

State of Vermont
Disability Determination Services
Consultative Examination Fee Schedule
Effective as of March 28, 2011

	VT DDS Code	Short Description	Fee
1	00100	COMP INTERN EXM	207.00
2	00104	PT EXAM	102.00
3	00200	COMP OPTH EXAM	160.00
4	00201	VISUAL FIELDS	83.00
5	00220	AUDIOMETRY	80.00
6	00221	VNG	261.09
7	00230	SPEECH & LANG	224.00
8	00260	COMP OTOL EXAM	207.00
9	00350	COMP. CARDIO EXAM	160.00
10	00475	COMP. VASCULAR EXAM	160.00
11	01000	COMP ORTHO EXAM	207.00
12	01010	COMP PED EXAM	207.00
13	01100	COMP NEURO EXAM	207.00
14	01224	PSYCHOSOCIAL EVALUATION	169.00
15	01225	DIAGNOSTIC INTERVIEW	169.00
16	01255	IQ/ALTERNATIVE	351.00
17	01258	ADAPTIVE	91.00
18	01259	ADAPT/DI	260.00
19	01260	IQ/ADAP/DI	442.00
20	01265	COMP RHEUM EXAM	207.00
21	01267	WMS/DI	351.00
22	01268	IQ/DI	351.00
23	01269	IQ/WMS/DI	442.00
24	10000	MISC MILEAGE FEE	0.50
25	11045	BASIC METABOLIC PANL	19.71
26	11051	BILIRUBIN-SER-H	11.56
27	11086	CBC W/DIFF-HOSP	18.08
28	11091	CALC, SERUM-H	9.34
29	11131	CREAT CLRNC-H	11.41
30	11141	CREAT SERUM-H	11.86
31	11151	DEPAKENE(VA)-H	31.42
32	11171	DILANT,QUANT-H	30.83
33	11201	GLUCOSE, BLD-H	9.04
34	11211	HEMAT/PVC-H	5.48
35	11351	PHENOBARB-H	26.68
36	11391	PROTEIN ELECTROPHORESIS, SERUM (HOSPITAL)	20.50
37	11411	PROTHROMBIN-H	9.04
38	11501	TEGRETOL-H	32.60
39	11571	HEPATIC FUNC.	59.00
40	11592	KEPPRA LEVEL	19.61

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41	12110	EEG	314.75
42	12200	EXERCISE ABGS	185.30
43	12215	RESTING ABG'S	45.05
44	12300	PFTS	96.71
45	12400	DOPPLER-RESTING	128.35
46	12410	EKG (RESTING)	21.63
47	12430	ETT-ADMIN	177.55
48	12435	ETT-INT & REPORT	17.00
49	12450	DOPPLER (EXER)	242.72
50	12460	CO DIFFUSION	54.03
51	12700	ECHOCARDIOGRAM	248.39
52	12750	HOLTER MONITOR	334.03
53	22019	X-RAY CHEST- 1R	42.57
54	22024	X-RAY CHEST- 2R	42.57
55	22040	X-RAY (L-ANKLE)	42.57
56	22080	X-RAY (L-FEMUR) (Thigh)	42.57
57	22090	X-RAY (L-FOOT)	42.57
58	22100	X-RAY (L-HAND)	42.57
59	22106	X-RAY (LEFT WRIST)	42.57
60	22110	XRAY (L-HIP)	42.57
61	22115	XRAY(L-HIP&PEL)	42.57
62	22120	XRAY(L-HUMERUS)	42.57
63	22130	X-RAY (L-KNEE) (X-ray exam of knee, 1 or 2)	42.57
64	22160	X-RAY (L-SHLDR)	42.57
65	22170	XRAY(L-TIB&FIB)	42.57
66	22171	LEFT ELBOW XRAY	42.57
67	22180	XRAY (L-UL&RAD) (Xpray of forearm)	42.57
68	22420	X-RAY (R-ANKLE)	42.57
69	22450	X-RAY (R-FEMUR)	42.57
70	22460	X-RAY (R-FOOT)	42.57
71	22470	X-RAY (R-HAND)	42.57
72	22471	X-RAY (RIGHT WRIST)	42.57
73	22480	XRAY (R-HIP)	42.57
74	22485	XRAY(R-HIP&PEL)	42.57
75	22490	XRAY(R-HUMERUS)	42.57
76	22500	X-RAY (R-KNEE)	42.57
77	22530	X-RAY (R-SHLDR)	42.57
78	22540	XRAY(R-TIB&FIB) (X-ray exam of lower leg)	42.57
79	22550	XRAY (R-UL&RAD)	42.57
80	22551	RIGHT ELBOW XRAY	42.57

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81	22579	X-RAY CERV SP-R (X-ray of neck spine)	42.57
82	22589	X-RAY L-S SPINE (X-ray exam of lower spine)	39.97
83	22599	X RAY (X-ray exam of thoracic spine)	35.37
84	23018	CHEST-SINGLE VIEW XR (Chest x-ray)	42.57
85	23023	CHEST-PA&LAT X-RAY (Chest x-ray)	42.57
86	23040	LEFT ANKLE X-RAY	42.57
87	23080	LEFT FEMUR X-RAY	42.57
88	23090	LEFT FOOT X-RAY	42.57
89	23100	X-RAY (L-HAND)	42.57
90	23106	LEFT WRIST X-RAY	42.57
91	23110	LEFT HIP X-RAY	42.57
92	23115	L-HIP&PELVIS X-RAY	42.57
93	23120	L-HUMERUS X-RAY)	42.57
94	23130	LEFT KNEE X-RAY	42.57
95	23160	L-SHOULDER X-RAY	42.57
96	23170	L-TIBIA&FIBULA X-RAY	42.57
97	23171	LEFT ELBOW XRAY	42.57
98	23180	L-ULNA&RADIUS X-RAY	42.57
99	23420	RIGHT ANKLE X-RAY	42.57
100	23450	RIGHT FEMUR X-RAY	42.57
101	23460	RIGHT FOOT X-RAY	42.57
102	23470	RIGHT HAND X-RAY	42.57
103	23471	RIGHT WRIST X-RAY	42.57
104	23480	RIGHT HIP X-RAY	42.57
105	23485	R-HIP&PELVIS X-RAY	42.57
106	23490	R-HUMERUS X-RAY	42.57
107	23500	RIGHT KNEE X-RAY	42.57
108	23530	R-SHOULDER X-RAY	42.57
109	23540	R-TIBIA&FIBULA X-RAY	42.57
110	23550	R-ULNA&RADIUS X-RAY	42.57
111	23551	RIGHT ELBOW XRAY	42.57
112	23578	CERVICAL SPINE X-RAY	42.57
113	23588	L/S SPINE X-RAY	45.64
114	23598	THORACIC SPINE X-RAY	35.37
115	99902	RECORD REVIEW FEE	25.00
116	99990	C/E REVIST	25.00
117	99999	HOME VISIT	140.00
118	11593	ASSAY OF TOPIRIMATE	27.71
119	11594	PROTHROMBIN TIME & INR	85.91
120	11595	QUANTITATIVE ASSAY DRUG, NOT SPEC. ELSEWHERE	27.71