KENTUCKY
DEPARTMENT FOR DISABILITY DETERMINATION SERVICES
MEDICAL SERVICES FEE SCHEDULE
FY 2022

The Kentucky Cabinet for Families and Children, Department for Disability Determination Services (DDS) pursuant to Section 221 of the Social Security Act, and in agreement with the Social Security Administration, is charged with the responsibility for making determinations of disability with respect to residents of Kentucky applying for benefits under Title II and Title XVI of the Act.

The Services identified in the Medical Services Fee Schedule are the most commonly requested by the Department for Disability Determination Services when purchasing information by means of a consultative examination (CE). The basis for the fee allowances specified in this schedule is a compilation of information gathered from the following sources:

- Other Federal and State agencies using the same or similar services
- DDS fee schedules from bordering states

The allowable fee rates are established to be consistent with other medical service purchasers without exceeding the highest Federal or other state government fee schedule utilized in Kentucky for the same or similar services as specified in SSA regulations 20 CFR 404.1519k(a)/416.919k(a).

Fees listed are published fees.

Published fees will be paid for signed CE reports/authorizations received 16 to 30 days following the CE appointment.

Failure to provide an adequate reason for reports delayed beyond 30 days may result in cancellation of payment. NOTE: Allowances can be made when the CE provider experiences delays outside his or her control. However, the DDS must be notified whenever there is a situation that necessitates a period longer then 30 days for completion of the report.

DDS CPT	AMA CPT	DESCRIPTION	FEE
00100	99204	All Systems or Family Practice	143
00200	99203	Opthalmologic	202
00260	99204 -OTOLARYN	Otolaryngologic	119
00230	92523	Speech Language	135
00300	99204-RESPIR	Respiratory	93
00400	99204-CARDIO	Cardiovascular	105
00500	99204-VASCU	Vascular	58
00600	99204-GASTRO	Gastroenterologic	58
00700	99204-UROLO	Urologic	58
00800	99204-PHYSIA	Physiatric	75
00900	99204-DERMA	Dermatologic	50
01000	99204-MUSC-SKEL	Orthopedic or Musculskeletal	135
01010	99204-PEDIAT	Pediatric	110
01100	99204-NEURO	Neurologic	135
01200	90791	Psychiatric	131
01250	96130-COMPADULT	Psychological Battery (Age 16+)	185
01255	91630	IQ-Only or Psych Battery First-Hour	110
01270	96111	Developmental Assessment (Age 0-5)	210
01280	91630-COMPCHILD	Psychological Battery (Age 6-15)	185

PROCEDURES FEES

DDS CPT#	AMA CPT#	DESCRIPTION	FEE
12610	92585	Auditory Brainstem	$113.00
12460	94729	DLCO	$60.65
12450	93924	Doppler, Before & After	$175.00
12400	93922	Doppler, Before	$90.00
12705	93307	Echocardiogram 2D	$207.00
12700	93307	Echocardiogram M	$207.00
12100	95822	EEG Asleep	$139.00
12110	95812	EEG Awake	$135.00
12410	93000	EKG (Include tracings)	$30.00
12500	95860	EMG	$120.00
12600	992541	ENG	$36.00
12650	92275	ERG	$124.00
12430	93015	Exercise EKG (Treadmill or bicycle)	$150.00
12750	93230	Holter Monitor	$200.00
12800	95900	NCV	$50.00
12425	94760	Oximetry	$25.00
12310	94010	PFTs Before (Include Tracings)	$65.00
12300	94010/94060	PFTs (Before & After Include Tracings)	$105.00
201	92082	Visual Fields (Goldman or Humphries 30-2)	$60.00
210	92557	Audiogram	$120.00

DDS CPT#	AMA CPT#	DESCRIPTION	FEE
21040/21420	73600	Ankle	$35.00
13000	74270	Barium Enema	$94.50
13100	77073	Bone Age Studies, Complete	$75.00
13150	77072	Bone Age Studies, Limited	$45.00
21560	72040	Cervical Spine	$55.00
21010	71020	Chest	$55.00
21060/21430	73000	Clavicle	$35.00
21070/21440	73070	Elbow	$40.00
21080/21450	73550	Femur	$45.00
21090/21460	73620	Foot	$40.00
21100/21470	73120	Hand	$40.00
21110/21480	73510	Hip	$55.00
21120/21490	73060	Humerus	$40.00
21130/21500	73560	Knee	$40.00
21590	72100	Lumbar Spine	$60.00
21654	70210	Sinuses Paranasal	$30.00
21410	72170	Pelvis	$35.00
21180/21550	73090	Radius & Ulna	$40.00
21150/21520	73010	Scapula	$45.00
21160/21530	73030	Shoulder	$45.00
21570	70250	Skull	$45.00
21600	72070	Thoracic Spine	$55.00
21170/21540	73590	Thoracic Spine	$40.00
13200	74240	Upper GI Series	$120.00
21190/21560	73100	Wrist	$40.00

DDS CPT#	AMA CPT#	DESCRIPTION	FEE
	80074	Acute Hepatitis Panel	$68.00
11660	87116	AF Bacteria, Culture & S	$15.43
11030	82040	Albumin, Serum	$8.75
11035	82140	Ammonia Blood	$20.00
11435	82150	mylaseSerum A	$17.50
11000	86038	ANA (Anti-nuclear Antibodies)	$28.75
	36600	Arterial Puncture, withdrawal of blood for diagnosis	$16.00
11590	80072	Arthritis Profile	$33.00
	80048	Basic Metabolic Panel.	$32.50
11050	82247	Bilirubin	$15.00
12200	82803	Blood Gases (after exercise)	$43.75
12420	82803	Blood Gases (before exercise)	$43.75
11070	82270	Blood Occult Stool	$7.00
11040	84520	BUN (Blood Urea Nitrogen)	$8.75
11090	82310	Calcium Serum	$10.00
11100	92543	Caloric Testing	$30.00
11110	82380	Carotene Serum	$25.00
11080	85031	CBC (Complete Blood Count)	$11.00
11085	85022	CBC (with differential)	$11.00
11120	84295	Chlorides Sweat Test	$8.75
	80053	Comprehensive Metabolic Panel	$32.50
11740	82550	CPK	$32.50
11130	82575	Creatinine Clearance	$23.75
11140	82565	Creatinine Serum	$12.00
11150	80164	Depakene (Valproic Acid)	$43.75
11155	80154	Diazepan.	$43.75
11170	80185	Dilantin (Diphenyldantoin)	$43.75
11175	80166	Doxepin (Sinequan)	$43.75
11241	80168	Ethosaximide Serum	$35.00
11180	82710	Fat in Stool	$50.00
11185	82728	Ferritin Serum	$35.00
11510	84439	Free T-4	$25.00
	80050	General Health Panel	$60.00
11200	82948	Glucose, Blood	$6.00
11210	85013	Hematocrit	$6.25
11220	85018	Hemoglobin	$6.25
11230	83020	Hemoglobin Electrophoresis	$43.75
11821	80076	Hepatic Function Panel	$27.50
11670	83003	Human Growth Hormone	$40.00
11240	83491	Hydroxycorticosteriods	$25.00
11620	82784	IGD, Gammaglobulin, IgA,IgD,IgM	$15.00 ea.
11630	82785	IGE	$32.00
11640	82784	IGG	$15.00
11650	82784	IGM	$15.00
11250	86320	Immunoelectrophoresis Serum	$46.00
11260	86325	Immunoelectrophoresis Urine	$46.00

11270	82330	Ionized Serum Calcium	$30.00
11285	82705	Lipids Total	$7.50
11310	80188	Mysoline (Primidone)	
11800	88150	Pap Smear	$7.39
11340	83970	Parathyroid Hormone	$95.00
11350	80184	Phenobarbitol.	$43.75
11370	85590	Platelet Count	$10.00
11710	84132	Potassium	$8.75
11380	84702	Pregnancy Test	$21.49
11390	84165	Protein Electrophoresis Serum	$25.00
11400	84165	Protein Electrophoresis Urine	$25.00
11410	85610	Prothrombin Time	$8.75
11037	80299	Quanitation of Drug (Not elsewhere specified)	$43.75
11290	86430	RA Latex	$11.25
	80069	Renal Function Panel	$9.58
11730	84244	Renin Act (Angiotensin)	$62.50
11430	85044	Reticulocyte Count	$10.00
11490	85651	Sedimentation Rate	$8.75
11440	84450	SGOT	$10.00
11450	84460	SGPT	$10.00
11500	80156	Tegretol	$43.75
11735	80198	Theophyline	$40.00
11275	84436	Thyroxine Serum Total	$25.00
11520	84480	Triiodothyronine T3; Total	$13.75
11515	84443	TSH Thyroid Stimulating Hormone	$50.00
11530	84550	Uric Acid Serum	$8.75
11540	81000	Urinalysis	$7.50
11560	36415	Venipuncture	$6.00
11570	85007	White Blood Cell Count	$6.25

FEES FOR MISCELLANEOUS ITEMS

CONSULTANT FEES FOR VISITS TO CLAIMANT'S RESIDENCE

It is rare for us to request a c/e to be done at a venue apart from C/E Vendor's office location. On these very rare occasions, the fee for a visit to the claimant's home or institution will be $30.00. This fee will be paid in addition to the usual allowable fee for the requested specialty examination. Mileage at a rate of $1.00 per mile one way may be paid in addition when applicable. Home or institutional visits require the Vendor to make a one time visit away from

FACILITY FEE

Facility fees may be paid to a hospital, facility, or Consultant/Vendor who rents space and/or equipment specifically for the purpose of conducting c/e's for this agency. This excludes owned and/or rented space and equipment used for the consultant's own private practice. The allowable fee is **$10.00** per

EXAMINATIONS REQUESTED BY AN ADMINISTRATIVE LAW JUDGE

Examinations performed at the request of the Administrative Law Judge for claims at the hearing level of appeal require the perusal and completion of additional forms and material. An additional fee of $15.00 is paid as compensation for this additional service when performed in Kentucky. These forms are known as the "1151" (the form for physical allegations) and the "1152" (the form for mental allegations).

VOLUNTARY OR SUBPOENAED TESTIMONY FROM A CONSULTANT

Reimbursement for voluntary or subpoenaed testimony from a consultant at a Hearing or in connection with a Hearings case will be paid the same fees and mileage as a subpoenaed witness in the Federal district court according to SSA regulations 20 CFR 404.950/416.1450.

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INTERROGATORY REQUESTED BY AN ADMINISTRATIVE LAW JUDGE

Occasionally the Administrative Law Judge will request supplemental information from a c/e Vendor to be used for a claim at the Hearings level of appeal.
Payment will not be authorized for supplemental information requested only for clarification of an examination previously performed.
If the supplemental information is for legitimate, pertinent additional information, there is an additional fee of $30 paid for this additional information.

EVIDENCE OF RECORD

Up to $15.00 will be paid to a private physician faxed office records on file.
Up to $15.00 will be paid to a physician for completion of a general medical report form or a narrative summary of his or her records.
Up to $15.00 will be paid to a hospital, clinic or other records source for faxed medical records.

Up to $20.00 will be paid to School Boards of Education or Schools for faxed school records, psychological and/or other standardized tests, and completion of School Questionnaire forms.

CLAIMANT TRAVEL REINBURSEMENT

Payment will be made at a flat rate of $15.00 if total mileage is at least 40 miles round trip.