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| **FEE SCHEDULE**  **Effective Date:** [Date]   |  |  |  | | --- | --- | --- | | **PROCEDURE CODE** | **DESCRIPTION** | **FEE AMOUNT** | | 101 | New Patient Consultation | $150.00 | | 202 | Routine Physical Exam | $100.00 | | 305 | X-Ray - Chest | $75.00 | | 410 | Blood Test - Complete Blood Count (CBC) | $50.00 | | 525 | Electrocardiogram (ECG/EKG) | $80.00 | | 620 | Vaccination - Influenza | $30.00 | | 725 | Minor Sutured Laceration Repair | $200.00 | | 840 | Pulmonary Function Test (Spirometry) | $120.00 | | 955 | Follow-up Telemedicine Consultation | $75.00 | | 1060 | Allergy Testing - Skin Prick | $90.00 | | 1165 | Pap Smear | $85.00 | | 1270 | Urinalysis | $25.00 | | 1375 | Echocardiogram | $200.00 | | 1480 | MRI - Brain | $450.00 | | 1585 | Physical Therapy Session | $150.00 | | 1690 | Diabetes Management Consultation | $95.00 | | 1795 | Cast Application | $70.00 | | 18100 | Appendectomy | $1,500.00 | | 19205 | Knee Arthroscopy | $1,200.00 | | 20310 | Nasal Fracture Reduction | $180.00 | | 21415 | Colonoscopy - Diagnostic | $800.00 | | 22520 | Biopsy - Skin Lesion | $120.00 | | 23625 | Vasectomy | $300.00 | | 24730 | Cataract Surgery | $2,500.00 | | 25835 | Chemotherapy - Initial | $400.00 | | 26940 | Physical Examination for Employment | $75.00 | | 27045 | Psychotherapy - 45 minutes | $120.00 | | 28150 | Bone Density Scan (DEXA) | $100.00 | | 29255 | Varicose Vein Stripping | $700.00 | | 30360 | Tonsillectomy | $1,000.00 | | 31465 | EEG (Electroencephalogram) | $180.00 | | 32570 | Cardiac Stress Test | $250.00 | | 33675 | Endoscopy - Upper GI | $600.00 | | 34780 | Physical Therapy - 10 sessions | $1,200.00 | | 35885 | Sleep Study - Polysomnography | $350.00 |   **Billing and Payment:**  Insurers have 30 days to pay bills with the right paperwork. Payment should match the fee schedule for the time of service. If they take longer, they should tell the provider why. Injured workers with accepted claims don't need to pay for medical services. No extra charges are allowed.  **Reports and Documentation:**  Providers can't charge for certain reports. They must give enough details for why a service is needed and how much they charge. If they add extra reports, they can only charge up to $10 per page, max $70. If a doctor gives an office note with a rating, they need to explain how they did it.  **Communication and Disputes:**  Insurers must tell providers why they deny or reduce payments within 30 days. They can't change procedure codes without the provider's agreement. Disputes can be handled by the Department. |