ILLINOIS DEPARTMENT OF HUMAN SERVICES
BUREAU OF DISABILITY DETERMINATION SERVICES
MEDICAL FEES PLAN

VISITS, EXAMINATIONS AND RECORD REQUESTS

01045	Copy of Medical Records	$20.00
01990	Abstract of client record	$20.00
90030	Arrangement for testing (no examination authorized)	$10.00
01110	Home Visit, to include travel	$90.00
18008	Microfilm copying service	$1.50 p/pg

SPECIAL MEDICAL EXAMINATIONS

92567	Audiological evaluation performed with an audiometer and in an environment meeting ANSI Standards. Include pure tone bone and air audiometry, speech reception threshold (SRT), and speech discrimination (SD). Provide testing results at 500, 1000, 2000 Hz. (also at 4000 Hz. for children.) Graph must accompany report. SD to be done at 35 - 40 dB. above the SRT. Provide description of patient's ability to articulate and communicate	$60.00
05011	Speech/Language evaluation and report	$125.00
92083	Visual field Goldmann; or VTAP 30-2 (without additional testing); or VTAP 24-2 with Humphrey SSA test kinetic	$70.00
01040	Written report from record	$20.00
99080	ALJ special residual functional capacity assessment	$20.00
01896	Interrogatory statement completion for Administrative Law Judge or Appeals Council, per hour	$35.00

01810	Dermatological examination, to include report	$48.00
01961	Diagnostic eye consultation by an ophthalmologist or optometrist with refraction and gross visual field estimate, to include report	$105.00
01901	Ear, nose and throat examination, to include report	$130.00
01500	Psychiatric Social Worker – Diagnostic Interview, to include report	$50.00
01018	Limited Consultation, Specific Information, to include report	$50.00
01800	Formal Diagnostic Consultation, Internist, to include report	$145.00
04062	Formal Diagnostic Consultation, Nephrologist, to include report	$125.00
01860	Formal Diagnostic Consultation, Neurological, to include report	$145.00
01822	Formal Diagnostic Consultation, Cardiologist, to include report	$163.00
01825	Formal Diagnostic Consultation, Orthopedic, to include report	$145.00
04063	Formal Diagnostic Consultation, Pulmonologist, to include report	$125.00
04064	Formal Diagnostic Consultation, Rheumatologist, to include report	$125.00

NOTE: THE FOLLOWING 90774 IS TO BE USED ONLY WITH 01887

90774	Denver Developmental Screening Test	$15.00
01887	Formal Diagnostic Consultation, Pediatric, to include report	$145.00
01300	Formal Diagnostic Consultation, Psychiatric, to include report	$145.00
01300	Formal **VIDEO** Diagnostic Consultation, Psychiatric, to include report	$145.00
01865	Formal Diagnostic Consultation, Family Practice, to include report	$145.00

01310	Subsequent Psychiatric Examination, (less than one-half hour) Hearings and Appeals Council cases, to include report	$50.00

RADIOLOGY – X-RAYS

This diagnostic x-ray index for services rendered by radiologists is to include interpretation of results and written report. Where billing is separate from the hospital and radiologist, authorize the Technical Component (TC) to the hospital and the Professional Component (PC) to the radiologist. Where billing is not separated, authorize the total maximum fee.

		HOSP TC	RAD PC	TOTAL MAX FEE
73050	X-ray of acromioclavicular joint	$20.00	$26.00	$46.00
73600	X-ray of ankle, AP and lateral	$27.50	$17.50	$45.00
71030	X-ray of chest, multiple films	$36.50	$33.50	$70.00
71020	X-ray of chest, PA and lateral including description of heart contours with numeric cardiac-thoracic ratio	$29.00	$31.00	$60.00
73000	X-ray of clavicle	$21.00	$14.00	$35.00
73070	X-ray of elbow	$22.00	$16.00	$38.00
73550	X-ray of femur, including one joint	$26.00	$14.00	$40.00
73140	X-ray of finger, (2 views)	$20.00	$14.00	$34.00
73620	X-ray of foot, AP and lateral (2 views)	$22.00	$16.00	$38.00
73090	X-ray of forearm (2 views)	$22.00	$16.00	$38.00
73120	X-ray of hand, (2 views)	$22.00	$16.00	$38.00
73650	X-ray of heel, AP and lateral (2 views)	$23.00	$15.00	$38.00
73510	X-ray of hip, AP and lateral	$27.00	$17.00	$44.00
73520	X-ray of both hips and pelvis, multiple positions	$38.00	$27.00	$65.00
73060	X-ray of humerus, (2 views)	$22.00	$16.00	$38.00
73560	X-ray of knee, AP and lateral	$27.00	$21.00	$48.00
72170	X-ray of pelvis	$20.00	$19.00	$39.00

72190	X-ray of pelvis, (minimum three (3) views)	$27.00	$28.00	$55.00
72200	X-ray of sacroiliac joints	$20.00	$20.00	$40.00
73010	X-ray of scapula (complete)	$28.00	$16.00	$44.00
73030	X-ray of shoulder, (2 views)	$24.00	$16.00	$40.00
72040	X-ray of spine, cervical, AP and lateral only	$31.00	$19.00	$50.00
72052	X-ray of spine, cervical, complete including obliques and/or flexion	$30.00	$30.00	$60.00
72114	X-ray of spine, lumbosacral, complete including bending	$36.00	$29.00	$65.00
72110	X-ray of spine, lumbosacral, multiple views (minimum 4 views)	$43.00	$44.00	$87.00
72070	X-ray of spine, thoracic (2 views)	$28.00	$17.00	$45.00
73100	X-ray of wrist (2 views)	$22.00	$16.00	$38.00
73590	X-ray of tibia and fibula, AP and lateral	$22.00	$16.00	$38.00
73660	X-ray of toe, or toes, AP and lateral	$23.00	$15.00	$38.00
74240	X-ray of upper gastrointestinal tract, including duodenum (without KUB)	$36.00	$64.00	$100.00

LABORATORY TESTS

Where billing is separate for the hospital and pathologist, authorize the Technical Component (TC) to the hospital and the Professional Component (PC) to the pathologist. Where billing is not separated, authorize the total maximum fee.

NOTE: ORDER ONLY THE COMPREHENSIVE METABOLIC PANEL WHEN THE LEVELS OF THREE OR MORE LABS ARE NEEDED.

			HOSP TC	PATH PC	TOTAL MAX FEE
80053	Comprehensive Metabolic Panel		$22.50	$22.50	$45.00
	82040	Albumin	$5.25	$5.25	$10.50
	82247	Bilirubin, total	$6.00	$6.00	$12.00
	82310	Calcium	$6.00	$6.00	$12.00

82374	Carbon Dioxide (Bicarbonate)	$5.50	$5.50	$11.00
82435	Chloride	$5.00	$5.00	$10.00
82565	Creatinine	$6.00	$6.00	$12.00
82947	Glucose	$4.50	$4.50	$9.00
84075	Phosphatase, Alkaline	$5.50	$5.50	$11.00
84132	Potassium	$5.50	$5.50	$11.00
84155	Protein, total	$5.00	$5.00	$10.00
84295	Sodium	$5.50	$5.50	$11.00
84460	Transferase SGPT, Alanine Amino (ALT)	$6.00	$6.00	$12.00
84450	Transferase, aspartate amino (AST) (SGOT)	$6.00	$6.00	$12.00
84520	Urea nitrogen; (BUN)	$4.00	$4.00	$8.00

82248	Bilirubin, direct	$6.00	$6.00	$12.00
84436	Thyroxine, total (T4)	$7.50	$7.50	$15.00
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	$6.50	$6.50	$13.00
84443	Thyroid stimulating hormone (TSH)	$14.00	$14.00	$28.00
82150	Amylase, blood	$7.50	$7.50	$15.00

Anticonvulsant serums:

80184	Phenobarbital; total	$17.50	$17.50	$35.00
80185	Phenytoin; total (Dilantin)	$17.50	$17.50	$35.00
80164	Valproic Acid (Depakote)	$17.50	$17.50	$35.00
80156	Carbamazepine (Tegretol)	$17.50	$17.50	$35.00
80188	Primidone (Mysoline)	$17.50	$17.50	$35.00
80168	Ethosuximide (Zarontin)	$17.50	$17.50	$35.00
86038	Antinuclear antibodies (ANA)	$10.00	$10.00	$20.00

86060	Antistreptolysin O; titer (ASO)	$9.00	$9.00	$18.00
84160	Total protein and A/G ratio	$7.00	$7.00	$14.00
85025	Blood count, complete CBC	$7.50	$7.50	$15.00
	85014 Hematocrit	$3.50	$3.50	$7.00
	85018 Hemoglobin	$2.75	$2.75	$5.50
85049	Platelet, automated	$3.00	$3.00	$6.00
82380	Carotene, serum	$10.00	$10.00	$20.00
81000	Urinalysis, by dip stick or table reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated with microscopy			$9.00
86140	C-reactive protein	$5.00	$5.00	$10.00
82575	Creatinine clearance	$9.00	$9.00	$18.00
87040	Culture, blood, definitive clearance	$15.00	$15.00	$30.00
87116	Culture for TB, Acid Fast Bacilli	$9.00	$9.00	$18.00
87206	Smear for TB, concentrated	$4.00	$4.00	$8.00
83020	Hemoglobin, electrophoresis pattern	$16.00	$16.00	$32.00
83045	Hemoglobin, methemoglobin, qualitative	$3.00	$3.00	$6.00
83055	Hemoglobin, sulfhemoglobin, qualitative	$3.00	$3.00	$6.00
83615	Lactic dehydrogenase, LDH	$6.00	$6.00	$12.00
86430	Rheumatoid factor; qualitative	$6.00	$6.00	$12.00
85610	Prothrombin time, each	$4.50	$4.50	$9.00
85044	Reticulocyte manual	$4.00	$4.00	$8.00
81002	Urinalysis, non automated, without microscopy	$4.50	$4.50	$9.00
81015	Urinalysis, microscopic only	$2.00	$2.00	$4.00
85651	Sedimentation rate	$4.50	$4.50	$9.00

85660	Sickle cell test	$4.00	$4.00	$8.00
84480	Triiodothyronine (T3),	$8.00	$8.00	$16.00
84550	Uric acid; blood	$4.25	$4.25	$8.50
84545	Urea nitrogen clearance	$7.00	$7.00	$14.00
85540	L-E cell prep	$10.00	$10.00	$20.00
83655	Lead, blood	$9.00	$9.00	$18.00
36415	Blood Draw and/or Lab. Specimen Handling			$5.00

CARDIAC FUNCTION

93000	Electrocardiogram, routine ECG with at least 12 leads; obtained at rest and submitted appropriately dated and labeled with the standardization inscribed on the tracing, to include interpretation and report	$37.00
93016	Treadmill consultant monitoring charges, with report	$50.00
93015	Cardiovascular Stress Test (Treadmill) unless contraindicated, to include 12 lead baseline resting, post hyperventilation, exercise and recovery, EKG tracings appropriately dated and labeled with the standardization inscribed on the tracing. Provide reason for premature termination, if applicable.	$105.00

PULMONARY FUNCTION

94060	Ventilation studies before & after bronchodilator, 3 FEV1 attempts & total vital capacity. Report must include claimant's height w/o shoes, cooperation & effort statement with spirogram. *NOTE: All tracings (both pre & post broncho-dilator) must be sent. If bronchodilator is contraindicated, explain why, including documentation. (Paper speed must be at least 20 mm/sec. vol. excursion at least 10 mm per liter)*	$95.00

85025	Blood count, complete CBC	$7.50	$7.50	$15.00
	85014 Hematocrit	$3.50	$3.50	$7.00
	85018 Hemoglobin	$2.75	$2.75	$5.50
85049	Platelet, automated	$3.00	$3.00	$6.00
82380	Carotene, serum	$10.00	$10.00	$20.00
81000	Urinalysis, by dip stick or table reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated with microscopy			$9.00
86140	C-reactive protein	$5.00	$5.00	$10.00
82575	Creatinine clearance	$9.00	$9.00	$18.00
87040	Culture, blood, definitive clearance	$15.00	$15.00	$30.00
87116	Culture for TB, Acid Fast Bacilli	$9.00	$9.00	$18.00
87206	Smear for TB, concentrated	$4.00	$4.00	$8.00
83020	Hemoglobin, electrophoresis pattern	$16.00	$16.00	$32.00
83045	Hemoglobin, methemoglobin, qualitative	$3.00	$3.00	$6.00
83055	Hemoglobin, sulfhemoglobin, qualitative	$3.00	$3.00	$6.00
83615	Lactic dehydrogenase, LDH	$6.00	$6.00	$12.00
86430	Rheumatoid factor; qualitative	$6.00	$6.00	$12.00

85610	Prothrombin time, each	$4.50	$4.50	$9.00
85044	Reticulocyte manual	$4.00	$4.00	$8.00
81002	Urinalysis, non automated, without microscopy	$4.50	$4.50	$9.00
81015	Urinalysis, microscopic only	$2.00	$2.00	$4.00
85651	Sedimentation rate	$4.50	$4.50	$9.00
85660	Sickle cell test	$4.00	$4.00	$8.00
84480	Triiodothyronine (T3),	$8.00	$8.00	$16.00
84550	Uric acid; blood	$4.25	$4.25	$8.50
84545	Urea nitrogen clearance	$7.00	$7.00	$14.00
85540	L-E cell prep	$10.00	$10.00	$20.00
83655	Lead, blood	$9.00	$9.00	$18.00
36415	Blood Draw and/or Lab. Specimen Handling			$5.00

CARDIAC FUNCTION

93000	Electrocardiogram, routine ECG with at least 12 leads; obtained at rest and submitted appropriately dated and labeled with the standardization inscribed on the tracing, to include interpretation and report	$37.00
93016	Treadmill consultant monitoring charges, with report	$50.00

93015	Cardiovascular Stress Test (Treadmill) unless contraindicated, to include 12 lead baseline resting, post hyperventilation, exercise and recovery, EKG tracings appropriately dated and labeled with the standardization inscribed on the tracing. Provide reason for premature termination, if applicable.			$105.00	

PULMONARY FUNCTION

94060	Ventilation studies before & after bronchodilator, 3 FEV1 attempts & total vital capacity. Report must include claimant's height w/o shoes, cooperation & effort statement with spirogram. *NOTE: All tracings (both pre & post broncho-dilator) must be sent. If bronchodilator is contraindicated, explain why, including documentation. (Paper speed must be at least 20 mm/sec. vol. excursion at least 10 mm per liter)*			$95.00	
94720	Pulmonary diffusing capacity, carbon monoxide, single breath technique (DLCO)	$37.00	$37.00	$74.00	
93922	Doppler, arterial study bilateral, lower extremities, resting(e.g., ankle/brachial pressure; including toe pressure)				$85.00

93924	Exercise Doppler, unless contraindicated, (to be performed when ankle/brachial ratio between .50 and .80), arterial study bilateral, lower extremities. Systolic BP should be measured at the brachial, posterior tibial, and dorsalis pedis before exercise, immediately after exercise, and at 5 and 10 minute intervals post exercise. Exercise to be equivalent to treadmill for five minutes at 2 mph with 10% or 12% grade. Report to include precise description of protocol symptoms experienced; reasons for premature termination of testing (if applicable)	$105.00
93016	Treadmill consultant monitoring charges; for exercise Doppler	$50.00

NOTE: THE FOLLOWING 95822 TO BE USED ONLY WITH REQUEST OF ALJ OR BY APPROVAL OF ADJUDICATION SECTION CHIEF

95822	Electroencephalogram, report to include interpretation	$95.00

PSYCHOLOGICAL TESTING

02124	Psychological consultation by a Licensed Clinical Psychologist to obtain mental status evaluation with written report	$145.00

NOTE: THE FOLLOWING 02127, 98280, 98250, 98265 AND 98270 TO BE USED ONLY WITH REQUEST OF ALJ OR BY APPROVAL OF ADJUDICATIVE SECTION CHIEF

96119	Neuropsychological testing by a Licensed Clinical Psychologist for organic brain dysfunction. Report to include neuropsychological battery (IQs/Wechsler IV) and mental status evaluation completing or using attached mental form as narrative guide. Describe and interpret specific results	$250.00