2021 MassachusettesFee Schedule for Consultative Examinations & Procedures

In radiological and other examinations where professional interpretations must be obtained separately, fees for such interpretations must not exceed 50% of the allowed charges. We are pleased to announce a Record Review Fee on scheduled CE's but we cannot include this fee if the doctor cancels their appointments. The Social Security Administration requires CE doctor use the latest version of psychological tests.

Consultative Exams

99241	Internal Medicine	$160.27
99241NP	Internal Medicine- Nurse Practitioners & Physician Assistants	$136.23
9924A	Neurology	$160.27
9924B	Orthopedics	$160.27
9924C	Pediatrics	$160.27
992CC	Denver Development Screening Test	$121.82
93920	Vascular Evaluation with Doppler Test (Include exercise if indicated)	$172.56
X9653	Speech & Language Evaluation	$239.41
9924F	Ophthalmology Examination	$160.27
92081	Ophthalmology-Field Vision Test	$81.05
9924G	Otolaryngology	$160.27
92556	Quick Sin Test, BKB-SIN Test, AZ Bio Sentence Test or HINT	$ 49.62
92557	Audiogram	$ 30.69
90820	Psychiatric Evaluation	$127.85
90820V	Psychiatric **Video Exam**	$127.85
9082A	Intellectual Evaluation (2hrs) WAIS-IV, WISC-V OR WPPSI-IV	$355.83
9082AA	Spanish WISC-IV	$355.83
9082C	Assessment of Organicity (5hrs) (Includes WAIS-IV, Wechsler Memory Scale IV, Bender Gestalt-II)	$847.25
9082D	Psychodiagnostic Interview	$127.85
9082V	Psychodiagnostic **Video Exam**	$127.85
9082NP	Psych diagnostic Interview- Nurse Practitioners & Physician Assistants	$108.67
9082F	Brief Organic Assessment (4hrs) (Includes Trail Making A & B, Bender Gestalt-II, Psychodiagnostic Interview, Wechsler Memory Scale IV- applicable to HIV and frontal lobe disorders)	$647.48
9082H	WRAT V (1hr)	$192.02
9082I	Vineland Social Maturity Test-III (1hr)	$192.02
9082J	Bender Gestalt (1/2hr)	$ 97.71
9082K	Bayley Scales-IV (2hrs)	$355.83
9082M	Spanish Brigance or Spanish Woodcock-III (1 hr.)	$192.02
9082N	Stanford Binet-V (2hrs)	$355.83
9082P	TONI-4 (1hr)	$192.02
9082R	Wechsler Memory Scale IV (2hrs)	$355.83
9082S	Peabody Picture Vocabulary Test-PPVT-V (1hr)	$192.02
9082T	Trail Making A & B (1/2 hr)	$ 97.71
96146	Automated Testing and Results	$ 2.06

Consultative Exams Other Fees

99451M	Review of Records (except doctor cancellations)	$44.23
90885P	Review of Records (except doctor cancellations)	$44.23
90785	Language: if the doctor speaks the claimant's language or uses an Interpreter	$17.55
90785IC	Interactive Complexity- If any of these situation arise please notify us: Communication factors, such as, dealing with highly discordant or emotional family members, verbally undeveloped claimants, mandated report to third party, (e.g. abuse or neglect with report to state agency) such as Section 12 or 51A.	$17.55

Special Tests

93000	EKG with interpretation	$21.21
93019	Treadmill (Bruce Protocol) with Test Performance Responsibility Statement	$72.78
94060	Spirometry (PFT) With Lung Volumes (No interpretation needed) Pre-and-Post-Bronchodilator using .5cc Albuterol/2.5cc NS	$49.96
94720	Diffusing Capacity	$44.84
94760	Pulse Oximetry	$2.53
95930	Visual Evoked Response	$87.95

Labwork

86038	ANA	$13.43
85027	Complete CBC w/auto differential WBC	$8.63
82565	Creatinine	$5.69
80184	Phenobarbital	$15.30
80185	Phenytoin (Dilantin)	$15.00
85610	Prothrombin Time	$4.45
86430	Rheumatoid Factor (without titer)	$6.42
86431	Rheumatoid Factor (Quantitative)	$6.30
85651	SED Rate	$4.27
85652	RBC SED Rate Automated	$0.03
84520	BUN	$4.39
80156	Carbamazepine (Tegretol)	$16.18
80157	Carbamazepine (Free)	$14.73
82310	Calcium	$5.73
82331	Calcium Infusion Test	$13.34
82340	Calcium in Urine	$6.70
82550	Creatine Phosphokinase (CPK)	$7.23
84132	Potassium	$5.20
80188	Primidone (Mysoline)	$18.78
80164	Valproic Acid (Depakene, Depakote)	$15.33
80076	Hepatic Function Panel	$9.25
84550	Uric Acid	$5.02
84450	SGOT	$5.75
84460	SGPT	$5.89
84443	TSH	$19.67

Radiology

		X-Ray	Reading
71020	Chest (AP & Lat)	$26.88	$13.08
72040	Cervical Spine (AP & Lat)	$32.91	$13.54
72070	Thoracic Spine (AP & Lat)	$29.66	$13.54
72100	Lumbosacral Spine (AP & Lat)	$32.91	$13.54
72170	Pelvis (ap)	$31.52	$10.58
72200	Sacroiliac joints (2 views)	$28.73	$10.58
73030	Shoulder (2 views)	$34.18	$12.00
73070	Elbow (AP & Lat)	$24.26	$9.77
73100	Wrist (AP & Lat)	$30.59	$10.17
73120	Hand (2 views)	$26.88	$10.17
73500	Hip (1 view)	$27.81	$11.45
73560	Knee (AP & Lat)	$31.06	$10.17
73590	Tibia & Fibula (AP & Lat)	$27.81	$9.71
73600	Ankle (AP & Lat)	$29.20	$10.17
73620	Foot (AP & Lat)	$14.32	$6.08
73650	Calcaneous/Heel (2 views)	$13.73	$6.08

MER Fee Schedule

Hospital Requests- $10.00 reimbursement if records are returned in a timely manner with an additional $10.00 (for a total of $20.00) if the records are returned within fifteen (15) days from the date of the letter request. There is no payment made for MER received after 60 days.

Doctor Requests/Segments- $15.00 reimbursement if records are returned in a timely manner with an additional $10.00 (for a total of $25.00) if the records are returned within fifteen (15) days from the date of the letter request. There is no payment made for records received after 60 days.