WEST VIRGINIA DISABILITY DETERMINATION OBLIGATION FEE SCHEDULE FY 2020/2021

SERVICE	DISABILITY CPT CODE	DCPS CPT Code	FEE - FISCAL YEAR 2019 / 2020
EXAMINATIONS AND EVALUATIONS			
Treating Physician: Established Patient Comprehensive Exam	90080	99455	$60.00
Ophthalmologist	92002	92002	$74.36
Opthalmological Services: Comprehensive Exam Established Patient	92014	92014	$77.96
Speech & Language	92506	92523	$190.00
Basic Audiometry	92557	92557	$62.42
Range Of Motion	95851	95851	$20.00
Limited Physical	99201	99201	$51.00
New Patient	99202	NONE	$76.32
Adult Physical Exam	99203	99203-INTERNIST	$166.00
Treating Physician	99214	NONE	$82.31
Internist Consultation	D90606	99204-INTERNIST	$166.00
Neurological Consultation	D90607	99204-Neuro	$211.00
Orthopedic Evaluation	D90611	99204-MSUC-SKEL	$166.00
Otological Consultation	D90612	99203-OTOLOGICAL	$166.00
Otological/Audiometry Evaluation	D90612C	99203-OTOLOGICAL	$217.42
Pediatric Consultation	D90620	99204-PEDIATRIC	$166.00
Visual Exam	D92004	92004	$136.60
Incomplete Physical Exam - Adult or Child	D94991A	99201	$121.00
Pediatric Consultation	D99203P	99204-PEDIATRIC	$166.00
ODAR ASSESSMENT FORMS and INTERROGATORIES			
Interogatory Deposition	99085		$50.00
Medical Source Statement Form - Child	D99083C	NONE	$25.00
Medical Source Statement Form - Mental	D99083M	99075-MNTL	$25.00
Medical Source Statement Form - Physical	D99083P	99075	$25.00
X-RAY PROCEDURES (TECHNICAL COMPONENT)			
X-ray - Jaw, Mandible, Minimum Four Views	X70110	70110-TC	$32.44
X-ray - Chest, Two Views Frontal & Lateral	X71020	71046-TC	$28.54
X-ray - Sternum, Two Views	X71120	71120-TC	$28.54
X-ray - Cervical Spine, Two or Three Views	X72040	72040-TC	$27.85
X-ray - Thoracic Spine, Two Views	X72070	72070-TC	$29.58
X-ray - Scoliosis Study (New Code),Include Supine and Erect Studies	X72082	72082-TC	$35.35
X-ray - Lumbosacral Spine, Two or Three Views	X72100	72100-TC	$30.27
X-ray - Pelvis, One or Two Views	X72170	72170-TC	$21.54
X-ray - Left Shoulder, Minimum Two Views	X73030L	73030-TC-LT	$26.81
X-ray - Right Shoulder, Minimum Two Views	X73030R	73030-TC-RT	$26.81
X-ray - Left Humerus, Minimum Two Views	X73060L	73030-TC-LT	$26.81
X-ray - Right Humerus, Minimum Two Views	X73060R	73030-TC-RT	$26.81
X-ray - Left Elbow, Two Views	X73070L	73070-TC-LT	$21.54
X-ray - Right Elbow, Two Views	X73070R	73070-TC-RT	$21.54
X-ray - Left Forearm, Two Views	X73090L	73090-TC-LT	$21.54
X-ray - Right Forearm, Two Views	X73090R	73090-TC-RT	$21.54
X-ray - Left Wrist, Two Views	X73100L	73100-TC-LT	$20.50
X-ray - Right Wrist, Two Views	X73100R	73100-TC-RT	$20.50
X-ray - Left Hand, Two Views	X73120L	73120-TC-LT	$20.50
X-ray - Right Hand, Two Views	X73120R	73120-TC-RT	$20.50
X-ray - Left Hip, Minimum Two Views	X73510L	73501-TC-LT	$26.81
X-ray - Right Hip, Minimum Two Views	X73510R	73501-TC-RT	$26.81
X-ray - Left Femur, Two Views	X73550L	73550-TC-LT	$26.81

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SERVICE	DISABILITY CPT CODE	DCPS CPT Code	FEE - FISCAL YEAR 2019 / 2020
X-ray - Right Femur, Two Views	X73550R	73550-TC-RT	$26.81
X-ray - Left Knee, One or Two Views	X73560L	73560-TC-LT	$21.54
X-ray - Right Knee, One or Two Views	X73560R	73560-TC-RT	$21.54
X-ray - Left Tibia & Fibula, Two Views	X73590L	73590-TC-LT	$21.54
X-ray - Right Tibia & Fibula, Two Views	X73590R	73590-TC-RT	$21.54
X-ray - Left Ankle, Two Views	X73600L	73600-TC-LT	$20.50
X-ray - Right Ankle, Two Views	X73600R	73600-TC-RT	$20.50
X-ray - Left Foot, Two Views	X73620L	73620-TC-LT	$20.50
X-ray - Right Foot, Two Views	X73620R	73620-TC-RT	$20.50
X-ray - Left Heel, Minimum Two Views	X73650L	73650-TC-LT	$19.81
X-ray - Right Heel, Minimum Two Views	X73650R	73650-TC-RT	$19.81
X-ray - Bone Age Studies	X76020	77072-TC	$21.54

X-RAY PROCEDURES (PROFESSIONAL COMPONENT)

Interp - Jaw, Mandible, Minimum Four Views	I70110	70110-26	$15.98
Interp - Chest, Two Views, Frontal & Lateral	I71020	71046-26	$13.49
Interp - Sternum, Two Views	I71120	71120-26	$13.49
Interp - Cervical Spine, Two or Three Views	I72040	72040-26	$13.49
Interp - Thoracic Spine, Two Views	I72070	72070-26	$13.49
Interp - Scoliosis Study (New Code), Include Supine and Erect Studies	I72082	72082-26	$18.40
Interp - Lumbosacral Spine, Two or Three Views	I72100	72100-26	$13.49
Interp - Pelvis, One or Two Views	I72170	72170-26	$11.03
Interp - Left Shoulder, Minimum Two Views	I73030L	73030-26-LT	$11.45
Interp - Right Shoulder, Minimum Two Views	I73030R	73030-26-RT	$11.45
Interp - Left Humerus, Minimum Two Views	I73060L	73060-26-LT	$11.03
Interp - Right Humerus, Minimum Two Views	I73060R	73060-26-RT	$11.03
Interp - Tibia & Fibula, Two Views	I73590	73590-26	$11.03
Interp - Left Elbow, Two Views	I73070L	73070-26-LT	$9.84
Interp - Right Elbow, Two Views	I73070R	73070-26-RT	$9.84
Interp - Left Forearm, Two Views	I73090L	73090-26-LT	$10.26
Interp - Right Forearm, Two Views	I73090R	73090-26-RT	$10.26
Interp - Left Wrist, Two Views	I73100L	73100-26-LT	$10.26
Interp - Right Wrist, Two Views	I73100R	73100-26-RT	$10.26
Interp - Left Hand, Two Views	I73120L	73120-26-LT	$10.26
Interp - Right Hand, Two Views	I73120R	73120-26-RT	$10.26
Interp - Left Hip, Unilateral, Minimum Two Views	I73510L	73510-26-LT	$13.07
Interp - Right Hip, Unilateral, Minimum Two Views	I73510R	73510-26-RT	$13.07
Interp - Left Femur, Two Views	I73550L	73550-26-LT	$11.03
Interp - Right Femur, Two Views	I73550R	73550-26-RT	$11.03
Interp - Left Knee, One or Two Views	I73560L	73560-26-LT	$11.03
Interp - Right Knee, One or Two Views	I73560R	73560-26-RT	$11.03
Interp - Left Tibia & Fibula, Two Views	I73590L	73590-26-LT	$11.03
Interp - Right Tibia & Fibula, Two Views	I73590R	73590-26-RT	$11.03
Interp- Left Ankle X-ray, Two Views	I73600L	73600-26-LT	$10.26
Interp - Right Ankle X-ray, Two Views	I73600R	73600-26-RT	$10.26
Interp - Left Foot X-ray, Two Views	I73620L	73620-26-LT	$10.26
Interp - Right Foot X-ray, Two Views	I73620R	73620-26-RT	$10.26
Interp - Left Heel X-ray, Minimum Two Views	I73650L	73650-26-LT	$10.26
Interp - Right Heel X-ray, Minimum Two Views	I73650R	73650-26-RT	$10.26
Interp - Bone Age Studies	I76020	77072-26	$11.88

LABORATORY FEES

Arterial Puncture	36600	36600	$34.04
Liver Listings Lab: Albumin, Creatinine, Prothrombin Time, Bilirubin	80000	NONE	$19.00

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SERVICE	DISABILITY CPT CODE	DCPS CPT Code	FEE - FISCAL YEAR 2019 / 2020
Liver Function Profile: Hepatic	80058D	NONE	$16.00
Resting: Blood, Gases	82803	82803-TC	$57.00
CBC Manual Diff; Blood Count; Blood Smear…	85007	85025	$12.40
Hemoglobin; Blood Count (HGB)	85018	85018	$3.00
Prothrombin Time	85610	85610	$5.00
Stick Fee	99000	36415	$8.00
Interp: Rest Blood/Gas	I82803	82803-26	$30.53

SPECIAL SENSES

Refraction; Determination of Refractive State	92015	92015	$69.45
Tangent Screening; Visual Field Exam, Unilateral or Bilateral	92081	92081	$51.32
Visual Field Intermediate Exam	92082	92082	$37.79
Visual Field Comprehensive	92083	92083-TC	$74.21
Tympanometry (Impedance Testing)	92567	92567	$28.61
Acoustic Reflex Testing; Threshold	92568	92568	$20.23
Auditory Evoked Potential	92585	92585	$89.17
Evoked Otoacoustic Emissions; Limited (Tech)	92587	92587	$64.81
HINT Test	92626	92700-HINT	$85.89
HINT - Per Add 15 Mins	92627	92626	$20.95
Interpretation of 92082 Visual Field	I92082	92083-26	$31.96
Interpretation of 92585 Auditory Evoked Potential	I92585	I92585	$33.72
Interpretation of 92587 Evoked OE	I92587	92587-26	$9.34

DOPPLER STUDIES AND CARDIAC TESTING

EKG Interp/Tracing/Report	93000	93000	$30.15
CV Stress Test with Exercise, ECG, w/ supervision, interp/report	93015	93015	$124.36
CV Stress Test with Exercise, ECG, supervision only	93016	93016	$28.45
CV Stress Test with Exercise, ECG, tracing only	93017	93017	$77.63
CV Stress Test with Exercise, ECG, interp and report only	93018	93018	$18.26
Echocardiogram	93307	93307-TC	$174.70
Doppler Echocardiography (Doppler Wave)	93320	93320	$103.47
Doppler: Resting	93923	93922-TC	$173.63
ABI Exercise Doppler Lower Extremities	93924	93924-TC	$204.57
Blood Gas, Resting: Arterial Blood Gas Analysis	94700	82803-TC	$95.00
Pulse Oximetry: Resting	94760	94760	$4.00
Interpretation of 93307 Echocardiogram	I93307	93307-26	$56.34
Interpretation of 93350 Stress Echocardiography, Transthoracic	I93350		$84.28
Interpretation of 93922 ABI Resting Toe Doppler Peripheral Art.	I93922	93922-26	$16.88
Interpretation of 93923 Doppler Resting Non-Evasive Physio…	I93923	93922-26	$31.29
Interpretation of 93924 ABI Exercise Doppler Lower Extremities	I93924	93924-26	$35.87

BREATHING STUDIES

Spirometry (Tech)	94010	94010-TC	$25.01
Spirometry, Pre and Post Bronchodilator (Tech)	94060	94060-TC	$44.55
Spirometry, Pre and Post Bronchodilator	94060C	94060	$62.54
DLCO, CO Diffusing Capacity (Tech)	94729	94729-TC	$42.47
DLCO Including Bronchospasm, CO Diffusing Capacity	94729C	94729	$62.01
Interpretation of 94010, Spirometry (Prof)	I94010	94010-26	$10.69
Interpretation of 94060, Spirometry, Pre & Post Bronchodilator	I94060	94060-26	$17.99
Interpretation of 94729 DLCO, CO Diffusing Capacity (Prof)	I94729	94729-26	$15.53

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SERVICE	DISABILITY CPT CODE	DCPS CPT Code	FEE - FISCAL YEAR 2019 / 2020
PSYCHOLOGY TESTS AND EXAMS			
Infant and Toddler Mental Profile:ELAP 0TO<3 Profile	94981		$201.00
Preschool Mental Profile:3 to <6 Profile	94982		$226.00
Elementary to HS Mental Profile	94983		$226.00
Childrens LD Profile: 6 Years to 15 Years	94984		$226.00
Adult Child LD Profile: 16 Years to 17 Years	94985		$226.00
Untestable / Incomplete (MSE)	94991		$130.00
Untestable Adult	94991A		$141.00
Untestable Child	94991C		$141.00
C-TONI	96101	96130-CTONI2	$101.00
Psychiatric Evaluation	D90614	90791	$166.00
WPPSI	D94804	96130-WPPSI	$70.00
Woodcock Johnson	D94805	96130-WJ	$96.00
ADHD Test	D94833	96130-ADHD	$120.00
WRAT IV	D94880	96101-WRAT-IV	$51.00
Stanford-Binet	D94927	96130-SB	$101.00
WASI	D94938		$101.00
WISC	D94939	96130-WISC	$101.00
Wechsler Memory Scale - Test Only - No CI, MSE, IQ Testing	D94940	96130-WMA	$91.00
Cognistat	D94941	96121	$61.00
WAIS	D94973	96130-WAIS	$101.00
Adult Mental Profile (18 & Up)	D94986		$211.00
Adult Intellectual Assessment: Adult IQ with WRAT	D94987		$141.00
Mental Status Exam	D94988	90791-MSE	$181.00
Neurological Screening Profile: Memory Profile	D94989	99204-NEURO	$226.00
Untestable	D94991		$141.00
Incomplete Psychological Exam	D94991C		$206.00
Third Party Interview	D94992	99080	$25.00
OTHER			
Removal Ear Wax	69210	69210	$56.46
Language Interpreter Services	850014		$50.00
Travel Reimbursement	904001	99082	$0.54/Mile
Site Visit: Mental, Home or Other Site	94995M	99343	$100.00
Site Visit: Physical, Home or Other Site	94995P	99343	$100.00
Travel Reimbursement	94998	99082	$0.58/Mile
Record Review	99080BR	99358	$25.00
Early Incentive Fee (Specific To Kentucky CE Vendors)	99199A		$25.00
Facility Fee - Do Not Own - Rent Space	99199B	FACILITY1	$10.00
Home or Other Site Visitation - Mental	D94995M	99343	$100.00
Home or Other Site Visitation - Physical	D94995P	99343	$100.00