Ohio DDS
Fee Schedule
FY 2021

Medical Evidence of Record

Hospital/Facility Records	$15.00
Physician/Psychologist	$20.00

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Service Description	Ohio Fee
INTERNAL MEDICAL EXAMINATION	$175.00
NEUROLOGICAL EXAMINATION	$175.00
ORTHOPEDIC EXAMINATION	$175.00
PHYSICAL MEDICINE EXAMINATION	$175.00
EARS NOSE AND THROAT EXAMINATION	$220.00
OCCUPATIONAL/PHYSICAL THERAPIST ASSESSMENT	$120.00
PEDIATRIC EXAMINATION	$175.00
OPHTHALMOLOGICAL WITH PERIMETRIC FIELDS	$175.00
LIMITED OPHTHALMOLOGICAL WITHOUT PERIMETRIC FIELDS	$110.00
PERIMETRIC FIELDS - FIELDS ARE TO BE PERFORMED EITHER USING A GOLDMANN PERIMETER WITH A III4E TARGET OR IF THE HUMPHREY FIELD ANALYZER IS USED THE CENTRAL 30-2 FIELD (III4E) AND THE SSA KINETIC MUST BE DONE)	$65.00
HUMPHREY 30-2 FIELDS	$65.00
PERIMETRIC FIELDS - FIELDS ARE TO BE PERFORMED USING A GOLDMANN PERIMETER WITH A III4E TARGET	$65.00
PEDIATRIC OPHTH EXAM (AGE 5/UNDER)WITHOUT PERIMETRIC FIELDS	$110.00
SPEECH EVALUATION	$165.00
SPANISH SPEECH EVALUATION	$225.00
INTELLIGIBILITY ASSESSMENT (LIMITED SPEECH EVAULATION)	$40.00
AUDIOMETRICS	$50.00

SOUND FIELD AIDED PURE TONE AND SPEECH DISCRIMINATION TESTING WITH CLAIMANT'S OWN HEARING AIDES.	$35.00
SPEECH DISCRIMINATION (SOUND FIELDS) WITH LOANER HEARING AIDS	$25.00
HEARING IN NOISE TEST (HINT)	$95.00
ADULT CLINICAL INTERVIEW (AGE: 18 - ABOVE)	$165.00
CHILD - PARENT CLINICAL INTERVIEW (AGE: UNDER 18 ONLY)	$165.00
PSYCHIATRIC EVALUATION (AGE: 18 & ABOVE)	$165.00
BENDER GESTALT II (MEMORY OR BRAIN/ORGANICITY) AGE:4 YRS - ADULT	$50.00
DENVER DEVELOPMENTAL SCREENING TEST - REVISED (W/PEDS)	$50.00
MMPI 2 (PERSONALITY INVENTORY) AGE: 18/OLDER (ADULTS ONLY)	$60.00
NELSON DENNEY - PARAGRAPH COMPREHENSION	$30.00
RORSCHACH TEST	$75.00
STANFORD-BINET 5 (INTELLIGENCE SCALE) AGE: 2 YRS - ADULTS	$80.00
VINELAND II (ADAPTIVE BEHAVIOR SCALE) AGE: BIRTH - 18 YRS	$65.00
WRAT 4 (ACHIEVEMENT & READING TEST) AGE: 5 YRS - ADULT	$67.00
WAIS-IV (INTELLIGENCE SCALE-FOURTH EDITION) AGE: 16 YRS - ADULT	$125.00
WISC-IV (INTELLIGENCE SCALE) AGE: 6 YRS - 16.11 YRS	$125.00
WMS-IV (MEMORY OR BRAIN/ORGANICITY) AGE: 16 YRS - ADULT	$125.00
WPPSI III (INTELLIGENCE SCALE) AGE 2.6 YRS - 7.3 YRS	$80.00
BAYLEY III (INTELLIGENCE SCALE) AGE:1-42MONTHS (W/PSYCH)	$80.00
BECK DEPRESSION INVENTORY - 2	$25.00
CONNERS 3RD EDITION-PARENT (CONNERS 3-P)	$75.00
READING TEST	$30.00

WOODCOCK-JOHNSON TEST OF ACHIEVEMENT- REV.- THIRD EDITION(W-JIII)	$67.00
KAIT: KAUFMAN ADOLESCENT AND ADULT INTELLIGENCE TEST	$80.00
WIAT II- WECHSLER INDIVIDUAL ACHIEVEMENT TEST (SECOND EDITION)	$45.00
ALBUMIN - SERUM	$10.50
ANTI - NUCLEAR ANTIBODIES (ANA TITER)	$32.00
BILIRUBIN - TOTAL	$15.50
COMPLETE BLOOD COUNT WITH DIFFERENTIAL/HEMATOCRIT/HEMOGLOBIN	$17.50
SERUM KEPPRA (LEVETIRACETAM) LEVEL	$50.00
CREATININE - SERUM	$12.50
DEPAKENE LEVEL - SERUM (VALPROIC ACID)	$40.00
DILANTIN LEVEL - SERUM	$35.00
HEMATOCRIT	$8.00
HEMOGLOBIN	$8.00
PROTHROMBIN TIME (INR)	$8.75
RETICULOCYTE COUNT	$8.50
SEDIMENTATION RATE (WESTERGREN OR WINTROBE)	$8.50
COMPREHENSIVE METABOLIC PANEL (FEE NOT TO EXCEED $40.00)(TO INCLUDE AT LEAST SERUM ALBUMIN, SERUM BILIRUBIN, SERUM CREATININE, AND LIVER ENZYMES).	$40.00
T3 THYROID	$34.00
T4 THYROID	$34.00
TSH - THYROID STIMULATING HORMONES	$75.00
CARBAMAZEPINE LEVEL	$40.00
FLAT PLATE ABDOMEN - 1 VIEW	$24.00
ABDOMEN - FLAT INTERP - 1 VIEW	$12.00
FROGLEG LATERAL LT HIP - 1 VIEW	$24.00
FROGLEG LATERAL LT HIP INTERP - 1 VIEW	$13.00
FROGLEG LATERAL RT HIP - 1 VIEW	$24.00

FROGLEG LATERAL RT HIP INTERP - 1 VIEW	$13.00
AP PELVIS - 1 VIEW	$24.00
AP PELVIS INTERP - 1 VIEW	$13.00
PA CHEST FILM - ONE VIEW	$24.00
PA CHEST FILM INTERPRETATION - 1 VIEW	$13.00
AP & LATERAL LT ANKLE - 2 VIEWS	$35.00
AP & LATERAL LT ANKLE INTERP - 2 VIEWS	$18.00
AP & LATERAL RT ANKLE - 2 VIEWS	$35.00
AP & LATERAL RT ANKLE INTERP - 2 VIEWS	$18.00
CHEST X-RAY (PA & L LATERAL WITH CARDIO-THORACIC RATIO) - 2 VIEWS	$35.00
PA & L LATERAL CHEST FILM - 2 VIEWS. PA - LEFT LATERAL CHEST FILM INTERPRETATION	$53.00
CHEST X-RAY (PA & L LATERAL WITH CARDIO-THORACIC RATIO) - 2 VIEWS INTERP	$18.00
AP & LATERAL LT ELBOW - 2 VIEWS	$35.00
AP & LATERAL LT ELBOW INTERP - 2 VIEWS	$18.00
AP & LATERAL RT ELBOW - 2 VIEWS	$35.00
AP & LATERAL RT ELBOW INTERP - 2 VIEWS	$18.00
AP & LATERAL LT FEMUR - 2 VIEWS	$35.00
AP & LATERAL LT FEMUR INTERP - 2 VIEWS	$18.00
AP & LATERAL RT FEMUR - 2 VIEWS	$35.00
AP & LATERAL RT FEMUR INTERP - 2 VIEWS	$18.00
AP & LATERAL LT FOOT - 2 VIEWS	$35.00
AP & LATERAL LT FOOT INTERP - 2 VIEWS	$18.00
AP & LATERAL RT FOOT - 2 VIEWS	$35.00

AP & LATERAL RT FOOT INTERP - 2 VIEWS	$18.00
AP & FROGLEG LATERAL LT HIP - 2 VIEWS	$35.00
AP & FROGLEG LATERAL LT HIP INTERP - 2 VIEWS	$18.00
AP & FROGLEG LATERAL RT HIP - 2 VIEWS	$35.00
AP & FROGLEG LATERAL RT HIP INTERP - 2 VIEWS	$18.00
AP & LATERAL LT HUMERUS - 2 VIEWS	$35.00
AP & LATERAL LT HUMERUS INTERP - 2 VIEWS	$18.00
AP & LATERAL RT HUMERUS - 2 VIEWS	$35.00
AP & LATERAL RT HUMERUS INTERP - 2 VIEWS	$18.00
AP & LATERAL STANDING LT KNEE - 2 VIEWS	$35.00
AP & LATERAL STANDING LT KNEE INTERP - 2 VIEWS	$18.00
AP & LATERAL STANDING RT KNEE - 2 VIEWS	$35.00
AP & LATERAL STANDING RT KNEE INTERP - 2 VIEWS	$18.00
AP & LATERAL LT RADIUS/ULNA - 2 VIEWS	$35.00
AP & LATERAL LT RADIUS/ULNA INTERP - 2 VIEWS	$18.00
AP & LATERAL RT RADIUS/ULNA - 2 VIEWS	$35.00
AP & LATERAL RT RADIUS/ULNA INTERP - 2 VIEWS	$18.00
AP & AXILLARY LT SHOULDER - 2 VIEWS	$35.00
AP & AXILLARY LT SHOULDER INTERP - 2 VIEWS	$18.00
AP & AXILLARY RT SHOULDER - 2 VIEWS	$35.00
AP & AXILLARY RT SHOULDER INTERP - 2 VIEWS	$18.00
AP & LATERAL THORACIC SPINE - 2 VIEWS	$35.00
AP & LATERAL THORACIC SPINE INTERP - 2 VIEWS	$18.00

AP & LATERAL STANDING LT TIBIA/FIBULA - 2 VIEWS	$35.00
AP & LATERAL STANDING LT TIBIA/FIBULA INTERP - 2 VIEWS	$18.00
AP & LATERAL STANDING RT TIBIA/FIBULA - 2 VIEWS	$35.00
AP & LATERAL STANDING RT TIBIA/FIBULA INTERP - 2 VIEWS	$18.00
AP & LATERAL LT WRIST - 2 VIEWS	$35.00
AP & LATERAL LT WRIST INTERP - 2 VIEWS	$18.00
AP & LATERAL RT WRIST - 2 VIEWS	$35.00
AP & LATERAL RT WRIST INTERP - 2 VIEWS	$18.00
AP & LATERAL LT HAND - 2 VIEWS	$35.00
AP & LATERAL LT HAND INTERP - 2 VIEWS	$18.00
AP & LATERAL RT HAND - 2 VIEWS	$35.00
AP & LATERAL RT HAND - INTERPRETATION - 2 VIEWS	$18.00
AP LATERAL LUMBAR SPINE (CONE DOWN LATERAL L-S JUNCTION) - 3 VIEWS	$46.00
AP LATERAL LUMBAR SPINE (CONE DOWN LATERAL L-S JUNCTION) - 3 VIEWS INTERP	$23.00
LATERAL OF LUMBOSACRAL SPINE IN NEUTRAL, FLEXION & EXTENSION TO EVALUATE FUSION (3V)	$46.00
LATERAL OF LUMBOSACRAL SPINE IN NEUTRAL, FLEXION & EXTENSION TO EVALUATE FUSION (3V) - 3 VIEWS INTERPRETATION	$23.00
AP LATERAL CERVICAL SPINE (BOTH OBLIQUES CERVICAL SPINE) - 4 VIEWS	$57.00
AP LATERAL CERVICAL SPINE (BOTH OBLIQUES CERVICAL SPINE) - 4 VIEWS INTERP	$28.00
CERVICAL SPINE A/P FLEXION LATERAL EXTENSION LATERAL & BOTH OBLIQUES - 5 VIEWS	$67.00

CERVICAL SPINE A/P FLEXION LATERAL EXTENSION LATERAL & BOTH OBLIQUES - 5 VIEWS INTERPRETATION	$34.00
LUMBAR SPINE - TO INCLUDE AP LATERAL BOTH FLEXION & EXTENSION LATERAL, CONE DONE L/S JUNCTION - 5 VIEWS	$67.00
LUMBAR SPINE - INCLUDE A/P LATERAL BOTH FLEXION & EXTENSION LATERAL, CONE DOWN L/S JUNCTION INTERPRETATION - 5 VIEWS	$34.00
BONE AGE LEFT WRIST AND HAND - 1 VIEW	$12.00
BONE AGE/INTERPRETATION	$25.00
HEIGHT & WEIGHT (WITHOUT SHOES)	$10.00
LIMITED CARDIOVASCULAR/PULMONARY/PRE-EXERCISE TEST EXAM	$75.00
ARTERIAL BLOOD GAS STUDIES AT REST TO INCLUDE HEMATOCRIT - IF PATIENT USES SUPPLEMENTAL OXYGEN ROUTINELY PLEASE ATTEMPT TO PERFORM ABGS ON ROOM AIR (20 MINUTES OFF OXYGEN AS A MINIMUM) IF POSSIBLE. IF NOT THERE IS NO NEED TO OBTAIN THE ARTERIAL SAMPLE AND TEST CAN BE ABORTED.	$48.00
ABGS AT REST INTERPRETATION	$20.00
ABGS WITH MONITORED EXERCISE TO INCLUDE HEMATOCRIT. - IF NOT CONTRAINDICATEDIF PATIENT USES SUPPLEMENTAL OXYGEN ROUTINELY PLEASE ATTEMPT TO PERFORM ABGS ON ROOM AIR 20 MINUTES OFF OXYGEN AS A MINIMUM IF POSSIBLE. IF NOT THERE IS NO NEEDTO OBTAIN THE ARTERIAL SAMPLE AND TEST CAN BE ABORTED.	$154.00
ABGS M/E INTERPRETATION	$76.00

DOPPLER LOWER EXTREMITIES WITH MONITORED EXERCISE - IF NOT CONTRAINDICATED	$134.00
DOPPLER WITH M/E INTERPRETATION	$66.00
DOPPLER LOWER EXTREMITIES AT REST - TO INCLUDE GREAT TOE PRESSURE	$60.00
DOPPLER AT REST - INTERPRETATION (TO INCLUDE GREAT TOE PRESSURE)	$30.00
ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH ORWITHOUT M-MODE RECORDING; COMPLETE TO INCLUDE LEFT VENTRICULAR EJECTION FRACTION	$184.00
ECHOCARDIOGRAM INTERPRETATION TO INCLUDE M MODE	$91.00
RESTING EKG - PLEASE RECORD THE STANDARD 12 LEADS	$30.00
EKG INTERPRETATION	$15.00
(GXT) TREADMILL STRESS TEST TO INCLUDE SERUM POTASSIUM - IF NOT CONTRAINDICATED	$143.00
TREADMILL STRESS INTERPRETATION	$65.00
PULSE OXIMETRY	$25.00
EMG LT LOWER EXTREMITY & RELATED PARASPINALS	$73.00
EMG INTERPRETATION 1 EXTREMITY	$37.00
EMG RT LOWER EXTREMITY & RELATED PARASPINALS	$73.00
EMG INTERPRETATION - 1 EXTREMITY	$37.00
NERVE CONDUCTION VELOCITY (6 NERVES)	$270.00
PULMONARY FUNCTION STUDIES - INCLUDE SPIROMETRIC TRACINGS WITH YOUR REPORT	$43.00
PULMONARY FUNCTION STUDIES INTERPRETATION	$22.00

(PFS) PULMONARY FUNCTION STUDIES BEFORE & AFTER BRONCHODILATORS- PLEASE INCLUDE SPIROMETRIC TRACINGS WITH YOUR REPORT	$70.00
PFS B & A BRONCHODILATORS INTERPRETATION	$35.00
(DLCO) CO DIFFUSING CAPACITY	$66.00
CO DIFFUSING CAPACITY INTERPRETATION	$34.00
ADMINISTRATIVE LAW JUDGE PHYSICAL ASSESSMENT COMPLETION HA-1151	$35.00
ADMINISTRATIVE LAW JUDGE PSYCHOLOGICAL ASSESSMENT COMPLETION HA-1152	$35.00
TRAVEL REIMBURSEMENT - HOME/INSTITUTIONAL VISIT	$43.00/hour
SIGN LANGUAGE INTERPRETER	$115.00/2 hours (57.5/hourly)
LANGUAGE INTERPRETER	$115.00/2 hours (57.5 hourly after)
BILINGUAL EXAMINATION COMPLETION (ADDITIONAL)	$60.00
ADMINISTRATIVE COST & REVIEWING	$25.00
INTERROGATORY REPORT	$50.00
T CELL COUNT	$62.98