Payments or professional services will be on the basis of usual, customary, and reasonable charges, as generally defined, up to the maximums specified in the schedule. **There is no reimbursement for broken/missed appointments.**

Split Fee Provision: Radiological (and other studies that require interpretation) fees below reflect both a Technical Component and Professional Component combined. Please contact our office directly for an itemization of the fee for each component per study, if required.

*This schedule is not applicable to hospitals operating under Medicare and Medicaid agreements specified by federal law.*

### MEDICAL EXAMINATIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Consultation, complete history, physical and written report of findings</td>
<td>$155.00</td>
</tr>
<tr>
<td>Consultation, Pediatric, written report of findings</td>
<td>155.00</td>
</tr>
<tr>
<td>Consultation, Otological, written report of findings</td>
<td>155.00</td>
</tr>
<tr>
<td>Consultation, Otological, written report of findings, including audiometric hearing test, air and bone with speech discrimination/reception test</td>
<td>210.00</td>
</tr>
<tr>
<td>Consultation, Orthopedic, written report of findings</td>
<td>170.00</td>
</tr>
<tr>
<td>Consultation, Neurological, written report of findings</td>
<td>170.00</td>
</tr>
<tr>
<td>Ophthalmological Examination</td>
<td>155.00</td>
</tr>
<tr>
<td>Ophthalmological Examination, including peripheral visual fields, written report of findings</td>
<td>220.00</td>
</tr>
<tr>
<td>Consultation, Psychiatric, written report of findings</td>
<td>155.00</td>
</tr>
<tr>
<td>Office visit, brief narrative report</td>
<td>70.00</td>
</tr>
</tbody>
</table>

### SPEECH LANGUAGE EXAMINATIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech/Language Evaluation, written report of findings</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

### RADIOLOGY

*Not a comprehensive list of radiological studies*

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest, two views or stereo</td>
<td>$30.24</td>
</tr>
<tr>
<td>Spine, cervical, anteroposterior and lateral</td>
<td>$34.94</td>
</tr>
<tr>
<td>Spine, thoracic, anteroposterior and lateral</td>
<td>32.59</td>
</tr>
<tr>
<td>Spine, lumbosacral, anteroposterior and lateral</td>
<td>34.94</td>
</tr>
<tr>
<td>Pelvis, anteroposterior only</td>
<td>31.46</td>
</tr>
</tbody>
</table>

(Rev. 2/01/2020)
Upper Extremities
Shoulder, 2 views................................................................. $28.80
Humerus, 2 views.................................................................. 28.75
Elbow, 2 views.................................................................... 25.71
Wrist, 2 views...................................................................... 22.06
Hand, 2 views..................................................................... 27.75
Forearm, 2 views................................................................. 26.74

Lower Extremities
Hip, 2 views......................................................................... $40.98
Femur, 2 views.................................................................... 27.07
Knee, 2 views...................................................................... 30.77
Tibia and fibula, 2 views...................................................... 28.08
Ankle, 2 views.................................................................... 29.42
Foot, 2 views...................................................................... 25.72

LABORATORY SERVICES
Not a comprehensive list of laboratory services
Basic Metabolic Panel............................................................... $9.40
Comprehensive Metabolic Panel............................................. 11.74
Liver Panel.......................................................................... 9.08
CBC...................................................................................... 8.63
Prothrombin Time/INR........................................................ 4.37
Rheumatoid Factor.............................................................. 6.30
Sedimentation Rate............................................................. 4.27
Collection of blood sample.................................................. 5.00

AUXILIARY STUDIES
Not a comprehensive list of auxiliary studies
Pulse Oximetry, exercise Six Minute Walk Test................................. $33.77
Peripheral flow study (Doppler), arterial..................................... 105.52
Spirometry, before and after bronchodilator (aerosol or parenteral) ........................................ 60.00

PSYCHOLOGICAL EXAMINATIONS
Includes a written report of findings
Comprehensive Clinical Psychological Evaluation, Ages 7 and older ........................................ $150.00
Psychological Examination Ages 1 mo – 3 yrs 6 mos.................................................. 250.00
(Bayley or Mullen Scales of Early Learning-AGS Edition)
Psychological Examination Ages 3 yrs 7 mos – 7 yrs 7 mos........................................... 250.00
(WPPSI, DAS, or Stanford Binet)
Psychological Examination Ages 7 yrs 8 mos – 16 yrs 11 mos.......................................... 250.00
(WISC, DAS, or Stanford Binet)
Psychological Examination Ages 17 yrs and older......................................................... 250.00
(WAIS or Stanford Binet)
Non-Verbal Psychological Examination Ages 17 and under.................................................. 250.00
(CTONI, Weschler Non-Verbal Scale of Ability, DAS Special Non-Verbal Composite, or Leiter International Performance Scale)

(Rev. 2/01/2020)
Non-Verbal Psychological Examination Ages 18 and older .......................................................... 250.00
   (CTONI or Leiter International Performance Scale)

SUPPLEMENTAL PSYCHOLOGICAL TESTING

Achievement Test Ages 7 yrs – 18 yrs 11 mos .......................................................... $120.00
   (Woodcock Johnson Test of Achievement, Wechsler Individual Achievement Test, or
   Kaufman Test of Achievement)
Achievement Test Ages 18 yrs and older .......................................................... 60.00
   (Wide Range Achievement Test)
ADHD Assessment Ages 6 yrs – 18 yrs 11 mos .......................................................... 40.00
   (Conner’s Rating Scales or Attention Deficit Disorders Evaluation Scale-ADDES)
Behavioral Assessment Ages 2 yrs – 17 yrs 11 mos .......................................................... 40.00
   (Child Behavior Checklist-CBCL or Behavior Assessment Scale for Children-BASC)
Adaptive Behavior Assessment – All ages .......................................................... 45.00
   (Vineland Adaptive Behavior Scales-VABS or Adaptive Behavior Assessment System-ABAS)
Memory Assessment Ages 18 yrs and up .......................................................... 130.00
   (Weschler Memory Scale, RBANS, Memory Assessment Scale)
Non-Verbal Memory Assessment Ages 18 yrs and up .......................................................... 130.00
   (Benton Visual Retention Test or REY Complex Figure Test)
Autism Assessment Ages 2 yrs – 20 yrs .......................................................... 35.00
   (Childhood Autism Rating Scale-CARS)
Executive Function Assessment Ages 18 yrs and older .......................................................... 50.00
   (Wisconsin Card Sorting Test or Trail Making Test A&B)

For questions regarding the above fee schedule, please contact:
Disability Determination Services - Professional Relations Office
PO Box 243
Raleigh, NC 27602
Phone: 1-800-443-9360
Fax: 1-800-804-5509
www.ncdhhs.gov/dds/pro

(Rev. 2/01/2020)