

**CHIROPRACTIC SERVICES FEE SCHEDULE  
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	00-20	00-20	00-20	21+	21+	21+	MAX
		MAX FEE	PC FEE	TECH FEE	MAX FEE	PC FEE	TECH FEE	
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LA	39.41	12.05	27.37	37.90	11.59	26.32	1
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	12.45	4.08	8.37	11.98	3.93	8.05	1
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	20.42	5.92	14.49	19.64	5.70	13.94	1
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FL	35.74	9.80	25.93	34.37	9.43	24.94	1
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	17.77	5.92	11.84	17.09	5.70	11.39	1
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	20.42	5.92	14.49	19.64	5.70	13.94	1
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	19.19	6.12	13.07	18.46	5.89	12.57	1
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	21.44	6.12	15.31	20.62	5.89	14.73	1
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	29.81	8.37	21.44	28.67	8.05	20.62	1
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIE	39.41	10.00	29.41	37.90	9.62	28.28	1
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	13.68	4.70	8.98	13.16	4.52	8.64	1
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	15.72	4.70	11.03	15.12	4.52	10.61	1
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	15.52	4.49	11.03	14.93	4.32	10.61	1
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	13.68	0.00	0.00	13.16	0.00	0.00	1
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	18.99	0.00	0.00	18.26	0.00	0.00	1
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	25.12	0.00	0.00	24.16	0.00	0.00	1
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.44	0.00	0.00	31.20	0.00	0.00	1
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	34.01	0.00	0.00	32.71	0.00	0.00	1
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	50.62	0.00	0.00	48.68	0.00	0.00	1