

WYOMING DDS CONSULTATIVE EXAMINATION FEE RANGE

Updated September 30, 2021

PHYSICAL		
CPT CODE	SERVICE	DDS FEE RANGE
99204	General Medical Exam	\$300 -\$325
99204	General Medical Exam with Neurological	\$244-\$390
99204	General Medical Exam with Neurological Emphasis on Seizures	\$244-\$390
99204	General Medical Exam with Cardio Emphasis	\$244-\$390
99204	General Medical Exam with ENT Emphasis	\$244-\$390
99204	Pediatric Exam	\$244-\$390
99204	Rheumatology	\$244-\$390
99456	General Medical Exam with Neurological Emphasis	\$244-\$390
99456	General Medical Exam with Neurological Emphasis on Seizures	\$244-\$390
99456	General Medical Exam with Neurological Emphasis on MS	\$244-\$390
99456	General Medical Exam with Orthopedic Emphasis	\$244-\$390
99456	Medical Disability Examination by Non-Treating Physician	\$220 -\$390
99455	Medical Disability Examination by Treating Physician	\$188-\$390

MENTAL		
CPT CODE	SERVICE	DDS FEE RANGE
90791	Mental Status Exam, Adult	\$350.00-\$400.00
90791	Mental Status Exam, Child	\$350.00 -\$400.00
96101	Bailey Scale	\$250.00
96101	Stanford Binet	\$250.00
96101	McCarthy Scale of Children's Abilities	\$105.00
96101	WAIS-IV	\$250.00
96101	WISC-V	\$250.00
96101	WMS-IV	\$250.00
96101	Complex Psychological (MSE and Testing)	\$600.00-\$900.00

HEARING TEST		
CPT CODE	SERVICE	DDS FEE RANGE
92557	Basic Comprehensive Audio with Speech Discrimination	\$70 - \$225
92700	Audiometric Testing, HINT	\$150.00
99202	OTO by Physician without Exam	\$75
99202	OTO by Physician with Exam	\$125-\$150
99203	Otolaryngology Exam	\$165-\$419

SPEECH AND LANGUAGE		
CPT CODE	SERVICE	DDS FEE RANGE

92523	Speech and Language Exam	\$225 - \$520
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VISUAL EXAM

CPT CODE	SERVICE	DDS FEE RANGE
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92002	Ophthalmological Exam, Intermediate New Patient	\$101 - \$210
92004	Ophthalmological Exam, Comprehensive, New Patient	\$175.00
92014	Ophthalmological Exam, Comprehensive Established Patient	\$175.00
92015	Visual Acuity, Refractive State	\$5.00
92081	Visual Field Exam	\$59 - \$175
92083	HFA-30-2 Humphrey Field Analyzer 30-2	\$300
92083	Visual Field Exam, Extended with Goldmann, Humphrey	\$80 - \$223
95930	Visual Evoked Potential	\$175.00
92133	Optical Coherence Tomography	\$141.00

CARDIO/PULMONARY

CPT CODE	SERVICE	DDS FEE RANGE
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82803	ABG (on room air), Resting	\$175-\$424
93000	ECG/EKG with Exercise (With Interpretation)	\$86 - \$179
93017	Stress Test with Treadmill	N/A
94720	DLCO	\$294 - \$581
94729	DLCO with PFS	\$300 - \$850
94010	PFS Pre and Post	\$75-\$388
94060	Spirometry	\$150 - \$755

LAB

CPT CODE	SERVICE	DDS FEE RANGE
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82805	ABG (on room air)	\$141-\$548
6415	Venous Blood Draw, Venipuncture	\$10.00
80053	Complete Metabolic Panel	\$52-\$244
80076	Hepatic Function	\$175.00
80164	Valproic Acid Depakote	\$54-\$117
80185	Phenytoin (Dilantin) Level	\$86-\$152
80156	Carbamazapine (Tegretol) Level	\$30-\$158
80299	Other Therapeutic Drug Level	\$150.00
82040	Albumin Serum	\$12.00
82247	Bilirubin	\$18.00
82565	Creatinine	\$16.00
82803	Blood Gases	\$245.00
84450	AST-SGOT	\$21.00

84550	Uric Acid	\$18.00
85014	Hematocrit	\$50.00
85018	Hemoglobin	\$12.00
85025	CBC	\$114
85610	Prothrombin Time	\$35-\$50
85651	Sedimentation Rate	\$118.00
86430	RA Factor	\$260

RADIOLOGY		
CPT CODE	SERVICE	DDS FEE RANGE

260	Skull, Minimum of Four Views	\$220.00
72040	Spine, Cervical, Two to Three Views	\$155.00
71045	Chest, One View	\$220.00
71046	Chest PA/LAT, Two Views, Frontal and Lateral	\$170-\$228
73060	Humerus, Two Views	\$53.00
73070	Elbow (Left or Right) AP/LAT - Two Views	\$40-\$61
73080	Elbow, Complete	\$95.00
73560	Knee, Two Views	\$400.00
73562	Knee, Three Views	\$400.00
73564	Knee, Complete	\$400.00
73565	Knee, Bilateral	\$400.00
73550	Femur (Left or Right) AP/LAT -Two Views	\$150.00
73600	Ankle (Left or Right) AP/LAT	\$24-\$286
73620	Foot (Left or Right) AP/LAT - Two Views	\$30-\$260
73630	Foot (Left or Right) AP/LAT/OB - Complete	\$168
73090	Forearm (Left or Right) AP/LAT	\$75.00
73100	Wrist (Left or Right) AP/LAT - Two Views	\$155.00
73120	Hand (Left or Right) AP/LAT - Two Views	\$34-\$378
73130	Hand (Left or Right) AP/LAT/OB - Complete	\$49 -\$245
73502	Hip, Complete	\$180.00
73521	Hip Bilateral, Bilateral, Complete	\$186.00
73510	Hip (Left or Right) AP/LAT	\$44 -\$305
73565	Knee (weight bearing) Bilateral AP/LAT	N/A
73560	Knee (weight bearing) (Left or Right) AP/LAT	\$40 - \$334
72170	Pelvis, One or Two Views	\$232
73030	Shoulder, Complete	\$270.00
72040	Spine Cervical AP/LAT	\$490
72110	Spine Lumbarosacral, Complete	\$44 - \$550
72080	Spine Thoraclumbar, Two Views	\$139
72070	Spine Thoracic AP/LAT	\$119 - \$375
73590	Tibia/Fibula (Left or Right) AP/LAT - Two Views	\$108.00
74240	Upper GI Series	\$155.00

OTHER		
CPT CODE	SERVICE	DDS FEE RANGE

95812	EEG	N/A
92542	ENG	N/A

MER

Hospital	\$15.00
Clinic or doctor	\$25.00