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| ILLINOIS DEPARTMENT OF HUMAN SERVICES  BUREAU OF DISABILITY DETERMINATION SERVICES  MEDICAL FEES PLAN | | |
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| VISITS AND EXAMINATIONS | | |
| 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 |
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| **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). Pure tone is to be done with and without amplification. Provide testing results at 500, 1000, 2000 hz. (also at 3000 hz. for children.) Graph must accompany report. SD to be done at 30 - 40 db. Above the SRT. Note any contraindication to hearing aid use. Provide description of patient's ability to articulate and communicate | $60.00 |
| 05010 | 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 | $125.00 |
| 01860 | Formal Diagnostic Consultation, Neurological, to include report | $125.00 |
| 01822 | Formal Diagnostic Consultation, Cardiologist, to inclide report | $163.00 |
| 01825 | Formal Diagnostic Consultation, Orthopedic, to include report | $125.00 |
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| *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 | $125.00 |
| 01870 | Formal Diagnostic Consultation, Physical Medicine, to include report | $105.00 |
| 01300 | Formal Diagnostic Consultation, Psychiatric, to include report | $130.00 |
| 01865 | Formal Diagnostic Consultation, Family Practice, to include report | $125.00 |
| 01310 | Subsequent Psychiatric Examination, (less than one-half hour) Hearings and Appeals Council cases, to include report | $50.00 |
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| RADIOLOGY – X-RAYS | | |

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| 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 | $22.00 | $16.00 | $38.00 |
| 73090 | X-ray of forearm | $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 | $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 | $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 | $43.00 | $44.00 | $87.00 |
| 72070 | X-ray of spine, thoracic | $28.00 | $17.00 | $45.00 |
| 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 (no KUB) | $36.00 | $64.00 | $100.00 |
| 73100 | X-ray of wrist | $22.00 | $16.00 | $38.00 |
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| 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.* | | | | |

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|  | | | 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 |
|  | 82250 | Bilirubin, total OR direct | $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 | $5.50 | $5.50 | $11.00 |
|  | 84132 | Potassium | $5.50 | $5.50 | $11.00 |
|  | 84155 | Protein, total | $5.00 | $5.00 | $10.00 |
|  | 84460 | SGPT, Transaminase | $6.00 | $6.00 | $12.00 |
|  | 84295 | Sodium | $5.50 | $5.50 | $11.00 |
|  | 84450 | Transferase, aspartate amino (AST) (SGOT) | $6.00 | $6.00 | $12.00 |
|  | 84520 | Urea Nitrogen (BUN) | $4.00 | $4.00 | $8.00 |
| 80091 | Thyroid panel | | $11.50 | $11.50 | $23.00 |
|  | 84436 | Thyroxine, total (T-4) | $7.50 | $7.50 | $15.00 |
|  | 84479 | Thyroid hormone (T-3 or T-4) 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 | Valporic Acid (Depakote) | | $17.50 | $17.50 | $35.00 |
| 80156 | Carbamazepine (Tegretol) | | $17.50 | $17.50 | $35.00 |
| 80188 | Primidone | | $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 |
| 84460 | SGPT, transaminase | | $6.00 | $6.00 | $12.00 |
| 84170 | Total protein and A/G ratio | | $7.00 | $7.00 | $14.00 |
| 85031 | Blood count, complete CBC | | $7.50 | $7.50 | $15.00 |
|  | 85013 | Hematocrit | $3.50 | $3.50 | $7.00 |
|  | 85018 | Hemoglobin | $2.75 | $2.75 | $5.50 |
| 85590 | Platelet, manual count | | $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 |
| 87117 | Culture for TB, concentrated plus isolation | | $9.00 | $9.00 | $18.00 |
| 87015 | Smear for TB, concentrated | | $4.00 | $4.00 | $8.00 |
| 83020 | Hemoglobin, electrophoresis pattern | | $16.00 | $16.00 | $32.00 |
| 83045 | Hemoglobin, methemoglobin | | $3.00 | $3.00 | $6.00 |
| 83055 | Hemoglobin, sulfhemoglobin | | $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 count, 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 (T-3), RIA | | $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 |
| 84250 | T-3 Resin Uptake (T-3 RU) | | $10.00 | $10.00 | $20.00 |
| 84185 | Bence-Jones protein, qualitative | | $3.00 | $3.00 | $6.00 |
| 36415 | Blood Draw and/or Lab. Specimen Handling | |  |  | $3.50 |

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| CARDIAC FUNCTION | | |
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| 93000 | Electrocardiogram, 12-lead 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 Reason for premature termination, if applicable | $105.00 |

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| PULMONARY FUNCTION | | | | | |
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| 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) | $22.50 | $22.50 | | $45.00 |
| 93922 | Doppler, arterial study bilateral, lower extremities, resting(e.g., ankle/brachial pressure; if diabetic do 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 |
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| 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 |
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| PSYCHOLOGICAL TESTING | | | | | |
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| 02124 | Psychological consultation by a Licensed Clinical Psychologist to obtain mental status evaluation with written report | | | | $130.00 |
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| *NOTE: THE FOLLOWING 02127,98220, 98280, 98250, 98265 AND 98270 TO BE USED ONLY WITH REQUEST OF ALJ OR BY APPROVAL OF ADJUDICATIVE SECTION CHIEF* | | | | | |
| 02127 | Psychological testing by a Licensed Clinical Psychologist for functional disorder. Report to include the MMPI II and a mental status evaluation completing or using attached mental form as narrative guide. Report T-scores for all standard clinical scales | | | | $150.00 |
| 98220 | Test for intellectual capacity to include McCarthy Scales of Children's Ability with report | | | | $100.00 |
| 98280 | Neuropsychological testing by a Licensed Clinical Psychologist for organic brain dysfunction. Report to include the Luria-Nebraska neuropsychological battery and mental status evaluation completing or using attached mental form as narrative guide. Describe and interpret specific results | | | | $250.00 |
| 98250 | Thematic Apperception Test (TAT) with report | | | | $75.00 |
| 98265 | Rorschach test with report | | | | $100.00 |
| 98270 | Bender Gestalt test with report | | | | $25.00 |
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| *NOTE: THE FOLLOWING 98820 FOR CHILDREN 0 TO 42 MONTHS OF AGE* | | | | | |
| 98820 | Bayley Scales of Infant Development-III test with written report. (Include MDI/PDI Standard Scores: Developmental ages for cognitive, motor domains; plus Behavior Rating Scores for A/A, O/E, ER, MQ & Total Score) | | | | $100.00 |
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| *NOTE: THE FOLLOWING 98245 FOR CHILDREN 2 YEARS 6 MONTHS TO 7 YEARS OF AGE* | | | | | |
| 98245 | Test for intellectual capacity to include WPPSI-III, with report (Include sub-test scores) | | | | $100.00 |
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| *NOTE: THE FOLLOWING 98246 FOR 6 TO 16 YEARS, 11 MONTHS OF AGE* | | | | | |
| 98246 | Test for intellectual capacity to include WISC-IV, with report (Include sub-test scores) | | | | $100.00 |
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| *NOTES:*          *THE FOLLOWING 02100 (WAIS IV) FOR 16 TO 89 YEARS OF AGE*          *THE FOLLOWING 02100 (WAIS III) FOR 16 TO 65 YEARS OF AGE* | | | | | |
| 02100 | Test for intellectual capacity to include WAIS-IV, with report (include sub-test scores) | | | | $100.00 |
| 02100 | Test for intellectual capacity to include WAIS-III, with report (Include sub-test scores) | | | | $100.00 |
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| *NOTE: THE FOLLOWING 98247 FOR 2 TO 20 YEARS OF AGE* | | | | | |
| 98247 | Test for intellectual capacity to include Leiter International Performance Scales, Revised, with report | | | | $85.00 |
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| *NOTE: THE FOLLOWING 98248 FOR 8 TO 65 YEARS OF AGE* | | | | | |
| 98248 | Test for intellectual capacity to include Raven Progressive Matrices, with report | | | | $85.00 |
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| TRANSPORTATION AND MAINTENANCE | | | | | |
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| *Only Vouchers Over $15.00 Will Be Accepted Unless Approved Special Travel* | | | | | |
| 08910 | Local bus, "el", CTA, etc. | | | Published Fare | |
| 08910 | Intercity Bus/Train (secure receipts) | | | Exact Fare | |
| 08850 | Automobile (secure receipts if other than client's) | | | 50.5¢ (7/08-7/09)  55.0¢ (as of 7/1/09) | |
|  | Toll Charges (receipt required if $5.00 or more) | | | Exact Charges | |
| 08910 | Taxi (secure receipts) | | | Exact Fare | |