COMMONWEALTH OF PENNSYLVANIA
Bureau of Disability Determination

Codes and Invoice Terminology and List of Maximum Allowable Charges for Disabilit
Consultative Medical Services
Effective 1/1/2021
(Record Copy Fees affected by 42PA6152.1 change on January 1 of each year)

	001-099 EXAMINATIONS	Maximum Allowable
001	Orthopedic Exam	149.46
003	Ophthalmological Exam	168.88
004	Sentence Recognition Test	37.99
005	Otorhinolaryngo Exam	149.46
006	Audiologic Testing	45.46
007	Internist Pulmonary	149.46
008	Pediatric Pulmonary	149.46
009	Internist Cardiology	149.46
010	Pediatric Cardiology	149.46
011	Internist Nephro/Urol	149.46
012	Speech/Language Evalu	193.34
013	Internist Hematology	149.46
015	Dermatological Exam	149.46
017	Internist Endocrinology	149.46
019	Internist General Exam	149.46
020	Pediatric Exam	149.46
021	Neurologic Exam	149.46
023	Neuro-Psychiatric Exam	149.46
025	Psychiatric Exam	176.17
027	Internist Oncology	149.46
030	Mental Status Exam	149.46
**032BA	***Bayley Scales (Hourly Rate $93.96, 1.5 Hours Max)	140.94
** 032LE	*** Leiter Internation (Hourly Rate $93.96, 1.5 Hours Max)	140.94
032TN	***TONI (Hourly Rate $93.96, 1.5 Hours Max)	140.94
032TO	***TONI (Hourly Rate $93.96, .75 Hours Max)	70.47
032WA	***WAIS (Hourly Rate $93.96, 1.5 Hours Max)	140.94
032WI	***WISC (Hourly Rate $93.96, 1.5 Hours Max)	140.94
032WP	***WPPSI (Hourly Rate $93.96, 1.5 Hours Max)	140.94
**033	***Indiv Projective (Hourly Rate $93.96, 1.25 Hours Max)	117.45
**034	***Indiv Graphic Test (Hourly Rate, 1.0 Hour Max)	93.96
**035	***Indiv Personality Inventory e.g. MMPI (Hourly Rate)	93.96
**036	*** WRAT Ind Ach Tst (1.0 Hour Max)	93.96
**036PB	***Peabody Ind Ach (1.0 Hour Max)	93.96
**036WI	***WIAT Ind Ach Tst (1.0 Hour Max)	93.96
**036WJ	***WJ In Achieve Tst (1.0 Hour Max)	93.96
**037	***Comp Eval Proj (Hourly Rate $93.96, Max 2 Hours)	187.92
042	Home Disability Exam - Additional Fee	142.72
042H	Home Disability Exam	142.72
042P	Prison Disability Exm	142.72

045	Medical Evidence from Physicians/Psychologists – Photocopies (42PA6152.1)	30.08
046	Psychological Reports from Psychologists - Original Abstracts	30.00
047	Hospital Abstracts - Disability Records (42PA6152.1)	30.08
**049	***Luria-Nebraska (Hourly Rate $107.15, 6 Hours Max, 3 ½ -4 Hours + 2 Hour Write-Up)	642.72
**051	***Halstead-Reitan (Hourly Rate $107.15, 8 Hours Max)	856.96
**052	***Wechsler Memory (Hourly Rate $93.96, 1.25 Hours Max)	117.45
055	Medical Source Statement	10.00
057	School Records	30.08

** All variable rate invoices must be billed in quarter hour increments; not to exceed the maximum allowable.

	100 - 199 X-RAYS	Maximum Allowable
100	Chest X-ray - Single Charge (Specify views) If views are not specified, use PA and Lateral views.	36.34
105	Spine Cervical X-ray	47.93
110	Spine-Lumbar X-ray	44.71
115LH	Left Hand X-ray	28.87
115LE	Left Elbow X-ray	28.87
115LS	Left Shoulder X-ray	28.87
115LW	Left Wrist X-ray	28.87
115RH	Right Hand X-ray	28.87
115RE	Right Elbow X-ray	28.87
115RS	Right Shoulder X-ray	28.87
115RW	Right Wrist X-ray	28.87
120	Hip or Pelvis X-ray	47.53
120LH	Left Hip X-ray	47.53
120PV	Pelvis X-ray	47.53
120RH	Right Hip X-ray	47.53
125	Knee, Ankle or Foot X-ray	38.03
125LA	Left Ankle X-ray	38.03
125LF	Left Foot X-ray	38.03
125LK	Left Knee X-ray	38.03
125RA	Right Ankle X-ray	38.03
125RF	Right Foot X-ray	38.03
125RK	Right Knee X-ray	38.03
183	Thoracic Spine X-ray	38.49
184LF	Left Femur X-ray	37.36
184RF	Right Femur X-ray	37.36
185LT	Left Tibia X-ray	32.57
185RT	Right Tibia X-ray	32.57
186LF	Left Fibula X-ray	32.57
186RF	Right Fibula X-ray	32.57

COMMONWEALTH OF PENNSYLVANIA
Bureau of Disability Determination

	200-299 SPECIAL SENSES TESTS	Maximum Allowable
200	Visual Fields	104.83
202	Visual Reinforcement Audiometry	51.37
207	Brain Stem Evk Resp	145.08
208	Spontaneous Nystagmus	43.59
209	Positional Nystagmus	42.13
210	Caloric Vestibular Test	22.98

	300-399 RESPIRATORY SYSTEM TESTS	Maximum Allowable
300	PFS $71.32/attempt (3 attempts required)	213.96
	Pre & Post Bronchodilators - FEV1 & FVC	
305	Diffusing Capacity	62.72
310	Blood Gases at Rest	44.45
315	Pulse Oximetry - Resting	3.94
316	Pulse Oximetry - Exercise	6.10

	400-499 CARDIOVASCULAR TESTS	Maximum Allowable
400	ECG	22.46
405	Stress Test	103.01
415	Doppler Test Resting	121.97
418	Doppler Toe Pressures	121.97
421	Doppler With Exercise	238.20
453	Echocardiogram	248.38

	500-599 NEUROLOGY TESTS	Maximum Allowable
500	EEG	394.50
505	EMG	212.40

	600-699 BLOOD TESTS	Maximum Allowable
600	CBC	12.17
604	Hemoglobin	7.28
608	Hemacrit	3.70
612	Serum Albumin	7.75
614	Serum Bilirubin (Total)	7.86
616	Serum Creatinine	8.03
618	Serum Calcium	8.08
623	SGOT (AST)	8.11
624	SGPT (ALT)	8.29
625	Prothrombin Time	6.15
626	Thyroid test-T3 or T4	10.15
628	Anticonvulsnt Drug LV	26.00

COMMONWEALTH OF PENNSYLVANIA
Bureau of Disability Determination

Codes and Invoice Terminology and List of Maximum Allowable Charges for Disability Consultative Medical Services
Effective 8/6/2021
(Record Copy Fees affected by 42PA6152.1 change on January 1 of each year)

BDD VERSA Code	DCPS Code	EXAMINATIONS	Maximum Allowable
001	99204-MUSC-SKEL	Orthopedic Exam	153.94
003	92004	Ophthalmological Exam	173.95
005	99204-ENT	Otorhinolaryngo Exam	153.94
006	92557	Audiologic Testing	46.82
007	99204-RESP	Internist Pulmonary	153.94
008	**VERSA Only**	Pediatric Pulmonary	153.94
009	99204-CARDIO	Internist Cardiology	153.94
010	99204-PEDCARD	Pediatric Cardiology	153.94
011	**VERSA Only**	Internist Nephro/Urol	153.94
012	92523	Speech/Language Evalu	199.14
013	**VERSA Only**	Internist Hematology	153.94
015	99204-DERM	Dermatological Exam	153.94
017	**VERSA Only**	Internist Endocrinology	153.94
019	99204-GENMED	Internist General Exam	153.94
020	99204-PEDIATRIC	Pediatric Exam	153.94
021	99204-NEURO	Neurologic Exam	153.94
023	99204-NEUROPSYCH	Neuro-Psychiatric Exam	153.94
027	**VERSA Only**	Internist Oncology	153.94
030	90791	Clinical Psychological (Mental Status Exam)	181.46
032BA	96130-BAYLEY	Bayley Scales (Hourly Rate $96.78, 1.5 Hours Max)	145.17
032LE	96130-LEITER	Leiter Internation (Hourly Rate $96.78, 1.5 Hours Max)	145.17
032TO	96130-TONI	TONI (Hourly Rate $96.78, .75 Hours Max)	72.58
032WA	96130-WAIS	WAIS (Hourly Rate $96.78, 1.5 Hours Max)	145.17
032WI	96130-WISC	WISC (Hourly Rate $96.78, 1.5 Hours Max)	145.17
032WP	96130-WPPSI	WPPSI (Hourly Rate $96.78, 1.5 Hours Max)	145.17
034	96130-BG	Indiv Graphic Test (Hourly Rate, 1.0 Hour Max)	96.78
036	96130-WRAT	WRAT Ind Ach Tst (1.0 Hour Max)	96.78
036PB	**VERSA Only**	Peabody Ind Ach (1.0 Hour Max)	96.78
036WI	96130-WIAT	WIAT Ind Ach Tst (1.0 Hour Max)	96.78
036WJ	96130-WJ	WJ In Achieve Tst (1.0 Hour Max)	96.78
042H	99343	Home Disability Exam	147.00
042P	99343-INST	Prison Disability Exm	147.00
045		Medical Evidence from Physicians/Psychologists – Photocopies (42PA6152.1)	30.08
046		Psychological Reports from Psychologists - Original Abstracts	30.00
047		Hospital Abstracts - Disability Records (42PA6152.1)	30.08
052	96116-WMS	Wechsler Memory (Hourly Rate $93.96, 1.25 Hours Max)	120.97
055		Medical Source Statement	10.00
057		School Records	30.08
DCPS Only	96136	Attempted Psych Testing (first 30 minutes)	48.39

COMMONWEALTH OF PENNSYLVANIA
Bureau of Disability Determination

BDD VERSA Code	DCPS Code	X-RAYS	Maximum Allowable
100	71046	Chest X-ray - Single Charge (Specify views) If views are not specified, use PA and Lateral views.	37.43
105	72040	Spine Cervical X-ray	49.37
110	72100	Spine-Lumbar X-ray	46.05
115LH	73120-LT	Left Hand X-ray	29.74
115LE	73070-LT	Left Elbow X-ray	29.74
115LS	73030-LT	Left Shoulder X-ray	29.74
115LW	73100-LT	Left Wrist X-ray	29.74
115RH	73120-RT	Right Hand X-ray	29.74
115RE	73070-RT	Right Elbow X-ray	29.74
115RS	73030-RT	Right Shoulder X-ray	29.74
115RW	73100-RT	Right Wrist X-ray	29.74
120	73522	Hip or Pelvis X-ray	48.96
120LH	73502-LT	Left Hip X-ray	48.96
120PV	72170	Pelvis X-ray	48.96
120RH	73502-RT	Right Hip X-ray	48.96
125	**VERSA Only**	Knee, Ankle or Foot X-ray	39.17
125LA	73600-LT	Left Ankle X-ray	39.17
125LF	73620-LT	Left Foot X-ray	39.17
125LK	73560-LT	Left Knee X-ray	39.17
125RA	73600-RT	Right Ankle X-ray	39.17
125RF	73620-RT	Right Foot X-ray	39.17
125RK	73560-RT	Right Knee X-ray	39.17
183	72070	Thoracic Spine X-ray	39.64
184LF	73522-LT	Left Femur X-ray	38.48
184RF	73522-RT	Right Femur X-ray	38.48
185LT	73590-LT	Left Tibia X-ray	33.55
185RT	73590-RT	Right Tibia X-ray	33.55
186LF	73590-LT	Left Fibula X-ray	33.55
186RF	73590-RT	Right Fibula X-ray	33.55

		SPECIAL SENSES TESTS	Maximum Allowable
200	92083	Visual Fields	107.97
202	92579	Visual Reinforcement Audiometry	52.91
208	92541	Spontaneous Nystagmus	44.90
209	92542	Positional Nystagmus	43.39
210	92538	Caloric Vestibular Test	23.67

		RESPIRATORY SYSTEM TESTS	Maximum Allowable
300	94060	PFS $73.46/attempt (3 attempts required) Pre & Post Bronchodilators - FEV1 & FVC	220.38
305	94729	Diffusing Capacity	64.60
310	82805	Blood Gases at Rest	45.78
315	94760	Pulse Oximetry - Resting	4.06
316	94761	Pulse Oximetry - Exercise	6.28

COMMONWEALTH OF PENNSYLVANIA
Bureau of Disability Determination

BDD VERSA Code	DCPS Code	CARDIOVASCULAR TESTS	Maximum Allowable
400	93000	ECG	23.13
405	93015	Stress Test	106.10
415	93922	Doppler Test Resting	125.63
418	93922-TOE	Doppler Toe Pressures	125.63
421	93924	Doppler With Exercise	245.35
453	93306	Echocardiogram	255.83

		NEUROLOGY TESTS	Maximum Allowable
500	95816	EEG	406.34
505	95864	EMG	218.77

		BLOOD TESTS	Maximum Allowable
600	85025	CBC	12.54
604	85018	Hemoglobin	7.50
608	85014	Hemacrit	3.81
612	82040	Serum Albumin	7.98
614	82247	Serum Bilirubin (Total)	8.10
616	82565	Serum Creatinine	8.27
618	82310	Serum Calcium	8.32
623	84450	SGOT (AST)	8.35
624	84460	SGPT (ALT)	8.54
625	85610	Prothrombin Time	6.33
626	84479	Thyroid test-T3 or T4	10.45
628	80188	Anticonvulsnt Drug LV	26.78