



## NORTH CAROLINA DISABILITY DETERMINATION SERVICES

### SCHEDULE OF CONSULTATIVE EXAMINATIONS AND PROCEDURES

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Payments for professional services will be on the basis of usual, customary, and reasonable charges, as generally defined, up to the maximums specified in the schedule. **There is no reimbursement for broken/missed appointments.**

Split Fee Provision: In radiological and other examinations when professional interpretations must be obtained separately, fees for such interpretations shall not exceed 50% of the allowed charges.

\*This schedule *is not applicable to hospitals* operating under Medicare and Medicaid agreements specified by federal law.

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### CONSULTATIVE EXAMINATIONS

#### CPT

99204	Medical Consultation, complete history, physical and written report of findings .....	\$135.00
99206	Consultation, Orthopedic, written report of findings .....	145.00
99207	Consultation, Neurological, written report of findings.....	145.00
90801	Consultation, Psychiatric, written report of findings .....	135.00
99202	Consultation, Otological, written report of findings.....	75.00
92004	Ophthalmological Examination, including peripheral visual fields, written report of findings .....	160.00
99244	Consultation, Pediatric, written report of findings.....	135.00
90800	Comprehensive Clinical Psychological Evaluation, written report of findings .....	105.00
99203	Office Visit, brief narrative report .....	70.00
96100	Psychological Examination (IQ testing) written report of findings.....	100.00
96101	Psychological Examination with projectives, written report of findings.....	120.00
92506	Speech/Language Evaluation, written report of findings.....	100.00
99080	Review of Records.....	15.00

## RADIOLOGY

### CPT      CHEST

71020	Chest, two views or stereo.....	\$46.00
71030	Chest, complete, minimum 4 views .....	60.00

### SPINE AND PELVIS

72040	Spine, cervical, anteroposterior and lateral.....	41.00
72050	Spine, cervical, minimum of 4 views .....	55.00
72052	Spine, cervical, complete, including flexion and extension studies and/or pillar views.....	67.00
72070	Spine, thoracic, anteroposterior and lateral .....	41.00
72100	Spine, lumbosacral, anteroposterior and lateral .....	46.00
72110	Spine, lumbosacral, complete with oblique views.....	67.80
72170	Pelvis, anteroposterior only.....	32.00
72190	Pelvis, complete, minimum of 3 views .....	41.00

### UPPER EXTREMITIES

73020	Shoulder, one projection .....	29.00
73030	Shoulder, 2 views.....	41.00
73060	Humerus .....	31.00
73070	Elbow, anteroposterior and lateral .....	31.00
73080	Elbow, complete, 3 views.....	40.70
73100	Wrist, anteroposterior and lateral.....	31.00
73110	Wrist, complete study, 3 views .....	35.00
73120	Hand .....	29.00
73090	Forearm, including one joint.....	31.00

### LOWER EXTREMITIES

73500	Hip, 1 view .....	31.00
73510	Hip, 2 views.....	41.00
73550	Femur .....	40.70
73560	Knee, 2 views.....	36.00
73562	Knee, anteroposterior and lateral with obliques, minimum 3 views.....	41.60
73590	Tibia and fibula.....	31.00
73600	Ankle, 2 views .....	31.00
73610	Ankle, 3 views .....	35.00
73620	Foot, 2 views.....	31.00
73630	Foot, 3 views.....	35.00

### PANEL OR PROFILE TESTS (Automated)

80048	Basic Metabolic Panel.....	11.00
80053	Comprehensive Metabolic Panel .....	16.75
80051	Electrolyte Panel.....	9.54
80072	Rheumatoid Panel .....	35.67
80076	Liver Panel.....	26.59

## BLOOD EXAMS

### CPT

82040	Albumin.....	\$10.75
86038	ANA.....	29.90
86060	ASO Titer.....	20.50
82251	Bilirubin.....	13.00
84520	BUN.....	8.25
82310	Calcium.....	10.75
80156	Carbamazepine (Tegretol).....	34.34
85031	CBC.....	10.50
82565	Creatinine.....	10.65
82575	Creatinine Clearance.....	22.25
82947	Glucose.....	9.00
82951	Glucose Tolerance.....	23.00
85014	Hematocrit.....	7.75
85018	Hemoglobin.....	7.75
83020	Hemoglobin Electrophoresis.....	30.25
80184	Phenobarbital.....	34.34
80185	Phenytoin (Dilantin).....	32.67
80188	Primidone (Mysoline).....	38.77
84165	Protein Electrophoresis.....	27.40
85044	Reticulocyte Count.....	12.00
86430	Rheumatoid Factor.....	12.00
85651	Sedimentation Rate.....	9.35
85660	Sickle Cell Test.....	11.50
84436	T4 by RIA.....	13.25
84479	T3 Uptake.....	13.00
84478	Triglycerides.....	12.19
84550	Uric Acid.....	11.50
80164	Valproic Acid (Depakene).....	34.34
36415	Collection of blood sample.....	5.00

## URINE EXAM

81000	Urinalysis, routine, complete.....	9.50
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## MISCELLANEOUS

95812	Electro-encephalogram.....	100.00
92557	Audiometric hearing test, air and bone, with speech discrimination/reception test.....	55.00
92533	Vestibular function test (caloric).....	44.00
95860	Electromyography, one extremity.....	90.00
95900	NCV, Motor or Sensory, each nerve.....	45.00

**CARDIOVASCULAR**

**CPT**

93000	Electrocardiogram, resting, with interpretation and report .....	\$35.00
93015	Treadmill ECG, Complete (Bruce Protocol) .....	130.00
93923	Peripheral flow study (Doppler), arterial.....	60.00

**PULMONARY**

94060	Spirometry, before and after bronchodilator (aerosol or parenteral) .....	60.00
94720	Carbon monoxide diffusing capacity (DLCO).....	50.00
82803	Arterial blood gas studies including PO <sub>2</sub> , PCO <sub>2</sub> , PH .....	40.00

Questions concerning fee schedule should be referred to:

Professional Relations Office  
Disability Determination Services  
PO Box 243  
Raleigh, NC 27602  
(919) 212-3222  
1-800-443-9360  
Fax 1-800-804-5509  
<http://dds.its.state.nc.us/pro/default.asp>



State of North Carolina  
Department of Health and Human Services  
Disability Determination Services

*NC DHHS is an equal opportunity employer and provider.*