

**WASHINGTON DIVISION  
OF  
DISABILITY DETERMINATION  
SERVICES**  
(Independent of DSHS)

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

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**Schedule of Maximum Allowances  
For Medical Services**



**EFFECTIVE MAY 09, 2025**

This document can be found online at:

[www.dshs.wa.gov/esa/disability-determination-services/disability-determination-services-medical-provider-information](http://www.dshs.wa.gov/esa/disability-determination-services/disability-determination-services-medical-provider-information)

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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 (DDDS) 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 (SSA) 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 (DDDS). Subsequent appeals of unfavorable determinations may be decided in the DDDS or by administrative law judges in SSA's Office of Hearing Operations (OHO).

The DDDS will try to obtain evidence from the claimant's own medical sources first. If the evidence is unavailable or insufficient to make a determination, the DDDS 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 DDDS 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 (RFQ) at the following website:

<https://www.dshs.wa.gov/ffa/procurements-and-contracting>. Locate ESA Medical and Psychological Services then review the DDDS program associated with your expertise.

RFQ 1436-522      ESA Medical and Psychological Services

- DDDS Consultative Medical Examinations – DT (OT/PT)/SLP
- DDDS Consultative Medical Examinations
- DDDS Consultative Medical Examinations - Otolaryngology/Audiology/Vision
- DDDS Consultative Psychiatric Examinations
- DDDS Consultative Psychological Examinations

Questions about an RFQ or contracting with the DDDS, contact Uyen Kashani Professional Relations Specialist, 360-584-6630, [Uyen.Kashani@ssa.gov](mailto:Uyen.Kashani@ssa.gov)

## CONSULTATIVE EXAMINERS ROLES AND RESPONSIBILITIES

Performing CEs requires considerable judgment 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/DDDS, 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 DDDS.
- ◆ 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 DDDS. 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 DDDS 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 DDDS 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 a DDDS supervisor, Professional Relations, 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 are 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 supersede 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 INFORMATION

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. Some 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. 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 \$75.00 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 within 24 hours if a claimant fails to show for their appointment by telephone, fax, SSA secure website, or email: [WA.DD.CE.NoShow@ssa.gov](mailto:WA.DD.CE.NoShow@ssa.gov).**

## 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, 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 “\$75.00” in the itemized charge section. The doctor should keep the second copy of the voucher for his/her records.

*\*see page 7 & 8 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 **Twelve (12) Calendar Days** (eight (8) 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: "Review of Records" (more than 25 pages of background material), CPT code 99358; "Exam with an Interpreter Additional CE Time for Interpretation," CPT code T1013-ADTM; and "Medical Source Statement of Ability to do Work-Related Activities" required by the Administrative Law Judges, CPT HA1151-FEE (Physical) and HA1152-FEE (Mental).

*\*\* see page 12 for miscellaneous procedures*

## SUBMITTING REPORTS

The Social Security Administration and the Division of Disability Determination Services now process 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 also fax a copy of the voucher** or itemized billing statement (In this order: DDS Barcoded page, voucher, report). Our toll-free fax 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:

Teresa Bracy, PR Specialist	360-584-6416	<a href="mailto:Teresa.Bracy@ssa.gov">Teresa.Bracy@ssa.gov</a>
Tetyce Capshaw, PR Specialist	509-385-2542	<a href="mailto:Tetyce.Capshaw@ssa.gov">Tetyce.Capshaw@ssa.gov</a>
Uyen Kashani, PR Specialist	360-584-6630	<a href="mailto:Uyen.Kashani@ssa.gov">Uyen.Kashani@ssa.gov</a>
Brianne Leon, PR Specialist	360-584-5674	<a href="mailto:Brianne.Leon@ssa.gov">Brianne.Leon@ssa.gov</a>
Rhodesia Mitchell, PR Specialist	509-202-5848	<a href="mailto:Rhodesia.Mitchell@ssa.gov">Rhodesia.Mitchell@ssa.gov</a>

## MEDICAL EVIDENCE OF RECORD (MER)

We will pay a \$23.00 search fee for "no records found" **or** \$23.00 for first 20 pages of medical records and an additional 60¢ per page in excess of 20 pages.

**SAMPLE CE AUTHORIZATION**

**DIVISION OF DISABILITY DETERMINATION SERVICES**

**AUTHORIZATION FOR SERVICE AND INVOICE**

SSA/DDS - WASHINGTON  
OFFICE INFO DDS Olympia WA – S54  
PO Box 9303  
Olympia, WA. 98507-9303



RQID:3048341317236993      SITE:S22 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0001 RF:D CS:fcc7

**CE PROVIDER:**

HARRY HUSKY  
1234 PURPLE-GOLD WAY  
SEATTLE, WA 99999

**PAYEE:**

Name: HUSKY CONSULTING LLC  
Address: 1234 PURPLE-GOLD WAY  
Vendor #: 1234567  
State Vendor #: SWV01234567

**CLAIMANT:** BUTCH COUGAR

**AKA:** MOUNTAIN LION

**DOB:** 01/01/2001

**Case ID:** 1234567

**Appointment ID:** 0123456

**FISCAL ID:** 12345678910

**Adjudicator:** KATY P

**PAYMENT WILL BE MADE ONLY FOR THE AUTHORIZED SERVICE(S) LISTED BELOW IN ACCORDANCE WITH OUR AGENCY FEE SCHEDULE.**

**REASON FOR THE EXAM/PROCEDURE/STUDY:** HBP; Degenerative disc disease; Back pain; High cholesterol; Left ankle sprain; Anxiety; Depression.

<b>DATE/TIME</b>	<b>CPT</b>	<b>SERVICE</b>	<b>BILLED AMOUNT</b>
January 1 <sup>st</sup> , 2023 11:00 AM PST	99456-GENMED	General Medical Exam	\$286.88
January 1 <sup>st</sup> , 2023 11:00 AM PST	72100-TC	Radiologic examination, spine, lumbosacral; two or three views; technical component only	\$52.69
<b>TOTAL</b>			\$339.57

**ICD-10:**

**ADDITIONAL STUDIES BY:** CRIMSON RADIOLOGY GROUP

SECONDARY VENDOR SERVICES:  
SPECIFICS:

**REPORT FAILED APPOINTMENTS WITHIN 24 HRS TO: Katy P**

**SUBMIT REPORT WITHIN 12 DAYS OF DATE OF EXAM**

**HOW TO SUBMIT REPORT**

1. **FAX:** To ensure prompt payment, fax your report and invoice with this barcoded payment authorization as the cover page to (866) 324-3313
2. **ELECTRONIC RECORDS EXPRESS (ERE):** Requires an ERE Account. Contact Professional Relations at (800) 562-6074

**BILLING INSTRUCTIONS**

1. **FAX (preferred):** To ensure prompt payment, fax your invoice with this barcoded payment authorization as the cover page to (866) 324-3313.
2. **MAIL:** Mail your invoice with this barcoded payment authorization as a cover page to Division of Disability Determination Services, PO Box 9303, Olympia, WA. 98507-9303
3. **QUESTIONS:** Call (360) 664-7727 between 8 am and 4 pm pst.

**SAMPLE SECONDARY CE AUTHORIZATION**

**DIVISION OF DISABILITY DETERMINATION SERVICES**

**AUTHORIZATION FOR SERVICE AND INVOICE**

SSA/DDS - WASHINGTON  
OFFICE INFO DDS Olympia WA – S54  
PO Box 9303  
Olympia, WA. 98507-9303



RQID:3048341317236993 SITE:S22 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0001 RF:D CS:fcc7

**CE PROVIDER:**

HARRY HUSKY  
1234 PURPLE-GOLD WAY  
SEATTLE, WA 99999

**PAYEE:**

Name: CRIMSON RADIOLOGY GROUP  
Address: 1234 CRIMSON-GRAY LN  
Vendor #: 1234567  
State Vendor #: SWV01234567

**CLAIMANT:**

BUTCH COUGAR  
AKA: MOUNTAIN LION  
DOB: 01/01/2001  
Case ID: 1234567  
Appointment ID: 0123456  
FISCAL ID: 12345678910  
Adjudicator: KATY P

**PAYMENT WILL BE MADE ONLY FOR THE AUTHORIZED SERVICE(S) LISTED BELOW IN ACCORDANCE WITH OUR AGENCY FEE SCHEDULE.**

**REASON FOR THE EXAM/PROCEDURE/STUDY:** HBP; Degenerative disc disease; Back pain; High cholesterol; Left ankle sprain; Anxiety; Depression.

<b>DATE/TIME</b>	<b>CPT</b>	<b>SERVICE</b>	<b>BILLED AMOUNT</b>
January 1 <sup>st</sup> , 2023 11:00 AM PST	72100-26	Radiologic examination, spine, lumbosacral; two or three views; technical component only	\$19.11
		<b>TOTAL</b>	\$19.11

**ICD-10:**

**REFERRED BY:** HARRY HUSKY

SECONDARY VENDOR SERVICES:

**REPORT FAILED APPOINTMENTS WITHIN 24 HRS TO: Katy P**

**SUBMIT REPORT WITHIN 12 DAYS OF DATE OF EXAM**

**HOW TO SUBMIT REPORT**

- FAX:** To ensure prompt payment, fax your report and invoice with this barcoded payment authorization as the cover page to (866) 324-3313
- ELECTRONIC RECORDS EXPRESS (ERE):** Requires an ERE Account. Contact Professional Relations at (800) 562-6074

**BILLING INSTRUCTIONS**

- FAX (preferred):** To ensure prompt payment, fax your invoice with this barcoded payment authorization as the cover page to (866) 324-3313.
- MAIL:** Mail your invoice with this barcoded payment authorization as a cover page to Division of Disability Determination Services, PO Box 9303, Olympia, WA. 98507-9303
- QUESTIONS:** Call (360) 664-7727 between 8 am and 4 pm pst.

## FEE SCHEDULE

### CONSULTATIVE EXAMINATIONS—PHYSICAL

NCPS CODE	SERVICE	DDDS FEE
99456-GENMED	GENERAL MEDICAL EXAM	\$303.06
99203-ORTHO	ORTHOPEDIC	\$399.51
99204-NEURO	NEUROLOGICAL	\$399.51
99204-PEDIATRIC	PEDIATRIC	\$303.06
99204-INTERNIST	INTERNIST	\$303.06
99204-CARDIO	CARDIOVASCULAR	\$399.51
99204-ENT	OTOLARYNGOLOGY EXAM	\$399.51
99203-OTOLOGICAL	OTOLOGICAL EXAM WITH AN AUDIOLOGIST	\$207.53
99203-OPHTHALMOLOGY	OPHTHALMOLOGICAL (COMPREHENSIVE EYE EXAM 92004, DETERMINATION OF REFRACTIVE STATE 92015)	\$337.59
92523	SPEECH LANGUAGE EVALUATION (done by SLP)	\$419.16

## CONSULTATIVE EXAMINATIONS – MENTAL

NCPS CODE	SERVICE	DDDS FEE
90791-MNTL-AD	MENTAL STATUS EXAM, ADULT (DIAGNOSTIC INTERVIEW, ADLS)	\$282.93
96130-WAIS	WAIS (MSE, ADLs, WAIS)	\$606.11
96101-MEMORY	MENTAL STATUS EXAM plus MEMORY TESTING (MSE, ADLS, WMS, TRAILS A&B)	\$606.11
96101-COMPLEXADULT	COMPLEX PSYCHOLOGICAL ASSESSMENT (MSE, ADLS, WAIS, WMS, TRAILS A&B)	\$762.10
90791-MNTL-CH	MENTAL STATUS EXAM, CHILD (DIAGNOSTIC INTERVIEW, ADLS)	\$284.62
96101-COMPLEXCHILD	COMPLEX CHILD PSYCHOLOGICAL ASSESSMENT (MSE, ADLS, UP TO 3 TESTS AS SPECIFIED ON VOUCHER)	\$619.15
96130-WISC	WISC (MSE, ADLs, WISC)	\$435.36
96125	STANDARDIZED COGNITIVE OR ACADEMIC PERFORMANCE TESTING (MSE, ADLs, ACADEMIC TEST)	\$393.25
96127	EMOTIONAL or BEHAVIORAL ASSESSMENT (MSE, ADLS, RATING SCALE AS SPECIFIED ON VOUCHER)	\$301.93
96101-NonEnglish IQ	NON-ENGLISH SPEAKING IQ TESTING-ADULT W/ REPORT MSE, ADLs, NONVERBAL IQ)	\$333.12
96130-BAYLEY	BAYLEY SCALES OF INFANT DEVELOPMENT (done by OT/PT)	\$251.84
96111-PDMS	PEABODY DEVELOPMENTAL MOTOR SCALES	\$131.48

## SPECIALTY EXAMS

### EYE PROCEDURES

92082	VISUAL FIELDS (GOLDMANN PERIMETRY)	\$179.21
92083	VISUAL FIELDS (HUMPHREY ANALYZER 30-2) VISUAL FIELDS (OCTOPUS 32)	\$179.21

### EAR, NOSE AND THROAT PROCEDURES

92557	AUDIOMETRY W/ SPEECH DISCRIMINATION (WITH/WITHOUT SOUND AMPLIFICATION) (EARPHONES/INSERTS) (INCLUDES TYMPANOMETRY – IMPEDANCE TESTING 92567)	\$98.37
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### CARDIOGRAPHY

93000	ELECTROCARDIOGRAM, ROUTINE ECG-12 LEADS W/ INTERP & REPT	\$26.79
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	\$ B.R.

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

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

### VASCULAR STUDIES

93924-TC	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST & FOLLOWING TREADMILL STRESS TEST, COMPLETE BILATERAL	\$256.62
93924-26		\$41.99
93924		\$299.49

### PULMONARY FUNCTION TESTS

94060-TC	SPIROMETRY – PRE AND POST BRONCHODILATOR (graphs must be reproducible and meet SSA criteria)	\$54.18
94060-26		\$18.46
94060		\$72.64
94729-TC	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	\$91.69
94729-26		\$16.08
94729		\$107.17

## MISCELLANEOUS PROCEDURES

NCPS CODE	SERVICE	DDDS FEE
36415	ROUTINE VENIPUNCTURE	\$12.17
T1013-ADTM	ADDITIONAL CE TIME FOR INTERPRETATION	\$46.91
99075-INT	TESTIMONY, DEPOSITION OR INTERROGATORY WITH REPORT	\$92.14/Hr
99082	TRAVEL (out of office exam) Pre-Approved Travel # HRS _____ (max 6 hrs)	\$51.40/Hr
99343 99343-INST	HOME VISIT Travel # HRS _____ (max 6 hrs) INSTITUTIONAL VISIT Travel # HRS _____ (max 6 hrs)	\$57.13/Hr
HA1152-FEE HA1151-FEE	COMPLETION OF MEDICAL ASSESSMENT FORM MENTAL COMPLETION OF MEDICAL ASSESSMENT FORM PHYSICAL	\$41.63
99358	REVIEW OF RECORDS (more than 25 pages)	\$40.22

## 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	\$44.66
71020-26		\$19.05
*71046		\$63.71

### SPINE AND PELVIS

72040-TC	X-RAY, SPINE, CERVICAL; AP & LATERAL	\$55.37
72040-26		\$19.65
*72040		\$75.02
72070-TC	X-RAY, SPINE, THORACIC; AP & LATERAL	\$44.66
72070-26		\$17.86
*72070		\$62.52
72100-TC	X-RAY, SPINE, LUMBOSACRAL; AP AND LATERAL	\$56.56
72100-26		\$19.65
*72100		\$75.62
72170-TC	X-RAY, PELVIS; 2 VIEWS	\$37.51
72170-26		\$15.48
*72170		\$52.99

### UPPER EXTREMITIES

73030-TC-LT	X-RAY, SHOULDER; LEFT, 2 VIEWS	\$49.42
73030-26-LT		\$16.67
*73030		\$65.49
73030-TC-RT	X-RAY, SHOULDER; RIGHT, 2 VIEWS	\$49.42
73030-26-RT		\$16.67
*73030		\$65.49

(UPPER EXTREMITIES CONTINUED)

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

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

73060-TC-LT		\$46.78
73060-26-LT	HUMERUS; LEFT, TWO VIEWS	\$13.80
*73060		\$61.18
73060-TC-RT		\$46.78
73060-26-RT	HUMERUS; RIGHT, TWO VIEWS	\$13.80
*73060		\$61.18
73070-TC-LT		\$41.08
73070-26-LT	X-RAY, ELBOW; LEFT AP & LATERAL VIEWS	\$14.89
*73070		\$55.37
73070-TC-RT		\$41.08
73070-26-RT	X-RAY, ELBOW; RIGHT AP & LATERAL VIEWS	\$14.89
*73070		\$55.37
73090-TC-LT		\$41.68
73090-26-LT	X-RAY, FOREARM; LEFT AP AND LATERAL VIEWS	\$13.69
*73090		\$55.37
73090-TC-RT		\$41.68
73090-26-RT	X-RAY, FOREARM; RIGHT AP AND LATERAL VIEWS	\$13.69
*73090		\$55.37
73100-TC-LT		\$50.01
73100-26-LT	X-RAY, WRIST; LEFT, AP AND LATERAL VIEWS	\$14.89
*73100		\$64.30
73100-TC-RT		\$50.01
73100-26-RT	X-RAY, WRIST; RIGHT, AP AND LATERAL VIEWS	\$14.89
*73100		\$64.30
73120-TC-LT		\$44.66
73120-26-LT	X-RAY, HAND; LEFT TWO VIEWS	\$14.89
*73120		\$59.54
73120-TC-RT		\$44.66
73120-26-RT	X-RAY, HAND; RIGHT TWO VIEWS	\$14.89
*73120		\$59.54

## LOWER EXTREMITIES

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

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

73502-TC-LT		\$69.66
73502-26-LT	X-RAY, HIP; LEFT, 2 VIEWS	\$19.65
*73502		\$89.31
73502-TC-RT		\$69.66
73502-26-RT	X-RAY, HIP; RIGHT, 2 VIEWS	\$19.65
*73502		\$89.31
73521-TC		\$58.94
73521-26	X-RAY, HIPS; BILATERAL, MIN. 2 VIEWS OF EACH HIP INCL AP VIEW OF PELVIS	\$19.65
*73521		\$78.59
73552-TC-LT		\$51.80
73552-26-LT	X-RAY, FEMUR; LEFT AP AND LATERAL VIEWS	\$16.08
*73552		\$67.88
73552-TC-RT		\$51.80
73552-26-RT	X-RAY, FEMUR; RIGHT AP AND LATERAL VIEWS	\$16.08
*73552		\$67.88
73560-TC-LT		\$50.61
73560-26-LT	X-RAY, KNEE; LEFT AP AND LATERAL VIEWS	\$14.89
*73560		\$64.90
73560-TC-RT		\$50.61
73560-26-RT	X-RAY, KNEE; RIGHT AP AND LATERAL VIEWS	\$14.89
*73560		\$64.90
73590-TC-LT		\$45.85
73590-26-LT	X-RAY, TIBIA & FIBULA; LEFT AP & LATERAL VIEWS	\$13.69
*73590		\$60.14
73590-TC-RT		\$45.85
73590-26-RT	X-RAY, TIBIA & FIBULA; RIGHT AP & LATERAL VIEWS	\$13.69
*73590		\$60.14
73600-TC-LT		\$47.38
73600-26-LT	X-RAY, ANKLE; LEFT AP AND LATERAL VIEWS	\$13.80
*73600		\$61.78
73600-TC-RT		\$47.38
73600-26-RT	X-RAY, ANKLE; RIGHT AP AND LATERAL VIEWS	\$13.80
*73600		\$61.78

(LOWER EXTREMITIES CONTINUED)

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

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

73620-TC-LT	X-RAY, FOOT; LEFT AP AND LATERAL VIEWS	\$40.49
73620-26-LT		\$13.10
*73620		\$53.59
73620-TC-RT	X-RAY, FOOT; RIGHT AP AND LATERAL VIEWS	\$40.49
73620-26-RT		\$13.10
*73620		\$53.59

## PATHOLOGY AND LABORATORY

### PROFILES, PANELS & THERAPEUTIC DRUG MONITORING

<b>80053</b>	COMPREHENSIVE METABOLIC PANEL (albumin, bilirubin, calcium, carbon dioxide, chloride, creatinine, glucose, phosphatase alkaline, potassium, protein, sodium, SGPT, SGOT, BUN)	\$15.00
<b>80076</b>	HEPATIC FUNCTION PANEL (albumin, bilirubin-total & direct, phosphatase alkaline, protein, SGPT, SGOT)	\$11.60
<b>80185</b>	PHENYTOIN; TOTAL (DILANTIN)	\$18.75
<b>81000</b>	URINALYSIS	\$5.69

### CHEMISTRY

<b>82803</b>	ABGs: GASES, BLOOD, ANY COMBO (pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> ) including calculated O <sub>2</sub> saturation	\$36.89
<b>82947</b>	GLUCOSE; QUANTITATIVE; BLOOD SUGAR	\$5.56
<b>83036</b>	HEMOGLOBIN; GLYCOSYLATED (A1C)	\$13.74
<b>84550</b>	URIC ACID, BLOOD	\$6.40

### HEMATOLOGY

<b>85018</b>	HEMOGLOBIN	\$3.35
<b>85025</b>	COMPLETE CBC, AUTOMATED (HCT, HgB, RBC, WBC and platelet count) & AUTO differential WBC COUNT	\$10.99
<b>85610</b>	PROTHROMBIN TIME	\$6.07
<b>85652</b>	SEDIMENTATION RATE ERYTHROCYTE, AUTOMATED (ESR)	\$3.82
<b>86038</b>	ANTINUCLEAR ANTIBODIES (ANA)	\$17.11
<b>86430</b>	RHEUMATOID FACTOR; QUALITATIVE	\$8.69