DDD FEE SCHEDULE
CPT-4 CODING
EFFECTIVE 6/1/03

PROCEDURE CODES	DESCRIPTION	REG PRICE
Examinations		
90001	Complete Specialist Examination	$ 105.00
90002	Complete Orthopedic Examination	$ 105.00
90003	Complete Psychiatric Examination	$ 105.00
90004	Complete Neurological Examination	$ 105.00
90005	Complete Eye Examination	$ 140.00
90009	Complete Pediatric Examination	$ 105.00
90008	Drug Addiction/Alcohol Examination	$ 105.00
90006	Complete Ear Examination (without Barany or Caloric)	$ 150.00
92506	Speech and Language Evaluation	$ 175.00
0108	Specialist Exam In Home	$ 50.00
90030	Mileage for Home Visit (Total miles)	$ 00.36
96100	Adaptive Behavior Scale	$ 75.00
Psychological Diagnostic Tests, Social Survey,and Vocational Evaluation.		
9800	Intelligence Evaluation	$ 120.00
9802	Organicity Evaluation	$ 135.00
9804	Non-Verbal Intelligence	$ 120.00
Respiratory System		
94010	Ventilation Tests	$ 48.00
94060	Ventilation Tests Before & After Bronchodilators	$ 70.00
* **94700**	Arterial Oxygen Tension (PO2) at rest and simultaneously obtained arterial carbon dioxide tension.	$ 80.00

	PROCEDURE CODES	DESCRIPTION	REG PRICE
**	**94705**	Arterial Gases Rest/Treadmill	$ 370.00
*	**94720**	Measurement of Lung Diffusing	$ 98.00

Cardiovascular System

	93000	Electrocardiogram, resting	$ 60.00
*	**93015**	Treadmill Exercise Electrocardiography	$ 268.00
*	**76620**	Echocardiogram	$ 225.00
*	**93910**	Doppler Ultrasound Flow Meter Test Bilateral, Arterial only	$ 77.00
*	**93911**	Doppler Ultrasound Flow Meter Test After Exercise, Arterial only	$ 100.00

Special Senses

	92556	Speech Discrimination Test, binaural	$ 60.00

Radiology

1. **Chest**

	71010	X-ray chest, single PA	$ 48.00

2. **Spine and Pelvis**

	72040	X-ray spine, cervical, AP and lateral	$ 75.00
	72070	X-ray spine, thoracic, AP and lateral	$ 75.00
	72100	X-ray spine, lumbar, sacral, AP and lateral	$ 94.00
	72190	X-ray pelvis, including hips	$ 105.00

PROCEDURE CODES	DESCRIPTION	REG PRICE

3. **Upper Extremities**

73000	X-ray clavicle, complete	$ 58.00
73030	X-ray shoulder, complete	$ 86.00
73060	X-ray humerus proximal inc shoulder	$ 83.00
73061	x-ray humerus distal inc elbow	$ 83.00
73090	X-ray forearm proximal inc elbow	$ 50.00
73091	x-ray forearm distal inc wrist	$ 50.00
73120	X-ray hand including fingers	$ 50.00

4. **Lower Extremities**

73510	X-ray hip joint	$ 90.00
73550	X-ray femur proximal	$ 75.00
73551	x-ray femur distal	$ 75.00
73560	X-ray knee	$ 50.00
73590	X-ray leg proximal	$ 50.00
73591	x-ray leg distal	$ 50.00
73600	X-ray ankle	$ 47.00
73620	X-ray foot including toes	$ 47.00

* Requires approval by Review Physician
** Requires approval by Supervising Review Physician