



**Office of Temporary
and Disability Assistance**

DDD

STATEWIDE

CE FEE SCHEDULE

DDD Statewide CE Fee Schedule

Effective 07/30/19

PROCEDURE CODE	DESCRIPTION	DDD STATEWIDE FEE
<u>EXAMINATIONS</u>		
90001	Complete Specialist Examination (see below for psychiatric, neurology, ophthalmology, otology)	\$ 140.21
90002	Complete Orthopedic Examination	\$ 140.21
90003	Complete Psychiatric Examination	\$ 140.21
90004	Complete Neurological Examination	\$ 140.21
90005	Complete Eye Examination	\$ 186.94
90006	Complete Ear Examination (without Barany or Caloric)	\$ 200.29
90009	Complete Pediatric Examination	\$ 140.21
92506	Speech and Language Evaluation	\$ 233.67
0108	Specialist Exam in Home	\$ 66.76
90030	Mileage for Home Visit (total miles)	\$ 00.48
96100	Adaptive Behavior Scale	\$ 100.15
<u>PSYCHOLOGICAL DIAGNOSTIC TESTS</u>		
9800	Intelligence Evaluation	\$ 160.23
9804	Non-Verbal Intelligence Evaluation	\$ 160.23
<u>RESPIRATORY SYSTEM</u>		
94010	Ventilation Tests (*3.00E)	\$ 64.72
94060	Ventilation Tests before and after bronchodilators (*3.00E)	\$ 93.47
94700	Arterial Oxygen tension (PO ₂) at rest and simultaneously obtained arterial carbon dioxide tension	\$ 106.82
94720	Measurement of Lung Diffusing Capacity for carbon monoxide-single breath method	\$ 130.85
94760	Pulse Oximetry at Rest	\$ 4.05
<u>CARDIOVASCULAR SYSTEM</u>		
93000	Electrocardiogram, resting	\$ 80.12
93015	Treadmill exercise electrocardiography	\$ 357.85
76620	Echocardiogram	\$ 300.44
93910	Doppler Ultrasound Flow Meter Test Bilateral, Arterial Only	\$ 102.82
93911	Doppler Ultrasound Flow Meter test after exercise, arterial only	\$ 133.53
9390	Toe Doppler	\$ 21.80
<u>SPECIAL SENSES</u>		
92556	Speech Discrimination test, binaural	\$ 80.12

*See POMS section: DI34001.014

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Effective, 07/30/2019

PROCEDURE CODE	DESCRIPTION	DDD STATEWIDE FEE
<u>RADIOLOGY</u>		
71010	X-ray chest, single PA	\$ 64.72
72040	X-ray spine, cervical, AP and lateral	\$ 100.15
72070	X-ray spine, thoracic, AP and lateral	\$ 100.15
72100	X-ray spine, lumbar, sacral, AP and lateral	\$ 125.51
72190	X-ray pelvis, including hips	\$ 140.21
73000	X-ray clavicle, complete	\$ 77.44
73030	X-ray shoulder, complete	\$ 114.83
73060	X-ray humerus, proximal, including shoulder	\$ 110.83
73061	X-ray humerus, distal, including elbow	\$ 110.83
73090	X-ray forearm, proximal, including elbow	\$ 66.76
73091	X-ray forearm, distal, including wrist	\$ 66.76
73120	X-ray hand, including fingers	\$ 66.76
73510	X-ray hip joint	\$ 120.17
73550	X-ray femur, proximal	\$ 100.15
73551	X-ray femur, distal	\$ 100.15
73560	X-ray knee	\$ 66.76
73590	X-ray leg, proximal	\$ 66.76
73591	X-ray leg, distal	\$ 66.76
73600	X-ray ankle	\$ 62.76
73620	X-ray foot, including toes	\$ 62.76
<u>PATHOLOGY</u>		
80002	AG Ratio/Bilirubin	\$ 9.37
82310	Blood Calcium	\$ 9.61
82565	Blood, creatinine	\$ 9.56
84450	SGOT	\$ 9.64
84460	SGPT	\$ 9.89
85013	Hematocrit (not to be ordered with code 85031)	\$ 4.41
85031	Blood count, complete (not to be ordered with code 85013)	\$ 11.04
85044	Reticulocyte count	\$ 8.02
85595	Platelet count	\$ 8.35
85610	Prothrombin time	\$ 7.34

New York DDS MER Fee Schedule 2021

The New York State DDS pays a flat rate of \$10 for all MER