

**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, 2013

This document can be found online at: <http://www.dshs.wa.gov/dds/providers.shtml>

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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 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 Disability Adjudication and Review (ODAR).

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 at the following website: <http://www.dshs.wa.gov/ccs/>. Locate the RFQ associated with your expertise.

RFQ 1236-427	DDDS Consultative Psychiatric Examinations
RFQ 1236-424	DDDS Consultative Medical Exams--Hearing/Pediatric/Vision
RFQ 0736-287	DDDS Consultative Examinations--OT-PT/SLP/Audiology
RFQ 0836-330	One-Day Vocational Workshop Evaluation
RFQ 1236-425	DDDS Psychological Consultative Examinations
RFQ 1236-426	DDDS Consultative Medical Examinations

Questions about the RFQ or contracts with the DDDS, contact: Uyen Kashani
Professional Relations Specialist, 360-664-7437, 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 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 a 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 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

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, 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 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 **Fourteen (14) Calendar Days** (ten (10) 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” (25 pages or more 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 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 Bar-coded 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:

Tetyce Capshaw, PR Specialist	509-329-2503	Tetyce.Capshaw@ssa.gov
Scott Connors, PR Specialist	360-664-7365	Scott.Connors@ssa.gov
Uyen Kashani, PR Specialist	360-664-7437	Uyen.Kashani@ssa.gov
Jenilee Taylor, PR Specialist	360-664-7386	Jenilee.Taylor@ssa.gov
Jennifer Elsen, Medical Relations Mgr	360-664-7356	Jennifer.Elsen@ssa.gov

MEDICAL EVIDENCE OF RECORD (MER)

We will pay a \$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 CE AUTHORIZATION VOUCHER

DIVISION OF DISABILITY DETERMINATION SERVICES

AUTHORIZATION FOR SERVICE AND INVOICE

PO BOX 9303 MS 45550
OLYMPIA, WA 98507-9303

LOCAL: (360) 664-7500 or TOLL FREE: 800-562-6074

Case Number: **1025146**
Authorization #: **20110602110001**

Claimant

DAFFY DUCK
1234 POND LAKE RD
WATERVILLE, FL 99999
PHONE: 123-456-7890
DOB: 04/01/1999

DANIEL PHAN MD
VVMD MED INC
6226 196TH ST SW #1-B
LYNNWOOD, WA 98036

**Doctor and Tax
ID information**

Date & time of

June 14, 2011 at 08:00 AM

AUTHORIZED BY:
AUTH. DATE: 06/02/2011

VEND: 0163729A
TID: 9
PT: 0000000

WAVEND: SWV000152900

**Options to
submit**

FAX TO 1-866-324-3313

or

UPLOAD TO WEBSITE
(<http://eme.ssa.gov>).*



RQID: LWA000473B500
SSN: 5

SITE: S54 DR: S
DOCTYPE: 0002 RF: D CS: 5410

Return this form and report within **10 days** after examination. Report failed appointments with 24 hours. Call:
800-562-6074 Ext 7545

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

Allegations and specific information we need covered in

REASON FOR THE EXAM / PROCEDURE/STUDY: Cancer

CODE	DESCRIPTION	BILLED AMT
072010-26	INTERPRET 72010 SPINE ENTIRE AP & LAT	\$31.90
072040-26	INTERPRET 72040 CERV SPINE X-RAY 2 VWS	\$15.19
072070-26	INTERPRET 72070 THORAC SPINE X-RAY 2 VWS	\$15.19
072090-26	INTERPRET 72090 SCOLIOSIS SUPINE/ERECT	\$19.75
72010-TC	X-RAY SPINE ENTIRE SURVEY STUDY, AP&LAT	\$55.19
72040-TC	X-RAY SPINE CERVICAL AP/LAT 2 VWS	\$34.93
72070-TC	X-RAY SPINE THORACIC AP/LAT 2 VWS	\$34.93
72090-TC	SCOLIOSIS STUDY W/SUPINE & ERECT STUDIES	\$35.95
90601	PHYSICAL DISABILITY EVAL W/ROM	\$162.05

SECONDARY VENDOR SERVICES:

SPECIFICS:

Authorized

FOR STATE OFFICE USE ONLY

ADJUDICATOR'S APPROVAL FOR PAYMENT

ACCOUNTING APPROVAL FOR PAYMENT

L9CEVCHR

*For PIN and Password contact Professional Relations at 1-800-562-6074.

SAMPLE SECONDARY (A-19) CE AUTHORIZATION VOUCHER

DIVISION OF DISABILITY DETERMINATION SERVICES

INVOICE VOUCHER

PO BOX 9303 MS 45550
OLYMPIA, WA 98507-9303

LOCAL: (360) 664-7500 or TOLL FREE: 800-562-6074

Case Number: **1111111**
Authorization #: **20110602110001**

Claimant

DAFFY DUCK
1234 POND LAKE RD
WATERVILLE, FL 99999
PHONE: 123-456-7890
DOB: 04/01/1999

DANIEL PHAN MD
VVMD MED INC
6226 196TH ST SW #1-B
LYNNWOOD, WA 98036

June 14, 2011 at 08:00 AM

Date & time of

AUTHORIZED BY:
AUTH. DATE: 06/02/2011

VEND: 0163729A

TID: 999999999 WAVEND: SWV000999900
PT: 0000000

FAX TO 1-866-324-3313
or
UPLOAD TO WEBSITE
(<http://eme.ssa.gov>).*



RQID: LWA000473B500
SSN:

SITE: S54 DR: S
DOCTYPE: 0002 RF: D CS: 5410

Return this form and report within **14 days** after examination. Report failed appointments with 24 hours. Call:
800-562-6074 Ext 7545

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: Cancer		
CODE	DESCRIPTION	BILLED AMT
072010-26	INTERPRET 72010 SPINE ENTIRE AP & LAT	\$31.90
072040-26	INTERPRET 72040 CERV SPINE X-RAY 2 VWS	\$15.19
072070-26	INTERPRET 72070 THORAC SPINE X-RAY 2 VWS	\$15.19

AUTHORIZED BY: GENE PROFANT, MD

FOR STATE OFFICE USE ONLY	
ADJUDICATOR'S APPROVAL FOR PAYMENT	ACCOUNTING APPROVAL FOR PAYMENT

Authorized Services

A19 SUPPVCHR

*For PIN and Password contact Professional Relations at 1-800-562-6074.

Referring

CONSULTATIVE EXAMINATIONS—PHYSICAL

DDS CODE	SERVICE	DDS FEE
90601 *(99204)	PHYSICAL DISABILITY EVALUATION W/ROM	\$215.42
90631 *(99205)	COMPLEX ORTHOPEDIC EXAM	\$330.93
90632 *(99205)	NEUROLOGICAL EXAM	\$330.93
90633 *(99204)	PEDIATRIC EXAM	\$266.74
90634 *(99204)	INTERNAL MEDICINE EXAM	\$215.42
90635 *(99205)	PULMONARY EXAM	\$330.93
90636 *(99205)	CARDIAC EXAM	\$330.93
90637 *(99204)	OTOLARYNGOLOGY 'ENT' EXAM	\$266.74
90647 *(99205)	RHEUMATOLOGICAL EXAMINATION	\$330.93
92004	COMPREHENSIVE EYE EXAMINATION	\$241.84
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 *(96101)	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	\$231.48
90802	CHILD PSYCHIATRIC DX INTERVIEW	\$220.95
96102 *(96101)	MILLION CLINICAL MULTIAXIAL INVENTORY (MCMI)	\$89.00
96111	BAYLEY SCALES OF INFANT DEVELOPMENT (done by OT/PT)	\$204.76
97003	PEABODY MOTOR SCALES	\$122.30

MEDICINE

EYE PROCEDURES

92083	VISUAL FIELD EXAM (GOLDMAN or HUMPHREY 30-2)	\$151.63
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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)	\$65.30
92591	AIDED HEARING EXAMINATION, BINAURAL	\$51.59

CARDIOGRAPHY

93000	ELECTROCARDIOGRAM, ROUTINE ECG-12 LEADS W/INTERP & REPT	\$42.56
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	\$304.92
93924-26		\$40.95
93924		\$345.88

PULMONARY FUNCTION TESTS

94060-TC	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, <u>BEFORE & AFTER</u> BRONCHODIALATOR (graphs must be reproducible and meet SSA criteria)	\$84.60
94060-26		\$32.53
94060		\$117.15
94729-TC	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	\$69.73
94729-26		\$11.95
94729		\$81.68

MISCELLANEOUS PROCEDURES

36415	ROUTINE VENIPUNCTURE	\$4.20
99015	EXTENDED SERVICE: EXCESS TIME (explanation on voucher required)	\$45.55
99016	EXTENDED SERVICE: EXAM WITH INTERPRETER	\$45.55
99022	TESTIMONY, DEPOSITION OR INTERROGATORY WITH REPORT	\$87.70/HR
99083	OUT OF OFFICE EXAM Pre-Approved Travel – # HRS _____ (max 4 Hrs)	\$48.70/HR
99081	HOME/JAIL/FACILITY VISIT—Travel # HRS _____	\$53.60
99085	COMPLETION OF MEDICAL ASSESSMENT FORM	\$39.05
99086	EXTENSIVE CHART REVIEW (25 pages or more)	\$39.05
99080	<u>COMPLETE</u> CASE FILE REVIEW (for ALJ. Max 5 hours)	\$71.58/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	\$34.86
71020-26		\$17.16
71020		\$52.02

SPINE AND PELVIS

72040-TC	X-RAY, SPINE, CERVICAL; AP & LATERAL	\$43.17
72040-26		\$18.82
72040		\$61.98
72070-TC	X-RAY, SPINE, THORACIC; AP & LATERAL	\$39.84
72070-26		\$18.26
72070		\$58.11
72100-TC	X-RAY, SPINE, LUMBOSACRAL; AP AND LATERAL	\$43.72
72100-26		\$18.82
72100		\$62.53
72190-TC	X-RAY, PELVIS; ANTEROPOSTERIOR ONLY	\$55.89
72190-26		\$18.26
72190		\$74.16

UPPER EXTREMITIES

73031-TC	X-RAY, SHOULDER; LEFT, 2 VIEWS	\$37.08
73031-26		\$16.05
*73030		\$53.13
73032-TC	X-RAY, SHOULDER; RIGHT, 2 VIEWS	\$37.08
73032-26		\$16.05
*73030		\$53.13

(UPPER EXTREMITIES CONTINUED)

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

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

73061-TC	HUMERUS; RIGHT, TWO VIEWS	\$36.52
73061-26		\$13.81
*73060		\$50.36
73062-TC	HUMERUS; LEFT, TWO VIEWS	\$36.52
73062-26		\$13.81
*73060		\$50.36
73071-TC	X-RAY, ELBOW; LEFT AP & LATERAL VIEWS	\$36.52
73071-26		\$12.73
*73070		\$49.25
73072-TC	X-RAY, ELBOW; RIGHT AP & LATERAL VIEWS	\$36.52
73072-26		\$12.73
*73070		\$49.25
73091-TC	X-RAY, FOREARM; RIGHT AP AND LATERAL VIEWS	\$34.86
73091-26		\$12.73
*73090		\$47.29
73092-TC	X-RAY, FOREARM; LEFT AP AND LATERAL VIEWS	\$34.86
73092-26		\$12.73
*73090		\$47.59
73101-TC	X-RAY, WRIST; LEFT, AP AND LATERAL VIEWS	\$39.84
73101-26		\$14.94
*73100		\$55.34
73102-TC	X-RAY, WRIST; RIGHT, AP AND LATERAL VIEWS	\$39.84
73102-26		\$14.94
*73100		\$55.34
73121-TC	X-RAY, HAND; LEFT TWO VIEWS	\$34.86
73121-26		\$13.28
*73120		\$48.15
73122-TC	X-RAY, HAND; RIGHT TWO VIEWS	\$34.86
73122-26		\$13.28
*73120		\$48.15

LOWER EXTREMITIES

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

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

73511-TC	X-RAY, HIP; LEFT, 2 VIEWS	\$49.25
73511-26		\$18.26
*73510		\$67.51
73512-TC	X-RAY, HIP; RIGHT, 2 VIEWS	\$49.25
73512-26		\$18.26
*73510		\$67.51
73520-TC	X-RAY, HIPS; BILATERAL, MIN. 2 VIEWS OF EACH HIP INCL AP VIEW OF PELVIS	\$48.70
73520-26		\$22.14
73520		\$71.39
73551-TC	X-RAY, FEMUR; LEFT AP AND LATERAL VIEWS	\$34.31
73551-26		\$14.94
*73550		\$49.25
73552-TC	X-RAY, FEMUR; RIGHT AP AND LATERAL VIEWS	\$34.31
73552-26		\$14.94
*73550		\$49.25
73561-TC	X-RAY, KNEE; LEFT AP AND LATERAL VIEWS	\$38.18
73561-26		\$15.50
*73560		\$53.68
73563-TC	X-RAY, KNEE; RIGHT AP AND LATERAL VIEWS	\$38.18
73563-26		\$15.50
*73560		\$53.68
73591-TC	X-RAY, TIBIA & FIBULA; RIGHT AP & LATERAL VIEWS	\$33.76
73591-26		\$13.84
*73590		\$47.59
73592-TC	X-RAY, TIBIA & FIBULA; LEFT AP & LATERAL VIEWS	\$33.76
73592-26		\$13.81
*73590		\$47.59
73601-TC	X-RAY, ANKLE; LEFT AP AND LATERAL VIEWS	\$36.52
73601-26		\$13.28
*73600		\$49.81
73602-TC	X-RAY, ANKLE; RIGHT AP AND LATERAL VIEWS	\$36.52
73602-26		\$13.28
*73600		\$49.81

(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	\$34.86
73621-26		\$12.17
*73620		\$47.04
73622-TC	X-RAY, FOOT; RIGHT AP AND LATERAL VIEWS	\$34.86
73622-26		\$12.17
*73620		\$47.04

MISCELLANEOUS

77072-TC	BONE AGE STUDIES	\$35.88
77072-26		\$16.96
77072		\$52.85
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)	\$16.42
80074	HEPATITIS PANEL (HAAb, HbcAb, HbsAg, Hepatitis C)	\$91.66
80076	HEPATIC FUNCTION PANEL (albumin, bilirubin-total & direct, phosphatase alkaline, protein, SGPT, SGOT)	\$12.29
80152	AMITRIPTYLINE	\$35.45
80154	BENZODIAZEPINES (CLONAZEPAM)	\$35.60
80156	CARBAMAZEPINE, (TEGRETOL)	\$28.03
80164	DIPROPYLACETIC ACID (VALPROIC ACID)	\$26.08
80166	DOXEPIN (ADAPIN)	\$29.82
80168	ETHOSUXIMIDE (ZARONTIN)	\$31.46
80178	LITHIUM	\$12.73
80184	PHENOBARBITAL	\$22.04
80185	PHENYTOIN; TOTAL (DILANTIN)	\$25.51
80188	PRIMIDONE	\$31.93
80194	QUINIDINE	\$28.10
80198	THEOPHYLLINE LEVEL	\$27.23
80201	TOPIRAMATE	\$22.95

81000	URINALYSIS	\$6.09
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CHEMISTRY

82803	ABGs: GASES, BLOOD, ANY COMBO (pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃) including calculated O2 saturation	\$23.45
82947	GLUCOSE; QUANTITATIVE; BLOOD SUGAR	\$7.55
84550	URIC ACID, BLOOD	\$8.69

HEMATOLOGY

85025	COMPLETE CBC, AUTOMATED (HCT, HgB, RBC, WBC and platelet count) & AUTO differential WBC COUNT	\$14.97
85018	HEMOBLOBIN	\$4.56
85610	PROTHROMBIN TIME	\$7.56
85652	SEDIMENTATION RATE ERYTHROCYTE, AUTOMATED (ESR)	\$5.19
86038	ANTINUCLEAR ANTIBODIES (ANA)	\$23.27
86430	RHEUMATOID FACTOR; QUALITATIVE	\$10.92
85999	UNLISTED LABORATORY TEST	\$ B.R.