**Ohio DDS**

**Fee Schedule**

**FY 2015**

Effective August 2015

**Medical Evidence of Record**

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| Hospital/Facility Records | $15.00  |
| Physician/Psychologist | $20.00  |

**Ohio DDS**

**Fee Schedule**

**FY 2015**

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| Service Description | Ohio Fee |
| INTERNAL MEDICAL EXAMINATION | $175.00  |
| NEUROLOGICAL EXAMINATION | $175.00  |
| ORTHOPEDIC EXAMINATION | $175.00  |
| PHYSICAL MEDICINE EXAMINATION | $175.00  |
| EARS NOSE AND THROAT EXAMINATION | $220.00  |
| OCCUPATIONAL/PHYSICAL THERAPIST ASSESSMENT | $120.00  |
| PEDIATRIC EXAMINATION | $175.00  |
| OPHTHALMOLOGICAL WITH PERIMETRIC FIELDS | $175.00  |
| LIMITED OPHTHALMOLOGICAL WITHOUT PERIMETRIC FIELDS | $110.00  |
| PERIMETRIC FIELDS - FIELDS ARE TO BE PERFORMED EITHER USING A GOLDMANN PERIMETER WITH A III4E TARGET OR IF THE HUMPHREY FIELD ANALYZER IS USED THE CENTRAL 30-2 FIELD (III4E) AND THE SSA KINETIC MUST BE DONE) | $65.00  |
| HUMPHREY 30-2 FIELDS | $65.00  |
| PERIMETRIC FIELDS - FIELDS ARE TO BE PERFORMED USING A GOLDMANN PERIMETER WITH A III4E TARGET | $65.00  |
| PEDIATRIC OPHTH EXAM (AGE 5/UNDER)WITHOUT PERIMETRIC FIELDS | $110.00  |
| SPEECH EVALUATION | $165.00  |
| SPANISH SPEECH EVALUATION | $225.00  |
| INTELLIGIBILITY ASSESSMENT (LIMITED SPEECH EVAULATION) | $40.00  |
| AUDIOMETRICS | $50.00  |
| SOUND FIELD AIDED PURE TONE AND SPEECH DISCRIMINATION TESTING WITH CLAIMANT'S OWN HEARING AIDES. | $35.00  |
| SPEECH DISCRIMINATION (SOUND FIELDS) WITH LOANER HEARING AIDS | $25.00  |
| HEARING IN NOISE TEST (HINT) | $95.00  |
| ADULT CLINICAL INTERVIEW (AGE: 18 - ABOVE) | $165.00  |
| CHILD - PARENT CLINICAL INTERVIEW (AGE: UNDER 18 ONLY) | $165.00  |
| PSYCHIATRIC EVALUATION (AGE: 18 & ABOVE) | $165.00  |
| BENDER GESTALT II (MEMORY OR BRAIN/ORGANICITY) AGE:4 YRS - ADULT | $50.00  |
| DENVER DEVELOPMENTAL SCREENING TEST - REVISED (W/PEDS) | $50.00  |
| MMPI 2 (PERSONALITY INVENTORY) AGE: 18/OLDER (ADULTS ONLY) | $60.00  |
| NELSON DENNEY - PARAGRAPH COMPREHENSION | $30.00  |
| RORSCHACH TEST | $75.00  |
| STANFORD-BINET 5 (INTELLIGENCE SCALE) AGE: 2 YRS - ADULTS | $80.00  |
| VINELAND II (ADAPTIVE BEHAVIOR SCALE) AGE: BIRTH - 18 YRS | $65.00  |
| WRAT 4 (ACHIEVEMENT & READING TEST) AGE: 5 YRS - ADULT | $67.00  |
| WAIS-IV (INTELLIGENCE SCALE-FOURTH EDITION) AGE: 16 YRS - ADULT | $125.00  |
| WISC-IV (INTELLIGENCE SCALE) AGE: 6 YRS - 16.11 YRS | $125.00  |
| WMS-IV (MEMORY OR BRAIN/ORGANICITY) AGE: 16 YRS - ADULT | $125.00  |
| WPPSI III (INTELLIGENCE SCALE) AGE 2.6 YRS - 7.3 YRS | $80.00  |
| BAYLEY III (INTELLIGENCE SCALE) AGE:1-42MONTHS (W/PSYCH) | $80.00  |
| BECK DEPRESSION INVENTORY - 2 | $25.00  |
| CONNERS 3RD EDITION-PARENT (CONNERS 3-P) | $75.00  |
| READING TEST | $30.00  |
| WOODCOCK-JOHNSON TEST OF ACHIEVEMENT- REV.- THIRD EDITION(W-JIII) | $67.00  |
| KAIT: KAUFMAN ADOLESCENT AND ADULT INTELLIGENCE TEST | $80.00  |
| WIAT II- WECHSLER INDIVIDUAL ACHIEVEMENT TEST (SECOND EDITION) | $45.00  |
| ALBUMIN - SERUM | $10.50  |
| ANTI - NUCLEAR ANTIBODIES (ANA TITER) | $32.00  |
| BILIRUBIN - TOTAL | $15.50  |
| COMPLETE BLOOD COUNT WITH DIFFERENTIAL/HEMATOCRIT/HEMOGLOBIN | $17.50  |
| SERUM KEPPRA (LEVETIRACETAM) LEVEL | $50.00  |
| CREATININE - SERUM | $12.50  |
| DEPAKENE LEVEL - SERUM (VALPROIC ACID) | $40.00  |
| DILANTIN LEVEL - SERUM | $35.00  |
| HEMATOCRIT | $8.00  |
| HEMOGLOBIN | $8.00  |
| PROTHROMBIN TIME (INR) | $8.75  |
| RETICULOCYTE COUNT | $8.50  |
| SEDIMENTATION RATE (WESTERGREN OR WINTROBE) | $8.50  |
| COMPREHENSIVE METABOLIC PANEL (FEE NOT TO EXCEED $40.00)(TO INCLUDE AT LEAST SERUM ALBUMIN, SERUM BILIRUBIN, SERUM CREATININE, AND LIVER ENZYMES). | $40.00  |
| T3 THYROID | $34.00  |
| T4 THYROID | $34.00  |
| TSH - THYROID STIMULATING HORMONES | $75.00  |
| CARBAMAZEPINE LEVEL | $40.00  |
| FLAT PLATE ABDOMEN - 1 VIEW | $24.00  |
| ABDOMEN - FLAT INTERP - 1 VIEW | $12.00  |
| FROGLEG LATERAL LT HIP - 1 VIEW | $24.00  |
| FROGLEG LATERAL LT HIP INTERP - 1 VIEW | $13.00  |
| FROGLEG LATERAL RT HIP - 1 VIEW | $24.00  |
| FROGLEG LATERAL RT HIP INTERP - 1 VIEW | $13.00  |
| AP PELVIS - 1 VIEW | $24.00  |
| AP PELVIS INTERP - 1 VIEW | $13.00  |
| PA CHEST FILM - ONE VIEW | $24.00  |
| PA CHEST FILM INTERPRETATION - 1 VIEW | $13.00  |
| AP & LATERAL LT ANKLE - 2 VIEWS | $35.00  |
| AP & LATERAL LT ANKLE INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL RT ANKLE - 2 VIEWS | $35.00  |
| AP & LATERAL RT ANKLE INTERP - 2 VIEWS | $18.00  |
| CHEST X-RAY (PA & L LATERAL WITH CARDIO-THORACIC RATIO) - 2 VIEWS | $35.00  |
| PA & L LATERAL CHEST FILM - 2 VIEWS. PA - LEFT LATERAL CHEST FILM INTERPRETATION | $53.00  |
| CHEST X-RAY (PA & L LATERAL WITH CARDIO-THORACIC RATIO) - 2 VIEWS INTERP | $18.00  |
| AP & LATERAL LT ELBOW - 2 VIEWS | $35.00  |
| AP & LATERAL LT ELBOW INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL RT ELBOW - 2 VIEWS | $35.00  |
| AP & LATERAL RT ELBOW INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL LT FEMUR - 2 VIEWS | $35.00  |
| AP & LATERAL LT FEMUR INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL RT FEMUR - 2 VIEWS | $35.00  |
| AP & LATERAL RT FEMUR INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL LT FOOT - 2 VIEWS | $35.00  |
| AP & LATERAL LT FOOT INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL RT FOOT - 2 VIEWS | $35.00  |
| AP & LATERAL RT FOOT INTERP - 2 VIEWS | $18.00  |
| AP & FROGLEG LATERAL LT HIP - 2 VIEWS | $35.00  |
| AP & FROGLEG LATERAL LT HIP INTERP - 2 VIEWS | $18.00  |
| AP & FROGLEG LATERAL RT HIP - 2 VIEWS | $35.00  |
| AP & FROGLEG LATERAL RT HIP INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL LT HUMERUS - 2 VIEWS | $35.00  |
| AP & LATERAL LT HUMERUS INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL RT HUMERUS - 2 VIEWS | $35.00  |
| AP & LATERAL RT HUMERUS INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL STANDING LT KNEE - 2 VIEWS | $35.00  |
| AP & LATERAL STANDING LT KNEE INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL STANDING RT KNEE - 2 VIEWS | $35.00  |
| AP & LATERAL STANDING RT KNEE INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL LT RADIUS/ULNA - 2 VIEWS | $35.00  |
| AP & LATERAL LT RADIUS/ULNA INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL RT RADIUS/ULNA - 2 VIEWS | $35.00  |
| AP & LATERAL RT RADIUS/ULNA INTERP - 2 VIEWS | $18.00  |
| AP & AXILLARY LT SHOULDER - 2 VIEWS | $35.00  |
| AP & AXILLARY LT SHOULDER INTERP - 2 VIEWS | $18.00  |
| AP & AXILLARY RT SHOULDER - 2 VIEWS | $35.00  |
| AP & AXILLARY RT SHOULDER INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL THORACIC SPINE - 2 VIEWS | $35.00  |
| AP & LATERAL THORACIC SPINE INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL STANDING LT TIBIA/FIBULA - 2 VIEWS | $35.00  |
| AP & LATERAL STANDING LT TIBIA/FIBULA INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL STANDING RT TIBIA/FIBULA - 2 VIEWS | $35.00  |
| AP & LATERAL STANDING RT TIBIA/FIBULA INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL LT WRIST - 2 VIEWS | $35.00  |
| AP & LATERAL LT WRIST INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL RT WRIST - 2 VIEWS | $35.00  |
| AP & LATERAL RT WRIST INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL LT HAND - 2 VIEWS | $35.00  |
| AP & LATERAL LT HAND INTERP - 2 VIEWS | $18.00  |
| AP & LATERAL RT HAND - 2 VIEWS | $35.00  |
| AP & LATERAL RT HAND - INTERPRETATION - 2 VIEWS | $18.00  |
| AP LATERAL LUMBAR SPINE (CONE DOWN LATERAL L-S JUNCTION) - 3 VIEWS | $46.00  |
| AP LATERAL LUMBAR SPINE (CONE DOWN LATERAL L-S JUNCTION) - 3 VIEWS INTERP | $23.00  |
| LATERAL OF LUMBOSACRAL SPINE IN NEUTRAL, FLEXION & EXTENSION TO EVALUATE FUSION (3V) | $46.00  |
| LATERAL OF LUMBOSACRAL SPINE IN NEUTRAL, FLEXION & EXTENSION TO EVALUATE FUSION (3V) - 3 VIEWS INTERPRETATION | $23.00  |
| AP LATERAL CERVICAL SPINE (BOTH OBLIQUES CERVICAL SPINE) - 4 VIEWS | $57.00  |
| AP LATERAL CERVICAL SPINE (BOTH OBLIQUES CERVICAL SPINE) - 4 VIEWS INTERP | $28.00  |
| CERVICAL SPINE A/P FLEXION LATERAL EXTENSION LATERAL & BOTH OBLIQUES - 5 VIEWS  | $67.00  |
| CERVICAL SPINE A/P FLEXION LATERAL EXTENSION LATERAL & BOTH OBLIQUES - 5 VIEWS INTERPRETATION | $34.00  |
| LUMBAR SPINE - TO INCLUDE AP LATERAL BOTH FLEXION & EXTENSION LATERAL, CONE DONE L/S JUNCTION - 5 VIEWS | $67.00  |
| LUMBAR SPINE - INCLUDE A/P LATERAL BOTH FLEXION & EXTENSION LATERAL, CONE DOWN L/S JUNCTION INTERPRETATION - 5 VIEWS | $34.00  |
| BONE AGE LEFT WRIST AND HAND - 1 VIEW | $12.00 |
| BONE AGE/INTERPRETATION | $25.00  |
| HEIGHT & WEIGHT (WITHOUT SHOES) | $10.00  |
| LIMITED CARDIOVASCULAR/PULMONARY/PRE-EXERCISE TEST EXAM | $75.00  |
| ARTERIAL BLOOD GAS STUDIES AT REST TO INCLUDE HEMATOCRIT - IF PATIENT USES SUPPLEMENTAL OXYGEN ROUTINELY PLEASE ATTEMPT TO PERFORM ABGS ON ROOM AIR (20 MINUTES OFF OXYGEN AS A MINIMUM) IF POSSIBLE. IF NOT THERE IS NO NEED TO OBTAIN THE ARTERIAL SAMPLE AND TEST CAN BE ABORTED. | $48.00  |
| ABGS AT REST INTERPRETATION | $20.00  |
| ABGS WITH MONITORED EXERCISE TO INCLUDE HEMATOCRIT. - IF NOT CONTRAINDICATEDIF PATIENT USES SUPPLEMENTAL OXYGEN ROUTINELY PLEASE ATTEMPT TO PERFORM ABGS ON ROOM AIR 20 MINUTES OFF OXYGEN AS A MINIMUM IF POSSIBLE. IF NOT THERE IS NO NEEDTO OBTAIN THE ARTERIAL SAMPLE AND TEST CAN BE ABORTED. | $154.00  |
| ABGS M/E INTERPRETATION | $76.00  |
| DOPPLER LOWER EXTREMITIES WITH MONITORED EXERCISE - IF NOT CONTRAINDICATED | $134.00  |
| DOPPLER WITH M/E INTERPRETATION | $66.00  |
| DOPPLER LOWER EXTREMITIES AT REST - TO INCLUDE GREAT TOE PRESSURE | $60.00  |
| DOPPLER AT REST - INTERPRETATION (TO INCLUDE GREAT TOE PRESSURE) | $30.00  |
| ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH ORWITHOUT M-MODE RECORDING; COMPLETE TO INCLUDE LEFT VENTRICULAR EJECTION FRACTION | $184.00  |
| ECHOCARDIOGRAM INTERPRETATION TO INCLUDE M MODE | $91.00  |
| RESTING EKG - PLEASE RECORD THE STANDARD 12 LEADS | $30.00  |
| EKG INTERPRETATION | $15.00  |
| (GXT) TREADMILL STRESS TEST TO INCLUDE SERUM POTASSIUM - IF NOT CONTRAINDICATED | $143.00  |
| TREADMILL STRESS INTERPRETATION | $65.00  |
| PULSE OXIMETRY | $25.00  |
| EMG LT LOWER EXTREMITY & RELATED PARASPINALS | $73.00  |
| EMG INTERPRETATION 1 EXTREMITY | $37.00  |
| EMG RT LOWER EXTREMITY & RELATED PARASPINALS | $73.00  |
| EMG INTERPRETATION - 1 EXTREMITY | $37.00  |
| NERVE CONDUCTION VELOCITY (6 NERVES) | $270.00  |
| PULMONARY FUNCTION STUDIES - INCLUDE SPIROMETRIC TRACINGS WITH YOUR REPORT | $43.00  |
| PULMONARY FUNCTION STUDIES INTERPRETATION | $22.00  |
| (PFS) PULMONARY FUNCTION STUDIES BEFORE & AFTER BRONCHODILATORS- PLEASE INCLUDE SPIROMETRIC TRACINGS WITH YOUR REPORT | $70.00 |
| PFS B & A BRONCHODILATORS INTERPRETATION | $35.00  |
| (DLCO) CO DIFFUSING CAPACITY | $66.00  |
| CO DIFFUSING CAPACITY INTERPRETATION | $34.00  |
| ADMINISTRATIVE LAW JUDGE PHYSICAL ASSESSMENT COMPLETION HA-1151 | $35.00  |
| ADMINISTRATIVE LAW JUDGE PSYCHOLOGICAL ASSESSMENT COMPLETION HA-1152 | $35.00  |
| TRAVEL REIMBURSEMENT - HOME/INSTITUTIONAL VISIT  | $43.00/hour |
| SIGN LANGUAGE INTERPRETER | $150.00  |
| LANGUAGE INTERPRETER | $150.00  |
| BILINGUAL EXAMINATION COMPLETION (ADDITIONAL) | $60.00  |
| ADMINISTRATIVE COST & REVIEWING | $25.00  |
| FACILITY CHARGE | $15.00  |
| INTERROGATORY REPORT | $50.00  |