

# 2021 Iowa DDS Fee Schedule for Consultative Examinations

## 1 MENTAL EXAMS

<b>Mental Exams</b>	<b>Reimbursement</b>	<b>CPT Coding</b>	<b>DDS Code</b>
WAIS – IV	\$250	96101	00800
WISC – V	\$250	96101	00801
Wechsler Memory Scale IV	\$250	96101	00802
Mental Status Only	\$200	96101	00803
Mental Status with Testing	\$100	96101	00804
Denver Developmental	\$80	96101	00807
Vineland Scale or ABAS	\$150	96101	00808
Stanford Binet	\$200	96101	00809
WPPSI	\$225	96101	00810
WRAT	\$75	96101	00811
Bailey Infant Scale	\$150	96112	00812
Comprehensive Developmental Assessment	\$125	96112	96111
Consultative (Psychiatric)	\$211	99205	00700

## 2 PHYSICAL EXAMINATIONS

<b>Physical Examinations</b>	<b>Reimbursement</b>	<b>CPT Coding</b>	<b>DDS Code</b>
Consultative (General)	\$211	99205	00200
Consultative (General with ROM)	\$250	99205, 95851	00200R
Consultative (Cardiac)	\$211	99205	00500
Consultative (Orthopedic)	\$250	99205, 95851	00100
Consultative (Neurological)	\$211	99205	00600
Consultative (Neurological with ROM)	\$250	99205, 95851	00600R
Consultative (Pediatric)	\$211	99205	01600
Consultative (Pediatric with ROM)	\$250	99205, 95851	01600R
Consultative (Otologic with Audiogram)	\$266	99205, 92557	01000
Audiometric (Testing Only)	\$52	92557, 92567	92557
Consultative (Speech/ Language)	\$327	99203, 92523	00300
Consultative (Ophthalmological with Fields)	\$271	99205, 92083	00900
Consultative (Ophthalmological – No Fields)	\$211	99205	00901
Field Testing Only	\$60	92083	92083
Treating Source (Office Visit – 15 min)	\$87	99213	00400
Treating Source (Complete Exam)	\$173	99215	00401
Treating Source (Complete Exam with ROM)	\$212	99215, 95851	00401R
Physical Therapy Exam	\$190	97163, 95851, 95834	97001
ROM Chart	\$39	95851, 95852	95851
Fibromyalgia Chart	\$55	95834	95834

### 3 LABORATORY

Laboratory	Reimbursement	CPT Coding	DDS Code
Venipuncture (Blood Draw)	\$3	36415	36415
Metabolic Panel (Multi-Channel)	\$11	80053, 36415	80053
Drug Screen (Dilantin)	\$15.50	80185, 36415	80185
Drug Screen (Depakane)	\$14	80164, 36415	80164
Drug Screen (Mysolene)	\$17.50	80188, 36415	80188
Drug Screen (Phenobarbital)	\$16	80184, 36415	80184
Drug Screen (Tegretol)	\$15.50	80156, 36415	80156
Creatinine	\$5.50	82565, 36415	82565
Hematocrit	\$2.50	85014, 36415	85014
Hemoglobin	\$2.50	85018, 36415	85018
R.A. Factor	\$6.50	86430, 36415	86430
Sedimentation Rate	\$4.50	85651, 36415	85651
Serum Potassium	\$5	84132, 36415	84132
CBC with Hematocrit	\$8	85025, 36415	85025
Lead Level	\$12.50	83655, 36415	83655
Urinalysis	\$4	81000	81000

### 4 STUDIES

Studies	Reimbursement	CPT Coding	DDS Code
PFT- Technical with Interpretation	\$150	94060	94060
DLCO's	\$100	94729, 94727	94720
Resting Blood Gases	\$27	82803, 36415	82803
Resting Doppler's	\$127	93923	93923
Exercise Doppler's	\$192	93924, 93017	93924
Stress Test Interpretation Only	\$13	93018	93018
Stress Test Technical Only	\$33	93017, 84132	93017
Stress Test and Interpretation	\$68	93015, 84132	93015
Electrocardiogram	\$13	93000	93000
Electroencephalogram (EEG)	\$372	95816	95816

### 5 X-RAYS

X-Rays	Total	Tech	Interp	CPT Coding	Tech DDS Code	Interp DDS Code
Ankle	\$67	\$50	\$17	73600	73600	23600
Cervical Spine	\$81	\$58	\$23	72040	72040	22040
Chest (AP & Lateral View)	\$61	\$39	\$22	71020	71020	21020
Clavicle	\$66	\$49	\$17	73000	73000	23000
Elbow	\$60	\$43	\$17	73070	73070	23070
Femur	\$62	\$45	\$17	73550	73552	23552
Foot	\$58	\$42	\$16	73620	73620	23620
Forearm	\$61	\$44	\$17	73090	73090	23090
Hand	\$63	\$46	\$17	73120	73120	23120

<b>X-Rays</b>	<b>Total</b>	<b>Tech</b>	<b>Interp</b>	<b>CPT Coding</b>	<b>Tech DDS Code</b>	<b>Interp DDS Code</b>
Hip	\$96	\$73	\$23	73502	73502	23502
Knee	\$71	\$51	\$17	73560	73560	23560
LS Spine	\$81	\$58	\$23	72100	72100	22100
Pelvis	\$60	\$42	\$18	72170	72170	22170
Rib	\$91	\$61	\$30	71110	71100	21100
Shoulder	\$70	\$51	\$19	73030	73030	23030
Thoracic Spine	\$67	\$46	\$21	72070	72070	22070
Tibia/Fibula (Leg)	\$65	\$49	\$16	73590	73590	23590
Wrist	\$69	\$52	\$17	73100	73100	23100

## 6 RARE MENTAL

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<b>Rare Mental</b>	<b>Reimbursement</b>	<b>CPT Coding</b>	<b>DDS Code</b>
Neuropsychological Assessment	\$600	96101	00814
Neuro-Cognastat	\$150	96101	00815
Executive Functioning Battery	\$100	96101	00816
Test of Variable Attention	\$100	96101	00817
Beck Anxiety Inventory	\$25	96101	00818
Beck Depression Inventory	\$25	96101	00189
Beck Hopelessness Inventory	\$25	96101	00828
Rey 15-Item Memory Test	\$50	96101	00822
Rey Auditory-Verbal Learning Test	\$150	96101	00823
Ray Complex Figure Test	\$100	96101	00824
Raven Standard Progressive Matrices	\$150	96101	00825
Draw-a-Person Test	\$50	96101	00826

## 7 OTHER

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<b>Other</b>	<b>Reimbursement</b>	<b>CPT Coding</b>	<b>DDS Code</b>
Ear Wax Removal	\$45	69210	69210
Exam Room Fee	\$30	99999	99999
Medical Record Review (Max 2 hrs)	\$65 (Per hr.)	99100	99100

MER Reimbursement – Flat Fee \$35