

ALASKA DDS CONSULTATIVE EXAMINATION FEE RANGE

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 |

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| 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 |

ALASKA DDS CONSULTATIVE EXAMINATION FEE RANGE

| 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 |
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ALASKA DDS CONSULTATIVE EXAMINATION FEE RANGE

| PULMONARY FUNCTION TESTS | | DDS FEE RANGE(statewide) |
|---------------------------------|--------------------------------------------------------------------------------------------|---------------------------------|
| 94060 | BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, <u>BEFORE & AFTER</u> BRONCHODIALATOR | \$500 - \$806 |
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| | CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD | \$415.80 |
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ALASKA DDS CONSULTATIVE EXAMINATION FEE RANGE

RADIOLOGY

CHEST

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| | X-RAY, CHEST; TWO VIEWS FRONTAL & LATERAL (Includes Interpretation) | \$186-\$411.61 |
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SPINE AND PELVIS

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| | 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)

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|---------------|-------------------------------------------------------------------|---------------------------------|
| 73020L | X-RAY, SHOULDER; LEFT, 2 VIEWS (Includes Interpretation) | \$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 Interpretation) | DDS FEE RANGE(statewide) |

ALASKA DDS CONSULTATIVE EXAMINATION FEE RANGE

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|---------------|---------------------------------------------------------------------|-------------|
| | 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 |

ALASKA DDS CONSULTATIVE EXAMINATION FEE RANGE

PATHOLOGY AND LABORATORY

DDS FEE RANGE(statewide)

PROFILES, PANELS & THERAPEUTIC DRUG MONITORING

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| 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 |