

DDD Statewide CE Fee Schedule

EXAMINATIONS

Complete Specialist Examination (including Neurology, Pediatric, Psychiatric and Orthopedic)	\$105.00
Adaptive Behavior	75.00

PSYCHOLOGICAL DIAGNOSTIC TESTS

Intelligence Evaluation	\$120.00
Organic Evaluation	135.00

RESPIRATORY SYSTEM

Ventilation Tests	\$48.00
Ventilation Tests before and after bronchodilators	70.00
Arterial Gases Rest/Treadmill	370.00
Measurement of Lung Diffusion Capacity for carbon monoxide-single breath Method	98.00

CARDIOVASCULAR SYSTEM

Electrocardiogram, resting	\$60.00
Treadmill exercise electrocardiography	268.00
Echocardiogram	225.00
Doppler Ultrasound Flow Meter Test, bilateral, arterial only	77.00
Doppler Ultrasound Flow Meter test after exercise, arterial only	100.00

RADIOLOGY

X-ray, chest, single PA	\$48.00
X-ray spine, cervical Ap and lateral	75.00
X-ray spine, thoracic, Ap and lateral	75.00
X-ray spine, lumbar, sacral, Ap and lateral	94.00
X-ray pelvis, including hips	105.00
X-ray clavicle, complete	58.00
X-ray shoulder, complete	86.00
X-ray humerus, proximal, including shoulder	83.00
X-ray humerus, distal, including elbow	83.00
X-ray forearm, proximal, including elbow	50.00
X-ray forearm, distal, including wrist	50.00
X-ray hand, including fingers	50.00
X-ray hip joint	75.00
X-ray femur, proximal	75.00
X-ray femur, distal	75.00
X-ray knee	50.00
X-ray leg, proximal	50.00
X-ray leg, distal	50.00
X-ray ankle	50.00
X-ray foot, including toes	50.00

PATHOLOGY

AG Ratio/Bilirubin	\$7.02
Blood, Phenobarbital level	16.01
Blood Calcium	7.20
Blood, tegretol level (serus carbamezepine)	20.34
Blood, creatinine	7.16
Blood, depakene level (valprobic acid)	18.93
Blood, dilantin level (phenytion)	18.52
Blood, mysoline level (premidone)	23.18
SGOT	7.22
SGPT	7.40
Hemacrit (not to be ordered with Blood Count, Complete)	3.31
Blood Count, Complete (not to be ordered with Hemacrit)	8.27
Reticulocyte Count	6.01
Platelet Count	6.25
Prothrombin Time	5.49