OR DDS CE Fee Schedule FY 2020-21

CE Code	CE Short Description	CE Long Description	CE Type	CE Cost	TC	26
99205-GENMED	Comprehensive General Medical	Comprehensive general medical exam with history. Typically 60 min exam.	Exam	$227.78		
99450-HTWT	Height and Weight	Height and Weight ***Parent CPT code 99211.***	Exam	$24.04		
99205-INTERNAL	Comprehensive Internal Medicine Exam	Comprehensive internal medicine exam with history; Typically 60 min.	Exam	$227.78		
99205-CARDIO	Comprehensive Cardiology Exam	Comprehensive cardiology exam with history; typically 60 min.	Exam	$227.78		
99205-NEURO	Comprehensive Neurological	Comprehensive neurological exam with history; typically 60 min.	Exam	$227.78		
99205-MUSC-SKEL	Comprehensive Musculoskeletal Exam	Comprehensive musculoskeletal exam with history. Typically 60 min exam.	Exam	$227.78		
99205	Comprehensive Examination, Not Specific	Comprehensive exam with history; not specific	Exam	$227.78		
99205-PED	Comprehensive Pediatric	Comprehensive pediatric exam with history; typically 60 min.	Exam	$227.78		
92004	Ophthalmological Exam, Comprehensive	Ophthalmological Services: Medical examination and evaluation; Comprehensive, new patient.	Exam	$227.78		
99204-OTOLARYN	Otolaryngology Exam	Otolaryngology Exam ***Parent CPT Code 99205.***	Exam	$227.78		
92523	Speech Language Evaluation	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	Exam	$241.74		
99204-DERM	Dermatology	Dermatology Exam ***Parent CPT Code 99205.***	Exam	$227.78		
96101-ComplexAdult	Complex Psychological Assessment, testing not specific	Complex Psychological Assessment, testing not specific	Mental Test	$273.24		
96101-ComplexChild	Complex Child Psychological Assessment, testing not specific	Complex Child Psychological Assessment, testing not specific.	Mental Test	$273.24		
96130-WAIS	WAIS	Wechsler Adult Intelligence Scale.	Mental Test	$429.28		
96130-WISC	WISC	Wechsler Intelligence Scale for Children.	Mental Test	$429.28		
99204-NEUROPSYCH	Neuropsychological	Neuropsychological Evaluation Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, and report; first hour.	Exam	$612.81		
96132	Neuropsychological Testing; first hour.	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, and report; first hour.	Mental Test	$612.81		
99358-PSYCH	Review of Records (Psychological)	Review of Records (Psychological)	Non-Medical	$56.46		
99343	Home Visit	Home Visit	Non-Medical	$129.00		
99343-INST	Institutional Visit	Institutional Visit	Non-Medical	$129.00		

99082	Travel	Vendor travel; time based ***Parent CPT code 99211.***	Non-Medical	$24.16		
97750	Functional Capacity Test	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report Exam	Exam	$35.71		
96510	Mini-Mental Status Exam	Mini-Mental Status Exam. ***Parent CPT Code 96159***	Exam	$23.40		
99173	Snellen Chart	Screening test of visual acuity ***Parent CPT code 99211.***	Physical Test	$23.40		
NO SHOW	No Show	Claimant did not keep scheduled appointment	Non-Medical	$56.46		
80053	Metabolic Panel	Comprehensive metabolic panel; This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	Lab	$10.56		
80184	Phenobarbital	Phenobarbital	Lab	$15.30		
80156	Carbamazepine(Tegretol)	Carbamazepine; total	Lab	$14.57		
80185	Phenytoin; total (Dilantin)	Phenytoin; total (Dilantin)	Lab	$13.25		
85025	Complete Blood Count (CBC)	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Lab	$7.77		
84156	Assay of Protein Urine	Protein, total, except by refractometry; urine	Lab	$3.67		
84550	Uric Acid	Uric Acid; blood	Lab	$4.52		
85610	Prothrombin Time	Prothrombin time with INR reported	Lab	$4.29		
82575	Creatinine Clearance	Creatinine; clearance	Lab	$9.46		
36415	Venous Blood Draw/Venipuncture	Collection of venous blood by venipuncture	Lab	$3.00		
80164	Valproic Acid	Valproic acid (dipropylacetic acid); total	Lab	$13.54		
82550	Creatine PK - UV	Creatine kinase (CK), (CPK); total	Lab	$6.51		
84443	TSH	Thyroid Stimulating Hormone (TSH)	Lab	$16.08		
82150	Amylase	Amylase	Lab	$6.48		
83690	Lipase Level	Lipase	Lab	$6.89		
82380	Carotene	Carotene	Lab	$9.22		
86361	T-Cells Absolute CD4 Count	T cells; absolute CD4 count	Lab	$26.78		
83880	Natriuretic Peptide	Natriuretic peptide	Lab	$39.26		
85730	Thromboplastin time, partial (PTT); plasma or whole blood	Thromboplastin time, partial (PTT); plasma or whole blood	Lab	$6.01		
82140	Ammonia	Ammonia	Lab	$14.57		
80175	Lamotrigine (Lamictal)	Lamotrigine (Lamictal)	Lab	$13.25		
80201	Topiramate (Topamax)	Topiramate (Topamax)	Lab	$11.92		
80203	Zonasimide	Zonasimide	Lab	$13.25		
80168	Ethosuximide; Zarontin	Ethosuximide; Zarontin	Lab	$16.34		
83036	Hemoglobin; Glycosylated (A1C)	Hemoglobin; glycosylated (A1C)	Lab	$9.71		

80177	Levetiracetam (Keppra)	Levetiracetam (Keppra)	Lab	$13.25		
80171	Gabapentin (Neurontin)	Gabapentin, whole blood, serum, or plasma	Lab	$21.67		
87536	HIV-1, quantification & reverse transcription	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	Lab	$85.10		
93015	CV Stress Test with exercise, ECG, with supervision, interpretation and report	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	Physical Test	$74.41		
93000	EKG Int/Tracing/Rpt	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	Physical Test	$15.34		
93306	Echocardiography, transthoracic with color flow Doppler	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	Physical Test	$217.69	$130.61	$87.08
94621	Blood Gases - Exercise - Pulmonary Stress Testing, Complex	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)	Physical Test	$166.40	$99.83	$66.55
93925	Duplex lower extremity complete	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	Physical Test	$273.53	$234.80	$38.73
93922	Doppler Peripheral Arterial - Resting - one or two levels	Non-invasive physiologic studies of upper or lower extremity arteries, one or two levels, bilateral (e.g., ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement).	Physical Test	$91.45	$78.82	$12.63
96111	Developmental Testing	Developmental Testing with Interpretation and Report. ***Parent CPT Code 96112.***	Exam	$601.16		
92083	Visual Field Examination Extended with Goldmann, Octopus or Humphrey	Extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degree, or quantitative, automated threshold perimetry, Octopus program 32, or Humphrey visual field analyzer full threshold program 30-2).	Physical Test	$234.36	$140.60	$93.74
92557	Audiometry with Speech Discrimination	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined - air and bone audiometry with speech recognition). Audiogram chart and interpretation of air and bone conduction to include frequencies 250, 500, 1000, 2000 and 4000 Hz. For children include frequencies of 250, 500, 1000, 2000, 3000 and 4000 Hz.	Physical Test	$79.90		
92537	Caloric Vestibular Test, Bilateral, Bithermal	Caloric vestibular test with recording, bilateral; bithermal (i.e., one warm and one cool irrigation in each ear for a total of four irrigations)	Physical Test	$44.02	$32.71	$11.31
92540	Basic Vestibular Evaluation	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	Physical Test	$116.00		
92700-HINT	Audiometric Testing - HINT	Audiometric testing, Hearing In Noise Test (HINT) ***Parent CPT Code 92626***	Physical Test	$94.26		
92601	Diagnostic Analysis of Cochlear Implant, Younger Than 7 Yrs., with Programming	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	Exam	$176.06		
92603	Diagnostic Analysis of Cochlear Implant, Age 7 Yrs. and Older, with Programming	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	Exam	$163.52		

96130-WMS	WMS	Wechsler Memory Scale ***Parent CPT Code is 96132***	Mental Test	$136.18		
96101-CHILD	Child Psychological Testing, Not Specific	Child Psychological Testing, Not Specific. ***Parent CPT Code is 96130***	Mental Test	$122.70		
96130-ADAPTFUNCT	ADAPTIVE FUNCTIONING ASSESSMENT	Appropriate testing to evaluate the skills of daily living. ***Parent CPT Code is 96112***	Mental Test	$133.59		
96130-WRAT	Wide Range Achievement Test	Wide Range Achievement Test ***Parent CPT Code is 96132***	Mental Test	$136.18		
96132-WRAML2	Wide Range Assessment of Memory and Learning, Second Edition	Wide Range Assessment of Memory and Learning, Second Edition	Mental Test	$136.18		
96130-TrailsAB	Trails A and B Test	Trails A and B Test ***Parent CPT Code is 96132***	Mental Test	$136.18		
96105	Assessment of aphasia	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Mental Test	$103.59		
94060	Spirometry - Pre and Post Bronchodilator	Bronchodilation responsiveness, spirometry as in 94010 (Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with maximal voluntary	Physical Test	$49.39	$38.76	$10.63
82803	Blood Gases - Resting	Gases, blood, any combination of PH, PCO2, PO2, CO2, HCO3 (including calculated O2 saturation)	Lab	$26.07		
94729	CO Diffusing Capacity, DLCO	Diffusing capacity (e.g., carbon monoxide, membrane) (List separately in addition to code for primary procedure) Physical Test	Physical Test	$63.53	$54.34	$9.19
94760	Pulse Oximetry	Noninvasive ear or pulse oximetry for oxygen saturation; single determination.	Physical Test	$2.41		
94618	Pulmonary Stress Test; 6-min walk (6MWT)	Pulmonary stress testing (e.g., 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed.	Physical Test	$34.74		
92550	Tympanometry and Reflex Threshold Measurements	Tympanometry and Reflex Threshold Measurements	Physical Test	$23.24		
94761	Pulse Oximetry; Multiple Determinations	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise).	Physical Test	$4.06		
96130-VINELAND	Vineland Adaptive Behavior Scales	Vineland Adaptive Behavior Scales ***Parent CPT Code is 96112***	Mental Test	$133.59		
69210	Ear Wax Removal	Removal impacted cerumen requiring instrumentation, unilateral	Physical Test	$49.03		
71046	Chest, X-ray, 2 Views	Radiologic examination, chest, 2 views, frontal and lateral	X-Ray	$35.67	$24.67	$11.00
72040	Spine, Cervical, X-ray, 2-3 Views	Radiologic examination, spine, cervical; 2 or 3 views	X-Ray	$41.97	$30.00	$11.37
72070	Spine, Thoracic X-ray, A/P & L	Radiologic examination, spine; thoracic, two views	X-Ray	$34.58	$24.30	$10.29
72100	Spine, Lumbar X-ray, A/P & L	Radiologic examination, spine, lumbosacral; two or three views	X-Ray	$42.34	$30.97	$11.37
72170	Pelvis. X-ray, 1 or 2 Views	Radiologic examination, pelvis; one or two views	X-Ray	$42.34	$20.59	$8.85
72200	Sacroiliac, X-ray, <3 Views	Radiologic examination, sacroiliac joints; less than three views	X-Ray	$35.00	$26.52	$8.47
73030-LT	Shoulder, X-ray, Complete, Left	Radiologic examination, shoulder complete, minimum of two views, left	X-Ray	$36.47	$26.89	$9.57
73030-RT	Shoulder, X-ray, Complete, Right	Radiologic examination, shoulder complete, minimum of two views, right	X-Ray	$36.47	$26.89	$9.57
73060-LT	Humerus, X-ray, 2 Views, Left	Radiologic examination; humerus, minimum of two views, left	X-Ray	$34.27	$25.78	$8.49

73060-RT	Humerus, X-ray, 2 Views, Right	Radiologic examination; humerus, minimum of two views, right	X-Ray	$34.27	$25.78	$8.49
73070-LT	Elbow, X-ray, 2 Views, Left	Radiologic examination, elbow; two views, left X-Ray	X-Ray	$30.93	$22.44	$8.49
73070-RT	Elbow, X-ray, 2 Views, Right	Radiologic examination, elbow; two views, right	X-Ray	$30.93	$22.44	$8.49
73100-LT	Wrist, X-ray, 2 Views, Left	Radiologic examination, wrist; two views, left	X-Ray	$36.12	$27.63	$8.49
73100-RT	Wrist, X-ray, 2 Views, Right	Radiologic examination, wrist; two views, right	X-Ray	$36.12	$27.63	$8.49
73090-LT	Forearm, X-ray, 2 Views, Left	Radiologic examination; forearm, two views, left	X-Ray	$30.93	$22.81	$8.12
73090-RT	Forearm, X-ray, 2 Views, Right	Radiologic examination; forearm, two views, right	X-Ray	$30.93	$22.81	$8.12
73120-LT	Hand, X-ray, 2 Views, Left	Radiologic examination, hand; two views, left	X-Ray	$33.16	$24.67	$8.49
73120-RT	Hand, X-ray, 2 Views, Right	Radiologic examination, hand; two views, right	X-Ray	$33.16	$24.67	$8.49
73521	Hip, X-ray, Bilateral, Complete	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	X-Ray	$43.83	$32.46	$11.37
73502-LT	Hip, X-ray, Complete, Left	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views, left	X-Ray	$49.76	$38.39	$11.37
73502-RT	Hip, X-ray, Complete, Right	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views, right	X-Ray	$49.76	$38.39	$11.37
73552-LT	Femur, X-ray, Two Views, Left	Radiologic examination, femur, two views, left	X-Ray	$37.58	$28.38	$9.20
73552-RT	Femur, X-ray, Two Views, Right	Radiologic examination, femur, two views, right	X-Ray	$37.58	$28.38	$9.20
73565	Knee, X-ray, bilateral standing	Radiologic examination, knee; both knees, standing, anteroposterior	X-Ray	$43.54	$34.68	$8.86
73560-LT	Knee, X-ray, 2 Views, Left	Radiologic examination, knee; one or two views, left	X-Ray	$36.49	$28.38	$8.49
73560-RT	Knee, X-ray, 2 Views, Right	Radiologic examination, knee; one or two views, right	X-Ray	$36.49	$28.38	$8.49
73590-LT	Tibia/Fibula, X-ray, Two Views, Left	Radiologic examination; tibia and fibula, two views, left	X-Ray	$33.53	$25.41	$8.12
73590-RT	Tibia/Fibula, X-ray, Two Views, Right	Radiologic examination; tibia and fibula, two views, right	X-Ray	$33.53	$25.41	$8.12
73600-LT	Ankle, X-ray, 2 Views, Left	Radiologic examination, ankle; two views, left	X-Ray	$34.64	$26.15	$8.49
73600-RT	Ankle, X-ray, 2 Views, Right	Radiologic examination, ankle; two views, right	X-Ray	$34.64	$26.15	$8.49
73620-LT	Foot, X-ray, 2 Views, Left	Radiologic examination, foot; two views, left	X-Ray	$30.19	$22.44	$7.75
73620-RT	Foot, X-ray, 2 Views, Right	Radiologic examination, foot; two views, right	X-Ray	$30.19	$22.44	$7.75
73000	Clavicle, X-ray, Complete	Radiologic examination; clavicle, complete	X-Ray	$34.27	$25.68	$8.49
72114	Spine, Lumbosacral, X-ray, w/Bend	Radiologic examination, spine, lumbosacral; two or three views complete, including bending views.	X-Ray	$63.07	$20.72	$13.81
72200	Sacrum/Coccyx, X-ray	Radiologic examination, sacrum and coccyx, minimum of two views	X-Ray	$35.00	$26.52	$8.47
99358	Review Of Records	Review Of Records	Non-Medical	$56.46		
T1013-ADTM	Additional CE Time for Interpretation	Additional CE Time for Interpretation	Non-Medical	$0.00		

Oregon
Kate Brown, Governor

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Notice to all Billing & Medical Records Departments

Disability Determination Services operates under the Department's Fee Ceiling for medical evidence of record. All records are subject to the fee ceiling, established by Oregon Administrative Rule 4110200-0010 through 0040

The Fee Ceiling limits payment to the lesser of the following:

- The lowest fee the vendor charges the general public or state agencies for the service, or:
- Copied records:
  1. Up to $18.00 for 10 or fewer pages
  2. $0.25 per page for pages 11 to 20
  3. $0.10 per page for pages 21 to 39
  4. 40 pages and more are paid at a maximum payment of $22.50

(Please note: To be paid the per page amounts, you must indicate the number of copied pages on your invoice. If you fail to indicate the number, you will paid no more than $18.00).

5. Brief Narratives by the Attending Physician, Opinion Letters, Teacher Questionnaires and Seizure Questionnaires are paid at your usual and customary charge, up to a maximum of $35.00. (Defined as a summary of treatment to date, and a status, if requested. Brief answers for 3-5 specific questions answered. Normally, 1 page or less).
6. Complete Narratives by the Attending Physician or a Mental Status Questionnaire are paid at your usual and customary charge, up to a maximum of $75.00. (Defined as a report covering extended history, treatment and specific discussion of 6 or more areas of importance).

Reminders:

- To be paid the per page amounts, you must indicate the number of copied pages on your invoice. If you fail to indicate the number, you will paid no more than $18.00.
- A bonus of $5.00 is paid for records received within 7 business days of the original request date.
- We do not pay for No records, Clerical Fees, Finders fees, or pre-payment.

REVISED: April 12, 2018