CONSULTATIVE EXAMS--PHYSICAL

DDS CODE	SERVICE	DDS FEE RANGE (statewide)
90620GM	GENERAL MEDICINE EXAMINATION	$390-$490
90630PM	PHYSICAL MEDICINE EXAMINATION	$490-$750
90630ORT	COMPLEX ORTHOPEDIC EXAM	$450.00 (single provider)
90630OPH	OPHTHALMOLOGICAL EXAMINATION	$300 - $390
90630NEU	NEUROLOGICAL EXAM	$500-$600
90630PED	PEDIATRIC EXAM	No provider at this time
90630INT	INTERNAL MEDICINE EXAM	$450-$517
90630AUD	OTOLARYNGOLOGY 'ENT' EXAM	$400-$500
90630RHE	RHEUMATOLOGICAL EXAMINATION	No provider at this time
90620GM	SPEECH AND LANGUAGE (done by SLP)	$360 - $600

CONSULTATIVE EXAMINATIONS--MENTAL		DDS FEE RANGE(statewide)
90630PSY, 90630	MSE, ADLS (adults and children)	$400-$650
90630IQA	INTELLECTUAL ASSESSMENT (MSE, ADLS, WAIS-III)	$500-$1000

MEDICINE		DDS FEE RANGE(statewide)
EYE PROCEDURES		
0739B	VISUAL FIELD EXAM (HUMPHREY)	$165 - $405
EAR, NOSE AND THROAT PROCEDURES		
90630AUD	BASIC COMPREHENSIVE AUDIOMETRY (92553, 92556 & 92553 COMBINED)	$335.00
CARDIOGRAPHY		
93000	ELECTROCARDIOGRAM, ROUTINE ECG-12 LEADS W/INTERP & REPT (including 93005 29.75, 93010 15.19)	$150.00
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	$525.00-$774.13
VASCULAR STUDIES		
	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST & FOLLOWING TREADMILL STRESS TEST, COMPLETE BILATERAL	$800.00

PULMONARY FUNCTION TESTS		**DDS FEE RANGE(statewide)**
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE & AFTER BRONCHODIALATOR	$500 - $806
	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	$415.80

RADIOLOGY

CHEST

	X-RAY, CHEST; TWO VIEWS FRONTAL & LATERAL (Includes Interpretation)	$186-$411.61

SPINE AND PELVIS

	X-RAY, SPINE, CERVICAL; AP & LATERAL (Includes Interpretation)	$300-$529
	X-RAY, SPINE, THORACIC; AP & LATERAL (Includes Interpretation)	$195-$619
	X-RAY, SPINE, LUMBOSACRAL; AP AND LATERAL (Includes Interpretation)	$195-$421

UPPER EXTREMITIES

		DDS FEE RANGE(statewide)
73020L	X-RAY, SHOULDER; LEFT, 2 VIEWS (Includes Interpretaton)	$199-$498
73020R	X-RAY, SHOULDER; RIGHT, 2 VIEWS (Includes Interpretation)	$225-$498
73070L	X-RAY, ELBOW; LEFT AP & LATERAL VIEWS (Includes Interpretation)	$144-$424
73070R	X-RAY, ELBOW; RIGHT AP & LATERAL VIEWS (Includes Interpretation)	$144-$424
73100L	X-RAY, WRIST; LEFT, AP AND LATERAL VIEWS (Includes	DDS FEE RANGE(statewide)

	X-RAY, WRIST; LEFT, AP AND LATERAL VIEWS (Includes Interpretation)	$145-$409
73100R	X-RAY, WRIST; RIGHT, AP AND LATERAL VIEWS (Includes Interpretation)	$164-$409
73120L	X-RAY, HAND; LEFT TWO VIEWS (Includes Interpretation)	$131-$477
73120R	X-RAY, HAND; RIGHT TWO VIEWS (Includes Interpretation)	$131-$477
73500L	X-RAY, HIP; LEFT, 2 VIEWS (Includes Interpretation)	$202-$414
73500R	X-RAY, HIP; RIGHT, 2 VIEWS (Includes Interpretation)	$202-$414
73560L	X-RAY, KNEE; LEFT AP AND LATERAL VIEWS (Includes Interpretation)	$148-$498
73560R	X-RAY, KNEE; RIGHT AP AND LATERAL VIEWS (Includes Interpretation)	$148-$498
73600L	X-RAY, ANKLE; LEFT AP AND LATERAL VIEWS (Includes Interpretation)	$185-$577
73600R	X-RAY, ANKLE; RIGHT AP AND LATERAL VIEWS (Includes Interpretation)	$185-$577

PATHOLOGY AND LABORATORY		DDS FEE RANGE(statewide)
PROFILES, PANELS & THERAPEUTIC DRUG MONITORING		
80076	HEPATIC FUNCTION PANEL (albumin, bilirubin-total & direct, phosphatase alkaline, protein, SGPT, SGOT)	$90.00
85651	SEDIMENTATION RATE ERYTHROCYTE, AUTOMATED (ESR)	$37.00
86006	RHEUMATOID FACTOR; QUALITATIVE (Whole Arthritis Panel)	$264-$275
80164	VALPROIC ACIC (DEPAKOTE) LEVEL	$30.00
80185	PHENYTOIN (DILANTIN) LEVEL	$45.00
80156	CARBAMAZAPINE (TEGRETOL) LEVEL	$40.00
82803	ARTERIAL BLOOD GAS	$68.00-$240.75