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As a general rule CPT codes are used to identify medical procedures. There are two exceptions to this rule. First, Medi-Cal codes are used when no CPT code has been established for the procedure. Second, the medical examination codes were established prior to 1974 using the old Relative Value Scales (RVS) in place in California at that time. Since that time, numerous usage and financial reports have been programmed using the old RVS codes. Going back and re-programming all these reports would require extensive staff programming time. In lieu of the extreme disruption and additional cost this would require, DDSD has identified the appropriate cross-over code in the CPT handbook in the list below. The cross-over or corresponding CPT code was selected because it best met or was most consistent with program requirements.

RVS code 90620 corresponds to CPT code 99203.
RVS code 90630 corresponds to CPT code 99204 (this is our primary use code).

The 99204 code was selected because it required medical decision-making from a moderate to complex level. A review of examples falling into this category were most consistent with the type of medical conditions DDSD sees in disability applications. Appendix C of the CPT handbook shows clinical examples of medical conditions. Additionally, a “Medical Procedures Fee Schedule Workgroup” conducted by SSA found that CPT codes 99203, 99204, 99243, and 99244 were all acceptable for use by state DDSs. Although the 99204 recommended 45 minutes of physician time, we believe that the 10 to 15 minutes for history taking, 20 minutes of examining time, and 20-30 minutes for report writing amply exceeds the 45 minutes associated or suggested for this code. During the 2002 National Professional Relations Officer conference in San Francisco, SSA recommended CPT code 99204 as a basis for DDS use.

FEE CODE	AMOUNT	DESCRIPTION
A0022		Outpatient Fee Paid Once Only on Lab or X-ray Contract
CEOVER		Physician Overnight Lodging - Submit a Copy of the Bill (Reimbursement Cannot Exceed $84 per Night)
TRV	$200.00	Travel Reimbursement
X4320		Unlisted Speech-Language Services Including Comprehensive Written Report
X4330	$45.00	Visual Reinforcement Audiometry (VRA)
X4335	$45.00	Conditioned Play Audiometry (CPA)
X4340	$45.00	Tangible Reinforced Operant Conditioning (TROCA)
X4345	$45.00	Visually Reinforced Operant Conditioning (VROCA)
X4350	$120.00	Hearing in Noise Test (HINT)
X4355	$120.00	Hearing in Noise Test - Child (HINT-C)
X4500	$80.00	Diagnostic Audiological Evaluation (Testing Only)
X4501	$36.00	Pure Tone Audiometry with Complete Audiogram
X4506	$90.00	Pediatric Audiological Evaluation, Ages 0-7
X4520	$161.00	Visually Evoked Potential Response with Medical Diagnostic Evaluation
X4530	$34.00	Impedance Audiometry (Bilateral)
X4538	$16.00	Impedance Audiometry (Unilateral)
X4540	$23.00	Tympanometry Hearing Test
X4544	$95.00	Diagnostic Audiological Evaluation - Severely Handicapped or Retarded

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FEE CODE	AMOUNT	DESCRIPTION
0022	$22.00	Hospital Outpatient Services (Use of Examining Room)
2999BD	$20.00	Beck Depression Inventory - Test Administering, Scoring and Written Report
2999BDI	$50.00	Battelle Development Inventory - Test Administering, Scoring and Written Report
2999BD2	$20.00	Beck Depression Inventory, 2nd Edition - Test Administering, Scoring and Written Report
2999BIS2	$70.00	Bayley Scale of Infant Development, 2nd Edition -Test Administering, Scoring and Written Report
2999BIS3	$80.00	Bayley Scale of Infant and Toddler Development, 3rd Editition -Test Administering, Scoring and Written Report
2999BIS4	$80.00	Bayley Scale of Infant and Toddler Development, 4th Editition -Test Administering, Scoring and Written Report
2999BR		Miscellaneous Unlisted Psychological Test
2999CARS	$44.00	Childhood Autism Rating Scale - Test Administering, Scoring and Written Report
2999CAR2	$44.00	Childhood Autism Rating Scale, 2nd Edition - Test Administering, Scoring and Written Report
2999CII	$44.00	Cattel Infant Intelligence Scale - Test Administering, Scoring and Written Report
2999CMM	$34.00	Columbia Mental Maturity Scale - Test Administering, Scoring and Written Report
2999CMS	$39.00	Children's Memory Scale (CMS) - Test Administering, Scoring and Written Report
2999CTMT	$16.00	Comprehensive Trail Making Test - Test Administering, Scoring and Written Report
2999CTON	$66.00	Comprehensive Test of Nonverbal Intelligence (CTONI) - Test Administering, Scoring and Written Report
2999CTO2	$89.00	Comprehensive Test of Nonverbal Intelligence, 2nd Edition (CTONI-2) - Test Administering, Scoring and Written Report
2999DAS	$130.00	Differential Abilities Scale - Test Administering, Scoring and Written Report
2999DDS	$44.00	Denver Developmental Screening Test - Test Administering, Scoring and Written Report
2999DDS2	$44.00	Denver Developmental Screening Test, 2nd Edition - Test Administering, Scoring and Written Report
2999DP	$46.00	Developmental Profile, 2nd Edition - Test Administering, Scoring and Written Report
2999DP3	$46.00	Developmental Profile, 3rd Edition - Test Administering, Scoring and Written Report
2999EXP		Expert Testimony at Hearing - Psychologist Number of Hours: _____ Min: _____
2999FTT	$15.00	Finger Tapping Test
2999GDS	$44.00	Gesell Developmental Schedules - Test Administering, Scoring and Written Report
2999HCT	$60.00	Halstead-Reitan Category Test
2999HR	$285.00	Halstead-Reitan Neuropsychological Battery - Test Administering, Scoring and Written Report
2999J	$24.00	Jordan Left-Right Reversal Test
2999KA	$80.00	Kaufman Adolescent and Adult Intelligence, Extended - Test Administering, Scoring and Written Report
2999KAB	$75.00	Kaufman Assessment Battery for Children - Test Administering, Scoring and Written Report
2999L-R	$85.00	Leiter International Performance Scale, Revised - Test Administering, Scoring and Written Report
2999LDE	$30.00	Lateral Dominance Examination
2999LN	$225.00	Luria-Nebraska Neuropsychological Battery - Test Administering, Scoring and Written Report
2999MACH	$12.00	Machover Draw-A-Person - Test Administering, Scoring and Written Report

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2999MD	$10.00	Memory For Design - Test Administering, Scoring and Written Report
2999MMT	$8.00	Minnesota Rate of Manipulation Test - Test Administering, Scoring and Written Report
2999MS		Mental Status Exam - Partial Hour ($7.30/15 min) Number of minutes: _____
2999MVP	$18.00	Motor-Free Visual Perception Test, Revised
2999PART		Partial Hour ($7.30/15 min) Number of minutes_____
2999PEA	$8.00	Peabody Picture Vocabulary - Test Administering, Scoring and Written Report
2999PEA3	$15.00	Peabody Picture Vocabulary Test, 3rd Edition - Test Administering, Scoring and Written Report
2999PP	$8.00	Purdue Pegboard - Test Administering, Scoring and Written Report
2999PSY	$95.00	Complete Psychological Evaluation - History, Mental Status, and Report
2999PSYC	$129.00	Complete Mental Evaluation by Psychologist (Akin to a Psychiatric Evaluation), No Testing
2999QN	$24.00	Quick Neurological Screening Test, 2nd Edition
2999ROR	$54.00	Rorschach - Test Administering, Scoring and Written Report
2999RV	$57.00	Raven Progressive Matrices - Test Administering, Scoring and Written Report
2999SB-5	$72.00	Stanford-Binet Intelligence Scale, 5th Edition - Test Administering, Scoring and Written Report
2999SBS	$34.00	Stanford-Binet Scale - Test Administering, Scoring and Written Report
2999SB4	$72.00	Stanford-Binet Intelligence Scale, 4th Edition - Test Administering, Scoring and Written Report
2999SP	$80.00	Special Study Only - Independent Living Project
2999SPE	$30.00	Sensory Perception Examination
2999SPT	$30.00	Speech-Sounds Perception Test
2999SRT	$15.00	Seashore Rhythm Test
2999SW		Social Services Evaluation - Social History, Functioning, and Activities
2999TAT	$54.00	Thematic Apperception Test (TAT) - Test Administering, Scoring and Written Report
2999TON3	$29.00	Test of Nonverbal Intelligence, 3rd Edition (TONI-3) - Test Administering, Scoring and Written Report
2999TON4	$35.00	Test of Nonverbal Intelligence, 4th Edition (TONI-4) - Test Administering, Scoring and Written Report
2999TPT	$60.00	Tactual Performance Test
2999TT	$15.00	Trails A-Trails B - Test Administering, Scoring and Written Report
2999UN1	$25.00	Universal Nonverbal Intelligence Test (UNIT), Abbreviated Battery
2999UN2	$45.00	Universal Nonverbal Intellligence Test (UNIT-2), Standard Battery
2999UN3	$65.00	Universal Nonverbal Intelligence Test (UNIT-3), Extended Battery
2999VABS	$83.00	Vineland Adaptive Behavior Scale (VABS) - Test Administering, Scoring and Written Report
2999VAB2	$83.00	Vineland Adaptive Behavior Scale, 2nd Edition (VABS-2) - Test Administering, Scoring and Written Report
2999VAB3	$83.00	Vineland Adaptive Behavior Scale, 3rdd Edition (VABS-3) - Test Administering, Scoring and Written Report
2999VMI	$30.00	Developmental Test of Visual-Motor Integration, 4th Edition

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FEE CODE	AMOUNT	DESCRIPTION
2999WAIS	$50.00	Wechsler Adult Intelligence Scale, Revised (WAIS-R) - Test Administering, Scoring and Written Report
2999WA3	$83.00	Wechsler Adult Intelligence Scale, 3rd Edition (WAIS-3) - Test Administering, Scoring and Written Report
2999WA4	$105.00	Wechsler Adult Intelligence Scale, 4th Edition (WAIS-4) - Test Administering, Scoring and Written Report
2999WCS	$40.00	Wisconsin Card Sorting Test - Test Administering, Scoring and Written Report
2999WI-4	$110.00	Wechsler Intelligence Scale Child, 4th Edition (WISC-4) - Test Administering, Scoring and Written Report
2999WI4S	$110.00	Wechsler Intelligence Scale Child, 4th Edition, Spanish (WISC-4SP) - Test Administering, Scoring and Written Report
2999WISC	$50.00	Wechsler Intelligence Scale Child, Revised (WISC-R), Including Sub-Test Scores - Test Administering, Scoring and Written Report
2999WIS3	$83.00	Wechsler Intelligence Scale Child, 3rd Edition (WISC-3) - Test Administering, Scoring and Written Report
2999WIS5	$110.00	Wechsler Intelligence Scale Child, 5th Edition (WISC-5) - Test Administering, Scoring and Written Report
2999WMR	$42.00	Wechsler Memory, Revised (WM-R) - Test Administering, Scoring and Written Report
2999WM3	$46.00	Wechsler Memory, 3rd Edition (WM-3) - Test Administering, Scoring and Written Report
2999WM4	$75.00	Wechsler Memory, 4th Edition (WM-4) - Test Administering, Scoring and Written Report
2999WPP	$54.00	Wechsler Preschool Primary Scale of Intelligence (WPPSI) - Test Administering, Scoring and Written Report
2999WPPR	$75.00	Wechsler Preschool and Primary Scale of Intelligence, Revised (WPPSI-R) - Test Administering, Scoring and Written Report
2999WPP3	$75.00	Wechsler Preschool and Primary Scale of Intelligence, 3rd Edition (WPPSI-3) - Test Administering, Scoring and Written Report
2999WPP4	$75.00	Wechsler Preschool and Primary Scale of Intelligence, 4th Edition (WPPSI-4) - Test Administering, Scoring and Written Report
2999WRAM	$45.00	Wide Range Assessment of Memory and Learning (WRAML) - Test Administering, Scoring and Written Report
2999WRAR	$17.00	Wide Range Achievement Test, Revised (WRAT-R) - Test Administering, Scoring and Written Report
2999WRA3	$30.00	Wide Range Achievement Test, 3rd Edition (WRAT-3) - Test Administering, Scoring and Written Report
2999WRA4	$40.00	Wide Range Achievement Test, 4th Edition (WRAT-4) - Test Administering, Scoring and Written Report
2999WRA5	$40.00	Wide Range Achievement Test, 5th Edition (WRAT-5) - Test Administering, Scoring and Written Report
2999WRML	$70.00	Wide Range Assessment of Memory and Learning, 2nd Edition (WRAML-2) - Test Administering, Scoring and Written Report
69210	$35.00	Cerumen (Earwax) Removal
70250	$37.00	Skull, Limited
70260	$74.00	Skull, Complete
70360	$25.00	Neck for Soft Tissues
71020	$37.00	Chest, Two Views, Anteroposterior and Lateral (A/P and L)
71100	$44.00	Ribs, Unilateral
72040	$37.00	Spine, Cervical, Anteroposterior and Lateral (A/P and L)
72050	$61.00	Spine, Cervical, Complete
72052	$81.00	Spine, Cervical, Including Flexion and Extension
72070	$43.00	Spine, Thoracic, Anteroposterior and Lateral (A/P and L)
72080	$43.00	Spine, Thoracolumbar, Anteroposterior and Lateral (A/P and L)

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FEE CODE	AMOUNT	DESCRIPTION
72100	$43.00	Spine, Lumbar, Limited, Anteroposterior and Lateral (A/P & L)
72110	$80.00	Spine, Lumbosacral, Complete, with Obliques
72114	$99.00	Spine, Lumbosacral, Including Bending Views
72120	$49.00	Spine, Lumbosacral, Bending View Only
72170	$30.00	Pelvis, Limited, Anteroposterior and Lateral (A/P & L)
72190	$49.00	Pelvis, Complete
73000	$30.00	Clavicle, Most Affected
73000L	$30.00	Clavicle, Left
73000R	$30.00	Clavicle, Right
73010	$38.00	Scapula, Most Affected
73020	$25.00	Shoulder, Limited, Most Affected
73020L	$25.00	Shoulder, Left, Limited
73020R	$25.00	Shoulder, Right, Limited
73030	$38.00	Shoulder, Complete, Most Affected
73030L	$38.00	Shoulder, Left, Complete
73030R	$38.00	Shoulder, Right, Complete
73060	$30.00	Humerus, Most Affected, Including One Joint
73060L	$30.00	Humerus, Left, Including One Joint
73060R	$30.00	Humerus, Right, Including One Joint
73070	$30.00	Elbow, Limited, Most Affected
73070L	$30.00	Elbow, Left, Limited
73070R	$30.00	Elbow, Right, Limited
73080	$38.00	Elbow, Complete, Most Affected
73080L	$38.00	Elbow, Left, Complete
73080R	$38.00	Elbow, Right, Complete
73090	$30.00	Forearm, Most Affected, Including One Joint
73090L	$30.00	Forearm, Left, Including One Joint
73090R	$30.00	Forearm, Right, Including One Joint
73100	$25.00	Wrist, Limited, Most Affected
73100L	$25.00	Wrist, Left, Limited
73100R	$25.00	Wrist, Right, Limited
73110	$38.00	Wrist, Complete, Most Affected
73110L	$38.00	Wrist, Left, Complete

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FEE CODE	AMOUNT	DESCRIPTION
73110R	$38.00	Wrist, Right, Complete
73120	$25.00	Hand, Limited, Most Affected
73120L	$25.00	Hand, Left, Limited
73120R	$25.00	Hand, Right, Limited
73130	$38.00	Hand, Complete, Most Affected
73130L	$38.00	Hand, Left, Complete
73130R	$38.00	Hand, Right, Complete
73140	$23.00	Finger(s), Most Affected
73501	$30.00	Hip (Unilateral), Limited, Most Affected
73501L	$30.00	Hip (Unilateral), Left, Limited
73501R	$30.00	Hip (Unilateral), Right, Limited
73502	$43.00	Hip (Unilateral), Complete, Most Affected
73502L	$43.00	Hip (Unilateral), Left, Complete
73502R	$43.00	Hip (Unilateral), Right, Complete
73522	$59.00	Hip (Bilateral), Complete, Including Anteroposterior (A/P) of Pelvis
73521	$39.00	Hip (Bilateral), Limited (e. g. Infant Anteroposterior (A/P) and "Frog" Lateral)
73552	$38.00	Femur (Thigh), Most Affected, Including One Joint
73552L	$38.00	Femur (Thigh), Left, Including One Joint
73552R	$38.00	Femur (Thigh), Right, Including One Joint
73560	$28.00	Knee, Limited, Most Affected
73560L	$28.00	Knee, Left, Limited
73560R	$28.00	Knee, Right, Limited
73564	$39.00	Knee, Complete, Most Affected
73564L	$39.00	Knee, Left, Complete
73564R	$39.00	Knee, Right, Complete
73590	$30.00	Tibia and Fibula (Leg), Most Affected, Including One Joint
73590L	$30.00	Tibia and Fibula (Leg), Left, Including One Joint
73590R	$30.00	Tibia and Fibula (Leg), Right, Including One Joint
73600	$28.00	Ankle, Limited, Most Affected
73600L	$28.00	Ankle, Left, Limited
73600R	$28.00	Ankle, Right, Limited
73610	$38.00	Ankle, Complete, Most Affected
73610L	$38.00	Ankle, Left, Complete

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FEE CODE	AMOUNT	DESCRIPTION
73610R	$38.00	Ankle, Right, Complete
73620	$25.00	Foot, Limited, Most Affected
73620L	$25.00	Foot, Left, Limited
73620R	$25.00	Foot, Right, Limited
73630	$35.00	Foot, Complete, Most Affected
73630L	$35.00	Foot, Left, Complete
73630R	$35.00	Foot, Right, Complete
73650	$28.00	Os Calcis (Heel), Most Affected
73650L	$28.00	Os Calcis (Heel), Left
73650R	$28.00	Os Calcis (Heel), Right
73660	$23.00	Toe(s), Most Affected
74000	$25.00	Abdomen, Single View (KUB)
74020	$49.00	Abdomen, Complete, Including Decubitus and/or Erect View
74240	$90.00	Upper Gastrointestinal Tract, with or without Delayed Films (without KUB)
74241	$73.00	Upper Gastrointestinal Tract, with or without Delayed Films (with KUB)
76499		Unlisted Radiology Procedure(s)
76999		Unlisted Ultrasound Procedure(s)
77072	$23.00	Bone Age Studies
78461	$172.00	Thallium Exercise Treadmill (if not Contraindicated) with Monitoring, Report, Tracings
78472	$183.00	Myocardial Perfusion or Radionuclide Ventriculograms (RVG or MUGA)
80053	$20.00	Comprehensive Metabolic Panel, Multi-channel Panel, 12 tests
80072	$36.00	Arthritis Panel (Uric Acid, Sedation Rate, Fluorescent Antibody, Rheumatoid Factor)
80076	$20.00	Hepatic Function Panel (Albumin, Bilirubin, Phosphatase (Alkaline), Transferase (ALT)(SGPT), Transferase (AST)(SGOT))
80102	$19.00	Drug, Confirmation (Each Procedure)
80150	$21.00	Amikacin
80152	$25.00	Assay of Amitriptyline
80158	$25.00	Assay of Cyclosporine
80160	$25.00	Assay of Desipramine
80162	$19.00	Assay of Digoxin
80166	$19.00	Assay of Doxepin
80170	$23.00	Assay of Gentamicin
80172	$23.00	Assay of Gold
80174	$23.00	Assay of Imipramine

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FEE CODE	AMOUNT	DESCRIPTION
80176	$21.00	Assay of Lidocaine
80178	$10.00	Assay of Lithium
80182	$19.00	Assay of Nortriptyline
80190	$24.00	Assay of Procainamide
80194	$21.00	Assay of Quinidine
80196	$10.00	Assay of Salicylate
80197	$19.00	Assay of Tacrolimus
80198	$20.00	Assay of Theophylline
80200	$23.00	Assay of Tobramycin
80201	$34.00	Topiramate (Topamax)
80202	$19.00	Assay of Vancomycin
80299	$19.00	Quantitation of Drug, Not Elsewhere Specified
81000	$5.00	Urinalysis, Complete Chemical and Microscopic
82040	$5.00	Albumin, Serum
82150	$10.00	Amylase, Blood
82247	$5.00	Bilirubin, Total
82374	$5.00	Carbon Dioxide Content
82375	$18.00	Carbon Monoxide, Quantitative
82565	$5.00	Creatinine
82575	$12.00	Creatinine, Clearance
82803	$27.00	Arterial Blood Gases (PH, PCO2, P02 Simultaneous), Including O2 Saturation, Calculated
82805	$40.00	Arterial Blood Gases (PH, PCO2, P02 Simultaneous), Including O2 Saturation by Direct Measurement
82810	$12.00	Oxygen Saturation 02 (if not Included in 82803)
82947	$5.00	Glucose (Sugar)
82951	$19.00	Glucose Tolerance, Three Specimens
82952	$5.00	Gamma-glutamyltransferase (GTT), Each Additional Specimen
83020	$19.00	Hemoglobin, Electrophoresis
83840	$23.00	Assay of Methadone
84060	$8.00	Phosphatase, Acid
84075	$7.00	Phosphatase, Alkaline
84100	$5.00	Phosphorus, Blood
84132	$5.00	Potassium
84155	$5.00	Protein, Total, Serum, Chemical

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84436	$11.00	Thyroxine (T-4) by Column
84442	$23.00	Index (Includes Thyroxine by Column and T-3, or T-4 Uptake)
84443	$24.00	Thyroid Stimulating Hormone (TSH)
84450	$6.00	Transaminase (AST), Glutamic Oxaloacetic (SGOT)
84460	$6.00	Transaminase (ALT), Glutamic Pyruvic (SGPT)
84479	$8.00	Resin Uptake, Triiodothyronine (T-3) or Thyroxine (T-4)
84480	$38.00	Triiodothyronine (True T-3), RIA
84520	$5.00	Urea Nitrogen (BUN)
84550	$5.00	Uric Acid, Chemical
84999		Unlisted Chemistry or Toxicology Procedure(s)
85014	$3.00	Hematocrit
85018	$3.00	Blood Count, Hemogobin, Calorimetric
85027	$8.00	Complete Blood Count (CBC)
85041	$4.00	Red Blood Count (RBC)
85048	$3.00	White Blood Count (WBC)
85610	$5.00	Prothrombin Time
85651	$5.00	Sedimentation Rate (ESR)
86256	$18.00	Anti-Nuclear Antibody, Titer
86359	$55.00	T-Cell (CD3) Total Count
86360	$58.00	T-Cell (CD4) Absolute Count with Ratio
86361	$51.00	T-Cell (CD4) Absolute Count
86430	$8.00	Rheumatoid Factor
89240		Unlisted Pathology Test(s)
90080	$48.00	Follow-up Visit
90620GM	$116.00	General Medical - Complete Examination (History, Exam and Written Report)
90620LO	$116.00	Orthopedic - Specific Examination (History, Exam and Written Report)
90620URO	$74.00	Urological - Complete Examination (History, Exam and Written Report)
90630ALL	$162.00	Allergology - Complete Examination (History, Exam and Written Report)
90630AUD	$138.00	Otological - Complete Examination by Licensed Audiologist (History, Exam and Written Report
90630CAR	$162.00	Cardiology - Complete Examination (History, Exam and Written Report)
90630DER	$162.00	Dermatology - Complete Examination (History, Exam and Written Report)
90630END	$162.00	Endocrinology- Complete Examination (History, Exam and Written Report)
90630FP	$162.00	Family Practice - Complete Examination (History, Exam and Written Report)

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90630GAS	$117.00	Gastroenterology - Complete Examination (History, Exam and Written Report)
90630HEM	$117.00	Hematology - Complete Examination (History, Exam and Written Report)
90630INT	$162.00	Internal - Complete Examination (History, Exam and Written Report)
90630N/P	$196.00	Neurological (Complete Examination) with Psychiatric (Limited Examination) - (History, Exam and Written Report)
90630NEP	$162.00	Nephrological- Complete Examination (History, Exam and Written Report)
90630NEU	$162.00	Neurological - Complete Examination (History, Exam and Written Report)
90630ONC	$117.00	Oncological - Complete Examination (History, Exam and Written Report)
90630OPH	$138.00	Ophthalmological - Complete Examination (History, Exam and Written Report)
90630OPT	$138.00	Optometric - Complete Examination (History, Exam and Written Report)
90630ORT	$162.00	Orthopedic - Complete Examination (History, Exam and Written Report)
90630OTO	$162.00	Otolaryngological - Complete Examination (History, Exam and Written Report)
90630P/N	$196.00	Psychiatric (Complete Examination) with Neurological (Limited Examination) - (History, Exam and Written Report)
90630PED	$162.00	Pediatric - Complete Examination (History, Exam and Written Report)
90630PM	$162.00	Physical Medicine - Complete Examination (History, Exam and Written Report)
90630PSY	$162.00	Psychiatric - Complete Examination (History, Exam and Written Report)
90630PUL	$162.00	Pulmonological - Complete Examination (History, Exam and Written Report)
90630RHE	$162.00	Rheumatology - Complete Examination (History, Exam and Written Report)
90630SUR	$117.00	Surgery - Complete Examination (History, Exam and Written Report)
90630TPC	$162.00	Treating Physician - Complete Examination (History, Exam and Written Report)
90630TPF	$58.00	Treating Physician - Follow Up Visit
90630UME		Unlisted Medical Examinations (History, Exam and Written Report)
90630URO	$117.00	Urological - Complete Examination (History, Exam and Written Report)
92083	$58.00	Ophthalmology - Visual Field Exam - Perimetric Method (Goldmann Fields)
92083KP	$58.00	Ophthalmology - Visual Field Exam - SSA Test Kinetic
92083SP	$58.00	Ophthalmology - Visual Field Exam - Humphrey Field Analyzer 30-2
92275	$106.00	Electroretinography with Interpretation and Report
92499		Unlisted Ophthalmological Test(s)
92523	$214.00	Comprehensive Speech and Language Evaluation Including Written Report
92541	$40.00	Spontaneous Nystagmus Test, Gaze Fixation, with Recording
92542	$35.00	Positional Nystagmus Test, Minimum Four Positions, with Recording
92543	$13.00	Caloric Vestibular Test, Each Irrigation, Four Tests, with Recording
92544	$27.00	Optokinetic Nystagmus Test, with Recording
92545	$24.00	Oscillating Tracking Test, with Recording

California Disability Determination Service Division MIDAS CE Fee Schedule
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FEE CODE	AMOUNT	DESCRIPTION
92547	$23.00	Use of Vertical Electrodes
92557	$44.00	Otolaringology/Otology - Basic Comprehensive Audiometry Examination
92585	$175.00	Auditory Evoked Potentials for Evoked Response Adiometry and/or Testing of the CNS
92587	$65.00	Evoked Otoacoustic Emissions
92589		Unlisted Audiologic Procedure(s)
92591	$30.00	Hearing Aid Evaluation
92610	$81.00	Electronystromography (ENG) - 10 Tests, with Recording
92700		Unlisted ENT Procedure(s)
93000	$25.00	Electrocardiogram (EKG) - Resting, with Tracing, Interpretation, and Report
93005	$16.00	Electrocardiogram (EKG) - Tracing Only, without Interpretation and Report
93010	$12.00	Electrocardiogram (EKG) - Interpretation and Report Only
93015	$131.00	Cardiovascular Treadmill Test, if not Contraindicated, with Tracings, Monitoring, and Report
93021	$41.00	Electrocardiogram (EKG) with Exercise Test, if not Contraindicated, with Tracings, Monitoring, and Report
93224	$150.00	Holter Monitor - 12 through 24 Hours Recording
93270	$108.00	Holter Monitor - Magnetic Tape, up to 12 Hours with Recording, Scan Analysis, Interpretation, and Report
93279X		Unlisted Cardiologic Procedure(s)
93307	$160.00	Echocardiogram (ECHO), Complete, with Image Documentation with/without M-mode Recording without Spectral or Color Doppler
93320	$76.00	Doppler Echocardiography
93325	$76.00	Doppler Color Flow Velocity Mapping
93799		Unlisted Vascular Study Procedure(s)
93922	$106.00	Doppler - Peripheral Arterial Flow Study
93924	$135.00	Exercise Arterial Doppler Study
93925	$106.00	Doppler - Peripheral Arterial Flow Study Resting Toe/Systolic and Brachial Pres
93965	$106.00	Doppler - Peripheral Venous Flow Study
94010	$60.00	Spirometry, Complete, if not Contraindicated with Tracings, without Bronchodilator
94060	$90.00	Spirometry, Complete, if not Contraindicated before/after Bronchodilator, with Tracings
94620	$92.00	6 Minute Walk Test (6MWT)
94621	$124.00	Pulmonary Stress Test/Complex, Including the C02 Production, 02 Uptake, and Recordings
94705	$200.00	Exercise Arterial Blood Gases Study
94729	$40.00	Carbon Monoxide Diffusion Capacity, Any Method
94760	$11.00	Pulse Oximetry for Oxygen Saturation
94799		Unlisted Pulmonary Procedure(s)
95819	$63.00	Electroencephalogram (EEG), Awake

California Disability Determination Service Division MIDAS CE Fee Schedule
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FEE CODE	AMOUNT	DESCRIPTION
95822	$63.00	Electroencephalogram (EEG), Asleep (Natural or Induced) and Activation
95851	$14.00	Range of Motion Measurements and Report - See Below for Extremities to Include
95860	$73.00	Electromyography (EMG) - One Extremity and Related Paraspinal Areas
95861	$108.00	Electromyography (EMG) - Two Extremities and Related Paraspinal Areas
95863	$131.00	Electromyography (EMG) - Three Extremities and Related Paraspinal Areas
95864	$180.00	Electromyography (EMG) - Four Extremities and Related Paraspinal Areas
95900	$29.00	Nerve Conduction, Velocity and/or Latency Study, Motor, Each Nerve
95904	$9.00	Sensory, Each Nerve
95999		Unlisted Neuromuscular Procedure(s)
99EURPHD	$25.00	Eureka PHD Additional Fee
99INTADL	$44.00	Interpreter Serice Required to Complete Claimant's ADL
99INTERP	$72.00	Interpreter Service Flat Fee, Consultative Examination _____
99INTER2		Interpreter Service Associated with Consultative Examination Agreed Price. See Attached Time/Place
99INTER3	$33.00	Claimant Appointment Failure, Consultative Examination
99INTER4	$44.00	Claimant Appointment Failure, Disability Hearing
99INTPDH	$94.00	Interpreter Service Flat Fee, Disability Hearing
99INTSL1	$150.00	American Sign Language Interpretation
99INTSL2		American Sign Language Interpretation Agreed Price
99INTSL3	$80.00	American Sign Language Interpretation, Claimant Appointment Failure
99REMOTE	$25.00	Remote Area Adjustment Fee
99TRANSI		Travel Reimbursement, Private Car $0.24/mile. Miles Traveled:_____
99VOC		Intensive Vocational Evaluation and Report
99008	$8.00	Single Venipuncture or Capillary Puncture
99014	$8.00	Arterial Puncture by Technical Personnel if Not Included in 82803
99030CEM		Vendor Travel Mileage at $0.80/mile, Miles Traveled: _____
99030CET		Vendor Travel, Time Option $11.30/15 min. Cannot exceed 120 minutes Time: _____
99075		Expert Testimony at Hearing - Physicians Number of Hours: _____, Minutes _____
99080BR		Appointment on _____ not Kept. Reports Reviewed. Payment Requested. Y ____ N____
99080DAR	$20.00	Review of Records, ODAR Assistance Request
99080EXP		Expert Testimony for a Hearing Through Interrogatories. Number of Questions: _____
99201MSE	$129.00	Complete Mental Evaluation by Psychologist (Akin to a Psychiatric Evaluation), No Testing, Video CE
99201PSY	$162.00	Psychiatric - Complete Examination (History, Exam and Written Report) Video CE
99499		Unlisted Medical Examination(s)

California Disability Determination Service Division MIDAS MER Fee Schedule
(Revised 06/2020)

MER Fees

MER FEE AMOUNT	DESCRIPTION
$15.00 - $150.00*	Unless a source requests less, $15.00 is the minimum MER payment; $150.00 is the maximum MER Payment Under Special Circumstances (see below)*

*Medical records and other narrative reports from the treating physician or other medical source vary in price up to $150.00 based on the following:
- Content and quality of evidence provided
- Quantity of evidence provided
- Timeliness of the reply

Copy Service Fees

**Copy Service fees are paid by page count up to the maximum of $21.60.
A $5.00 fee may be paid to photocopy companies or other records gathering services if a records search was made and no records could be found. The invoice should indicate that the search for the requested records was made but records did not exist or could not be located. This fee will only be paid if it is requested by a photocopy company. This fee cannot be paid in ADDITION to the maximum allowable rates based on the page count.

COPY SERVICE FEE AMOUNT	DESCRIPTION
$14.05	01-20 Pages
$15.40	21-25 Pages
$16.75	26-30 Pages
$18.10	31-35 Pages
$19.45	36-40 Pages
$20.80	41-45 Pages
$21.60	46 Plus Pages

**The same payment rates above apply to records received on CD from doctors or photocopy companies. However, if the provider requests less, payment will be made at the lessor of the two amounts.