AMA	DDBcd	AMACPT	CurFee	LongDescription
Adden	1	Adden	$18.00	This amount reflects an adjustment in the total CE amount due.
Adden	2	Adden	$780.00	This amount reflects an adjustment in the total CE amount due.
Adden	4	Adden	$10.00	This amount reflects an adjustment in the total CE amount due.
Adden	5	Adden	$80.00	Addendum for charges incured in suicide/crisis intervention.
Adden	6	Adden	$177.00	This amount reflects an adjustment in the total CE amount due for Persantine Thallium Stress test
J0151	7	J0151	$179.00	(J0151) Adenoscan administration, adenoscan imaging please indicate: -- less than 60 mgs. (J3490) -- 60 mgs. or more (J0151)
J3490	8	J3490	$124.50	(J3490) Adenoscan administration, adenoscan imaging -- less than 60 mgs.
69210	13	69210	$46.00	(69210) CERUMENTECTOMY - REMOVAL IMPACTED CERUMEN, ONE OR BOTH EARS
36415	14	36415	$3.00	(36415) Routine Venipuncture
99204	1000	99204	$135.00	Cardiac Examination
99204	5000	99204	$135.00	Internal Medicine Examination
90801	7000	90801	$148.00	MENTAL STATUS EXAMINATION, USING DSM V CRITERIA, CONDUCTED BY A PROPERLY LICENSED PSYCHOLOGIST WHO IS AN INDEPENDENT HEALTH SERVICE PROVIDER IN PSYCHOLOGY
99204	9000	99204	$135.00	Neurology Examination
92002	10000	92002	$120.00	EYE Examination (92002) TO INCLUDE TANGENT SCREEN TESTING AT 1 & 2 METERS WITH COMPLETED FIELD CHART (92081)
99204	11000	99204	$135.00	Orthopedic Examination
99204	12000	99204	$160.00	Otolaryngology Examination
92004	13000	92004	$120.80	PEDIATRIC OPHTHALMOLOGY EXAMINATION
99204	14000	99204	$130.00	Pediatric Examination
99203	15000	99203	$95.00	Peripheral Vascular Examination
99204	17000	99204	$135.00	Pulmonary Examination
99204	18000	99204	$135.00	Rheumatology Examination
99205	20000	99205	$217.00	Neuro-Ophthalmology Examination
92506	21000	92506	$160.00	SPEECH/LANGUAGE EVALUATION - CONDUCTED BY A SPEECH AND LANGUAGE PATHOLOGISTS WITH A CERTIFICATE OF CLINICAL COMPETENCE. (PLEASE INCLUDE ALL RAW SCORES AND PROTOCOL FACE SHEET) 92506
80164	22201	80164 DRI	$19.00	Depakene/Depakote, Valproic Acid, Level (80164)
80185	22202	80185 DRI	$19.00	Dilantin, Diphenylhydantoin, Phenytoin, Level (80185)
80188	22203	80188 DRI	$24.00	Mysoline, Primidone, Level (80188)
80184	22204	80184 DRI	$16.00	Phenobarbital Level (80184)
80156	22205	80156 DRI	$21.00	TEGRETOL, CARBAMAZEPINE, CARBATROL LEVEL (80156)
80154	22206	80154 DRI	$26.00	Klonopin/Clonazepam, Benzodiazepines Level (80154)
80168	22207	80168 DRI	$23.00	Zarontin, Ethosuximide Level (80168)
80201	22208	80201 DRI	$17.00	Topiramate, Topamax Level (80201)
80299	22211	80299 DRI	$20.00	Felbamate, Felbatol, Felbmyl Level (80299)
80171	22212	80171 GAI	$18.00	Neurontin, Gabapentin Level (80171)
80299	22213	80299 DRI	$20.00	Diamox, Acetazolamide Level (80299)
80175	22214	80175 LAM	$18.00	Lamotrigine/Lamictal Level (80175)
80199	22217	80199 TIA	$24.00	TIAGABINE, GABITRIL BLOOD LEVELS (80199)
80183	22219	80183 OXC	$18.00	Trileptal (oxcarbazepine) serum blood levels (80183)
80177	22220	80177 LEV	$18.00	Keppra (Levetiracetam) serum blood level (80177)
80203	22221	80203 ZON	$18.00	Zonisamide serum blood level (80203)
Trave	25000	Travel	$36.00	Travel reimbursement can be paid at a rate of $36.00 per hour. Please indicate total time traveled.
Trave	25001	Travel	$54.00	Travel reimbursement: 1.50 hours
Trave	25002	Travel	$72.00	Travel reimbursement: 2 hours
Trave	25003	Travel	$9.00	Travel reimbursement: 15 minutes
Trave	25004	Travel	$108.00	Travel reimbursement: 3 hours
Trave	25005	Travel	$25.00	Travel reimbursement at $25.00 per hour.
Trave	25006	Travel	$18.00	Travel reimbursement: 30 minutes
Trave	25007	Travel	$90.00	Travel reimbursement: 2.5 hours
90801	31000	90801	$148.00	CHILDHOOD MENTAL STATUS EXAMINATION, USING DSM V CRITERIA, CONDUCTED BY A PROPERLY LICENSED PSYCHOLOGIST WHO IS AN INDEPENDENT HEALTH SERVICE PROVIDER IN PSYCHOLOGY
92083	33302	92083 VISI	$81.00	Visual Fields (age: 6 & up), using Goldmann, HUMPHREY 30-2, SSA TEST KINETIC OR OTHER ACCEPTABLE TESTING (SEE ATTACHED PROTOCOL) MUST SUBMIT COMPLETED FIELD <>CHART WITH REPORT (92083)DONE ONLY IF APPLICABLE; <>CHECK ONE OR LINE THROUGH DOLLAR AMOUNT FOR THIS TEST:_ <>(__) FIELDS BY CONFRONTATION ARE ABNORMAL <>(__) PROLIFERATIVE DIABETIC RETINOPATHY
92081	33303	92081 TAN	$47.00	Tangent Screen testing at 1 & 2 meters with completed field chart (92081)
92083	33306	92083 HUI	$71.00	HUMPHREY VTAP 30-2 (92083)
92083	33307	92083	$71.00	HUMPHREY SSA TEST KINETIC (92083)
95930	33801	95930 VEF	$47.00	*VEP, VISUAL EVOKED POTENTIAL technical (95930 TC)
92585	33803	92585 BAI	$102.00	*BAER, Brain Stem Auditory Evoked Response (age: 18 yrs & up), (92585 TC)
95930	33901	95930 VEF	$19.00	VEP, Visual Evoked POTENTIAL interpretation (95930 26)
92585	33903	92585 BAI	$26.00	BAER, Brain Stem Auditory Evoked Response, ADULTS ONLY, INTERPRETATION(92585)
82803	44401	82803 ABG	$57.00	*ABG-- RESTING ARTERIAL BLOOD GASES, A COMBINATION OF PCO2 and PO2, WHILE ON ROOM AIR, IF TOLERATED (82803) INCLUDES ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS (36600)
93922	44702	93922 DOI	$83.00	*ARTERIAL DOPPLER RESTING ONLY- NON-INVASIVE PHYSIOLOGICAL STUDIES OF THE LOWER EXTREMITIES, INCLUDE ANKLE/BRACHIAL INDICES (93922)
93015	44705	93015 STR	$68.00	Cardiovascular stress testing using maximal or submaximal treadmill or bicycle exercise, continuous ECG monitoring with interpretation and report (93015)
94010	44706	94010 PFS	$34.00	Spirometry, without bronchodilators, complete. PLEASE SUBMIT THE VALUES, TRACINGS AND CALIBRATION INFORMATION (94010)
94060	44707	94060 PFS	$57.00	*Spirometry (age: ~6 & up) -- Include graphic record, please indicate: __ without bronchodilators (94010) -OR- __ before and after bronchodilators (94060) PLEASE SUBMIT THE VALUES, TRACINGS AND CALIBRATION INFORMATION.
94720	44708	94720 DLC	$51.00	*DLCO, CARBON MONOXIDE DIFFUSING CAPACITY, SINGLE BREATH, PROFESSIONAL AND TECHNICAL COMPONENTS.(94720)
93224	44710	93224	$86.00	(93224) Holter Monitor, electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording & storage with visual superimposition scanning; including recording, scanning analysis with report, physician review and interpretation
93922	44715	93922 TOI	$83.00	TOE DOPPLER -- NON-INVASIVE PHYSIOLOGICAL STUDIES OF LOWER EXTREMITIES, ANKLE/BRACHIAL INDICES AND TOE/BRACHIAL INDICIES. 93922
36600	66699	36600	$31.00	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS (36600)
94761	44721	94761 PUI	$41.00	WALKING EXERCISE PULSE OXIMETRY, INCLUDES 5X94761, 1X99211, TWO BLOOD PRESSURE READINGS. (94761) (ON ROOM AIR)
93970	44724	93970	$186.09	(93970)DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY
82803	44801	82803 ABG	$98.00	*ABG, EXERCISE-- Arterial Blood Gases, with exercise(INCLUDES 94621,93017,82803(BLOOD GAS X2)36600(X2)
93924	44803	93924 DOI	$137.00	*DOPPLER, EXERCISE-- Noninvasive physiologic studies of lower extremity arteries at rest & following treadmill stress testing (Doppler) bilateral study-- without treadmill exercise -- before and after treadmill exercise, A/B ratio = .50 - .80 (93924 TC)
93005	44804	93005 ECG	$8.00	ECG, Resting -- Electrocardiogram, routine ECG, (93005)
93017	44805	93017 TET	$32.00	*TET -- Cardiovascular stress testing, technical portion (93017)
93307	44809	93307 ECH	$91.00	ECHO -- Echocardiography, real time with image documentation (2D) (with or without M-Mode recording), with cardiac ejection fraction. LIMITED (93307 TC)
93225	44810	93225	$25.00	(93225) ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION)
93015	44811	93015 MY	$334.00	MYOVIEW NUCLEAR TREADMILL (NUCLEAR EXERCISE TECHNICAL) INCLUDES 93015, 78478 TC,78480TC, 78465TC AND A9500
93350	44814	93350 STR	$128.00	ECHO, STRESS -- Stress Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill. (93350 TC)
78465	44816	78465 PHA	$266.00	Pharmacological Nuclear Stress (technical) (78465TC)
78472	44820	78472 MU	$175.00	MUGA Cardiac blood pool imaging, gated equilibrium; single study at rest, wall motion study plus ejection fraction with additional quantitative processing, technical component includes A4641 (78472 TC)
93306	44822	93306 DOI	$127.00	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY AND COLOR FLOW MAPPING INCLUDES REAL-TIME IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING, COMPLETE (93306 TC)
93924	44903	93924 DOI	$24.00	Noninvasive physiologic studies of lower extremity arteries at rest & following treadmill stress testing (Doppler) bilateral study-- before and after treadmill exercise, A/B ratio = .50 - .80 (93924 26)
93010	44904	93010 ECG	$8.00	Electrocardiogram, routine ECG, interpretation and report only (93010)
93016	44905	93016+ ST	$36.00	Cardiovascular stress testing, interpretation & report WITH SUPERVISON (93016 & 93018)
93307	44909	93307 ECH	$44.00	Echocardiography, real time with image documentation (2D) (with or without M-Mode recording), with cardiac ejection fraction. LIMITED (93307 26)
93227	44910	93227	$27.00	(93227) ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; PHYSICIAN REVIEW AND INTERPRETATION
93015	44911	93015 MY	$134.00	MYOVIEW NUCLEAR TREADMILL, (NUCLEAR EXERCISE STRESS TECHNICAL) INCLUDES 93015, 78478TC, 78480TC, 78465TC AND A9500
93350	44914	93350+ ST	$106.00	STRESS ECHOCARDIOGRAPHY INTERPRETATION WITH REPORT AND TRACINGS, AND SUPERVISION (93350 26) INCLUDES 93016 & 93018.
93923	44915	93923 TOI	$21.00	Professional interpretation for toe Doppler. (9392326)
78465	44916	78465 PHA	$66.00	(7846526)Pharmacological Nuclear Stress, (Adenoscan, professional)
78465	44918	78465 PHA	$332.00	(78465)Pharmacologic Nuclear Stress
78472	44920	78472 MU	$47.00	MUGA Cardiac blood pool imaging, gated equilibrium; single study at rest, wall motion study plus ejection fraction with additional quantitative processing, professional component (78472 26)
93306	44922	93306 DOI	$72.00	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WTIH SPECTRAL DISPLAY AND COLOR FLOW VELOCITY MAPPING INCLUDES REAL-TIME IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING, COMPLETE (93306 26)
93593	55501	93593	$30.00	(92593) HEARING AID CHECK; BINAURAL IF HEARING AIDS ARE USED ____
92553	55502	92553	$36.00	Audiogram (age: ~5 & up) -- Pure Tone Air and Bone Conduction Thresholds (92553)UNAIDED
92556	55504	92556	$36.00	WORD RECOGNITION (Speech discrimination) testing (age: 5 yrs & up) (92556)
92592	55505	92592	$30.00	(92592) HEARING AID CHECK, MONAURAL IF A SINGLE HEARING AID IS USED ____
92567	55506	92567 TYM	$14.00	*Tympanometry (impedance testing) (92567) (AGE : ANY, UP TO 3 YEARS)
92582	55507	92582 AUI	$63.00	Conditioning play audiometry (age: 3-5 YR) (92582)
92579	55508	92579 VRA	$44.00	VRA Visual reinforcement audiometry (6 MONTHS-3 YR) (92579)
92588	55510	92588 EOE	$32.00	*Evoked otoacoustic emissions (age: any, usually < 1 yr infant) - comprehensive or diagnostic evaluation (comparison of transiant and/or distortion product otoacoustic emissions at multiple levels and frequencies) (92588)
92587	55511	92587	$21.00	(92587) Evoked otoaccoutic emission test; limited
92553	55513	92553	$36.00	AUDIOGRAM (AGE: ~5 & UP) -- PURE TONE AIR AND BONE CONDUCTION THRESHOLDS (92553)
86255	66601	86255 LAE	$18.00	ANTINUCLEAR ANTIBODIES, FLOURESCENT SCREENING (86255)
82247	66602	82247 LAE	$6.00	Bilirubin; blood, total (82247)
85025	66603	85025 LAE	$9.00	COMPLETE CBC, AUTOMATED WITH DIFFERENTIAL (85025)
85014	66605	85014 LAE	$3.00	Hematocrit (85014)
86430	66606	86430 LAE	$7.00	RHEUMATOID FACTOR, LATEX FIXATION (86430)
85651	66607	85651 LAE	$5.00	SEDIMENTATION RATE (85651)
82040	66608	82040 LAE	$6.00	Albumin; serum (82040)
82565	66609	82565 LAE	$6.00	Creatinine; blood (82565)
80053	66610	80053 LAE	$13.00	COMPREHENSIVE METABOLIC PANEL (80053)
82550	66616	82550 LAE	$8.00	Creatinine kinase (CK), (CPK); total (82550)
82380	66618	82380 LAE	$11.00	CAROTENE, SERUM (82380)
82951	66622	82951 LAE	$16.00	Glucose tolerance test (GTT), 3 specimens (includes glucose) (82951)
85018	66623	85018 LAE	$3.00	Hemoglobin (85018)
87205	66626	87205 LAE	$5.00	L.E. CELL PREPARATION (87205)
85049	66629	85049 PLA	$6.00	PLATELET COUNT, AUTOMATED (85049)
85044	66632	85044 LAE	$5.00	RETICULOCYTE COUNT (85044)
84550	66637	84550	$6.00	Uric Acid; blood (84550)
82947	66641	82947 LAE	$5.00	Glucose; blood (82947)
82946	66651	82946 LAE	$19.00	Glucose tolerance, 4-5 hours (82946)
84443	66653	84443 LAE	$21.00	Thyroid-stimulating hormone (TSH) (84443)
83036	66657	83036	$12.00	A1C Glycated Hemoglobin (83036)
36415	66664	36415	$3.00	(36415) Routine Venipuncture
82150	66669	82150 LAE	$8.00	Amylase, serum (82150)
80069	66687	80069 LAE	$11.00	RENAL FUNCTION PANEL (80069)
80076	66689	80076 LAE	$10.00	HEPATIC FUNCTION PANEL (80076)
X-ray	77725	X-ray	$27.00	X-ray of bilateral hands, two views only, complete
X-ray	77735	X-ray	$92.00	X-ray of bilateral knees, AP & lateral views, complete
X-ray	77825	X-ray	$37.00	X-ray of bilateral hands, two views only, technical
71110	77833	71110	$23.55	(71110TC)X-ray of bilateral ribs, technical
73000	77834	73000	$18.00	(73000TC) X-ray of Clavicle, tech
73500	77840	73500 L HI	$19.00	X-ray of the left hip, Upright standing AP view, technical (73500TC)
73500	77841	73500 R H	$19.00	X-ray of the right hip, Upright standing AP view, technical (73500TC)
22170	77843	22170 PEL	$21.00	X-ray of pelvis, AP & lateral views, technical (72170TC)
BOTH	77847	BOTH KNE	$25.00	(73565TC) X-ray of both knees, standing, AP view, tech component
73600	77850	73600 L AI	$20.00	LEFT ANKLE X-RAY, AP & Lateral views, tech component (73600TC)
73600	77851	73600 R A	$20.00	Right ankle X-RAY, AP & Lateral views, tech component (73600TC)
71020	77852	71020 CHI	$18.00	Chest X-ray, PA & left lateral views, tech component (71020TC)
73070	77853	73070 L EI	$18.00	LEFT ELBOW X-ray, AP & Lateral views, technical (73070TC)
73070	77854	73070 R E	$18.00	Right elbow X-RAY, AP & Lateral views, technical (73070TC)
73550	77855	73550 L FE	$18.00	LEFT FEMUR X-ray, AP & Lateral views, technical (73550TC)
73550	77856	73550 R FI	$18.00	Right femur X-RAY, AP & Lateral views, technical (73550TC)
73590	77857	73590 L TI	$19.00	LEFT TIBIA & FIBULA X-RAY, AP & Lateral views, technical (73590TC)
73590	77858	73590 R T	$19.00	Right tibia & fibula X-RAY, AP & Lateral views, technical (73590TC)
73620	77859	73620 L FO	$17.00	LEFT FOOT X-ray, AP & Lateral views, technical (73620TC)
73620	77860	73620 R FI	$17.00	Right foot X-RAY, AP & Lateral views, technical (73620TC)
73120	77861	73120 L H.	$18.00	LEFT HAND X-ray, two views, tech component (73120TC)
73120	77862	73120 R H	$18.00	Right hand X-RAY, two views, tech component (73120TC)
73510	77863	73510 L HI	$28.00	LEFT HIP X-ray, AP & Lateral views, technical (73510TC)
73510	77864	73510 R H	$28.00	Right hip X-RAY, AP & Lateral views, technical (73510TC)
73060	77865	73060	$19.00	(73060TC) X-ray of left humerus, AP & Lateral views, technical
73060	77866	73060	$19.00	(73060TC) X-ray of right humerus, AP & Lateral views, technical
73560	77867	73560 L KI	$21.00	LEFT KNEE X-ray, AP & Lateral views, technical (73560TC)
73560	77868	73560 R K	$21.00	Right knee X-RAY, AP & Lateral views, technical (73560TC)
73030	77870	73030 L SH	$18.00	LEFT SHOULDER X-ray, AP & Auxillary views, technical (73030TC)
73030	77871	73030 R Si	$18.00	Right shoulder X-RAY, AP & Axillary views, technical (73030TC)
72040	77872	72040 C Si	$20.00	CERVICAL SPINE X-ray, AP & Lateral views, technical (72040TC)
72100	77873	72100 LS S	$22.00	Lumbosacral Spine X-RAY, AP & Lateral views, tech (72100TC)
72070	77874	72070 T SI	$21.00	THORACIC SPINE X-ray, AP & Lateral views, tech comp (72070TC)
73100	77877	73100 L W	$21.00	LEFT WRIST X-ray, AP & Lateral views, technical (73100TC)
73100	77878	73100 R W	$21.00	Right wrist X-RAY, AP & Lateral views, technical (73100TC)
0	77879	00000 2 A	$70.00	X-ray of the two most affected areas, 2 views only per area, technicalif indicated by limitation of motion, please describe:
73540	77880	73540 HIP	$19.00	(73540TC) X-ray of both hips and pelvis, at least two views, technical
0	77881	00000 1 A	$45.00	X-ray of the one most affected area, 2 views only, technical if indicated by limitation of motion, please describe:
69010	77885	69010 SPI	$43.00	(72010TC) X-ray of entire spine, AP and Lateral views, tech (72010TC)
73090	77890	73090 L FO	$16.00	X-ray of left forearm, AP & Lateral views, tech component (73090TC)
70250	77891	70250	$22.00	(70250TC) X-ray of skull, A-P & Lateral views, technical
72069	77892	72069 TL S	$23.00	THORACOLUMBAR SPINE X-ray, standing (scoliosis) measuring the curvature in degrees, technical (72069TC)
73090	77895	73090 R FI	$16.00	X-ray of right forearm, AP & Lateral views, tech component (73090TC)
74000	77898	74000	$17.00	(74000TC) RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW
77072	77899	77072	$12.00	(77072TC) Bone age x-ray, LEFT HAND AND WRIST (AGE:UP TO 18 YRS) , TECHNICAL INCLUDE STANDARD DEVIATION DEGREE FROM NORM
72080	77900	72080 X-R	$11.00	X-ray of the thoracic spine, oblique, professional (7208026)
72052	77901	72052 X-R	$18.00	x-ray of the Cervical Spine with flexion and extension views, professional. (7205226)
X-ray	77925	X-ray Inte	$16.00	X-ray of bilateral hands, two views only, interpretation
70210	77932	70210	$9.00	(7021026) X-ray of sinuses, paranasal, two views, professional
71110	77933	71110	$15.00	(7111026)X-ray of bilateral ribs, interpretation
73000	77934	73000	$8.00	(7300026) X-ray of Clavicle, prof
73500	77940	73500 X-R	$9.00	(7350026) X-ray of the left hip, Upright standing AP view, interpretation
73500	77941	73500 X-R	$9.00	(7350026) X-ray of the right hip, Upright standing AP view, interpretation
72170	77943	72170 X-R	$9.00	(7217026) X-ray of pelvis, AP & lateral view, interpretation
73565	77947	73565	$9.00	(7356526) X-ray of both knees, standing, AP view, prof component
73600	77950	73600 X-R	$8.00	(7360026) X-ray of left ankle, AP & Lateral views, prof component
73600	77951	73600 X-R	$8.00	(7360026) X-ray of right ankle, AP & Lateral views, prof component
71020	77952	71020 X-F	$11.00	(7102026) Chest X-ray, PA & left lateral views, prof component
73070	77953	73070 X-R	$8.00	(7307026) X-ray of left elbow, AP & Lateral views, professional
73070	77954	73070 X-R	$8.00	(7307026) X-ray of right elbow, AP & Lateral views, professional
73550	77955	73550 X-R	$8.00	(7355026) X-ray of left femur, AP & Lateral views, professional
73550	77956	73550 X-R	$8.00	(7355026) X-ray of right femur, AP & Lateral views, professional
73590	77957	73590 X-R	$8.00	(7359026) X-ray of left tibia & fibula, AP & Lateral views, professional
73590	77958	73590 X-R	$8.00	(7359026) X-ray of right tibia & fibula, AP & Lateral views, professional
73620	77959	73620 X-R	$8.00	(7362026) X-ray of left foot, AP & Lateral views, professional
73620	77960	73620 X-R	$8.00	(7362026) X-ray of right foot, AP & Lateral views, professional
73120	77961	73120 X-R	$8.00	(7312026) X-ray of the left hand, two views, prof component
73120	77962	73120 X-R	$8.00	(7312026) X-ray of the right hand, two views, prof component
73510	77963	73510 X-R	$11.00	(7351026) X-ray of left hip, AP & Lateral views, professional
73510	77964	73510 X-R	$11.00	(7351026) X-ray of right hip, AP & Lateral views, professional
76510	77965	76510	$8.00	(7306026) X-ray of left humerus, AP & Lateral views, Professional
73060	77966	73060	$9.00	(7306026) X-ray of right humerus, AP & Lateral views, professional
73560	77967	73560 X-R	$8.00	(7356026) X-ray of left knee, AP & Lateral views, professional
73560	77968	73560 X-R	$8.00	(7356026) X-ray of right knee, AP & Lateral views, professional
73030	77970	73030 X-R	$9.00	(7303026) X-ray of left shoulder, AP & Axillary views, professional
73030	77971	73030 X-R	$9.00	(7303026) X-ray of right shoulder, AP & Axillary views, professional
72040	77972	72040 X-R	$11.00	(7204026) X-ray of the cervical spine, AP & Lateral views, prof comp
72100	77973	72100 X-R	$11.00	(7210026) X-ray Spine, lumbosacral, AP & Lateral views, professional
72070	77974	72070 X-R	$11.00	(7207026) X-ray Spine, thoracic, AP & Lateral views, professional
73100	77977	73100 X-R	$11.00	(7310026) X-ray of left wrist, AP & Lateral views, professional
73100	77978	73100 X-R	$9.00	(7310026) X-ray of right wrist, AP & Lateral views, professional
0	77979	00000 X-R	$30.00	X-ray of the two most affected areas, interpretation, if indicated by limitation of motion, please describe:
73540	77980	73540 X-R	$9.00	(7354026) X-ray of both hips and pelvis, at least two views, professional comp
0	77981	00000 X-R	$15.00	X-ray of the one most affected area, interpretation, if indicated by limitation of motion, please describe:
72010	77985	72010 X-R	$16.00	(7201026) X-ray of entire spine, AP and Lateral views, prof component
73090	77990	73090 X-R	$8.00	(7309026) X-ray of left forearm, AP & Lateral views, prof component
70250	77991	70250	$12.00	(7025026) X-ray of skull, AP & Lateral views, interpretation
72069	77992	72069 X-R	$13.00	(7206926) X-ray of spine, thoracolumbar, standing (scoliosis) measuring the curvature in degrees, professional
73090	77995	73090 X-R	$8.00	(7309026) X-ray of right forearm, AP & Lateral views, prof component
74000	77998	74000	$9.00	(7400026) RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW
77072	77999	77072	$9.00	(7707226) Bone age x-ray (LEFT HAND AND WRIST) , INTERPRETATION INCLUDE STANDARD DIVIATION FROM NORM.
96118	88817	96118 HAI	$474.00	Halstead-Reitan (age: 20 yrs & up)
96101	88818	96101 LEI	$142.00	Leiter Revised (age: 2-20.11 yrs) -- Include Protocol face sheet
96101	88819	96101	$250.00	Luria-Nebraska (age: 15 yrs & up) -- Include Protocol face sheet
96101	88821	96101 WP	$160.00	WPPSI-IV (AGE: 2.6-7.3) INCLUDE PROTOCOL FACE SHEET. IF AN INTELLECTUAL DISORDER IS DIAGNOSED, PLEASE PROVIDE A DESCRIPTION OF THE CLAIMANT'S ADAPTIVE FUNCTIONING THAT WOULD SUPPORT THAT DIAGNOSIS.
96101	88823	96101 REI	$81.00	Reitan Aphasia Screening (age: 18 yrs & up) -- Protocol & actual responses for all items
96101	88828	96101 TRA	$81.00	Trailmaking A & B (age: 18 yrs & up) -- Time & number of errors
96101	88829	96101 VIN	$90.00	Vineland Adaptive Behavior (age: 0-18.11 yrs) INTERVIEW EDITION SURVEY FORM -- Include copy of back cover of survey protocol.
96101	88846	96101	$85.00	Woodcock Johnson (Include Protocol face sheet)
96101	88848	96101 BEC	$81.00	Beck Depression Inventory
96101	88854	96101 BAY	$160.00	Bayley Scales of Infant Development-III, (1-42 MOS) THIRD EDITION -- INCLUDE PROTOCOL AND FACE SHEET