

OCCUPATIONAL HEALTH SERVICES BID OPENING 11-13-08	OCCUPATIONAL MEDICINE CENTER	ST. JOHN'S CORP. HEALTH
Pre-Employment Physical (NON-DOT):		
Physician Exam with Health History Review:	\$50.00	\$45.00
Pre-Employment work fitness screening:	\$50.00	\$150.00
Pre-Employment Physical (DOT):		
DOT Physical	\$55.00	\$45.00
DOT Urine Drug Screening consisting of: Urine Collection 5 Panel Drug Screen Medical Review & Reporting	\$60.00	\$45.00
Re-Certification Physical (DOT):		
DOT Physical	\$55.00	\$45.00
Substance Abuse (NON-DOT) Post Accident/Reasonable Suspicion:		
Urine Drug Screening consists of: Urine Collection 8 Panel Drug Screen Medical Review & Reporting	\$45.00	\$45.00 - 9 Panel Urine Drug
Substance Abuse (DOT) Post Accident/Reasonable Suspicion/Random:		
DOT Urine Drug Screening consists of: Urine Collection 8 Panel Drug Screen Medical Review & Reporting	\$60.00	\$45.00 - 5 Panel Urine Drug
Breath Alcohol Screen with confirmation	\$25.00	\$25.00
Fit for Duty Physical:		
Physician Exam with Return to Work Short Narrative Note	\$50.00	\$45.00
On-Call After Hours/On-Site Substance Abuse Services:		
On-Call Drug/Alcohol Collection: Per hour, portal to portal	\$60.00 Call in fee (E & W) \$100.00 Call in fee (Holidays) Post Accident Only \$50.00 Additional Hours	\$70.00 - 2 hour minimum
On-Site Drug/Alcohol Collection: Per hour, portal to portal	\$50.00 Hour	\$40.00
Worker's Compensation (In-Clinic Treatment Of Work-Related Injuries/Illness)		
Initial Visit and Report:		
99202 Limited Visit	\$70.00	\$55.00
99203 Intermediate Visit	\$75.00	\$68.00
99204 Extensive Visit	\$80.00	\$81.00
Return Visit and Report:		

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99212 Limited Visit	\$50.00	\$45.00
99213 Intermediate Visit	\$55.00	\$54.00
99214 Extensive Visit	\$60.00	\$67.00
Worker's Compensation Contracted Service Rates Per CPT Code		
73610 Ankle X-ray 3 or more views	\$90.02 *	\$89.10
73600 Ankle X-ray 2 views	N/A	\$92.00
73080 Elbow X-ray Complete	\$90.02 *	\$90.00
95904 Nerve Conduction	N/A	85% Of Billed Charges
95903 Nerve Conduction	N/A	85% Of Billed Charges
95900 Nerve Conduction	N/A	85% Of Billed Charges
96860 EMG 1 Extremity	N/A	85% Of Billed Charges
73721 MRI Lower Extremity	\$1050.00 *	85% Of Billed Charges
73221 MRI Lower Extremity	\$1050.00 *	85% Of Billed Charges
73630 Foot X-ray Complete	\$90.02 *	\$92.70
73564 Knee X-ray 4 or more views:	\$85.47 *	\$95.00
73560 Knee X-ray 2 view	\$90.02 *	\$90.00
73140 Finger X-ray Complete	\$90.02 *	\$66.60
73130 Hand X-ray Complete	\$90.02 *	\$84.60
72040 Cervical X-ray 2 View	\$174.20 *	\$116.08
72110 Lumbar X-ray 4 View	\$148.50 *	\$150.30
73110 Wrist X-ray Complete	\$90.02 *	\$95.00
72070 Thoracic X-ray 2 View	\$104.32 *	\$95.00
73000 Clavicle X-ray Complete	\$90.02 *	\$95.00
73030 Shoulder X-ray Complete	\$90.02 *	\$95.00
73090 Forearm X-ray Complete	\$90.02 *	\$82.80
97001 PT Evaluation (1st Visit)	\$97.50	85% Of Billed Charges
97003 OT Evaluation (1st Visit)	\$97.50	85% Of Billed Charges
97545 Work Conditioning/ Initial 2 Hours	\$195.00	85% Of Billed Charges
97546 Work Conditioning/ per additional hour	\$78.00	85% Of Billed Charges
PT/OT Subsequent Visits	\$31.20 / 15 MIN	85% Of Billed Charges
COMMENTS:	* - All Radiology services will be billed with a professional (interpretation) fee of \$35.00 for x-rays and \$206.00 for MRI's.	