Minnesota Dept. of Labor - Worker's Compensation Fee
Reference Schedule -Examinations

Exam Type	DDS CPT	DDS Code	CPT Codes	Work Expense	Practice Expense	Mal Practice	Conversion Factor	2021 MN Dept. of Labor Fee Non-Metro (PE 1.011)	Our Current fee schedule	New DOL - Ours
Orthopedic Exam	EXAM		99204	2.43	1.99	0.21	70.86	$ 320.14	$225.00	($95.14)
Physical Medicine Exam	EXAM		99204	2.43	1.99	0.21	70.86	$ 320.14	$225.00	($95.14)
Internal Medicine Exam	EXAM		99204	2.43	1.99	0.21	70.86	$ 320.14	$225.00	($95.14)
Neurology Exam	EXAM		99204	2.43	1.99	0.21	70.86	$ 320.14	$225.00	($95.14)
- Ophthalmological Exam - History and physical, including funduscopic exam	EXAM		92004	1.82	2.37	0.07	70.86	$ 300.55	$110.00	($190.55)
- Ophthalmological Exam - Visual Acuity	EXAM		92015	0.38	0.16	0.02	70.86	$ 38.90	$40.00	$1.10
- Ophthalmological Exam - Visual Fields	EXAM		92083	0.50	1.29	0.02	70.86	$ 128.36	$115.00	($13.36)
Ophthalmological Exam - Total			92004, 92083, 92015					$ 428.90	$265.00	($163.90)
- Otolaryngology Exam - History and Physical	EXAM		99204	2.43	1.99	0.21	70.86	$ 320.14	$80.00	($240.14)
- Otolaryngology Exam - Pure Tone and Speech Threshold Discrimination Audiometry	EXAM		92557	0.6	0.45	0.03	70.86	$ 75.52	$80.00	$4.48
Otolaryngology Exam - Total			99204, 92557	2.43	1.99	0.21	70.86	$ 320.14	$160.00	($160.14)
Neuro-opthalmological Exam	EXAM		99204	2.43	1.99	0.21	70.86	$ 320.14	$250.00	($70.14)
Pediatric Exam	EXAM		99204	2.43	1.99	0.21	70.86	$ 320.14	$225.00	($95.14)

NOTE: These Ophthamologic and Otolaryngological exam subtests comprise the totality of an entire Ophthamologic or Otolaryngologic exam and are listed to demonstrate the total costs that comprise an entire Ophthamologic or Otolaryngologic exam (DDS Code 10a; 13a)

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Speech/Language Eval (child & adult)			92523	3.00	2.43	0.11	70.86	$ 389.49	$270.00	-$119.49		
Physical Therapy (PT) Exam			97161	1.20	1.15	0.05	58.68	$ 139.70	$200.00	$60.30		
Occupational Therapy (OT) Exam			97165	1.20	1.33	0.05	58.68	$ 150.38	$200.00	$49.62		

NOTE: DDS typically orders a PT/OT exam that includes elements of both 97161 and 97165 for a maximum payment of $200

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Adult Mental Status Exam	EXAM		90791	3.00	0.78	0.11	70.86	$ 271.28	$200.00	-$71.28		
Child Mental Diagnosis Exam	EXAM		90791	3.00	0.78	0.11	70.86	$ 271.28	$200.00	-$71.28		

Dept. of Labor - Worker's Compensation Fee Reference Schedule - Psychological Testing

Psych Tests	DDS Code	CPT Codes	Hours per Test [1]	Work Expense	Practice Expense	Mal Practice	Conversion Factor	2021 Dept. of Labor Fee Non-Metro (PE 1.011)	Our Current fee schedule	New DOL - Ours	Number Ordered	Annual total over/under DOL-WC
Psych Testing Per Hour		96130	1.00	2.56	0.64	0.10	70.86	$ 228.75				
NeuroPsych Testing Per Hour		96132	1.00	2.56	1.06	0.09	70.86	$ 258.67				
Achenbach Child Behavior Checklist									$85.00			
Achenbach Child Behavior Scales									$20.00			
Battelle Developmental Inventory									$120.00			
Bayley IV									$180.00			
Beck Depression Scale									$15.00			
Bender Gestalt									$20.00			
Brigance Inventory of Early Development									$75.00			
Category Test									$65.00			
Columbia Test of Mental Maturity									$70.00			
Connors Continuous Performance Test									$75.00			
Connors Questionnaire for ADHD									$60.00			
Denver Developmental Screening Test									$30.00			
Gates Reading Summary									$15.00			
Gesell Developmental Schedules									$45.00			
Gray Reading Test									$30.00			
Hopkins Symptom Checklist 25									$45.00			
Leiter International Performance Scales									$120.00			
McCarthy Scales of Children's Abilities									$100.00			
Million Multi-Axial Personality Inventory									$75.00			
Minnesota Child Development Inventory									$60.00			
Minnesota Multiphasic Personality Inventory (MMPI)									$95.00			
Minnesota Paper Form Test									$30.00			
Myers-Briggs Type Indicator									$50.00			
Peabody Individual Achievement Test									$65.00			
Peabody Picture Vocabulary Test									$40.00			
Personality Inventory for Children									$75.00			
Porteus Mazes									$65.00			
Ravens Progressive Matrices									$65.00			
Rorschah									$75.00			
Scales of Independent Behavior									$85.00			
Stanford - Binet Intelligence Scale									$135.00			
TONI-4									$80.00			
Test of Variable Attention									$100.00			
Thematic Apperception Test (TAT)									$45.00			
Trailmaking									$15.00			
Thurstone Test of Mental Alertness									$30.00			
Vineland Adaptive Behavior Scale									$115.00			
Vineland Social Maturity Scale									$50.00			
WAIS - IV									$180.00			
WIAT									$50.00			
WISC - V									$180.00			
Wechsler Memory Scale (WMS-IV)									$180.00			
WPPSI-IV									$180.00			
WRAT-IV									$65.00			
Wide Range Assessment of Memory & Learning									$100.00			
Wisconsin Card Sort									$65.00			
Woodcock-Johnson Psych-Education Battery									$120.00			
												$0.00

[1] Hours per test includes administration, scoring and report writing time as permitted by CPT instructions

Dept. of Labor - Worker's Compensation Fee Reference Schedule - Lab Tests and X-rays

	DDS Code	CPT Codes	Work Expense	Practice Expense	Mal Practice	Conversion Factor	2021 Dept. of Labor Fee for MN or Federal	Our Current fee schedule	New DOL - Ours	Comments	Annual total over/under DOL-WC	
Visual Fields (Goldmann, Octopus, HFA)		92083	0.50	1.29	0.02	$70.86	$128.36	$115.00	($13.36)			
Visual Acuity Only		92015	0.38	0.16	0.02	$70.86	$38.90	$40.00	$1.10			
Visual Evoked Response (VER)		95930	0.35	1.57	0.02	$70.86	$137.79	$175.00	$37.21			
Snellen Test		99173	0.00	0.07	0.01	$70.86	$5.27	$15.00	$9.73			
Spontaneous Nystagmus Study		92531	42.44	0.00	0.00	$1.25	$53.05	$69.12	$16.07	Usual customary example $60*		
Positional Nystagamus Test		92532	0.00	0.00	0.00	$0.00	$0.00	$61.02	$61.02	Usual customary example $83*		
Optokinetic Nystagmus Test		92534	0.00	0.00	0.00	$0.00	$0.00	$47.33	$47.33	Usual customary example $128*		
Oscillating Tracking Test		92545	0.25	0.19	0.02	$70.86	$31.84	$40.48	$8.64			
Basic Comprehensive Audiometry (92553 & 92556 combined)		92557	0.60	0.45	0.03	$70.86	$75.52	$80.00	$4.48			
Acoustic Reflex Testing		92568	0.29	0.14	0.02	$70.86	$31.09	$25.00	($6.09)			
Tympanometry (Impedance Testing)		92567	0.20	0.22	0.01	$70.86	$30.19	$35.00	$4.81			
Conditioning Play Audiometry		92582	0.00	2.04	0.02	$70.86	$146.66	$53.00	($93.66)			
Pure Tone (air & bone) audiometry		92553	0.00	1.07	0.01	$70.86	$76.91	$43.00	($33.91)			
Speech Audiometry - threshold & recognition/ discrimination		92556	0.00	1.06	0.01	$70.86	$76.19	$37.00	($39.19)			
Hearing Aid Check (Binaural)		92593	0.00	0.00	0.00	$0.00	$0.00	$33.00	$33.00			
Hearing Aid Check (Monaural)		92592	0.00	0.00	0.00	$0.00	$0.00	$17.00	$17.00			
Electroacoustical Testing (Monaural)		92594	0.00	0.00	0.00	$0.00	$0.00	$14.00	$14.00			
Electroacoustical Testing (Binaural)		92595	0.00	0.00	0.00	$0.00	$0.00	$18.00	$18.00			
Bekesy Audiometry, Screening		92560	0.00	0.00	0.00	$0.00	$0.00	$44.21	$44.21			**Not Covered
Visual Reinforcement Audiometry		92579	0.70	0.58	0.03	$70.86	$91.92	$43.00	($48.92)			
Acoustic Reflex Decay Test (Acoustic immittance testing)		92570	0.55	0.34	0.03	$70.86	$64.10	$28.00	($36.10)			
HINT-C (Hearing in Noise Test)		92700	0.00	0.00	0.00	$0.00	$76.19	$65.00	($11.19)	Based on code 92556 maximum; substitute 92556 for HINT testing because it is has no associated billing codes for DOL or Medicare		
Evoked Response Audiometry		92585	0.50	3.27	0.04	$70.86	$270.72	$242.23	($28.49)			
Hearing Aid Exam & Selection		92591	0.00	0.00	0.00	$0.00	$0.00	$65.00	$65.00	VRS only; not DDS		
Speech Audiometry Threshold		92555	0.00	0.67	0.01	$70.86	$48.25	$25.00	($23.25)			
Ear Debridement - Removal of Impacted Wax		69209	0.00	0.39	.01	$70.86	$28.20	$35.00	$6.80			
Arterial Doppler - Resting - Total		93922	0.25	2.15	0.04	$70.86	$172.77	$130.00	($42.77)			
Supervision of Resting Doppler		93922-26	0.25	0.08	0.03	$70.86	$24.22	$50.00	$25.78			
Arterial Doppler - Resting		93922-TC	0.00	2.07	0.01	$70.86	$148.55	$80.00	($68.55)			
Arterial Doppler - Exercise - Total		93924	0.50	4.10	0.07	$70.86	$330.95	$240.00	($90.95)			
Supervision of Exercise Doppler		93924-26	0.50	0.15	0.05	$70.86	$47.46	$85.00	$37.54			
Arterial Dopper - Exercise		93924-TC	0.00	3.95	0.02	$70.86	$283.49	$155.00	($128.49)			
Resting ECG- Total		93000	0.17	0.29	0.02	$70.86	$33.33	$110.00	$76.67			
Resting ECG - Interpretation		93010	0.17	0.06	0.01	$70.86	$16.60	$45.00	$28.40			
Resting ECG - Tracing		93005	0.00	0.23	0.01	$70.86	$16.73	$65.00	$48.27			
Cardiovascular Stress Test - Total		93015	0.75	1.22	0.04	$70.86	$141.57	$280.00	$138.43			
Cardiovascular Stress Test - Interpretation		93018	0.30	0.11	0.01	$70.86	$29.39	$125.00	$95.61			
Cardiovascular Stress Test -Tracing		93017	0.00	0.95	0.01	$70.86	$68.31	$155.00	$86.69			
Transthoracic Echocardiogram (TTE), Rest and CV Stress - Total		93350	1.46	3.79	0.06	$70.86	$376.51	$280.22	($96.29)			
Transthoracic Echocardiogram (TTE), Rest and CV Stress - Interpretation		93350-26	1.46	0.51	0.05	$70.86	$141.27	$108.35	($32.92)			
Transthoracic Echocardiogram (TTE), Rest and CV Stress - Tracing		93350-TC	0.00	3.28	0.01	$70.86	$235.23	$171.87	($63.36)			

Dept. of Labor - Worker's Compensation Fee Reference Schedule - Lab Tests and X-rays

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MUGA Scan, Stress - Total		78473	1.47	6.76	0.09	$70.86	$590.76	$543.00	($47.76)		
MUGA Scan, Stress - Interpretation		78473-26	1.47	0.49	0.06	$70.86	$140.81	$116.00	($24.81)		
MUGA Scan, Stress - Tracing		78473-TC	0.00	6.27	0.03	$70.86	$449.95	$427.00	($22.95)		
Telephonic or Telemetric Transmission of ECG Rhythm Strip		93268	0.52	5.14	0.04	$70.86	$406.10	$146.33	($259.77)		
Needle Electromyography - one extremity - Total		95860	0.96	2.42	0.05	$70.86	$242.68	$130.14	($112.54)		
Needle Electromyography - one extremity - Tracing		95860-TC	0.00	1.95	0.01	$70.86	$139.95	$107.10	($32.85)		
Needle Electromyography - one extremity - Interpretation		95860-26	0.96	0.47	0.04	$70.86	$102.72	$23.04	($79.68)		
EMG - two extremities		95861	1.54	3.26	0.10	$70.86	$345.23	$222.93	($122.30)		
EMG - three extremities		95863	1.87	4.18	0.10	$70.86	$434.53	$264.65	($169.88)		
EMG - four extremities		95864	1.99	4.96	0.12	$70.86	$499.42	$346.22	($153.20)		
Visual Evoked Potential (VEP) Testing		95930	0.35	1.57	.02	$70.86	$137.79	$137.00	($0.79)		
Venipuncture (routine) or finger/heel/ear stick for collection of specimens		36415	3.00	0.00	0.00	$1.25	$3.75	$15.00	$11.25	Usual customary example $52	
Blood Lead Level		83655	12.11	0.00	0.00	$1.25	$15.14	$40.00	$24.86	Usual customary example $92*	
CBC		85025	7.77	0.00	0.00	$1.25	$9.71	$30.00	$20.29	Usual customary example $75*	
Comprehensive Metabolic Panel		80053	10.56	0.00	0.00	$1.25	$13.20	$35.00	$21.80	Usual customary example $262*	
Creatinine Assay		82565	5.12	0.00	0.00	$1.25	$6.40	$22.00	$15.60	Usual customary example $39*	
Albumin Assay		82040	4.95	0.00	0.00	$1.25	$6.19	$20.00	$13.81	Usual customary example $34*	
Bilirubin, total		82247	5.02	0.00	0.00	$1.25	$6.28	$20.00	$13.73	Usual customary example $34*	
Occult Blood, Feces		82271	5.32	0.00	0.00	$1.25	$6.65	$9.75	$3.10	Usual customary example $44*	
Antinuclear Antibodies (ANA)		86038	12.09	0.00	0.00	$1.25	$15.11	$51.75	$36.64	Usual customary example $35*	
C-Reactive Protein		86140	5.18	0.00	0.00	$1.25	$6.48	$23.95	$17.48	Usual customary example $38*	
Rheumatoid Factor Test, Qualitative		86430	6.14	0.00	0.00	$1.25	$7.68	$25.00	$17.33	Usual customary example $47*	
Myobacteria Culture		87116	11.30	0.00	0.00	$1.25	$14.13	$46.30	$32.18	Usual customary example $74*	
Urinalysis, Without Microscopy		81002	3.48	0.00	0.00	$1.25	$4.35	$15.00	$10.65	Usual customary example $82*	
Urinalysis, Complete with Microscopy		81000	4.02	0.00	0.00	$1.25	$5.03	$20.00	$14.98	Usual customary example $74*	
Assay of ck (CPK)		82550	6.51	0.00	0.00	$1.25	$8.14	$26.60	$18.46	Usual customary example $36*	
Urine Creatinine Assay		82570	5.18	0.00	0.00	$1.25	$6.48	$16.53	$10.06	Usual customary example $39*	
Creatinine Clearance, Blood or Urine		82575	10.51	0.00	0.00	$1.25	$13.14	$37.00	$23.86	Usual customary example $70*	
Glucose, Quantitative		82947	3.93	0.00	0.00	$1.25	$4.91	$17.50	$12.59	Usual customary example $38*	
Glucose Tolerance Test (GTT) 3 Specimens (Includes Glucose)		82951	12.87	0.00	0.00	$1.25	$16.09	$48.00	$31.91	Usual customary example $98*	
Lactate (LD) (LDH) enzyme		83615	6.04	0.00	0.00	$1.25	$7.55	$19.50	$11.95	Usual customary example $44*	
Phosphatase Acid Assay		84060	7.64	0.00	0.00	$1.25	$9.55	$25.00	$15.45	Usual customary example $50*	
Prothrombin Time		85610	4.29	0.00	0.00	$1.25	$5.36	$18.00	$12.64	Usual customary example $54*	
Calcium Assay		82310	5.16	0.00	0.00	$1.25	$6.45	$13.70	$7.25	Usual customary example $38*	
Free Thyroxine Assay		84439	9.02	0.00	0.00	$1.25	$11.28	$40.00	$28.73	Usual customary example $48*	
Thyroid Activity Assay		84442	14.78	0.00	0.00	$1.25	$18.48	$48.80	$30.33	Usual customary example $120*	
Transferase (AST) (SGOT)		84450	5.18	0.00	0.00	$1.25	$6.48	$20.40	$13.93	Usual customary example $45*	
Alanine amino (ALT) (SGPT)		84460	5.30	0.00	0.00	$1.25	$6.63	$20.40	$13.78	Usual customary example $45*	
Urea Nitrogen Assay		84520	3.95	0.00	0.00	$1.25	$4.94	$15.30	$10.36	Usual customary example $33*	
Alkaline Phosphatase Assay		84075	5.18	0.00	0.00	$1.25	$6.48	$19.50	$13.03	Usual customary example $38*	
Blood/Uric Acid Assay		84550	4.52	0.00	0.00	$1.25	$5.65	$19.75	$14.10	Usual customary example $41*	
Urine/Uric Acid Assay		84560	5.08	0.00	0.00	$1.25	$6.35	$29.20	$22.85	Usual customary example $38*	
Hematocrit (Spun)		85013	7.00	0.00	0.00	$1.25	$8.75	$13.00	$4.25	Usual customary example $28*	
Hemoglobin		85018	2.37	0.00	0.00	$1.25	$2.96	$15.00	$12.04	Usual customary example $34*	
Nondifferential WBC Count		85008	3.43	0.00	0.00	$1.25	$4.29	$9.00	$4.71	Usual customary example $32*	
Manual cell count, each		85032	4.31	0.00	0.00	$1.25	$5.39	$17.00	$11.61	Usual customary example $32*	
Rbc sed rate, nonautomated		85651	4.27	0.00	0.00	$1.25	$5.34	$20.00	$14.66	Usual customary example $71*	

Dept. of Labor - Worker's Compensation Fee Reference Schedule - Lab Tests and X-rays

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Serum Potassium Assay		84132	4.76	0.00	0.00	$1.25	$5.95	$15.50	$9.55	Usual customary example $40*	
Urine Potassium Assay		84133	4.73	0.00	0.00	$1.25	$5.91	$20.00	$14.09	Usual customary example $39*	
Hepatic Function Panel		80076	8.17	0.00	0.00	$1.25	$10.21	$50.00	$39.79	Usual customary example $150*	
Pulmonary Spirometry, FEV1, Total & Timed Vital Capacity w/o Bronchodilator - total		94010	0.17	0.81	0.02	$70.86	$70.59	$98.50	$27.91		
Pulmonary Spirometry, FEV1, Total & Timed Vital Capacity- tracing		94010-TC	0.00	0.75	0.01	$70.86	$53.99	$59.10	$5.11		
Pulmonary Spirometry, FEV1, Total & Timed Vital Capacity- interpretation		94010-26	0.17	0.06	0.01	$70.86	$16.60	$39.40	$22.80		
Pulmonary Spirometry, FEV1, Before & After Bronchodilator - total		94060	0.27	1.39	0.02	$70.86	$119.22	$160.00	$40.78		
Pulmonary Spirometry, FEV1, Before & After Bronchodilator - tracing		94060-TC	0.00	1.30	0.01	$70.86	$93.39	$96.00	$2.61		
Pulmonary Spirometry, FEV1, Before & After Bronchodilator - interpretation		94060-26	0.27	0.09	0.01	$70.86	$25.84	$64.00	$38.16		
Arterial Blood Gas Studies with Exercise		82803	26.07	0.00	0.00	$1.25	$32.59	$32.50	($0.09)	Usual customary example $158*	
Functional Residual Capacity or Residual Volume		94726	0.26	1.24	0.02	$70.86	$107.77	$112.50	$4.73		
Functional Residual Capacity or Residual Volume - tracings		94726-TC	0.00	1.16	0.01	$70.86	$83.36	$67.50	($15.86)		
Functional Residual Capacity or Residual Volume - interpretation		94726-26	0.26	0.08	0.01	$70.86	$24.41	$45.00	$20.59		
Pulse Oximetry with Exercise		94761	0.00	0.11	0.01	$70.86	$8.14	$8.00	($0.14)		
Pulmonary Stress Test		94621	1.42	3.04	0.08	$70.86	$320.46	$188.00	($132.46)		
Pulmonary Stress Test		94621-TC	0.00	2.56	0.02	$70.86	$183.91				
Pulmonary Stress Test		94621-26	1.42	0.48	0.01	$70.86	$135.16				
Carbon Monoxide Diffusing Capacity (DLCO) - total		94729	0.19	1.35	0.02	$70.86	$110.69	$120.00	$9.31		
Carbon Monoxide Diffusing Capacity (DLCO) - tracings		94729-TC	0.00	1.29	0.01	$70.86	$92.67	$72.00	($20.67)		
Carbon Monoxide Diffusing Capacity (DLCO) - interpretation		94729-26	0.19	0.06	0.01	$70.86	$18.02	$48.00	$29.98		
Chest Single View, PA		71045	0.18	0.50	0.02	$70.86	$49.09	$55.00	$5.91		
Interpretation of Chest X - ray		71045-26	0.18	0.07	0.01	$70.86	$18.03	$20.00	$1.97		
		71045-TC	0.00	0.43	0.01	$70.86	$31.06	$35.00	$3.94		
Chest 2 Views or Stereo		71046	0.22	0.65	0.02	$70.86	$62.67	$60.00	($2.67)		
Interpretation of Chest X - ray		71046-26	0.22	0.08	0.01	$70.86	$21.58	$20.00	($1.58)		
		71046-TC	0.00	0.57	0.01	$70.86	$41.09	$40.00	($1.09)		
Spine, Cervical AP & Lateral		72040	0.22	0.79	0.02	$70.86	$72.70	$78.00	$5.30		
Interpretation of Spine, Cervical AP & Lateral		72040-26	0.22	0.09	0.01	$70.86	$22.29	$31.20	$8.91		
		72040-TC	0.00	0.70	0.01	$70.86	$50.40	$46.80	($3.60)		
Spine, Thoracic AP & Lateral		72070	0.22	0.72	0.02	$70.86	$67.68	$70.00	$2.32		
Interpretation of Spine, Thoracic AP & Lateral		72070-26	0.22	0.09	0.01	$70.86	$22.29	$28.00	$5.71		
		72070-TC	0.00	0.63	0.01	$70.86	$45.39	$42.00	($3.39)		
Spine, Thoracolumbar AP & Lateral		72080	0.22	0.71	0.02	$70.86	$66.97	$75.00	$8.03		
Interpretation of Spine, Thoracolumbar AP & Lateral		72080-26	0.22	0.09	0.01	$70.86	$22.29	$30.00	$7.71		
		72080-TC	0.00	0.62	0.01	$70.86	$44.67	$45.00	$0.33		
Spine, entire or scoliosis study, 1 view		72081	0.26	0.85	0.03	$70.86	$80.09	$80.00	($0.09)		
Interprestion of Spine, entire or scoliosis study, 1 view		72081-26	0.26	0.11	0.02	$70.86	$26.82	$26.70	($0.12)		
		72081-TC	0.00	0.74	0.01	$70.86	$53.27	$53.30	$0.03		
Spine, Lumbosacral AP & Lateral		72100	0.22	0.79	0.02	$70.86	$72.70	$78.00	$5.30		
Interpretation of Spine, Lumosacral AP & Lateral		72100-26	0.22	0.09	0.01	$70.86	$22.29	$31.20	$8.91		
		72100-TC	0.00	0.70	0.01	$70.86	$50.40	$46.80	($3.60)		
Pelvis, AP Only		72170	0.17	0.74	0.02	$70.86	$65.57	$63.00	($2.57)		
Interpretation of Pelvis, AP Only		72170-26	0.17	0.07	0.01	$70.86	$17.32	$22.00	$4.68		
		72170-TC	0.00	0.67	0.01	$70.86	$48.25	$41.00	($7.25)		

Dept. of Labor - Worker's Compensation Fee Reference Schedule - Lab Tests and X-rays

	DDS Code	CPT Codes	Work Expense	Practice Expense	Mal Practice	Conversion Factor	2021 Dept. of Labor Fee for MN or Federal	Our Current fee schedule	New DOL - Ours	Comments	Annual total over/under DOL-WC
Clavicle, Complete		73000	0.16	0.64	0.02	$70.86	$57.70	$50.00	($7.70)		
Interpretation of Clavicle, Complete		73000-26	0.16	0.07	0.01	$70.86	$16.61	$18.40	$1.79		
		73000-TC	0.00	0.57	0.01	$70.86	$41.09	$31.60	($9.49)		
Scapula, Complete		73010	0.17	0.71	0.02	$70.86	$63.42	$61.00	($2.42)		
Interpretation of Scapula, Complete		73010-26	0.17	0.08	0.01	$70.86	$18.03	$22.40	$4.37		
		73010-TC	0.00	0.63	0.01	$70.86	$45.39	$38.60	($6.79)		
Shoulder, Complete, Minimum 2 Views		73030	0.18	0.65	0.02	$70.86	$59.83	$57.00	($2.83)		
Interpretation of Shoulder, Complete, Minimum 2 Views		73030-26	0.18	0.08	0.01	$70.86	$18.74	$22.80	$4.06		
		73030-TC	0.00	0.57	0.01	$70.86	$41.09	$34.20	($6.89)		
Humerus, Minimum 2 Views		73060	0.16	0.67	0.02	$70.86	$59.85	$52.00	($7.85)		
Interpretation of Humerus, Minimum 2 Views		73060-26	0.16	0.07	0.01	$70.86	$16.61	$20.80	$4.19		
		73060-TC	0.00	0.60	0.01	$70.86	$43.24	$31.20	($12.04)		
Elbow, AP & Lateral		73070	0.15	0.59	0.02	$70.86	$53.41	$47.00	($6.41)		
Interpretation of Elbow, AP & Lateral		73070-26	0.15	0.07	0.01	$70.86	$15.90	$18.80	$2.90		
		73070-TC	0.00	0.52	0.01	$70.86	$37.51	$28.20	($9.31)		
Elbow, Complete, Minimum 3 Views		73080	0.17	0.65	0.02	$70.86	$59.12	$58.75	($0.37)		
Interpretation of Elbow, Complete, Minimum 3 Views		73080-26	0.17	0.07	0.01	$70.86	$17.32	$23.50	$6.18		
		73080-TC	0.00	0.58	0.01	$70.86	$41.81	$35.25	($6.56)		
Forearm, AP & Lateral		73090	0.16	0.61	0.02	$70.86	$55.55	$49.50	($6.05)		
Interpretation of Forearm, AP & Lateral		73090-26	0.16	0.07	0.01	$70.86	$16.61	$19.80	$3.19		
		73090-TC	0.00	0.54	0.01	$70.86	$38.94	$29.70	($9.24)		
Wrist, AP & Lateral		73100	0.16	0.72	0.02	$70.86	$63.43	$57.50	($5.93)		
Interpretation of Wrist, AP & Lateral		73100-26	0.16	0.07	0.01	$70.86	$16.61	$16.50	($0.11)		
		73100-TC	0.00	0.65	0.01	$70.86	$46.82	$41.00	($5.82)		
Wrist, Complete, Minimum 3 Views		73110	0.17	0.84	0.02	$70.86	$72.74	$67.00	($5.74)		
Interpretation of Wrist, Complete, Minimum 3 Views		73110-26	0.17	0.07	0.01	$70.86	$17.32	$21.20	$3.88		
		73110-TC	0.00	0.77	0.01	$70.86	$55.42	$45.80	($9.62)		
Hand, 2 Views		73120	0.16	0.64	0.02	$70.86	$57.70	$57.70	$0.00		
Interpretation of Hand, 2 Views		73120-26	0.16	0.07	0.01	$70.86	$16.61	$19.08	$2.47		
		73120-TC	0.00	0.57	0.01	$70.86	$41.09	$38.62	($2.47)		
Hand, Minimum 3 Views		73130	0.17	0.75	0.02	$70.86	$66.29	$62.50	($3.79)		
Interpretation of Hand, Minimum 3 Views		73130-26	0.17	0.07	0.01	$70.86	$17.32	$21.00	$3.68		
		73130-TC	0.00	0.68	0.01	$70.86	$48.97	$41.50	($7.47)		
Finger(s), Minimum 2 Views		73140	0.13	0.80	0.02	$70.86	$67.04	$62.00	($5.04)		
Interpretation of Finger(s), Minimum 2 Views		73140-26	0.13	0.06	0.01	$70.86	$13.77	$16.80	$3.03		
		73140-TC	0.00	0.74	0.01	$70.86	$53.27	$45.20	($8.07)		
Hip, Unilateral 1 View		73501	0.18	0.67	0.02	$70.86	$61.27	$58.00	($3.27)		
Interpretation of Hip, Unilateral 1 View		73501-26	0.18	0.08	0.01	$70.86	$18.74	$18.80	$0.06		
		73501-TC	0.00	0.59	0.01	$70.86	$42.52	$39.20	($3.32)		
Hip, Complete, Minimum 2 Views (AP Pelvis & Lat of affected hip)		73502	0.22	0.97	0.02	$70.86	$85.59	$80.00	($5.59)		
Interpretation of Hip, Complete, Minimum 2 Views		73502-26	0.22	0.09	0.01	$70.86	$22.29	$26.20	$3.91		
		73502-TC	0.00	0.88	0.01	$70.86	$63.30	$53.80	($9.50)		
Hips, Bilateral, Minimum 2 Views Each Hip, Including AP Pelvis		73521	0.22	0.84	0.02	$70.86	$76.28	$100.00	$23.72		
Interpretation of Hips, B/L, Minimum 2 Views Each Including AP Pelvis		73521-26	0.22	0.09	0.01	$70.86	$22.29	$40.00	$17.71		
		73521-TC	0.00	0.75	0.01	$70.86	$53.99	$60.00	$6.01		
Femur, AP & Lateral		73551	0.16	0.62	0.02	$70.86	$56.27	$56.70	$0.43		
Interpretation of Femur, AP & Lateral		73551-26	0.16	0.07	0.01	$70.86	$16.61	$22.68	$6.07		
		73551-TC	0.00	0.55	0.01	$70.86	$39.66	$34.02	($5.64)		
Knee, AP & Lateral		73560	0.16	0.73	0.02	$70.86	$64.15	$64.00	($0.15)		
Interpretation of Knee, AP & Lateral		73560-26	0.16	0.07	0.01	$70.86	$16.61	$22.00	$5.39		

Dept. of Labor - Worker's Compensation Fee Reference Schedule - Lab Tests and X-rays

	DDS Code	CPT Codes	Work Expense	Practice Expense	Mal Practice	Conversion Factor	2021 Dept. of Labor Fee for MN or Federal	Our Current fee schedule	New DOL - Ours	Comments	Annual total over/under DOL-WC
		73560-TC	0.00	0.66	0.01	$70.86	$47.54	$42.00	($5.54)		
Knee, AP/Lat/Oblique, Minimum 3 Views		73562	0.18	0.85	0.02	$70.86	$74.16	$74.00	($0.16)		
Interpretation of Knee, AP/Lat/Oblique, Minimum 3 Views		73562-26	0.18	0.08	0.01	$70.86	$18.74	$24.40	$5.66		
		73562-TC	0.00	0.77	0.01	$70.86	$55.42	$49.60	($5.82)		
Knee, Complete, Incl. Oblique and/or Tunnel and/or Patellar and/or Standing Views		73564	0.22	0.93	0.02	$70.86	$82.73	$82.00	($0.73)		
Interpretation of Knee, Compelte, Incl. Oblique and/or Tunnel and/or Patellar and/or Standing Views		73564-26	0.22	0.09	0.01	$70.86	$22.29	$30.00	$7.71		
		73564-TC	0.00	0.84	0.01	$70.86	$60.43	$52.00	($8.43)		
Tibia & Fibula, AP & Lateral		73590	0.16	0.65	0.02	$70.86	$58.42	$52.00	($6.42)		
Interpretation of Tibia & Fibula, AP & Lateral		73590-26	0.16	0.06	0.01	$70.86	$15.89	$20.80	$4.91		
		73590-TC	0.00	0.59	0.01	$70.86	$42.52	$31.20	($11.32)		
Ankle, AP & Lateral		73600	0.16	0.69	0.02	$70.86	$61.28	$58.00	($3.28)		
Interpretation of Ankle, AP & Lateral		73600-26	0.16	0.07	0.01	$70.86	$16.61	$18.00	$1.39		
		73600-TC	0.00	0.62	0.01	$70.86	$44.67	$40.00	($4.67)		
Ankle, Complete, Minimum 3 Views, Standing		73610	0.17	0.75	0.02	$70.86	$66.29	$64.00	($2.29)		
Interpretation of Ankle, Complete, Minimum 3 Views, Standing		73610-26	0.17	0.07	0.01	$70.86	$17.32	$21.60	$4.28		
		73610-TC	0.00	0.68	0.01	$70.86	$48.97	$42.40	($6.57)		
Foot, AP & Lateral		73620	0.16	0.58	0.02	$70.86	$53.40	$50.00	($3.40)		
Interpretation of Foot, AP & Lateral		73620-26	0.16	0.05	0.01	$70.86	$15.18	$18.80	$3.62		
		73620-TC	0.00	0.53	0.01	$70.86	$38.23	$31.20	($7.03)		
Foot, Complete, Minimum 3 Views		73630	0.17	0.69	0.02	$70.86	$61.99	$60.00	($1.99)		
Interpretation of Foot, Complete, Minimum 3 Views		73630-26	0.17	0.06	0.01	$70.86	$16.60	$22.40	$5.80		
		73630-TC	0.00	0.63	0.01	$70.86	$45.39	$37.60	($7.79)		
Toe or Toes, Minimum 2 Views		73660	0.13	0.66	0.02	$70.86	$57.01	$48.00	($9.01)		
Interpretation of Toe or Toes, Minimum 2 Views		73660-26	0.13	0.05	0.01	$70.86	$13.05	$17.30	$4.25		
		73660-TC	0.00	0.61	0.01	$70.86	$43.96	$30.70	($13.26)		
Bone Age Studies		77072	0.19	0.47	0.02	$70.86	$47.65	$47.00	($0.65)		
Interpretaion of Bone Age Studies		77072-26	0.19	0.07	0.01	$70.86	$18.73	$18.50	($0.23)		
		77072-TC	0.00	0.40	0.01	$70.86	$28.91	$28.50	($0.41)		

X status on MN Fee schedule indicates a code that is unique to the federal Medicare fee schedule. If the service is compensable for workers' compensation under Minnesota Statutes, section 176.135, the maximum fee for the service is governed by part 5221.0500, subpart 2, items B to F, and Minnesota Statutes, section 176.136, subdivision 1b, if the code has no positive RVUs. If positive RVUs are listed, the maximum fee for the service is the amount established according to the formula in subpart 1b. (Rate payable at 85% of a customary example; in this case M-Health Fairview system, except CPT codes 92531, 92532, and 92534, which are based on rates from Open Cities Health Center.)

Exam Type	DDS CPT	DDS Code	CPT Codes	Description	Work Expense	Practice Expense	Mal Practice	Conversion Factor	2018 Dept. of Labor Fee Non-Metro (PE 1.016)	Our Current fee schedule	New DOL - Ours
Medical Exam			99204	Office consultation for new patient - detailed	2.43	1.98	0.22	48.52	$ 218.89	$ 200.00	$ (18.89)
Ophthalmological Exam			92004	Ophthalmological services; medical examination and evaluation; comprehensive, new patient	1.82	2.31	0.07	48.52	$ 202.85	$ 250.00	$ 47.15
Psych Exam			90791	Psychiatric diagnostic interview exam	3.00	0.57	0.11	48.52	$ 175.45	$ 200.00	$ 24.55
Speech/Language Evaluation			92523	Evaluation of speech, language, voice, communication, and/or auditory processing	3.00	2.43	0.12	48.52	$ 266.87	$ 200.00	$ (66.87)

Dept. Of Labor Worker's Compensation Fee Reference Schedule - Wisconsin Geographic Variances

Minnesota Variances- 2020 (based on 55101 zip code)

Work geographic practice cost index value (Wgpci)	Practice expense geographic practice cost index value (pegpci)	Mal-practice geographic practice cost index value (mpgpci)
1.000	1.011	0.362

Resources for Fee Schedule Completion

1. US Dept of Labor - (OWCP) - Medical Fee Schedules.

- View CPT, HCPS, ADA, & OWCP Codes with RVU & Conversion Factors

- WIGV Values Use Graphic Practice Cost Indices by Zip Codes

2. MN Dept of Labor - Work Comp Medical Fee Schedules

- View Resource-based relative value fee schedule (RBRVS) professional services

3. Fairview Hospital Pricing

- View hospital costs for example-based fees not covered by DOL fee schedules