WASHINGTON'S DIVISION
Of
DISABILITY DETERMINATION SERVICES

(Independent of DSHS)

Providing Medical Decisions for

SOCIAL SECURITY DISABILITY INSURANCE
AND
SUPPLEMENTAL SECURITY INCOME

Schedule of Maximum Allowances For Medical Services

Effective July 2021

This document can be found online at:
www.dshs.wa.gov/esa/disability-determination-services/disability-determination-services-medical-provider-information

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INTRODUCTION

Medical professionals who perform disability evaluations play a crucial role in the Social Security Disability and Supplemental Security Income (SSI) program. The Division of Disability Determination Services (DDDS) is responsible for developing medical evidence and rendering a determination on whether the claimant is or is not disabled under the law. We rely on your unbiased, objective evaluations to help us effectively and fairly administer claims using the best available medical information.

The Social Security Administration (SSA) and the Division of Disability Determination Services expects that claimants be treated with dignity and respect. We are also committed to providing you and your office staff with clear, understandable information and answers to your questions.

OVERVIEW

Most disability claims are initially processed through a network of local Social Security field offices and state agencies (DDDS). Subsequent appeals of unfavorable determinations may be decided in the DDDS or by administrative law judges in SSA's Office of Disability Adjudication and Review (ODAR).

The DDDS will try to obtain evidence from the claimant's own medical sources first. If the evidence is unavailable or insufficient to make a determination, the DDDS will arrange for a consultative evaluation (CE) in order to obtain the additional information needed. The claimant's treating source (TP) is the preferred source for a CE. There are, however, a myriad of reasons why treating physicians do not wish to perform evaluations on their patients. Additionally, the TP may not be the necessary specialty. In these cases, a CE is ordered from an independent source.

MEDICAL EVIDENCE OF RECORD

Physicians, psychologists, and other health professionals are frequently asked by the DDDS to submit reports about an individual's impairment; therefore, it is important to know what evidence SSA needs. Medical reports should include:

- Medical history
- Clinical findings (such as blood pressure, x-rays, laboratory findings)
- Diagnosis
- Treatment prescribed with response and prognosis; and a
- Statement providing an opinion about what the claimant can still do despite his or her impairment(s) based on the medical source's findings on the above factors (also known as Medical Source Statement or MSS)

BECOMING A CONSULTATIVE EXAMINER

If you are not currently providing services and are interested in becoming a Consultative Examiner, you may find a Request for Qualifications (RFQ) at the following website: **https://www.dshs.wa.gov/sesa/central-contract-services/procurements-and-contracting.** Locate the DDDS program associated with your expertise.

RFQ 1436-522 ESA Medical and Psychological Services

DDDS Consultative Medical Examinations – DT (OT/PT)/SLP
DDDS Consultative Medical Examinations
DDDS Consultative Medical Examinations – Otolaryngology/Audiology/Pediatric/Vision
DDDS Consultative Psychiatric Examinations
DDDS Consultative Psychological Examinations

RFQ 1236-429 One-Day Vocational Workshop Evaluation

Questions about an RFQ or contracting with the DDDS, contact: Uyen Kashani Professional Relations Specialist, 360-664-7437, Uyen.Kashani@ssa.gov

CONSULTATIVE EXAMINERS ROLES AND RESPONSIBILITIES

Performing CEs requires considerable judgment and understanding of specialized terms and requirements. We ask you to provide information and functional assessments that may not be part of your original training or everyday practice. We do not expect you, nor do we want you to make the disability decision. As an examiner for SSA/DDDS, you agree to provide an unbiased evaluation based solely on your expertise in the medical field.

Disability evaluations can often be an anxious time for the claimant. Some suggestions to improve your evaluation time with claimants would be:

- Introduce yourself to the claimant.
- Explain the examination procedure and perhaps your role as the examiner for the DDDS.
- Answer the claimant's questions about the examination, but refer the claimant to their adjudicator for questions about the claim or the program.
- Provide adequate privacy.
- Allow a friend or family member to attend non-psychiatric/psychological evaluations if requested. The friend or family member must quietly observe the exam, cooperate with the examiner and must not interfere.
- Refrain from derogatory comments, such as comments about the claimant's habits, ethnic background or religious beliefs.
- Refrain from comments regarding the claimant's previous medical treatment.
- Do not prescribe or recommend medications.
- Do not give your opinion of disability.
- Close the examination by telling the claimant the exam is over and ask if there is any further information they would like to provide.

REQUESTS FOR COPY OF REPORT

You should direct all requests for CE reports to the DDDS. Even though you may be covered by the HIPAA Privacy Rule, you still must also comply with all of SSA's rules regarding disclosure of information and access to information that you gather and maintain while performing work for SSA. The Privacy Act of 1974, as amended, Section 1106 of the Social Security Act, and our regulations at 20 CFR Part 401 concerns disclosure of information and access to information. If you receive a request for information, forward the request to the DDDS Professional Relations Department for processing. For more information, please visit: **http://www.ssa.gov/disability/professionals/hipaa-cefactsheet.htm**.

REQUESTS BY CLAIMANTS FOR CHANGES TO REPORTS

Refer all requests for amendment of CE reports to the DDDS because SSA has rules regarding correcting records that need to be followed. Although you may also have obligations under 45 CFR 164.526 with respect to amending information generally, it is important that SSA's rules are followed with respect to information used in SSA's programs.

AUTHORIZATION FOR DIAGNOSTIC TESTS

According to SSA regulations, we are permitted to order only those items specifically required by SSA documentation criteria. For most claimants, the existing medical records partially fulfill the SSA documentation requirements. CEs are scheduled to update the medical information or answer specific questions rather than provide an extensive base of knowledge on which to base treatment and rehabilitation.

The consultative exam is limited to those tests or procedures listed under the description section of the voucher. Do not send disability applicants to x-rays or laboratory facilities for procedures that have not been pre-authorized. **We may not pay for additional tests or procedures not included on the original voucher, unless prior authorization is given by a DDDS supervisor, Professional Relations, or management.** If a physician believes additional tests are needed, he/she should explain this in the CE report. Additional tests, if required for documentation by Social Security regulations, will be scheduled at a later date.

PSYCHOLOGICAL TESTING

Generally, the psychological testing profiles lay out exactly what tests need to be performed. There are occasions when the psychologist may feel a different test would better serve our assessment needs. Substitution of tests are permitted, however, an explanation of why the substituted test was used is required in the report. Please read the narrative section of the authorization voucher as these instructions may supersede the requirements of the "traditional" profile. Substitution of tests will be reimbursed at the same rate of the original authorization. The most current versions tests are preferred.

FEES & CODES

The enclosed fee schedule lists the maximum payments that will be made for the listed procedures. Any maximum fee not listed in this fee schedule will be determined by report on an individual basis. Many of the CPT codes for examination procedures are "in-house" codes unique to the DDDS. You will not find these codes in the AMA Current Procedural Terminology® book. We also realize a few of our "in-house" codes are now being used by the AMA CPT. Unfortunately, we are unable to make corrections to our system at this time. Please pay attention to the description as well as the CPT code in this fee schedule booklet in order to provide the proper information.

FAILED APPOINTMENTS

In the event that a claimant does not appear for an examination, the Division of Disability Determination Services (DDDS) will reimburse the health professional $50.00 No Show Fee. An examination can be considered failed if a claimant is more than 15 minutes late following the appointed time. An appointment will not be considered failed if a physician is not required to be in attendance (e.g., blood work only, x-ray only, etc.). If the DDDS cancels an appointment less than 48 hours in advance of the appointed time, the physician may bill for the No Show Fee.

FAILED APPOINTMENT NOTIFICATION

Please notify the DDDS (via telephone, fax, email or SSA secure website) within 24 hours if a claimant fails to show for his/her appointment.

RESCHEDULING

Do not cancel and/or reschedule appointments directly with the claimants. All changes to scheduling need to be done through the DDDS. Rescheduling directly with claimants may result in denial of payment. Always refer the claimant to their disability examiner at the DDDS for changes in scheduling.

PAYMENT PROCEDURES

In order to be reimbursed for services provided, all charges must be itemized on the voucher*, or an itemized billing statement must be attached. Return the voucher with a copy of the report to the requesting office. If a claimant does not show for the scheduled appointment, write "no show" on the voucher and "$50.00" in the itemized charge section. The doctor should keep the second copy of the voucher for his/her records.

**see page 7 & 8 for sample examination authorization vouchers*

AUTHORIZATION FOR SERVICES

Generally, the DDDS will pay only for procedures initially listed on the payment voucher. Additional procedures subsequently written on the voucher or discussed on the telephone may not be authorized for payment. Any exceptions to this policy will need prior approval by DDDS management or Professional Relations.

The DDDS is responsible for paying for all services requested in a consultative examination. **Under no circumstances should a claimant be billed for services (or any portion of services) requested and authorized by the DDDS**.

REPORT TIMELINESS

The DDDS is mandated to process cases in a timely manner. Therefore, you are required to submit your report to us within **Fourteen (14) Calendar Days** (ten (10) business days) of the appointment.

BILLING TIME LIMITATIONS

Billing should be submitted with the report, but no later than 30 days from the date of service. Bills submitted for payment more than 12 months after the date of service may be denied for payment.

ADDITIONAL INFORMATION

The DDDS will pay for extraneous services such as: "Extensive Chart Review" (more than 25 pages of background material), CPT code 99086; "Complete Case File Review/Per Hr," CPT 99080; "Extended Service: Exam with an Interpreter," CPT code 99016; and "Completion of Medical Assessment Form" (Form HA 1151 and HA 1152) required by the Administrative Law Judges, CPT code 99085.

** *see page 12 for miscellaneous procedures*

SUBMITTING REPORTS

The Social Security Administration and the Division of Disability Determination Services now process claims electronically. In order to facilitate this process, there are *two* options for you to submit your reports:

TOLL-FREE FAX LINES for REPORTS/RECORDS

Toll-free fax lines are dedicated to receiving CE reports and medical evidence of record. Using these fax lines will help expedite your report to our office and it will place the evidence in the electronic folder**. Remember to also fax a copy of the voucher** or itemized billing statement (In this order: DDS Barcoded page, voucher, report). Our toll-free fax lines are available 24 hours a day, seven days a week.

OLYMPIA:	1-866-324-3313
SEATTLE:	1-866-625-3815
SPOKANE:	1-866-478-0546

SEND MEDICAL RECORDS AND CE REPORTS ELECTRONICALLY

If you already have electronic medical records, SSA has a secure website that can safely upload your files. This service is FREE to medical providers who have access to the internet. SSA encrypts all transmissions of protected health information received through the EME Services website.

The website also includes the Electronic Outbound Request (EOR) feature which allows you to receive records requests or vouchers and background material electronically if you choose.

SSA's secure website address is http://eme.ssa.gov, however you must obtain a UserID & PASSWORD through the Professional Relations Department. For more information contact:

Teresa Bracy, PR Specialist	360-664-7365	Teresa.Bracy@ssa.gov
Tetyce Capshaw, PR Specialist	509-329-2503	Tetyce.Capshaw@ssa.gov
Uyen Kashani, PR Specialist	360-664-7437	Uyen.Kashani@ssa.gov
Brianne Leon, PR Specialist	360-664-7377	Brianne.Leon@ssa.gov
Rhodesia Mitchell, PR Specialist	509-329-2533	Rhodesia.Mitchell@ssa.gov

MEDICAL EVIDENCE OF RECORD (MER)

We will pay a $22.00 search fee for "no records found" **or** $22.00 for first 20 pages of medical records and an additional 50¢ per page in excess of 20 pages.

SAMPLE CE AUTHORIZATION

DIVISION OF DISABILITY DETERMINATION SERVICES

AUTHORIZATION FOR SERVICE AND INVOICE

PO BOX 9303 MS-45550
OLYMPIA, WA 98507-9303

LOCAL: (360) 664-7500 or TOLL FREE: 800-562-6074

Options to Submit

FAX TO 1-866-324-3313
or
UPLOAD TO WEBSITE (http://eme.ssa.gov).*

Claimant Information

BUTCH COUGAR
1234 CRIMSON ST
COUGAR CITY, WA 99999
PHONE: 123-456-7890
DOB: 01/01/2001

Adjudicator's Name

Date & time of exam

January 20, 2015 at 09:00 AM
AUTHORIZED BY: CHRISTIE H / OLYCHR
AUTH. DATE: 12/23/2014

HARRY HUSKY MD
1234 PURPLE-GOLD WAY
SEATTLE, WA 99999

Case Number: **1526714**
Authorization #: **20141223110062**

VEND: 3805984A

Doctor and Tax ID information

TID: 123456789 WAVEND: SWV0012345678
PT: 0123456A

RQID:LWA0007R9S900 SITE:S54 DR:S
SSN: DOCTYPE:0002 RF:D CS:ea53

Adjudicator's Phone #

Return this form and report within **14 days** after examination. Report failed appointments within 24 hours.
Call: **800-562-6074 Ext 7511**

PAYMENT WILL BE MADE *ONLY* FOR THE AUTHORIZED SERVICE(S) LISTED BELOW IN ACCORDANCE WITH OUR AGENCY FEE SCHEDULE.

REASON FOR THE EXAM / PROCEDURE/STUDY: HBP; Thyroid Disease; Diabetes Type 2; COPD; Degenerative bone disease; High Cholesterol; Bipolar; Anxiety; Panic attacks; Arthritis; IBS; Back pain; Neck pain; Acid reflux; Hormone problems;

ALLEGED DIAGNOSIS:

CODE	DESCRIPTION	BILLED AMT
072040-26	INTERPRET 72040 CERV SPINE X-RAY 2 VWS	$18.82
073032-26	INTERPRET 73032 RIGHT SHOULDER X-RAY 2VW	$16.05
72040-TC	X-RAY SPINE CERVICAL AP/LAT 2 VWS	$43.17
73032-TC	X-RAY RIGHT SHOULDER 2 VWS	$37.08
90601	PHYSICAL DISABILITY EVAL W/ROM	$215.42

SECONDARY VENDOR SERVICES:

SPECIFICS:

Allegations and specific information we need covered at exam.

FOR STATE OFFICE USE ONLY	
ADJUDICATOR'S APPROVAL FOR PAYMENT	ACCOUNTING APPROVAL FOR PAYMENT

L9CEVCHR OLYLRM

***For PIN and Password contact Professional Relations at 1-800-562-6074.**

SAMPLE SECONDARY (A19) CE AUTHORIZATION VOUCHER

DIVISION OF DISABILITY DETERMINATION SERVICES

INVOICE VOUCHER

1516 2ND AVE #303
SEATTLE, WA 98101-1597

LOCAL: (206) 654-7200 or TOLL FREE: 800-843-4440

BUTCH COUGAR
1234 CRIMSON ST
COUGAR CITY, WA 99999
PHONE: 123-456-7890
DOB: 01/01/2001

Claimant Information

UW MEDICAL CENTER - XRAY
1212 PURPLE-GOLD LN
SEATTLE, WA 99999

January 16, 2015 at 01:45 PM
AUTHORIZED BY: KASSANDRA D. / SEAKLD
AUTH. DATE: 12/30/2014

Date & time of exam

Case Number: **1541112**
Authorization #: **20141230110134** **E**

VEND: 0194664D
TID: 123456789 WAVEND: SWV0012345678 PT: 0194664A
FAX: 20612345678

FAX TO 1-866-625-3815
or
UPLOAD TO WEBSITE
(http://eme.ssa.gov).*

RQID:LWA0007RPP400 SITE:V23 DR:S
SSN: DOCTYPE:0002 RF:D CS:b32c

Return this form and report within **14 days** after examination. Report failed appointments with 24 hours.
Call: **800-843-4440 Ext 2377**

PAYMENT WILL BE MADE *ONLY* FOR THE AUTHORIZED SERVICE(S) LISTED BELOW IN ACCORDANCE WITH OUR AGENCY FEE SCHEDULE.

REASON FOR THE EXAM / PROCEDURE/STUDY: depression; back problems;

CODE	DESCRIPTION	BILLED AMT
072100-26	INTERPRET 72100 LUMBOSACRAL SPINE 2 VWS	$18.82
72100-TC	X-RAY SPINE LUMBOSACRAL AP/LAT 2 VWS	$43.72

Authorized Services

REFERRED BY:
DDDS Medical Consultant MD

Referring doctor

FOR STATE OFFICE USE ONLY	
ADJUDICATOR'S APPROVAL FOR PAYMENT	ACCOUNTING APPROVAL FOR PAYMENT

A19 SUPPVCHR

***For PIN and Password contact Professional Relations at 1-800-562-6074.**

CONSULTATIVE EXAMINATIONS—PHYSICAL

DDDS CODE DCPS CODE	SERVICE	DDDS FEE
90601 99456	PHYSICAL DISABILITY EVALUATION W/ ROM WORK RELATED OR MEDICAL DISABILITY EXAM	$286.88
90631 99204-MUSC-SKEL	COMPLEX ORTHOPEDIC EXAM MUSCULOSKELETAL	$384.46
90632 99204-NEURO	NEUROLOGICAL EXAM NEUROLOGICAL	$384.46
90633 99204-PEDIATRIC	PEDIATRIC EXAM PEDIATRIC	$291.24
90634 99204-INTERNIST	INTERNAL MEDICINE EXAM INTERNAL MEDICINE EXAM	$286.88
90635	PULMONARY EXAM	$358.66
90636 99204-CARDIO	CARDIAC EXAM CARDIOVASCULAR	$384.46
90637 99204-ENT	OTOLARYNGOLOGY 'ENT' EXAM OTOLAYRNGOLOGY EXAM	$384.46
90647 99204-RHEUM	RHEUMATOLOGICAL EXAMINATION RHEUMATOLOGY	$384.46
92004 99203-OPTHALMOLOGY	COMPREHENSIVE EYE EXAMINATION OPTHALMOLOGICAL	$282.91
92506 92523	SPEECH AND LANGUAGE (done by SLP) SPEECH LANGUAGE EVALUATION	$371.61
99020	ONE DAY VOCATIONAL WORKSHOP EVALUATION	$255.48

* cross-refers to equivalent AMA CPT; B.R.= By Report

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CONSULTATIVE EXAMINATIONS – MENTAL

DDDS CODE	SERVICE	DDDS FEE
90612 90791-MNTL-AD	PSYCHOLOGICAL DX INTERVIEW (MSE, ADLS, MSS) MENTAL STATUS EXAM, ADULT	$203.81
90613 90791-TEST	INTELLECTUAL ASSESSMENT (MSE, ADLS, WAIS, MSS) MENTAL STATUS EXAM W/ PSYCHOLOGICAL TESTING	$528.07
90614 96101-MEMORY	MEMORY ASSESSMENT (MSE, ADLS, WMS, TRAILS A&B, MSS) MENTAL STATUS EXAM W/ MEMORY TESTING	$532.92
90615 96101-COMPLEXADULT	COMPLEX PSYCHOLOGICAL (MSE, ADLS, WAIS, WMS, TRAILS A&B, MSS)	$678.95
90616 90971-MNTL-CH	CHILD PSYCHOLOGICAL DX EVAL MENTAL STATUS EXAM, CHILD	$227.08
90617 96101-COMPLEXCHILD	COMPLEX CHILD PSYCHOLOGICAL ASSESSMENT (MSE, ADLS, UP TO 3 TESTS AS SPECIFIED ON VOUCHER - $138.42/Hr with max 4 hrs) COMPLEX CHILD PSYCHOLOGICAL ASSESSMENT	$581.36
90094 96101-CHILD	CHILD INTELLECTUAL ASSESSMENT (MSE, ADLS, INTELLECTUAL TEST) CHILD PSYCHOLOGICAL TESTING	$408.79
90089 96125	CHILD ACADEMIC ASSESSMENT (MSE, ADLS, ACADEMIC TEST) MENTAL STATUS W/ ACADEMIC PERFORMANCE TESTING	$376.70
90095 96127	CHILD ADAPTIVE or BEHAVIOR ASSESSMENT (MSE, ADLS, RATING SCALE AS SPECIFIED ON VOUCHER) MENTAL STATUS W/ EMOTIONAL or BEHAVIORAL ASSESS	$283.50
90639 99204-NEUROPSYCH	NEURO/PSYCHOLOGICAL EVALUATION (max 10 hrs) NEUROPSYCHOLOGICAL EVALUATION	$180.62/Hr
90801 90791	PSYCHIATRIC DIAGNOSTIC INTERVIEW PSYCHIATRIC EXAM	$238.31
90802 90791-CH	CHILD PSYCHIATRIC DX INTERVIEW PSYCHIATRIC EXAM, CHILD	$267.25
96101 96101-NonEnglish IQ	NON-ENGLISH SPEAKING INTELLECTUAL ASSESSMENT NON-ENGLISH SPEAKING IQ TESTING-ADULT W/ REPORT	$275.27
96111 96101-BAYLEY-III	BAYLEY SCALES OF INFANT DEVELOPMENT (done by OT/PT) BAYLEY SCALES OF INFANT DEVELOPMENT-THIRD EDITION	$251.84
97003 96111-PDMS	PEABODY MOTOR SCALES PEABODY DEVELOPMENTAL MOTOR SCALES	$131.48

* cross-refers to equivalent AMA CPT; B.R.= By Report

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SPECIALTY EXAMS

EYE PROCEDURES

92082	VISUAL FIELD EXAM (GOLDMANN PERIMETRY) **VISUAL FIELDS (GOLDMANN PERIMETRY)**	$171.39
92083	VISUAL FIELD EXAM (HUMPHREY 30-2 or OCTOPUS 32) **VISUAL FIELDS (HUMPHREY ANALYZER 30-2)** **VISUAL FIELDS (OCTOPUS 32)**	$171.39

EAR, NOSE AND THROAT PROCEDURES

92557	BASIC COMPREHENSIVE AUDIOMETRY (WITH/WITHOUT SOUND AMPLIFICATION) (EAR PHONES/INSERTS) **AUDIOMETRY W/ SPEECH DISCRIMINATION**	$66.01
92567	TYMPANOMETRY (IMPEDENCE TESTING)	$29.53

CARDIOGRAPHY

93000	ELECTROCARDIOGRAM, ROUTINE ECG-12 LEADS W/ INTERP & REPT	$49.02
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	$ B.R.

Code -TC… Is taking of x-ray (technical)
Code -26… Is reading of x-ray (professional)

VASCULAR STUDIES

93924-TC	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST & FOLLOWING TREADMILL STRESS TEST, COMPLETE BILATERAL	260.55
93924-26		$40.53
93924		$301.66

PULMONARY FUNCTION TESTS

94060-TC	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE & AFTER BRONCHODIALATOR (graphs must be reproducible and meet SSA criteria)	$64.27
94060-26		$17.37
94060	**SPIROMETRY – PRE AND POST BRONCHODILATOR**	$81.64
94729-TC	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	$93.90
94729-26		$15.05
94729		$108.85

* cross-refers to equivalent AMA CPT; B.R.= By Report

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MISCELLANEOUS PROCEDURES

DDDS CODE	SERVICE	DDDS FEE
36415	ROUTINE VENIPUNCTURE	$4.26
99016 **T1013-ADTM**	EXTENDED SERVICE: EXAM WITH INTERPRETER **ADDITIONAL CE TIME FOR INTERPRETATION**	$46.91
99022	TESTIMONY, DEPOSITION OR INTERROGATORY WITH REPORT	$92.14/Hr
99083 **99082**	OUT OF OFFICE EXAM Pre-Approved Travel # HRS_____ (max 6 hrs) **TRAVEL**	$51.40/Hr
99081 **99343** **99343-INST**	HOME/JAIL/FACILITY VISIT - Travel # HRS _____ (max 6 hrs) **HOME VIST** **INSTITUTIONAL VISIT**	$57.13/Hr
99084/99085 **HA1152-FEE** **HA1151-FEE**	COMPLETION OF MEDICAL ASSESSMENT FORM **COMPLETION OF MEDICAL ASSESSMENT FORM MENTAL** **COMPLETION OF MEDICAL ASSESSMENT FORM PHYSICAL**	$41.63
99086 **99358**	EXTENSIVE CHART REVIEW (more than 25 pages) **REVIEW OF RECORDS**	$40.22
99080	COMPLETE CASE FILE REVIEW (for ALJ - max 5 hours)	$76.30/Hr
99199	UNLISTED PROCEDURE	$ B.R.

* cross-refers to equivalent AMA CPT; B.R.= By Report

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RADIOLOGY

Code -TC… Is taking of x-ray (technical)
Code -26… Is reading of x-ray (professional)

CHEST

71020-TC	X-RAY, CHEST; TWO VIEWS FRONTAL & LATERAL	$41.69
71020-26		$17.95
***71046**		$59.64

SPINE AND PELVIS

72040-TC	X-RAY, SPINE, CERVICAL; AP & LATERAL	$52.11
72040-26		$19.11
72040		$70.64
72070-TC	X-RAY, SPINE, THORACIC; AP & LATERAL	$41.69
72070-26		$16.79
72070		$58.48
72100-TC	X-RAY, SPINE, LUMBOSACRAL; AP AND LATERAL	$52.69
72100-26		$19.11
72100		$71.22
72170-TC	X-RAY, PELVIS; 2 VIEWS	$35.32
72170-26		$14.48
72170		$50.37

UPPER EXTREMITIES

73031-TC	X-RAY, SHOULDER; LEFT, 2 VIEWS	$45.74
73031-26		$15.05
***73030**		$61.37
73032-TC	X-RAY, SHOULDER; RIGHT, 2 VIEWS	$45.74
73032-26		$15.05
***73030**		$61.37

* cross-refers to equivalent AMA CPT; B.R.= By Report

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(UPPER EXTREMITIES CONTINUED)

Code -TC… Is taking of x-ray (technical)
Code -26… Is reading of x-ray (professional)

73061-TC	HUMERUS; RIGHT, TWO VIEWS	$43.43
73061-26		$13.32
***73060**		$56.74
73062-TC	HUMERUS; LEFT, TWO VIEWS	$43.43
73062-26		$13.32
***73060**		$56.74
73071-TC	X-RAY, ELBOW; LEFT AP & LATERAL VIEWS	$37.64
73071-26		$13.90
***73070**		$52.11
73072-TC	X-RAY, ELBOW; RIGHT AP & LATERAL VIEWS	$37.64
73072-26		$13.90
***73070**		$52.11
73091-TC	X-RAY, FOREARM; RIGHT AP AND LATERAL VIEWS	$38.79
73091-26		$13.32
***73090**		$52.69
73092-TC	X-RAY, FOREARM; LEFT AP AND LATERAL VIEWS	$38.79
73092-26		$13.32
***73090**		$52.69
73101-TC	X-RAY, WRIST; LEFT, AP AND LATERAL VIEWS	$46.90
73101-26		$13.90
***73100**		$61.37
73102-TC	X-RAY, WRIST; RIGHT, AP AND LATERAL VIEWS	$46.90
73102-26		$13.90
***73100**		$61.37
73121-TC	X-RAY, HAND; LEFT TWO VIEWS	$42.27
73121-26		$13.90
***73120**		$56.16
73122-TC	X-RAY, HAND; RIGHT TWO VIEWS	$42.27
73122-26		$13.90
***73120**		$56.16

* cross-refers to equivalent AMA CPT; B.R.= By Report
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LOWER EXTREMITIES

Code -TC… Is taking of x-ray (technical)
Code -26… Is reading of x-ray (professional)

73511-TC	X-RAY, HIP; LEFT, 2 VIEWS	$65.43
73511-26		$19.11
***73502**		$84.53
73512-TC	X-RAY, HIP; RIGHT, 2 VIEWS	$65.43
73512-26		$19.11
***73502**		$84.53
73520-TC	X-RAY, HIPS; BILATERAL, MIN. 2 VIEWS OF EACH HIP INCL AP VIEW OF PELVIS	$55.01
73520-26		$19.11
***73521**		$74.11
73551-TC	X-RAY, FEMUR; LEFT AP AND LATERAL VIEWS	$48.06
73551-26		$15.05
***73552**		$63.69
73552-TC	X-RAY, FEMUR; RIGHT AP AND LATERAL VIEWS	$48.06
73552-26		$15.05
***73552**		$63.69
73561-TC	X-RAY, KNEE; LEFT AP AND LATERAL VIEWS	$47.48
73561-26		$13.90
***73560**		$61.95
73563-TC	X-RAY, KNEE; RIGHT AP AND LATERAL VIEWS	$47.48
73563-26		$13.90
***73560**		$61.95
73591-TC	X-RAY, TIBIA & FIBULA; RIGHT AP & LATERAL VIEWS	$42.85
73591-26		$13.32
***73590**		$56.16
73592-TC	X-RAY, TIBIA & FIBULA; LEFT AP & LATERAL VIEWS	$42.85
73592-26		$13.32
***73590**		$56.16
73601-TC	X-RAY, ANKLE; LEFT AP AND LATERAL VIEWS	$44.58
73601-26		$13.32
***73600**		$57.90
73602-TC	X-RAY, ANKLE; RIGHT AP AND LATERAL VIEWS	$44.58
73602-26		$13.32
***73600**		$57.90

* cross-refers to equivalent AMA CPT; B.R.= By Report

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Code -TC… Is taking of x-ray (technical)
Code -26… Is reading of x-ray (professional)

73621-TC	X-RAY, FOOT; LEFT AP AND LATERAL VIEWS	$37.64
73621-26		$12.74
***73620**		$50.94
73622-TC	X-RAY, FOOT; RIGHT AP AND LATERAL VIEWS	$37.64
73622-26		$12.74
***73620**		$50.94

MISCELLANEOUS

79999	UNLISTED X-RAY PROCEDURE	$ B.R.

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PATHOLOGY AND LABORATORY

PROFILES, PANELS & THERAPEUTIC DRUG MONITORING

80053	COMPREHENSIVE METABOLIC PANEL (albumin, bilirubin, calcium, carbon dioxide, chloride, creatinine, glucose, phosphatase alkaline, potassium, protein, sodium, SGPT, SGOT, BUN)	$15.00
80076	HEPATIC FUNCTION PANEL (albumin, bilirubin-total & direct, phosphatase alkaline, protein, SGPT, SGOT)	$11.60
80185	PHENYTOIN; TOTAL (DILANTIN)	$18.82
81000	URINALYSIS	$5.71

CHEMISTRY

82803	ABGs: GASES, BLOOD, ANY COMBO (pH, pCO_2, pO_2, CO_2, HCO_3) including calculated O2 saturation	$37.02
82947	GLUCOSE; QUANTITATIVE; BLOOD SUGAR	$5.58
84550	URIC ACID, BLOOD	$6.42

HEMATOLOGY

85025	COMPLETE CBC, AUTOMATED (HCT, HgB, RBC, WBC and platelet count) & AUTO differential WBC COUNT	$11.03
85018	HEMOBLOBIN	$3.37
85610	PROTHROMBIN TIME	$6.09
85652	SEDIMENTATION RATE ERYTHROCYTE, AUTOMATED (ESR)	$3.83
86038	ANTINUCLEAR ANTIBODIES (ANA)	$17.17
86431	RHEUMATOID FACTOR TITRE; QUANTITATIVE	$8.72
85999	UNLISTED LABORATORY TEST	$ B.R.

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