WYOMING DDS CONSULTATIVE EXAMINATION FEE RANGE

Updated September 30, 2021

	PHYSICAL	
CPT CODE	**SERVICE**	**DDS FEE RANGE**
99204	General Medical Exam	$300 -$325
99204	General Medical Exam with Neurological	$244-$390
99204	General Medical Exam with Neurologial Emphasis on Seizures	$244-$390
99204	General Medical Exam with Cardio Emphasis	$244-$390
99204	General Medical Exam with ENT Emphasis	$244-$390
99204	Pediatric Exam	$244-$390
99204	Rheumatology	$244-$390
99456	General Medical Exam with Neurological Emphasis	$244-$390
99456	General Medical Exam with Neurological Emphasis on Seizures	$244-$390
99456	General Medical Exam with Neurological Emphasis on MS	$244-$390
99456	General Medical Exam with Orthopedic Emphasis	$244-$390
99456	Medical Disability Examination by Non-Treating Physician	$220 -$390
99455	Medical Disability Examination by Treating Physician	$188-$390

	MENTAL	
CPT CODE	**SERVICE**	**DDS FEE RANGE**
90791	Mental Status Exam, Adult	$350.00-$400.00
90791	Mental Status Exam, Child	$350.00 -$400.00
96101	Bailey Scale	$250.00
96101	Stanford Binet	$250.00
96101	McCarthy Scale of Children's Abilities	$105.00
96101	WAIS-IV	$250.00
96101	WISC-V	$250.00
96101	WMS-IV	$250.00
96101	Complex Psychological (MSE and Testing)	$600.00-$900.00

	HEARING TEST	
CPT CODE	**SERVICE**	**DDS FEE RANGE**
92557	Basic Comprehensive Audio with Speech Discrimination	$70 - $225
92700	Audiometric Testing, HINT	$150.00
99202	OTO by Physician without Exam	$75
99202	OTO by Physician with Exam	$125-$150
99203	Otolaryngology Exam	$165-$419

	SPEECH AND LANGUAGE	
CPT CODE	**SERVICE**	**DDS FEE RANGE**

92523	Speech and Language Exam	$225 - $520

	VISUAL EXAM	
CPT CODE	**SERVICE**	**DDS FEE RANGE**
92002	Ophthalmological Exam, Intermediate New Patient	$101 -$210
92004	Ophthalmological Exam, Comprehensive, New Patient	$175.00
92014	Ophthalmological Exam, Comprehensive Established Patient	$175.00
92015	Visual Acuity, Refractive State	$5.00
92081	Visual Field Exam	$59 - $175
92083	HFA-30-2 Humphrey Field Analyzer 30-2	$300
92083	Visual Field Exam, Exteneded with Goldmann, Humphrey	$80 - $223
95930	Visual Evoked Potential	$175.00
92133	Optical Cohrerence Tomagraphy	$141.00

	CARDIO/PULMONARY	
CPT CODE	**SERVICE**	**DDS FEE RANGE**
82803	ABG (on room air), Resting	$175-$424
93000	ECG/EKG with Exercise (With Interpretation)	$86 - $179
93017	Stress Test with Treadmill	N/A
94720	DLCO	$294 - $581
94729	DLCO with PFS	$300 -$850
94010	PFS Pre and Post	$75-$388
94060	Spirometry	$150 - $755

	LAB	
CPT CODE	**SERVICE**	**DDS FEE RANGE**
82805	ABG (on room air)	$141-$548
6415	Venous Blood Draw, Venipuncture	$10.00
80053	Complete Metabolic Panel	$52-$244
80076	Hepatic Function	$175.00
80164	Valproic Acid Depakote	$54-$117
80185	Phenytoin (Dilantin) Level	$86-$152
80156	Carbamazapine (Tegretol) Level	$30-$158
80299	Other Therapeutic Drug Level	$150.00
82040	Albumin Serum	$12.00
82247	Bilirubin	$18.00
82565	Creatinine	$16.00
82803	Blood Gases	$245.00
84450	AST-SGOT	$21.00

84550	Uric Acid	$18.00
85014	Hematocrit	$50.00
85018	Hemoglobin	$12.00
85025	CBC	$114
85610	Prothrombin Time	$35-$50
85651	Sedimentation Rate	$118.00
86430	RA Factor	$260

	RADIOLOGY	
CPT CODE	**SERVICE**	**DDS FEE RANGE**
260	Skull, Minimum of Four Views	$220.00
72040	Spine, Cervical, Two to Three Views	$155.00
71045	Chest, One View	$220.00
71046	Chest PA/LAT, Two Views, Frontal and Lateral	$170-$228
73060	Humerus, Two Views	$53.00
73070	Elbow (Left or Right) AP/LAT - Two Views	$40-$61
73080	Elbow, Complete	$95.00
73560	Knee, Two Views	$400.00
73562	Knee, Three Views	$400.00
73564	Knee, Complete	$400.00
73565	Knee, Bilateral	$400.00
73550	Femur (Left or Right) AP/LAT -Two Views	$150.00
73600	Ankle (Left or Right) AP/LAT	$24-$286
73620	Foot (Left or Right) AP/LAT - Two Views	$30-$260
73630	Foot (Left or Right) AP/LAT/OB - Complete	$168
73090	Forearm (Left or Right) AP/LAT	$75.00
73100	Wrist (Left or Right) AP/LAT - Two Views	$155.00
73120	Hand (Left or Right) AP/LAT - Two Views	$34-$378
73130	Hand (Left or Right) AP/LAT/OB - Complete	$49 -$245
73502	Hip, Complete	$180.00
73521	Hip Bilateral, Bilateral, Complete	$186.00
73510	Hip (Left or Right) AP/LAT	$44 -$305
73565	Knee (weight bearing) Bilateral AP/LAT	N/A
73560	Knee (weight bearing) (Left or Right) AP/LAT	$40 - $334
72170	Pelvis, One or Two Views	$232
73030	Shoulder, Complete	$270.00
72040	Spine Cervical AP/LAT	$490
72110	Spine Lumbarosacral, Complete	$44 - $550
72080	Spine Thoraclumbar, Two Views	$139
72070	Spine Thoracic AP/LAT	$119 - $375
73590	Tibia/Fibula (Left or Right) AP/LAT - Two Views	$108.00
74240	Upper GI Series	$155.00

	OTHER	
CPT CODE	**SERVICE**	**DDS FEE RANGE**
95812	EEG	N/A
92542	ENG	N/A

MER

Hospital	$15.00
Clinic or doctor	$25.00