

## Chiropractic Services Fee Schedule

Effective: January 1, 2011

**Note:** The fees listed below are reimbursed for services provided to recipients age 21 and over. To calculate the fee for children under 21, multiply the base fee, or the base PC (professional component) fee, or the base TC (technical component) fee by 1.04. 1.04 is a 4% increase over the base fee for adults. Example: Base fee \$38.17 X 1.04 = \$39.70 (under 21 fee). Fees are rounded to the nearest hundredth.

Code	Description	Base Fee	Base PC Fee	Base TC Fee	Units
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	38.17	11.94	26.23	1
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	12.72	4.31	8.42	1
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	20.16	6.07	14.09	1
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	35.63	9.98	25.64	1
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	17.81	6.07	11.75	1
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	20.55	6.07	14.49	1
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	18.60	6.07	12.53	1
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	20.95	6.07	14.88	1
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	29.75	8.61	21.14	1
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	38.95	10.18	28.78	1
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	13.70	4.89	8.81	1
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	15.46	4.70	10.77	1
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	15.46	4.70	10.77	1
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	13.12			1
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	18.40			1
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	24.08			1
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT; MUST INCLUDE A PROBLEM FOCUSED: HISTORY AND EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING	31.20			1

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99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT; MUST INCLUDE EXPANDED: PROBLEM FOCUSED HISTORY AND EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING	32.71	1
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT; MUST INCLUDE A DETAILED: HISTORY, EXAMINATION AND MEDICAL DECISION MALING OF LOW COMPLEXITY	48.68	1