

CONSULTATIVE EXAMINATION RATE SCHEDULE FY 2022

EXAM	CODE	DESCRIPTION	RATE	MODIFIER
AUDIO	92557	COMP AUDIOMETRY THRESH EVAL & SPEECH RECOG	\$48.00	
CARDI	99204	CARDIAC EXAM W/REPORT *NO EXERCISE*	\$225.00	
CTRVL	CTRVL	ON-DEMAND TRAVEL VOUCHER	\$0.01	
DOPPL	93922	ANKLE/BRACHIAL INDICES SINGLE LVL BILATERAL	\$77.00	\$13.00
DOPPX	93924	DOPPLER STUDIES, ARTERIES BILAT, W/EXERCISE	\$150.00	\$25.00
FTR	99358	BROKEN APPOINTMENT RECORD REVIEW	\$25.00	
GASTR	99204	GASTROENTEROLOGY EXAM WITH REPORT	\$225.00	
GENPE	97162	GENERAL PHYSICAL ASSESSMENT W/REPT	\$100.00	
HT&WT	99450	HEIGHT AND WEIGHT	\$5.00	
INTER	99204	INTERNIST EXAM WITH REPORT	\$225.00	
LANKL	73600	LEFT ANKLE X-RAYS, TWO VIEWS	\$25.00	\$8.00
LEBLO	73070	LEFT ELBOW X-RAYS, TWO VIEWS	\$25.00	\$7.00
LFEMU	73552	LEFT FEMUR, TWO VIEWS	\$25.00	\$7.00
LFOOT	73620	LEFT FOOT X-RAYS, TWO VIEWS	\$25.00	\$7.00
LFORE	73090	LEFT FOREARM X-RAYS, TWO VIEWS	\$25.00	\$8.00
LHAND	73120	LEFT HAND X-RAYS, TWO VIEWS	\$25.00	\$8.00
LHIP	73502	LEFT HIP X-RAYS, COMPLETE, MINIMUM 2 VIEWS	\$36.00	\$11.00
LKNEE	73560	LEFT KNEE X-RAYS, TWO VIEWS	\$25.00	\$9.00
LSHOU	73030	LEFT SHOULDER X-RAYS, COMPLETE, MIN OF 2 VIEWS	\$25.00	\$9.00
LTIBI	73590	LEFT TIBIA & FIBULA X-RAYS, TWO VIEWS	\$25.00	\$9.00
LWRIS	73100	LEFT WRIST X-RAYS, TWO VIEWS	\$25.00	\$9.00
MEDPE	99204	COMPLETE GENL MEDICAL PHYSICAL EXAM W/REPT	\$225.00	
NEURO	99204	NEUROLOGICAL EXAMINATION WITH REPORT	\$225.00	
OCCUP	97162	PEDIATRIC OCCUPATIONAL THERAPY EVALUATION	\$80.00	
OHA	OHA	COMPLETION OF MEDICAL ASSESSMENT FORM	\$15.00	
OPHTH	92004	OPHTHALMOLOGICAL EXAMINATION WITH REPORT	\$225.00	
OPTOM	92002	OPTOMETRIC EXAMINATION W/ REPORT	\$90.00	
ORTHO	99204	ORTHOPEDIC EXAMINATION WITH REPORT	\$225.00	
OTOLA	99204	OTOLARYNGOLOGICAL EXAMINATION WITH REPORT	\$225.00	
PEDIA	99204	PEDIATRIC EXAMINATION WITH REPORT	\$225.00	
PFS	94060	PF STUDIES BEFORE AND AFTER BRONCHODILATORS	\$60.00	
RANKL	73600	RIGHT ANKLE X-RAYS, TWO VIEWS	\$25.00	\$8.00
RELBO	73070	RIGHT ELBOW X-RAY, TWO VIEWS	\$25.00	\$7.00
RFEMU	73552	RIGHT FEMUR X-RAYS, TWO VIEWS	\$25.00	\$7.00
RFOOT	73620	RIGHT FOOT X-RAYS, TWO VIEWS	\$25.00	\$7.00
RFORE	73090	RIGHT FOREARM X-RAYS, TWO VIEWS	\$25.00	\$8.00
RHAND	73120	RIGHT HAND X-RAYS, TWO VIEWS	\$25.00	\$8.00
RHEUM	99204	RHEUMATOLOGICAL EXAMINATION WITH REPORT	\$225.00	

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RHIP	73502	RIGHT HIP X-RAYS, COMPLETE, MINIMUM 2 VIEWS	\$36.00	\$11.00
RKNEE	73560	RIGHT KNEE X-RAYS TWO VIEWS	\$25.00	\$9.00
RSHOU	73030	RIGHT SHOULDER X-RAYS, COMPLETE, MIN OF 2 VIEWS	\$25.00	\$9.00
RTIBI	73590	RIGHT TIBIA & FIBULA X-RAYS, TWO VIEWS	\$25.00	\$9.00
RWRIS	73100	RIGHT WRIST X-RAYS, TWO VIEWS	\$25.00	\$8.00
SNELL	99173	SNELLEN CHART VISUAL ACUITY SCREEN	\$8.00	
SPEC1	92521	EVAL OF SPEECH FLUENCY	\$135.00	
SPEEC	92523	SPEECH SOUND LANGUAGE COMPREHENSION	\$225.00	
TEVAL	96130	ADDITIONAL EXAM FOR TESTING ONLY (1 HR)	\$170.00	
1EVAL	90791	GENERAL MENTAL STATUS EXAM WITH REPT (1 HR)	\$150.00	
2EVAL	90791	PSYCHOLOGICAL EVAL W/REPORT (MAXIMUM 2 HRS)	\$180.00	
3EVAL	96130	PSYCHOLOGICAL EVAL W/REPORT (MAXIMUM 3 HRS)	\$350.00	
36600	36600	ARTERIAL PUNCTURE, W/DRAW BLOOD FOR DIAGNOSIS	\$25.00	
69210	69210	DEBRIDEMENT OF CERUMEN, SIMPLE	\$49.00	
71046	71046	CHEST X-RAY, TWO VIEWS, FRONTAL AND LATERAL	\$19.00	\$11.00
72050	72050	C-SPINE X-RAY (NECK)	\$40.00	\$13.00
72070	72070	THORACIC SPINE X-RAY 2 VIEWS	\$23.00	\$11.00
72082	72082	SCOLIOSIS EVALUATION 2-3 VIEWS	\$56.00	\$16.00
72100	72100	LUMBOSACRAL SPINE X-RAYS, TWO OR THREE VIEWS	\$30.00	\$20.00
72170	72170	PELVIS X-RAYS, ONE OR TWO VIEWS	\$25.00	\$9.00
72220	72220	SACRUM AND COCCYX X-RAYS, MINIMUM OF 2 VIEWS	\$25.00	\$9.00
73521	73521	HIP X-RAYS, BILATERAL, INCL AP VIEW OF PELVIS	\$30.00	\$13.00
77072	77072	BONE AGE STUDIES	\$25.00	\$9.62
80053	80053	COMPREHENSIVE METABOLIC PANEL	\$15.00	
80076	80076	HEPATIC FUNCTION PANEL	\$12.00	
80156	80156	CARBAMAZEPINE, TOTAL (TEGRETOL) DRUG ASSAY	\$20.00	
80164	80164	VALPROIC ACID (DEPAKENE) DRUG ASSAY	\$19.00	
80175	80175	LAMICTAL DRUG ASSAY	\$19.00	
80177	80177	KEPPRA LEVEL	\$20.00	
80185	80185	PHENYTOIN; TOTAL (DILANTIN) DRUG ASSAY	\$19.00	
80201	80201	TOPIRAMATE (TOPAMAX) DRUG ASSAY	\$17.00	
81000	81000	URINALYSIS; NON-AUTOMATED WITH MICROSCOPY	\$4.00	
82565	82565	CREATININE	\$24.25	
82575	82575	CREATININE CLEARANCE	\$13.00	
82803	82803	GASES, BLOOD, COMBO PH, PCO2, PO2, C02, HCO3	\$27.00	
84443	84443	THYROID STIMULATING HORMONE (TSH)	\$17.00	
85018	85018	BLOOD COUNT; HEMOGLOBIN	\$3.00	
85025	85025	COMPLETE CBC W/AUTO DIFF WBC	\$11.00	
85610	85610	PROTHROBIN TIME	\$5.00	
92015	92015	REFRACTION **PINHOLE NOT ACCEPTABLE	\$20.00	

