DDD

STATEWIDE

CE FEE SCHEDULE

DDD Statewide CE Fee Schedule

Effective 07/30/19

PROCEDURE CODE	DESCRIPTION	DDD STATEWIDE FEE
EXAMINATIONS		
90001	Complete Specialist Examination (see below for psychiatric, neurology, ophthalmology, otology)	$ 140.21
90002	Complete Orthopedic Examination	$ 140.21
90003	Complete Psychiatric Examination	$ 140.21
90004	Complete Neurological Examination	$ 140.21
90005	Complete Eye Examination	$ 186.94
90006	Complete Ear Examination (without Barany or Caloric)	$ 200.29
90009	Complete Pediatric Examination	$ 140.21
92506	Speech and Language Evaluation	$ 233.67
0108	Specialist Exam in Home	$ 66.76
90030	Mileage for Home Visit (total miles)	$ 00.48
96100	Adaptive Behavior Scale	$ 100.15
PSYCHOLOGICAL DIAGNOSTIC TESTS		
9800	Intelligence Evaluation	$ 160.23
9804	Non-Verbal Intelligence Evaluation	$ 160.23
RESPIRATORY SYSTEM		
94010	Ventilation Tests (*3.00E)	$ 64.72
94060	Ventilation Tests before and after bronchodilators (*3.00E)	$ 93.47
94700	Arterial Oxygen tension (PO2) at rest and simultaneously obtained arterial carbon dioxide tension	$ 106.82
94720	Measurement of Lung Diffusing Capacity for carbon monoxide-single breath method	$ 130.85
94760	Pulse Oximetry at Rest	$ 4.05
CARDIOVASCULAR SYSTEM		
93000	Electrocardiogram, resting	$ 80.12
93015	Treadmill exercise electrocardiography	$ 357.85
76620	Echocardiogram	$ 300.44
93910	Doppler Ultrasound Flow Meter Test Bilateral, Arterial Only	$ 102.82
93911	Doppler Ultrasound Flow Meter test after exercise, arterial only	$ 133.53
9390	Toe Doppler	$ 21.80
SPECIAL SENSES		
92556	Speech Discrimination test, binaural	$ 80.12

*See POMS section: DI34001.014

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Effective, 07/30/2019

PROCEDURE CODE	DESCRIPTION	DDD STATEWIDE FEE
RADIOLOGY		
71010	X-ray chest, single PA	$ 64.72
72040	X-ray spine, cervical, AP and lateral	$ 100.15
72070	X-ray spine, thoracic, AP and lateral	$ 100.15
72100	X-ray spine, lumbar, sacral, AP and lateral	$ 125.51
72190	X-ray pelvis, including hips	$ 140.21
73000	X-ray clavicle, complete	$ 77.44
73030	X-ray shoulder, complete	$ 114.83
73060	X-ray humerus, proximal, including shoulder	$ 110.83
73061	X-ray humerus, distal, including elbow	$ 110.83
73090	X-ray forearm, proximal, including elbow	$ 66.76
73091	X-ray forearm, distal, including wrist	$ 66.76
73120	X-ray hand, including fingers	$ 66.76
73510	X-ray hip joint	$ 120.17
73550	X-ray femur, proximal	$ 100.15
73551	X-ray femur, distal	$ 100.15
73560	X-ray knee	$ 66.76
73590	X-ray leg, proximal	$ 66.76
73591	X-ray leg, distal	$ 66.76
73600	X-ray ankle	$ 62.76
73620	X-ray foot, including toes	$ 62.76
PATHOLOGY		
80002	AG Ratio/Bilirubin	$ 9.37
82310	Blood Calcium	$ 9.61
82565	Blood, creatinine	$ 9.56
84450	SGOT	$ 9.64
84460	SGPT	$ 9.89
85013	Hematocrit (not to be ordered with code 85031)	$ 4.41
85031	Blood count, complete (not to be ordered with code 85013)	$ 11.04
85044	Reticulocyte count	$ 8.02
85595	Platelet count	$ 8.35
85610	Prothrombin time	$ 7.34

New York DDS MER Fee Schedule 2021

The New York State DDS pays a flat rate of $10 for all MER