
80164	DIPROPYLACETIC ACID (VALPROIC ACID)	\$26.50

80166	DOXEPIN (ADAPIN)	\$30.32
80168	ETHOSUXIMIDE (ZARONTIN)	\$31.96
80178	LITHIUM	\$12.94
80184	PHENOBARBITAL	\$22.41
80185	PHENYTOIN; TOTAL (DILANTIN)	\$25.93
80188	PRIMIDONE	\$32.45
80194	QUINIDINE	\$28.55
80198	THEOPHYLLINE LEVEL	\$27.68
80201	TOPIRAMATE	\$23.32
81000	URINALYSIS	\$6.20

CHEMISTRY

82803	ABGs: GASES, BLOOD, ANY COMBO (pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃)	\$23.84
82947	GLUCOSE; QUANTITATIVE; BLOOD SUGAR	\$7.67
84550	URIC ACID	\$8.83

HEMATOLOGY

85025	COMPLETE CBC, AUTOMATED (HCT, RBC, WBC and platelet count) & AUTO differential WBC COUNT	\$15.20
85018	HEMOBLOBIN	\$4.63
85610	PROTHROMBIN TIME	\$7.69
85652	SEDIMENTATION RATE ERYTHROCYTE, AUTOMATED (ESR)	\$5.28
86038	ANTINUCLEAR ANTIBODIES (ANA)	\$23.65
86430	RHEUMATOID FACTOR; QUALITATIVE	\$11.10
89399	UNLISTED LABORATORY TEST	\$ B.R.