Disability Determination Services Consultative Examination Rate Schedule

State: Mississippi

Exam Type	CE Rate Code	CPT Code	CE Description	Rate
E	E01	99244	INTERNAL/COMPREHENSIVE MEDICAL EXAMINATION	153.00
E	E03	99244	PEDIATRIC EXAMINATION	120.00
E	E04	99244	CARDIOVASCULAR EXAMINATION	147.00
E	E05	99244	ORTHOPEDIC EXAMINATION	95.00
E	E06	99244	NEUROLOGICAL EXAMINATION	147.00
E	E07	99244	OPHTHALMOLOGY EXAMINATION	110.00
E	E08	90791	COMPREHENSIVE MENTAL STATUS	128.00
E	E08A	96101	COMPREHENSIVE MENTAL EXAM/IQ/WRAT-4 TESTING	295.00
E	E08V	90791	VIDEO COMPREHENSIVE MENTAL STATUS	128.00
E	E09	96101	PsyEvl-WAIS-4/WISC-5/WPPSI-4/SB-V/WRAT-4/ADL/Score	215.00
E	E10	92523	SPEECH AND LANGUAGE EXAMINATION	183.00
E	E11	99244	EAR, NOSE AND THROAT EXAMINATION	115.00
E	E13	99241	OFFICE VISIT, LIMITED	35.00
E	E15	99244	UROLOGY EXAMINATION	40.00
E	E22	96118	NEUROPSYCHOLOGICAL	235.00
T	S01	93000	EKG, 12 LEAD WITH INTERPRETATION AND REPORT	30.00
T	S02	93015	TREADMILL W/RESTING EKG INTERPRETATION AND REPORT	130.00
T	S02-I	93015	TREADMILL INTERPRETATION	30.00
T	S02B	93015	TREADMILL ONLY	100.00
T	S03	93924	DOPPLER,W/WO EXERCISE (Lower Extrem-PVR)-ARTERIAL	154.06
T	S03-I	93924	DOPPLER INTERPRETATION-ARTERIAL	25.72
T	S03A	93924	DOPPLER, RESTING (PVR-LOWER EXTREMITY)ARTERIAL	86.54
T	S03AI	93924	DOPPLER(RESTING) INTERPRETATION-ARTERIAL	12.57
T	S03B	93925	DUPLEX SCAN LOWER EXTREMITIES	280.47
T	S03BI	93925	DUPLEX LOWER EXTREMITIES INT	26.63
T	S04	94060	PFS, W/WO BRONCHOMEDS, UNLESS CONTRAINDICATED	100.00
T	S04A	94010	PFS WITHOUT BRONCHOMEDS, UNLESS CONTRAINDICATED	50.00
T	S05	94729	DIFFUSING CAPACITIES, LUNG VOL & VITAL CAP. STUDY	175.00

T	S05A	94760	SP02 Pulse Oximetry at Rest	2.67
T	S05B	94761	SP02 Pulse Oximetry w/6 minute walk test	4.42
T	S06	82803	ABG'S (RESTING)RM AIR	63.00
T	S06A	82803	ABG'S (EXERCISE)	63.00
T	S07	99075	MEDICAL ASSESSMENT FORM (MENTAL)ADULT	25.00
T	S07C	99075	MAF CHILD MEDICAL ASSESSEMENT	25.00
T	S08	99075	MEDICAL ASSESSMENT FORM (PHYSICAL)	25.00
T	S08C	99075	MEDICAL ASSESSMENT FORM (CHILD)	25.00
T	S09	95819	EEG (ELECTRONECEPHALOGRAM)	70.00
T	S09-I	95819	EEG (INTERPRETATION) OHA ONLY	30.00
T	S11	96110	DENVER DEVELOPMENTAL MILESTONES	25.00
T	S12	93307	ECHOCARDIOGRAM 2-D	200.00
T	S12-I	93307	ECHOCARDIOGRAM (INT)	35.00
T	S12A	93307	ECHOCARDIOGRAM M-MODE	72.00
T	S12C	93307	ECHOCARDIOGRAM 2-D (TN ONLY)	191.00
T	S13	92083	GOLDMAN OR SSA TEST KINETIC FLDS w VF efficiency	58.25
T	S13A	92083	HUMPHREY FIELD ANALYZER 30-2 THRESHOLD TEST	58.25
T	S15	96118	TRAILS A & B	15.00
T	S20	92557	AUDIOLOGICAL TESTWITHOUT HEARING AIDS	85.00
T	S20B	92557	AUDIOGRAM AIR AND BONE	50.00
T	S22	96130	LEITER (PSYCHOLOGICAL EVALUATION)	120.00
T	S24	99211	HEIGHT & WEIGHT	5.00
T	S24A	99211	HEIGHT & WEIGHT & BP FOR HEALTH DEPTS ONLY	8.00
T	S25A	95861	EMG (ELECTROMYLOGRAPHY), (2)	196.00
T	S25C	95861	EMG (2-EXTREMITIES) PROFESSIONAL FEE	150.00
T	S26B	95908	NERVE CONDUCTION, 3 NERVES	264.00
T	S26C	95909	NCV,6 NERVES-OHA ONLY	264.00
T	S27	92551	HEARING SCREEN	10.00
T	S29	92533	CALORIC VESTICULAR TEST	27.90
T	S30	92700	H.I.N.T. HEARING IN NOISE TEST	10.00
T	S35	96101	WRAT-4	15.00
T	S51	99075	INDEPTH MEDICAL REVIEW	25.00
T	S53	95930	VISUAL EVOKED RESPONSE	116.00
T	S53-I	95930	VISUAL EVOKE RESPONSE (INT)	51.00
T	S59A	99211	HEIGHT/WEIGHT AND BLOOD PRESSURE READING	5.00
T	S60		INTERPRETER NON ENGLISH	50.00
T	S60T		INTERPRETER TRAVEL	1.00
T	S61		INTERPRETER FOR THE DEAF	40.00
T	S62	84153	PROSTRATE SPECIFIC ANTIGEN	21.96
T	S65	92585	AUDITORY BRAINSTEM RESPONSE	87.36
T	S66	93970	VENOUS DOPPLER	219.66

T	S66-I	93970	VENOUS DOPPLER INT	33.36
T	T01	85025	CBC	18.00
T	T02	85014	HEMATOCRIT	6.00
T	T03	85652	SEDIMENTATION RATE	9.00
T	T04	86430	RHEUMATOID FACTOR(RA LATEX)	13.00
T	T05	82565	CREATININE, BLOOD	13.00
T	T056	80418	THYROID STIMULATING HORMONE (TSH)	24.00
T	T09	82247	BILIRUBIN, BLOOD (TOTAL AND DIRECT)	13.00
T	T10	85018	HEMOGLOBIN	6.00
T	T11	82948	GLUCOSE	9.00
T	T12	81000	URINALYSIS	6.00
T	T13	36415	BLOOD DRAWING FEE	8.00
T	T14	84520	BUN(UREA, NITROGEN, BLOOD)	8.00
T	T15	84132	POTASSIUM, BLOOD	9.00
T	T17	83020	HEMOGLOBIN ELECTROPHORESIS	30.00
T	T18	86038	ANA	18.00
T	T20	85610	PROTHOMBIN TIME/INR	10.00
T	T21	84550	URIC ACID	10.00
T	T25	82040	ALBUMIN, BLOOD	13.46
T	T30	80164	SERUM DAPAKENE (VALPORIC	25.00
T	T33	80156	SERUM TEGRETOL (CARBAMAZEPINE)	25.00
T	T36	80320	SERUM BLOOD ALCOHOL	25.00
T	T42	85049	PLATELET COUNT	8.00
T	T49	80305	URINE DRUG SCREEN BASIC/COMPREHENSIVE	51.00
T	T50	82043	URINE, MICRO ALBUMIN, QUANTITATIVE	63.72
T	T54	80164	SERUM DEPAKOTE	25.00
T	T56	82550	CPK (Creatinine Phosphokinase; creatine kinase)	8.88
T	T60	80171	NEUROTIN	25.00
T	T62	80168	ZARONTIN, SERUM	25.00
T	T65	80048	BASIC METABOLIC PANEL	11.29
T	T66	80053	COMPREHENSIVE METABOLIC PANEL	12.48
T	T75	80076	HEPATIC FUNCTION PANEL	11.73
T	T76	80156	CARBITROL	25.00
T	T77	82150	AMYLASE	18.48
T	T78	83690	LIPASE	19.67
T	T81	82310	CALCIUM, SERUM	13.27
T	T82	80177	KEPPRA/LEVETIRACETAM	60.00
T	T85	88480	T-3 TRIIODOTHYRONINE	20.70
T	T86	84439	T-4 THYROXINE	16.00
T	T87	83880	B-TYPE BNP NATRIURETIC PEPTIDE	47.00
T	T88	82570	ASSAY OF URINE CLEARANCE	6.54

T	T89	84156	ASSAY OF PROTEIN URINE	5.16
T	T90	80346	KLONOPIN/CLONAZEPAM(BENZODIAZEPINES)	25.00
X	X01	71020	CHEST, AP & L	34.50
X	X01-I	71020	CHEST (INT)	14.10
X	X01A	71020	CHEST X-RAY SUPPLEMENT	6.53
X	X02	72040	SPINE, CERVICAL, 2 VIEWS	29.90
X	X02-I	72040	SPINE-C (INT)	12.22
X	X03	72070	SPINE, THORACIC, DORSAL, 2 VIEWS	34.50
X	X03-I	72070	SPINE,THORACIC,DORSAL(INT)	14.10
X	X04	72100	SPINE, LUMBAR, 2 VIEWS	37.95
X	X04-I	72100	L-SPINE (INT)	15.51
X	X05	73501	HIP, UNILATERAL, LEFT	31.05
X	X05-I	73501	HIP-LEFT (INT)	12.69
X	X06	73501	HIP, UNILATERAL, RIGHT	31.05
X	X06-I	73501	HIP-RIGHT (INT)	12.69
X	X07	73560	KNEE, 2 VIEWS, LEFT	25.30
X	X07-I	73560	KNEE-LEFT (INT)	10.34
X	X08	73560	KNEE, 2 VIEWS, RIGHT	25.30
X	X08-I	73560	KNEE-RIGHT (INT)	10.34
X	X09	73600	ANKLE, 2 VIEWS, LEFT	25.30
X	X09-I	73600	ANKLE-LEFT (INT)	10.34
X	X10	73600	ANKLE, 2 VIEWS, RIGHT	25.30
X	X10-I	73600	ANKLE-RIGHT (INT)	10.34
X	X11	73120	HAND, 2 VIEWS, LEFT	23.00
X	X11-I	73120	HAND-LEFT (INT)	9.40
X	X12	73120	HAND, 2 VIEWS, RIGHT	23.00
X	X12-I	73120	HAND-RIGHT (INT)	9.40
X	X13	73590	TIB/FIB 2 VIEWS, LEFT	28.75
X	X13-I	73590	TIB/FIB-L-(INT)	11.74
X	X14	73590	TIB/FIB 2 VIEWS, RIGHT	28.75
X	X14-I	73590	TIB/FIB RIGHT (INT)	11.74
X	X15	73100	WRIST 2 VIEWS LEFT	23.00
X	X15-I	73100	WRIST - LEFT (INT)	9.40
X	X16	73100	WRIST 2 VIEWS RIGHT	23.00
X	X16-I	73100	WRIST RIGHT (INT)	9.40
X	X17	73620	FOOT, 2 VIEWS LEFT	25.30
X	X17-I	73620	FOOT-LEFT (INT)	10.30
X	X18	73620	FOOT, 2 VIEWS RIGHT	25.30
X	X18-I	73620	FOOT-RIGHT (INT)	10.30
X	X19	73020	SHOULDER,2VIEWS,LEFT	21.85
X	X19-I	73020	SHOULDER - LEFT (INT)	8.93

X	X20	73020	SHOULDER,2VIEWS,RIGHT	21.85
X	X20-I	73020	SHOULDER - RIGHT (INT)	8.93
X	X21	73070	ELBOW 2 VIEWS LEFT	25.30
X	X21-I	73070	ELBOW-LEFT (INT)	10.34
X	X22	73070	ELBOW 2 VEIWS RIGHT	25.30
X	X22-I	73070	ELBOW-RIGHT (INT)	10.34
X	X23	73060	LEFT, HUMERUS(1 JNT)	25.30
X	X23-I	73060	HUMERUS-LEFT (INT)	10.34
X	X24	73060	RIGHT,HUMERUS(1JNT)	25.30
X	X24-I	73060	HUMERUS-RIGHT (INT)	10.34
X	X25	72170	AP PELVIS FOR HIPS	27.45
X	X25-I	72170	AP PELVIS FOR HIPS (INT)	11.22
X	X32	72090	SPINE,SCOLIOSIS STUDY	39.00
X	X32-I	72090	SPINE,SCOLIOSIS (INT)	15.93
X	X37	73090	LEFT, FOREARM (1JNT)	25.30
X	X37-I	73090	FOREARM LEFT (INT)	10.34
X	X38	73090	RIGHT, FOREARM (1JNT)	25.30
X	X38-I	73090	FOREARM-RIGHT (INT)	10.34
X	X39	73521	HIP-BILATERAL-COMP.AP & L	51.75
X	X39-I	73521	HIP-BILATERAL-COMP. AP & L	15.10
X	X41	73551	LEFT, FEMUR, 1JOINT	32.20
X	X41-I	73551	FEMUR LEFT (INT)	13.16
X	X42	73551	RIGHT, FEMUR, 1JOINT	32.20
X	X42-I	73551	FEMUR-RIGHT (INT)	13.16
X	X44	73650	RIGHT OSCALCIS (HEEL)	25.30
X	X44-I	73650	RIGHT, OSCALCIS(HEEL) INT	10.36
X	X45	73650	LEFT, OSCALCIS(HEEL)	25.30
X	X45-I	73650	LEFT, OSCALCIS(HEEL)INT	10.36
X	X50	77072	BONE AGE STUDIES	34.50
T	X50-I	76020	BONE AGE STUDIES (INT)	14.10
X	X77	73565	STAND/AP BOTH KNEES ONE FILM	50.60
X	X77-I	73565	STAND/AP BOTH KNEES ON ONE FILM (INT)	20.68
X	X81	73560	LATERAL OF RIGHT KNEE	25.30
X	X81-I	73560	LATERAL OF RIGHT KNEE (INT)	10.34
X	X82	73560	LATERAL OF LEFT KNEE	25.30
X	X82-I	73560	LATERAL OF LEFT KNEE (INT)	10.34

MER Fee Schedule

Fee for MER - $14.00

Fee for MER from MHC - $16.00

Fee for functional date reports from MHC - $31.00