CE and MER Fee Schedule NV DDS

Code	Description	Fee Rate
19080	Mental Status Exam Adult	$225.00
19070	Mental Status Exam Child	$250.00
19000	WRAT	$73.00
19093	WISC	$125.00
19092	WAIS	$125.00
19094	WPSI/Bayley	$125.00
19090	Wechsler Memory Scale	$125.00
19084	C-TONI 4	$125.00
19003	Vineland Adaptive Behavior Scale	$63.00
19004	Trails A&B	$42.00
19006	Leiter	$94.00
10010	Exam Cardiology	$222.00
19300	EKG Resting - Tracing and Report	$46.00
93015	EKG Treadmill	$67.00
19310	Echocardiogram transthoracic	$200.00
19390	Doppler Resting Lower Extremities	$200.00
19391	Doppler Exercising Lower Extremities	$200.00
93922	ABI Doppler	$70.00
94760	Oximetry - Pulse or Ear	$23.00
94621	6 Min Walk Test (6MWT)	$65.00
94720	Diffusing Capacity (DLCO)	$60.00
10005	Exam Comprehensive/Internal	$182.00
10040	Exam Neurology	$222.00
10050	Exam Orthopedic	$222.00
10060	Exam Pediatric	$222.00
10070	Exam Pulmonary	$222.00
94010	PFT Pre & Post Bronchodilator	$80.00
96111	Speech/Language Evaluation	$222.00
10020	Exam ENT	$123.00
10001	Audiometric Testing Without Aids	$75.00
69209	Cerumen removal	$25.00
10003	HINT	$120.00
12002	Exam Ophthalmologic	$123.00
92015	Manifest Refraction	$18.00
19210	Visual Fields - Humphrey 30-2	$65.00
10015	Exam Dermatology	$125.00
10065	Exam Physiatry	$182.00
10075	Exam Rheumatlogy	$222.00
10085	Exam Vascular	$182.00
MMSE	MMSE	$15.00
	Records Review Fee	$50.00
71020	XRAY CHEST PA &L (CT RATIO) & READ FEE	$52.50
72040	XRAY SPINE CERVICAL 2 VIEWS & READ FEE	$52.50
72070	XRAY SPINE THORACIC 2 VIEWS & READ FEE	$52.50
72102	X-RAY THORACOLUMBAR SPINE & READ FEE	$52.50
72100	XRAY SPINE LUMBOSACRAL 2 VIEWS & READ FEE	$52.50
72170	XRAY PELVIS 1 VIEW & READ FEE	$46.50

7303L	XRAY SHOULDER LEFT 2 VIEWS & READ FEE	$46.50
7303R	XRAY SHOULDER RIGHT 2 VIEWS & READ FEE	$46.50
7306L	XRAY HUMERUS LEFT 2 VIEWS & READ FEE	$52.50
7306R	XRAY HUMERUS RIGHT 2 VIEWS & READ FEE	$52.50
7307L	XRAY ELBOW LEFT 2 VIEWS & READ FEE	$43.50
7307R	XRAY ELBOW RIGHT 2 VIEWS & READ FEE	$43.50
7609L	XRAY FOREARM LEFT 2 VIEWS & READ FEE	$42.50
7309R	XRAY FOREARM RIGHT 2 VIEWS & READ FEE	$42.50
7310L	XRAY WRIST LEFT 2 VIEWS & READ FEE	$46.50
7310R	XRAY WRIST RIGHT 2 VIEWS & READ FEE	$46.50
7312L	XRAY HAND RIGHT 2 VIEWS & READ FEE	$42.50
7312R	XRAY HAND LEFT 2 VIEWS & READ FEE	$42.50
7313B	XRAY BOTH HANDS 2 V & READ FEE	$52.50
7351L	XRAY HIP LEFT 2 VIEWS & READ FEE	$55.50
7351R	XRAY HIP RIGHT 2 VIEWS & READ FEE	$55.50
7355L	XRAY FEMUR LEFT 2 VIEWS & READ FEE	$43.50
7355R	XRAY FEMUR RIGHT 2 VIEWS & READ FEE	$43.50
7357L	XRAY KNEE LEFT - 2 VIEWS & READ FEE	$45.50
7357R	XRAY KNEE RIGHT - 2 VIEWS & READ FEE	$45.50
7356B	XRAY BILATERALWT BEARING OF KNEES 1 VIEW & READ FEE	$51.50
7354L	XRAY TIB/FIB LEFT 2 VIEWS & READ FEE	$42.50
7354R	XRAY TIB/FIB RIGHT 2 VIEWS & READ FEE	$42.50
7360L	XRAY ANKLE LEFT - 2 VIEWS & READ FEE	$43.50
7360R	XRAY ANKLE RIGHT - 2 VIEWS & READ FEE	$43.50
7362L	XRAY FOOT LEFT - 2 VIEWS & READ FEE	$42.50
7362R	XRAY FOOT RIGHT - 2 VIEWS & READ FEE	$42.50
8600G	LAB - BLOOD DRAW FEE	$4.00
10256	LIVER PROFILE (T Protein, Globulin, albumin/globulin ratio, T Bil, Direct Bili, alkaine, Phospatase, AST, ALT)	$3.13
00375	LAB - SERUM CREATININE/E GFR	$2.38
06399	CBC COMPLETE BLOOD CT	$3.87
08847	LAB - PROTIME/INR	$3.87
00809	SED RATE	$4.17
08360	CD4 LYMPHOCYTE PANEL 5	$4.17
04418	RA FACTOR	$19.03
	NV MER Fee (flat fee unless a lesser amount is billed)	$15.00