MEMORANDUM

DATE: October 1, 2021

TO: All Staff and Medical and Psychological Consultants (MC/PCs)

FROM: Brian Garber, Director

SUBJECT: PM 06-04 (Revised)
Division of Disability Determinations (DDD) Consultative Examination (CE) Fee Schedule

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A. Background

A clear and consistent fee schedule is essential to the success of the consultative examination (CE) process. Staff and CE vendors must be able to understand one another when discussing CE procedures. Accordingly, the Division of Disability Determinations (DDD) uses the widely accepted American Medical Association (AMA) system of current procedural terminology (CPT) with fees based on the Centers for Medicare and Medicaid Services (CMS).

The Medicare Part B Physician and Non-Physician Practitioner Fee Schedule breaks Florida fees out into four (4) charge areas based on county localities. Clinical laboratory fees are the same for all counties statewide. Fees are consistent for the same services in the same charge area for each vendor and are adjusted annually to reflect the most current Medicare fee schedules. The DDD rounds Medicare fees to the nearest dollar.

This revised memorandum updates the DDD fee schedule, effective October 1, 2021, to reflect 2021 Medicare fees. In addition, it includes separate fee schedules found in the legacy system and the Disability Case Processing System (DCPS). Additionally, it replaces CPT code 92585 (Auditory Evoked Potentials, Comprehensive) with 92652 (Auditory Evoked Potentials, for threshold estimation at multiple frequencies).

This memorandum replaces PM 06-04, dated October 1, 2020.

B. References

2021 Medicare Clinical Laboratory Fees for Florida

2021 Medicare Part B Physician and Non-Physician Practitioner Fee Schedule

AM-20030 SEN Policy Reminders for Evaluating Individuals with Cochlear Implants more than Twelve Months after Initial Implantation

EM-20015 SEN REV 2 Scheduling Video Consultative Examinations during the Coronavirus Disease 2019 (COVID-19) National Public Health Emergency, revised September 29, 2020

PM 00-04 Consultative Examination (CE) Instructions, dated April 6, 2021

PM 04-06 Consultative Examination (CE) Cost Effectiveness Initiatives, dated December 16, 2020

PM 04-07 Physician Authorization of X-rays, Tests and Other Studies, dated January 5, 2021

POMS DI 22510.012, DI 22510.016, DI 22510.020, DI 34001.001 - DI 34001.036, DI 34005.001 - DI 34005.114, DI 39545.075, DI 39545.120, DI 39545.175, DI 39545.400, DI 39545.600, DI 39545.625, DI 39545.650, DI 39545.675, DI 39545.700, and DI 39569.300

C. CPT Files – Terminology and Concepts

CPT has been an integral component of the CE process for years. The automated CE system allows only one entry per authorization of the same CPT for services. Therefore, the DDD includes alpha prefix and suffix indicators for many of the AMA CPTs to allow more specificity in identifying the examination or testing being ordered. For example, when an X-ray is requested for both right and left sides, the alpha codes “R” in legacy and “RT” in DCPS for right and “L” in legacy and “LT” in DCPS for left serve as unique indicators for selection purposes. However, the actual AMA CPT prints on the authorization form for payment purposes. In legacy, the exception to this are the psychological test procedures, which all reflect the base CPT of 96130. Therefore, for psychological test procedures, alpha prefixes print on the authorization form to clearly identify the specific psychological evaluation(s) authorized.

Note: DCPS uses national CPT codes; this means the DDD cannot alter the descriptions of CPT codes in DCPS. Please use Attachments found in this memo to ensure you select the appropriate CPT codes in DCPS.

D. Payment of CE Vendor Fees

The principles governing payment to vendors are based on the CMS Medicare fee schedules cited above. Attachment 1 shows which counties fall into each of Florida’s four locality charge areas for calculating fees for services rendered. Programming in the legacy system identifies the vendor’s office address and computes fees based on the county code for that address. In

DCPS, the vendor's office zip code is used to determine which locality charge area should be used. Fees vary for those CE vendors who have multiple offices located in different charge areas. Fees for laboratory services are the same for all charge areas. Fees for CE vendors located in other states are based on the other state's CE fee schedule.

Staff should refer to the following attachments when requesting services, approving authorizations, and processing correct payment for services rendered by the vendor:

Procedure	Legacy CPT Codes	DCPS CPT Codes
Consultations & Special Testing Procedures	Attachment 2	Attachment 6
Non-Medical Procedures	--	Attachment 7
Psychological Procedures	Attachment 3	Attachment 8
Radiological Procedures	Attachment 4	Attachment 9
Laboratory Procedures	Attachment 5	Attachment 10
Additional Guidelines by Specialty	Attachment 11	Attachment 12

The fee schedule includes some CPTs split for the professional component (PC) and technical component (TC in legacy or 26 in DCPS) in addition to the global fee. Split billing is used when two (2) different vendors perform separate components of a single procedure. Adjudicators should always use the global CPT on the CE order. CE schedulers determine when split billing is necessary based on the vendor(s) selected to perform the testing. When necessary, CE schedulers change the global CPT to the appropriate PC and TC CPTs.

E. Use of the Fee Schedule

CPT descriptions and fees used on the CE vendor's Authorization and Billing Invoice should not deviate from the CPT descriptions and fees listed in the fee schedule attached to this memo. **The exception to this is authorizations to CE vendors located in Alabama and Georgia. Their State CE fee schedules controls payment to these vendors.**

The system automatically generates the appropriate description, payment code, and fee for consultation or testing requested by staff. CE schedulers need to review the authorization invoice before sending it to the CE vendor to ensure that the information shows the correct type of examination and/or test.

F. Amending an Authorization and Billing Invoice – Adjudicator Instructions

Upon receipt, the adjudicator must closely inspect the CE report and the CE Authorization and Billing Invoice prior to approving payment. It is the adjudicator's responsibility to ensure that all authorized services are received, that the invoice correctly reflects authorized and received services, and that the invoice has a vendor signature prior to approving the invoice for payment.

If review of the CE report shows that authorized services listed on the invoice were not submitted by the CE vendor, the adjudicator must contact the CE vendor. If the CE vendor performed the test, but did not include the results in the report, the adjudicator must ask the CE vendor to submit an amended CE report or an addendum to provide the results of the omitted test. Once the amended CE report or addendum is received, the adjudicator approves the invoice for payment.

Adjudicators should take the following steps when amending a CE Authorization and Billing Invoice.

1. The CE Vendor did not perform an authorized test:

    a. In the legacy system, if the CE vendor did not perform an authorized test, the adjudicator must notify CE scheduling staff via clerical follow-up to amend the original Authorization and Billing Invoice by cancelling the unperformed CPT. The adjudicator must document the EWS to reflect the contact with the CE vendor and the request to the CE scheduling staff to cancel the unperformed CPT.

    b. In DCPS, if the CE vendor did not perform an authorized test, the CE vendor should cross off the procedure on the invoice, initial the change and fax the invoice back to us as usual.

2. An additional service is requested by the CE vendor:

    a. In the legacy system, the adjudicator must have a supervisor or other designated staff member approve additions to the invoice. The adjudicator must document the EWS noting any additions to the authorized procedures. Then, the adjudicator sends a clerical follow-up to request an amendment to the original authorization.

    b. For DCPS Instructions, if the CE report has not been submitted, see the Modifying CPT code Guide.

    Note: A CE invoice cannot be modified if a CE report has been received. In this situation, the adjudicator would need to send an update request to the scheduler to cancel and reschedule the CE with the additional CPT code.

G. Amending an Authorization and Billing Invoice – CE Scheduling Staff Instructions

In the **legacy** system, CE scheduling staff can **add CPT codes** to the original Authorization and Billing Invoice in the legacy system by following these steps:

1. From the initial menu, select “F20”, CE Menu. Then, select “F21”, CE Payment Authorization.

2. Enter the authorization number or case number to access the authorization.

3. Select “F8”, Add CPT, and enter the CPT for the test/procedure approved by the adjudicator.

4. Add a note in the comment field to indicate the additional CPT approved and the name of the individual who approved the additional test/procedure, e.g., CPT 72100 added per John Doe.

5. Enter through the screens to make the change.

6. Send a response to the adjudicator’s email to advise the adjudicator that the CPT has been added.

In the **legacy** system, CE scheduling staff can **remove CPT codes** from the original Authorization and Billing Invoice in the legacy system by following these steps:

1. From the initial menu, select “F20”, CE Menu. Then, select “F21”, CE Payment Authorization.

2. Enter the authorization number or case number to access the authorization.

3. Enter a “C” in the Paid Sts/Date line of the cancelled CPT.

4. Add a note in the comment field to indicate the CPT that was cancelled and the name of the individual who approved the cancellation, e.g., CPT 72100 cancelled per John Doe.

5. Enter through the screens to make the change.

6. Send a response to the adjudicator’s email to advise that the CPT has been cancelled.

For guidance on amending a CPT code in **DCPS**, see the Modifying CPT code Guide.

Note: In DCPS, a CE invoice cannot be modified if a CE report has been received. Instead, the adjudicator would need to send an update request to the scheduler to cancel and reschedule the CE with the additional CPT code.

H. Exceptions

Do not authorize any procedure not listed in the DDD fee schedule without the approval of Program Services (PS). Staff must request all fee schedule exceptions via the HelpDesk ticket (HDT) system to the appropriate Professional Relations Officer (PRO), who will route the request to PS. Requests for exceptions to the fee schedule require a Medical Consultant (MC) review when there is a chance it may involve significant risk to the claimant.

Note: When a specialty CE requires Program Services' approval, managers should contact (b) (6) and (b) (6) via email requesting approval of the specialty CE.

I. Conclusion

Any questions or concerns regarding this memorandum or the availability of certain procedures under this fee schedule should be directed to the appropriate PRO or to the PS Specialist for fee schedule issues. Please refer to PS 07-01 for PS staff policy assignments.

BG/CJM/jp/dm

Attachments

MEDICARE PAYMENT LOCALITIES BY COUNTY			
CHARGE AREA 1	CHARGE AREA 2	CHARGE AREA 3	CHARGE AREA 4
Bay	Alachua	Broward	Dade
Bradford	Baker	Collier	Monroe
Calhoun	Brevard	Indian River	
Citrus	Charlotte	Lee	
Columbia	Clay	Martin	
DeSoto	Duval	Palm Beach	
Dixie	Escambia	St. Lucie	
Flagler	Hardee		
Franklin	Hendry		
Gadsden	Hillsborough		
Gilchrist	Leon		
Glades	Manatee		
Gulf	Okeechobee		
Hamilton	Orange		
Hernando	Osceola		
Highlands	Pinellas		
Holmes	Polk		
Jackson	Santa Rosa		
Jefferson	Sarasota		
Lafayette	Seminole		
Lake	St. Johns		
Levy	Union		
Liberty	Volusia		
Madison			
Marion			
Nassau			
Okaloosa			
Pasco			
Putnam			
Sumter			
Suwannee			
Taylor			
Wakulla			
Walton			
Washington			

Legacy CPT Code	Consultations and Special Testing Procedures	Fee by area designation		
		1 & 2	3	4
99202	Limited Initial Consultation	73	77	80
99203	Initial Consultation (Otolaryngological)	113	118	123
PD99204	Initial Consultation (Pediatric)	169	177	185
GM99204	Initial Consultation (Internist/General Medicine)	169	177	185
N99205	Initial Consultation (Neurological)	223	234	244
OS99205	Initial Consultation (Orthopedic)	223	234	244
PH99205	Initial Consultation (Physical Medicine)	223	234	244
SP99205	Initial Consultation (Speech & Language)	223	234	244
90791	Initial Consultation (Psychiatric)	180	185	190
90791T	Telehealth – Initial Consultation (Psychiatric) via Video Technology	180	185	190
92004	Initial Consultation (Eye Exam)	148	154	157
G92083	Visual Field Examination – Goldmann	62	65	66
AS92083	Visual Field Examination – Humphrey	62	65	66
SS92081	Visual Field Examination – SSA Test Kinetic	33	35	36
95930	Visual Evoked Potential	66	69	71
TC95930	Visual Evoked Potential – TC	47	50	52
PC95930	Visual Evoked Potential – PC	19	19	20
99213	Limited Initial Audiological Consultation *[refer to 92557, 92579, 92582 and 92626]*	91	96	99
92557	Audiometry *[the system automatically adds 99213]*	39	40	42
92579	Visual Reinforcement Audiometry (VRA) *[the system automatically adds 99213]*	47	49	51
92582	Conditioned Play Audiometry (CPA) *[the system automatically adds 99213]*	72	77	79
69210	Removal impacted cerumen	48	51	54
92626	Hearing in Noise Test (HINT) & Cochlear Implant Evaluation [the system automatically adds 99213]	90	93	95
92652	[OHO-ARU use only] Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	117	122	126

Legacy CPT Code	Consultations and Special Testing Procedures	Fee by area designation		
		1 & 2	3	4
93000	Electrocardiogram (EKG), 12 lead with Interpretation and Report	15	16	16
93015	Cardiovascular Stress Test with Interpretation and Report (Unless Contraindicated) *[the system automatically adds 99201]*	70	73	76
93016	Cardiovascular Stress Test, Monitoring Only (Unless Contraindicated) *[professional component; the system automatically adds 93018; check vendor file instructions to determine if 99201 is required - refer to 93017 for technical component]*	22	23	23
93017	Cardiovascular Stress Test, Tracing Only, Without Interpretation and Report (Unless Contraindicated) *[technical component – refer to 93016 for professional component]*	33	36	37
93018	Cardiovascular Stress Test, Interpretation and Report Only (Unless Contraindicated) *[refer to 93016]*	15	15	15
99201	Physician Time Spent with Claimant *[refer to 93015, P93015, 93016, P93016, 93924 & PC93924]*	46	48	50
93224	Electrocardiographic Monitoring (24 hour "Holter Type" Recording)	77	82	84
93306	Echocardiography, Transthoracic, Real-time with Image Documentation (2D), M-mode Recording, Complete, with Spectral Doppler and Color Flow Echocardiography *[use only when vendor file instructions advise to do so]*	200	210	216
TC93306	Echocardiography, Transthoracic, Real-time with Image Documentation (2D), M-mode Recording, Complete, with Spectral Doppler and Color Flow Echocardiography – TC *[use only when vendor file instructions advise to do so]*	129	138	141
PC93306	Echocardiography, Transthoracic, Real-time with Image Documentation (2D), M-mode Recording, Complete, with Spectral Doppler and Color Flow Echocardiography – PC *[use only when vendor file instructions advise to do so]*	70	72	74
93307	Echocardiography, Transthoracic, Real-time with Image Documentation (2D), Complete with Report *[use only when vendor file instructions advise to do so – the system automatically adds 93320; check vendor file instructions to determine if 93325 should be added]*	141	149	153

Legacy CPT Code	Consultations and Special Testing Procedures	Fee by area designation		
		1 & 2	3	4
TC93307	Echocardiography, Transthoracic, Real-time with Image Documentation (2D), Complete with Report – TC *[use only when vendor file instructions advise to do so – the system automatically adds TC93320; check vendor file instructions to determine if TC93325 should be added]*	96	102	105
PC93307	Echocardiography, Transthoracic, Real-time with Image Documentation (2D), Complete with Report – PC *[use only when vendor file instructions advise to do so – the system automatically adds PC93320; check vendor file instructions to determine if PC93325 should be added]*	45	47	48
93320	Doppler Echocardiography, Pulsed Wave and/or Continuous Wave with Spectral Display *[refer to 93307]*	52	55	57
TC93320	Doppler Echocardiography, Pulsed Wave and/or Continuous Wave with Spectral Display – TC *[refer to TC93307]*	34	37	38
PC93320	Doppler Echocardiography, Pulsed Wave and/or Continuous Wave with Spectral Display – PC *[refer to PC93307]*	18	18	19
93325	Doppler Echocardiography Color Flow Mapping *[check vendor file instructions to determine if this should be added to 93307]*	24	25	26
TC93325	Doppler Echocardiography Color Flow Mapping *[check vendor file instructions to determine if this should be added to TC93307]*	21	22	23
PC93325	Doppler Echocardiography Color Flow Mapping *[check vendor file instructions to determine if this should be added to PC93307]*	3	3	3
93922	Non-invasive Doppler Studies of Lower Extremity Arteries, Single Level, Bilateral, Ankle/Brachial & Toe/Brachial Indices, at Rest	83	89	92
TC93922	Non-invasive Doppler Studies of Lower Extremity Arteries, Single Level, Bilateral, Ankle/Brachial & Toe/Brachial Indices, at Rest – TC	70	75	77
PC93922	Non-invasive Doppler Studies of Lower Extremity Arteries, Single Level, Bilateral, Ankle/Brachial & Toe/Brachial Indices, at Rest – PC	13	14	15
93924	Non-invasive Studies of Lower Extremity Arteries, Doppler, Bilateral, Complete, at Rest and after Treadmill (unless contraindicated) *[check vendor file instructions to determine if 99201 is required]*	160	170	175

Legacy CPT Code	Consultations and Special Testing Procedures	Fee by area designation		
		1 & 2	3	4
TC93924	Non-invasive Studies of Lower Extremity Arteries, Doppler, Bilateral, Complete, at Rest and after Treadmill – TC (unless contraindicated)	135	144	147
PC93924	Non-invasive Studies of Lower Extremity Arteries, Doppler, Bilateral, Complete, at Rest and after Treadmill – PC (unless contraindicated) *[check vendor file instructions to determine if 99201 is required]*	25	26	27
94010	Spirometry, Pre-bronchodilator	35	37	38
TC94010	Spirometry, Pre-bronchodilator – TC	26	28	29
PC94010	Spirometry, Pre-bronchodilator – PC	9	9	9
94060	Multiple Spirometric Determinations, Pre and Post Bronchodilator *[the system automatically adds 99499PFT]*	58	61	63
TC94060	Multiple Spirometric Determinations, Pre and Post Bronchodilator – TC *[the system automatically adds 99499PFT]*	45	48	49
PC94060	Multiple Spirometric Determinations, Pre and Post Bronchodilator – PC	13	14	14
94729	Carbon Monoxide Diffusing Capacity, (DLCO)	57	61	63
TC94729	Carbon Monoxide Diffusing Capacity, (DLCO) – TC	48	52	53
PC94729	Carbon Monoxide Diffusing Capacity, (DLCO) – PC	9	9	10
94760	Pulse Oximetry, Single Determination [*the system automatically adds 94761 and 99499PO]* *MC and Program Services approval is required	3	3	3
94761	Pulse Oximetry, Multiple Determinations	4	4	5
36600	Arterial Puncture, Withdrawal of Blood for Diagnosis *[refer to 82803]*	30	32	33
82803	Arterial Blood Gas (ABG) *[add 36600 for resting]*	26	26	26
99199A	Special Service (Home/Facility visit) One Non-exam Hour or Less	75	75	75
99199B	Special Service (Home/Facility visit) More Than One Non-exam Hour	125	125	125
99499A	[OHO-ARU use only] – Assessment and Completion of Physical Functional Capacity Form	40	40	40
99499B	[OHO-ARU use only] – Assessment and Completion of Mental Functional Capacity Form	25	25	25
99499C	[OHO-ARU use only] – Assessment and Completion of Childhood Assessment Form	25	25	25

Legacy CPT Code	Consultations and Special Testing Procedures	Fee by area designation		
		1 & 2	3	4
99499D	[OHO-ARU use only] – Completion of Written Interrogatories by an ALJ	35	35	35
99499PFT	Completion of D0614, Spirometric Pulmonary Function Report	40	40	40
99499PO	Completion of D0619, Pulse Oximetry Report	40	40	40

PROGRAM SERVICES' APPROVAL REQUIRED PHARMACOLOGIC STRESS TEST				
Legacy CPT Code	**Consultations and Special Testing Procedures**	**Fee by area designation**		
		1 & 2	**3**	**4**
P93015	Pharmacologic (Adenosine or Dobutamine) Cardiovascular Stress Test with Interpretation and Report (Unless Contraindicated) *[the system automatically adds 99201; add 78452]*	70	73	76
P93016	Pharmacologic (Adenosine or Dobutamine) Cardiovascular Stress Test, Monitoring Only (Unless Contraindicated) *[professional component; the system automatically adds P93018; add PC78452 & check vendor file instructions to determine if 99201 is required - Refer to P93017 for technical component]*	22	23	23
P93017	Pharmacologic (Adenosine or Dobutamine) Cardiovascular Stress Test, Tracing Only, Without Interpretation and Report *[technical component; add TC78452. Refer to P93016 for professional component]*	33	36	37
P93018	Pharmacologic (Adenosine or Dobutamine) Cardiovascular Stress Test, Interpretation and Report Only (Unless Contraindicated) *[refer to P93016]*	15	15	15
78452	Tomographic (SPECT), Multiple Studies (Including Attention Correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when Performed) at Rest and/or Stress (Exercise and/or Pharmacologic) *[refer to P93015]*	462	490	502
TC78452	Tomographic (SPECT), Multiple Studies (Including Attention Correction qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when Performed) at Rest and/or Stress (Exercise and/or Pharmacologic) (Unless Contraindicated) – TC *[refer to P93017]*	385	411	421
PC78452	Tomographic (SPECT), Multiple Studies (Including Attention Correction qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when Performed) at Rest and/or Stress (Exercise and/or Pharmacologic) (Unless Contraindicated) – PC *[refer to P93016]*	77	79	81

Legacy CPT Code	Psychological Procedures*	Fee by area designation		
		1 & 2	3	4
IQ96130 1 ½ hours	General Intellectual Evaluation Includes interviewing, administration and interpretation of an individual standardized test of intelligence (e.g., WAIS, WISC, Bayley, etc.), and providing a written report.	167	171	177
LTD96130 2 ½ hours	Limited Evaluation with IQ Test Includes interviewing, administration and interpretation of an individual standardized test of intelligence (e.g., WAIS, WISC, etc.), and providing a written report. The report includes a complete mental status examination, but does not include the extensive longitudinal history that is included in the General Clinical Evaluation with Mental Status.	259	265	274
MSE96130 1 ½ hours	General Clinical Evaluation with Mental Status Includes interviewing, conducting an in-depth mental status examination with a longitudinal history, and providing a written report. It does not include the administration of testing.	167	171	177
MSE96130T 1 ½ hours	Telehealth – General Clinical Evaluation with Mental Status Includes interviewing, conducting an in-depth mental status examination with a longitudinal history, and providing a written report via video technology. It does not include the administration of testing.	167	171	177
MA96130 5 hours	Memory Assessment (MSE, WAIS, & WMS) Includes interviewing, a mental status examination with a longitudinal history, administration of the Wechsler Intelligence Scale and Wechsler Memory Scale, and providing a written report.	489	500	516
MT96130 2 ½ hours	Memory Testing – Wechsler Memory Scale* Includes interviewing, administration, and interpretation of the Wechsler Memory Scale, and providing a written report.	259	265	274

Legacy CPT Code	Psychological Procedures*	Fee by area designation		
		1 & 2	3	4
LD96130 4 hours	Learning Disabilities Evaluation* Includes interviewing, administration and interpretation of an individualized standardized test of intelligence (e.g., WAIS, WISC, etc.), and the Woodcock-Johnson Achievement Test (WJ) or the Wechsler Individual Achievement Test (WIAT), and providing a written report.	397	406	419
AF96130 ½ hour	Adaptive Functioning Evaluation Includes interviewing, administration and interpretation of appropriate adaptive functioning tests, and providing a written report.	61	62	64
AT96130 2 ½ hour	Achievement Testing Includes interviewing, administration and interpretation of the Woodcock-Johnson Achievement Test (WJ) or the Wechsler Individual Achievement Test (WIAT), and providing a written report.	259	265	274
WR96130 1 hour	Wide Range Achievement Test [OHO-ARU use only] – Includes interviewing, administration and interpretation of the Wide Range Achievement Test (WRAT), and providing a written report.	121	124	128

***Reminder:** If all components of a bundled test are not needed, order only the individual test using the appropriate CPT. If all components of a bundled test are needed, use only the CPT for the bundled tests – do not order the tests separately.

Legacy CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
71046	Chest, two views	33	35	36
TC71046	Chest, two views – TC	22	24	24
PC71046	Chest, two views – PC	11	11	11
72040	Cervical spine, two-three views	38	41	42
TC72040	Cervical spine, two-three views – TC	27	29	30
PC72040	Cervical spine, two-three views – PC	11	11	12
72070	Thoracic spine, two views	32	34	35
TC72070	Thoracic spine, two views – TC	22	23	24
PC72070	Thoracic spine, two views – PC	10	10	11
72100	Lumbosacral spine, two-three views	39	41	42
TC72100	Lumbosacral spine, two-three views – TC	28	30	31
PC72100	Lumbosacral spine, two-three views – PC	11	11	12
72170	Pelvis, two views	27	29	30
TC72170	Pelvis, two views – TC	19	20	21
PC72170	Pelvis, two views – PC	9	9	9
72200	Sacroiliac joints, less than three views	32	34	35
TC72200	Sacroiliac joints, less than three views – TC	24	25	26
PC72200	Sacroiliac joints, less than three views – PC	8	9	9
73030R	Shoulder, complete, minimum two views (R)	33	36	37
TC73030R	Shoulder, complete, minimum two views (R) –TC	24	26	27
PC73030R	Shoulder, complete, minimum two views (R) – PC	9	10	10

Legacy CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
73030L	Shoulder, complete, minimum two views (L)	33	36	37
TC73030L	Shoulder, complete, minimum two views (L) – TC	24	26	27
PC73030L	Shoulder, complete, minimum two views (L) – PC	9	10	10
73060R	Humerus, two views (R)	31	33	35
TC73060R	Humerus, two views (R) – TC	23	25	26
PC73060R	Humerus, two views (R) – PC	8	9	9
73060L	Humerus, two views (L)	31	33	35
TC73060L	Humerus, two views (L) – TC	23	25	26
PC73060L	Humerus, two views (L) – PC	8	9	9
73070R	Elbow, two views (R)	29	30	31
TC73070R	Elbow, two views (R) –TC	20	22	22
PC73070R	Elbow, two views (R) – PC	8	9	9
73070L	Elbow, two views (L)	29	30	31
TC73070L	Elbow, two views (L) – TC	20	22	22
PC73070L	Elbow, two views (L) – PC	8	9	9
73090R	Forearm, two views (R)	29	30	31
TC73090R	Forearm, two views (R) – TC	20	22	23
PC73090R	Forearm, two views (R) – PC	8	8	9
73090L	Forearm, two views (L)	29	30	31
TC73090L	Forearm, two views (L) – TC	20	22	23
PC73090L	Forearm, two views (L) – PC	8	8	9

Legacy CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
73100R	Wrist, two views (R)	33	35	36
TC73100R	Wrist, two views (R) – TC	25	27	27
PC73100R	Wrist, two views (R) – PC	8	9	9
73100L	Wrist, two views (L)	33	35	36
TC73100L	Wrist, two views (L) – TC	25	27	27
PC73100L	Wrist, two views (L) – PC	8	9	9
73120R	Hand, two views (R)	31	32	33
TC73120R	Hand, two views (R) – TC	22	24	24
PC73120R	Hand, two views (R) – PC	8	9	9
73120L	Hand, two views (L)	31	32	33
TC73120L	Hand, two views (L) – TC	22	24	24
PC73120L	Hand, two views (L) – PC	8	9	9
73140R	Fingers, minimum two views (R)	36	39	40
TC73140R	Fingers, minimum two views (R) – TC	29	31	32
PC73140R	Fingers, minimum two views (R) – PC	7	7	8
73140L	Fingers, minimum two views (L)	36	39	40
TC73140L	Fingers, minimum two views (L) – TC	29	31	32
PC73140L	Fingers, minimum two views (L) – PC	7	7	8
73502R	Hip, complete, minimum two views (R)	45	48	49
TC73502R	Hip, complete, minimum two views (R) – TC	34	37	38
PC73502R	Hip, complete, minimum two views (R) – PC	11	11	12

Legacy CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
73502L	Hip, complete, minimum two views (L)	45	48	49
TC73502L	Hip, complete, minimum two views (L) – TC	34	37	38
PC73502L	Hip, complete, minimum two views (L) – PC	11	11	12
73521	Hips, bilateral, two views and AP of pelvis	40	43	44
TC73521	Hips, bilateral, two views and AP of pelvis – TC	29	31	32
PC73521	Hips, bilateral, two views and AP of pelvis – PC	11	11	12
73552R	Femur, two views (R)	34	37	38
TC73552R	Femur, two views (R) – TC	25	27	28
PC73552R	Femur, two views (R) – PC	9	9	10
73552L	Femur, two views (L)	34	37	38
TC73552L	Femur, two views (L) – TC	25	27	28
PC73552L	Femur, two views (L) – PC	9	9	10
73560R	Knee, two views (R)	33	36	37
TC73560R	Knee, two views (R) – TC	25	27	28
PC73560R	Knee, two views (R) – PC	8	9	9
73560L	Knee, two views (L)	33	36	37
TC73560L	Knee, two views (L) – TC	25	27	28
PC73560L	Knee, two views (L) – PC	8	9	9
73590R	Tibia and fibula, two views (R)	31	33	34
TC73590R	Tibia and fibula, two views (R) –TC	23	24	25
PC73590R	Tibia and fibula, two views (R) – PC	8	8	9

Legacy CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
73590L	Tibia and fibula, two views (L)	31	33	34
TC73590L	Tibia and fibula, two views (L) –TC	23	24	25
PC73590L	Tibia and fibula, two views (L) – PC	8	8	9
73600R	Ankle, two views (R)	32	34	35
TC73600R	Ankle, two views (R) – TC	23	25	26
PC73600R	Ankle, two views (R) – PC	8	9	9
73600L	Ankle, two views (L)	32	34	35
TC73600L	Ankle, two views (L) – TC	23	25	26
PC73600L	Ankle, two views (L) – PC	8	9	9
73620R	Foot, two views (R)	28	30	31
TC73620R	Foot, two views (R) – TC	20	22	22
PC73620R	Foot, two views (R) – PC	8	8	8
73620L	Foot, two views (L)	28	30	31
TC73620L	Foot, two views (L) – TC	20	22	22
PC73620L	Foot, two views (L) – PC	8	8	8
73650R	Calcaneus, two views (R)	28	30	31
TC73650R	Calcaneus, two views (R) – TC	20	22	22
PC73650R	Calcaneus, two views (R) – PC	8	8	9
73650L	Calcaneus, two views (L)	28	30	31
TC73650L	Calcaneus, two views (L) – TC	20	22	22
PC73650L	Calcaneus, two views (L) – PC	8	8	9

Legacy CPT Code	Laboratory Procedures	Fee All Charge Areas
36415	Venipuncture *[add to all codes below]*	3
80053	Comprehensive Metabolic Panel Includes Albumin, Bilirubin-total, Calcium-Ca, Carbon Dioxide-C02, Chloride-CL, Creatinine, Glucose, Alkaline Phosphatase-ALK/PTSE, Potassium-K, Protein-total, Sodium-Na, Alanine Amino Transferase-ALT/SGPT, Aspartate Amino Transferase-AST/SGOT and Blood Urea Nitrogen-BUN	11
80069	Renal Function Panel Includes Albumin, Calcium-Ca, Carbon Dioxide-CO2, Chloride-CL, Creatinine, Glucose, Phosphorus, Potassium-K, Blood Urea Nitrogen-BUN, and Sodium-Na	9
80076	Hepatic Function Panel Includes Albumin, Bilirubin-total, Bilirubin-direct, Protein, Alkaline Phosphatase-ALK/PTSE, Alanine Amino Transferase-ALT/SGPT, and Aspartate Amino Transferase-AST/SGOT	8
80198	Theophylline	14
81000	Urinalysis	4
82040	Albumin, Serum	5
82247	Bilirubin, Total	5
82270	Occult Blood, Feces	4
82310	Calcium, Total	5
82374	Carbon Dioxide (Bicarbonate)	5
82375	Carbon Monoxide, Quantitative	12
82380	Carotene, Blood	9
82465	Cholesterol, Total	4
82565	Creatinine, Blood	5
82575	Creatinine Clearance	9
82947	Glucose, Blood, Quantitative	4
83020	Hemoglobin Electrophoresis	13
83491	Hydroxycorticosteroids, 17	18

Legacy CPT Code	Laboratory Procedures	Fee All Charge Areas
83970	Parathormone (Parathyroid Hormone)	41
84165	Protein, Electrophoretic Fractionation and Quantitation	11
84436	Thyroxine, Total	7
84439	Thyroxine Index	9
84479	Thyroid Hormone (T3 or T4) Uptake or Thyroid Hormone Binding Ratio	6
85018	Hemoglobin	2
85025	Blood Count, Complete (CBC) (Hemoglobin, Hematocrit, Red Blood Cells, White Blood Cells, Platelet Count and Automated Differential White Blood Cells)	8
85045	Reticulocyte, Automated	4
85610	International Normalized Ratio –Prothrombin Time (Do not order for children under 12 years old)	4
86320	Immunoelectrophoresis, Serum	30
86360	T Cell Absolute Count/Ratio *MC and Program Services approval is required	47

DCPS CPT Code	Consultations and Special Testing Procedures	Fee by area designation		
		1 & 2	3	4
99203-LIMITED	Limited Exam	73	77	80
99204-OTOLARYN	Otolaryngology Exam	113	118	123
99204-PEDIATRIC	Pediatric	169	177	185
99204-GENMED	General Medicine	169	177	185
99205-NEURO	Comprehensive Neurological	223	234	244
99205-MUSC-SKEL	Comprehensive Musculoskeletal Exam	223	234	244
99204-PHYSIATRIST	Physiatrist	223	234	244
92523	Speech Language Evaluation	223	234	244
92004	Initial Consultation (Eye Exam)	148	154	157
92083-GOLD	Goldmann Perimetry	62	65	66
92083-HFA-30-2	Humphrey Field Analyzer 30-2	62	65	66
92083-SSAKINETIC	Visual Field Examination with Humphrey SSA Kinetic	33	35	36
95930	Visual Evoked Potential	66	69	71
95930-TC	Visual Evoked Potential (Tech)	47	50	52
95930-26	Visual Evoked Potential (Prof)	19	19	20
92557	Audiometry with Speech Discrimination [Fee for 99213 included in this code]	130	136	141
92579	Visual Reinforcement Audiometry (VRA) [Fee for 99213 included in this code]	138	145	150
92582	Conditioning Play Audiometry [Fee for 99213 included in this code]	163	173	178
69210	Ear Wax Removal	48	51	54
92700-HINT	Audiometric Testing - HINT [Fee for 99213 included in this code]	181	189	194
92652	[OHO-ARU use only] Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	117	122	126
93000	EKG Int/Tracing/Rpt	15	16	16
93015	CV Stress Test with exercise, ECG, with supervision, interpretation and report (Unless Contraindicated) [Fee for 99201 included in this code]	116	121	126

DCPS CPT Code	Consultations and Special Testing Procedures	Fee by area designation		
		1 & 2	3	4
93016	CV Stress Test with exercise, ECG, supervision only (Unless Contraindicated) (Professional Component – refer to 93017 for technical component) [Fee for 93018 included in this code]	37	38	38
93017	CV Stress Test with exercise, ECG, tracing only (Unless Contraindicated) (Technical Component – refer to 93016 for professional component)	33	36	37
93018	CV Stress Test with exercise, ECG, interpretation and report only (Unless Contraindicated) [refer to 93016]	15	15	15
93224	External electrocardiographic recording, report and interpretation	77	82	84
93306	Echocardiography, transthoracic with color flow Doppler (use only when vendor file instructions advise to do so)	200	210	216
93306-TC	Echocardiography, transthoracic with color flow Doppler (Tech) (use only when vendor file instructions advise to do so)	129	138	141
93306-26	Echocardiography, transthoracic with color flow Doppler (Prof) (use only when vendor file instructions advise to do so)	70	72	74
93307	Echocardiogram (use only when vendor file instructions advise to do so) [Fee for 93320 included in this code]	193	204	210
93307-TC	Echocardiogram (Tech) (use only when vendor file instructions advise to do so) [Fee for 93320-TC included in this code]	130	139	143
93307-26	Echocardiogram (Prof) (use only when vendor file instructions advise to do so) [Fee for 93320-26 included in this code]	63	65	67
93320	Doppler Wave [refer to 93307]	52	55	57
93320-TC	Doppler Wave (Tech) [refer to 93307-TC]	34	37	38
93320-26	Doppler Wave (Prof) [refer to 93307-26]	18	18	19
93922	Doppler Peripheral Arterial - Resting - one or two levels	83	89	92
93922-TC	Doppler Peripheral Arterial - Resting - one or two levels (Tech)	70	75	77
93922-26	Doppler Peripheral Arterial - Resting - one or two levels (Prof)	13	14	15
93924	Doppler lower extremities exercise (unless contraindicated) *[check vendor file instructions to determine if 99201 is required]*	160	170	175

DCPS CPT Code	Consultations and Special Testing Procedures	Fee by area designation		
		1 & 2	3	4
93924-TC	Doppler lower extremities exercise (Tech) (unless contraindicated)	135	144	147
93924-26	Doppler lower extremities exercise (Prof) (unless contraindicated) *[check vendor file instructions to determine if 99201 is required]*	25	26	27
94010	Spirometry [Fee for 99499PFT included in this code]	75	77	78
94010-TC	Spirometry (Tech) [Fee for 99499PFT included in this code]	66	68	69
94010-26	Spirometry (Prof)	9	9	9
94060	Spirometry - Pre and Post Bronchodilator [Fee for 99499PFT included in this code]	98	101	103
94060-TC	Spirometry - Pre and Post Bronchodilator (Tech) [Fee for 99499PFT included in this code]	85	88	89
94060-26	Spirometry - Pre and Post Bronchodilator (Prof)	13	14	14
94729	CO Diffusing Capacity, DLCO	57	61	63
94729-TC	CO Diffusing Capacity, DLCO (Tech)	48	52	53
94729-26	CO Diffusing Capacity, DLCO (Prof)	9	9	10
94760	Pulse Oximetry [Fees for 94761 and 99499PO are included in this code] *MC and Program Services approval is required	47	47	48
94761	Pulse Oximetry; Multiple Determinations	4	4	5
36600	Arterial puncture withdrawal of blood for diagnosis [refer to 82803]	30	32	33
82803	Blood Gases - Resting [must add 36600 for resting]	26	26	26
78452	Myocardial Perfusion Imaging (unless contraindicated)	462	490	502
78452-TC	Myocardial Perfusion Imaging (Tech) (unless contraindicated)	385	411	421
78452-26	Myocardial Perfusion Imaging (Prof) (unless contraindicated)	77	79	81

DCPS CPT Code	Non-Medical	Fee All Charge Areas
99199	Special Service (Home/Facility Visit) – Unlisted Special Service, Procedure or Report	125
HA1151-FEE	[OHO Use Only] Medical Source Statement of Ability to do Work-Related Activities (Physical)	40
HA1152-FEE	[OHO Use Only] Medical Source Statement of Ability to do Work-Related Activities (Mental)	25
99075	[OHO Use Only] Completion of Childhood Assessment Form – Medical Source Statement	25
99499	[OHO Use Only] Completion of Written Interrogatories by an ALJ – Unlisted Evaluation and Management Services	35

DCPS CPT Code	Psychological Procedures*	Fee by area designation		
		1 & 2	3	4
90791	Psychiatric Exam Initial Consultation (Psychiatric)	180	185	190
90791***	Telehealth Psychiatric Exam Must add TELEHLTH code to 90791 CE package	180	185	190
96130-ADAPTFUNCT	Adaptive Functioning Assessment Includes interviewing, administration and interpretation of appropriate adaptive functioning tests, and providing a written report.	61	62	64
96130	Achievement Testing (Psychological Testing Evaluation; first hour) Includes interviewing, administration and interpretation of the Woodcock-Johnson Achievement Test (WJ) or the Wechsler Individual Achievement Test (WIAT), and providing a written report.	259	265	274
96101-IQ	General Intellectual Evaluation (IQ test without MSE) Includes interviewing, administration and interpretation of an individual standardized test of intelligence (e.g., WAIS, WISC, Bayley, etc.), and providing a written report.	167	171	177
96136	Learning Disabilities Evaluation (Psychological Testing Evaluation; two or more test) Includes interviewing, administration and interpretation of an individualized standardized test of intelligence (e.g., WAIS, WISC, etc.), and the Woodcock-Johnson Achievement Test (WJ) or the Wechsler Individual Achievement Test (WIAT), and providing a written report.	397	406	419

DCPS CPT Code	Psychological Procedures*	Fee by area designation		
		1 & 2	3	4
90791-TEST	Limited Evaluation with IQ Test (Mental Status Exam with Testing) Includes interviewing, administration and interpretation of an individual standardized test of intelligence (e.g., WAIS, WISC, etc.), and providing a written report. The report includes a complete mental status examination, but does not include the extensive longitudinal history that is included in the General Clinical Evaluation with Mental Status.	259	265	274
90791-COMBINED	Memory Assessment (Mental Status, IQ and Memory Test) Includes interviewing, a mental status examination with a longitudinal history, administration of the Wechsler Intelligence Scale and Wechsler Memory Scale, and providing a written report.	489	500	516
90791-MSE	General Clinical Evaluation with Mental Status (Mental Status Exam) Includes interviewing, conducting an in-depth mental status examination with a longitudinal history, and providing a written report. It does not include the administration of testing.	167	171	177
90791-MSE***	Telehealth General Clinical Evaluation with Mental Status (Mental Status Exam - Telehealth) Must add TELEHLTH code to 90791-MSE CE package	167	171	177
96130-WMS	Memory Testing (Wechsler Memory Scale [WMS]) Includes interviewing, administration, and interpretation of the Wechsler Memory Scale, and providing a written report.	259	265	274

DCPS CPT Code	Psychological Procedures*	Fee by area designation		
		1 & 2	3	4
96130-WRAT	Wide Range Achievement Test [OHO Use Only] – Includes interviewing, administration and interpretation of the Wide Range Achievement Test (WRAT), and providing a written report.	121	124	128
TELEHLTH***	Telehealth CE Scheduling Notifier	---	---	---

***Reminder:** If all components of a bundled test are not needed, order only the individual test using the appropriate CPT. If all components of a bundled test are needed, use only the CPT for the bundled tests – do not order the tests separately.

***Telehealth Exams:** The Telehealth CE Scheduling Notifier (TELEHLTH) code must be added if the claimant requests a telehealth CE for a Psychiatric Exam (90791) or Mental Status Exam (90791-MSE) that does not require testing.

DCPS CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
71046	Chest, X-ray, 2 Views	33	35	36
71046-TC	Chest, X-ray, 2 Views (Tech)	22	24	24
71046-26	Chest, X-ray, 2 Views (Prof)	11	11	11
72040	Spine, Cervical, X-ray, 2-3 Views	38	41	42
72040-TC	Spine, Cervical, X-ray, 2-3 Views (Tech)	27	29	30
72040-26	Spine, Cervical, X-ray, 2-3 Views (Prof)	11	11	12
72070	Spine, Thoracic X-ray, A/P & L	32	34	35
72070-TC	Spine, Thoracic X-ray, A/P & L (Tech)	22	23	24
72070-26	Spine, Thoracic X-ray, A/P & L (Prof)	10	10	11
72100	Spine, Lumbar X-ray, A/P & L	39	41	42
72100-TC	Spine, Lumbar X-ray, A/P & L (Tech)	28	30	31
72100-26	Spine, Lumbar X-ray, A/P & L (Prof)	11	11	12
72170	Pelvis. X-ray, 1 or 2 Views	27	29	30
72170-TC	Pelvis. X-ray, 1 or 2 Views (Tech)	19	20	21
72170-26	Pelvis. X-ray, 1 or 2 Views (Prof)	9	9	9
72200	Sacroiliac, X-ray, <3 Views	32	34	35
72200-TC	Sacroiliac, X-ray, <3 Views (Tech)	24	25	26
72200-26	Sacroiliac, X-ray, <3 Views (Prof)	8	9	9
73030-LT	Shoulder, X-ray, Complete, Left	33	36	37
73030-TC-LT	Shoulder, X-ray, Complete, Left (Tech)	24	26	27
73030-26-LT	Shoulder, X-ray, Complete, Left (Prof)	9	10	10

DCPS CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
73030-RT	Shoulder, X-ray, Complete, Right	33	36	37
73030-TC-RT	Shoulder, X-ray, Complete, Right (Tech)	24	26	27
73030-26-RT	Shoulder, X-ray, Complete, Right (Prof)	9	10	10
73060-LT	Humerus, X-ray, 2 Views, Left	31	33	35
73060-TC-LT	Humerus, X-ray, 2 Views, Left (Tech)	23	25	26
73060-26-LT	Humerus, X-ray, 2 Views, Left (Prof)	8	9	9
73060-RT	Humerus, X-ray, 2 Views, Right	31	33	35
73060-TC-RT	Humerus, X-ray, 2 Views, Right (Tech)	23	25	26
73060-26-RT	Humerus, X-ray, 2 Views, Right (Prof)	8	9	9
73070-LT	Elbow, X-ray, 2 Views, Left	29	30	31
73070-TC-LT	Elbow, X-ray, 2 Views, Left (Tech)	20	22	22
73070-26-LT	Elbow, X-ray, 2 Views, Left (Prof)	8	9	9
73070-RT	Elbow, X-ray, 2 Views, Right	29	30	31
73070-TC-RT	Elbow, X-ray, 2 Views, Right (Tech)	20	22	22
73070-26-RT	Elbow, X-ray, 2 Views, Right (Prof)	8	9	9
73090-LT	Forearm, X-ray, 2 Views, Left	29	30	31
73090-TC-LT	Forearm, X-ray, 2 Views, Left (Tech)	20	22	23
73090-26-LT	Forearm, X-ray, 2 Views, Left (Prof)	8	8	9
73090-RT	Forearm, X-ray, 2 Views, Right	29	30	31
73090-TC-RT	Forearm, X-ray, 2 Views, Right (Tech)	20	22	23
73090-26-RT	Forearm, X-ray, 2 Views, Right (Prof)	8	8	9

DCPS CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
73100-LT	Wrist, X-ray, 2 Views, Left	33	35	36
73100-TC-LT	Wrist, X-ray, 2 Views, Left (Tech)	25	27	27
73100-26-LT	Wrist, X-ray, 2 Views, Left (Prof)	8	9	9
73100-RT	Wrist, X-ray, 2 Views, Right	33	35	36
73100-TC-RT	Wrist, X-ray, 2 Views, Right (Tech)	25	27	27
73100-26-RT	Wrist, X-ray, 2 Views, Right (Prof)	8	9	9
73120-LT	Hand, X-ray, 2 Views, Left	31	32	33
73120-TC-LT	Hand, X-ray, 2 Views, Left (Tech)	22	24	24
73120-26-LT	Hand, X-ray, 2 Views, Left (Prof)	8	9	9
73120-RT	Hand, X-ray, 2 Views, Right	31	32	33
73120-TC-RT	Hand, X-ray, 2 Views, Right (Tech)	22	24	24
73120-26-RT	Hand, X-ray, 2 Views, Right (Prof)	8	9	9
73140-LT	Fingers, X-ray, 2 Views, Left	36	39	40
73140-TC-LT	Fingers, X-ray, 2 Views, Left (Tech)	29	31	32
73140-26-LT	Fingers, X-ray, 2 Views, Left (Prof)	7	7	8
73140-RT	Fingers, X-ray, 2 Views, Right	36	39	40
73140-TC-RT	Fingers, X-ray, 2 Views, Right (Tech)	29	31	32
73140-26-RT	Fingers, X-ray, 2 Views, Right (Prof)	7	7	8
73502-LT	Hip, X-ray, Complete, Left	45	48	49
73502-TC-LT	Hip, X-ray, Complete, Left (Tech)	34	37	38
73502-26-LT	Hip, X-ray, Complete, Left (Prof)	11	11	12

DCPS CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
73502-RT	Hip, X-ray, Complete, Right	45	48	49
73502-TC-RT	Hip, X-ray, Complete, Right (Tech)	34	37	38
73502-26-RT	Hip, X-ray, Complete, Right (Prof)	11	11	12
73521	Hip, X-ray, Bilateral, Complete	40	43	44
73521-TC	Hip, X-ray, Bilateral, Complete (Tech)	29	31	32
73521-26	Hip, X-ray, Bilateral, Complete (Prof)	11	11	12
73552-LT	Femur, X-ray, Two Views, Left	34	37	38
73552-TC-LT	Femur, X-ray, Two Views, Left (Tech)	25	27	28
73552-26-LT	Femur, X-ray, Two Views, Left (Prof)	9	9	10
73552-RT	Femur, X-ray, Two Views, Right	34	37	38
73552-TC-RT	Femur, X-ray, Two Views, Right (Tech)	25	27	28
73552-26-RT	Femur, X-ray, Two Views, Right (Prof)	9	9	10
73560-LT	Knee, X-ray, 2 Views, Left	33	36	37
73560-TC-LT	Knee, X-ray, 2 Views, Left (Tech)	25	27	28
73560-26-LT	Knee, X-ray, 2 Views, Left (Prof)	8	9	9
73560-RT	Knee, X-ray, 2 Views, Right	33	36	37
73560-TC-RT	Knee, X-ray, 2 Views, Right (Tech)	25	27	28
73560-26-RT	Knee, X-ray, 2 Views, Right (Prof)	8	9	9
73590-LT	Tibia/Fibula, X-ray, Two Views, Left	31	33	34
73590-TC-LT	Tibia/Fibula, X-ray, Two Views, Left (Tech)	23	24	25
73590-26-LT	Tibia/Fibula, X-ray, Two Views, Left (Prof)	8	8	9

DCPS CPT Code	Radiological Procedures	Fee by area designation		
		1 & 2	3	4
73590-RT	Tibia/Fibula, X-ray, Two Views, Right	31	33	34
73590-TC-RT	Tibia/Fibula, X-ray, Two Views, Right (Tech)	23	24	25
73590-26-RT	Tibia/Fibula, X-ray, Two Views, Right (Prof)	8	8	9
73600-LT	Ankle, X-ray, 2 Views, Left	32	34	35
73600-TC-LT	Ankle, X-ray, 2 Views, Left (Tech)	23	25	26
73600-26-LT	Ankle, X-ray, 2 Views, Left (Prof)	8	9	9
73600-RT	Ankle, X-ray, 2 Views, Right	32	34	35
73600-TC-RT	Ankle, X-ray, 2 Views, Right (Tech)	23	25	26
73600-26-RT	Ankle, X-ray, 2 Views, Right (Prof)	8	9	9
73620-LT	Foot, X-ray, 2 Views, Left	28	30	31
73620-TC-LT	Foot, X-ray, 2 Views, Left (Tech)	20	22	22
73620-26-LT	Foot, X-ray, 2 Views, Left (Prof)	8	8	8
73620-RT	Foot, X-ray, 2 Views, Right	28	30	31
73620-TC-RT	Foot, X-ray, 2 Views, Right (Tech)	20	22	22
73620-26-RT	Foot, X-ray, 2 Views, Right (Prof)	8	8	8
73650R	Calcaneus, two views (R)	28	30	31
TC73650R	Calcaneus, two views (R) – TC	20	22	22
PC73650R	Calcaneus, two views (R) – PC	8	8	9
73650L	Calcaneus, two views (L)	28	30	31
TC73650L	Calcaneus, two views (L) – TC	20	22	22
PC73650L	Calcaneus, two views (L) – PC	8	8	9

DCPS CPT Code	Laboratory Testing	Fee All Charge Areas
36415	Venous Blood Draw/Venipuncture [add to all codes below]	3
80053	Comprehensive Metabolic Panel Includes Albumin, Bilirubin-total, Calcium-Ca, Carbon Dioxide-C02, Chloride-CL, Creatinine, Glucose, Alkaline Phosphatase-ALK/PTSE, Potassium-K, Protein-total, Sodium-Na, Alanine Amino Transferase-ALT/SGPT, Aspartate Amino Transferase-AST/SGOT and Blood Urea Nitrogen-BUN	11
80069	Renal Function Panel Includes Albumin, Calcium-Ca, Carbon Dioxide-CO2, Chloride-CL, Creatinine, Glucose, Phosphorus, Potassium-K, Blood Urea Nitrogen-BUN, and Sodium-Na	9
80076	Hepatic Function Panel Includes Albumin, Bilirubin-total, Bilirubin-direct, Protein, Alkaline Phosphatase-ALK/PTSE, Alanine Amino Transferase-ALT/SGPT, and Aspartate Amino Transferase-AST/SGOT	8
80198	Theophylline	14
81000	Urinalysis	4
82040	Albumin, Serum	5
82247	Bilirubin	5
82270	Stool Culture, Occult Blood	4
82310	Calcium	5
82374	Carbon Dioxide	5
82375	Carboxyhemoglobin, Quantitative	12
82380	Carotene	9
82465	Cholesterol	4
82565	Creatinine	5
82575	Creatinine Clearance	9

DCPS CPT Code	Laboratory Testing	Fee All Charge Areas
82947	Glucose; quantitative, blood (except reagent strip)	4
83020	Hemoglobin, Electro	13
83491	Hydroxycorticosteroids, 17 (17-OHCS)	18
83970	Parathormone (Parathyroid Hormone)	41
84165	Protein, Serum Elect	11
84436	Thyroxine	7
84439	Thyroxine; Free	9
84479	Thyroid Hormone	6
85018	Hemoglobin	2
85025	Complete Blood Count (CBC)	8
85045	Reticulocyte, Automated	4
85610	Prothrombin Time [Do not order for children under 12 years old]	4
86320	Immuno-Electro	30
86360	T-Cells Absolute CD4 & CD8 Count, including ratio *MC and Program Services approval is required	47

Legacy Special Instructions & Guidelines

OPTHAMOLOGY/OPTOMETRY

CPT 92004 is used for an initial consultation performed by an ophthalmologist or optometrist. CPT 92004 does not include authorization or payment for visual field (VF) testing. If VF testing is necessary, it is authorized separately using CPT AS92083. CE schedulers may modify CPT AS92083 to CPT G92083 and/or SS92081 based on individual vendor file instructions.

Note: In most cases involving visual impairments, documentation requirements are satisfied by findings from an optometrist or an ophthalmologist. CE schedulers should select the most conveniently located vendor to perform the CE.

AUDIOLOGY

Use CPT 92557 to order traditional audiometry on adults and most children ages five and older. The system automatically generates CPT 99213 for a limited initial audiological consultation. When CPT 92579 (Visual Reinforcement Audiometry – VRA) or CPT 92582 (Conditioned Play Audiometry – CPA) is ordered, the system will automatically add CPT 99213 for a limited initial audiological consultation. Use CPT 92626 (Hearing in Noise Test [HINT] & Cochlear Implant Evaluation) to order the HINT at one year following a cochlear implant or after attainment of age five, whichever is later. The system will automatically add CPT 99213 for a limited initial audiological consultation.

Note: If the HINT is not available, results from alternative sentence-recognition testing may be used to medically equal the listing. Please see AM-20030 SEN for acceptable alternative sentence-recognition testing criteria.

DOPPLER

Medical consultant (MC) approval is required prior to the authorization of resting and exercise Doppler testing. Use CPT 93922 to order resting Doppler testing if it is clear that the claim can be allowed on resting findings alone or if exercise testing is contraindicated. Use CPT 93924 to order exercise Doppler testing. If exercise Doppler testing is ordered from a vendor who requires payment for the time a physician spends monitoring the client during treadmill testing, schedulers add CPT99201. CE schedulers refer to individual vendor file instructions to determine when this code is required. If the CE vendor determines that the exercise portion of the test is not needed, or is contraindicated, the adjudicator must notify the designated CE scheduling staff via clerical follow-up to cancel CPT 93924 and add CPT 93922, which adjusts the fee accordingly. The adjudicator must document the electronic worksheet (EWS) regarding the code change.

SPIROMETRY

Use CPT 94060 to authorize pre- and post-bronchodilator studies. The system automatically generates CPT 99499PFT to pay the vendor for the completion of the Spirometric Pulmonary Function Report form (D0614). If the vendor only performs pre-bronchodilator studies, the adjudicator must notify the designated CE scheduling staff via clerical follow-up to cancel CPT 94060 and add CPT 94010, which adjusts the fee accordingly. The adjudicator must document the EWS regarding the code change.

CARBON MONOXIDE DIFFUSING CAPACITY (DLCO)

Use CPT 94729 to authorize diffusing capacity studies. Purchase of a DLCO study may be appropriate when there is a question of whether an impairment meets or is equivalent in severity to a listing, and the claim cannot otherwise be given a fully favorable allowance. Before purchasing DLCO measurements, the medical history, physical examination, chest X-ray or other acceptable imaging report(s), and spirometry test results must be obtained and reviewed.

PULSE OXIMETRY WITH 6-MINUTE WALK TEST (6MWT)

MC and Program Services' approval is required prior to the authorization of a pulse oximetry test. Only in rare situations is it necessary to purchase pulse oximetry with 6MWT. Use CPT 94760 to order pulse oximetry. The legacy system will automatically add CPT 94761 to include the multiple measurements of oxygen saturation during the 6MWT and will automatically generate CPT 99499PO to pay the vendor for the completion of the Pulse Oximetry 6MWT Report form (D0619).

EXERCISE CARDIOVASCULAR STRESS TEST

MC approval is required prior to the authorization of a cardiovascular stress test. Adjudicators authorize CPT 93015 for an exercise cardiovascular stress test. In legacy, the system automatically generates CPT 99201. Schedulers determine if split billing is required based on the CE vendor(s) selected to perform the testing. If split billing is required, use CPT 93016 for the professional component. The system automatically generates CPT 93018. Check vendor file instructions to determine if CPT 99201 is needed. Use CPT 93017 for the technical component. If, after performing the resting EKG portion of the testing, the vendor determines that the stress portion of the test is contraindicated, the adjudicator must notify the designated CE scheduling staff via clerical follow up to cancel CPT 93015 and add CPT 93000 (resting EKG), which adjusts the fee accordingly. The adjudicator must document the EWS noting the code change and of the notification of the CE scheduling staff.

ARTERIAL BLOOD GAS (ABG)

MC approval is required prior to the authorization of resting ABG tests. Use CPTs 82803 and 36600 to authorize a resting ABG test. Please note that this procedure is usually performed in a hospital setting, not a clinical laboratory.

PSYCHOLOGICAL EVALUATIONS

There are nine (9) basic types of psychological evaluations listed in Attachment 3. It is rarely necessary to purchase more than one of these evaluations. There are two (2) CPT codes that include multiple tests bundled into one CPT. The MA96130 Memory Assessment includes a mental status examination (MSE), the Wechsler Adult Intelligence Scale (WAIS), and the Wechsler Memory Scale (WMS). The LD96130 Learning Disabilities Evaluation includes a WAIS or Wechsler Intelligence Scale for Children (WISC) and the Woodcock-Johnson (WJ) Achievement Test or the Wechsler Individual Achievement Test (WIAT). These combined tests should not be ordered when a single component would suffice. Likewise, if the components of the combined tests are required, the appropriate CPT should be used instead of ordering the individual components separately.

LABORATORY HIV TESTING

MC and Program Services' approval is required prior to the authorization of laboratory HIV testing. Only in rare situations, is it necessary to purchase laboratory HIV testing. Use CPT 86360 to order T cell absolute count/ratio for CD4 measurements.

HOME/FACILITY VISITS

The CE vendor is paid for time away from his/her office for home or facility visits. In legacy, the adjudicator adds CPT 99199A to the CE order if the time spent away from the office is one hour or less. The adjudicator adds CPT 99199B to the CE order if the time spent away from the office is more than one hour.

TELEHEALTH MENTAL CEs THAT DO NOT REQUIRE TESTING

If a claimant requests to attend a mental CE that does not require testing via video technology, please use CPT MSE96130T (Telehealth – General Clinical Evaluation with Mental Status) or CPT 90791T (Telehealth – Initial Consultation [Psychiatric]), as appropriate.

Note: When a specialty CE requires Program Services' approval, managers should contact (b) (6) [redacted] and (b) (6) [redacted] via email requesting approval of the specialty CE.

DCPS Special Instructions & Guidelines

OPTHAMOLOGY/OPTOMETRY

CPT 92004 is used for an initial consultation performed by an ophthalmologist or optometrist. CPT 92004 does not include authorization or payment for visual field (VF) testing. If VF testing is necessary, it is authorized separately using CPT92083-HFA-30-2. CE schedulers may modify CPT 92083-HFA-30-2to CPT 92083-GOLD and/or 92083-SSAKINETIC based on individual vendor file instructions.

Note: In most cases involving visual impairments, documentation requirements are satisfied by findings from an optometrist or an ophthalmologist. CE schedulers should select the most conveniently located vendor to perform the CE.

AUDIOLOGY

Use CPT 92557 to order traditional audiometry on adults and most children ages five and older. The fee for a limited initial audiological consultation is included in CPT 92557. When CPT 92579 (Visual Reinforcement Audiometry – VRA) or CPT 92582 (Conditioned Play Audiometry – CPA) is ordered, the fee for a limited initial audiological consultation is included in those CPT codes. Use CPT 92700-HINT (Audiometric Testing - HINT) to order the HINT at one (1) year following a cochlear implant or after attainment of age five (5), whichever is later. The fee for a limited initial audiological consultation is included in CPT 92700-HINT.

Note: If the HINT is not available, results from alternative sentence-recognition testing may be used to medically equal the listing. Please see AM-20030 SEN for acceptable alternative sentence-recognition testing criteria.

DOPPLER

Medical consultant (MC) approval is required prior to the authorization of resting and exercise Doppler testing. Use CPT 93922 to order resting Doppler testing if it is clear that the claim can be allowed on resting findings alone or if exercise testing is contraindicated. Use CPT 93924 to order exercise Doppler testing. If exercise Doppler testing is ordered from a vendor who requires payment for the time a physician spends monitoring the client during treadmill testing, schedulers add CPT 99201. CE schedulers refer to individual vendor file instructions to determine when this code is required. If the CE vendor determines that the exercise portion of the test is not needed, or is contraindicated, the adjudicator must notify the designated CE scheduling staff via a “Send Appointment Update Request to Scheduler” to cancel CPT 93924 and add CPT 93922, which adjusts the fee accordingly (see Modifying CPT code Guide for instructions). The adjudicator must document the case development worksheet (CDW) regarding the code change.

SPIROMETRY

Use CPT 94060 to authorize pre- and post-bronchodilator studies. If the vendor only performs pre-bronchodilator studies, the adjudicator must notify the designated CE scheduling staff via a "Send Appointment Update Request to Scheduler" to remove CPT 94060 and add CPT 94010, which adjusts the fee accordingly (see Modifying CPT code Guide for instructions). The adjudicator must document the CDW regarding the code change.

CARBON MONOXIDE DIFFUSING CAPACITY (DLCO)

Use CPT 94729 to authorize diffusing capacity studies. Purchase of a DLCO study may be appropriate when there is a question of whether an impairment meets or is equivalent in severity to a listing, and the claim cannot otherwise be given a fully favorable allowance. Before purchasing DLCO measurements, the medical history, physical examination, chest X-ray or other acceptable imaging report(s), and spirometry test results must be obtained and reviewed.

PULSE OXIMETRY WITH 6-MINUTE WALK TEST (6MWT)

MC and Program Services' approval is required prior to the authorization of a pulse oximetry test. Only in rare situations is it necessary to purchase pulse oximetry with 6MWT. Use CPT 94760 to order pulse oximetry (fees for 94761 and 99499PO are included in CPT 94760).

EXERCISE CARDIOVASCULAR STRESS TEST

MC approval is required prior to the authorization of a cardiovascular stress test. Adjudicators authorize CPT 93015 for an exercise cardiovascular stress test. The fee for 99201 is included in CPT 93015. Schedulers determine if split billing is required based on the CE vendor(s) selected to perform the testing. If split billing is required, use CPT 93016 for the professional component. The fee for CPT 93018 is included in CPT 93016. Check vendor file instructions to determine if CPT 99201 is needed. Use CPT 93017 for the technical component. If, after performing the resting EKG portion of the testing, the vendor determines that the stress portion of the test is contraindicated, the adjudicator must notify the designated CE scheduling staff via a "Send Appointment Update Request to Scheduler" function to cancel CPT 93015 and add CPT 93000 (EKG Int/Tracing/Rpt), which adjusts the fee accordingly (see Modifying CPT code Guide for instructions). The adjudicator must document the CDW noting the code change and of the notification of the CE scheduling staff.

ARTERIAL BLOOD GAS (ABG)

MC approval is required prior to the authorization of resting ABG tests. Use CPTs 82803 and 36600 to authorize a resting ABG test. Please note that this procedure is usually performed in a hospital setting, not a clinical laboratory.

PSYCHOLOGICAL EVALUATIONS

There are 10 basic types of psychological evaluations listed in Attachment 8. It is rarely necessary to purchase more than one of these evaluations. There are two (2) CPT codes that include multiple tests bundled into one CPT. The 90791-COMBINED CPT is a memory assessment that includes a mental status examination (MSE), the Wechsler Adult Intelligence Scale (WAIS), and the Wechsler Memory Scale (WMS). The 96136 CPT is a learning disabilities evaluation that includes a WAIS or Wechsler Intelligence Scale for Children (WISC)

and the Woodcock-Johnson (WJ) Achievement Test or the Wechsler Individual Achievement Test (WIAT). These combined tests should not be ordered when a single component would suffice. Likewise, if the components of the combined tests are required, the appropriate CPT should be used instead of ordering the individual components separately.

TELEHEALTH MENTAL CEs THAT DO NOT REQUIRE TESTING

If a claimant requests to attend a mental CE that does not require testing via video technology, the Telehealth CE Scheduling Notifier (TELEHLTH) code must be added to the Psychiatric Exam (90791) or Mental Status Exam (90791-MSE) codes.

LABORATORY HIV TESTING

MC and Program Services' approval is required prior to the authorization of laboratory HIV testing. Only in rare situations, is it necessary to purchase laboratory HIV testing. Use CPT 86360 to order T cell absolute count/ratio for CD4 measurements.

HOME/FACILITY VISITS

The CE vendor is paid for time away from his/her office for home or facility visits. In DCPS, the adjudicator should use CPT 99199.

Note: When a specialty CE requires Program Services' approval, managers should contact (b) (6) [redacted] and (b) (6) [redacted] via email requesting approval of the specialty CE.

FLORIDA'S 2021 MER FEE SCHEDULE

Flat Fee $14.00

$16.00 for completion of Teacher Questionnaire

Florida Department of Health
Division of Disability Determinations
P.O. Box 7118 • Tallahassee, FL 32314-7118
PHONE: 1-800-499-6590 • FAX: 1-850-617-4978
For the Hearing Impaired - Florida Relay Services 711 or 1-800-955-8771
FloridaHealth.gov

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