

**DDS 2018 Fee Schedule
effective 1/1/2018**

DDS CPT	National CPT	Short Description	Current Fee	Long Description
1	99203	CARDIO CONSULT	\$ 200.00	EXPANDED EXAMINATION - CARDIOLOGY
2	99203	INTERNIST CONS.	\$ 200.00	EXPANDED EXAMINATION - INTERNIST
3	99203	NEURO CONSULT	\$ 200.00	EXPANDED EXAMINATION - NEUROLOGY
5	99203	ORTHO CONSULT	\$ 200.00	EXPANDED EXAMINATION - ORTHOPEDIC
6	99203	PEDIATRIC CONSU	\$ 200.00	EXPANDED EXAMINATION - PEDIATRICS
7	99203	RHEUMA CONSULT	\$ 200.00	EXPANDED EXAMINATION - RHEUMATOLOGY
9	99214	TREATING PHY EXAM	\$ 150.00	TREATING PHYSICIAN EXAMINATION
19	99080	CONSULT REV REC>30PG	\$ 30.00	REVIEW OF RECORDS FOR OVER 30 PAGES MER
25	99203	PHYSICAL EXAM-ADDT'L	\$ 75.00	PHYSICAL ADD'L FEE - SPECIAL CIRCUMSTANCES
30	90791	PSYCH CONSULT	\$ 265.00	ADULT DETAILED MENTAL STATUS EXAMINATION WITH DIAGNOSTIC INTERVIEW, EVALUATION & INTERPRETATION. INCLUDE DSM-5 DIAGNOSIS
31	90791	PSYCH ADD'L 1HR	\$ 100.00	PSYCH ADD'L FEE - SPECIAL CIRCUMSTANCES
32	90791	PSYCH CONSULT	\$ 265.00	CHILD DETAILED MENTAL STATUS EXAMINATION WITH DIAGNOSTIC INTERVIEW, EVALUATION & INTERPRETATION. INCLUDE DSM-5 DIAGNOSIS
34		OTHER - TECH	\$ 1.00	OTHER PROCEDURE - TECHNICAL
35		OTHER - PROF	\$ 1.00	OTHER PROCEDURE - PROFESSIONAL
51	92082	SSATEST KINETIC	\$ 75.00	SSA TEST KINETIC/VISUAL FIELD TESTING ICD-10 H53.40. IF SIGNIFICANT SCOTOMAS ASSESSED ON SSA KINETIC PERFORM VTAP 30-2. NO FURTHER AUTHORIZATION NECESSARY, BILL \$105.00 FOR VTAP 30-2 (CPT CODE 92083)

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53	92083	HUMPHREY 30-2 VISUAL	\$ 100.00	HUMPHREY 30-2 VISUAL FIELD TESTING (HFA 30-2) (ICD-10 H53.40) IN ORDER TO RECEIVE PAYMENT, VF TESTING MUST SATISFY SSA REQUIREMENTS (SEE ATTACHMENT).
90	92004	OPHTH EXAM	\$ 225.00	COMP. INITIAL OPHTHALMOLOGIC/OPTOMETRIST, INCL. REFRACTION.
120	93010	EKG 12LEAD PROF	\$ 16.00	ELECTROCARDIOGRAM (ECG) ROUTINE 12 LEADS; WITH TRACING, INTERPRET AND REPORT - PROF ICD-10 R09.89
131	93017	GXT -PROF	\$ 89.00	CARDIOVASCULAR STRESS TEST (TM/BICYCLE-DO NOT USE PHARMACOLOGICAL STRESS) - UNLESS CONTRAINDICATED - WITH TRACING, INTERPRET AND REPORT - PROF. 93015/93017 ICD-10 R09.89
150	94060	SPIROMETRY W/WO PROF	\$ 22.00	SPIROMETRY WITH AND WITHOUT BD (3 EFFORTS EA.) UNLESS CONTRAINDICATED - PROF ICD-10 R06.89
151	94010	SPIROMETRY W/O PROF	\$ 15.00	SPIROMETRY WITHOUT BRONCHODILATOR - 3 EFFORTS (UNLESS CONTRAINDICATED) PROF.ICD-10 R06.89
160	82803	ABG/RM AIR-PROF	\$ 35.00	ABG'S - ARTERIAL BLOOD GASES ON ROOM AIR ONLY; DO NOT PERFORM USING OXYGEN (IF MEDICALLY CONTRAINDICATED DO NOT PERFORM ABG TESTING AND NOTIFY DDS) - PROF. ICD-10 R06.89
170	94729	DLCO - PROF	\$ 15.00	DIFFUSION CAPACITY (DLCO) - PROF. ICD-10 R06.89

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192	93922	NIVA-RESTING-PROF	\$ 20.00	NON-EXERCISE DOPPLER NON-INVASIVE (NIVA) PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES AT REST PROVIDING ANKLE/BRACHIAL INDICES, FOLLOWING SSA PROTOCOL, WITH TRACINGS AND INTERPRETATION. ICD-10 I73.9
193	93924	NIVA-EXERCISE PROF	\$ 100.00	EXERCISE DOPPLER NON-INVASIVE (NIVA) PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ATERIES AT REST AND FOLLOWING EXERCISE PROVIDING ANKLE/BRACHIAL FOLLOWING SSA PROTOCOL, WITH TRACINGS AND INTERPRETATION. ICD-10 I73.9
208		HOSP ONLY FYI	\$ -	FOR YOUR INFORMATION: THE FOLLOWING PROCEDURES HAVE BEEN SCHEDULED AND A COPY OF THE CONTRACT HAS BEEN MAILED TO THE DEPARTMENT.
390	71020	CHEST AP LAT-PR	\$ 20.00	X-RAY CHEST, 2 VIEWS, FRONTAL AND LATERAL - PROF. ICD-10 R09.89
394	71100	R RIBS 2VW-PROF	\$ 20.00	X-RAY RIGHT RIBS, UNILATERAL (2 VIEWS) -PROF. ICD-10 M25.10
396	71100	L RIBS 2VS-PROF	\$ 20.00	X-RAY LEFT RIBS, UNILATERAL (2 VIEWS)- PROF. ICD-10 M25.10
401	73000	CLAVCL - LEFT-PRO	\$ 15.00	X-RAY CLAVICLE, LEFT - PROF. ICD-10 542.00
405	73000	CLAVCL - RIGHT-PRO	\$ 15.00	X-RAY CLAVICLE, RIGHT - PROF. ICD-10 542.00
410	72040	CSPINE AP/L PRO	\$ 20.00	X-RAY CERVICAL SPINE, AP & LATERAL - PROF. ICD-10 M50.90
430	72070	TSPINE 2VW-PROF	\$ 21.00	X-RAY THORACIC SPINE, AP & LATERAL - PROF. ICD-10 M51.85
440	72100	LSPINE AP/L PRO	\$ 22.00	X-RAY LUMBOSACRAL SPINE, AP/LATERAL- PROF. ICD-10 M51.85

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455	72082	SCOLIOSIS-PROF	\$ 30.00	X-RAY, SPINE, ENTIRE THORACIC AND LUMBAR INCLUDING SKULL, CERVICAL, AND SACRAL SPINE IF PERFORMED (EG SCOLIOSIS EVALUATION) MINIMUM 2 VIEWS - PROF ICD-10 M41.9
460	73552	R FEMUR-PROF	\$ 19.00	X-RAY, RIGHT FEMUR, MINIMUM 2 VIEWS - PROF ICD-10 M25.9
462	73552	L FEMUR-PROF	\$ 19.00	X-RAY, LEFT FEMUR, MINIMUM 2 VIEWS - PROF ICD-10 M25.9
470	73560	R KNEE 2VW-PROF	\$ 17.00	X-RAY RIGHT KNEE; AP & LATERAL - PROF. ICD-10 M25.86
473	73560	L KNEE 2VW-PROF	\$ 17.00	X-RAY LEFT KNEE; AP & LATERAL - PROF. ICD-10 M25.86
490	72170	PELVIS AP -PROF	\$ 12.00	X-RAY PELVIS, AP - PROF. ICD-10 M25.9
500	72200	SACROILIAC-PROF	\$ 12.00	X-RAY SACROILIAC JOINTS, LESS THAN 3 VIEWS - PROF
520	73030	R SHOULDER-PROF	\$ 19.00	X-RAY RIGHT SHOULDER, AP & LATERAL & AXILLARY - PROF. ICD-10 M25.81
522	73030	L SHOULDER-PROF	\$ 19.00	X-RAY LEFT SHOULDER, AP & LATERAL & AXILLARY - PROF. ICD-10 M25.9
530	73060	R HUMERUS2V-PRO	\$ 17.00	X-RAY RIGHT HUMERUS, 2 VIEWS INCLUDING ONE JOINT - PROF. ICD-10 M25.9
532	73060	L HUMERUS2V-PRO	\$ 17.00	X-RAY LEFT HUMERUS, 2 VIEWS INCLUDING ONE JOINT - PROF. ICD-10 M25.9
542	73080	R ELBOWAPLAT-PR	\$ 17.00	X-RAY RIGHT ELBOW; (COMPLETE) AP, LATERAL - PROF. ICD-10 M25.82
544	73080	L ELBOWAPLAT-PR	\$ 17.00	X-RAY LEFT ELBOW; (COMPLETE) AP, LATERAL - PROF. ICD-10 M25.82
550	73090	R FOREARM-PROF	\$ 17.00	X-RAY RIGHT FOREARM, AP & LATERAL, INCLUDING ONE JOINT - PROF. ICD-10 M25.9
552	73090	L FOREARM PROF	\$ 17.00	X-RAY LEFT FOREARM, AP & LATERAL, INCLUDING ONE JOINT - PROF. ICD-10 M25.9

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555	73110	R WRIST 3V-PROF	\$ 17.00	X-RAY RIGHT WRIST; COMPLETE, MINIMUM 3 VIEWS - PROF. ICD-10 M25.83
556	73110	L WRIST 3V-PROF	\$ 17.00	X-RAY LEFT WRIST; COMPLETE, MINIMUM 3 VIEWS - PROF. ICD-10 M25.83
558	73130	R HAND 3V -PROF	\$ 17.00	X-RAY RIGHT HAND; MINIMUM OF 3 VIEWS - PROF. ICD-10 M25.84
559	73130	L HAND 3V -PROF	\$ 17.00	X-RAY LEFT HAND; MINIMUM OF 3 VIEWS - PROF. ICD-10 M25.84
580	73502	R HIP 2VW-PROF	\$ 20.00	X-RAY RIGHT HIP WITH PELVIS, MINIMUM 2 VIEWS - PROF ICD-10 M25.85
581	73502	L HIP 2VW -PROF	\$ 20.00	X-RAY LEFT HIP WITH PELVIS, MINIMUM 2 VIEWS - PROF ICD-10 M25.85
590	73521	HIPS BILAT-PROF	\$ 20.00	X-RAY BILATERAL HIPS WITH PELVIS WHEN PERFORMED, 2 VIEWS - PROF
610	73590	R TIB/FIB-PROF	\$ 17.00	X-RAY RIGHT TIBIA & FIBULA (LEG), AP AND LATERAL - PROF. ICD-10 M25.9
612	73590	L TIB/FIB-PROF	\$ 17.00	X-RAY LEFT TIBIA & FIBULA (LEG), AP AND LATERAL - PROF. ICD-10 M25.9
620	73600	R ANKLE 2V-PROF	\$ 17.00	X-RAY RIGHT ANKLE, AP & LATERAL - PROF. ICD-10 M25.87
622	73600	L ANKLE 2V-PROF	\$ 17.00	X-RAY LEFT ANKLE, AP & LATERAL - PROF. ICD-10 M25.87
649	73620	R FOOT 2V -PROF	\$ 15.00	X-RAY RIGHT FOOT; AP, LATERAL - PROF. ICD-10 M25.87
650	73620	L FOOT 2V-PROF	\$ 15.00	X-RAY LEFT FOOT; AP, LATERAL - PROF. ICD-10 M25.87
652	73650	R HEEL 2V -PROF	\$ 16.00	X-RAY RIGHT HEEL; OS CALCIS (CALCANEUS), 2 VIEWS - PROF. ICD-10 M25.87
654	73650	L HEEL 2V -PROF	\$ 16.00	X-RAY LEFT HEEL; OS CALCIS (CALCANEUS), 2 VIEWS - PROF. ICD-10 M25.87
661	93307	ECHOCARDGRM 2D-PROF	\$ 85.00	ECHOCARDIOGRAM, REAL-TIME WITH IMAGE DOCUMENTATION(2D) COMPLETE WITH OR WITHOUT M-MODE RECORDING, PROFESSIONAL. ICD-10 R09.89

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690	92557	AUDIO,W/WO AIDS	\$ 90.00	AUDIOMETRIC TESTING--UNAIDED AND AIDED TESTING. REPORT SHOULD INCLUDE OTOSCOPIC EXAMINATION, TEST INTERPRETATION AND DIAGNOSIS. FOR CHILDREN UNDER 5, PERFORM DEVELOPMENTALLY APPROPRIATE TESTING (I.E. CONDITIONED PLAY AUDIOMETRY, TROCA, VROCA OR VRA). SEE ENCLOSED PROTOCOL. ICD-10 H91.90
691	92557	AUDIO, WO/AIDS	\$ 90.00	AUDIOMETRIC TESTING (WITHOUT USE OF AIDS). REPORT SHOULD INCLUDE OTOSCOPIC EXAMINATION, TEST INTERPRETATION AND DIAGNOSIS. FOR CHILDREN UNDER 5, PERFORM DEVELOPMENTALLY APPROPRIATE TESTING (I.E. CONDITIONED PLAY AUDIOMETRY, TROCA, VROCA OR VRA). SEE ENCLOSED PROTOCOL. ICD-10 H91.90
698	92556	HINT OR HINT-C	\$ 70.00	HEARING IN NOISE TEST OR HEARING IN NOISE TEST-CHILDREN. PERFORM IN QUIET SOUND FIELD AND WITHOUT VISUAL CUES. ONLY PERFORM IF PATIENT AGE 5 OR OVER AND IS AT LEAST ONE YEAR POST COHCLEAR IMPLANTATION. REPORT SHOULD INCLUDE OTOSCOPIC EXAM,TEST RESULTS, INTERPRETATION, IF IMPLANT IS FUNCTIONING PROPERLY AND DIAGNOSIS. SEE ENCLOSED PROTOCOL- ICD-10 H91.90
700	99202	ENT EXAMIN	\$ 130.00	OTOLARYNGOLOGICAL (ENT) EXAM. ICD-10 H91.90 QUESTIONS 1 & 2 ARE ESPECIALLY IMPORTANT.
730	92523	ADDL HOUR - S&L EVAL	\$ 120.00	ADDITIONAL HOUR FOR SPEECH AND LANGUAGE EVALUATION ICD-10 R47.89
731	92523	SPCH/LANG EVAL	\$ 270.00	SPEECH AND LANGUAGE EVALUATION. ICD-10 R47.89

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732	92523	SPCH/LANG SPAN	\$ 300.00	SPEECH & LANGUAGE EVALUATION PERFORMED IN SPANISH. ICD-10 R47.89
734	99199	ASL INTERP	\$ 130.00	RID CERTIFIED AMERICAN SIGN LANGUAGE INTERPRETATION (TWO HOUR MINIMUM)
740	99199	SPANISH LANG INTERP	\$ 55.00	SPANISH LANGUAGE INTERPRETATION (PER HOUR)
742	99199	LANG OTHER THAN SPAN	\$ 65.00	LANGUAGE OTHER THAN SPANISH INTERPRETATION (PER HOUR)
800	99080	OHA INTERROGATORY	\$ 40.00	O.H.A. INTERROGATORY COMPLETION \$40.00 PER HOUR. IF ADDITIONAL TIME IS NEEDED, CALL PR FOR APPROVAL
821	99080	ODAR MSS - PHYSICAL	\$ 30.00	ODAR PHYSICAL MSS FORM (SSA-1151) COMPLETION
830	99080	ODAR MSS - MENTAL	\$ 30.00	ODAR MENTAL MSS FORM (SSA-1152) COMPLETION
888	99082	DOCTOR TRAVEL PER HR	\$ 50.00	DOCTOR'S TRAVEL TIME (PER HOUR)
889		TRAVEL	\$ 0.49	TRAVEL (PER MILE-MILEAGE LISTED BELOW) - CURRENT STATE RATE
893	99082	INT TRV LESS THAN 60	\$ 25.00	INTERPRETER TRAVEL LESS THAN 60 MILES (FLAT FEE)
894		TRAVEL PER HOUR	\$ 50.00	INTERPRETER TRAVEL 60 MILES OR MORE (PER HOUR)
995		PYMT FOR MED RECORDS	\$ 22.00	MER: MEDICAL EVIDENCE OF RECORD, MER COPIES \$22.00, NARATIVE \$30.00
997		REPEAT EXAMINE	\$ 1.00	REPEAT COMPREHENSIVE EXAMINATION AND/OR TESTING. PLEASE REPEAT THIS EXAMINATION/TESTING AS OUTLINED IN THE COMMENTS BELOW. PER OUR CONVERSATION IT IS NECESSARY THAT THIS EXAMINATION AND/OR TESTING BE REPEATED AT NO COST TO THE DDS OR THE CLAIMANT.

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998		PL/PO REVIEW OF REC	\$ 60.00	DETAILED REVIEW OF MEDICAL RECORDS (RELEVANT EDUCATIONAL, MEDICAL, SOCIAL, LEGAL, MILITARY, MARITAL, AND OCCUPATIONAL DATA AND ANY ASSOCIATED PROBLEMS IN ADJUSTMENT) IN PREPARATION OF PSYCHOLOGICAL TESTING AND ALL ADMINISTRATIVE SERVICES PROVIDED IN CONJUNCT WITH PSYCHOLOGICAL CONSULTATIVE EXAMINATION.
999		REVIEW OF RECORDS-CE	\$ 30.00	REVIEW OF MEDICAL RECORDS AND ALL ADMINISTRATIVE SERVICES PROVIDED IN CONJUNCTION WITH CONSULTATIVE EXAMINATION.
1200	93005	EKG 12LEAD TECH	\$ 16.00	ELECTROCARDIOGRAM (ECG) ROUTINE 12 LEADS; WITH TRACINGS, INTERPRETATION & REPORT - TECH ICD-10 R09.89
1310	93015	GXT - TECH	\$ 144.00	CARDIOVASCULAR STRESS TEST (TM/BICYCLE-DO NOT USE PHARMACOLOGICAL STRESS) - UNLESS CONTRAINDICATED - WITH TRACING, INTERPRET AND REPORT - TECH ICD-10 R09.89
1500	94060	SPIROMETRY W/WO TECH	\$ 78.00	SPIROMETRY WITH AND WITHOUT BRONCHODILATOR (3 EFFORTS EA.) UNLESS CONTRAINDICATED - TECH ICD-10 R06.89
1510	94010	SPIROMETRY W/O TECH	\$ 50.00	SPIROMETRY WITHOUT BRONCHODILATOR - 3 EFFORTS (UNLESS CONTRAINDICATED) TECH.ICD-10 R06.89
1600	36620	ABG/RM AIR-TECH	\$ 75.00	ABG'S - ARTERIAL BLOOD GASES ON ROOM AIR ONLY; DO NOT PERFORM USING OXYGEN (IF MEDICALLY CONTRAINDICATED DO NOT PERFORM ABG TESTING AND NOTIFY DDS) - TECH. ICD-10 R06.89

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1700	94729	DLCO-TECH	\$ 65.00	DIFFUSION CAPACITY (DLCO) - TECH. ICD-10 R06.89 MEASURE BY SINGLE BREATH TECHNIQUE. DLCO REQUIRES PERFORMANCE OF FORCED VITAL CAPACITY (FVC). ICD-10 R06.89
1802	96101	WAIS-IV 2 HRS	\$ 300.00	WAIS-IV 2 HRS, INCLUDE SUBSCALE SCORES; (INCLUDE CLINICAL INTERVIEW WITH BRIEF MSE)
1803	96101	WISC-IV OR V;2 HRS	\$ 300.00	WISC-IV OR V;2 HRS INCL SUBSCALE SCORES; (INCLUDE CLINICAL INTERVIEW WITH BRIEF BRIEF MSE) THE AGE RANGES FOR WISC-IV OR V AND THE WPPSI IV OVERLAP FOR CHILDREN AGED 6 YEARS 0 MONTHS THROUGH 7 YEARS 3 MONTH. SSA ALLOWS THE PSYCHOLOGIST TO CHOOSE THE MOST APPROPRIATE MEASURE FOR A CHILD BETWEEN THOSE AGES.
1804	96101	WPPSI III OR IV	\$ 350.00	WPPSI-III OR IV: INCLUDE SUBSCORES & CLINICAL INTERVIEW. THE AGE RANGES FOR WISC IV OR V AND THE WPPSI III OR IV OVERLAP FOR CHILDREN AGED 6 YEARS 0 MONTHS THROUGH 7 YEARS 3 MONTH. SSA ALLOWS THE PSYCHOLOGIST TO CHOOSE THE MOST APPROPRIATE MEASURE FOR A CHILD BETWEEN THOSE AGES.
1805	96118	WMS-IV 2 HRS	\$ 400.00	WECHSLER MEMORY SCALE IV (2 HRS) INCLUDE SUBSCALE AND SUMMARY SCORES
1806	96101	BAYLEY III	\$ 350.00	BAYLEY SCALES OF INFANT DEVELOPMENT III (PLEASE INCLUDE THE SCORES FOR THE COGNITIVE, LANGUAGE, MOTOR, SOCIAL-EMOTIONAL AND THE ADAPTIVE BEHAVIOR SCALES AND ANY REQUIRED SUBTEST SCORES IN YOUR CE REPORT).

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1808	96101	K-ABC-II	\$ 300.00	KAUFMAN ASSESMENT BATTERY FOR CHILDREN-II (INCLUDE CLINICAL INTERVIEW)
1815	96101	RAVEN	\$ 150.00	RAVEN'S PROGRESSIVE MATRICES
1817	96118	TRAILS A/B	\$ 100.00	TRAIL MAKING TEST A & B
1829	96116	PSYCHOPATH W/GA	\$ 132.00	ADULT PSYCHOPATHOLOGIC ASSESSMENT INTERVIEW. ADDRESS ADAPTIVE FUNCTIONIONG AND INCLUDE DSM-5 DIAGNOSIS
1831	96101	SPEC TEST 1 HR	\$ 150.00	1 HR PSYCHOLOGICAL BY SPECIAL AUTHORIZATION (LIST TESTING)
1832	96116	PSYCHOPATH W/GA	\$ 132.00	CHILD PSYCHOPATHOLOGIC ASSESSMENT INTERVIEW. ADDRESS ADAPTIVE FUNCTIONING AND INCLUDE DSM-5 DIAGNOSIS
1836	96101	STANFORD-BINET - 5	\$ 225.00	STANFORD-BINET INTELLIGENCE SCALES, FIFTH ED.
1850	96101	TONI-4	\$ 150.00	TEST OF NONVERBAL INTELLIGENCE FOURTH EDITION(TONI-4)
1851	96101	UNIT	\$ 150.00	UNIVERSAL NONVERBAL INTELLIGENCE TEST (UNIT) OR UNIT 2
1853	96101	CTONI-2	\$ 225.00	COMPREHENSIVE TEST OF NONVERBAL INTELLIGENCE, 2ND EDITION (CTONI-2)
1854	96101	WNV	\$ 225.00	WECHSLER NONVERBAL SCALE OF ABILITY (WNV)
1920	93922	NIVA-RESTING-TECH	\$ 120.00	NON-EXERCISE DOPPLER NON-INVASIVE PHYSIOLOGIC STUDIES WITH TRACINGS, INDICES AND INTERPRETATION. ICD-10 I73.9
1930	93924	NIVA-EXERCISE TECH	\$ 229.50	EXERCISE DOPPLER NON-INVASIVE PHYSIOLOGIC STUDIES WITH TRACINGS, INDICES AND INTERPRETATION. ICD-10 I73.9
2100	82040	ALBUMIN - PROF	\$ 11.00	ALBUMIN, SERUM - PROF. ICD-10 Z02.9
2400	82247	BILIRUBIN-PROF	\$ 11.00	BILIRUBIN; BLOOD TOTAL AND DIRECT-PROF. ICD-10 Z02.9

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2510	84295	SERUMSODIUM-PRO	\$ 10.00	SERUM SODIUM (NA +)-PROF. ICD-10 Z02.9
2530	83036	HA1C - PROF	\$ 20.00	HA1C (GLYCOSYLATED; A1C) - PROF. ICD-10 Z02.9
2540	85018	HGB	\$ 5.00	HEMOGLOBIN:BLOOD - PROF. ICD-10 Z02.9
2600	85025	CBC W/DIFF-PROF	\$ 16.00	CBC WITH DIFFERENTIAL-PROF. ICD-10 Z02.9
2610	85651	SED RATE - PROF	\$ 7.50	SEDIMENTATION RATE (SED RATE), (WESTERGREIN) - PROF. ICD-10 Z02.9
2700	82565	CREATININE-PROF	\$ 11.00	CREATININE SERUM - PROF. ICD-10 Z02.9
2710	84520	BUN - PROF	\$ 8.50	UREA NITROGEN, BLOOD (BUN); QUANTITATIVE - PROF. ICD-10 Z02.9
2750	84550	URIC ACID -PROF	\$ 10.00	URIC ACID - PROF. ICD-10 Z02.9
2790	86361	ABSOLUTE CD4 COUNT	\$ 44.00	ABSOLUTE CD4 COUNT
2800	82575	CR CL - PROF	\$ 21.00	CREATININE CLEARANCE (24 HOUR URINE) (CR. CL.) - PROF. ICD-10 Z02.9
2890	86689	HTLV OR HIV ANTIBODY	\$ 45.00	HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (E.G. WESTERN BLOT)
3100	85014	HCT - PROF	\$ 5.00	HEMATOCRIT (HCT) - PROF. ICD-10 Z02.9
3200	80076	LIVER PANEL-PRO	\$ 18.00	LIVER (HEPATIC) FUNCTION PANEL - PROF. ICD-10 Z02.9
3300	85032	PLATELET CT-PRO	\$ 9.00	PLATELET COUNT - PROF. ICD-10 Z02.9
3400	85610	PROTIME/INR-PROF	\$ 8.00	PROTHOMBIN TIME/INR - PROF. ICD-10 Z02.9
3410	85730	PTT - PROF	\$ 13.00	P. T. T. (PARTIAL THROMBOPLASTIN TIME) - PROF. ICD-10 Z02.9
3500	86430	RA - PROF	\$ 12.00	RHEUMATOID FACTOR WITH TITER (RA).- PROF - ICD-10 Z02.9
3600	80053	COMP METABOLIC PANEL	\$ 24.00	COMPREHENSIVE METABOLIC PANEL ICD10 Z02.9
3830	84152	PSA-PROSTATE SPEC	\$ 43.00	PSA, PROSTATE SPECIFIC MEASUREMENT - PROF - ICD-10 Z02.9
3832	84156	PROTEIN, URINE	\$ 6.00	PROTEIN, TOTAL, RANDOM, URINE (SPOT URINE FOR PROTEIN/CREATININE RATIO) ICD-10 Z02.9

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3900	71020	CHEST XRAY-TECH	\$ 30.00	X-RAY CHEST, 2 VIEWS, FRONTAL AND LATERAL - TECH. ICD-10 R09.89
3940	71100	R RIBS 2VW-TECH	\$ 40.00	X-RAY RIGHT RIBS, UNILATERAL (2 VIEWS) - TECH. ICD-10 M25.10
3960	71100	L RIBS 2 VW-TEC	\$ 40.00	X-RAY LEFT RIBS, UNILATERAL (2 VIEWS) - TECH. ICD-10 M25.10
4010	73000	CLAVCL - LEFT-TECH	\$ 35.00	X-RAY CLAVICLE, LEFT - TECH. ICD-10 542.00
4050	73000	CLAVCL - RIGHT-TECH	\$ 35.00	X-RAY CLAVICLE, RIGHT - TECH. ICD-10 542.00
4100	72040	CSPINE AP/L TEC	\$ 40.00	X-RAY CERVICAL SPINE, AP & LATERAL - TECH. ICD-10 M50.90
4300	72070	TSPINE 2VW-TECH	\$ 44.00	X-RAY THORACIC SPINE, AP & LATERAL - TECH. ICD-10 M51.85
4400	72100	LSPINE AP/L TEC	\$ 46.00	X-RAY LUMBOSACRAL SPINE AP & LATERAL - TECH. ICD-10 M51.85
4550	72082	SCOLIOSISX-TECH	\$ 90.00	X-RAY, SPINE, ENTIRE THORACIC AND LUMBAR INCLUDING SKULL, CERVICAL, AND SACRAL SPINE IF PERFORMED (EG SCOLIOSIS EVALUATION) MINIMUM 2 VIEWS - TECH ICD-10 M41.9
4600	73552	R FEMUR-TECH	\$ 41.00	X-RAY, RIGHT FEMUR, MINIMUM 2 VIEWS - TECH ICD-10 M25.9
4620	73552	L FEMUR-TECH	\$ 41.00	X-RAY, LEFT FEMUR, MINIMUM 2 VIEWS - TECH ICD-10 M25.9
4700	73560	R KNEE 2VW-TECH	\$ 40.00	X-RAY RIGHT KNEE; AP & LATERAL - TECH. ICD-10 M25.86
4730	73560	L KNEE 2VW-TECH	\$ 40.00	X-RAY LEFT KNEE; AP & LATERAL - TECH. ICD-10 M25.86
4900	72170	PELVIS AP -TECH	\$ 31.00	X-RAY PELVIS, AP - TECH. ICD-10 M25.9
5000	72200	SACROILIAC-TECH	\$ 27.00	X-RAY SACROILIAC JOINTS; LESS THAN 3 VIEWS - TECH
5200	73030	R SHOULDER-TECH	\$ 33.00	X-RAY RIGHT SHOULDER, AP & LATERAL & AXILLARY - TECH. ICD-10 M25.81
5220	73030	L SHOULDER-TECH	\$ 33.00	X-RAY LEFT SHOULDER, AP & LATERAL & AXILLARY - TECH. ICD-10 M25.81

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5300	73060	R HUMERUS2V-TEC	\$ 35.00	X-RAY RIGHT HUMERUS, 2 VIEWS INCLUDING ONE JOINT - TECH. ICD-10 M25.9
5320	73060	L HUMERUS2V-TEC	\$ 35.00	X-RAY LEFT HUMERUS, 2 VIEWS INCLUDING ONE JOINT - TECH. ICD-10 M25.9
5420	73080	R ELBOW - TECH	\$ 41.00	X-RAY RIGHT ELBOW; (COMPLETE) AP, LATERAL - TECH. ICD-10 M25.82
5440	73080	L ELBOW - TECH	\$ 41.00	X-RAY LEFT ELBOW; (COMPLETE) AP, LATERAL - TECH. ICD-10 M25.82
5500	73090	R FOREARM-TECH	\$ 29.00	X-RAY RIGHT FOREARM, AP & LATERAL, INCLUDING ONE JOINT - TECH. ICD-10 M25.9
5520	73090	L FOREARM-TECH	\$ 29.00	X-RAY LEFT FOREARM, AP & LATERAL, INCLUDING ONE JOINT - TECH. ICD-10 M25.9
5550	73110	R WRIST 3V-TECH	\$ 49.00	X-RAY RIGHT WRIST; COMPLETE, MINIMUM 3 VIEWS - TECH. ICD-10 M25.83
5560	73110	L WRIST 3V-TECH	\$ 49.00	X-RAY LEFT WRIST; COMPLETE, MINIMUM 3 VIEWS - TECH. ICD-10 M25.83
5580	73130	R HAND 3V -TECH	\$ 41.00	X-RAY RIGHT HAND; MINIMUM OF 3 VIEWS - TECH. ICD-10 M25.84
5590	73130	L HAND 3V -TECH	\$ 41.00	X-RAY LEFT HAND; MINIMUM OF 3 VIEWS - TECH. ICD-10 M25.84
5800	73502	R HIP 2VW-TECH	\$ 58.00	X-RAY RIGHT HIP WITH PELVIS, MINIMUM 2 VIEWS - TECH ICD-10 M25.85
5810	73502	L HIP 2VW -TECH	\$ 58.00	X-RAY LEFT HIP WITH PELVIS, MINIMUM 2 VIEWS - TECH ICD-10 M25.85
5900	73521	HIPS BILAT-TECH	\$ 50.00	X-RAY BILATERAL HIPS WITH PELVIS WHEN PERFORMED, 2 VIEWS - TECH
6100	73590	R TIB/FIB-TECH	\$ 38.00	X-RAY RIGHT TIBIA & FIBULA (LEG), AP AND LATERAL - TECH. ICD-10 M25.9
6120	73590	L TIB/FIB -TECH	\$ 38.00	X-RAY LEFT TIBIA & FIBULA (LEG), AP AND LATERAL - TECH. ICD-10 M25.9
6200	73600	R ANKLE 2V-TECH	\$ 38.00	X-RAY RIGHT ANKLE, AP & LATERAL - TECH. ICD-10 M25.87

**DDS 2018 Fee Schedule
effective 1/1/2018**

6220	73600	L ANKLE 2V-TECH	\$ 38.00	X-RAY LEFT ANKLE, AP & LATERAL - TECH. ICD-10 M25.87
6490	73620	R FOOT 2V -TECH	\$ 30.00	X-RAY RIGHT FOOT; AP, LATERAL - TECH. ICD-10 M25.87
6500	73620	L FOOT 2V -TECH	\$ 30.00	X-RAY LEFT FOOT; AP, LATERAL - TECH. ICD-10 M25.87
6520	73650	R HEEL 2V -TECH	\$ 34.00	X-RAY RIGHT HEEL; OS CALCIS (CALCANEUS), 2 VIEWS - TECH. ICD-10 M25.87
6540	73650	L HEEL 2V -TECH	\$ 34.00	X-RAY LEFT HEEL; OS CALCIS (CALCANEUS), 2 VIEWS - TECH. ICD-10 M25.87
6610	93307	ECHOCARDGRM 2D-TECH	\$ 160.00	ECHOCARDIOGRAM, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING, TECHNICAL. ICD-10 R09.89
88888	36415	VENIPUNCTURE	\$ 4.75	VENIPUNCTURE. - TECH - ICD-10 Z02.9