State of Vermont Disability Determination Services
Consultative Examination Codes and Order Categories

Effective 5/1/2021

CPT CODE	Short Description	VT Fees
	LABS	
36415	Venous Blood Draw/Venipuncture	17.50
80048	Basic Metabolic Panel	19.71
80076	Hepatic Function	59.00
80299	Other Therapeutic Drug Level	27.71
82247	Bilirubin	11.56
82310	Calcium	9.34
82565	Creatinine	11.86
82575	Creatinine Clearance	11.41
82803-TC	Blood Gases, Resting (Tech)	13.04
82947	Glucose, quantitative	9.04
84165	Protein, Serum Elect	20.50
84443	TSH	38.98
85014	Hematocrit	5.48
85025	Complete Blood Count (CBC)	18.08
85610	Prothrombin Time	9.04
	TECHNICAL CODES	
71045-TC	X-RAY CHEST- 1R	65.44
71046-TC	X-RAY CHEST- 2R	65.44
71100-TC	X-RAY RIBS- UNILATERAL	65.44
73600-TC -LT	X-RAY LEFT ANKLE	79.81
73552-TC-LT	X-RAY LEFT FEMUR 2 VIEWS	65.44
73620-TC-LT	X-RAY LEFT FOOT	79.81
73120-TC-LT	X-RAY LEFT HAND	91.91
73100-TC-LT	X-RAY LEFT WRIST	65.44
73502-TC-LT	XRAY LEFT HIP (W/PELVIS)	65.44
73060-TC-LT	XRAY LEFT HUMERUS	65.44
73560-TC-LT	X-RAY LEFT KNEE	79.81
73030-TC-LT	X-RAY LEFT SHOULDER	65.44
73590-TC-LT	XRAY LEFT TIBIA/FIBULA	79.81
73070-TC-LT	XRAY LEFT ELBOW	65.44
73090-TC-LT	X-RAY LEFT FOREARM	65.44
73600-TC-RT	X-RAY RIGHT ANKLE	79.81
73550-TC-RT	X-RAY RIGHT FEMUR	79.81
73620-TC-RT	X-RAY RIGHT FOOT	79.81
73120-TC-RT	X-RAY RIGHT HAND	91.91
73100-TC-RT	X-RAY RIGHT WRIST	65.44
73502-TC-RT	XRAY RIGHT HIP (W/PELVIS)	65.44
73060-TC-RT	XRAY RIGHT HUMERUS	62.11
73560-TC-RT	X-RAY RIGHT KNEE	79.81
73030-TC-RT	X-RAY RIGHT SHOULDER	65.44
73590-TC-RT	XRAY RT TIBIA/FIBULA	79.81
73090-TC-RT	XRAY RIGHT FOREARM	65.44
73070-TC-RT	X-RAY RIGHT ELBOW	65.44
73565-TC	X-RAY BILATERAL KNEE STANDING	65.44
73521-TC	X-RAY BILATERAL HIP	91.91
72040-TC	X-RAY CERVICAL SPINE	65.44
72110-TC	X-RAY LUMBAR SPINE	91.91
72100-TC	X-RAY LUMBOSACRAL SPINE	91.91

72070-TC	X RAY THORACIC SPINE	91.91
77072	BONE AGE STUDIES	112.08
82803-TC	RESTING ABG'S (Blood gases: pH, pO2 & pCO2)	13.04
93000	EKG INT/TRACING/REPORT (COMPLETE)	69.63
93005	ELECTROCARDIOGRAM TRACING ONLY	55.96
93010	EKG PHYSICIAN REVIEW/INTERPRETATION	13.96
93015	CV STRESS TEST WITH EXERCISE (COMPLETE)	275.63
93017	CV STRESS TEST WITH EXERCISE (tracing only)	248.81
93018	CV STRESS TEST WITH EXERCISE (interpret. & report)	26.82
93307-TC	ECHOCARDIOGRAM	486.66
93350-TC	ECHOCARDIOGRAPHY REST AND EXERCISE	486.66
93922-TC	DOPPLER PERIPHERAL ARTERIAL-RESTING	105.03
93924-TC	DOPPLER LOWER EXTREMITES- EXERCISE	163.31
93971-TC	DUPLEX SCAN OF EXTREMITY VEINS	118.74
94060-TC	SPIROMETRY- PRE & POST BRONCHODILATOR	124.41
94618-TC	PULMO STRESS TEST-6 MIN WALK	100.00
94729-TC	CO DIFFUSION CAPACITY, DLCO	124.40
	PROFESSIONAL CODES	
71045-26	X-RAY CHEST- 1R	42.57
71046-26	X-RAY CHEST- 2R	42.57
71100-26LT	X-RAY RIBS- LEFT	42.57
71100-26RT	X-RAY RIBS- RIGHT	42.57
73600-26LT	X-RAY LEFT ANKLE	42.57
73550-26LT	X-RAY LEFT FEMUR	42.57
73620-26LT	X-RAY LEFT FOOT	42.57
73120-26LT	X-RAY LEFT HAND	42.57
73100-26LT	X-RAY LEFT WRIST	42.57
73502-26LT	XRAY LEFT HIP (W/PELVIS)	42.57
73060-26LT	XRAY LEFT HUMERUS	42.57
73560-26LT	X-RAY LEFT KNEE	42.57
73030-26LT	X-RAY LEFT SHOULDER	42.57
73590-26LT	XRAY LEFT TIBIA/FIBULA	42.57
73070-26LT	X-RAY LEFT ELBOW	42.57
73090-26LT	X-RAY LEFT FOREARM	42.57
73600-26RT	X-RAY RIGHT ANKLE	42.57
73550-26RT	X-RAY RIGHT FEMUR	42.57
73620-26RT	X-RAY RIGHT FOOT	42.57
73120-26RT	X-RAY RIGHT HAND	42.57
73100-26RT	X-RAY RIGHT WRIST	42.57
73502-26RT	XRAY RIGHT HIP (W/PELVIS)	42.57
73060-26RT	XRAY RIGHT HUMERUS	42.57
73560-26RT	X-RAY RIGHT KNEE	42.57
73030-26RT	X-RAY RIGHT SHOULDER	42.57
73590-26RT	XRAY RIGHT TIBIA/FIBULA	42.57
73090-26RT	XRAY RIGHT FOREARM	42.57
73070-26RT	X-RAY RIGHT ELBOW	42.57
72040-26	X-RAY CERVICAL SPINE	42.57
72100-26	X-RAY LUMBAR SPINE	42.57
72070-26	X RAY THORACIC SPINE	42.57

94618-26	PULMO STRESS TEST- 6 MIN WALK	30.00
82803-26	RESTING ABG'S (Blood gases: pH, pO2 & pCO2)	13.04
94060-26	SPIROMETRY- PRE & POST BRONCHODILATOR	14.45
93922-26	DOPPLER PERIPHERAL ARTERIAL-RESTING	118.76
93350-26	STRESS ECHOCARDIOGRAM	72.27
93924-26	DOPPLER LOWER EXTREMITES- EXERCISE	26.82
93971-26	DUPLEX SCAN OF EXTREMITY VEINS	24.62
94729-26	CO DIFFUSION CAPACITY, DLCO	10.10
93307-26	ECHOCARDIOGRAM	50.06
	CARDIOLOGY AND ENT EXAMS	
99204-CARDIO	CARDIOVASCULAR EXAM	160.00
69210	EAR WAX REMOVAL	49.35
92537	CALORIC VESTIBULAR TEST, BILATERAL, BITHERMAL	34.34
92540	BASIC VESTIBULAR EVALUATION	219.17
92557	AUDIOMETRY W/ SPEECH DISCRIMINATION	80.00
92567	TYMPANOMETRY	33.43
92626	EVALUATION OF AUDITORY REHABILITATION STATUS	214.00
92700	UNLISTED OTORHINOLARYNGOLOGICAL	219.17
99205-ENT	OTOLARYNGOLOGY	207.00
	PHYSICAL EXAMS	
99205-INTERNAL	Comprehensive Internal Medicine Exam	207.00
99204-MUSC-SKEL	Musculoskeletal	207.00
99204-PEDIATRIC	Pediatric	207.00
99205-NEURO	Comprehensive Neurological	207.00
99204-CARDIO	Cardiovascular	160.00
	SPECIALTY EXAMS AND TESTS	
99204-ENT	Otolaryngology	207.00
92557	Audiometry with Speech Discrimination	80.00
92567	Tympanometry	33.43
92585	Audio Evoked Potential	200.00
92626	Evaluation of Auditory Rehabilitation Status	214.00
69210	EAR WAX REMOVAL	49.35
99203-OPHTHALMOLOGY	Ophthalmological	160.00
92083	Visual Field Examination Extended with Goldmman, Octopus or Hu	83.00
92015	Visual Acuity	15.91
95930	Visual Evoked Potential	144.36
	PSYCHOLOGICAL EXAMS & TESTS	
92523	Speech Language Evaluation	233.00
90791-MNTL-AD	Mental Status Exam, Adult	179.00
90791-MNTL-CH	Mental Status Exam, Child	179.00
90791-MNTL-OTHER	Mental Status Exam, by non-physician	179.00
96130-ADAPTFUNCT	Adaptive Behavior Assessment System	119.00
96130-PPVT	Peabody Picture Vocabulary Test	119.00
96130-TONI	Test of Non Verbal Intelligence	238.00
96130-WAIS	WAIS-IV	238.00
96130-WISC	WISC-V	238.00
96130-WJ	Woodcock-Johnson Tests of Achievement	238.00
96130-WMS	Wechsler Memory Scale- IV	238.00
96130-WPPSI	Wechsler Preschool & Primary Scale of Intelligence	238.00

NON-MEDICAL CODES

99075	OHA FORM-1151 PHYSICAL	25.00
99075-MNTL	OHA FORM-1152 MENTAL	25.00
NO SHOW	Record Review Fee	40.00
FACILITY2	CE conducted through interpreter (provider's fee)	40.00
99343	Home Visit	140.00
FACILITY	Jail Fee	185.00
	INTERPRETER FEE	120.00

The VT DDS pays a $20.00 "expedite fee" for MER, if records are faxed or mailed within 21 calendar days of the date of the request, as VT state law does not permit payment for medical records.