NEBRASKA CPT FEE SCHEDULE

DCPS SYSTEM

Legacy Label	DCPS Code	DCPS Label	Fee
EXAM ROOM FEE	FACILITY	Facility Charge (1/2 FEE IF NO SHOW)	$ 29.00
COMP PT EVAULATION & REPORT	97001	Physical Therapist	$ 120.00
PSYCHOLOGICAL INTERVIEW & REPORT	90791-MNTL-AD	Mental Status Exam, Adult	$ 200.00
WRAT	96101-WRAT-IV	WRAT - Wide Range Achievement Test - IV	$ 49.00
WAIS	96101-WAIS-IV	WAIS - IV	$ 175.00
WISC	96101-WISC-V	WISC - V	$ 175.00
TONI	96101-TONI-3	TONI-3	$ 80.00
STANFORD-BINET	96101-SB5	Stanford-Binet V	$ 150.00
VINELAND	96101-VINELAND	Vineland Adaptive Behavior Scales II	$ 75.00
ABAS	96101-ABAS-II	Adaptive Behavior Assessment System	$ 75.00
WPPSI	96101-WPPSI-IV	WPPSI - IV	$ 175.00
BAYLEY	96101-BAYLEY-III	Bayley Scales of Infant Development III	$ 150.00
DENVER	96101-DDST-II	Denver Developmental II	$ 100.00
RAVEN	96101-RPM	Raven Progressive Matrices Test	$ 84.00
WOODCOCK-JOHNSON	96101-WJ-IV	Woodcock-Johnson Tests of Achievement IV	$ 150.00
TRAILS A & B	96101-CTMT	Comprehensive Trail-Making Test	$ 32.00
WMS	96101-WMS-IV	Wechsler Memory Scale - IV	$ 175.00
VENIPUNCTURE	36415	Venous Blood Draw/Venipuncture	$ 12.00
ARTERIAL PUNCTURE	36600	Arterial puncture withdrawal of blood for diagnosis	$ 50.00
REMOVAL EAR WAX	69210	Ear Wax Removal	$ 40.00
X-RAY CHEST	71046	Chest, X-ray, 2 Views	$ 66.00
PROF FEE X-RAY CHEST	71046-26	Chest, X-ray, 2 Views (Prof)	$ 21.00
TECH FEES X-RAY CHEST	71046-TC	Chest, X-ray, 2 Views (Tech)	$ 45.00
X-RAY CERVICAL SPINE	72040	Spine, Cervical, X-ray, 2-3 Views	$ 75.00
PROF FEE X-RAY CERVICAL SPINE	72040-26	Spine, Cervical, X-ray, 2-3 Views (Prof)	$ 19.00
TECH FEES X-RAY CERVICAL SPINE	72040-TC	Spine, Cervical, X-ray, 2-3 Views (Tech)	$ 46.00
CERVICAL SPINE COMPLETE X-RAY	72052	Spine, Cervical, X-ray, 6 or More Views	$ 100.00
PROF FEE - CERVICAL SPINE	72052-26	Spine, Cervical, X-ray, 6 or More Views (Prof)	$ 29.00
TECH FEES - CERVICAL SPINE	72052-TC	Spine, Cervical, X-ray, 6 or More Views (Tech)	$ 71.00
X-RAY THORACIC SPINE	72070	Spine, Thoracic X-ray, A/P & L	$ 75.00
PROF FEE X-RAY THORACIC SPINE	72070-26	Spine, Thoracic X-ray, A/P & L (Prof)	$ 19.00
TECH FEE X-RAY THORACIC SPINE	72070-TC	Spine, Thoracic X-ray, A/P & L (Tech)	$ 42.00
SCOLOIOSIS STUDY	72082	Spine, Scoliosis Study X-ray	$ 81.00

NEBRASKA CPT FEE SCHEDULE

DCPS SYSTEM

PROF FEE SCOLIOSIS STUDY	72082-26	Spine, Scoliosis Study X-ray (Prof)	$ 25.00
TECH FEE SCOLIOSIS STUDY	72082-TC	Spine, Scoliosis Study X-ray (Tech)	$ 56.00
X-RAY LUMBOSACRAL SPINE	72100	Spine, Lumbar X-ray, A/P & L	$ 80.00
PROF FEE LUMBOSACRAL SPINE	72100-26	Spine, Lumbar X-ray, A/P & L (Prof)	$ 26.00
TECH FEE LUMBOSACRAL SPINE	72100-TC	Spine, Lumbar X-ray, A/P & L (Tech)	$ 46.00
X-RAY LUMBOSACRAL SPINE	72110	Spine, Lumbosacral, X-ray, Complete	$ 100.00
PROF FEE LUMBOSACRAL SPINE	72110-26	Spine, Lumbosacral, X-ray, Complete (Prof)	$ 32.00
TECH FEE LUMBOSACRAL SPINE	72110-TC	Spine, Lumbosacral, X-ray, Complete (Tech)	$ 68.00
X-RAY PELVIS	72190	Pelvis, X-ray, Complete	$ 68.00
PROF FEE PELVIS	72190-26	Pelvis, X-ray, Complete (Prof)	$ 22.00
TECH FEE PELVIS	72190-TC	Pelvis, X-ray, Complete (Tech)	$ 46.00
X-RAY LEFT SHOULDER	73020-LT	Shoulder, X-ray, Limited, Left	$ 51.00
PROF FEE X-RAY LEFT SHOULDER	73020-26-LT	Shoulder, X-ray, Limited, Left (Prof)	$ 19.00
TECH FEE X-RAY LEFT SHOULDER	73020-TC-LT	Shoulder, X-ray, Limited, Left (Tech)	$ 32.00
X-RAY RIGHT SHOULDER	73020-RT	Shoulder, X-ray, Limited, Right	$ 51.00
PROF FEE X-RAY RIGHT SHOULDER	73020-26-RT	Shoulder, X-ray, Limited, Right (Prof)	$ 19.00
TECH FEE X-RAY RIGHT SHOULDER	73020-TC-RT	Shoulder, X-ray, Limited, Right (Tech)	$ 32.00
X-RAY LEFT SHOULDER	73030-LT	Shoulder, X-ray, Complete, Left	$ 85.00
PROF FEE X-RAY LEFT SHOULDER	73030-26-LT	Shoulder, X-ray, Complete, Left (Prof)	$ 20.00
TECH FEE X-RAY LEFT SHOULDER	73030-TC-LT	Shoulder, X-ray, Complete, Left (Tech)	$ 45.00
X-RAY RIGHT SHOULDER	73030-RT	Shoulder, X-ray, Complete, Right	$ 85.00
PROF FEE X-RAY RIGHT SHOULDER	73030-26-RT	Shoulder, X-ray, Complete, Right (Prof)	$ 20.00
TECH FEE X-RAY RIGHT SHOULDER	73030-TC-RT	Shoulder, X-ray, Complete, Right (Tech)	$ 45.00
X-RAY LEFT HUMERUS	73060-LT	Humerus, X-ray, 2 Views, Left	$ 56.00
PROF FEE X-RAY LEFT HUMERUS	73060-26-LT	Humerus, X-ray, 2 Views, Left (Prof)	$ 21.00
TECH FEE X-RAY LEFT HUMERUS	73060-TC-LT	Humerus, X-ray, 2 Views, Left (Tech)	$ 35.00
X-RAY RIGHT HUMERUS	73060-RT	Humerus, X-ray, 2 Views, Right	$ 56.00
PROF FEE X-RAY LRIGHT HUMERUS	73060-26-RT	Humerus, X-ray, 2 Views, Right (Prof)	$ 21.00
TECH FEE X-RAY RIGHT HUMERUS	73060-TC-RT	Humerus, X-ray, 2 Views, Right (Tech)	$ 35.00
X-RAY LEFT ELBOW	73070-LT	Elbow, X-ray, 2 Views, Left	$ 61.00
PROF FEE LEFT ELBOW	73070-26-LT	Elbow, X-ray, 2 Views, Left (Prof)	$ 19.00
TECH FEE LEFT ELBOW	73070-TC-LT	Elbow, X-ray, 2 Views, Left (Tech)	$ 42.00
X-RAY RIGHT ELBOW	73070-RT	Elbow, X-ray, 2 Views, Right	$ 61.00
PROF FEE RIGHT ELBOW	73070-26-RT	Elbow, X-ray, 2 Views, Right (Prof)	$ 19.00

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DCPS SYSTEM

TECH FEE RIGHT ELBOW	73070-TC-RT	Elbow, X-ray, 2 Views, Right (Tech)	$ 42.00
X-RAY LEFT ELBOW	73080-LT	Elbow, X-ray, Complete, Left	$ 68.00
PROF FEE LEFT ELBOW	73080-26-LT	Elbow, X-ray, Complete, Left (Prof)	$ 22.00
TECH FEE LEFT ELBOW	73080-TC-LT	Elbow, X-ray, Complete, Left (Tech)	$ 46.00
X-RAY RIGHT ELBOW	73080-RT	Elbow, X-ray, Complete, Right	$ 68.00
PROF FEE RIGHT ELBOW	73080-26-RT	Elbow, X-ray, Complete, Right (Prof)	$ 22.00
TECH FEE RIGHT ELBOW	73080-TC-RT	Elbow, X-ray, Complete, Right (Tech)	$ 46.00
X-RAY RIGHT FOREARM	73090-RT	Forearm, X-ray, 2 Views (Right)	$ 61.00
PROF FEE RIGHT FOREARM	73090-26-RT	Forearm, X-ray, 2 Views, Right (Prof)	$ 19.00
TECH FEE RIGHT FOREARM	73090-TC-RT	Forearm, X-ray, 2 Views, Right (Tech)	$ 42.00
X-RAY LEFT WRIST	73100-LT	Wrist, X-ray, 2 Views, Left	$ 61.00
PROF FEE LEFT WRIST	73100-26-LT	Wrist, X-ray, 2 Views, Left (Prof)	$ 19.00
TECH FEE LEFT WRIST	73100-TC-LT	Wrist, X-ray, 2 Views, Left (Tech)	$ 42.00
X-RAY RIGHT WRIST	73100-RT	Wrist, X-ray, 2 Views, Right	$ 61.00
PROF FEE RIGHT WRIST	73100-26-RT	Wrist, X-ray, 2 Views, Right (Prof)	$ 19.00
TECH FEE RIGHT WRIST	73100-TC-RT	Wrist, X-ray, 2 Views, Right (Tech)	$ 42.00
X-RAY LEFT WRIST	73110-LT	Wrist, X-ray, Complete, Left	$ 69.00
PROF FEE LEFT WRIST	73110-26-LT	Wrist, X-ray, Complete, Left (Prof)	$ 22.00
TECH FEE LEFT WRIST	73110-TC-LT	Wrist, X-ray, Complete, Left (Tech)	$ 47.00
X-RAY RIGHT WRIST	73110-RT	Wrist, X-ray, Complete, Right	$ 69.00
PROF FEE RIGHT WRIST	73110-26-RT	Wrist, X-ray, Complete, Right (Prof)	$ 22.00
TECH FEE RIGHT WRIST	73110-TC-RT	Wrist, X-ray, Complete, Right (Tech)	$ 47.00
X-RAY LEFT HAND	73120-LT	Hand, X-ray, 2 Views, Left	$ 56.00
PROF FEE LEFT HAND	73120-26-LT	Hand, X-ray, 2 Views, Left (Prof)	$ 22.00
TECH FEE LEFT HAND	73120-TC-LT	Hand, X-ray, 2 Views, Left (Tech)	$ 35.00
X-RAY RIGHT HAND	73120-RT	Hand, X-ray, 2 Views, Right	$ 56.00
PROF FEE RIGHT HAND	73120-26-RT	Hand, X-ray, 2 Views, Right (Prof)	$ 22.00
TECH FEE RIGHT HAND	73120-TC-RT	Hand, X-ray, 2 Views, Right (Tech)	$ 35.00
X-RAY LEFT HAND	73130-LT	Hand, X-ray, Complete, Left	$ 61.00
PROF FEE LEFT HAND	73130-26-LT	Hand, X-ray, Complete, Left (Prof)	$ 22.00
TECH FEE LEFT HAND	73130-TC-LT	Hand, X-ray, Complete, Left (Tech)	$ 42.00
X-RAY RIGHT HAND	73130-RT	Hand, X-ray, Complete, Right	$ 61.00
PROF FEE RIGHT HAND	73130-26-RT	Hand, X-ray, Complete, Right (Prof)	$ 22.00
TECH FEE RIGHT HAND	73130-TC-RT	Hand, X-ray, Complete, Right (Tech)	$ 42.00

NEBRASKA CPT FEE SCHEDULE

DCPS SYSTEM

X-RAY LEFT HIP	73501-LT	Hip, X-ray, Unilateral, Left	$ 47.00
PROF FEE LEFT HIP	73501-26-LT	Hip, X-ray, Unilateral, Left (Prof)	$ 15.00
TECH FEE LEFT HIP	73501-TC-LT	Hip, X-ray, Unilateral, Left (Tech)	$ 32.00
X-RAY RIGHT HIP	73501-RT	Hip, X-ray, Unilateral, Right	$ 47.00
PROF FEE RIGHT HIP	73501-26-RT	Hip, X-ray, Unilateral, Right (Prof)	$ 15.00
TECH FEE RIGHT HIP	73501-TC-RT	Hip, X-ray, Unilateral, Right (Tech)	$ 32.00
X-RAY LEFT HIP	73502-LT	Hip, X-ray, Complete, Left	$ 85.00
PROF FEE LEFT HIP	73502-26-LT	Hip, X-ray, Complete, Left (Prof)	$ 23.00
TECH FEE LEFT HIP	73502-TC-LT	Hip, X-ray, Complete, Left (Tech)	$ 45.00
X-RAY RIGHT HIP	73502-RT	Hip, X-ray, Complete, Right	$ 85.00
PROF FEE RIGHT HIP	73502-26-RT	Hip, X-ray, Complete, Right (Prof)	$ 23.00
TECH FEE RIGHT HIP	73502-TC-RT	Hip, X-ray, Complete, Right (Tech)	$ 45.00
X-RAY LEFT FEMUR	73550-LT	Femur, X-ray, Two Views, Left	$ 61.00
PROF FEE LEFT FEMUR	73550-26-LT	Femur, X-ray, Two Views, Left (Prof)	$ 19.00
TECH FEE LEFT FEMUR	73550-TC-LT	Femur, X-ray, Two Views, Left (Tech)	$ 42.00
X-RAY RIGHT FEMUR	73550-RT	Femur, X-ray, Two Views, Right	$ 61.00
PROF FEE RIGHT FEMUR	73550-26-RT	Femur, X-ray, Two Views, Right (Prof)	$ 19.00
TECH FEE RIGHT FEMUR	73550-TC-RT	Femur, X-ray, Two Views, Right (Tech)	$ 42.00
X-RAY LEFT KNEE	73560-LT	Knee, X-ray, 2 Views, Left	$ 85.00
PROF FEE LEFT KNEE	73560-26-LT	Knee, X-ray, 2 Views (Prof)	$ 19.00
TECH FEE LEFT KNEE	73560-TC-LT	Knee, X-ray, 2 Views, Left (Tech)	$ 42.00
X-RAY RIGHT KNEE	73560-RT	Knee, X-ray, 2 Views, Right	$ 85.00
PROF FEE RIGHT KNEE	73560-26-RT	Knee, X-ray, 2 Views (Prof)	$ 19.00
TECH FEE RIGHT KNEE	73560-TC-RT	Knee, X-ray, 2 Views, Right (Tech)	$ 42.00
X-RAY LEFT KNEE	73564-LT	Knee, X-ray Complete, Left	$ 69.00
PROF FEE LEFT KNEE	73564-26-LT	Knee, X-ray Complete, Left (Prof)	$ 22.00
TECH FEE LEFT KNEE	73564-TC-LT	Knee, X-ray Complete, Left (Tech)	$ 47.00
X-RAY RIGHT KNEE	73564-RT	Knee, X-ray Complete, Right	$ 69.00
PROF FEE RIGHT KNEE	73564-26-RT	Knee, X-ray Complete, Right (Prof)	$ 22.00
TECH FEE RIGHT KNEE	73564-TC-RT	Knee, X-ray Complete, Right (Tech)	$ 47.00
X-RAY LEFT TIBIA & FIBULA	73590-LT	Tibia/Fibula, X-ray, Two Views, Left	$ 61.00
PROF FEE LEFT TIBIA & FIBULA	73590-26-LT	Tibia/Fibula, X-ray, Two Views, Left (Prof)	$ 19.00
TECH FEE LEFT TIBIA & FIBULA	73590-TC-LT	Tibia/Fibula, X-ray, Two Views, Left (Tech)	$ 42.00
X-RAY RIGHT TIBIA & FIBULA	73590-RT	Tibia/Fibula, X-ray, Two Views, Right	$ 61.00

NEBRASKA CPT FEE SCHEDULE

DCPS SYSTEM

PROF FEE RIGHT TIBIA & FIBULA	73590-26-RT	Tibia/Fibula, X-ray, Two Views, Right (Prof)	$ 19.00
TECH FEE RIGHT TIBIA & FIBULA	73590-TC-RT	Tibia/Fibula, X-ray, Two Views, Right (Tech)	$ 42.00
X-RAY LEFT ANKLE	73600-LT	Ankle, X-ray, 2 Views, Left	$ 61.00
PROF FEE LEFT ANKLE	73600-26-LT	Ankle, X-ray, 2 Views, Left (Prof)	$ 19.00
TECH FEE LEFT ANKLE	73600-TC-LT	Ankle, X-ray, 2 Views, Left (Tech)	$ 42.00
X-RAY RIGHT ANKLE	73600-RT	Ankle, X-ray, 2 Views, Right	$ 61.00
PROF FEE RIGHT ANKLE	73600-26-RT	Ankle, X-ray, 2 Views, Right (Prof)	$ 19.00
TECH FEE RIGHT ANKLE	73600-TC-RT	Ankle, X-ray, 2 Views, Right (Tech)	$ 42.00
X-RAY LEFT ANKLE	73610-LT	Ankle, X-ray, Complete, Left	$ 68.00
PROF FEE LEFT ANKLE	73610-26-LT	Ankle, X-ray, Complete, Left (Prof)	$ 22.00
TECH FEE LEFT ANKLE	73610-TC-LT	Ankle, X-ray, Complete, Left (Tech)	$ 46.00
X-RAY RIGHT ANKLE	73610-RT	Ankle, X-ray, Complete, Right	$ 68.00
PROF FEE RIGHT ANKLE	73610-26-RT	Ankle, X-ray, Complete, Right (Prof)	$ 22.00
TECH FEE RIGHT ANKLE	73610-TC-RT	Ankle, X-ray, Complete, Right (Tech)	$ 46.00
X-RAY LEFT FOOT	73620-LT	Foot, X-ray, 2 Views, Left	$ 61.00
PROF FEE LEFT FOOT	73620-26-LT	Foot, X-ray, 2 Views, Left (Prof)	$ 19.00
TECH FEE LEFT FOOT	73620-TC-LT	Foot, X-ray, 2 Views, Left (Tech)	$ 42.00
X-RAY RIGHT FOOT	73620-RT	Foot, X-ray, 2 Views, Right	$ 61.00
PROF FEE RIGHT FOOT	73620-26-RT	Foot, X-ray, 2 Views, Right (Prof)	$ 19.00
TECH FEE RIGHT FOOT	73620-TC-RT	Foot, X-ray, 2 Views, Right (Tech)	$ 42.00
X-RAY LEFT FOOT	73630-LT	Foot, X-ray, Complete, Left	$ 68.00
PROF FEE LEFT FOOT	73630-26-LT	Foot, X-ray, Complete, Left, (Prof)	$ 22.00
TECH FEE LEFT FOOT	73630-TC-LT	Foot, X-ray, Complete, Left (Tech)	$ 46.00
X-RAY RIGHT FOOT	73630-RT	Foot, X-ray, Complete, Right	$ 68.00
PROF FEE RIGHT FOOT	73630-26-RT	Foot, X-ray, Complete, Right (Prof)	$ 22.00
TECH FEE RIGHT FOOT	73630-TC-RT	Foot, X-ray, Complete, Right (Tech)	$ 46.00
X-RAY LEFT CALCANEUS	73650-LT	Heel, X-ray, 2 Views, Left	$ 61.00
BONE AGE STUDY/LEFT HAND & WRIST	77072	Bone Age Studies	$ 300.00
PROF FEE BONE AGE STUDY	77072-26	Bone Age Studies (Prof)	$ 170.00
TECH FEES BONE AGE STUDY	77072-TC	Bone Age Studies (Tech)	$ 130.00
EEG	95816	Routine Awake Electoencephalogram (EEG)	$ 84.00
BMP	80048	Basic Metabolic Panel	$ 40.00
CMP	80053	Metabolic Panel	$ 55.00
LIPID	80061	Lipid Panel	$ 65.00

NEBRASKA CPT FEE SCHEDULE

DCPS SYSTEM

HEPATIC PANEL	80076	Hepatic Function	$ 78.00
CARBAMAZEPINE	80156	Carbamazephine(Tegretol)	$ 43.00
VALPROIC ACID	80164	Valproic Acid	$ 55.00
PHENYTOIN	80185	Phenytoin; total (Dilantin)	$ 45.00
QUANITATION OF DRUG	80375	Drugs or Substances, Not Otherwise Specified, 1-3	$ 45.00
URINALYSIS	81000	Urinalysis	$ 12.00
PREGANCY TEST	80125	Pregnancy Test	$ 20.00
SERUM ALBUMIN	82040	Albumin Serum	$ 15.00
BILIRUBIN	82247	Bilirubin	$ 15.00
CREATININE	82565	Creatinine	$ 16.00
BG, PH ONLY	82800	Blood Gas, PH only	$ 22.00
O2 SATURATION	82805	Blood Gases	$ 26.00
GLUCOSE	82947	Glucose; quantitative, blood (except reagent strip)	$ 15.00
HEMOGLOBIN (A1C)	83036	Hemoglobin; Glycosylated (A1C)	$ 29.00
BNP	83880	Natriuertic Peptide	$ 49.00
POTASSIUM	84132	Serum Potassium	$ 16.00
TSH	84443	TSH	$ 55.00
URIC ACID	84550	Uric Acid	$ 16.00
HEMATOCRIT	85014	Hematocrit	$ 12.00
HEMOGLOBIN (A1C)	85018	Hemoglobin	$ 12.00
CBC	85025	Complete Blood Count (CBC)	$ 24.00
PROTHROMBIN	85610	Prothrombin Time	$ 41.00
SEDIMENTATION	85651	Sedimentation Rate	$ 13.00
ANTINUCLEAR ANTIBODIES	86039	Antinuclear Antibodies (ANA); titer	$ 50.00
RHEUMATOID FACTOR	86430	Rheumatoid factor; qualitative	$ 20.00
HUMPHREY KINETIC	92083-SSAKENETIC	Visual Field Examination with Humphrey SSA Kinetic	$ 100.00
GOLDMANN	92083	Visual Field Examination Extended with Goldmann, Octopus or Humphrey	$ 100.00
HUMPREY 30-2	92083	Visual Field Examination Extended with Goldmann, Octopus or Humphrey	$ 100.00
AUDIOMETRY	92557	Audiometry with Speech Discrimination	$ 116.00
TYPANOMETRY	92567	Tympanometry	$ 18.00
VISUAL AUDIOMETRY	92579	Visual Reinforcement Audiometry (VRA)	$ 43.00
ASSESSMENT COCHLEAR IMPLANTS	92601	Diagnostic Analysis of Cochlear Implant, Younger Than 7 Yrs, with Programming	$ 140.00

NEBRASKA CPT FEE SCHEDULE

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ASSESSMENT COCHLEAR IMPLANTS	92603	Diagnostic Analysis of Cochlear Implant, Age 7 Yrs and Older, with Programming	$ 140.00
ECG	93000	EKG Int/Tracing/Rpt	$ 56.00
ECG MONITORED	93015	CV Stress Test with exercise, ECG, with supervision, interpretation and report	$ 185.00
PROF FEE ECG	93018	CV Stress Test with exercise, ECG, interpretation and report only	$ 69.00
TECH FEE ECG	93016	CV Stress Test with exercise, ECG, supervision only	$ 116.00
ECHOCARIOGRAPH	93307	Echocardiogram	$ 268.00
DOPPLER	93922	Doppler Peripheral Arterial - Resting - one or two levels	$ 158.00
PROF FEE DOPPLER	93922-26	Doppler Peripheral Arterial - Resting - one or two levels (Prof)	$ 28.00
TECH FEE DOPPLER	93922-TC	Doppler Peripheral Arterial - Resting - one or two levels (Tech)	$ 130.00
DOPPLER TREADMILL	93923	Doppler, Exercise	$ 189.00
PROF FEE DOPPLER TREADMILL	93924-26	Doppler lower extremities exercise (Prof)	$ 37.00
TECH FEE DOPPLER TREADMILL	93924-TC	Doppler lower extremities exercise (Tech)	$ 152.00
PFS	94060	Spirometry - Pre and Post Bronchodilator	$ 100.00
ABG AT REST	82803	Blood Gases - Resting	$ 69.00
DLCO	94729	CO Diffusing Capacity, DLCO	$ 100.00
PULSE OXIOMETRY	94760	Pulse Oximetry	$ 15.00
EEG	95819	EEG; Awake and Asleep	$ 133.00
PROF FEE EEG	95819-26	EEG; Awake and Asleep (Prof)	$ 46.00
TECH FEE EEG	95819-TC	EEG; Awake and Asleep (Tech)	$ 87.00
FIBROMYALGIA FORM	95834	Completion of Fibromyalgia Chart (Muscle testing and manual w/ report)	$ 25.00
ROM	95851	Range of Motion (ROM)	$ 45.00
VISUAL EVOKED POTENTIAL - TECH FEE	95930-TC	Visual Evoked Potential (Tech)	$ 325.00
VISUAL EVOKED POTENTIAL - PROF FEE	95930-26	Visual Evoked Potential (Prof)	$ 60.00
LIMITED EXAM & REPORT	99203-LIMITED	Limited Exam	$ 118.00
DISABILITY EXAM & NARRATIVE REPORT	99204-GENMED	General Medical	$ 230.00
MEDICAL SOURCE STATEMENT MENTAL	99075-MNTL	HA1152	$25.00
MEDICAL SOURCE STATEMENT PHYSICAL	99075	HA1151	$25.00
SLP EVALUATION	92523	SLP EVALUATION	$ 185.00

MER Fee Schedule
Nebraska DDS
Fiscal Year October 1, 2020 – September 30, 2021

Narrative description – maximum fee up to $30.00

MER – no more than $20 as a handling fee (includes first page) and no more than fifty (50) cents per page when medical records of a claimant are requested.

Sources that cap MER at $100.00 10/1/2020 – 9/30/2021:

- CIOX
- Children's Hospital
- Regional West Medical Center
- MRO (Medical Records Online) Bryan Medical Center
- Great Plains Health
- Mary Lanning $100 for copies/$20 fee for CDs
- Howard County Hospital - $100 MER fee cap up to 500 pages. Anything over 500 we will pay .50 per page. Example we receive 550 pages, we pay $125.