

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 |
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| 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 Rheumatology | \$222.00 |
| 10085 | Exam Vascular | \$182.00 |
| MMSE | MMSE | \$15.00 |
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| | Records Review Fee | \$50.00 |
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| 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 |

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| 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 |
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| 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 |
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| 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 |
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| | NV MER Fee (flat fee unless a lesser amount is billed) | \$15.00 |
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